

Reasons for undergoing cosmetic surgery: a retrospective study.

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ABSTRACT

Reasons for undergoing elective plastic surgery were retrospectively explored with seven female postoperative participants aged 34-55, who were interviewed using a semi-structured interview format. Interviews were analysed using an adapted version of interpretative phenomenological analysis (e.g. Smith, 1996; Smith, Jarman and Osborn, 1999; Jarman, Smith and Walsh, 1997). The results of the analysis showed that the participants all experienced positive physical and psychological outcomes of surgery: several master themes were identified relating to their initial reasons for embarking upon surgery including 'age appropriateness', 'body integrity', and 'wanting to look normal'. These themes are explored in relation to ideas prevalent in feminist and evolutionary psychology.

INTRODUCTION

According to the British Association of Plastic Surgeons, in 1998 65,000 people in the UK had cosmetic surgery. British men and women appear to be following the trend set in America, where the American Society of Plastic and Reconstructive Surgeons reports that over 1.7 million people had cosmetic surgery in 2001 out of a total of 7.4 million cosmetic and reconstructive surgery patients (ASPS 2001). These included face-lifts (124,531), breast augmentation (219,883) and liposuction (275,463). In addition, a further 5.8 million patients underwent non-surgical procedures, with 1.3 million for example having a chemical peel, 796,526 a collagen injection and 855,846 a Botox[®] injection. Even these large numbers are underestimations of actual procedures carried out as they do not include those carried out by general surgeons and other specialists. In a sample from the Women's Health Australia study for instance, Schofield, Hussain and Loxton, (2002) report that 7% of the 14,100 women surveyed had had some kind of cosmetic surgery at some point in their lives.

Some possible general, global reasons for this increasing demand for surgery are that people in the Western world have larger disposable incomes, and that cosmetic surgery has lost the stigma that was previously attached to it due to pervasive media fascination with (and reporting of) celebrities who have had elective surgery. Additionally, competitive

pricing from cosmetic surgery companies has allowed surgery to become a realistic option for many more people (Davies and Sadgrove 1996).

Research suggests that plastic surgery can be of both physical and psychological benefit to patients, leading to an increase in self-esteem and confidence (Maltz 1981). However, Maltz, who was both a psychologist and a plastic surgeon, also observed that some patients' self-esteem remained unchanged even after their physical appearance dramatically improved. In a review by Sarwer, Wadden, Pertschuk and Whitaker (1998) of ten studies investigating the psychological outcome of surgery using clinical interviews pre and post operatively, six reported generally positive effects, two reported negative effects and another two reported mixed results or no change. Of four studies using standardised measurements rather than interview, one showed a favourable change, two showed no change and the last showed an increase in depressive symptoms in post operative patients who had undergone a facelift.

Sarwer, Wadden, Pertschuk, and Whitaker (1998) suggested that hitherto most research looking at reasons for embarking on plastic surgery has been carried out because of surgeons' need to assess the psychological suitability of their patients for specific cosmetic procedures. These assessments can be divided into two types: clinical interviews and psychometric measures, both of which are attempts to assess psychopathology and

therefore screen out those people who have unrealistic expectations of the outcome of their surgery or who are more generally 'psychologically inappropriate for surgery'. (Sarwer et al. 1998 p.2). They concluded that overall, a majority of patients seeking cosmetic surgery do not suffer from serious psychological disturbance, though certain types of psychopathology may be related to specific cosmetic procedures. In terms of postoperative investigations, where again the focus is on psychopathology or the psychological effects in terms of satisfaction and decrease in depressive symptomatology, Sarwer et al. (1998) suggest that the findings were less definitive: clinical interviews tended to report more favourable psychological outcome whilst standardized psychometric tests reported a more mixed outcome. An overall criticism from the Sarwer et al. (1998) review was that none of the studies looked at the relationship between cosmetic surgery and the patients' own body image. They propose a model of this relationship which takes into account a variety of factors such as the physical reality of appearance, a range of psychological influences on body image (such as perceptual, developmental and sociocultural influences and self esteem) and "body image valence" which considers the importance of ones self-esteem and the actual degree of satisfaction with ones body. Sarwer, Whitaker, Pertschuk and Wadden (1998) also suggest that a possible reason for the reported difference in research conclusions was that the interviews uncovered different and more subtle kinds of knowledge (including for instance higher levels of psychopathology) than did the tests. This in part forms the rationale of using interviews rather than questionnaires in the present paper

The approach adopted here has also been stimulated by the work of Gaete-Santender (1986) and Davies and Sadgrove (1996). Gaete-Santender (1986) reported that in undergoing plastic surgery which alters or restores the patient's external image, the patient may also expect corresponding changes in mental images and in internal or external aspects of the self. The degree to which the patient's outlook is changed by surgery depends on his or her expectation and attitudes. Davies and Sadgrove (1996) found that reasons for wishing to have surgery included: to please a partner; to secure a partner or a job; wanting to look like someone else; and wishing to look 'perfect'. These motivations for surgery, defined by Davies and Sadgrove (1996) as 'unrealistic' could lead to postoperative negative feelings, and to a lowering of self-confidence and self-esteem while realistic requests for surgery include wanting just an improvement in looks and accepting the limitations of surgery and surgeons. These latter reasons for surgery would lead to higher feelings of well-being, self confidence and self-esteem, reducing the perceived discrepancy between actual and ideal self.

So, the present study seeks to examine ideas around elective surgery in order to better understand possible motivational factors. This is important because, as Maltz (1980) suggests, if people request surgery for a perceived physical problem, when the motivation is actually a mismatch between how they perceive themselves and how they feel they ought to be, it is unlikely that surgery will resolve the problem.

In order to explore these issues, it was decided here to use an inductively driven exploratory qualitative analysis. Primarily, it was felt that such an analysis would also be useful - as indicated by Sarwer et al. (1998) - in examining the intricacies of the women's accounts, their explanations of why they chose to have cosmetic surgery, their experiences of having surgery, and how it affected their daily lives. The qualitative approach chosen for these ends was an adapted version of Interpretative Phenomenological Analysis (IPA) (e.g. Smith, 1996; Smith, Jarman and Osborn, 1999; Jarman, Smith and Walsh, 1997). IPA aims to explore participants' experiences from their own perspectives, but also acknowledges that the analysis produced will be the researcher's interpretations of the participant's experiences (see Willig, 2001).

Research concerned with the psychological impact of plastic surgery can be broadly split into two categories: the effects of elective/cosmetic surgery (e.g. Sarwer, 1997; Sarwer, Wadden and Pertschuk, 1998; Sarwer, Wadden, Pertschuk, and Whitaker 1998; Sarwer, Whitaker, Pertschuk and Wadden 1998; Askegaard, Gertsen and Langer 2002) and the effects of breast surgery following mastectomy (e.g. Hatcher, Fallowfield and A'Hern, 2001; Taylor, Lamdan and Siegel 2002). These studies have reported a number of findings regarding the psychological effects of such surgery, particularly in terms of body image satisfaction and how this affects factors such as motivations for surgery and self esteem. The present study is concerned with the former group of patients and investigates the link

between the motivational factors involved in elective/cosmetic plastic surgery and its outcome as indicated by consequent psychological effects and self assessments.

The aim of the study therefore is to explore the participants' understanding of their motivation for choosing to have surgery in the light of their subsequent experiences.

METHOD

Participants.

Seven female participants were recruited from the plastic surgery clinic in which the interviewer worked as a nurse. They were aged 34-55 years old. All had experienced elective plastic surgery within the last seven years. Table 1 shows their age and procedure undergone.

INSERT TABLE 1 ABOUT HERE

Interviews

The interview schedule began by eliciting demographic information followed by questions on the participant's motivation to have surgery in line with Willig (2001) Questions were asked about: how participants felt about their body image and appearance before and after surgery; how the body parts they wished to change made them feel before surgery; how this

affected their daily life; what their expectations of surgery were; how they thought surgery would impact on them both physically and psychologically; how they thought they would like their body to look, how far they felt their actual image fitted this ideal picture; and how they felt about their bodies post surgery. All interviews took place at the surgery in a private room. With each participant's consent, the interviews were taped using a cassette recorder. The tapes of the interviews were then transcribed verbatim.

Analysis

The analysis was inductively rather than theoretically driven and was an exploration of the personal meaning of embarking upon cosmetic surgery to those who had undergone it. An adapted version of Interpretative Phenomenological Analysis (IPA) was employed as the method of analysis (Smith, 1996; Smith, Jarman and Osborn, 1999; Jarman, Smith and Walsh, 1997). Each participant's interview transcript was read and re-read and notes were made to reflect initial thoughts and observations. In the next stage of analysis, themes that characterised each section of the transcript were identified and labelled. The function of these theme labels was to capture something about the "essential quality of what is represented by the text" (Willig, 2001, p.55). The next stage of the analysis involved looking for similarities across these themes to see how they related to each other and formed clusters of concepts. This was done for each interview transcript. The final stage involved looking at all the transcripts together and examining all the themes and clusters identified to see if any master themes emerged which were felt to reflect the participants

shared experiences of having plastic surgery. This process continued until no new themes could be identified. However, only those themes which offer new insights, are in line with the aims of the study are reported here.

All three investigators participated in the process. To ensure validity, the transcripts were initially read by one author who identified some possible themes. Another author then reread the transcripts, identifying themes and comparing these to the initial reading. At this stage some were refined, others discarded. Finally, as a final check on the validity of the thematic interpretation, the transcripts were read by the final member of the team and interpretations corroborated. The investigators came from a range of theoretical backgrounds and the analysis was done as far as possible without prejudice although having these different theoretical backgrounds did of course inform our judgement and sensitised us to different aspects of the analysis

Results and Discussion of Analysis:

The analysis of the data revealed a number of master themes which were thought to reflect the participants shared understandings of their motivations for and experiences of having plastic surgery. Four of these themes are presented here. What is interesting about these accounts is how the participants conceptualized their feelings about their body its psychological affects, their rationale for surgery and subsequent mood change. Some of these themes clearly refer to how participants felt they ought to look in comparison to how

they actually looked. Often participants clearly articulated that they were aware of discrepancies between these perceptions and that this led to their initial impulse to have surgery.

Themes

Age appropriateness

Many of the women talked about age as an issue when discussing why they wanted cosmetic surgery. Some of them described how the body parts they wished to change made them both appear, and feel, older than they actually were

Extract 1:

MLH: I thought I looked older than I actually was, and it sort of came to a head when I was getting offered concession with, you know, the OAP concessions and I sat at the bus-stop with an old lady, who obviously was an old lady, and she was talking about something or other, and she said “people like us” and I thought “hell, she must be at least twenty years older than I” and yet she looked at me and saw an old woman” .

In this first extract, MLH describes how an “old lady” assumes that she, MLH, is similarly old because of her appearance. MLH is clearly bewildered by this as she feels she ought not to be perceived in this way, indicating she has a strong sense of how she *should* look for

her age which is apparently challenged by others' perceptions of her, in this case by someone whom she considers "obviously" old. This in turn illustrates what MLH, feels that she should *not* look like: before surgery she looked older than she should have and the fact that someone else also perceived this to be the case too, reinforced her perceptions of a mismatch. Presumably this is a problem because she looks older than she should rather than younger, and her expectations of what an 'old lady' looks like do not tally with her view of how she should look, though her ideas about this seem to be somewhat stereotypical.

Other women actually expressed a desire to look more like their younger selves:

Extract 2

JG: ...I was beginning to age, I'd always looked after myself and I sort of felt everything was sagging a little bit and I didn't look quite as youthful as before..

Extract 3:

MH: ...since the rhinoplasty, I have gone forward with upper and lower eyelid fat and bag removal and I've had endoscopic on the face as well, which really is only because I'm in my early fifties and now that I've got this joy of not having an awful nose on my face, I felt I deserve a few years left of looking more confident and younger. So do I think that the nose led me onto the other? Not particularly, I would have probably gone with it anyway, because I've just married a younger man and

that is part of my reason why I've gone for facial, bagging removal or whatever.

I've very, very happy with the results .

JG in extract 2, expresses a common concern: that she feels she was “beginning to age” which became cause for concern, an idea which suggests that people aren't aging continuously but rather there is a certain point at which they “begin” to age, presumably when they begin to look older, indicated by changes in appearance. It is at the “beginning” of this aging process that JG began to be concerned about her changing appearance. She states that she “didn't look quite as youthful as before” demonstrating how she felt she once looked younger and suggesting that she wanted to continue looking more “youthful” despite no longer being young. MH, in extract 3, similarly expresses a desire to continue to look more youthful: “I deserve a few years of looking more confident and younger”, suggesting that a youthful appearance is coupled with a more confident personality – this connection between appearance and personality type is referred to several times and is discussed again below. This is further substantiated by her explanation that she had further surgery to make herself look younger, not solely as a result of surgery she had already undergone, and which is the subject of this particular interview, but because she had married a younger man and this was part of her motivation for more surgery. Both of these extracts also illustrate the fact that participants felt they had in some way earned the right to look younger, either because they had looked after themselves, or because they had in some way been cheated of a carefree youth by the presence of a despised body part. Both of

these opinions imply some sort of previous suffering which is balanced out by the reward of the surgery's effects, or that they feel a sense of entitlement which has been thwarted. Age is a punishment which they don't yet deserve. Combined with this is a sense that age has come upon them too soon (in developmental terms) and that it has sparked a sense of crisis. Feminist theorists are well acquainted with this phenomenon – as Jane Ussher (1993) puts it 'This advent of ageing is experienced as a crisis by many women: a crisis which is not experienced in the same way as men....our images of 'ideal women', against whom all women are judged and against which we judge ourselves, are primarily of young, slim, able-bodied, heterosexual, attractive women'. (Ussher, 1993, 116). This is further reinforced by MLH who after surgery feels that instead of this sudden descent into old age now 'there's a sort of steady decline'.

Overall, the women construct the idea of body image as if they should always look like a particular age, an ideal standard not subject to the universal aging process. Additionally, a sub-theme is the desire to look younger, illustrated by JG and MH in extracts 2 and 3. This is different from the desire to simply look the age that you actually are. Either way, it illustrates a desire in these women for their looks to match a desired age – whether that is their actual age or an age younger than their present age. More particularly, an age where they do not look old, or at least not any older than they feel they ought to look. This may be at least in part influenced by the fact that cultural standards for how we should look at 45 and 50 have changed radically in the last 20 years. Bordo (1993) for instance cites Cher as

an exemplar of this who (at the time) looked much younger at 40 than she did at 46. Bordo also went on to claim that rather than being a liberating tool for older women, cosmetic surgery has merely established a 'new norm ...in which the surface of the female body ceases to age physically as the body grows chronologically older' (Bordo 1993, p26) This desire to attain a mythical standard of youthfulness or for the reduction a perceived discrepancy between looks and age is related to the next theme and is explicitly stated in some of the extracts, particularly those of MLH..

Body integrity

Many of the women talked about the importance of body integrity. In particular, what seemed a common comment was how the particular body part they wished to changed didn't 'fit' with the rest of their body.

Extract 4:

MLH: I felt old, but only felt old from the neck up. My body's all right, in quite good nick, I'm not overweight, I'm reasonably fit. 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.

In this extract, MLH refers to what could be argued are cultural ideas about how bodies should or ought to look in terms of weight and fitness and relates it to age, again demonstrating another facet to the "age appropriateness" theme. However, more

specifically she talks about the lack of “fit” between those parts of her body she feels are age appropriate and those that are not, i.e. those parts of her body that are older looking – in this case her face. The discrepancy in this case is one of internal consistency: a mismatch between the subjective sense of how one looks and how one should look

Often, comments about lack of body integrity by these women were verified by statements about how their bodies did not 'fit together' pre surgery ...'mainly my proportions...they were...well; they just weren't in proportion' (ES) but did so post surgery.

Extract 5:

MLH: I now feel that I'm all of a piece, that the head, that the sort of head isn't divorced from the body, that I actually fit, that I've now got the face that fits the rest of me.

Extract 6:

ES: .. I just see the rest of my body as one single body, whereas before, I would see my body, and I would see my breasts, my breasts weren't part of my body, they didn't need to be there, I didn't need them to be like that, and I just you know, I had this kind of self-loathing thing going on, they just weren't part of me, whereas now, my body is just my body and it's got a pair of boobs on it and that's it the same as

anybody else's and it's just so matter of fact and not really an issue or anything now

.

Extract 7:

JR: I can't do anything about legs, I can't make them six inches longer, I accepted that many years ago! It's just wishful thinking, I feel like I'm in proportion now for what I am, quite small but with a long body and shorter legs, but having a bust takes the emphasis off the legs, you see, people do notice it, not in a cartoon character sort of way, but men especially seem to notice, but women ask "are they your own?" and I always say "yes, of course" I'm so pleased with them now.

The idea of 'fit' and proportion is also echoed in IN's response

Extract 8:

IN: My breasts were just too big. I didn't want to be any different to how I had been up to until I was 40, I was quite happy with myself, what I couldn't cope with was the fact that my breasts grew, between when I was 40 and until it was that I had surgery, they grew and almost doubled in size in those 3 or 4 years.

In these extracts we can see examples of how these particular women place a great deal of emphasis on feeling that all parts of the body felt 'integrated' post surgery. ES related this to the idea of 'normality' which she constructs as looking like "anybody else's". She

suggests that it affected her psychologically in an adverse way when she thought her body wasn't integrated ("I had this kind of self-loathing") and that now, her body has become so normal its "not really an issue or anything now" JR's response is similar to the others, despite her history being different (she had previously had a lump removed from her breast).

This idea of symmetry is one often examined in evolutionary psychology, associated as it is with indicators of health and youth (Campbell, 2002). The importance of facial asymmetry in particular has been studied extensively in relation to attractiveness (e.g. Thornhill and Gangestad, 1993, 1994).. This theme of proportion, symmetry and physical integrity is related to the next master theme:

Wanting to look normal

Some of the women made reference to wanting to look "normal" or to somehow fit in with some notional idea of normality, or how "everybody else" looks, again how they felt they should/ought to look.

Extract 9:

CP: Well I'm happy now, obviously I'm not perfect, I never expected to be, and don't think I ever will be, my breasts are normal looking, they don't look false or anything like that and you can't really tell that I've had implants done, because I'm

in proportion, I haven't gone massively big, like a, um, a glamour model or anything like that, they're just normal, I'm just a normal person now [post-surgery], with a normal body .

Extract 10:

ES: Well physically I thought it [breast surgery] would re-shape my breasts, make me more in proportion and make me more like everybody else. I didn't want to be the one that was different .

There is a suggestion in both extracts 9 and 10, that there is some kind of objective normality in terms of body image. In extract 9, CP constructs her idea of normality by contrasting it to the idea of perfection (“I’m not perfect”) and further defines it in the case of her breast size as the idea of being “in proportion”. Similarly ES also talks about being “more in proportions” but also so she can be “more like everybody else”. This does not necessarily mean that all the women have the same idea of what “normality” might be. Rather, the commonality here is that they construct their experiences of their body image as if there is such a thing as an objectively normal body image, and that their bodies, pre-surgery, did not conform to this standard. Once they had the surgery this discrepancy was significantly reduced. CP further constructs the idea of normality: it is not “massively big, like a, um, a glamour model” but a size which makes her ‘look back in proportion again’. Post surgery she now feels “they’re just normal” whereas before – as she remarked

elsewhere in the interview- she felt as if they were ‘the breasts of an 84 year old’, a statement which also relates to the theme of age appropriateness. ES also clearly expresses her desire to look like “everybody else” and to not be noticeably different, goals which she feels the surgery has achieved. MH has felt so outwith normal bounds that she has been extremely self conscious in all situations because of this perceived divergence from the norm.

Extract 11:

MH: Even sitting in the car at the traffic lights, when there’s three lanes, if I was in the middle lane when a car would be each side of me, level with me, ...I was always convinced in my own mind that people were looking at my nose. I would make sure I was always back in queues, any queues, whether walking, um....waiting to get a drink in a bar, er, sitting at a table in a restaurant in close proximity to others, standing in a group talking, when it came time for my say, I wouldn’t because other people would look at me in profile... so it actually affected my whole attitude to socially being with people and even those times just sitting in a car!

This wish to appear to be normal is in line with the findings of Davies (2003) who found that the women she talked to who were undergoing cosmetic surgery wanted to be ‘ordinary’, and ‘just like everyone else’ (page 77), and that the bit of their body which just didn’t fit in with the rest of it had to be changed. Again, the discrepancy here can be

conceptualised in terms of inconsistency with perceived external norms; although these may be the views of the externalised self or internalised others.

These three themes: "age appropriateness", "body integrity" and "wanting to look normal" could be considered in terms of the women describing and making sense of how they felt they ought to or should look, from the perspective of a personalised, idealised standard. The women describe their bodies in relation to how they felt they ought to look in relation to these three interlinking themes of age, body integrity and normality. They construct their beliefs from what could be argued are culturally created norms of body image, cultural norms which may have their root in adaptive processes to do with sexual selection (Anderson, Crawford, Nadeau and Lindberg, 1992, Barber, 1995, Miller, 2000) . In particular, they make reference to normative understandings of body image in terms of age: there were two dimensions to this. Firstly that women should look a certain way at a particular age and secondly that there was a particular quality of appearance that they aspired to. This was linked with an age younger than their own. It was also clear that a further motivation for plastic surgery was when their chronological age and their perception of how old they looked were significantly different. All of these ideas allude to some kind of universal, purportedly objective idea about body image, about how it ought to or should look, but also how it should look in the ideal, an ideal which isn't necessarily 'perfect' but just 'normal'. However, underlying all these themes is how the women felt about themselves psychologically

Psychological factors

All of the women talked about themselves either in terms of lack of confidence, unhappiness or low self esteem before the surgery and the subsequent beneficial impact of surgery on these afterwards. They talked about both their image of their bodies and of their physical bodies.. They often used language which was relatively sophisticated in its use of psychological terms, referring for example to the concepts of self esteem and mood state. Three sub-themes were identified and are outlined below: self confidence and self esteem; mood and the discounting of it in terms of psychopathology; and the perception of a discrepancy between personality and body image.

Extract 12:

MLH: It's [surgery] done wonders with my sort of general confidence in myself, my self esteem, it's this self-esteem bit, this self image thing, it's actually done a lot for that.

Extract 13:

JG: but mentally it [having surgery] was more to feel good and be more confident.

Extract 14:

IN: I would feel really under-confident and my self esteem would be very low....I was quite happy with my self image until I changed and now it's back to how I was before.

Here they infer a direct causal link between the surgery and their improved psychological state. IN makes the connection explicit. This is a relatively unsophisticated view as they do not appear take into account the fact that their initial appraisals may have been overly negative and that it is the perception of themselves which may possibly be at the root of their unhappiness with their appearance. After surgery this seems to become clearer: MH for example articulated this....'it's kind of my self image versus what others might see....how I was myself was a direct result of how I thought others saw me'. I

Some of the women were also clear to make a distinction between how their body dissatisfaction led to them feeling unhappy rather than depressed. They were anxious to emphasize that they were not suffering from some kind of psychological disorder:

Extract 15:

MLH: I wasn't depressed, I was just unhappy

Extract 16:

KS: How did this [body image pre-surgery] make you feel?

JG: A bit, not depressed at all, just a little bit sad that I was beginning to age that's all

Extract 17

I felt....unhappy with the way I looked. I'd lost confidence; I found that I was even walking like an old lady.

This is a clear articulation of the feeling that their motivations for surgery did not stem from a psychopathological view of themselves and their bodies. Extract 17 is also linked to the third sub theme, indicating that their perceived physical anomaly was pervading their personality and subverting it in a way which they felt did not sit with who they were. That their bodies did not match their personalities.

Some of the women actually talked about a discrepancy between their normal personality and the personality they exuded while burdened by what they believe is their physical abnormality. They were also aware of the kind of impression their body made on others in relation to assumptions about their personality traits: both these beliefs may lead to a mismatch of perceptions of their psychological and physical selves.

Extract 18:

MH: So I've been a bit withdrawn, and it's not my personality to be withdrawn. I was like, not leading a double life, but many times I'd want to be in the front, or speaking out, but I wouldn't, because I didn't want people staring at me.

Extract 19:

ES: I had a size of breast that I thought would suit my overall shape and one that I thought would fit in with me as who I saw me as, not a big-busted person..... Some of the big-breasted friends I have, they used to revel in having this attention, focus thing that they could flaunt, and that is who they were, they liked being the centre of attention they liked all that, but I didn't like that, I didn't want that. I wanted to be the same as everyone else in the road, but I wasn't, the same as everyone else in the class, but I wasn't, because of these horrendous size boobs and that's what was on my mind all the time.

In extract 18, MH states that due to the way her body (nose) was before surgery that this actually made her feel “withdrawn” and less confident as she felt others would see her and stare at her because of her appearance. This would make her feel embarrassed and make her feel lacking in confidence in public. ES similarly talks about how her body shape affected her personality, however - in contrast to MH - she described her body shape as causing her to be perceived as having a certain type of personality: that of a “a big-busted

person”. She articulates what this personality is by describing her friends who do have large breasts and how their behaviour is indicative of a certain kind of personality where they “revel in having this attention, focus thing that they could flaunt, and that is who they were, they liked being the centre of attention they liked all that, but I didn’t like that, I didn’t want that”. This clearly suggests that she felt this kind of behaviour was ego dystonic, that it did not fit with her personality and therefore that her body should change to become more in line with the rest of her personality characteristics.. So in addition to achieving physical integrity (see earlier theme) she also wanted to achieve a physical and psychological integrity through surgery. This ties in very closely with early psychoanalytic theorists and with Fisher’s (1990) ideas of the physical body as a corporeal representation of the self .

Overall, there was a clear expression of how most of these women experienced negative psychological states, whether in terms of direct psychological discomfort caused by their negative body image or discomfort caused by inappropriate perceptions about their personality. Additionally, they were affected by the large discrepancy between how they felt they ought to look and how they actually did look before surgery. This appears to have been at least part of the reason they were motivated to have the surgery. Along with this there were clear indications of how these discrepancies were attenuated, and psychological states improved, after surgery

Conclusion

This study has attempted to explore the experience of women undergoing cosmetic surgery, using IPA as an exploratory method of analysis. In particular, we tried not to have any preconceived ideas about the kinds of reasons the women might give for undergoing such a costly and painful procedure, and as far as was possible let the data inductively drive the direction of the analysis.

Several themes were identified which were common to several of the participants and which may be widespread motivational factors for those seeking surgery. Themes were broadly concerned with reducing a perceived discrepancy between what the participants thought they should look like and what they felt they ought to look like for reasons to do with age appropriateness, body integrity, normalisation and – more generally – psychological well-being.

Some of the above can be explained in terms of Self-Discrepancy theory as proposed by Duval and Wicklund (1972) and expanded by Higgins and colleagues (Higgins, Klein, and Strauman, 1985; Higgins, Strauman, and Klein 1986; Higgins, Klein, and Strauman, 1987; Higgins, 1987). These theories predict that when people focus their attention on themselves as an object, they make active comparisons between their actual self and ideal self. The discrepancy between this actual self and ideal self acts as a ‘self guide’ and increases motivation and effort to bring actual in line with ideal. Duval and Wicklund (1972) for

instance reported that individuals become increasingly dissatisfied or disappointed with themselves as they focus on their actual-self: ideal-self discrepancy and that this motivates them to act to try to reduce the perceived discrepancy.

In all cases, removing the perceived discrepancy resulted in an improvement in mood, which was generally lower before surgery than it was after. Although these discrepancies were often self-referential, we found that this was not always the case and that our participants were also concerned with the (hypothesised) perceptions of others. Nevertheless, there is clear evidence to support the claim that there was a tendency to be less concerned with how other people felt they ought to look than with how they themselves measured up to their own standard.

One of the many points of interest is the theme which emerged relating to body integrity, in which the discrepancy itself is embodied; part of the physical body was itself seen as discrepant in relation to the rest of the body, as if it didn't somehow fit, or didn't belong. This continued into another master theme: a desire to look like everyone else, normal, as opposed to some idealised standard. Their perception of their bodies is almost as if their particular physical failing has meant that they do not belong with the rest of society, as if they themselves were some sort of corporeal anomaly in the same way that their breasts, for instance, did not belong with the rest of them. Young (1990) has suggested that oppressed groups (including women, homosexuals, ethnic minorities, the disabled, the obese) through

a process of the 'aesthetic scaling of bodies' feel 'ugly, fearful or loathsome' (Young 1990, 123-124) and as a consequence of feeling under pressure to appear 'normal' go to great lengths to achieve this. Davis (2003) suggests that in a society where feminine beauty is idealised, this 'specifically structures the dynamics of gender oppression, rendering ordinary-looking women ugly and deficient and trapping them into the hopeless race for a perfect body' (Davis 2003, 5-6). Though there is no evidence from the interviews here that the search is for perfection, there is certainly a sense that, pre surgery, some of the women felt that they were outwith societal norms and in some cases really did feel 'ugly, fearful and loathsome'

All of the participants felt happier with themselves after surgery. Many of the women felt that their bodies did not previously match up to their age, making them appear older than they really were, or they expressed a desire to actually look younger than they were. They also felt that there was a 'norm' in terms of age which they wished to achieve and the loss of which made them unhappy. They also expressed awareness of a mismatch between their perceptions of themselves in terms of personality and physicality as well as between how they felt they ought to look and how they actually looked. Great emphasis is placed on looking 'normal' and 'in proportion'. However, unlike the Davies and Sadgrove (1996) study, there was little evidence to suggest that participants underwent the procedure to please a partner, to get a job or to look perfect.

The present findings provide useful insights into the kinds of concerns which drive people to undertake such a painful and costly treatment. In the future it could be of interest to include interviews both pre and post operatively, as it is one of the limitations of this study that the perspective of the participants may have changed over time and that this could not be examined. In addition, this group was unanimously positive about the effects of surgery – it is another limitation of this study that that is the case: it would be useful if future research could explore the psychological and emotional outcomes of surgery which is perceived to have failed to reduce discrepancies, or which has exacerbated them. Future research might also be aided by a more discursive analysis of both pre and post operative interview data, which may be useful in identifying discourses about body image, how these are socially constructed and the kinds of function that they serve.

The sample of participants in the present study is also less than ideal in that the age range straddles both late youth and early middle age. People belonging to different age categories, with those at pre, peri and post menopausal stages likely to have different expectations of their physical selves, and different needs in terms of optimising the fit between their perceptions of their actual physical shape compared to the idealised. Additionally, the sample is composed of three women whose dissatisfactions lie with their facial appearance, and four women whose dissatisfactions are with their breasts: this study has not examined the possibly different meaning of different parts of the body to the participants.

Theoretically, the themes identified here resonate with ideas from a range of psychological approaches. Evolutionary psychology for example would predict that themes relating to the importance of facial and body symmetry and the kinds of proportions likely to be most desirable in the human form (e.g. Hughes and Gallup, 2003; Streeter and McBurney, 2003) along with youthfulness, would be central in the experience of those women trying to change their appearance. Feminist psychology might predict that women would feel societal pressures to have a particular kind of look – young, compliant and nubile but not outlandish (Grogan, 1999) or that cosmetic surgery is a self-inflicted submission of the self to an imposed system of beauty (Morgan 1991), though Davis (1995) suggests that surgery is ‘a way to reinstate a damaged sense of self and become who they really are or should have been’ (1995:169). This is born out by the data presented here – the women want to be ‘normal’, not beautiful. This also resonates to some extent with Self Discrepancy theory (Higgins, Strauman and Klein, 1986; Higgins 1987; Snyder, 1997) which would predict that if there is a gap between the way women feel they actually look and how they ideally ought to look, then there might be a drive to reduce this discrepancy and a concomitant alleviation of anxiety when this was accomplished. None of these are exclusively explicative of the rise in cosmetic surgery but may help to understand motivational factors. Humans have always had the desire to change their bodies- archaeological and paleological evidence tells us that: all that may have changed is that now we appear to have much more opportunity to do so, and possibly to do so more radically. What is clear however is that

examining discourses around women's perception of themselves in relation to cosmetic surgery benefits from an integrated set of psychological approaches and in itself is a useful subject for such integration.

References.

American Society of Plastic Surgeons (ASPS) (2001). Plastic surgery information service.

URL: <http://www.plasticsurgery.org>

Anderson, J.L., Crawford, C.B., Nadeau, J. and Lindberg, T. (1992). Was the Duchess of Windsor right? A cross-cultural study of the socioecology of ideals of female body shape. *Ethology and Sociobiology*, 13, 197-227.

Askegaard, S., Gertsen, M. C. and Langer, R (2002) The body consumed: Reflexivity and cosmetic surgery. *Psychology & Marketing*, 19, 793-812 Special Issue: Scandinavian experiences.

Barber, N. (1995) The evolutionary psychology of physical attractiveness: sexual selection and human morphology. *Ethology and Sociobiology*, 16, 395-424.

British Association of Plastic Surgeons (BAPS). (2002) URL <http://www.baps.co.uk>

Bordo, S. (1993) *Unbearable Weight: Feminism, culture and the body*. London:University of California Press.

Campbell, A. (2002) *A Mind of her Own: the evolutionary psychology of women* Oxford University Press.

Davies, D. and Sadgrove, J. (1996). *Safe Cosmetic Surgery, a Complete Guide*. London: Metro Books.

Davis, K (1995) *Reshaping the female body: the dilemma of cosmetic surgery*. London: Routledge.

Davis, K. (2003). *Dubious Equalities and embodied differences: cultural studies on cosmetic surgery*. Oxford: Rowman and Littlefield.

Duval, S. and Wicklund, R.A. (1972). *A Theory of Objective Self-Awareness*. New York: Academic Press

Fisher, S. (1990). The Evolution of psychological concepts about the body: in T.F. Cash and T. Pruzinsky (Eds) *Development, Deviance and Change* (pp 3-20). New York: Guilford Press.

Gaete-Santander, S. (1986). Psychiatry and Plastic surgery. *Revista Chilena de Neuro Psiquiatria*. 21, 105-110.

Grogan, S (1999) *Body Image: Understanding body dissatisfaction in men, women and children*. London: Routledge

Hatcher, M. B, Fallowfield, L., A'Hern, R. (2001) The psychosocial impact of bilateral prophylactic mastectomy: Prospective study using questionnaires and semi-structured interviews. *British Medical Journal*, 322, 76.

Higgins, E. T. (1987) Self-Discrepancy: A Theory Relating Self and Affect. *Psychological Review*. 1987, Vol. 94, No. 3, 319-340.

Higgins, E. T. (1999) Self-discrepancy: A theory relating self and affect. In Baumeister, Roy F. (Ed); *The self in social psychology*. pp. 150-181.

Higgins, E.T., Klein, R and Strauman, T. (1985). Self-concept discrepancy theory: A psychological model for distinguishing among different aspects of depression and anxiety. *Social Cognition*, 3, 51-76.

Higgins, E.T., Klein, R. and Strauman, T. (1987). Self-discrepancies: Distinguishing among self-states, self-state conflicts, and emotional vulnerabilities. In K.M. Yardley and T.M.Honess (Eds.), *Self and Identity: Psychosocial Perspectives* (pp 173-186). New York: Wiley.

Higgins, E.T., Strauman, T. and Klein, R. (1986). Standards and the process of self evaluation: Multiple affects from multiple stages. In R.M.Sorrentino and E.T.Higgins (Eds.), *Handbook of motivation and cognition: Foundations of Social Behavior* (pp.23-63). New York:Guilford Press.

Hughes, S.M. & Gallup, G. G (2003) Sex differences in morphological predictors of sexual behavior: Shoulder to hip and waist to hip ratios. *Evolution and Human Behavior*, 24 ,173-178

Jarman, M., Smith, J. A. and Walsh, S. (1997) The psychological battle for control: A qualitative study of healthcare professional's understanding of the treatment of anorexia nervosa. *Journal of Community and Applied Social Psychology*, 7, 137-52

Maltz, M. (1981) *Psycho-cybernetics*. Harper Collins: New York.

Miller, G. (2000) *The Mating Mind*. London: Heinemann.

Morgan, K.P. (1991). Women and the Knife: Cosmetic Surgery and the Colonization of Women's Bodies. *Hypatia*, 6, 25-53.

Sarwer, D. B. (1997). The 'obsessive' *cosmetic surgery* patient: A consideration of body image dissatisfaction and body dysmorphic disorder. *Plastic Surgical Nursing*, 17, 193-197.

Sarwer, D. B., Wadden, T. A., & Pertschuk, M. J. (1998). Body image dissatisfaction and body dysmorphic disorder in 100 *cosmetic surgery* patients. *Plastic & Reconstructive Surgery*, 101, 1644-1649.

Sarwer, D. B., Wadden, T. A., Pertschuk, M. J., & Whitaker, L. A. (1998). The psychology of *cosmetic surgery*: A review and reconceptualization. *Clinical Psychology Review*, 18, 1-22.

Sarwer, D. B., Whitaker, L. A., Pertschuk, M. J., & Wadden, T. A. (1998). Body image concerns of reconstructive surgery patients: An under-recognized problem. *Annals of Plastic Surgery, 40*, 403-407.

Schofield, M., Hussain, R. and Loxton, D (2002) Psychosocial and health behavioural covariates of cosmetic surgery: Women's Health Australia study. *Journal of Health Psychology, 7*, 445-457.

Smith, J.A. (1996). Beyond the divide between cognition and discourse: Using interpretative phenomenological analysis in health psychology. *Psychology and Health, 11*, 261-271

Smith, J.A., Jarman, M. and Osborn, M. (1999). Doing interpretative phenomenological analysis. In M. Murray and K. Chamberlain (Eds.) *Qualitative Health Psychology: Theories and Methods*, pp 218-240.. London:Sage,

Snyder,R. (1997). Self-discrepancy theory, standards for body evaluation, and eating disorder symptomatology among college women. *Women and Health, 26*, 69-84.

Streeter, S.A. & McBurney, D.H. (2003) Waist–hip ratio and attractiveness: New evidence and a critique of "a critical test", *Evolution and human Behavior*, 24 88-98.

Taylor, K. L., Lamdan, R. M. and Siegel, J .E. (2002) Treatment regimen, sexual attractiveness concerns and psychological adjustment among African American breast cancer patients. *Psycho-Oncology*, 11, 505-517.

Thornhill, R. and Gangestad, S.W. (1993). Human facial beauty: Averageness, symmetry and parasite resistance. *Human Nature* 4, 237—269.

Thornhill, R. and Gangestad, S.W. (1994). Fluctuating asymmetry correlates with lifetime sex partner numbers and age at first sex in Homo sapiens. *Psychological Science* 5, 297—302.

Ussher, J. (1993). *The Psychology of the Female Body*. London:Routledge

Willig, C. (2001) *Introducing Qualitative Research in Psychology: Adventures in theory and method*. Open University Press.

Young, I. M. (1990). *Justice and the politics of difference*. Princeton: Princeton University Press.

Table 1. Participant age and procedure undergone.

| Participant ¹ | Age | Type of surgery |
|--------------------------|-----|-------------------------------------------------------------------------------------------------------------------|
| MLH | 55 | Full face carbon dioxide laser resurfacing |
| MH | 52 | Rhinoplasty (nose surgery) |
| JG | 50 | Full face-lift and belpharoplasty (removal of excess eyelid skin) |
| ES | 36 | Breast reduction |
| IN | 42 | Breast reduction |
| CP | 34 | Breast augmentation (implant surgery) |
| JR | 49 | Breast augmentation following previous lumpectomy (removal of breast lump) which had resulted in misshapen breast |

¹ All names have been changed to codes to assure anonymity