Cosmetic procedures: demand, motivations and influencing factors

Literature review

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Introduction

This review examines evidence on the demand for cosmetic procedures in UK and international contexts, and explores various factors explored in academic literature which influence or motivate individuals to choose to have cosmetic procedures (CPs). It examines literature from 2000-2015 elicited through searches of PubMed and Google Scholar.

Demand

Broadly, demand for CPs is increasing globally, as indicated by a small number of surveys undertaken by both organisations and academics.

UK

It is difficult to obtain exact figures on how many CPs are carried out each year in the UK. In part, this is due to the fact that many procedures take place in private practice, where reporting structures may be patchy.

The most comprehensive data identified for this review are those issued by the British Association of Aesthetic Plastic Surgeons (BAAPS), a membership organisation for aesthetic surgeons. Available figures indicating the number of procedures undertaken by BAAPS members are listed in Table 1. No data are available for cosmetic surgeries carried out by surgeons who are not members of BAAPS.

Table 1: procedures carried out by BAAPS members, 2002-2013

<table>
<thead>
<tr>
<th>Years</th>
<th>Procedures carried out by UK members</th>
<th>% change on previous year</th>
</tr>
</thead>
<tbody>
<tr>
<td>2002-3</td>
<td>10,700</td>
<td>+ 1%</td>
</tr>
<tr>
<td>2003-4</td>
<td>16,637</td>
<td>+ 18%</td>
</tr>
<tr>
<td>2004-5</td>
<td>22,041</td>
<td>+ 34%</td>
</tr>
<tr>
<td>2005-6</td>
<td>28,921</td>
<td>+ 31%</td>
</tr>
<tr>
<td>2006-7</td>
<td>32,453</td>
<td>+ 12%</td>
</tr>
<tr>
<td>2007-8</td>
<td>34,187</td>
<td>+ 5%</td>
</tr>
<tr>
<td>2008-9</td>
<td>36,842</td>
<td>+ 6%</td>
</tr>
<tr>
<td>2009-10</td>
<td>38,274</td>
<td>+ 5%</td>
</tr>
<tr>
<td>2010-11</td>
<td>43,069</td>
<td>+ 5%</td>
</tr>
<tr>
<td>2011-12</td>
<td>43,172</td>
<td>+ 0.2%</td>
</tr>
<tr>
<td>2012-13</td>
<td>50,122</td>
<td>+ 16.5%</td>
</tr>
</tbody>
</table>

1 Each of these figures have been identified through a number of webpages on BAAPS’ website: The British Association of Plastic Reconstructive and Aesthetic Surgeons (2015) Homepage, available at: http://baaps.org.uk/. Note, however, that the response rate from BAAPS members varies each year, and that these figures should therefore be treated with a degree of caution.

2 No figures earlier than those released for 2002-3 were identified.

3 This percentage increase is based on average procedures per surgeon.
Indications of the procedures most frequently undertaken by surgeons (all of whom are BAAPS members) according to BAAPS’ most recent statistics are listed in Table 2. This table details the total number of various procedures undertaken in 2012-13, and lists the percentage increase from 2011-12; it indicates that liposuction experienced the greatest increase for a particular CP at those time points, at an increase of 41 per cent.

Table 2: BAAPS statistics on various CPs – 2012-13

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Number of procedures</th>
<th>% increase on previous year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast augmentation</td>
<td>11,135</td>
<td>13%</td>
</tr>
<tr>
<td>Blepharoplasty</td>
<td>7,808</td>
<td>14%</td>
</tr>
<tr>
<td>Face/neck lift</td>
<td>6,380</td>
<td>13%</td>
</tr>
<tr>
<td>Breast reduction</td>
<td>5,476</td>
<td>12.5%</td>
</tr>
<tr>
<td>Rhinoplasty</td>
<td>4,878</td>
<td>17%</td>
</tr>
<tr>
<td>Liposuction</td>
<td>4,326</td>
<td>41%</td>
</tr>
<tr>
<td>Abdominoplasty</td>
<td>3,466</td>
<td>16%</td>
</tr>
<tr>
<td>Fat transfer</td>
<td>3,302</td>
<td>14.5%</td>
</tr>
<tr>
<td>Browlift</td>
<td>2,138</td>
<td>17%</td>
</tr>
<tr>
<td>Otoplasty</td>
<td>1,213</td>
<td>14%</td>
</tr>
</tbody>
</table>

**Beyond the UK**

Information provided below on demand elsewhere in the world only takes into account figures found as a result of this literature review. As such, it is non-exhaustive; figures from other countries may also be available.

**Australia**

A sample which contributed to the Women’s Health Australia study indicated that seven per cent of the 14,100 women who took part in the survey had received some sort of cosmetic surgery (CS) at some point in their lives.\(^4\) A further study of 1,480 members of the general population concluded that 80 per cent of Australians were unlikely to have a CS, even if they could afford to. Of those surveyed, six per cent claimed to have already had a CS.\(^5\)

**Brazil**

An interview-based study funded by beauty brand Dove concluded that half of all women in Brazil have considered having CS, with seven per cent reporting having had some kind of CS. For this study, which interviewed 3,200 women, this was the highest

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rate of all countries surveyed. Overall, the Dove study found that one in four women reported ever considering CS; only three per cent reported ever having CS performed on them. Veja, a Brazilian news magazine, has also reported that, during the 1990s, the number of cosmetic operations in Brazil increased six-fold.

**China**

Some articles suggest that China’s rate of CP use is increasing. The Xinhua News Agency has reported that Chinese women’s annual expenditure for changing their looks amounts to 20 billion Yuan (US$2.42 billion). At the time, this made CPs the third largest growth industry after real estate and tourism in the country.

**South Korea**

The 2014 survey undertaken by the International Society of Aesthetic Plastic Surgery (ISAPS) indicated that South Korea accounted for 4.8 per cent of the total number of CPs performed worldwide, giving it a world ranking of number four (following the US, Brazil, and Japan). However, by some estimates, the number of CPs performed in South Korea is the highest in the world per capita. The literature supports the high level of CPs in South Korea: in 2007, one study surveyed 810 Korean women and found that 61.5 per cent of women in their late 20s, and 40.1 per cent of women in their early 20s had received either a surgical or non-surgical CP.

**United States**

In 2014, The American Society for Aesthetic Plastic Surgery (ASAPS) reported that, since 1997, there has been a 274 per cent increase in the total number of CPs, based on a survey distributed to cosmetic surgeons. Surgical procedures increased by 82 per

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11 See, for example, the discussion in The New Yorker (23 March 2015) *About face: why is South Korea the world’s plastic surgery capital?*, available at: http://www.newyorker.com/magazine/2015/03/23/about-face.


13 ASAPS’ membership is comprised of 2,600 plastic surgeons.
cent, and non-surgical procedures increased by 508 per cent; in 2014, more than ten million surgical and non-surgical CPs were performed in the US. The highest number of CPs were performed on people aged between 35 and 50; in 2014, this group received over 4.2 million CPs (40.1% of the total number of CPs performed). Men had over one million CPs: ten per cent of the total CPs performed. This marks an increase of 273 per cent of CPs performed in men compared with figures obtained by ASAPS in 1997.

The literature adds to these findings: one survey of 559 college students found that five per cent of the women sampled had undergone a CP. Surveys have also indicated that the popularity of some CPs has increased exponentially: labiaplasties, for example, increased by 49 per cent in 2014 from the previous year; buttock augmentation procedures increased by 86 per cent.17

Influencing and motivating factors

The research literature highlights a number of factors which may influence or motivate individuals to choose to have a CP. The quality of the literature identified as a result of systematic searching is variable; for example, there are very few systematic reviews and those reviews may extrapolate their own conclusions on the basis of studies which are themselves of low quality. Where necessary, therefore, the limitations of particular studies are noted as part of the analysis for this review.

For the purposes of this review, motivating factors will be divided into societal and intrapersonal factors.19

Motivations and influences: societal

Pressure to look young

“There’s such emphasis on looking young and looking attractive and, I mean everything in society pushes you toward that.”20

18 These limitations are noted by EPPI-Centre (2013) Psychosocial predictors, assessment and outcomes of cosmetic interventions: a systematic rapid evidence review, available at: http://eppi.ioe.ac.uk/cms/LinkClick.aspx?fileticket=Ge_RehINz8Q%3D, at page 5.
“I am conscious about the way I look. I hold a public job, and as I get older, I have to look good because you’re in competition with these pretty young things.”

The pressure to look young was noted by a number of studies as a core motivating factor for decisions to undergo CPs, including a Canadian study where one middle-aged woman highlighted the relationship between ageing and ongoing vanity: “My vanity is really getting the better of me now as I grow older. Because my appearance is going compared to what I was when I was young. My appearance is going. So it’s top priority to look as good as I can look and it always has been.”

**Employment factors**

“You can cite the studies or examples where the attractive person gets the job or the fair-skinned, beautiful person gets the doors opened for them, right or wrong.”

“I had failed in more than 10 job interviews because of my not very good appearance in the interviewers’ mind… nowadays it is technically possible for me to become more physically beautiful too. If I can become beautiful both inside and outside, why not?”

“I was working in a club and it was, like, every other girl had theirs done and I wanted mine done, y’know, and I thought it would, y’know, get me more attention ’cause I’d look as good as them and maybe guys’d buy drinks for me instead of them, so I… that’s pretty much why [I had breast augmentation].”

Comments elicited in these interview-based studies are supported by other literature: for example, a Canadian study of 44 men who had undergone a CP found that nearly three-quarters of participants (74%) talked about feeling threatened at work by “younger, smarter and healthier women – especially in image-oriented business.

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environments that equate outward appeal with intellectual competency and moral worth.”

The pressure of looking younger in work settings specifically was also highlighted as “the biggest influence in opting to pursue treatment” by 27 per cent of 72 US participants who had received Botox or dermal fillers. A qualitative study of 44 middle-aged Canadian women also elicited comments on the pressure to look younger in work environments. One 61-year-old woman observed how she works “with the public so I want to look younger… I’ve been to many, many interviews. You know, I’m 61. And in my type of work, they want younger people. So I had laser treatments done… Now I’m considering going for a peel for my wrinkles.”

The literature also reveals that pressures to achieve a certain ‘look’ may be influenced by the type of work a person does. One study, for example, notes the observation of one woman who perceived that enlarging her breasts directly affected her ability to generate additional income as a waitress: “I had more or less been a career waitress… If I had been in an office job maybe I wouldn’t have wanted it so badly.” Concerns were also expressed by a male pilot who worried that having ‘tired eyes’ could lead to a negative impression from clients, who might suspect that he was hungover, drunk, or tired.

Media influence

“If there was nudity in a movie, I couldn’t stand to watch it... because I was so jealous and so ashamed.”

“The fashion right now is a body shape where you have larger breasts. You see that everywhere and of course it makes you think.”

“I remember seeing a model in Cosmopolitan, and her breasts weren’t very big, but she had some. And I thought,
‘That’s what I want mine to look like…it had a big influence on my decision to have bigger breasts.”

The influence of the media on motivations to undergo CPs has been examined by a number of studies.

**General media**

A US study which surveyed 302 female undergraduate students found that approval ratings for CS increased as a result of increased exposure to media sources. A UK study of 204 people (94% of whom had never had CS) similarly found that those who consumed more media believed that having CS brought more benefits; a further UK study of 322 female university students suggested that women who perceive media messages as “informative about physical appearance and who internalise those messages” have a greater desire to have CS. Comparisons to media figures have also been suggested as a producer of envy and hope, which may go on to influence women’s behavioural motivation for invasive CPs. Positive outcomes depicted in the media were also noted by some participants who had expressed an interest in CS in a Canadian study.

However, other researchers have found that the media’s influence does not affect the likelihood of undergoing CS for men or women. Differences between ethnic groups have also been observed; a US study of 85 African American and 30 Caucasian participants (all of whom had undergone a CP) found that 27 per cent of participants in the first ethnic group, compared with 57 per cent in the second, claimed that the media influenced their decision to consider CPs.

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39 Odunze M, Reid RR, Yu M, and Few JW (2006) Periorbital rejuvenation and the African American patient: a survey approach Plastic and Reconstructive Surgery 118(4): 1011-8. Further differences between Caucasian, South Asian, and African Caribbean people in a UK context also observed differences between ethnicities: ethnic minority participants were found to be significantly less likely to consider having CS than Caucasians. Asian and African Caribbean women were also found to have higher body appreciation and self-esteem. See: Swami V, Campana AN, and Coles R (2012)
**Written media**

Few studies have examined the specific role of magazine consumption as a motivator for people who seek CPs. However, one study this review identified found that magazine reading has been found to elevate the importance of appearance to self-worth in women, which makes them more amenable to the possibility of undergoing CS. A small scale study involving 12 young females from China (all of whom had received CPs) has also highlighted the effect of the consumption of magazines “that carried numerous advertisements extolling the transformative powers of plastic surgery” on an individual’s success in life and personality. The author of this study subsequently observed that “participants and their mothers felt that western media exulted female beauty to be tall and white skinned, enthusiastically consuming this media as a means to learn and emulate how a modernized society acted and what its idealized citizens looked like.” A slight tendency of more consideration of CS has also been noted among adolescent readers of fashion blogs.

**Reality TV**

“On TV people seem very happy about it. If I hadn’t seen ‘Extreme Makeover’ or ‘Big Brother’ I wouldn’t have done it.”

The influence of reality TV has been examined by a number of studies. Most of these studies observe a correlation between viewing reality TV (specifically, those focusing on CS) and attitudes towards CPs and body image.

Hypothetical studies examining the relationship between CS reality TV viewing and attitudes to CPs include an extensive study of over 2,000 US female college students which indicated that watching CS reality TV shows was related to “favourable opinions of cosmetic surgery, pressure to obtain that type of surgery, less fear of surgery, [and] body dissatisfaction.” A further US study of 662 undergraduates also investigated the influence of CS reality TV shows, and found that participants who viewed more of these

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shows “reported more anxiety about their bodies and specific appearance features.”

Similarly, a study of 101 undergraduate women found that participants who watched reality TV (Extreme Makeover) wanted to change their own bodies. One other US paper broadly supports these conclusions: 147 female psychology students were assigned to watch either a CS reality TV show, or a home improvement show. After their viewing sessions, the researchers surveyed the participants (115 responded) and found that women who watched the CS show scored higher “in thin idealisation and were more likely to report lower self-esteem after watching the programme.” However, this effect was observed to be temporary: these attitudes dissipated during the two-week follow up period. This study, however, only focused on body perceptions, and did not extend its scope to consider the effect those perceptions have on participants’ acceptance of CS or their motivation to seek out CS.

However, a later study carried out in the UK with 99 adolescent girls found that, although CS TV shows resulted in more reports of dissatisfaction with weight and appearance, no changes were observed in attitudes toward CS.

Only one study was identified which looked at the influence of watching reality TV for people who had actually made the decision to consider CS: a US study of 42 patients seeking CS for the first time found that 79 per cent reported that CS reality TV shows influenced their decision to pursue a CS procedure by coming into the clinic for consultation. 31 per cent of this group “reported that they were very much or moderately influenced, forming a category of ‘large influence’ patients. Of these patients, 85 per cent were high-intensity viewers.”

Porn

Only one study was identified which addressed the specific question of the influence of porn: an Australian group of over 350 women found that pornographic media positively influenced the women’s consideration of labiaplasty.

Celebrity influence

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49 ‘High intensity’ viewers describe participants that were very familiar with and regularly watched at least one of the plastic surgery shows. See: Crockett RJ, Pruzinsky T, and Persing JA (2007) The influence of plastic surgery “reality TV” on cosmetic surgery patient expectations and decision making Plastic and Reconstructive Surgery 120(1): 316-24.
“My brother did a surgery to make his nose ‘sharper’. He was 18 years old then. He wants to become a movie star so he feels he has to do that.”

The influence of celebrities on people’s willingness to consider CPs has been explored by a small number of studies.

In the UK, a study of 137 young adults looked at whether celebrity ‘worship’ predicted the incidence of elective CS, and concluded that “after controlling for a number of known predictors of elective CS, intense-personal celebrity worship of a celebrity whose body shape was admired by the participant predicted the incidence of elective cosmetic surgery”. However, the sample for this study was drawn opportunistically, and the research team revealed what the research focused on, so the sample may have been comprised of those who were already interested in CS.

A further study indicates that some participants sought to obtain the features of a particular celebrity through CPs. One participant from South Korea expressed a desire to have “lips like Julia Roberts”. Similarly, a small scale study of 12 young Chinese women highlighted one participant’s mother’s penchant for “western stars, such as Madonna and Catherine Zeta Jones. She thinks that [the] pointed nose is very beautiful. Therefore, she went to hospital to undertake plastic surgery to change her flat nose into pointier one.” Authors of a Korean study attempt to explain this type of reaction to celebrities’ looks:

“It is evident that stars’ cosmetic surgery confessions serve as a proof of elevated social status through self-enhancement. As non-celebrities are more interested in stars’ cosmetic surgery, they are highly likely to think that stars’ success is associated with a surgically altered appearance. This intensifies the belief that being beautiful is ultimately good for one’s life."

A UK study broadly supports this argument. As a result of a survey of over 400 female undergraduates, the authors conclude that individuals who score ‘higher’ on celebrity worship are more likely to have positive attitudes towards CS, and are also more likely to consider having CS.

Seeking to conform to cultural or societal ideals

“There are some places I go where I am the only Black person. And everyone else is so beautiful. There comes a moment when I feel like, well, I find myself thinking, “That person has a pretty nose.” And I do not have that. It is a burden to have a nose like mine.”

This quote comes from a study of 499 Venezuelan men and women, which also identified a subsample of 24 women who had rhinoplasty and a further 39 who expressed a desire to have rhinoplasty. This study highlighted the desire of participants to achieve the “gold standard” of achieving a nose associated with being white (specifically a “tall and slender nose with a narrow nasal base”). The author of this study suggests that rhinoplasty was undertaken because “some women believed they could create a self that was more aligned with the cultural ideal.”56 A Finnish study also observed participants’ desire to change a particular feature associated with ‘being Finnish’: “Fixing the rounded tip of the Finnish nose, the so-called potato nose, is one of the most common domestic procedures.” The author suggests that manipulation of ‘Finnish features’ indicates a desire to be more ‘American’ and ‘white’.57

Comparisons between young people living in Malaysia, and those living in South Korea also highlighted cultural attitudinal differences: none of the young people from Malaysia stated that they would consider undergoing CS. One young person observed that “My body is from god... I don’t think it is right to change it by such procedures.” This observation was directly compared to South Korean participants who expressed a desire to ‘match’ their features to a celebrity.58 Regional differences have also been highlighted by researchers who interviewed Brazilian women who had undergone a CP: they observed that two different Brazilian cities (Porto Alegre and Rio de Janeiro) had an effect on body perceptions. In the first city, they note one interviewee’s observation that “it was far more cool to be slim”, and “uncool to have a big butt,” whereas in Rio the body ‘ideal’ was far more curvaceous.59 Another of the researchers’ interviewees also noted:

“My family is from Nova Iguáçu – I lived there until I was 16. In Nova Iguáçu I was the Carla Marques... Being chubby didn’t bother me too much. Because I was myself. So, it was never a problem in that context. Perhaps it began to bother me [when I moved to Barra da Tijuca]. When you’re off the curve, just go to the beach or open up a magazine, you’ll

see: the standard of beauty is being thin, to work out. I was just another Carla.”

US researchers have also addressed sociocultural influencing factors: a study of 218 female undergraduates found that participants who internalised sociocultural standards and messages of attractiveness were more likely to be accepting of CS, and more likely to consider having CS themselves.60 Other US researchers also found that perceived sociocultural pressures to have CS brought more favorable attitudes towards CS.61

Very few studies identified for this review addressed CS attitudes in the LGBT community. One very small study of five males who had received various CPs offers some insight into the expectations gay men may encounter when considering CS. A participant notes: “I have been conditioned, especially in the gay community, to aspire to an Action Man or Ken-like figure. I mean, that’s what I look for in a man. That’s what we’re all looking for in a man…”62

**Motivations and influences: intrapersonal**

**Experience of friends or family members**

“Since third grade I knew that when I was old enough I was going to get my nose fixed. We have prominent noses in my family, both my parents had theirs fixed back in the dawn of man and it was just, you know, kids tease you about whatever. Now I realize if they hadn’t been teasing me about my nose they’d tease me about something else. But when I went home crying or whatever my dad would say, “Well, that’s all right, as soon as you are sixteen you can get it fixed.””63

“All my friends are doing it.”64

“I was used to [thinking of] myself as being skinny. I don’t think I would have checked it out on my own had [wife] not done it.”65

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“I’ve never been curvy and [my friends who have augmented breasts]… all look great… I knew Dr. Reynolds ‘cause he did my sister’s [breasts] and she’s a lot more confident than she used to be, more outgoing and, y’know, I thought, ‘I’d like to be like that!’”

“Surgery became a reality through my sister. After she had this surgery and it went well, I was encouraged to do it as well. I wouldn’t have done it unless I knew someone who already had.”

Several studies investigated the potential influence of friends or family members' experience of CPs.

Small scale studies which addressed this question include a US paper which found that nearly all of the 13 participants stated that they had friends, family, or acquaintances who had undergone a CP. Similarly, a Norwegian study of 14 women who were due to undergo breast augmentation (BA) observed that eight of those women knew someone who had undergone a similar operation, and was described as “either to be a normalising influence over time or to trigger the decision.” A small US study of 15 women who had undergone various elective breast surgeries also observed that every participant knew at least one other woman who had some form of elective CS, most often BA.

Studies with a higher number of participants have also found that vicarious experience of CP also increases the (hypothetical) likelihood of women having a CP. Furthermore, a community-based study of 202 women in the US (considering a broad age range of 18-86) found that, of CP patients, 75 per cent had a friend who had also had a CP; for the group non-CP patients, this dropped to 62 per cent. The authors of this study therefore concluded that “the odds ratio for friends with procedures indicates that the odds of having a cosmetic surgery for those who have friends with procedures

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are 126 per cent higher than those who do not have friends with procedures.”72 A study of 129 women with eating disorders also found that participants who had undergone CS were significantly more likely to know someone who had undergone CS, or to have a family member who had CS.73 Similar findings were observed in a study of 60 male and female young people from either Penang or Seoul. One participant noted, for example, that “I did double-eyelid surgery because many of my friends have done it. It looked good on them. They didn’t suffer so I thought I will do it too.”74 A Brazilian study similarly notes: “the proximity with a successful plastic surgery [of friend(s)] served as encouragement, a “light shove,” a “breath,” a sign that what they wanted to achieve “was possible”. “75

More extensive studies include an analysis of questionnaire responses from over 1,800 Norwegian women in a study which sought to predict participants’ interest in CPs. This study found that knowing someone who had undergone CPs predicted participants’ interests (except where the prospect of rhinoplasty was put to participants).76 A Canadian study of 644 women considering CS also concluded that participants gave “significant weight to the information and experiences of other people who had undergone plastic surgery, typically friends and colleagues.”77

**Bullying and teasing**

“Liposuction saved me from my self-hatred and the ridicule I faced from others. It’s like having the clock re-set, or like a magic wand being waved and your troubles are gone.”78

“They made fun of me in school because of my flat nose. They said it made me look Black, so they called me “negra”… I felt so ugly.”79

“Even when I was at school I can remember hating them [his ears]… my brother used to call me Dumbo”.80

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72 Eriksen S, and Goering S (2011) A test of the agency hypothesis in women’s cosmetic surgery usage *Sex Roles* 64(11-12): 888-901.
“... it can be very hurtful ... [kids] they’d end up coming up to me, ‘oh you have a big nose… Ohh, it’s big’… So like, it was always like a concern for me. If you see kids coming up to you telling you that you have a big nose, you wonder what other people are thinking too.”

The literature yielded several examples of where bullying or teasing behaviour had influenced individuals’ decisions to undergo CPs. A retrospective survey of adults and children who had received ear reconstruction found that 25 per cent of children were motivated to have surgery in order to prevent teasing (although 85% of both adults and children in this study indicated that teasing was prominent); 36 per cent stated that they were motivated because “they wanted to be like everyone else.” A small Swedish study of child otoplasty patients also found that, of 31 participants, 24 mentioned being teased about the prominence of their ears.

A wider Australian study of 449 adult participants undergoing CS or dentistry found that just under half of the sample indicated that they had been teased or bullied about their appearance. Those in the ‘teased’ group also showed “higher levels of anxiety, depression and dysmorphic concern; lower levels of satisfaction with discrete aspects of their appearance than non-teased patients.” The group of patients identified as most likely to have been teased were those seeking rhinoplasty (61% stated that they had been teased). Seventy per cent of the teased group also reported that the teasing and bullying had occurred during secondary school. Teasing also marked a higher interest in CS within a large group of Norwegian women who were identified as having eating problems, in addition to a US study which found that women who recalled being teased about their bodies were more likely to express an interest in changing their bodies surgically. A further Norwegian study also found that women who did not want

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to undergo CS reported less history of teasing than women who either wanted to have, or had already had, CS.\textsuperscript{87}

However, a Taiwanese study of 85 pre-operation CP candidates found no correlation between other people’s opinion (including teasing) and the likelihood of undergoing CS.\textsuperscript{88} Similarly, teasing from third parties did not feature at all in the responses of Botox and dermal filler recipients who were asked about the biggest influence in their decision to seek these treatments.\textsuperscript{89}

**Third party encouragement and influence**

“I remember going shopping with my sisters and some of their friends. I think I was 15 at the time… We were trying on bikinis and the other girls put theirs on and, well, they all had lovely figures so… [their suits] fit on the top and the bottom. I put mine on and… the top was totally empty… My sister said, ‘Don’t worry, we’ll find you one in the… [little girls’ section]. I wanted to scream, ‘I’m not a little girl!’”\textsuperscript{90}

“I love the wee’uns, but I wish having ‘em hadn’t ruined your figure.”\textsuperscript{91}

“One time my friend told me during an argument that people felt sorry for me because I didn’t have breasts, and that she was glad she wasn’t me.”\textsuperscript{92}

Broadly, this influencing factor was highlighted in a US study of 301 female undergraduate students, which found that participants who valued significant others’ opinions and beliefs about their body actually tried to modify their bodies accordingly.\textsuperscript{93} Other studies have instead examined the specific role that partners, friends, or family members may have in ‘encouraging’ a person to have a CP.

Partner influence

“My boyfriend and I would be having a meal out and I wouldn’t be thinking, y’know, about enjoying myself. I’d be worrying, does my nose look huge in this light.”94

The literature suggests that relatively few people who seek or undergo CPs are encouraged to do so by their partners. One small scale study of 20 women who had undergone CP, for example, noted that “the men in their lives regularly assured them of their physical attractiveness and personal value more generally and that they opposed the women’s eventual decision to have cosmetic surgery.”95 Another small study of 15 women who had undergone a range of breast surgeries also found that, apart from one woman (who was an exotic dancer), all of the participants stated that they were not influenced by their partners to have breast surgery. It further noted that, in most cases, their partners opposed their decision.96 This finding is supported by a UK survey of 5,000 women which concluded that almost 60 per cent of women surveyed felt that their partners would be against their undergoing CS (particularly so for women under the age of 30).97 Low levels of partner encouragement were also observed in a US study of 131 participants who had received labiaplasty: just over eight per cent of women who underwent the procedure for purely aesthetic reasons (rather than aesthetic and ‘functional’ reasons) admitted to their decision being influenced by their male partners.98 Similarly, just 2.7 per cent of recipients of Botox or dermal fillers cited pressure from spouses as an influencing factor in their decision to undergo the procedures.99

However, some studies highlight how specific comments or requests by partners can influence decisions to have CPs.

“My breasts have been positively commented upon many times, but when an ex of mine didn’t answer when I asked him if I should have breast enlargement, I took it as a yes.

98 The researchers identified that a third of participants underwent labiaplasty for a combination of both aesthetic and “functional impairment”. In this combined group, outside influence by third parties was noted by 12 per cent of participants (7% from male partners; 5% from female partners). See: Miklos JR, and Moore RD (2008) Labiaplasty of the labia minora: patients’ indications for pursuing surgery The Journal of Sexual Medicine 5(6): 1492-5.
For some reason this small lack of comment has stuck with me.”

Encouragement by sexual partners was also noted in a study of a series of semi-structured interviews with 24 Canadian women who had undergone cosmetic breast surgery. The author notes how one participant “described how one of the main social rewards of having her breasts enlarged was the sexual satisfaction of her husband, because he had requested that she undergo the procedure.”

A survey of 55 UK women who had undergone labiaplasty also found that 38 per cent of participants reported receiving negative comments or reactions about the appearance of their labia. The source of 18 of these comments was from the women’s sexual partner, including:

“It wasn’t intended to make fun of me, but my first serious boyfriend at the age of 21 made me aware of my labia being unusual – he said he had never seen one like that before. I think that’s where all of this came from.”

A Venezuelan study which included women who had undergone rhinoplasty also noted the experience of one woman who had been bullied by her partner about the appearance of her nose. The author of this study summarises that this woman “acknowledged her partner ‘ruined’ her ‘self-esteem’ about her nose. She consulted with her mother and siblings about the possibility of having rhinoplasty, and they encouraged her decision.”

Where partners do encourage CPs, the results of an Austrian survey of over 550 volunteers suggest that endorsement of CS from a male partner was “significantly and positively correlated with blatantly sexist attitudes to women, hostility to women, benevolent sexism, and hostile sexism.”

Other studies have explored whether people who undergo CPs do so because they perceive that their partners will view the results favourably. For example, a small scale study of UK and US women who had undergone a CP also found that nearly a quarter of the 40 UK participants indicated that their decision had been made in order to make themselves more appealing to a male partner. Similarly, a small study of women who

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underwent labiaplasty indicated that participants may expect a CP to have a positive impact on their relationships. One woman in this study notes that the procedure was “maybe like a last-ditched attempt really – if I was a bit more feminine, or if I was a bit more, I don’t know, a bit more attractive then maybe he would change.”106 Similar comments were made by a participant in a further study:

“I don’t expect that I would have had… [breast enhancement] if it hadn’t been for him… I’ve had y’know problems with him on and off. He’s not as much in love with me probably as I am with him. I suppose… I’m silly really and I wanted to do things that might y’know keep things right and make things right… I thought it might help.”107

However, a Canadian study which collected survey data from 644 participants considering CS found that 25 per cent of respondents spontaneously emphasised that they would only have CS to please themselves rather than a third party.108 As one participant in an interview-based Brazilian study notes, “I don’t think it [silicone implant surgery] was to try to hold on to him. It was to make me feel better, to value myself more.”109 In a related Australian study examining predictors of consideration of labiaplasty it was also noted that partner relationship satisfaction negatively correlated with consideration of labiaplasty.110 A small scale US study similarly found that prospective CS patients did not raise improving personal, romantic, or indeed professional relationships as important motivating factors in their choice to have BA.111 In addition, an observational and interview-based study undertaken by a PhD candidate in Brazil indicated that CS patients (both pre- and post-operation) generally stated that their decision to have CS was not for their partner’s sake, “but only for themselves, for their psychological well-being.”112

A related observation by a US study of a community sample of just over two hundred women found that the odds of married respondents having CS was 65 per cent lower than for single members of the sample.\textsuperscript{113}

The effect of abusive relationships with partners and its correlation to CP motivations has been addressed in a population-based sample of over 14,000 Australian women. Seven per cent of this sample (n=982) reported having CS, and women who had ever been in a violent relationship with a partner were 1.7 times more likely to have had CS (10\% of all women in the sample who had been in a violent relationship reported having cosmetic surgery; or rather 22\% of women who had undergone CS reported to have been in a violent relationship).\textsuperscript{114}

\textit{Influence of friends}

The influence of friends' attitudes towards CS was not found to correlate with participants' attitudes in a study of 218 female undergraduates. However, the authors suggest that this finding may be explained by the relative young age of participants (17-26), as friends may have more influence as women get older.\textsuperscript{115} Friends were also the "biggest influence" on the decisions to have Botox or dermal fillers by 27 per cent of participants in a US study.\textsuperscript{116} However, questionnaire responses from children who had received ear correction surgery showed that "although peer-group pressure was an important motivational factor in children, friends were never involved in the decision to undergo surgery. In 20 cases [out of 36], the child alone decided."\textsuperscript{117}

\textit{Parents' encouragement}

Encouragement from parents was noted in a small number of qualitative papers.

"I do not want my mother to be disappointed, so I underwent the face-lift operation at Shanghai Kinway Plastic & Cosmetics Surgery Center to have my once-round face

\begin{itemize}
\item \textsuperscript{113} Eriksen S, and Goering S (2011) A test of the agency hypothesis in women's cosmetic surgery usage \textit{Sex Roles} \textbf{64}(11-12): 888-901.
\end{itemize}
restructured to look more oval. My mum is very satisfied with my new face. “Now you have a beautiful face, and if you study hard to enter a good university, I am sure that you will be an excellent person in future.”\footnote{118}

“Most of the young girls are taken by their mothers or family members to do the surgery. A girl friend of mine from high school, her mom told her, ‘your eyes are not pretty’ and persuaded her to have the double-eyelid surgery done, even though my friend was very scared about the procedure in the beginning.”\footnote{119}

“I showed them [labia] to my mother as I thought they were weird and she agreed and made an appointment with the doctor immediately.”\footnote{120}

One participant who had received blepharoplasty in a study of 60 young people in South Korea and Malaysia recounted that “my parents gave me that a gift after going through a stressful period in high school. I felt better after the procedure. Makes me feel more confident.”\footnote{121} It has also been suggested that parents themselves may be subject to encouragement to undergo a CP by their children. One Finnish study notes how a daughter encouraged her mother to have procedure to modify her ‘crying wrinkles’ prior to the daughter’s wedding. The mother told researchers that “they were not bad but a woman is vain and when her child asks, the mother wants to look a little better.”\footnote{122}

**Improving sex lives**

Studies have highlighted motivations of improving sex lives between partners and CP patients. A small UK study of 20 women who had undergone a CP reports that one interviewee notes that “before having abdominoplasty, the loose skin around her waist and hips frequently distracted her during sexual activity.”\footnote{123} A later study by the same author also noted the comments of one interviewee on her discomfort with sexual intimacy as a result of long-term dissatisfaction with her small breasts.\footnote{124} A study undertaken by a group of cosmetic surgeons with a group of 258 women who had

\begin{footnotes}
\end{footnotes}
undergone FGCS found that 54 per cent of women who had vaginoplasty and perineoplasty, and 23.5 per cent of women who had labiaplasty and clitoral hood reduction indicated a desire to enhance their male partner’s sexual experience. The same study also observed that five per cent of participants underwent FGCS because they were urged to do so by their sexual partners.\textsuperscript{125}

Forging relationships with new partners

“The fact that after my divorce I was going to be naked with a new man made the decision final.”\textsuperscript{126}

“I didn’t find myself desirable, and looking for a partner, I ought to make myself a little more presentable.”\textsuperscript{127}

“… you see people and they’re all slim with big boobs, I know it’s really pathetic, but they get all the lads, they have lots of friends, they’re confident – it’s that perception of the whole thing. Yeah, I’m quite a confident person, but that would just give me the extra boost.”\textsuperscript{128}

“… when I’d meet a girl or anyone really, I would always feel like they were staring at my nose.”\textsuperscript{129}

“Larger breasts make you look more sensual and sexy, both to men and other women.”\textsuperscript{130}

The improvement of marriage prospects was the most common reason for seeking CS in a study examining the attitudes of 872 women living in rural India; 45 per cent of participants indicated this motivation. The author of this study highlights that “this is an observation that is unique to the population under study. It is reflective of the complex social structure of India with respect to marriages.”\textsuperscript{131}


\textsuperscript{127} Philip, a 57 year old male, who had undergone facelift and eyelid-lift procedures: Adams J (2010) Motivational narratives and assessments of the body after cosmetic surgery \textit{Qualitative Health Research} \textbf{20(6)}: 755-67.

\textsuperscript{128} Ashikali E-M, Dittmar H, and Ayers S (2014) Adolescent girls’ views on cosmetic surgery: a focus group study \textit{Journal of Health Psychology}; Published online first (03 March).

\textsuperscript{129} Ricciardelli R, and White P (2011) Modifying the body: Canadian men’s perspectives on appearance and cosmetic surgery \textit{The Qualitative Report} \textbf{16(4)}: 949-70.


Concern about the ability to forge new romantic relationships was echoed in a further study of 44 middle-aged women. One 63 year old participant suggests that "If men at the bars saw me now, I don’t think they would even talk to me because everything and everyone has to be young… That’s why I started the chemical peels and photo facials because they promised that you’ll look younger.” Similarly, a study of older Finnish women who had undergone CS notes the experience of Liisi, who had broken up with her long-term partner. Liisi, according to the author, describes her motive as an awareness of being wanted by men, even though her aim was not to find a partner.

Attracting sexual partners was also raised by a participant in a small study of men who had received a CP noted the importance of looking good in gay clubs: "if you get it wrong then you usually end up not pulling [going home alone]… it’s really important to look good… so I had surgery on my cheeks and jaw to give them more definition." The same study also highlighted the case of another participant active in the gay community who had a CP to remove tattoos which displayed the names of his former female partners. This participant observed that he "looked like a hard man, not the sort of bloke you’d see walking around Soho holding another bloke’s hand. Now I don’t feel like I have my past marked on me and my partner feels a lot better about that."

A study which included women who had BA, however, concluded that “the women we talked with did not have mammoplasty because they wanted to date or become romantically or sexually involved with more men. Instead, they wanted their bodies to represent them as attractive women.” Likewise, a participant in ethnographic research undertaken by a UK researcher stated, “I am not doing it for some guy. I’m doing it for myself.”

Doctors’ orders

Two studies which highlighted the influencing role of doctors for a small number of people were found as part of this review, including an interview-based Canadian study which elicited the following observation:

“I went to my doctor one day for a checkup and I was just sitting there with the sheet, and she come in and she looked at me, and told me that I needed a breast reduction.”

This comment is followed up with further information that the participant had not previously considered having breast reduction surgery, and that “she went along with her doctor’s orders because she had ‘faith’ in her and trusted that this was a medically necessary procedure.” A further recent study sample of 17 cosmetic surgeons and 99 breast reconstruction patients across France and Italy also noted that one participant “was somewhat pushed into it by the surgeon.” This participant comments strongly: “Why did I listen to the surgeon? Because [of] the aesthetics, I don’t give a fuck... to me it wasn’t important”.138

Use of social networks

Very few studies were identified which specifically addressed whether social networks influenced people’s attitudes to CS.

One recent Dutch study, which asked 604 adolescents to complete a questionnaire at two different time points one year apart, examined social network site use, appearance investment, and desire to undergo CS. Over the period of a year, visits to a social network site had increased in number for male and female participants. The authors found that, at time 1, 7.4 per cent of boys and 10.8 per cent of girls reported that they probably or definitely would undergo CS if it was offered to them for free (4.7% of boys and 11.7% of girls at time 2). At time point 1, 77.2 per cent of boys and 74.2 per cent of girls reported “definitely not or probably not wanting to undergo” CS if it was offered to them for free (80.5% of boys and 70.9% of girls at time 2). The authors concluded that more frequent use of social network websites predict “increases in appearance investment, which, in turn, is related to an augmented desire to undergo cosmetic surgery.” The authors also note a difference between genders, observing that girls reported more frequent use of social networks, more investment in appearance, and a greater desire to undergo CS than their male counterparts.139

Body dysmorphic disorder (BDD)

The incidence of BDD in people who choose to undergo CS has been explored by a number of research studies.

An Iranian study of 306 patients referred to cosmetic surgery clinics for rhinoplasties indicated that 41 per cent of participants met the criteria for either BDD (75 participants had been diagnosed formally with BDD), OCD, anorexia nervosa, seasonal affective disorder (SAD) or generalised anxiety disorder (GAD).140 An Italian study found a lower incidence in 66 patients seeking CS, observing that 16 per cent of participants exhibited

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symptoms of BDD. A later US study involving 544 undergraduate students found ten per cent of the sample to have BDD. The outcomes of this study also indicated that proportionately more participants with a diagnosis of BDD have considered CS compared with those without a BDD diagnosis. An Australian study of 137 patients attending CS practices found that just below three per cent had a diagnosis of BDD. However, an Iranian study of 130 rhinoplasty patients found that 31.5 per cent of patients had BDD; of those, 70 per cent had moderate or severe forms of BDD. A different Iranian study, also examining rhinoplasty patients (n = 117), found that there was a 12.2 per cent rate of BDD in people seeking this procedure. A near identical finding was noted by US researchers who assessed 268 dermatology patients for symptoms of BDD and also found that 12 per cent screened positively.

Although the size, contexts and quality of each of these studies vary considerably, the range of BDD incidence was found to be between three and 41 per cent, suggesting that there is far from consensus in the literature about the rate of BDD. Further exploration of these statistics, however, is required to clarify the role of BDD.

Psychological factors

The literature provides some analysis of the effect of other psychological conditions on individuals’ decisions to have CPs.

A sample comparing 41 participants who had received Botox treatments with 40 other participants who had not found that the psychological profile of the first group indicated higher levels of distress and worry; 40-50 per cent of this group that they ‘sometimes’ experienced these feelings. Another study of Botox of dermal filler recipients found that 43 per cent reported a history of mental health treatment. Similarly, Danish study

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143 Castle DJ, Molton M, Hoffman K, Preston NJ, and Phillips KA (2004) Correlates of dysmorphic concern in people seeking cosmetic enhancement Australian and New Zealand Journal of Psychiatry 38(6): 439-44. However, the study also found that “many more expressed over-concern with physical appearance.”
of 423 female BA recipients (control group of 414) concluded that, overall, “women with cosmetic breast implants reported a history of ever being treated for depression or ever having sleep disturbances significantly more frequently than women with other cosmetic surgery or general population controls.” A very small study of Iranian rhinoplasty recipients also found that this group were “statistically more depressed compared to participants without aesthetic motivations” (i.e. functional rhinoplasty patients).

A UK study of 261 NHS patients seeking CS for a variety of reasons found that those who sought surgery for ‘appearance reasons’ reported more social avoidance, lower self-esteem, greater anxiety and worse psychological and social quality of life than those who were seeking CS for other reasons. Retrospective reviews of 232 patients’ charts have also found that 19 per cent of female CS patients reported a mental health history, compared with four per cent of female patients who had not received CS.

A different conclusion was reached by a group of Italian researchers who compared 70 CS patients with 70 members of the general population. In contrast to the NHS study, they observed that people who seek CS do not have “greater psychopathological profiles”; that is, no more psychological problems than the general population. In addition, no differences between the two groups for levels of self-esteem were observed. Treatment for depression before BA was also reported with similar frequency by women with implants compared with women with other types of CS and compared with women from the general population.

A collection of experiential motivators was also noted in a study of UK and US women who had undergone CPs. The author of this study observes that UK participants “referred to past experiences of serious illness, accident or emotional trauma, including sexual assault, childhood abuse, car accidents, metabolic disorders and long-term, unsuccessful infertility treatment. While some British respondents mentioned these incidents as an aside, others credited them with their decision to have cosmetic

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151 However, the authors note that these impairments were modest, and much less serious than for patients who would merit treatment for psychological problems. See: Cook SA, Rosser R, Toone H, Ian James M, and Salmon P (2006) The psychological and social characteristics of patients referred for NHS cosmetic surgery: quantifying clinical need Journal of Plastic, Reconstructive & Aesthetic Surgery 59(1): 54-64. In addition to those seeking CS for appearance reasons, other groups identified by the authors of this study sought CS for: functional, restorative or symptomatic purposes; and for psychosocial dysfunction.
Similarly, a US study of people who had received Botox or dermal fillers found that 29 per cent (21/72) experienced a major life event during the year preceding their treatment. The authors define such an event as either a birth or death in the family, a new job or loss of a job, and either a marriage or a divorce.\textsuperscript{156}

The effect of traumatic events has also been observed as a motivating factor. A Finnish series of semi-structured interviews with women over the age of 55 suggested that CS provided interviewees with the opportunity to 'start over' after emotionally difficult experiences. The author notes that "some felt that sorrow and worries were literally cut off from the body and had been left on the operating table."\textsuperscript{157}

Seeking ‘normality’

"I wanted to restore my body to the way it looked before I had children."\textsuperscript{158}

"After I had my third son... my body was destroyed. I had three C-sections, and I breast-fed all my children. So prior to any of my pregnancies, I was a full 34C. I really loved my body, had no problems with my body ever. After the children, I was very saggy."\textsuperscript{159}

"After having the kids, I worked hard to get back in shape. I went to WeightWatchers and worked out every day... It was a real struggle, but I actually weigh less now than I did when I got pregnant with my first."\textsuperscript{160}

Regaining pre-pregnancy body shapes was highlighted as a potential motivator to have CS by a number of studies. An observational study undertaken as part of a PhD by a Brazilian researcher suggested that women may become dissatisfied with their bodies “because their breasts and belly were no longer as flat and tight as before. The majority reported general discomfort about parts of their bodies being “flaccid”."\textsuperscript{161} One study


\textsuperscript{161} Dorneles de Andrade D (2010) On norms and bodies: findings from field research on cosmetic surgery in Rio de Janeiro, Brazil \textit{Reproductive Health Matters} 18(35): 74-83.
suggested that decisions to undergo CS on this basis were grounded in a desire to ‘repair’. To highlight this suggestion, the author notes the observation of one woman who decided to have BA after giving birth.

“They had stretch marks and looked like pockets turned inside out. I can't reconcile myself with having a flat-chested masculine look. It's not about having huge breasts; I just want to feel whole as a woman.”162

A small study of six women who had undergone labiaplasty also indicated that obtaining a ‘normal’ genital appearance may motivate individuals to have this procedure.163 A further study undertaken by a group of cosmetic surgeons found, retrospectively, that 31 per cent of their patients accessed FGCS due to a desire to ‘feel more normal’.164

Interviews undertaken with a group of French and Italian cosmetic surgeons also provides some insight into the construct of ‘normality’ for CP patients. One surgeon observes: “a lad I saw earlier, with gynecomastia, that is with big boobs, [when he] goes to the beach everybody teases him [...] So, if you operate on him and you make him normal, even if we are in a borderline case for cosmetic surgery.”165 Equally strong statements were made by female participants who had received breast CS. One woman notes that “basically it’s a deformity… emotionally, physically, I was losing my life. I couldn’t do a ton of stuff.”166 Male and female participants in a study undertaken in Penang and Seoul have also indicated that there was something ‘wrong’ with them that having CPs could improve.167

An ethnographic study of nine English women (all of whom knew each other, or were related to each other, and had received BA surgery) observed that seeking to be ‘normalised’ has a flip side. One participant stated: “It tells people that I am not like the other girls and that I care about my appearance and can do something about it. It makes me stand out. When I go into a bar people know what I have had done… if I had it done again I would go bigger…”168

Body consciousness and dissatisfaction

“Body image was a lot of it; I couldn’t find any clothes, every bit of clothes that I found were way too big for my waist, but barely fitting my top. You know, I felt self-conscious when I was with men, guys. I felt self-conscious; everywhere I went people were staring.”169

“I just did not like the way I looked with my ears sticking out. I don’t know why. I think it’s a natural instinct to want to look better.”170

“I have been dissatisfied with my own body since I was 19. Now I have the money and want to change something... I also hope to find a better job.”171

A US study also found that the best predictor of 101 undergraduate women’s interest in obtaining CS was body dissatisfaction.172 Body surveillance and facial appearance concerns were also identified as the strongest predictors of participants’ consideration of CS in a recent Chinese study of 379 female and 204 male undergraduates.173 A survey of 1,480 of the Australian general population also found that those who were dissatisfied with their body were far more likely than the satisfied to desire CS. However, the same study also suggested that six per cent of ‘attractive’ respondents had undergone CS compared with three per cent of those who felt ‘unattractive’.174

Dissatisfaction was also elicited by studies which focused on specific procedures. For example, a survey of 60 women (half of which were BA candidates; the other half a control group) found that BA patients reported significantly greater dissatisfaction with their breasts compared to women in the control group.175 A US study of 25 BA candidates also suggests that they reported greater dissatisfaction with their breasts than physically similar women in a control group of 30 women who were not interested

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171 A housemaid, interviewed as part of a PhD. See: Dorneles de Andrade D (2010) On norms and bodies: findings from field research on cosmetic surgery in Rio de Janeiro, Brazil Reproductive Health Matters 18(35): 74-83.
in BA. This study also evaluated whether the BA group displayed a greater investment in their appearance, and found no significant difference between the groups.176

A UK study of 100 female psychology students exploring attitudes to CS (not the behaviour of seeking CS) suggests that self-surveillance predicted positive attitudes to CS.177 The authors note: “Women who engage in more habitual body monitoring are more self-focused, and therefore would be more likely to endorse strategies that could potentially improve how they view their appearance.” Similarly, a US study of 301 female undergraduate students concluded that participants who were very satisfied with their bodies were less likely to change their bodies,178 and an Australian survey of 108 women between the ages of 35 and 55 found that “body dissatisfaction was a significant and positive predictor of actual consideration of cosmetic surgery.”179 A US study of 100 BA patients also found that the primary influence of women’s decision to have BA was her “own desire to change her appearance”. The authors of this study observed this in 36 per cent of women surveyed.180 Elsewhere, body shame has also been identified as a predictor of social reasons for seeking CS.181

Differences between male and female patients have also been explored in a Turkish study of 98 participants who presented for any type of CP. This study found that male patients who attended a centre to undergo a CP had lower satisfaction with their body image than their female counterparts.182

How clothes fit, and being able to wear ‘sexy lingerie’ has also been found to be a motivating factor for women who choose to have cosmetic breast surgery.183 During interviews, 11 out of 14 Norwegian women who were due to have BA surgery identified the clothing as a factor associated with their decision-making about CS. One of these women observed that “no clothes really suit me because my breasts are too small now, I think about it all the time. After the procedure I can wear what I want.” Another participant in the same study noted: “I always wear a t-shirt during sex. My boyfriend of many years is not allowed to touch my breasts, it makes me sick.” Nine women in this

study cited sexual reasons for seeking the procedure – specifically embarrassment about the appearance of their breasts when engaging in sexual activity.\textsuperscript{184}

The findings of a study which involved 644 Canadians considering undergoing CS also found that 85 per cent of participants indicated that their primary motivating factor was to improve their physical appearance.\textsuperscript{185} The same study also noted that, generally, participants considered an aspect of their bodies to be problematic, and sought CS in order to ‘fix’ the problem. This approach – namely that of ‘fixing a problem’ – might be contrasted with the conclusions of a Swedish study which found a high level of acceptance for the proposition that CS constituted a “quest of feeling better about oneself”.\textsuperscript{186} These two different accounts might be summarised as:

i) being motivated to undergo CPs to fix physical ‘problem’ \( X \)

\textit{vs}

ii) being motivated by a need to change physical ‘problem’ \( X \) to feel \textit{better} about oneself.

The second account is captured further by the observations of one participant in a study of 65 women who had CS: “it changes how you feel about yourself, how you think about things. I mean, it changes who you are... Making your body better makes you better.”\textsuperscript{187} Similarly, a Canadian study highlighted the experience of one breast reduction patient who observed that “you don’t feel like you’re all, all bosom. There is more to you than that now.”\textsuperscript{188} An interviewee in a Brazilian study of women who had received various forms of CP has also noted that procedures received following a separation from her partner, “to incorporate a new identity: that of a married woman ‘back into the market’.”\textsuperscript{189}

A participant in a Norwegian also perhaps sits more comfortably with the first account: “I’m not dissatisfied with these breasts; they are nice, I just think I could be even more satisfied if they were bigger.” Seeking improvement to physical characteristics through extreme perfectionism has also been observed to increase the likelihood of undergoing

\textsuperscript{186} Lunde C (2013) Acceptance of cosmetic surgery, body appreciation, body ideal internalization, and fashion blog reading among late adolescents in Sweden \textit{Body Image} \textbf{10(4)}: 632-5.
\textsuperscript{187} Gimlin DL (2013) “Too good to be real”: the obviously augmented breast in women’s narratives of cosmetic surgery \textit{Gender & Society} \textbf{27(6)}: 913-34.
\textsuperscript{189} Borelli F, and Casotti LM (2012) The before and after: a study of plastic surgery consumption with young women in Brazil \textit{Advances in Consumer Research} \textbf{40}: 379-85.
CS in a small sample of female university students. In addition, a further study has found that “linking success to appearance and making physical appearance comparisons in social situations were associated with more favourable cosmetic surgery attitudes.”

Fear of becoming unattractive was identified by authors of a study which took as its sample 99 female and 69 male psychology students. The authors found that a fear of becoming unattractive positively predicted willingness to consider having CS. Aesthetic concerns were also cited as motivating factors by 37 per cent of women who underwent labiaplasty in a US study.

Dissatisfaction with a particular body part was also identified as a motivating factor by researchers who carried out retrospective interviews with adults and children who had received ear correction surgery. They found that 73 per cent of adults were motivated by the fact that they were unhappy with their appearance. Similarly, BA patients were observed to be “particularly motivated to seek surgery due to their marked focus on their feelings about their breasts” and 43 per cent of women in a Dutch study (13% had history of CS) considered the appearance of their labia minora to be important or very important.

Improving function, alleviating discomfort

Discomfort was explored as a motivating factor by a small number of studies.

A group of 131 women who received labiaplasty highlighted that motivating factors may be embedded in function. Of women who underwent the procedure for aesthetic and functional reasons, 55 per cent reported experiencing discomfort while wearing clothing; 46 per cent experienced discomfort while exercising; and 60 per cent stated that sexual intercourse was painful or uncomfortable. A French study of 163 labiaplasty patients made similar conclusions: 87 per cent of women underwent the surgery because of

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aesthetic dissatisfaction; 64 per cent because of discomfort with items of clothing; 43 per cent because of discomfort during sex; and 26 per cent due to discomfort when playing sport.\textsuperscript{198}

Thirty-one children who had received otoplasty were asked, “what was the most difficult factor about having prominent ears?” The most common answer was pain: 26 patients stated that it hurt to wear a cap, hat, or helmet.\textsuperscript{199}

**Self-esteem**

“… to feel better about myself – raise my self-esteem.”\textsuperscript{200}

Self-esteem was examined by a number of studies, which elicited quite different findings.

A Taiwanese study of 85 pre-CS candidates and 105 non-CS control group found that the former had higher self-esteem, thus undermining the thesis that lower self-esteem increases the likelihood of having CS.\textsuperscript{201} The authors of this study posit that the finding of higher self-esteem in the CS group “may reflect a proactive, motivated personality, and higher self-esteem may be consistent with such a psychological profile.” Similarly, a UK study of 332 university students (both male and female) found that low self-esteem was not correlated with a higher likelihood of having CS.\textsuperscript{202}

However, a retrospective study (undertaken by a group of 12 plastic surgeons and gynaecologists from across the US) of 258 women who had undergone FGCS found that 32 per cent sought a procedure to enhance their self-esteem.\textsuperscript{203} A further survey of 289 undergraduates at university in the US also concluded that having low self-esteem “led to higher levels of sociocultural attitudes toward appearance, which resulted in positive attitudes toward cosmetic surgery.”\textsuperscript{204} A study of high school students in the US also identified 40 participants out of a total of 130 who indicated that they would choose

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to have CS in the future. Of this group, 36 (90%) stated that their motivation was to feel better about themselves.\textsuperscript{205}

Reacting to others’ perceptions of appearance

“When you get older, the corners of the mouth hang down; you look very ill-humoured. I am not an ill-humoured person at all so I don’t want to look like an angry old maid.”\textsuperscript{206}

“Having large breasts, um, it sort of makes people see you as very sexual or promiscuous even... I’ve never been like that. I’ve never been the type to want to draw attention to myself and certainly not to my body.”\textsuperscript{207}

Some who have received CPs may be motivated by others’ reactions to their appearance.

Women who had undergone a breast reduction procedure “indicated that the decision to undergo surgery was informed not just by physical elements but by the attendant level of attention drawn by their breasts.”\textsuperscript{208} Similar observations were made by the authors of a small scale US study which included women who had undergone breast reduction surgery. The authors note that “women with larger breasts also reported being described as ‘matronly’ by others, and being aware of people ‘talking to’ their breasts.”\textsuperscript{209}

A Canadian study of 44 men who had undergone a CP also suggested that men want to remove stigmatising features from their bodies.\textsuperscript{210} One participant in this study noted that “women find the look [baldness] totally unsexy and not very strong looking.” The author of this study suggests that such revelations indicated that men aim to “[reclaim] their ‘threatened’ bodies and [repackage] themselves as aesthetically desirable.”

A further study also found that CS candidates exhibited a higher ‘perception of other people’s opinion’ score than a control group, but that this did not influence their perception of their body image.211

A police officer who had received CP for facial scarring following an attack he experienced while working has also noted that people’s perceptions of him influenced his decision: “People looked at me like I was a real thug y’know? When I was on duty people would comment, especially the drunks, they’d give me a hard time… like I was one of them and now I’d switched sides, turned good or something… some of the locals would call me Scarface and things like that.”212

The anticipation of others’ reactions to appearance was highlighted by a participant in a small scale Chinese study of women who had received CS: “Who would pay attention to, not to mention [to] hire a country girl with freckles on her face?”213

Age awareness

“As you start to age, you start looking a little more tired. No matter how well you take care of yourself, it’s just inevitable.”214

“Just because people are older doesn’t mean that they don’t want to appear good in front of their peers. Older people get portrayed a bit too often as frumpy, lumpy and dumb and get ignored”.215

“I felt that my face did not belong to the rest of my body. I had a 65-year-old face on a 55-year-old body.”216

Alongside these responses to interviews, a questionnaire completed by 119 women and 89 men from the general UK population has also suggested that younger men were more likely to consider undergoing CS than older men. Women’s inclination to consider

undergoing CS was not, however, affected by their age. A slightly different conclusion was, however, reached as a result of a survey of 5,000 UK women: these results indicated that, with increasing age, women were less likely to have CS. 

These hypothetical studies, however, stand in contrast to those involving people actively considering whether to have a CP. For example, a Canadian study of 44 women between the ages of 55 and 70 indicated that age, and awareness of ageing, may be a motivating factor in deciding to have a CP. One 60-year-old participant noted that “I was feeling so down that summer and I was feeling so old and… looking old.” The participant then called the doctor and asked for something as a ‘pick me up’. Another Canadian study involving 644 participants also indicated that a quarter of its survey respondents cited age as a motivating factor to undergo a CP.

A small study of 11 older people in Australia who had some form of CP elicited a response from one older person to the question as to why she thought people in their 60s and 70s had CS. She replies: “Oh because, really you don’t want me to tell you that do you? I tell you why. Because, you now become, when you get to my age, an invisible person.”

At the other end of the age spectrum, the perception that certain body characteristics (i.e. small breasts) may make people considering CS feel ‘childlike’ was also raised in the literature. In one small-scale US study of women who had received breast surgery (either BA, breast reduction (BR) or corrective surgery).

“I hated it because I felt like I was getting older mentally and everything else, but I still looked like I was 12 years old.”

“I looked like a little boy, completely flat-chested. I didn’t feel feminine. Not just a little boy, also a kid.”

Researchers have also tried to identify the age at which people are most likely to seek CS. A general population sample of 1,480 Australians, for example, found that those

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between the ages of 35 and 50 were the most likely to want to have CS, followed by those aged between 51 and 64. Once people reach the age of 65 and above, then desire to have CS decreases. However, for these two older age groups, the propensity to have actually had CS increases with age.224

Weight and diet

The literature search yielded a number of studies which included an assessment of the influence of weight (including BMI) and diet on people’s motivation and attitude towards CS.

An Australian survey, for example, found that women who had dieted in the past year were 1.5 times more likely to report having used CS, but women who perceived themselves as slightly overweight vs. average were less likely to have CS (i.e. women who had CS were more likely to have a normal bodyweight and to diet frequently).225

However, a US study of 1,228 women and men found that BMI was not related to CS attitudes for women; for men, however, the lower their BMI, the stronger their attitude of acceptance for CS.226 A later study by one of the same authors found that the heavier women were, the greater number of CPs they indicated they would like to have.227 A Danish study also specifically looked at the relationship between BMI and BA patients, and found that women who had undergone BA had a significantly lower BMI compared with women from the general population, or with women who had undergone a different type of CP.228 Similarly, a UK study of over 300 female university students found that a low BMI (i.e. more slender participants) predicted a greater consideration of CS.229

A Norwegian study of 1,861 women also found that those with eating problems displayed more interest in CS than other women. Compared with those without interest in liposuction was more than twice as high for women with eating problems. However, the authors note that ‘interest’ should not be equated with action, as the percentage of women who had actually had CS was almost the same in both groups.230

‘Why not?’

“You start off by doing it because you look in the mirror and you might be seeing something that could be tighter and you think why not do it?”231

“Why shouldn’t I get [cosmetic procedures]? I’m doing everything else…”232

“… if I had the money and there was, if it wasn’t going to hurt you, why not? Why not look better if you can?”233

The ability to afford a CP was also briefly explored in US study of 926 patients who had undergone gastric band surgery. This study indicated that patients who could afford the costs of CS to remove excess skin and to contour the body following surgery were twice as likely to have multiple or subsequent operations.234 Inheriting money from a deceased parent was also referred to by a participant in a series of interviews with men who had received various CPs. The authors of this study suggest that “an inheritance gave him the economic means to pursue surgery, while the bereavement motivated him to take control of his body.”235

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