

**An analysis of cosmetic surgery accounts
and a proposed counselling framework**

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Abstract

The thesis determined predominant themes that surround the topic of cosmetic surgery. On the basis of the findings a thematic counselling framework for cosmetic surgery clinical practice is proposed.

A mixed methods design was chosen for this study. A thematic analysis was used to ascertain themes. A quasi-numerative approach was also utilised to establish the relative incidence of themes. Sources of data were media, internet message boards and interviews with men and women about cosmetic surgery.

Two overarching themes emerged within the coding process. These were factors that might persuade someone to have and factors that might dissuade someone from having cosmetic surgery. A number of persuading and dissuading sub-themes were identified. Quantitative results demonstrated that within the two overarching themes 58% of the talk was persuasive of, whilst 42% was dissuasive of having cosmetic surgery. Some of the sub-themes found in the thesis were considered to compete with one another. This is evidence that patients have to negotiate conflicting information about cosmetic surgery.

The findings of the dissertation are interpreted within a theoretical context. Through applying theories of decision-making and cognitive dissonance, suggestions are made about how health professionals might proceed clinically in counselling with cosmetic surgery patients or those considering having a procedure.

The thematic counselling framework proposed within this thesis is intended to assist patients and clinicians with the numerous messages from our social community (societal messages) that shape their relationship to cosmetic surgery. To the author's knowledge, it is the first clinical framework to do so.

Declaration

This work contains no material which has been accepted for the award of any other degree or diploma in any university or other tertiary institution and, to the best of my knowledge and belief, contains no material previously published or written by another person, except where due reference is made in the text.

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Date:

Rebecca Gooden

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1 Introduction, literature review and aims

1.1 Introducing the project

The goal of this thesis is to ascertain the predominant themes that shape the relationship that people have to cosmetic surgery. The intention is also to explore the applicability of thematic understandings within the clinical counselling setting.

For the purpose of this thesis the concept of practicing clinically relates to work surrounding the psychological aspects of cosmetic surgery. This is to be distinguished from the practice of surgical techniques.

There is a broad range of literature relating to the field of cosmetic surgery. It spans material that is not specifically clinically focused, such as theories about cosmetic surgery and quantitative literature, to that which has a clinical focus, such as Body Dysmorphic Disorder assessment and treatment. Whilst this material illuminates a number of ways of understanding and practicing, knowledge gained through a qualitative thematic study has not yet been integrated into the clinical setting. This project addresses the gap by incorporating understandings from a thematic analysis into a clinical counselling framework for cosmetic surgery practice.

The project applies a mixed methods research design (O’Cathain & Thomas, 2006). Qualitative research was conducted using a thematic analysis (Braun & Clarke, 2006). The qualitative data were quantified using a quasi-numerative approach (Gooden & Winefield, 2007). Three data sources were examined: media, internet message boards and interviews, in order to gain a general perspective of the understandings that pervade the topic. The findings from these materials represent some of the notions that currently shape people’s understandings about cosmetic surgery.

1.2 Defining cosmetic surgery

The word “cosmetic” is derived from a Greek word meaning ‘to arrange or adorn’ (Khoo, 1982). Cosmetic surgery is an aspect of the discipline of plastic surgery. Plastic surgery is a term that incorporates both cosmetic or aesthetic surgery and reconstructive surgery. The following quote from Weatherford (2001) provides definitions of plastic surgery, reconstructive and cosmetic surgery respectively:

Taken from the Greek word ‘plastikos’, meaning to mould or give form, plastic surgery is the specialty of medicine dedicated to restoring and reshaping the human body. It encompasses both reconstructive surgery, which is performed on abnormal structures of the body caused by birth defects, developmental problems, injuries, infection, tumours, or disease; and cosmetic surgery, which is performed to reshape or restore normal structures of the body to improve appearance and self-esteem. (p. 3)

Reconstructive surgery is used to restore function to an area that has been deformed congenitally or as a result of an injury. In contrast, cosmetic surgery or aesthetic surgery is performed purely to alter appearance. There can be confusion in delineating between the two sub-branches of plastic surgery, particularly when reconstructive surgery has an appearance related component. Harkness (2004) explained that:

To compound the confusion, the health system classifies various other surgical procedures (such as removal of skin cancers, scar revision, and the correction of congenital abnormalities like cleft palate) as ‘cosmetic’. (p. 4)

As this example indicates, sometimes it is hard to draw a clear distinction between what constitutes cosmetic surgery and what constitutes reconstructive surgery (Harkness, 2004).

In a recent publication by Honigman and Castle (2007) a distinction was drawn between reconstructive surgery and plastic surgery. They did not include reconstruction in the definition of plastic surgery. They explained that “*Plastic surgery*, also referred to as aesthetic or cosmetic surgery, is generally distinguished from ‘reconstructive’ surgery, although the difference is unclear [sic]” (p. 18). Thus, the lines of division continue to be blurred. In the most part, this thesis maintains the use of the word ‘cosmetic surgery’. The terms cosmetic and aesthetic surgery are sometimes used interchangeably in the literature; consequently this thesis uses the term ‘aesthetic’ if an author employed this terminology. In studies where authors were talking about appearance-related surgery but used the term plastic surgery, the current thesis adopts their terminology.

The American Medical Association (1974) deemed that cosmetic surgery is surgery performed to revise or change a feature of the human body that would be considered by the average observer to be normal. Since patients who have cosmetic surgery do not have an illness or injury, the goal of treatment is an improvement in physical appearance that is already within the range of ‘normal’ (Sarwer et al., 2006a). However, the idea that cosmetic surgery is about improving one’s appearance can be contested. It has been reported that John Dillinger, an American criminal from the late 1920’s and early 1930’s, forced a plastic surgeon to alter Dillinger’s face and fingerprints (Haiken, 1997). Cosmetic surgery in this instance was not used to improve appearance but rather to alter the patient’s look in order to change his identity.

Generally, procedures that are considered within the purview of cosmetic surgery include breast augmentation, breast lift, buttock/thigh lift, cheek implants, chemical peel, chin augmentation and reduction, collagen injections, ear surgery, eye

lid surgery, face lifts, forehead lift, hair transplant, calf implants, pectoral implants, liposuction, rhinoplasty, penis enhancement, tummy tucks (American Society of Plastic Surgeons, 2008; Nash, 1995) and ‘non-surgical’ or ‘minimally invasive’ procedures such as laser skin resurfacing, vein removal, laser hair removal, collagen injections and chemical peels (American Society of Plastic Surgeons, 2008; Cornwall, 1999).

1.3 The genesis of cosmetic surgery

To understand the evolution of cosmetic surgery it is necessary to reflect upon the emergence of plastic surgery as a surgical discipline. In 1000 BC, plastic surgery was performed in India. In this culture a person’s nose might be cut off for punishment. A form of rhinoplasty was conducted to reconstruct the noses of these individuals (Davis, 1995). The emotional impact of reconstructive surgery was recognised by the surgeon Tagliacozzi of Bologna who wrote in the 16th century that he repaired faces “not so much that they may delight the eye but that they might buoy up the spirit and help the mind of the afflicted” (Khoo, 1982, p. 278). Gnudi and Webster (1950) summated that Tagliacozzi’s influence surrounding in particular skin flaps and reconstruction of noses was profound. However, at the time Tagliacozzi’s work was considered sacrilegious and to be interfering with the workings of nature (Khoo, 1982). After Tagliacozzi’s time plastic surgery went out of favour to a point where in 1788 in Paris it was prohibited (Gnudi & Webster, 1950). At the end of the 18th century interest in rhinoplasty was revived through the influence of the Indian method of using a potter’s caste to restore the nose (Gnudi & Webster, 1950).

The modern emergence of plastic surgery has been related to the developments in medicine where “every aspect of the body became a welcome object

for scrutiny, including abnormalities in bodily appearance” (Davis, 1995, p. 15). Both World Wars produced many casualties during battle. Surgeons were called upon to fix mutilated, scarred or burnt faces and bodies (Haiken, 1997). Positive connotations resulted from this work and hence plastic surgery was deemed respectable. Surrounding the Second World War the plastic surgeon Archibald McIndoe particularly emphasised the importance of psychological support of plastic surgery recipients (Holdsworth, 2008). The development of cosmetic procedures took place in the mid-twentieth century and altered the field of plastic surgery. Primarily, plastic surgery in the first part of the 20th century was done to alleviate deformities but in the second half, it also began to be performed for aesthetic improvement on essentially healthy bodies (Haiken, 1997). This new branch was called cosmetic surgery. With the emergence of cosmetic surgery came a new rationale for surgical intervention (Davis, 1995). Individuals were encouraged to improve themselves through altering their appearance. It became an intervention for normal bodies that did not need to be damaged or impaired to warrant surgery.

1.4 Cosmetic surgery in Australia

In Australia precise statistics are not kept on the frequency of cosmetic surgery procedures. Cosmetic surgery is covered neither by Medicare nor by private health insurance (McSherry, 2007). Consequently the issue of billing is between the practitioner and the patient. Therefore operations are not recorded for public statistics. The Australian Society of Plastic Surgeons, however, estimated that in 2003, 70,000 Australians underwent cosmetic surgery (Walker, 2004). An *Insight* (Maley, 2005) programme suggested that one of the ways of assessing the degree to which cosmetic surgery is taking place in Australia is to note the increasing litigation claims and from

this it would seem that there is an escalation of procedures being performed in this country. *The Weekend Australian* (February 16th-17th, 2008, p. 20), for example, reported that the three-year average level of claims against plastic and cosmetic surgery practitioners increased 41% between 1995-1998 and 2003-2006. However, such estimates could of course be influenced by a general shift in society regarding the propensity to litigate. Cornwall (1999), in a report to the New South Wales Minister of Health, suggested that “men make up an increasing proportion of cosmetic surgery consumers, around 20-30%” (p. 10). In the survey conducted for the report the largest proportions of consumers were between 45-59 (32.1%), while 30% of consumers were between 35-44 years old. Almost 30% of consumers were between 25-34 years and 7.5% were between 15 and 24 years old (Cornwall, 1999). In the United States actual figures of cosmetic surgery procedures performed are available. The American Society of Plastic Surgeons stated that in 2007 there were 11.8 million cosmetic procedures performed in the United States of America. This was an increase of 59% from the year 2000. Of these procedures 10.7 million involved females and 1.1 million were male (American Society of Plastic Surgeons, 2008). These figures perhaps underestimate the actual numbers, since they do not include procedures performed by non-plastic surgeons (Sarwer & Crerand, 2008).

1.5 Overview of the thesis

Chapter 1 discusses the background information for the current thesis. It describes representative literature that exists within the field of cosmetic surgery and presents a critical reflection, outlining the gaps that might be addressed in the current research. Through doing so, the intentions for the current research are established and subsequently the aims are outlined.

Chapter 2 presents the methods used in the project. The data used within this study are presented. The chapter argues that a mixed methods approach is appropriate for this thesis and discusses how the researcher conducted this research, using thematic analysis and a quasi-numerative approach. The method employed for developing a thematic counselling framework for cosmetic surgery practice is explained. The author's reflexive position in relation to her research is also discussed.

Chapter 3 is the first analytic chapter and describes the initial overarching theme: 'Factors that might persuade someone to have cosmetic surgery'. A number of sub-themes that comprise the theme are elaborated upon. Quantitative information is provided about the relative incidence of each sub-theme.

Chapter 4 presents the second predominant theme: 'Factors that might dissuade someone from having cosmetic surgery'. A number of sub-themes that comprise the theme are elaborated upon. Quantitative information is provided about the relative incidence of each sub-theme.

Chapter 5 reflects on the predominant themes, presenting the relative incidence of persuaders versus dissuaders in relation to the overall number of instances in the two themes combined. Competing accounts that exist amongst some of the sub-themes are addressed. The findings of this dissertation are interpreted within a theoretical context provided by theories of decision making and cognitive dissonance.

Chapter 6 describes the proposed thematic counselling framework for cosmetic surgery clinical practice. It suggests ways that clinicians can work with patients surrounding the themes and sub-themes (referred to as societal messages) that arise in this thesis. Its purpose is to help clinicians assist their patients to explore the impact of themes and sub-themes (referred to as societal messages). It attempts to

encourage the development of richer understandings about cosmetic surgery for patients.

Chapter 7, the conclusion, provides a summary of the research project. It discusses the strengths and limitations of the research and makes recommendations for future research.

1.6 Literature about cosmetic surgery

In order to establish a context for the current research this section provides an overview of the ways that cosmetic surgery is addressed in academia. Literature on cosmetic surgery spans a vast range of disciplines, including psychology, medicine, sociology, feminism, marketing, anthropology and law. Within this material there is non-clinical literature. This includes theoretical material, research that is quantitative and qualitative and research on specific data sources. There is also clinical literature that addresses practice with patients regarding cosmetic surgery. In this project literature that is representative of these areas is discussed. It is considered necessary to present this range of information in order to understand the breadth of literature that informs current knowledge about cosmetic surgery. Exploring this material sets a context for conducting the current research.

In this review, the literature is outlined, followed by critical reflections and suggestions for the current research. Suggestions are made about what are useful matters to explore in the current research. Hence the literature review sets the scene for establishing the aims of the study that are discussed in the following section (Section 1.7).

1.6.1 Non-clinical literature

Literature that is representative of the non-clinical work in the field of cosmetic surgery is discussed in this section. Firstly theories about cosmetic surgery are addressed followed by discussion of the quantitative and the qualitative research. The end of this section discusses literature about some specific data sources.

1.6.1.1 Theories

This section includes some of the theories that exist about cosmetic surgery, including those that construe cosmetic surgery as a cultural phenomenon, those that represent cosmetic surgery as a patriarchal phenomenon and those which describe men's involvement with cosmetic surgery. Further, legal and ethical issues surrounding cosmetic surgery are explored.

1.6.1.1.1 Cosmetic surgery as a cultural phenomenon

Humans have long practiced the process of body modification through, for example, tribal markings that assist identification within a group. Cosmetic surgery is said to be a process of body modification according to the sociologist Featherstone (1999). The anthropologist Huss-Ashmore (2000) examined the analogy between cosmetic surgery and forms of body modification that are practised cross-culturally. Historically different human groups have developed prescriptive concepts of ways to look and behave within a given society. Some examples are body scarification to achieve raised skin patterns in African cultures, neck rings for Burmese women that produce an elongated neck, or the practice of binding Chinese women's feet to keep them small and produce a tottering gait. These are all examples of practices that have produced a normative physical appearance within the expectations of a culture.

Cosmetic surgery fits within this categorisation (Blair & Shalmon, 2005; Davis, 2003a).

In the last 30 years there has been a resurgence of body modification in the West (Featherstone, 1999). The makeovers celebrated within the “media, advertising and glossy magazines, have a transformation rhetoric” (Featherstone, 1999, p. 3). With “a little money and effort the body can be changed to approximate the youth, fitness and beauty ideals of consumer culture” (Featherstone, 1999, p. 3).

According to Huss-Ashmore (2000) body modification in some societies can be used to evoke the sacred or enact healing and can be justified as evidence of bravery and eligibility for marriage. She described temporary and permanent body modification as being culturally defined for membership in a social group or for identification as a human being. These cultural practices shape the identity and impact on survival of individuals and the groups in which they live. Huss-Ashmore (2000) defined cosmetic surgery as a form of body modification. She followed several patients through the process of cosmetic surgery, taping interactions with doctors and other staff. She considered that the modified body is situated within cultural norms that affect the person’s status and suggested that cosmetic surgery provides a culturally meaningful ritual through which self-transformation can occur. According to Huss-Ashmore (2000), cosmetic surgery patients have strong opinions, fantasies and idealised images of the product they are choosing. In Western society, she suggested, there is an emphasis on the self and cosmetic surgery allows people to redefine their concept of self and in consequence their social identity. Huss-Ashmore’s (2000) work may be limited in that it draws upon a small sample and this may mean that her results are not representative of the broader population.

The plastic surgeon Harris (1982) considered the social reasons for the existence of cosmetic surgery. He suggested that these include the notion that the 'normal range' of looks is fundamental to reproduction, choice of mates and also to being accepted by other members within society. Abnormality is reinforced by self-comparison and overt criticisms such as teasing or covert behaviours, such as staring and comments behind the person's back. Hence, cosmetic surgery could help one to resolve such issues (Harris, 1982).

Blum (2003), a professor of English, in a book titled 'Flesh Wounds' researched the culture surrounding cosmetic surgery. She explored the impact of social expectations on individuals through her personal story of her own cosmetic surgery. She described an obsession in New York Jewish subculture with reshaping the nose. Blum (2003) noted that at family gatherings it became possible to see those who had 'work done' and those who had stood against the pressures to alter their appearance.

An Australian cultural theorist and commentator, Jones (2006), talked about 'makeover culture' and how we are immersed within a society that attempts to extend middle age. Jones (2004a) argued that cosmetic surgery is part of a "suite of anti-aging tools" (p. 90) that includes medical, life style and beauty technologies. These are new tools used to extend middle age in contemporary society. She theorised about cosmetic surgery in relation to post-modern architecture and described some post-modern architecture as user unfriendly and superficial, employing this concept as a metaphor for cosmetic surgery. Whilst Jones' (2004a) work is comprehensive, it lacks a detailed description of her methodological underpinnings.

There has been some questioning of the cultural assumptions underlying the increasing acceptability of cosmetic surgery. Gilman (1998), a professor of human

biology, argued that cosmetic surgery stems from the historical requirement that virtuous women look 'normal' and thus achieve invisibility. He looked at multiple theoretical perspectives such as Freudian and feminist views that described the unstable nature of cultural notions of health and beauty and also highlighted the contestable nature of concerns surrounding cosmetic surgery. The author proposed that persecution, harassment and even murder may result from bodily difference, for instance in the case of skin colour.

Cosmetic surgery has manifested in American culture in a number of ways. The professor of history, Haiken (1997), suggested that together surgeons and patients constructed "a pragmatic, sensible, affordable image of cosmetic surgery... and reconstructed cosmetic surgery... as a solution to the inequalities of the modern world" (Haiken, 1997, p. 300). Haiken (1997) proposed that cosmetic surgery is a "complex interplay between medical and cultural imperatives" (Haiken, 1997, p. 300). Through having cosmetic surgery, she argued, there is "the promise of individual transformation" (Haiken, 1997, p. 300).

A sociologist, Elliot (2006, Elliot & Lemert, 2006), argued that cosmetic surgery is intertwined with a culture of new individualism. We are currently living in a 'want-now' society where speed is the focus, reducing everything to a purchase mentality. There is a corporate ethos woven through society, meaning that business people have 'touch ups' to give them the professional edge. While thirty years ago an individual requesting cosmetic surgery from a doctor might have been sent to a therapist, today there has been a cultural shift. It is now seen as more acceptable to have cosmetic surgery (Elliot, 2006).

More recently, Elliot (2008) addressed the issue of how cosmetic surgery is transforming our lives. He painted an extreme view of what he represented as a

concerning practice. Situating cosmetic surgery within globalism and the ‘disposability’ of employees, he suggested that people are having cosmetic surgery to retain a more youthful or attractive look in order to stay employable. Hence, cosmetic surgery has come to be seen as ‘an investment for the future’ in much the same way as obtaining a degree for one’s career.

Feminist perspectives see cosmetic surgery as yet another form of control over a woman’s body and life due to patriarchal domination (See Section 1.6.1.1.2 for feminist perspectives about cosmetic surgery). Kubisz (2004), a senior lecturer in cultural studies, questioned that view suggesting that cosmetic surgery be looked at as “an attempt to redefine one’s identity within a particular discourse generated by contemporary consumer culture” (p. 13).

Using post-structuralist ideas such as those of Foucault (1979), Brush (1998), a department of English doctoral candidate, addressed the effects that cosmetic surgery produces for the female body. She suggested that there is plasticity in the way in which the body can be shaped and the inscription of cultural norms, such as gender and other cultural standards, are imposed upon those electing to have cosmetic surgery. The argument was made that the popular discourse about modification of the body has the effect of a disciplinary regime. She suggested that “rhetoric surrounding cosmetic surgery denies the physical process and economic constraints” (p. 22) and the social and cultural context in which decisions are being made.

The concept of plastic bodies is relevant to cosmetic surgery. The sociologist Williams (1997) suggested that the notion that “bodies are becoming increasingly *plastic* [sic]” (p. 1042) refers to the idea that bodies are “able to be moulded at will” (p. 1042). He suggested that “Technologies of cosmetic surgery...have greatly expanded the limits of how the body may be restyled, reshaped and rebuilt” (p. 1042).

He proposed that plastic surgery “indicates the extreme lengths to which individuals will go in order to mould and shape their bodies in line with people’s self-identities and the prevailing cultural mandates of beauty” (p. 1043).

The rhetoric of surgeons and patients construct the idea that a better body is made available through plastic surgery. Jordan (2004), an associate professor in a department of communication, suggested that “the cultural definition of the plastic body is produced rhetorically through a contentious amalgamation of individual desire, cultural knowledge, and institutional disciplining” (Jordan, 2004, p. 348). Bodies are seen to be enmeshed within a stream of multiple and conflictual perspectives that shape their meaning in specific contexts. He also argued that:

The plastic body is a contested subjectivity whose meaning shapes and is shaped by the ways that the body can be discussed, by whom, and towards what ends, as well as the socio-political implications of people seeking to make their bodies conform to an idealized image (Jordan, 2004, p. 333).

He considered it likely that in the future there may be more public arguments about the plasticity of the human body surrounding cosmetic surgery and the role medical science should play in its development.

1.6.1.1.2 Cosmetic surgery as a patriarchal phenomenon

Feminist views on cosmetic surgery see it as a response to a patriarchal society’s image of women (Gilman, 1999), hence locating the issue of cosmetic surgery within the way in which society subjugates women (Tait, 2007). A feminist perspective argues that women are encouraged to discipline their bodies within ‘the male gaze’ (Brook, 1999). The impact that this system has on women, Greer (1998) stated, has “every woman [knowing] that regardless of all her other achievements, she

is a failure if she is not beautiful... However much body hair she has is too much... If her body is thin enough, her breasts are sad. If her breasts are full, her arse is surely too big” (p. 19). Wolf (1990) stated that many women “are ashamed to admit that such trivial concerns – to do with physical appearance, bodies, faces, hair, clothes – matter so much” (p. 9). The ageing woman is said to be subject to the requirement to change her appearance to look more youthful (Greer, 1991). Bordo (1997) believed that women are situated within an “ideal of slenderness” (p. 96) that has associated with it “diet and exercise regimens” (p. 96) and women are also increasingly seeking cosmetic surgery.

Wolf (1990) suggested that “Women’s magazines set the beauty index” (p. 251) in relation to cosmetic surgery. Details of weeks of pain, which end in happiness and beauty has been said to provoke “in women something like panic buying” (Wolf, 1990, p. 251). Freedman (1988) has argued that in response to ageing many women have turned to cosmetic surgery. Anxiety about appearance is said to be particularly pertinent to those who have the “material means to combat their ‘deformity’ and who consequently find it harder to let themselves go into the ageing process” (Freedman, 1988, p. 212). Faludi (1991) indicated that marketing seduces potential cosmetic surgery patients and described the alarming complications that can occur from cosmetic procedures.

There is a feminist perspective that cosmetic surgery is a harmful cultural practice. Jeffreys (2000) sought to offer a feminist understanding of the developing industry of body modification in which she included cosmetic surgery. She provided a perspective on the industry that places it on a continuum of harmful practices. She argued that these practices are carried out on those groups who occupy a despised social status, such as women, lesbians, gay men, disabled people and women and men

who have experienced sexual abuse in childhood or adulthood. Whilst not providing statistical evidence to support her claim, she did speak of instances in which these groups were engaged with practices of body modification.

Women's motivations in choosing cosmetic surgery have been considered on the spectrum of liberation through to oppression. Morgan (1991) addressed the question as to whether there are any 'politically correct' feminist responses to cosmetic surgery. She focused on two responses, that of refusal and that of appropriation. Refusal involves understanding cosmetic surgery as an oppressive practice that results from a patriarchal society. This viewpoint sees cosmetic surgery as a part of "racist, anti-Semitic, eugenicist, and ageist dimensions of oppression" (p. 42). Morgan (1991) argued that if women participate in the practice of refusing cosmetic surgery then the market for cosmetic surgery would decrease. She argues that practicing refusal may not be easy in a society that sanctions heterosexist and hetero-normative values. Promulgated within the response of appropriation is the view that one may use the technology of cosmetic surgery for feminist ends. One may appropriate it to create representations of parody and protest. She proposed that one might valorise the 'ugly' as a form of revolt. For example, one might mutilate oneself through having cosmetic surgery to produce a form of political action. Another performative revolt could involve "exploring the commodification aspect of cosmetic surgery" (p. 46). One could set up commercial protest booths outside cosmetic surgery clinics and if this offends and shocks people this is, Morgan (1991) suggested, because of the internalisation of beauty norms within society.

Also explored in the feminist literature is the relationship between Western medicine, female body image and gender inequality. Gillespie (1996) looked at how the medicalisation of women's appearance through cosmetic surgery both reinforces

and restricts models of femininity. Collusion with these ideals by individuals, she argued, may increase their social power amongst their peer group and in the work force. However, conforming to this standard might perpetuate inequality in a society where women are judged more than are men for their appearance (Gillespie, 1996).

Arguing for radical solutions developed from radical feminist ideas, Lienert (1998) claimed that predominantly post-modern support for body alteration in fact does women a disservice because it reinforces constraining gender stereotypes. She proposed rejecting cosmetic bodily alteration on the grounds that it is violent and unethical.

Myths surrounding cosmetic surgery have been exposed through feminist artistic representation. The performing artist Orlan had herself filmed whilst undergoing cosmetic work (Brook, 1999). She also had implants put above her eyebrows, which looked like the stumps of horns, in order to emphasise the absurdity of cosmetic practices. Her active involvement in devising and organising the operations had the surgeons become her tools, rather than they controlling her (Brook, 1999). By utilising cosmetic surgery in this unusual way Orlan aimed to expose the perceptions surrounding beauty for women in our culture.

From another feminist perspective, Davis (1995) argued that women who engage with cosmetic surgery are simultaneously 'manipulators' of the beauty industry but also subject to its constraints. She drew on accounts from interviews with women who have had cosmetic surgery that indicate women are not only victims when it comes to cosmetic surgery but also agents. She suggested however, that cosmetic surgery is symptom and solution at the same time in that it both oppresses and liberates. Davis (2003a) stated that many women who have cosmetic surgery do so in order to look 'more normal' rather than 'beautiful'. She suggested that taking an

‘empathic view’ regarding the process can lead to losing sight of the issue that people may be choosing this process as a solution to problems with their identity as women. In general feminists take the view that cosmetic surgery is an entirely negative practice. However Davis (1995) establishes an understanding that there are some positive aspects pertaining to the cosmetic surgery process, for example, positing that it may be a liberating process.

There has been dialogue about the paradox for a feminist when studying women who have cosmetic surgery. Ancheta (2002) explained it this way: “How can I study women who have cosmetic surgery, without undermining the decisions of these very women?” (p. 143) She argued that the two dominant ideas surrounding cosmetic surgery which are about women being seen as ‘dopes’ or women being seen as ‘agents’ are over simplistic and polarising for women. Ancheta (2002) presented a third possibility for a feminist analysis of women choosing cosmetic surgery. She used a grounded theory approach which involves generating theory from themes derived through analysis of the raw data. She analysed “how women are able to reframe and redefine the question of oppression” (p. 144). A snowball sample of 21 women was recruited and interviews were structured around a set of open-ended questions. The two key ways women spoke were ‘minimising the extent of surgery’ and also ‘doing cosmetic surgery for themselves rather than for other people’.

Some attention has been given to analysing feminist writing on beauty and aesthetic surgery. Holliday and Taylor (2006) ascertained that from within a misogynist culture aesthetic surgery is viewed as a predominantly female issue. They claimed that emotional and physical pain is central to aesthetic surgery and such surgery is essentially a normalising practice. They argued that young women might mobilise cosmetic surgery to “reinscribe active sexuality on the feminine body”

(p. 179). Holliday and Taylor (2006) suggested that this active flaunting of a woman's sexually marked body should not be interpreted as "merely another example of women being reduced to objects" (p. 191) for men. Instead, they proposed that it can be read as a celebration of femininity and overrides the "lingering anxieties of men who would erase it" (p. 191).

There is a conundrum that surrounds the argument that cosmetic surgery oppresses or that it empowers women. A number of feminist writings are written without direct observation or study of the women involved. Further the 'oppression' label appears to be used without appreciating the notion that many women find cosmetic surgery to be a powerful tool toward self-improvement.

1.6.1.1.3 Men, their bodies and cosmetic surgery

Not only is it relevant to examine women's position (See 1.6.1.1.2) in relation to cosmetic surgery but also to look at men's. Despite the appraisal that cosmetic surgery is highly female-oriented, Gilman (1999) suggested that this gender gap is closing and men are increasingly recipients of cosmetic surgery. Principal forms of cosmetic surgery sought by men are rhinoplasty, breast augmentation in order to produce the appearance of a prominent pectoral muscle and liposuction to reduce the waist (Grogan, 1999). Gilman (1999) suggested that "aesthetic surgery seems to be approaching a time when it will not be gendered at all" (p. 33).

Men's concerns about their bodies include worry about baldness, height, muscularity and penis size (Bordo, 1999; Honigman & Castle, 2007). Products and technologies are being developed to 'help' men 'better' their looks. Cosmetic surgery is marketed to men as a way to enhance their careers, for example, by giving them the appearance of being "a more dynamic, charging individual who will go out and get

business” (Bordo, 1999, p. 196). Bordo (1999) argued that men are encouraged to consider pectoral implants and calf implants in order to give the appearance of greater muscularity. The emphasis on penis size is having men contemplate and pursue phalloplasty. In this regard, Bordo (1999) stated that “We live in a culture that encourages men to think of themselves as their penises” (p. 36) rather than emphasising other aspects of their appearance. Whilst much of the literature pertaining to cosmetic surgery is about women, there appears to be a growing body of material about men and it seems valuable for this trend to continue.

1.6.1.1.4 Legal and ethical issues surrounding cosmetic surgery

The pertinent legal matter relating to cosmetic surgery is the issue of a breach in a doctor’s duty of care. The two elements involved are ‘failure to advise about risk’ and ‘failure to achieve desired results’ (Bates, 1998). An example of a case that decided against the surgeon was that of a 37 year-old woman who required a reduction mammoplasty and had been assured that scarring was unlikely (Law Reform Commission of Victoria, 1987). Following the operation, gross scarring and uneven nipples led to pain and embarrassment. Justice Matheson decided that the patient should have been more adequately informed in order to proceed with the operation. Had she been better informed she would not have consented to the operation which was therefore considered an assault (Law Reform Commission of Victoria, 1987). In a Queensland breast augmentation case Judge McLauchlan also found against the cosmetic surgeon because the surgeon should have ensured that the patient was more adequately informed (Edwards v Clinical Beauty Pty. Ltd., 2002).

Gorney (2006) describes legal considerations surrounding cosmetic surgery. He counsels for example, care in selection of patients, disclosing all risks of the

procedure and acquiring informed consent. He emphasises the importance of effective communication saying that underlying most litigation is poor communication.

Surgeons may face ethical issues regarding cosmetic surgery which have been outlined by Atiyeh et al. (2008). The value of aesthetic surgery, they suggest, could get lost should the “aim to sell” (Atiyeh et al., 2008, p. 829) outweigh the importance of helping people. They are concerned about the materialistic image that is projected by the cosmetic surgery profession. They suggest that “a physician is all that a ‘cosmetic surgeon’ should be” (Atiyeh et al., 2008, p. 289) and that skilful and ethical practice of plastic surgery will “speak louder than any words” (Atiyeh et al., 2008, p. 829).

In Australia a confusing issue for the general public is the professional dissonance about who may perform cosmetic procedures (Maley, 2005). Currently in Australia there is a ‘turf war’ between different people wanting to practice cosmetic surgery. The dissonance is between plastic surgeons, who are fellows of the Royal Australian College of Surgeons, and cosmetic surgeons, whose minimal requirement is a basic medical degree with no need for further training. To protect the public, a group of the latter practitioners amalgamated to form a college of cosmetic surgeons with some requirements for membership of the association. This college is not a member of the Royal Australian College of Surgeons and there are plastic surgeons who believe it is inappropriate that anyone other than a member of their college should be considered safe to perform cosmetic surgery (Maley, 2005). Similar issues of regulation also exist in other parts of the globe, such as Northern America (Lett, 2008).

1.6.1.1.5 A summary of the theoretical literature

This review of the theoretical literature leads to some reflections and suggestions for the current research:

- A. The theoretical literature provides viewpoints about how cosmetic surgery can be conceptualised, for example that cosmetic surgery is a practice of body modification or that it is a patriarchal phenomenon. However, such theoretical knowledge seems rarely to be written in such a way that one might apply the knowledge within the clinical setting. Therefore, there is room for utilising theory and extending it to be appropriate for the cosmetic surgery clinical setting.
- B. There has been a tendency within some theoretical literature to present a critical view of the cosmetic surgery industry by seeing it, for example, as part of a harmful patriarchal phenomenon or as Elliot (2008) suggested the consequence of the concerning effects of the market economy and globalism. The importance of these perspectives is acknowledged. However, it is questionable how useful such representations of cosmetic surgery would be for individuals attending a clinical consultation (for example with a psychologist or a surgeon) who may be coming with a relatively strong commitment to having a procedure. The criticism of the industry and potentially of the individuals involved that seems to be associated with these orientations towards cosmetic surgery may have the potential of making cosmetic surgery patients feel misunderstood, unheard and criticised. Therefore, there seems to be room for creating alternate theories that may help in the clinical setting which tend towards respectful exploration rather than critical judgement.

- C. Theory about cosmetic surgery to date has not tended to necessarily represent the range of notions that are influencing the individual. They have focused, for example, on the issue of patriarchy or on globalism, instead of looking at a broad range of influences. Therefore, it could be beneficial for future research to determine a greater variety of factors influencing people surrounding cosmetic surgery. This would provide an alternate knowledge base on which to draw when attempting to theorise cosmetic surgery.
- D. Legal literature suggests that patients need to be better informed about their cosmetic surgery. Therefore, it would be useful for the current research to generate a framework that helps clinicians enable their patients to better understand their cosmetic surgery.

1.6.1.2 Quantitative literature

Within this section literature that is representative of quantitative work that exists about cosmetic surgery is discussed. The quantitative literature tends to focus on the relationship between cosmetic surgery and Body Dysmorphic Disorder, body image, suicide, positive and negative outcomes, attitudes about cosmetic surgery, factors associated with having cosmetic surgery and young people and cosmetic surgery.

1.6.1.2.1 Body Dysmorphic Disorder

Body Dysmorphic Disorder is a problem for some people who seek cosmetic surgery. Body Dysmorphic Disorder was first described in the late 19th century by Morselli but received little attention until it was introduced in the Diagnostic and Statistical Manual-III as dysmorphobia (Kisely et al., 2002). A series of reclassifications then resulted in a separate diagnostic status for Body Dysmorphic

Disorder, which continued into the *DSM-IV-TR* classification (Kisely et al., 2002). The most recent diagnostic criteria of Body Dysmorphic Disorder listed in the *DSM-IV-TR* (American Psychiatric Association, 2004) are:

- A. Preoccupation with an imagined defect in appearance. If a slight physical anomaly is present, the person's concern is markedly excessive.
- B. The preoccupation causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.
- C. The preoccupation is not better accounted for by another mental disorder (e.g., dissatisfaction with body shape and size in Anorexia Nervosa). (American Psychiatric Association, 2004, p. 510)

It is described as being commonly associated with depression, obsessive compulsive disorder and social phobia. Body Dysmorphic Disorder is frequently present in cosmetic surgery settings (Kisely et al., 2002).

Research into cosmetic surgery allows the examination of its interrelationship with Body Dysmorphic Disorder. Various quantitative studies have investigated the issue of Body Dysmorphic Disorder in cosmetic surgery. Through the administration of questionnaires Pavan et al. (2006) looked at emotional characteristics that are equated with Body Dysmorphic Disorder. They compared 27 patients who requested aesthetic surgery procedures and were referred for pre-operative psychiatric evaluation with 21 normal controls who were without a psychiatric history and had undergone surgical procedures. Of the surgery patients, 37% had Body Dysmorphic Disorder and these patients were more depressed, more anxious and angrier about their situation than were controls. Similarly, in research specifically related to rhinoplasty, Veale et al. (2003) using questionnaires found that clearly identified

Body Dysmorphic Disorder patients were significantly more depressed and anxious than a mildly affected Body Dysmorphic Disorder group and more preoccupied by their noses. In a self-report study the effect of Body Dysmorphic Disorder on some patients led 9 out of 25 patients, who were refused or waiting for cosmetic surgery, to perform ‘do it yourself’ surgery (Veale, 2000). Examples of ‘do it yourself’ surgery included a man who was preoccupied by his skin believing it was too ‘loose’ who “used a staple gun on both sides of his face to try to keep his skin taut.” (Veale, 2000, p. 221). A woman who was dissatisfied with multiple areas of her body but could not afford liposuction “used a knife to cut her thighs and attempted to squeeze out the fat” (Veale, 2000, p. 221). In a study conducted by Aouizerate et al. (2003) in which questionnaires were administered and interviews undertaken, a sample of cosmetic surgery recipients were studied to determine the presence of Body Dysmorphic Disorder. Within the group of 132 there was an overall prevalence of 9.1% of Body Dysmorphic Disorder. Of the men in the study, 25% were categorised as having Body Dysmorphic Disorder. Major depression was the most frequent co-morbid condition reported amongst participants.

An interview evaluation of 24 patients five years after they requested cosmetic surgery, 10 of whom had Body Dysmorphic Disorder and 14 who had not, determined that cosmetic surgery is not effective for those who have Body Dysmorphic Disorder (Tignol et al., 2007). A concern in the findings was that some who had not been diagnosed in the first instance, presented with Body Dysmorphic Disorder after five years (Tignol et al., 2007). Perhaps this was because people became more discontent during that period or that the screening for Body Dysmorphic Disorder is not foolproof.

In a review article, Sarwer and Crerand (2008) elucidated that approximately 5-15% of patients who seek cosmetic surgery have Body Dysmorphic Disorder. They suggest that those with the disorder “rarely experience improvement in their symptoms following” (Sarwer & Crerand, 2008, p. 50) treatment. They recommend determining the role that cosmetic procedures may have, if any, in assisting those with Body Dysmorphic Disorder.

Dysmorphic concern refers to the situation where patients are not categorised as having Body Dysmorphic Disorder but whose lives are impacted by body concerns. It is a broader construct than the diagnosis of Body Dysmorphic Disorder. In an Australian study examining correlates of dysmorphic concern in people seeking cosmetic enhancement, Castle et al. (2004) utilised a questionnaire survey and found that 2.9% of patients in the study were diagnosed with Body Dysmorphic Disorder. However, of the patients attending the practices of two cosmetic surgeons many were expressing over-concern with physical appearance, that is, dysmorphic concern.

1.6.1.2.2 Body image

The notion of body image is relevant to the field of cosmetic surgery. According to Cash (2006) “Body image refers to the person’s own experiences of embodiment, especially self-perceptions and self-attitudes towards one’s appearance” (p. 37). Perrin (1921) has considered qualities of physical attractiveness and repulsiveness and questioned the profound effect appearance has on people’s perceptions of one another. Physical attractiveness was considered an important psychological variable that was linked with preferential social treatment (Berscheid, 1981). It was, for example, implicated in dating behaviour in determining whether a partner was liked, whether the partner was asked on a date again and how often a

partner was asked out (Walster et al., 1966). Feingold (1992) found that physically attractive people were viewed more positively regarding their personality and social traits. Cash and Pruzinsky (1990, 2002) suggested that from early childhood body image is central in understanding human experience. It was believed that there was a need to address dissatisfaction with appearance since people's lives are significantly impacted by these issues.

Some researchers focus on the issue of gender and body image. In Western societies women's body image "is socially constructed as an object to be looked at and evaluated" (Steer & Tiggemann, 2008, p. 204). Slimness was generally considered a "desirable attribute for women" (Grogan, 1999, p. 23) in these countries. Tiggemann and Pickering (1996) through administering questionnaires found that watching music videos was a strong contributor to women's drive for thinness. They suggested that their findings were consistent with the "emergence of eating disorders in young women" (Tiggemann & Pickering, 1996, p. 199). Harper and Tiggemann (2007) through using Likert scales found in their study of 90 Australian undergraduate women that participants who viewed advertisements featuring a thin-idealized woman reported greater self objectification, weight-related appearance anxiety, negative mood and body dissatisfaction than controls. While women are subject to the expectation to change their bodies to fit the trends of the times (Ben-Tovim & Walker, 1991; Cash & Pruzinsky, 2002; Grogan, 1999; Orbach, 1993; Wiseman et al., 1992), men are also encouraged to adapt their bodies to meet cultural expectations (Franzoi & Shields, 1984; Grogan, 1999; Honigman & Castle, 2007; Levine & Smolak, 2002; Lowes & Tiggeman, 2003). Many men "aspire to a muscular mesomorphic shape characterised by average build with well developed muscles on chest, arms and shoulders, and slim waist and hips, rather than ectomorphic (thin) or

endomorphous (fat) build” (Grogan, 1999, p. 58). Using focus groups, Hargreaves and Tiggemann (2006) found in their study of boys’ body image that young men “conceded their physical appearance to be more important than they like to admit” (p. 567). Their research indicated that boys preferred not to talk about body image because they considered it was “feminine or a gay issue” (Hargreaves & Tiggemann, 2006, p. 567). In their cross-sectional self-report research on body image in body builders Hallsworth et al. (2005) ascertained that “body builders have significantly higher levels of dissatisfaction and drive for muscularity than male controls” (p. 461). Gay men have greater body image dissatisfaction than heterosexual men (Tiggeman et al., 2007). A survey study of 30,000 American adults found that 34% of men and 38% of women expressed general unhappiness about their looks (Cash et al., 1986). Despite the fact that there was the presence of body image concerns in both women and men, “concern about physical appearance is twice as common among women as it is among men” (Harris & Carr, 2001, p. 226). Other authors too have reported the idea that women have greater investment in and generally lower levels of satisfaction about their bodies than do men (Brown et al., 1990; Muth & Cash, 1997; Thomas et al., 2000).

It seems that people seek cosmetic surgery as a response to body image concerns (Grogan, 1999; Sarwer & Crerand, 2004; Sarwer & Didie, 2002). The relationship between body image and cosmetic surgery led Sarwer and Didie (2002) to propose a model that clarified this association. David Sarwer is Associate Professor of Psychology in Psychiatry at the University of Pennsylvania¹ and he has made a significant contribution to cosmetic surgery research, particularly pertaining to the

¹ See <http://www.pennhealth.com/Wagform/MainPage.aspx?config=provider&P=PP&ID=1648>

idea that body image is central to understanding why people seek cosmetic surgery. Along with his colleagues he has written a definitive text entitled *Psychological Aspects of Reconstructive and Cosmetic Plastic Surgery: Clinical, Empirical and Ethical Perspectives* (Sarwer et al, 2006b). Sarwer and Didie (2002) describe an interaction between ‘body image valence’, meaning how important body image is to an individual, and ‘body image value’, meaning how satisfied or dissatisfied an individual was with his or her appearance. These factors are said to influence the decision to pursue cosmetic surgery. For example, a person with a high body image valence and a low body image value is more likely to seek cosmetic surgery.

Body image dissatisfaction might be the most relevant psychological construct through which to assess motivations for breast augmentation (Sarwer et al., 2000). In their survey nearly half of the 803 women studied reported a negative global body image, which suggested that body image dissatisfaction was so prevalent that it could be labelled as ‘normative discontent’ (Rodin et al., 1984). Hence, body image dissatisfaction has been represented as a prime motivator for cosmetic surgery.

Sarwer et al. (2003) conducted a study using psychometric measures with 30 breast augmentation candidates and 30 physically similar women who were not interested in having cosmetic surgery. They found that the breast augmentation group reported greater dissatisfaction with their breasts than those who were not seeking augmentation. Those seeking augmentation “reported greater investment in their appearance, greater distress about their appearance in a variety of situations, and more frequent teasing about their appearance” (p. 83).

Looking at body image dissatisfaction in male cosmetic surgery patients, Pertschuk et al. (1998) found that cosmetic surgery patients did not exhibit “greater dissatisfaction with overall appearance than men in a normative sample” (p. 20).

Thirty patients completed questionnaires. The measures included normative data for comparison. When the patients described the bodily feature they were hoping to change, “they reported significantly greater levels of dissatisfaction than the normative sample” (p. 20). Controls in this study were not matched for physical characteristics and hence the results were less compelling than the Sarwer et al. (2003) study mentioned in the previous paragraph.

1.6.1.2.3 Suicide

A relatively new finding within the research has been the correlation between breast implants and suicide. Epidemiological research has found that the suicide rate amongst women who had breast augmentation was two to three times higher than would have been expected in the normal population (Brinton et al., 2001; Brinton et al., 2006; Jacobsen et al., 2004; Koot et al., 2003; McLaughlan et al., 2004; Pukkala et al., 2003; Sarwer et al., 2007; Villeneuve et al., 2006). Questions have been raised about the relationship between suicide and implants. Sarwer et al. (2007) hypothesised that this finding may be related to “pre-operative personality characteristics and psychopathology, motivations and expectations for surgery and the impact of post-operative complications” (p. 1007). Sarwer et al.’s (2007) suggestions raise reflections on the relationship between breast implants and suicide. These statistics might reflect the link between psychiatric disorders and those who desire cosmetic surgery rather than being due to the breast augmentation itself. It might be pertinent to consider whether those who suicide might not have been screened adequately for Body Dysmorphic Disorder since individuals who had Body Dysmorphic Disorder have been reported to “have high rates of suicidal ideation and suicide attempts” (Phillips et al., 2005, p. 717) and the “rate of completed suicide in

[Body Dysmorphic Disorder is] markedly high” (Phillips & Mernard, 2006, p. 1280).

Whilst the findings in these studies are important, more information about the risk factors and the reasons why these individuals suicided is needed. In response to the high suicide rate Sarwer et al. (2007) recommend pre-operative mental health consultations for those about whom the surgeon is concerned.

1.6.1.2.4 Positive and negative outcomes

The outcomes of cosmetic surgery have shown both positive and negative results. Patients’ views of themselves often improve following cosmetic surgery and positive attitudes towards the results of surgery have frequently been reported. For example, according to Sarwer et al. (2000), surgeon reports typically indicate that 70% or more patients are satisfied with the outcome of cosmetic surgery. Reduction in depressive symptoms and improvement in body image were also reported. A study using psychometric measures examining patient satisfaction and changes in body image following aesthetic plastic surgery (Sarwer et al., 2005a) found 87% of patients reported satisfaction with their postoperative outcomes. One year later 97% reported they would recommend surgery to others and 93% that they would have cosmetic surgery again. Patients reported significant improvements in their overall appearance and appearance of the feature altered by surgery. There were also significant improvements in overall body image (Sarwer et al., 2005a). In a study using interviews and questionnaires after face-lift surgery, patients were found to possess a positive attitude toward themselves and experienced relief from depressive symptoms (Webb et al., 1965). In a five year follow-up of 79 cosmetic rhinoplasty patients using self-administered questionnaires, Ercolani et al. (1999) found a significant decrease of anxiety and neuroticism and an increase on the extraversion scale. In a review of the

literature about psychological and psychosocial outcomes of cosmetic surgery by Honigman et al. (2004) overall patients appeared generally satisfied with the outcome of their procedures.

Additional positive outcomes have related to the way in which a major aesthetic procedure affects patients' postoperative psychosexual life. In a study using anonymous questionnaires by Stofman et al. (2006) more than 95% of respondents reported improvements in body image. Eighty percent of breast augmentation respondents and 50% of body surgery respondents indicated improvements in sexual satisfaction. Approximately 70% of the breast and body group testified that their partner's sex life had been enhanced, while more than 30% of breast patients and 50% of body patients reported an enhanced ability to achieve orgasm. The results affirmed that cosmetic surgery patients tended to feel better about their bodies after surgery and that sex lives of both patients and their sexual partners could be enhanced after cosmetic surgery. It is useful to note that in this study there was no control group thereby limiting the ability to determine whether the change occurred specifically as a result of having cosmetic surgery.

Recently, in a study of augmentation patients who had natrelle silicone-filled breast implants Murphy et al. (2009) found that subjects were highly satisfied with their implants. Pencil and paper measures were used with 445 augmentation patients. There were significant improvements in satisfaction with breast feel, shape and size and this continued for six years. There was also significant improvements in patients' body image post-operatively. However, there did not appear to be improvements in their quality of life pertaining to health.

Negative responses have been reported regarding cosmetic surgery outcomes. Those who had complications reported some degree of dissatisfaction following

surgery (Sarwer et al., 2000). Most patients who showed severe psychological disturbance preoperatively had persistent stress following surgery (Ercolani et al., 1999). Some patients exhibited psychological disturbance, whilst the factors associated with poor psychosocial outcomes included being young, male, having unrealistic expectations of the procedure, previous unsatisfactory cosmetic surgery, minimal deformity, motivation based on relationship issues and a history of depression, anxiety or personality disorder (Ercolani et al., 1999). Body Dysmorphic Disorder has been recognised as a predictor of poor outcome (Honigman et al., 2004). In a systematic review of psychosocial outcomes in cosmetic surgery by Cook et al. (2006) the evidence did not suggest that people had long term improvement following cosmetic surgery. However, based on the results it was not considered that cosmetic surgery treatment should be withheld.

1.6.1.2.5 Attitudes about cosmetic surgery

People's attitudes towards cosmetic surgery have been investigated in a survey study. Sarwer et al. (2005b) considered female college students' experiences and attitudes pertaining to cosmetic surgery. Their study looked at the relationship between body image and satisfaction, symptoms of Body Dysmorphic Disorder and interest surrounding cosmetic surgery. Five percent of women reported that they had undergone cosmetic surgery, two thirds knew someone who had received cosmetic surgery and one third said that a family member had undergone such surgery. Participants were reported to hold relatively favourable attitudes about surgery. Those women who thought more favourably about cosmetic surgery were more likely to have a higher level of investment in appearance and greater internalisation of mass media images of beauty.

Delinsky (2005) studied popular attitudes towards cosmetic surgery. Three hundred and two female undergraduate students were surveyed. There was a tendency for a slightly negative attitude towards cosmetic surgery and they endorsed stereotypes of cosmetic surgery patients such as materialistic, self-conscious and perfectionistic. Those who knew somebody who had had cosmetic surgery tended to hold more favourable attitudes about having procedures.

In a survey study, Frederick et al. (2007) explored views about cosmetic surgery and body image of men and women from the general population. There were 71% of women and 40% of men who expressed interest in cosmetic surgery. The authors caution researchers regarding use of control groups from the general population in comparison with cosmetic surgery recipients, suggesting that there may be little difference between the two.

Swami et al. (2009) with a sample of 322 university students who completed a battery of questionnaires found that women presented with more favourable attitudes towards cosmetic surgery than did men. They suggest that this finding may reflect socio-cultural pressures on women to achieve idealised images. Those who viewed themselves as less attractive tended to consider the possibility of cosmetic surgery. They found that more conscientious, “less agreeable, less open, and more emotionally stable individuals were more likely to consider cosmetic surgery” (Swami et al., 2009, p. 11).

1.6.1.2.6 Factors associated with having cosmetic surgery

There are a number of factors implicated in people having cosmetic surgery. In a multivariate study of 14,100 Australian females aged 45-50 years who were randomly selected from the National Medicare data-base, those who reported the

highest incidence of cosmetic surgery were women born in English speaking countries and those working in white-collar jobs (Schofield et al., 2002). Women of normal weight and women who reported dieting to lose weight in the last year were 1.5 times more likely to have used cosmetic surgery than those who did not diet or lose weight. Women who had cosmetic surgery seemed to engage actively in achieving a healthy body weight. Cosmetic surgery was more likely among women who had been in a violent relationship, had experienced verbal abuse recently, smokers, those taking medication for sleep or 'nerves' and those with private hospital insurance (Schofield et al, 2002).

In an interpretative phenomenological analysis other factors that have been implicated in people initiating surgery include age appropriateness, body integrity and wanting to look 'normal' (Thorpe et al., 2004). Age appropriateness meant that participants talked about "age as an issue when discussing why they wanted surgery" (Thorpe et al., 2004, p. 81). Body integrity referred to the belief of some participants that the body part they wished to change did not "fit with the rest of their body" (Thorpe et al., 2004, p. 84). The majority of people undergoing cosmetic surgery do so for themselves, not to please a partner, get a job or look perfect (Thorpe et al., 2004). Didie and Sarwer (2003) looked at factors that influenced the decision to undergo cosmetic breast augmentation surgery. Twenty five breast augmentation candidates completed self-report questionnaires and were compared with 30 physically similar women who were not interested in breast augmentation. Results demonstrated that breast augmentation candidates when compared with controls reported greater dissatisfaction with their breasts. There were no differences between the two groups on body image dissatisfaction or on greater awareness or internalisation of socio-cultural influences on physical appearance. The increased

involvement with health and fitness activities of those who sought cosmetic surgery led the authors to postulate that women who sought surgery did so as a positive self care strategy. The authors also suggested that the mass media affected women's values about ideal breast size and hence the desire to have breast augmentations (Didie & Sarwer, 2003). In a questionnaire study Henderson-King and Henderson-King (2005) concluded that those people who wished to embark on cosmetic surgery did so in order to avoid becoming more unattractive rather than wanting to become more attractive. People who were accepting of the phenomenon of cosmetic surgery were more likely to report personal dissatisfaction with their appearance and had a positive attitude towards use of make-up (Henderson-King & Henderson-King, 2005).

Using questionnaires amongst adolescents and young adults applying for cosmetic surgery in the Netherlands those desiring cosmetic surgery were more likely to have appearance related psychosocial problems than those applying for reconstructive work (Simis et al., 2001). In a study using self-report measures by Culos-Reed et al. (2002) increased self-presentational concerns and public self-consciousness were implicated in people with appearance related motives for having cosmetic surgery. This sub-set of people was also less likely to be involved in regular exercise (Culos-Reed et al., 2002). Davis and Vernon (2002) investigated the relationship between personality, attachment style and use of cosmetic procedures. Using a survey the authors found attachment anxiety amongst women who had cosmetic surgery while neuroticism was also related to some procedures.

Darisi et al. (2005) conducted semi-structured open ended interviews with 60 people who were interested in having cosmetic surgery. They found that improving "physical appearance was a primary motivating factor [for having cosmetic surgery] for 85% of participants" (Darisi et al., 2005, p. 911). Those interviewed reported that

vanity had not motivated them, but rather “overcoming dissatisfaction or unhappiness” (Darisi, 2005, p. 911).

In assessing factors that affect the likelihood of undergoing cosmetic surgery, Brown et al. (2007) found that women were more likely than men to consider having cosmetic surgery and younger men more likely than older men. Of the 119 women and 89 men in this questionnaire study, those who rated themselves poorly on physical attractiveness were more likely to undergo cosmetic surgery. The authors found that media exposure did not influence likelihood of involvement with cosmetic surgery. Swami et al. (2008) also looked at the factors affecting the likelihood of having cosmetic surgery. They too found that women were more likely than men to consider most cosmetic procedures. Having had cosmetic surgery previously was a predictor of future likelihood of having cosmetic surgery.

When investigating the motivating factors for seeking cosmetic surgery, von Soest et al. (2006) carried out a questionnaire study on 907 participants and found that social acceptance of cosmetic surgery and body image were strongly related to wanting to have cosmetic surgery. Haas et al. (2008) conducted a literature review in order to determine the psychosocial, psychiatric and physical factors linked with those who have cosmetic surgery. They indicated that factors that were predictive of having cosmetic surgery included a history of teasing, body image, self-esteem issues, Body Dysmorphic Disorder, education, and culture.

1.6.1.2.7 Young people and cosmetic surgery

Young people may also be the recipients of cosmetic surgery. Grossbart and Sarwer (2003), when discussing breast augmentations and liposuction in teenagers, suggested that the issue of young people having cosmetic surgery has been much

debated. Some have raised concerns that young bodies are not sufficiently well developed to be engaging in processes that modify the body. Others believe that some young people approach cosmetic surgery with a casualness that is concerning given the risks and possible complications that are in fact associated with the procedure (Grossbart & Sarwer, 2003).

In a review article, Zuckerman and Abraham (2008) described the psychological and physiological reasons for delaying having cosmetic surgery for young people. Body dysmorphic disorder and changes in teenagers bodies as they mature were issues of importance. They suggested that there is little persuasive empirical research that outlines the mental health benefits of having a procedure. They also emphasise the limitations there seems to be on teenagers' capacity to evaluate the risks associated with surgery.

In contrast, there are some favourable reports about young people engaging with cosmetic surgery. For example, in studying changes experienced by children who had prominent ear corrective surgery, Lourenco Gasques et al. (2008) found that there were reported improvements in the psychological status of these individuals following surgery. Thirty children were studied, 15 males and 15 females and were assessed through clinical evaluations, routine laboratory tests and interviews. Testimonies from parents following their children's procedures included "classmates do not mock him anymore" (p. 913) and "he feels more attractive" (p. 913).

1.6.1.2.8 A summary of the quantitative literature

This review of the quantitative literature leads to some reflections and suggestions for the current research:

- A. The quantitative research is useful to the field because it provides an evidence-based approach to understandings about cosmetic surgery. However, it does not directly help practitioners develop ways to deal with patients in the clinical setting. Therefore, it may be helpful to conduct mixed methods research, which includes quantitative information, with the purpose of applying the findings within the clinical context.
- B. Much of the quantitative research looks at the qualities that people are considered to 'possess' or 'believe' and this tends to be expressed as a fixed entity. Whilst such approaches are important they may obscure contrasting perspectives or competing notions that may be affecting people regarding the topic. Therefore, future research could explore this avenue.

1.6.1.3 Qualitative literature

Within this section, literature that is representative of qualitative work that exists about cosmetic surgery is discussed. Thematic analyses surrounding cosmetic surgery are elaborated upon.

1.6.1.3.1 Thematic analyses

A number of thematic studies are presented in this section [There are additional thematic writings explored in Section 1.6.1.4.1 (Media) and Section 1.6.1.4.3 (Interviews). There is also research that is thematic in nature in Section 1.6.1.1.2 (Cosmetic surgery as a patriarchal phenomenon)].

The methodologies used by the authors in this section in sequential order are discourse analysis, a social constructionist thematic analysis and content analysis. Discourse analysis involves examining language by looking for 'interpretative repertoires' (Potter & Wetherell, 1987). 'Interpretative repertoires' are patterns of talk

that people use to describe a topic. Social constructionist thematic analyses involve searching for themes or patterns across a data set (Braun and Clarke, 2006) whilst addressing how language constructs our social realities. Content analysis determines the presence of particular words or concepts within data (Neuendorf, 2002). Researchers quantify and analyse the meaning and relationships of the words and concepts.

In research by Fraser (2001, 2003a, 2003b, 2003c) repertoires found regarding cosmetic surgery from four data sources were 'Nature', 'Agency' and 'Vanity'. Fraser (2001, 2003a, 2003b, 2003c) utilised discourse analysis to investigate the topic. Data were sourced from women's magazines (Fraser, 2003a), feminist literature (Fraser, 2003a, Fraser, 2003c), medical material (Fraser, 2003a, Fraser 2003b) and regulatory sources (Fraser, 2003a). Her analyses paid particular attention to the gendered construction of cosmetic surgery.

Pertaining to 'Nature', the term was used to both criticise and defend cosmetic surgery, but its meaning was rarely questioned. The notion of the 'natural look' was used to distinguish between good and bad cosmetic surgery. It was also used to criticise cosmetic surgery as a practice for it was seen to create surgically altered appearances that were considered less desirable than the natural look. The 'natural' was "routinely used as a normative category against which to arbitrate on the acceptability of any number of practices" (Fraser, 2003a, p. 189). Fraser (2003a) suggested that such use of the term 'nature' urgently needed to be challenged by those who academically discuss cosmetic surgery.

'Agency' was taken up in a variety of ways in her data. Examples included "the single minded pursuit of career success, the willingness to take risks and the simple assertion that one [was] undertaking surgery 'for oneself' " (Fraser, 2003a,

p. 189). The agency repertoire also involved the practice of 'weighing the risks against the rewards'. This aspect implied that women had reasonable access to information in order to make informed decisions. Fraser (2003a) suggested that women were thus framed as rational decision makers and they might even be heroised in their willingness to take risks.

The 'Vanity' discourse constructed individuals who had cosmetic surgery to be haunted by the potential accusation of vanity. Fraser (2003a) suggested that the concept of vanity was reviled within culture and strongly linked to being feminine. One way of talking was 'Not just vain' whereby people justified the use of cosmetic surgery because they had a more valid justification than mere vanity. These types of accounts Fraser (2003a) suggested corresponded to a perceived change in women's priorities brought by the last century of economic and social change instigated by feminism.

Whilst Fraser (2001, 2003a, 2003b, 2003c) substantively elucidates three key repertoires in her findings, it is possible that other ways of talking about cosmetic surgery have not been explored.

In another social constructionist thematic analysis, Braun (2005a) analysed some talk surrounding cosmetic surgery, specifically female genital cosmetic surgery, which focused on the notion of female sexual pleasure. She analysed 31 magazine items and also interviewed 15 surgeons. She found that female genital 'cosmetic' surgery was framed as enhancing female sexual pleasure and orgasm. Women once having surgery were constructed as able to overcome embarrassment and self-consciousness about their genitalia as well as having specific functional changes that were reported to improve sexual experience. Braun (2005a) suggested that these accounts construct the legitimate female body as orgasmic. It also constructed

women's bodies as not able to achieve orgasm easily unless they had surgery. She argued that this emphasis promoted the use of female genital cosmetic surgery, produced normative heterosexuality and promoted "a generic model of bodies and sex" (Braun, 2005, p. 1).

Further thematic research surrounded "some of the recent manifestations of good and normal cosmetic surgery patients" (Pitts-Taylor, 2007, p. 5) as compared with pathological patients, 'the surgery junkies'. Pitts-Taylor (2007) argued that cosmetic surgery first be considered a cultural production. In addition, she proposed that the meaning of the 'cosmetic surgery patient' was produced by various institutions such as the media, psychiatry, cosmetic medicine and feminism. Pitts-Taylor (2007) suggested that while she called herself a cosmetic surgery patient "this identity [had] no meaning outside its continual creation by the interactions between [herself], others and the social world" (p. 179). She examined "institutions, cultural and political interests, writers, scholars, doctors and lawyers" (Pitts-Taylor, 2007, p. 8) with regard to what they said about cosmetic surgery. Pitts-Taylor (2007) interpreted and deconstructed these texts. Her focus was upon the "process of producing the cosmetic surgery subject" (Pitts-Taylor, 2007, p. 8) in order to understand the experience of undergoing cosmetic surgery. Her methodology was influenced by theoretical orientations from within philosophy, feminism and social theory and her mode of analysis was content analysis. She analysed the television program *Extreme Makeover*, some feminist depictions of cosmetic surgery, medical constructions about cosmetic surgery and a legal case, *Lynn G. v Hugo*.

Regarding *Extreme Makeover* Pitts-Taylor's (2007) findings included the idea that this program appealed because its participants were not actors, but purported to be ordinary people. She suggested that each participant in the program was "presented

as both transformed and restored by cosmetic surgery” (p. 43). People used cosmetic surgery in order to uncover a hidden or masked part of themselves. Pitts-Taylor (2007) discussed how “we [heard] of the psychological pain of ugliness or defect” (p. 50) in these programs “and how cosmetic medicine [could] contribute to healing and personal wellness” (p. 50).

In terms of feminist constructions of cosmetic surgery Pitts-Taylor (2007) suggested that there had been “difficulty imagining any cosmetic surgery, however major or minor, that is not both pathological and addictive” (p. 73). She explained that most feminist critics of cosmetic surgery described women’s involvement in cosmetic surgery as an instance of patriarchal coercion. Women were sometimes seen to be at risk of surgery addiction within feminist debates. Pitts-Taylor (2007) proposed that such “modes of inquiry [did] not just reveal the cosmetic surgery patient’s subjectivity but also [produced] it in epistemologically specific and morally positioned ways” (p. 98). Hence, she suggested that these arguments operated “as a process of subjectivation” (Pitts-Taylor, 2007, p. 98), that is, the subject was being produced by the arguments.

Within the ‘medicalisation of surgery addiction’ explored by Pitts-Taylor (2007) the issue of Body Dysmorphic Disorder, a popular diagnosis for ‘surgery junkies’, was of central importance. The concern within this perspective was that “the decision to surgically alter the body [was] often the result of deep psychological issues” (Pitts-Taylor, 2007, p. 101). Body Dysmorphic Disorder has become a primary focus in patient screening according to Pitts-Taylor (2007). It has become a generally accepted construct within society. Pitts-Taylor (2007) mentioned that surgeons regularly talked about a “sixth sense” when evaluating patients’ psychological stability, however some said that at times it was hard to know whether

someone had the disorder until it was too late. Pitts-Taylor (2007) suggested that the problem with the category was that it was “being invoked, questioned, and maintained differently by psychiatrists, cosmetic surgeons, feminists, the media, and others” (Pitts-Taylor, 2007, p. 123). Pitts-Taylor (2007) warned against the pathologising that has become prevalent in cosmetic surgery practice since it might silence patients’ own perspectives, whilst their complaints about surgery and feedback to surgeons may be dismissed as irrational.

Pitts-Taylor (2007) referred to the first entrance of the ‘surgery addict’ into the courtroom that was presented in the case of *Lynn G. v Hugo* heard in 2000 and 2001 in the New York State Courts about a woman who underwent cosmetic surgery and later regretted doing so. The woman’s claim was that the surgeon should have known that she was “unreasonably obsessed with cosmetic surgery” (Pitts-Taylor, 2007, p. 128) since she had Body Dysmorphic Disorder. Whether Body Dysmorphic Disorder was a recognised disorder was debated in this case. It was described as “an obscure diagnosis with almost no precedent in medical law” (Pitts-Taylor, 2007, p. 149).

Whilst Pitts-Taylor (2007) conducted a content analysis in which she may have quantified the data, she did not provide any of the quantitative information about the occurrence of the themes in her writing. Therefore it is difficult for the reader to know the degree to which given themes arose in her data.

1.6.1.3.2 A summary of the qualitative literature

This review of the qualitative literature leads to some reflections and suggestions for the current research:

- A. Thematic analyses have been conducted in this field, however a shortcoming of this research is that none have attempted to use a mixed methodology to

present the relative incidence of themes in their data. In this sense it is unclear how dominant particular themes may have been. It would seem that a useful contribution to the field would be to help people know what themes are impacting most significantly on cosmetic surgery populations. Thus, investigating the incidence of themes and which are most predominant in society about the topic would be a beneficial next step for research in this area.

B. A gap in the qualitative literature is that thematic understandings have not yet been presented in such a way that the concepts may be applied to the clinical setting. The advantage of thematic analysis is that it can help the researcher gain understanding of the notions that are shaping people's thinking and behaviour surrounding the topic of cosmetic surgery. The forms of knowledge that are acquired through thematic investigations would be useful for the clinical setting. The benefits include the fact that thematic analyses offer a rich knowledge of how people think and behave with regard to cosmetic surgery. Including the insights gained from thematic analysis into clinical practice would help people navigate the effects that themes are having on their lives and enable people to determine how they would like to negotiate their relationship to the themes. Therefore this is a matter that can be addressed in the current study.

1.6.1.4 Specific data sources

Three data sources that help cast light on cosmetic surgery include media, internet message boards and interviews. These sources of information may provide a basis for understanding people's relationship to cosmetic surgery. In this section representative literature on these data sources is discussed.

1.6.1.4.1 Media

The televised and print media's influence on people's understanding of cosmetic surgery is considered to be profound. For example, the surgeon Constantian (2003) reported that his patients "Often – sometimes too often -...[reported] that they [had] prepared for surgery by watching it on television" (p. 1349). Marketing within print and televised media was labelled as a possible reason for the rise in people having cosmetic surgery (Sarwer & Crerand, 2004). Print and televised media has been implicated as a primary informer to women about how they should look. Rodin (1992) stated that a woman was set the quest to fit the reflection the media had conditioned her to expect was possible.

In terms of the distribution of media influencing people surrounding cosmetic surgery, Didie and Sarwer (2003) found that candidates for cosmetic breast surgery derived their knowledge about breast augmentation surgery from women's magazine articles (83.3%), television (70.8%), newspaper articles (50%), news magazine articles (50%), women's magazine advertisements (37.5%) and radio advertisements (33.3%). This research indicated that a high rate of understanding about cosmetic surgery was gained from media sources (Didie & Sarwer, 2003).

Regarding the presentation of cosmetic surgery media Sarwer and Crerand (2004) suggested that advertising was similar in style to that used for other beauty products promoted in fashion and beauty magazines, with beautiful models implying a promise of improved self-esteem and lifestyle. Influential has been reality television programs such as *Extreme Makeover* in the USA which has also aired in Australia (Crockett et al., 2007). Its penetration was extensive and it was the second highest rated program for adults under 50 in 2003 in the United States (Sarwer & Crerand, 2004). Rumsey (2008) commented that televised cosmetic surgery makeover

programs emphasised “the psychological pain of ugliness, or a ‘defect’. Surgery and other appearance enhancing procedures [are] portrayed as contributing to ‘healing’ and to the miracle of bringing an end to the torment” (p. 48).

The effects on individuals of cosmetic surgery reality television programs were examined by Mazzeo et al. (2007), Crockett et al. (2007) and Sperry et al. (2009). Mazzeo et al. (2007) in a survey study of 42 patients, found that patients who regularly watched cosmetic surgery reality television programs reported a greater influence to pursue cosmetic surgery than did low intensity viewers. These people also felt more knowledgeable about cosmetic surgery than did low intensity viewers. Crockett et al. (2007), using surveys with 147 women found that watching a cosmetic surgery makeover program had women desiring a thin ideal. The authors hypothesised that these programs may contribute to eating disordered behaviour and attitudes. Sperry et al. (2009) found that viewing reality cosmetic surgery television programs and acceptance of cosmetic surgery were significantly related.

Tait (2007) looked at the “discursive production of cosmetic surgery on the television shows *Extreme Makeover* and *Nip Tuck*” (p. 119). She suggested that these programs come from a post-feminist stance in that they see cosmetic surgery as liberating individuals from the pain of their former appearance. The provision of cosmetic surgery is constructed as a charitable act given to deserving recipients (Tait, 2007). She proposed that resistant voices to cosmetic surgery, such as feminist views, in these programs are ultimately “overwhelmed” (p. 133).

Some researchers have looked at the messages that have been represented within the media. Through critically analysing media in relation to cosmetic surgery in popular magazines from 1968 to 1998, Woodstock (2001) suggested the data conveyed a discord. This discrepancy was between the positive framing found in

articles on beauty and youth compared with the negative framing when cosmetic surgery was mentioned in passing. In the latter context, cosmetic surgery was associated with vanity, frivolity, deception, and violence. In a similar vein, Culos-Reed (1997) talked of the media's tendency to stereotype cosmetic surgery patients as vain, narcissistic or psychologically maladjusted.

The growing acceptance and approval of cosmetic surgery amongst Americans was considered through analysing media coverage of cosmetic surgery (Brooks, 2004). Brooks (2004) through an analysis of the narrative frames addressed the consequences of the normalisation of cosmetic surgery suggesting that "Cosmetic surgery can inhibit the body's capacity for movement, animation, and for intricate and complex functions. With the ongoing production of 'dulled bodies', the unique physical reflection of each human being's life erodes" (p. 235). The author found themes that normalised cosmetic surgery within society, such as 'casual, unthreatening and accessible', 'courage and virtue' and 'a gift or treat'. Brooks (2004) problematises cosmetic surgery, however does not appear to pose solutions to the dilemma she describes.

The content in women's magazines in the 1980's and 1990's was explored through systematic analysis by the sociologist, Sullivan (2001). She observed how women's magazines participated in the cultural construction of appearance as a medical problem and found several themes. Her first theme, 'Physicians' expert advice', involved surgeons being discussed within the media on cosmetic surgery. 'Medicalization of appearance' was a theme that described how bodies that have been operated upon surgically came to be seen from within a medical framework. 'How to choose Dr Right' included magazines providing tips about how to find a preferred doctor for one's cosmetic surgery. Her 'Risks' theme referred to some articles that

discussed the risks involved with having cosmetic surgery. ‘Social and economic benefits’ entailed articles talking about the advantages brought by having surgery, whether that be in one’s social or economic life. ‘Mental health benefits’ were discussions about how cosmetic surgery could improve one’s mental wellbeing, including improved self-esteem and confidence. ‘Proper motivation and unrealistic expectations’ pointed to the fact that there ought to be appropriate motivations for having surgery and hence one must be emotionally self-motivated and not overly concerned about one’s appearance. The final theme, ‘Everybody’s doing it’, described the normative nature of cosmetic surgery and how it was believed that it was not just movie stars having cosmetic surgery anymore. One limitation with Sullivan’s (2001) work is that the particular form of thematic methodology she was using was not explained.

Jones (2004b), in a postmodern analysis, examined magazine texts looking at “the mother/daughter/cosmetic surgery story” (p. 525). She suggested that in this story fear and terror of ageing was still embraced, with there being only two states for women that of being either young or old. The development of the “stretched middle age” (Jones, 2004b, p. 526) created via technologies like cosmetic surgery meant that the generation gap between old and young was being narrowed. Jones (2004b) believed that radical possibilities of cosmetic surgery were overshadowed by “repressive paradigms that [undermine] the potentially innovative possibilities it [offers]” (p. 536).

1.6.1.4.2 Internet message boards

Internet message boards are a relatively new medium for communicating with others surrounding a topic of shared interest (Gooden & Winefield, 2007). At present

there are many sites on the Internet enabling individuals to learn about and to share experiences and information about cosmetic surgery (Wood, 2005). These modes of communication can take the form of discussion boards, blogs and chat rooms about cosmetic surgery. A study conducted by Langer and Beckman (2005) looked at Danish Internet message boards on cosmetic surgery. They found that consumers used Internet message boards to “exchange information and advice about cosmetic surgery” (p. 189). Most users seemed to have made up their minds to have cosmetic surgery and therefore did not discuss the pros and cons of having surgery. Many of the discussions were about seeking and giving advice. People talked about personal experiences with cosmetic surgery with 87% being positive, 2% being neutral and 11% negative about their experiences with the procedure. Langer and Beckman (2005) suggested that people used the discussion forum to share things they felt they could not say in other contexts.

1.6.1.4.3 Interviews

Conducting interviews is a common way of collecting data about cosmetic surgery. Goodman (1994) examined self-acceptance among ageing women based on cultural models of youthfulness and beauty. Twelve women who had undergone cosmetic surgery and 12 women who had not were interviewed, with ages ranging from 29 to 75. Results suggested that younger women were unhappy with their bodies and older women with their faces. Women who had cosmetic surgery seemed more emotionally secure both before and after surgery than women who had not had surgery (Goodman, 1994). Askegaard et al. (2002) studied motivations, thoughts and feelings before, during and after cosmetic surgery through conducting interviews with 15 women. The authors also examined the ways in which the operation influenced

participants' life and self-identity. They found that ageing was conceptualised as problematic by the respondents.

Appearance related surgery seemed to provide some sense of control over physical appearance and through it provided greater power or confidence in settings in which individuals were involved (Schouten, 1991). Schouten (1991) found that four themes emerged within multiple in-depth interviews about the consumption of aesthetic surgery. One male and eight females, who had experienced or were contemplating cosmetic surgery, were interviewed. The first theme found was 'Role transitions' which pointed to the fact that six informants underwent plastic surgery "when their lives were in flux or transition" (p. 416). The second theme, 'Sexual selves and romantic fantasies', referred to women who experienced negative body image during intimate relations or social interactions. The third theme, 'Taking control' involved seeing surgery as a way of exercising control over one's body. The final theme, 'Identity play', described how people created representations of themselves in order to 'try on' possible post-surgery selves. Aesthetic surgery appeared to provide some sense of control over physical appearance and thereby was considered to offer greater power or confidence in settings in which the individual was involved. Those people experiencing loss or rejection who were raised by authoritarian parents were said to be particularly likely to use these consumer services. He concluded that using practices like cosmetic surgery was "important to both the maintenance and the development of a stable, harmonious self-concept" (p. 412). A shortcoming of this research was that whilst themes were ascertained, the purpose was to understand more about consumer behaviour, rather than compassion for patients' wellbeing.

Through interviews Dull and West (1991) in grounded theory research explored how surgeons who performed cosmetic operations accounted for their work and how patients of these operations justified their decisions. Their first theme was 'Surgery as a "normal, natural" pursuit' in which people described having cosmetic surgery as a normal and natural act, just like having one's hair done. Their second theme was 'Objective indicators' where people described physical criteria for particular procedures. The third theme 'Assessing "good candidates"' involved surgeons' complex sequence of assessments to determine what patients required. The fourth theme 'Appropriate levels of concern' referred to surgeons' philosophies that there were appropriate and inappropriate levels of concern for patients to possess about the physical feature that has had them seek surgery. The fifth theme 'Doing it for themselves' described surgeons' need to determine for whom patients are having cosmetic surgery. They described good candidates as people who thought "surgery [would] increase their self-esteem and improve their self-image" (Dull & West, 1991, p. 61) rather than those who thought it would facilitate finding a lover or keeping a spouse's attention. The sixth theme, 'Reducing the body into parts' referred to how patients and surgeons broke the body down into its constituent parts during discussions surrounding cosmetic surgery. The final theme was 'The accomplishment of gender' which described how people wanted to have cosmetic surgery in order to have an 'appropriately' gendered body. Dull and West (1991) found that what was considered 'normal' and 'natural' for a woman was not so for a man.

Looking at the experience of women who had plastic surgery, Gimlin (2000) interviewed 20 female patients of a plastic surgeon. Data indicated that plastic surgery enabled women to reposition their bodies as 'normal'. She postulated that women created accounts to 'reattach' a sense of themselves to their altered body. Because the

body had been operated upon it was seen as inauthentic. She said women who have had cosmetic surgery found themselves in a double bind because if the woman was unhappy with her appearance she had to defend herself for the efforts she made to alter it. Gimlin (2000) inferred that women undergoing plastic surgery were doing so alone in contrast to having group support as in aerobics classes or hair salons. She said that women were making decisions from within a culture that they believed rewarded them for their looks.

Further, Gimlin (2007) conducted semi-structured interviews focused on the cosmetic surgery narratives of women from the United States and those from Great Britain. She found that women referred to the cost of their operations with American women describing having to take out loans whereas English women did not. She also suggested that a language of 'need' permeated the talk of women surrounding cosmetic surgery. This finding took the form of patients focusing on physical or emotional pain related to having their pre-surgical body. Participants also emphasised the idea that one should take control of one's body and that was why they chose to have cosmetic surgery.

Using interviews of men who have had cosmetic surgery, Holliday and Cairnie (2007) analysed accounts of consumption of surgical procedures. They derived seven themes from their analysis. 'The body and the self' referred to the belief that the body expressed the self and by implication the ugly body reflected an ugly self. 'Surgery as masculinities' incorporated idealised notions of hegemonic masculinity and compulsory heterosexuality was embedded within interviewees' responses. 'Surgery and sexuality' described how the one gay participant talked about cosmetic surgery as a feature of his sexuality, whereas the heterosexual men did not. 'Surgery and the life course' referred to how life events affected participant's relationships to their bodies

and identities. ‘Normalizing surgery’ described how in the same way that women do, men experienced “discipline, normalization and regulation of their bodies” (Holliday & Cairnie, 2007, p. 72).

1.6.1.4.4 A summary of the specific data sources

This review of specific data sources leads to a number of reflections and suggestions for the current research:

- A. A shortcoming with the specific data sources literature is that to-date none of the writings have attempted to incorporate the understandings developed within the research to be applicable to the clinical context. Therefore, it would fill a gap in the literature if research were to utilise these sources in order to inform the development of a clinical framework for cosmetic surgery practice.
- B. A positive aspect of the research on the specific data sources is that the media, internet message boards and interviews are cultural texts that provide a rich source of information about the notions that people are receiving about cosmetic surgery. Utilising these well-established sources would provide a useful foundation for the current study to establish further understandings about the meanings that are shaping people’s connection with cosmetic surgery.

1.6.2 Clinical literature

This section presents a representative range of literature about the ways in which clinicians, such as psychologists and surgeons, can work at present in relation to cosmetic surgery. Psychoanalytic styles of practicing, the inferiority complex and self-esteem, Body Dysmorphic Disorder, psychological assessment and psychological approaches for those in the medical field are discussed.

1.6.2.1 Psychoanalytic

In the past some clinicians held the view that people who have had cosmetic surgery were psychologically maladjusted. In the 1950's and 1960's clinicians often described patients who had cosmetic surgery as being psychologically disturbed (Edgerton et al., 1960; Sarwer et al., 2006a). Appearance related concerns were often interpreted as “symbolic displacements of intra-psychic conflicts” (Sarwer et al., 2006a, p. 253) by psychiatrists who were trained within the psychoanalytic tradition. In relation to rhinoplasty patients, Crerand et al. (2006) described that within the psychoanalytic orientation the nose was thought to symbolise the penis and a desire for surgery was considered an unconscious displacement of sexual conflicts onto the nose. There was concern that having cosmetic surgery might exacerbate psychopathology (Beale et al., 1980; Gifford, 1973; Jacobson et al., 1961; Crerand et al., 2006). However, more recently clinicians have reported lower rates of psychopathology in their practice as they have moved away from employing the psychoanalytic tradition (Sarwer et al., 1998).

1.6.2.2 The inferiority complex and self-esteem

Clinically, a validation for the use of cosmetic surgery if a person had a concern about an aberrant feature, was through the notion of Adler's ‘inferiority complex’ (Haiken, 1997). The psychological effects of ‘ugliness’ have been implicated as leading to grave psychological disturbances and correction of these to producing improved mental health. Adler's premise was that people considered cosmetic surgery because of a deep sense of personal inadequacy. From being seen as an issue of vanity, cosmetic surgery began to be seen as remedying a damaged self-concept. This enabled surgeons to justify use of their interventions on these grounds.

Hence, the inferiority complex became a way of justifying the use of cosmetic surgery (Haiken, 1997). Within this view, having cosmetic surgery became a response to a reasonable concern and a psychologically pragmatic reaction to a real need (Haiken, 1997). Surgeons could also make the claim “that a psychological problem that was the result of a physical anomaly was on their turf” (Haiken, 1997, p. 118). The inferiority complex became understood as a reason for individuals wanting cosmetic surgery and this formed the basis for the broader concept of self-esteem, more often used today (Haiken, 1997). Later clinical understandings of cosmetic surgery have suggested that it involves reshaping of normal structures of the body in order to improve patients appearance and consequently self-esteem (Schofield et al., 2002).

1.6.2.3 Body Dysmorphic Disorder treatment and assessment

Clinically, practitioners have been alerted to the presence of Body Dysmorphic Disorder and its impact on cosmetic surgery patients. The most recent diagnostic criteria of Body Dysmorphic Disorder include a “Preoccupation with an imagined defect in appearance” (American Psychiatric Association, 2004, p. 510) that is markedly excessive and causes “clinically significant distress or impairment” (American Psychiatric Association, 2004, p. 510) in the patient’s life. The preoccupation is also characterised as causing “clinically significant distress or impairment in social, occupational, or other important areas of functioning” (American Psychiatric Association, 2004, p. 510) and is not better accounted for by other mental disorders, such as Anorexia Nervosa. A number of authors have raised the need to assess for the presence of and to treat Body Dysmorphic Disorder in cosmetic surgery patients. There has also been the development of questionnaires to

help ascertain whether someone does or does not have Body Dysmorphic Disorder and these are discussed in this section.

Body Dysmorphic Disorder is usually considered a contra-indication for cosmetic surgery. However, Veale et al. (1996) argued that it is possible for Body Dysmorphic Disorder patients with minimal deformity to have good results if they have realistic expectations about outcomes. They have also suggested that good psychological results might be more likely when there are positive expectations from supportive others particularly in the post-operative period. Making these discernments is up to the surgeon and usually the recommendation is for surgeons to suggest Body Dysmorphic Disorder patients have psychological or psychiatric counselling. Hodkinson (2005) believes that once a person is suspected of having Body Dysmorphic Disorder “avoidance of surgery [is] paramount, and referral to mental health care professional [is] obligatory” (p. 505). He suggested that Cognitive Behaviour Therapy is the “mainstay treatment for dealing with behavioural components of [Body Dysmorphic Disorder]” (p. 505). This therapy focuses upon “response, prevention, and behavioural change” (p. 505). Similarly, Kisely et al. (2002) suggested that Body Dysmorphic Disorder is not usually helped through surgical or dermatological interventions and they recommended that cognitive behavioural therapy or selective serotonin re-uptake inhibitors could be used as alternative treatments. Honigman and Castle (2007) outlined how Cognitive Behaviour Therapy could be used to effectively treat Body Dysmorphic Disorder patients. The behavioural component involves “exposure and response prevention” (p. 89) and the cognitive component entails “exploring beliefs and values that support and strengthen” (p. 90) perceptions about abnormality regarding patients’ own views of their bodies. They suggested that it is important to approach Body Dysmorphic

Disordered individuals “with sensitivity and compassion” (p. 89) to help patients recognise that the problem is psychological rather than cosmetic.

A number of authors have made recommendations about how to work with Body Dysmorphic Disorder patients. In a paper describing some of her experiences with patients who had Body Dysmorphic Disorder, Renshaw (2003) encouraged collaboration between a counsellor and the plastic surgeon in working with people who might have this disorder. Aouizerate et al. (2003) argued that improved recognition and shifting to effective psychiatric treatment is important in the management of Body Dysmorphic Disorder patients in the cosmetic surgery setting. They suggested that in relation to Body Dysmorphic Disorder, clinicians should be alerted to the number of appearance concerns, psychiatric co-morbidity and the level of the disability in someone who has a slight or no defect. Bellino et al. (2006) recommended preoperative psychological assessment to define the clinical profile, including body dysmorphic symptoms, of patients seeking cosmetic surgery.

Clinicians can use the Body Dysmorphic Disorder Questionnaire to tests for Body Dysmorphic Disorder (Sarwer, 2006). It is a one-page document that is given to patients to complete. It includes questions such as “Are you worried about how you look?”, “Is the *main* concern with how you look that you aren’t thin enough or that you might get too fat?”, “How has this problem with how you look affected your life?” and “On an average day, how much time do you usually spend thinking about how you look?”. Practitioners were encouraged by Sarwer (2006) to use the questionnaire in their clinical practice in order to screen patients. This questionnaire has been found to have “a sensitivity of 100% and a specificity of 89%” (Phillips, 2005, p. 379). That is, if individuals are judged by a clinician to have Body Dysmorphic Disorder, the questionnaire will “accurately ascertain that [Body

Dysmorphic Disorder] is present in 100% of the cases” (Phillips, 2005, p. 379). Hodgkinson (2005) has also presented a Body Dysmorphic Disorder questionnaire which essentially addressed the same issues as those outlined by Sarwer (2006).

Honigman and Castle (2007) presented similar sets of questions in a Body Dysmorphic Disorder screening device to those outlined by Sarwer (2006) and Hodgkinson (2005). Additional questions included “Have you ever considered some part of yourself to be malformed or misshapen in some way (for example, your nose, hair, skin, sexual organs, body shape)?” (p. 83), “Have you ever consulted or wanted to consult a plastic surgeon, dermatologist, or physician about these concerns?” (p. 83) and “Have you been told by others, including doctors, that your appearance is quite normal in spite of you strongly believing that something is wrong with your appearance?” (p. 83).

A screening device for Body Dysmorphic Disorder, similar to the former Body Dysmorphic Disorder questionnaires, has been assessed within psychiatric settings and has been found to have good sensitivity (100%) and specificity (93%) (Dufresne et al., 2007). It also has an inter-rater reliability of 0.88 (Dufresne et al., 2007). Therefore it is recommended as a good device to use in cosmetic dermatological settings (Dufresne et al., 2007).

It may be helpful to focus on excluding from having cosmetic surgery those who are diagnosed with Body Dysmorphic Disorder. However, in that surgeons are encouraged not to operate on those who have Body Dysmorphic Disorder, a focus on finding the disorder may lead to loss of work.

1.6.2.4 Psychological assessment

Psychological assessment has been advocated for people who seek cosmetic surgery. These assessments can help determine whether or not patients are suitable candidates for the procedure. The psychological aspects pertaining to cosmetic surgery have been considered for nearly a century (Haiken, 1997). During World War I there was comment upon the psychological transformations surgeons created for patients. Disfigurements were described as a cause for potential unhappiness and plastic surgery was now available to improve patients' mental wellbeing and happiness (Haiken, 1997). Whilst there was a commitment to such psychological understanding, the task of assessing individuals for cosmetic surgery has been challenging. During the course of her research Davis (1995) noted that surgeons "explained how difficult it was to develop scientific criteria for determining which patients were candidates for cosmetic surgery" (p. 8). Despite this complexity, health professionals have advocated psychological assessment of cosmetic surgery candidates. For example, Sarwer (2006) suggested that it is critical to psychologically assess and screen cosmetic surgery patients.

In an early article about plastic surgery Major Arthur Barsky pointed out that within the increase of articles on the subject of plastic surgery, little effort had been taken to psychologically assess patients (Barsky, 1944). He suggested that observations of the psychology of patients should be grouped under three headings: 1. objective consideration of the physical defect itself, 2. subjective observations such as anxiety and fears, and 3. determining the relationship between disfigurement and distress, that is between objective and subjective conditions.

Pruzinsky (1996) recommended comprehensive assessment of potential cosmetic surgery patients. He stated that the goal of this assessment was positive

change in cognition, behaviours and emotions pertaining to the body. He suggested focusing on four areas of evaluation: 1. assessment of patient expectations, 2. multimodal assessment of body image variables, 3. screening for psychological disorders and 4. the patient's capacity to evaluate risks and benefits of the surgery.

Grossbart and Sarwer (1999) suggested that the psychological assessment of cosmetic surgery patients should address: 1. the psychological profile of cosmetic surgery patients and 2. whether there would be enduring psychological benefits as a result of surgery. The authors believed that successful surgical outcomes were increased through use of specialised interview questions and interfacing with mental health providers.

Three tests to enable assessment of patients with psychological problems who wanted plastic and reconstructive surgery were developed by Fukunishi et al. (1999) for Japanese patients. The tests assessed emotion, coping with stress and personality. They suggested use of the tests for psychological screening for plastic and reconstructive surgical patients.

A cognitive-behavioural assessment that concentrated on thoughts, behaviours and experiences that contribute to patients' dissatisfaction with appearance and decision to seek cosmetic surgery treatment was proposed (Sarwer, 2006). When patients showed psychopathology during an initial consultation with a cosmetic surgeon, they would probably be referred to a mental health professional (Sarwer, 2006). Mental health professionals should look in more detail at the psychological issues than had surgeons (Sarwer, 2006). Sarwer (2006) recommended that mental health professionals must assess the antecedents "(A) to the decision to seek a cosmetic treatment, the behavioural responses (B) to their concerns about their appearance, and expected consequences (C) of their decision to seek surgery"

(Sarwer, 2006, p. 275). There should then be an evaluation of whether patients' thoughts and behaviours were maladaptive, whether this was psychopathological and if it would contraindicate cosmetic treatment. The assessment "should also focus on patients' motivations for, and expectations about, cosmetic surgery, their appearance and body image concerns, as well as their psychiatric history and status" (Sarwer, 2006, p. 275).

Cosmetic surgery patients can be assessed through utilising a list of questions (Sarwer, 2006). The matters to be discussed included, 'Motivations and expectations' with questions such as "Why are you interested in surgery now?" (Sarwer, 2006, p. 280), "How do you anticipate your life will be different following surgery?" (Sarwer, 2006, p. 280) and "How will you know if you are happy with the results of your surgery?" (Sarwer, 2006, p. 280). The category of 'Physical appearance and body image' included the questions "What is it that you dislike about your appearance?" (Sarwer, 2006, p. 280), "Do you ever feel like you spend too much time thinking about your appearance?" (Sarwer, 2006, p. 280) and "What other things have you done to improve your appearance?" (Sarwer, 2006, p. 280). The category of 'Psychiatric history and status' had the questions, "Have you ever had any significant problems with depression or anxiety?" (Sarwer, 2006, p. 280) and questions about whether patients were under the care of a mental health professional or were taking psychiatric medication. For individuals who were suspected of being depressed, questions were recommended about depressive symptoms, for example, were the patient's sleep, appetite and irritability affected? In the case of people who had a body mass index of less than "20 kg/m²" (Sarwer, 2006, p. 280) questions about the presence of an eating disorder were asked: "Are you actively trying to lose weight at

this time?” (Sarwer, 2006, p. 280) and “Do you ever eat large amounts of food and feel ‘out of control’ of your eating” (Sarwer, 2006, p. 280).

1.6.2.5 Psychological approaches for those in the medical field

Approaches to assist those in the medical field exist surrounding cosmetic surgery. Suggestions have been made to help surgeons address the psychological aspects of cosmetic surgery patients. Sarwer (2006) suggested that surgeons can determine whether patients’ preoperative motivations and post-operative expectations are realistic. With regard to motivation, surgeons were encouraged to ask questions which accessed whether patients were wanting cosmetic surgery ‘for themselves’ or ‘to please others’. People who were having surgery for themselves, Sarwer (2006) suggested, were more likely to be satisfied with the outcome of surgery than those who were attempting to please others. He believed that patients should also be encouraged to discuss the concerns they had with their appearance. However, one should take note of those who expressed marked concern about slight defects as they may be suffering from Body Dysmorphic Disorder. Therefore it would be useful to ask questions about the degree of dissatisfaction that patients’ possessed about their bodies. Sarwer (2006) suggested that patients’ ‘office behaviour’ should be observed, whereby interactions not only with the surgeon but also with nursing or office staff should be noted. He provided the example of patients who asked for appointments outside office hours, or who wished to speak to no one but the surgeon and said that the appropriateness of such people for surgery should be reconsidered. Sarwer (2007) indicated that surgeons should assess new patients’ psychiatric status and history. If surgeons feel that a referral to a mental health professional is required they can suggest this to patients in a non-threatening way (Grossbart & Sarwer, 2003). One

concern about referring patients to mental health professionals only if they are considered to have a psychological problem is that other people, too, may benefit from the opportunity to discuss psychological issues relating to their cosmetic surgery.

Vuyk and Kijlker (1995) also examined the psychological elements to which surgeons should attend within cosmetic surgery consultations. They suggested that “an optimal patient-doctor relationship [is] characterised by honesty, trust, and mutual respect” (Vuyk & Kijlker, 1995, p. 55). These characteristics were said to “create an atmosphere for open and direct communication, yielding honest and exact information from both patient and the doctor” (Vuyk & Kijlker, 1995, p. 55). Ultimately such approaches would “diminish the chance of misunderstanding, leading to possible patient dissatisfaction and litigation” (Vuyk & Kijlker, 1995, p. 55). Patients and surgeons should make a joint decision based on ‘good medical ethics’ and conform to the medicolegal matter of informed consent.

Vuyk and Kijlker (1995) suggested that doctors “should try to establish a rapport by showing honest empathy, understanding, and concern” (p. 56). They suggested that patients should be given a chance to talk and surgeons should listen with “utmost attention” (p. 56). They proposed that surgeons should have the patients know that their concerns were important to surgeons and that they would be condemned in no way. Eye contact, ‘body attitude’, and approving sounds would give positive reinforcement and assist patients to ‘open up’ at their own pace. Surgeons could put into their own words patients’ feelings so that patients felt understood (Vuyk & Kijlker, 1995). This platform would enable patients to be “willing to speak freely of [their] inner hopes and fears” (Vuyk & Kijlker, 1995, p. 55). If surgeons

ventilated their own thoughts this might stop the patients' "stream of information" (Vuyk & Kijlker, 1995, p. 55) and should therefore be avoided.

The aforementioned authors argued that the ultimate goal of cosmetic surgery was improvement of patients' wellbeing. They suggested that pre-operative counselling may aid patient satisfaction. It is important to note however that other authors have proposed that most cosmetic surgery patients do not require psychological evaluation prior to treatment (Sarwer, 2006; Sarwer et al., 2003; Sarwer et al, 2004). Vuyk and Kijlker (1995) suggested that pre-operative counselling should be conducted "according to each surgeon's individual style and according to each patient's individual needs" (Vuyk & Kijlker, 1995, p. 56). Surgeons were encouraged to make it clear that they were interested in "helping to satisfy the patient's expectations" (Vuyk & Kijlker, 1995, p. 56). Counselling should be conducted in a quiet location with patients seated and relaxed (Vuyk & Kijlker, 1995). The authors argued that patients should have the surgeon's full attention. The door should be closed thus allowing patient privacy. Surgeons should take the history 'unhurriedly' (Vuyk & Kijlker, 1995). Open-ended questions beginning with 'how', 'what', 'when' and 'who' were recommended in order "to solicit direct and complete answers" (Vuyk & Kijlker, 1995, p. 56). Patients should be listened to 'sensitively as well as intellectually' to try to understand patients' perception of their problem and the desired outcome. Using simple, understandable language was considered to be important (Vuyk & Kijlker, 1995).

Having a family member or close friend at interviews could be beneficial as it would provide a "well-informed support person for the patient" (Vuyk & Kijlker, 1995, p. 57). Since in the first consultation patients' "cognitive functioning will be lowered because of anxiety" (Vuyk & Kijlker, 1995, p. 57) a second meeting should

be conducted in which information about surgery was repeated. Information sheets discussing usual morbidity and risks involved and limitations of the procedure were considered helpful for improving patients' understanding of treatment. Vuyk and Kijlker (1995) suggested that the 'defect', 'motivations', 'expectations' and 'patients' ego strength' should all be considered to assess whether patients were likely to be satisfied with the outcome of cosmetic surgery.

The plastic surgeon and psychiatrist team of Goin and Goin (1981) alerted clinicians to be concerned about the emotional experiences of patients. They described the process of patient selection as requiring an assessment of orientation, mood, affect, thought processing and judgment and insight. They helped focus clinicians on understanding the impact of anaesthesia and sedation, explaining that discussion with patients should be clear and 'to-the-point' to avoid misunderstanding. They also emphasised the importance of understanding the effects of value systems, personality patterns, psychiatric diagnoses and body image on cosmetic surgery patients.

Grossbart and Sarwer (2003) make proposals to enhance relationship building by surgeons with their patients. Developing an awareness of psychological problems and ensuring that patients' needs are understood are keys to patient satisfaction. They outline ten questions for exploring psychosocial issues, such as: "What are three wishes about the impact on your life of a successful outcome?" (p. 145), "How do you expect key people in your life will respond differently to you after the surgery?" (p. 145) and "Have you noticed that your readiness to have surgery varies from day to day or week to week?" (p. 145). The questions outlined by these authors were adapted by Malick et al. (2008) for their clinical use.

A template is provided for surgeons to use to become familiar with the story (SAGA) regarding physical problems and the associated psychological issues in cosmetic surgery patients (Blackburn & Blackburn, 2008). SAGA refers to stories, that is the series of events, or sagas, that have taken place for people surrounding the issues they bring to the cosmetic surgery consultation. It enables exploration of the history of the impact of the problem and patients' avoidance behaviours. Physically surgeons are guided to determine whether surgery could improve the problem. Surgeons are encouraged to ascertain whether rapport has been established with patients (Blackburn & Blackburn, 2008).

Harris (2009) describes the Derriford Appearance Scale (Harris & Carr, 2001) which is "a psychometric scale [for surgeon's use] that describes and measures the symptomatology of self-consciousness of appearance" (Harris, 2009, p. 117). The test assesses "symptoms of psychological distress and dysfunction that are specific to the spectrum of appearance problems seen by aesthetic surgeons" (Harris, 2009, p. 117). He argues that the measure may be used to assess the effectiveness of surgical intervention by comparing pre- and post-operative findings.

There has been a tendency in clinical practice for surgeons to offer surgery "preferentially to those who present as psychologically stable and with a good quality of life" (Cook et al., 2007, p. 318). Cook et al. (2007) suggested that the likelihood of surgeons accepting cosmetic surgery patients "decreased with reports of worse physical and psychosocial quality of life" (Cook et al., 2007, p. 318). Therefore, while cosmetic surgery is "frequently justified as a psychotherapeutic intervention (ie., to improve quality of life), surgeons [are] not using poor quality of life as an indication for surgery" (Cook et al., 2007, p. 318).

Work of nurses can involve cosmetic surgery counselling (Smy, 2004). Smy (2004) suggested that in this process nurses could provide “information and advice on all the procedures available and [check] patients’ medical and psychological histories to make sure they are suitable candidates for surgery” (Smy, 2004, p. 42). Then, if patients wanted to proceed they should be informed about “everything they needed to know about the operation, including the risk of scarring, postoperative pain and other complications” (Smy, 2004, p. 42). Clinical assessments have been “designed to maximise patient safety” (Smy, 2004, p. 42). Some patients might be excluded from surgery because they have medical contraindications “such as pregnancy or a history of thrombosis, or because of psychological issues such as body dysmorphic syndrome” (Smy, 2004, p. 42).

Building rapport is considered essential as people often “[open] up their hearts” (Smy, 2004, p. 43) and clinicians hear some “incredibly moving stories” (Smy, 2004, p. 43). Despite patients often wanting to keep their cosmetic surgery a secret, within cosmetic surgery counselling people were encouraged to tell a friend or family member about their cosmetic surgery, which was said to bring ‘peace of mind’ knowing that there was someone with whom to talk about their plans (Smy, 2004). The counselling involved making sure patients had “realistic expectations of what surgery [could] achieve” (Smy, 2004, p. 43) and that no extreme operations would be performed. The attempt was to “take away whatever [is] making the patient unhappy, but... [not to] fundamentally alter anyone’s appearance” (Smy, 2004, p. 43). For instance, breast enlargements were limited to an increase of no more than two sizes (Smy, 2004). Whilst these suggestions sound helpful, it may be difficult in practice to determine what constitutes ‘fundamentally altering an appearance’.

1.6.2.6 A summary of the clinical literature

This review of the clinical literature leads to some reflections and suggestions for the current research:

- A. As has been presented in the above section there are a number of ways in which people can work clinically in relation to cosmetic surgery. However, none of the techniques appear to address the themes that are shaping people's relationship to cosmetic surgery. That is, no literature seems to have attempted to apply the knowledge that can be gained from qualitative or thematic analyses to the clinical setting. Therefore it seems that using thematic understandings within clinical approaches for cosmetic surgery practice would be a new contribution to the field.
- B. Some of the psychological approaches to clinical work surrounding cosmetic surgery have focused upon an orientation that pathologises individuals, for example, diagnosing people with Body Dysmorphic Disorder. There is a concern with these approaches since such labelling of people can be experienced as limiting by those who are understood in these terms. For example, when the current author was recruiting participants for this study one woman declined to be interviewed. She said that she had read on the internet something about a disorder ascribed to some people who have cosmetic surgery and thought the interviewer was going to label her with it. It may be useful for the current research to develop a clinical framework that does not engage in the practice of pathologising people and hence is less likely to precipitate anxiety in patients of possibly being pathologised. This new approach would not necessarily replace diagnostic methods but could work in conjunction with them.

- C. Given that the literature reviewed presented the view that pre-operative counselling may enhance patient satisfaction (Vuyk & Kijlker, 1995), with the exception of Sarwer and colleagues (Sarwer, 2006; Sarwer et al., 2003; Sarwer et al, 2004), it would be valuable to develop further techniques to enhance this process.
- D. There tends to be an emphasis on pre-operative counselling and assessment in the literature, however there is little about how to help people throughout the post-operative period. Therefore it would be a useful step if the current research were to address ways of counselling people in the post-operative period.
- E. There has been a tendency for the current approaches for working clinically with the psychological aspects of cosmetic surgery patients to try to screen patients for their suitability for treatment. This seems to be a limitation since there could be a tendency for health professionals to focus on the exclusionary criteria rather than creating opening exploratory ways of conversing about the issues. The latter ways of working might help patients develop a broader understanding about their cosmetic surgery, thus becoming more informed about and better able to make decisions regarding their surgery. Hence, exploring this latter option as a supplement to screening procedures would be a useful next step for future research.

1.6.3 Conclusion to the literature review

The literature review presented a range of material, including that which is non-clinical and clinical. Within the review there was a critical reflection on the

knowledge that exists in the field of cosmetic surgery and a number of gaps were highlighted and directions for the current research made.

1.7 Aims of the study

There were limitations with and suggestions made about the previous literature (outlined in the summaries in Sub-sections 1.6.1.1.5, 1.6.1.2.8, 1.6.1.3.2, 1.6.1.4.4 and 1.6.2.6) which points to a number of aims. The aims are presented in the order that the gaps were described in the aforementioned sub-sections with the exception of Aim number 9 since this aim was based on a gap from the qualitative literature as well as a gap from the clinical literature.

Flowing from the gaps presented in the summary of the theoretical literature (Section 1.6.1.1.5) this project sought to:

1. Integrate theory that may be directly applicable clinically (this aim is related to point A in Section 1.6.1.1.5).
2. Link with theory that tends towards a respectful exploration with patients (this aim is related to point B in Section 1.6.1.1.5).
3. Ascertain a range of notions that are influencing individuals in terms of cosmetic surgery (this aim is related to point C in Section 1.6.1.1.5).
4. Generate a clinical framework that will help patients become better informed about their cosmetic surgery (this aim is related to point D in Section 1.6.1.1.5).

Flowing from the gaps presented in the summary of the quantitative literature

(Section 1.6.1.2.8) this project sought to:

5. Conduct mixed methods research with the purpose of applying the findings within the clinical context (this aim is related to point A in Section 1.6.1.2.8).
6. Explore contrasting perspectives or competing notions that may be affecting people regarding the topic (this aim is related to point B in Section 1.6.1.2.8).

Flowing from the gaps presented in the summary of the qualitative literature

(Section 1.6.1.3.2) this project sought to:

[Note: Aim 8 is also related to a gap in the qualitative literature and is relevant to point B in 1.6.1.3.2]

7. Present the relative incidence of themes in order to determine their predominance within the data (this aim is related to point A in Section 1.6.1.3.2).

Flowing from the gaps presented in the summary of the qualitative literature and the clinical literature (Section 1.6.2.3.2 and Section 1.6.2.6) this project sought to:

8. Integrate knowledge gained from thematic investigations into the clinical setting (this aim is related to point B in Section 1.6.1.3.2 and point A in Section 1.6.2.6).

Flowing from the gaps presented in the summary of the specific data sources

(Section 1.6.1.4.4) this project sought to:

9. Utilise the data sources of media, internet message boards and interviews to inform the development of a clinical framework for cosmetic surgery practice (this aim is related to point A in Section 1.6.1.4.4).
10. Use the data sources of media, internet message boards and interviews in order to develop further understandings about the meanings that shape people's connection with cosmetic surgery (this aim is related to point B in Section 1.6.1.4.4).

Flowing from the gaps presented in the summary of the clinical literature

(Section 1.6.2.6) this project sought to:

[Note: Aim 8 is also related to a gap in the clinical literature and is relevant to point A in 1.6.2.6]

11. Develop a clinical framework that does not engage in the practice of pathologising people (this aim is related to point B in Section 1.6.2.6).
12. Develop techniques that enhance pre-operative counselling practices (this aim is related to point C in Section 1.6.2.6).
13. Develop techniques for counselling patients in the post-operative period (this aim is related to point D in Section 1.6.2.6).
14. Rather than developing techniques to screen patients' suitability for treatment, develop open exploratory ways of conversing in order to help patients be more informed and better able to make decisions about their cosmetic surgery (this aim is related to point E in Section 1.6.2.6).

2 Methods

2.1 Overview

This chapter presents the methodology that was adopted in this thesis. The data sources are outlined, a mixed methods approach is discussed and a methodological backdrop for the establishment of a thematic counselling framework for cosmetic surgery clinical practice is proposed. Also there is a discussion about reflexivity.

2.2 Data

Data were collated from multiple sources including the media, internet message boards and interviews (Appendix 1). Selection of these materials would provide a broad understanding of how cosmetic surgery is currently portrayed and understood in Australian society and therefore what sets of ideas people might bring with them into clinical consultations. The notions within such sources shape people's realities and ways of behaving within clinical consultations. Using two or more data sources in a study is called triangulation (Pope & Mays, 2006). The researcher looks for patterns of convergence (Mays and Pope, 2006) in two or more different sources of data. According to Mays and Pope (2006) "Triangulation is generally accepted as a means of ensuring the comprehensiveness of a set of findings" (p. 87). It should be noted that the data in this study were taken from a particular time period (May 2004 to June 2007) and from three specific data sources. Therefore, the findings should be understood within this context.

2.2.1 Media

Television programs were accessed by checking commercial television program guides and through friends and colleagues pointing out availability of materials. Programs were taped using VHS recording. Televised data were collected over a two-year period from January 2005 to December 2006. The televised media programmes that were sourced from Australia included items from *A Current Affair*, episodes from a series about plastic and cosmetic surgery called *Body Work*, a *Four Corners* program 'Buyer of Beauty Beware' and an *Insight* program 'Make Me Over'. Episodes from the US series *Extreme Makeover* were also analysed. The latter program was a series about individuals who were chosen to have a cosmetic surgery makeover. See Appendix 1a for more details on the television programs. The televised media used were:

Televised Media

1. *A Current Affair* March 29, 2005, Channel 9, 6:30pm.
2. *A Current Affair* July 13, 2005, Channel 9, 6:30pm.
3. *A Current Affair* August 22, 2005, Channel 9, 6:30pm.
4. *A Current Affair* October 13, 2005, Channel 9, 6:30pm.
5. *A Current Affair* October 24, 2005, Channel 9, 6:30pm.
6. *Body Work* August 11, 2005, Channel 9, 8:30pm.
7. *Body Work* August 18, 2005, Channel 9, 8:30pm.
8. *Body Work* August 25, 2005, Channel 9, 8:30pm.
9. *Body Work* September 2, 2005, Channel 9, 8:30pm.
10. *Body Work* September 9, 2005, Channel 9, 8:30pm.
11. *Body Work* October 21, 2005, Channel 9, 8:30pm.
12. *Entertainment Tonight* August 19, 2005, Channel 9, 3:00pm.
13. *Extreme Makeover* January 27, 2005, Channel 9, 10:30pm.
14. *Extreme Makeover* February 17, 2005, Channel 9, 10:30pm.
15. *Extreme Makeover* March 3, 2005, Channel 9, 10:30pm.
16. *Extreme Makeover* September 12, 2005, Channel 9, 10:30pm.
17. *Extreme Makeover* September 14, 2005, Channel 9, 10:30pm.
18. *Four Corners* 'Buyer of Beauty Beware' October 23, 2006, ABC, 8:30pm.
19. *Insight* 'Make Me Over' March 29, 2005, SBS, 7:30pm.

Print media were accessed through searching current magazines, newspapers and through friends and colleagues pointing out availability of materials. Printed data

were collected over a three-year period between June 2004 and May 2007. The print media that were analysed included a variety of advertisements and articles from a range of Australian papers and magazines. See Appendix 1a for more details on the print media. The print media were:

Print Media

20. Hello, Doll Face *The Weekend Australian, Review* August 6-12, 2005, p. 36.
21. Letters to the editor *The Weekend Australian Magazine* April, 2007, p. 8.
22. Epiclinic advertisement *Adelaide Matters* November, 2006, p. 61.
23. Intense pulsed light and non-ablative approaches to photoageing advertisement *Cosmetic Surgery Magazine* May-June, 2005, p. 46-50.
24. Medicentre Adelaide advertisement *Sunday Mail* April 9, 2006, p. 11.
25. More than skin deep *The Adelaide Review* June 10-23, 2005, p. 14.
26. Clinic of Eternal Beauty advertisement *Adelaide Review* June 10-23, 2005, p. 15.
27. The Clinic For Essential Beauty advertisement *The Adelaide Review* June 10-23, 2005, p. 14.
28. Jocelyne Warned: 'You're Killing Yourself' *New Weekly* November 7, 2005, p. 25-27.
29. Plastic Surgery Disasters *New Weekly* November 7, 2005, p. 28-32.
30. Did Britney Have a Tummy Tuck? *New Weekly* January, 2006, p. 10-11.
31. Pete Burn's Butchered Stomach *New Weekly* April 3, 2006, p. 30-31.
32. Young, Famous and Addicted to Surgery *New Weekly* January 22, 2007, p. 28-36.
33. Real-life Read: Plastic Surgery *Woman's Day* January 17, 2005, p. 29-31.
34. Priscilla's Plastic Surgery Shock *Woman's Day* April 11, 2005, p. 114.
35. My Plastic Surgery *Woman's Day* January 22, 2007, p. 14-15.
36. Actresses who have beaten the ageing game *New Idea* June 26, 2004, p. 16.
37. Makeover Magic *New Idea* June 26, 2004, p. 28.
38. Ruined by 48 ops *New Idea* February 12, 2005, p. 24-29.
39. Men-O-Porsche *New Idea* June 18, 2005, p. 26-29.
40. The Plastic Surgery Holiday Package *Cleo* March, 2005, p. 81-82.
41. Break-up Surgery *Cleo* March, 2006, p. 108-110.
42. Cleo Plastic Surgery Special *Cleo* May, 2007, p. 147-151.
43. Latest Nip Tuck News *Cleo* May, 2007, p. 152-153.
44. Everybody thought I was my husband's mother. So I had an \$83,000 makeover *The Advertiser* April 24, 2005, p. 38.
45. Mothers pay to get their bodies back *The Advertiser* August 19, 2006, p. 47.
46. I haven't frowned in 20 years *The Advertiser* Monday 14 May, 2007, p. 1-2.
47. When looks can kill *New Scientist* October 21, 2006, p. 18-21.
48. Sydney Cosmetic Clinic advertisement *The Sunday Telegraph, Body and Soul* September 3, 2006, p. 14 (See frontispiece).
49. A-Z of Cosmetic Surgery *Madison* June 22, 2006, p. 186-189.
50. What does weight loss, a tummy tuck, liposuction, a caesarean do to your body? *Marie Claire* November, 2005, p. 98-101.
51. Designer Bride *New Idea* June 26, 2004, p. 28.
52. My Face Burnt Off *New Idea* February 12, 2005, p. 28-29.

The above lists are also contained in Appendix 1a so that the reader can see which data extracts have been sourced when reading the findings (in Chapters 3 and 4).

2.2.2 Internet message boards

Internet message board material was also collected and analysed. The discussion board associated with *Four Corners* from the program entitled 'Buyer of Beauty Beware' (screened October 23, 2006) was sourced from the website:

<http://www.2b.abc.net.au/client/messageList.aspx?b=21&t=27&te=Trve>

(Accessed 27/10/06)

The chat room attached to an *Insight* program entitled 'Make Me Over' (screened March 29, 2005) was accessed from:

<http://www.news.sbs.com.au/insight/search.php#>

(Accessed 29/3/05)

The above two contexts were both available for people to write their thoughts and opinions following the screening of the programs.

Another source of data was a discussion board which was accessed through a website found on Google by entering 'cosmetic surgery and discussion boards' in the search engine and a currently operating site, Healthboards.com, was chosen for analysis. Two months of data were collected from 12 November 2006 to 12 December 2006 and 2 January 2007 to 2 February 2007 from the website:

<http://www.healthboards.com/boards/forumdisplay.php?f=40>.

(Accessed 1/1/07 and 24/2/07)

A blog about cosmetic surgery was collected. This blog was instigated by Samantha Brett through *The Sydney Morning Herald* website called ‘The high price of beauty: is it attractive?’ The website was:

http://blogs.smh.com.au/lifestyle/samandthecity/archives/2007/05/the_high_price_of_beauty_will_1.html.

(Accessed 27/5/07)

People wrote their opinions and ideas about cosmetic surgery on this blog. See Appendix 1b for more details on the internet message boards. The web-sites presented in this section are also included in Appendix 1b so that the reader can refer to the data from which extracts have been sourced when reading the findings (in Chapters 3 and 4).

2.2.3 Interviews

A snowball sample (Rice & Ezzy, 1999) of people in the general public, who were interested in talking about the topic of cosmetic surgery, was recruited. Snowball sampling involves accessing participants who then refer the researcher to other people who are interested to participate in the study (Rice & Ezzy, 1999). Some of the participants had received cosmetic surgery whilst others had not. People who had not had cosmetic surgery were included in the sample because they are also subject to ideas about cosmetic surgery pervading society.

Fourteen people were interviewed nine of whom were acquaintances of the interviewer. Twelve were Caucasian and two were Asian and their ages ranged from 23 to 63. There were six people, five women and one man, who had had cosmetic surgery. Of the six people who had had cosmetic surgery, two had received breast augmentations, one a breast reduction, one a chin implant, rhinoplasty and reduction

of the lips, another liposuction of the chin, hips, thighs and abdomen and one who had an operation to correct gynecomastia (development of breast tissue in a man). Eight people, four men and four women, who had not received cosmetic surgery were interviewed. The interviews have been coded I 1 through to I 14 for confidentiality reasons. The first six interviews presented are cosmetic surgery recipients and the other eight are the non-recipients of cosmetic surgery. The forms of cosmetic surgery that the individuals had received are included in the following list.

- I 1: Interview 1, cosmetic surgery recipient female. Breast augmentation.
- I 2: Interview 2, cosmetic surgery recipient female. Liposuction of the chin, hips, thighs and stomach.
- I 3: Interview 3, cosmetic surgery recipient female. Breast augmentation.
- I 4: Interview 4, cosmetic surgery recipient female. Chin implant, rhinoplasty and reduction of the lips.
- I 5: Interview 5, cosmetic surgery recipient female. Breast reduction.
- I 6: Interview 6, cosmetic surgery recipient male. Operation to correct gynecomastia.
- I 7: Interview 7, non-recipient of cosmetic surgery female.
- I 8: Interview 8, non-recipient of cosmetic surgery female.
- I 9: Interview 9, non-recipient of cosmetic surgery female.
- I 10: Interview 10, non-recipient of cosmetic surgery female.
- I 11: Interview 11, non-recipient of cosmetic surgery male.
- I 12: Interview 12, non-recipient of cosmetic surgery male.
- I 13: Interview 13, non-recipient of cosmetic surgery male.
- I 14: Interview 14, non-recipient of cosmetic surgery male.

The above list is also contained in Appendix 1c so that the reader can see from which data extracts have been sourced when reading the findings (in Chapters 3 and 4).

Demographic details have been included in this appendix.

Prior to the interview participants were given a letter, provided with an information sheet and a consent form (Appendix 2). Ethics approval was granted by the School of Psychology Ethics Sub-committee of the University of Adelaide Human Research Committee. A list of six guiding questions was included in the information sheet. These questions were:

- 1) What do you think of as cosmetic surgery?

- 2) What are your views and beliefs about cosmetic surgery?
- 3) What has influenced these views?
- 4) What would influence you to have cosmetic surgery?
- 5) What would influence you to avoid cosmetic surgery?
- 6) What do you think are the effects of cosmetic surgery?

Such broad questions allowed participants to explore their own meaning on the topic. The questions facilitated conversation that might elucidate language employed to discuss cosmetic surgery. The consent form was signed by both the participant and the interviewer on the day of the interview. One-on-one interviews were conducted in a location convenient to participants, either in an office on premises at the University of Adelaide or at a site of their choice. Each interview was tape recorded and ranged from 45-60 minutes in length.

Participants were interviewed individually. An open-ended interview method was chosen. In addition, Anderson and Goolishan's 'not knowing' position was adopted (Anderson, 1997; Anderson & Goolishan, 1992). These authors encourage an approach whereby the interviewer adopts the role of a 'not knower' who is attempting to 'be informed' by the interviewee. Their aim is to explore respondents' frame of reference, eliciting detailed and rich accounts. This differs from a 'top down' question-answer style of interviewing which can be too confining of responses. Also, a non-judgemental manner was adopted so that participants would feel understood and encouraged to speak freely.

2.3 Mixed methods research design

A mixed methods (O'Cathain & Thomas, 2006) research design was developed for this project that involved the collection of qualitative data which were then quantified. A thematic methodology (Braun & Clarke, 2006) was employed along with a quasi-numerative approach (Gooden & Winefield, 2006). These methods

were chosen since a gap in the literature had pointed to the need to determine the incidence and predominance of themes. Also, the advantage of conducting such research is that it combines the benefits of qualitative inquiry with that of quantitative modes of investigating. The inclusion of quantitative details with qualitative material can produce a more comprehensive analysis of data than using either of the methods in isolation (O’Cathain & Thomas, 2006; Pope & Mays, 2006).

An example of the benefits of using a mixed methods approach was illustrated in Gooden and Winefield’s (2007) research about breast cancer and prostate cancer groups using on-line support. Historically in relation to these forms of cancer, research had suggested that women wanted emotional support and men wanted informational support. By contrast, in Gooden and Winefield’s (2007) study through the quantitative component of the research, it was established that men and women spoke fairly equally about information and emotion. However, there were differences in the qualitative nature of their requirements, which was demonstrated through thematic analysis. Hence, their study provided a richer story than would have been the case had only quantitative or qualitative methodologies been used.

The ensuing sections describe both thematic analysis (Braun and Clarke, 2006) and the quasi-numerative approach (Gooden and Winefield, 2007).

2.3.1 Thematic analysis

Within this research Braun and Clarke’s (2006) approach to thematic analysis was adopted. Thematic analysis has been described as “a method for identifying, analysing and reporting patterns (themes) within data” (Braun & Clarke, 2006, p. 79). Boyatzis (1998) defined thematic analysis as “a process for encoding qualitative information” (p. vii). He suggested that a theme is a pattern found in the data that

described and organised possible observations or interpreted aspects of the phenomenon (Boyatzis, 1998). Thematic analysis organises a data set to provide rich descriptions and interprets particular features relevant to the research topic. Braun and Clarke (2006) argued that “a theme captures something important about the data in relation to the research [agenda], and represents some level of *patterned* response or meaning within the data set [sic]” (p. 82).

Thematic analysis seemed ideally suited for analysis of the data gathered for this thesis. Creation of understanding through working with the language in the raw data allowed the opportunity to access meanings that were generated by people surrounding the topic of cosmetic surgery.

The form of thematic analysis adopted in this research was inductive. That is, the research was carried out without trying to fit the data into a pre-existing set of codes or preconceptions possessed by the researcher (Braun and Clarke, 2006).

2.3.1.1 Procedure for analysis

Braun and Clarke (2006) offer a six-phase guide to performing thematic analysis, which was followed within this thesis. Braun and Clarke (2006) warn that analysis is not a linear process whereby it is possible to move from one phase to the next. It is instead a recursive process where one may move back and forth between the phases as required. Being a process that develops gradually over time they suggest it should not be rushed. The six phases that were used in this research are now discussed.

Phase one involved ‘familiarising yourself with your data’. The data were written texts. The author transcribed the television programs and interviews verbatim. All data were punctuated in a way that was true to the original. The internet message

board materials were printed. Print media was photocopied to provide writing space to facilitate analysis. It was in this phase that the researcher immersed herself in the data. The researcher needed to become familiar with the “depth and breadth of the content” (Braun and Clarke, 2006, p. 87). The process of immersion involved reading the data repeatedly and being active in one’s reading by searching for meanings and patterns. Notes of ideas for coding were made at this phase and these were refined at later phases of the analysis.

Phase two involved ‘generating initial codes’. This phase involved the “production of initial codes from the data” (Braun & Clarke, 2006, p. 88). According to Braun and Clarke (2006)

Codes identify a feature of the data (semantic content or latent) that appears interesting to the analyst, and refer to the most basic segment, or element, of raw data or information that can be assessed in a meaningful way regarding the phenomenon. (p. 88)

The data were organised into meaningful groups, giving full and equal attention to all data items. Whilst Braun and Clarke (2006) suggested that it is possible to code by using post-it notes, the current author found it more ‘user-friendly’ to code using a pencil and writing upon the printed version of the data. The name of the code was written in the margin directly next to where it occurred in the data and the segment to which the code referred was underlined or bracketed. Using pencil meant that codes could be erased and changed if required.

Phase three involved ‘searching for themes’. In this phase the codes identified in phase two were brought together to make themes. The author considered how the codes might combine to form “overarching themes” (Braun and Clarke, 2006, p. 89). Braun and Clarke (2006) suggested that it is useful to do this stage visually. The

current author chose to use small pieces of paper upon which the codes were written, with each code on a separate piece of paper. One piece of paper was used for each theme with the name of the theme written upon it. Codes were placed under the theme into which they seemed to fit. The themes chosen at this stage were candidate themes because it was still unclear whether some themes needed “to be combined, refined and separated, or discarded” (Braun and Clarke, 2006, p. 91).

Phase four involved ‘reviewing themes’. The candidate themes were refined in this phase. These candidate themes were collapsed into each other, with apparently separate themes forming one theme. At this stage all collated extracts for each theme were read and determined whether they formed a coherent pattern. If the candidate theme did not fit the extracts then another theme was considered. The other stage to this phase was looking at how individual themes fitted in relation to the whole data set and whether the themes derived ‘accurately’ reflected “the meanings evident in the data set as a whole” (p. 91). At this stage the whole data set was re-read to “ascertain whether the themes ‘work[ed]’ in relation to the data set” (p. 91) and to code any additional data that may have been missed in earlier coding.

Phase five involved ‘defining and naming themes’. This phase required the defining and further refining of themes that would be presented for analysis. Defining and refining meant, “identifying the ‘essence’ of what each theme is about” (p. 92). Each individual theme required the writing of a detailed analysis. In addition to identifying the story that the themes told, it was also necessary to understand how it fitted into the overall story about one’s data as it related to the research question. It was useful to consider whether a theme contained sub-themes through the process of refinement. In the current research the sub-themes fell into two categories, level 1 sub-themes and level 2 sub-themes. Once the first level of sub-themes (level 1) were

found it was determined that under these were an additional set of sub-themes (level 2). By the end of this phase the researcher could define what the themes were and what they were not. It was possible to describe the themes in a couple of sentences.

Phase six involved 'producing the report'. This phase entailed the write-up of the report. It was necessary to "tell a complicated story of [the] data in a way which convinces the reader of the merit and validity of [the] analysis" (Braun and Clarke, 2006, p. 93). The write-up needed to be concise, coherent, logical, non-repetitive and an interesting account of the story the data told. It also was necessary to provide sufficient evidence of the presence of themes and sub-themes through extracts that captured the essence of the themes and sub-themes. Extracts were "embedded within an analytic narrative that compellingly illustrates the story [the author is] telling about [her] data" (p. 93). The report was written in a way that went beyond pure description of the data and instead made an argument in relation to the research question.

Throughout the analytic process the author established an audit trail using memos or analytical 'notes-to-self' (Pope & Mays, 2006). Through this process the researcher built explanations (Pope et al., 2006) and developed, rich detailed interpretations (Pope & Mays, 2006). Since the research intention within this thesis was to ascertain predominant themes that exist about cosmetic surgery it was this goal that guided the search for themes. When it appeared that no 'new descriptions' in the data would be revealed, saturation point was deemed to have been reached, that is no new categories were being developed within analysis (Pope et al., 2006). At this point data collection ceased.

Variation and contradiction are important elements to present in the findings of a thematic analysis (Braun & Clarke, 2006). Braun and Clarke (2006) proposed that a "pattern in data is rarely, if ever, going to be 100% complete and non-

contradicted” (p. 95). Therefore, some exceptions to the themes are presented in the results (in Chapter 3 and Chapter 4).

2.3.2 Quasi-numerative approach

In the current thesis a quasi-numerative approach (Gooden & Winefield, 2007) was adopted in order to produce quantitative information so that the reader could understand the relative incidence of the themes and sub-themes found in this study. As was mentioned in the summary of the qualitative literature in Chapter 1 (Section 1.6.1.3.2) thematic analyses until this point, to the author’s knowledge, have not presented any quantitative information in order to represent to what extent themes were present within the data. Because of this shortcoming it has been difficult to know how frequently particular accounts might be affecting people’s lives in relation to cosmetic surgery.

2.3.2.1 Procedure for analysis

For quantifying occurrence of the themes and level 1 and level 2 sub-themes found within this thesis, the number of instances of each theme or sub-theme was counted. An instance was an occasion a theme or sub-theme appeared in the data. The recording of each instance was independent of the length (Gooden & Winefield, 2007). For example, at times an instance might be a short statement such as “cosmetic surgery is risky”, but it may also have been a whole paragraph or even a whole page in length. This was considered to be the best approach to counting because the researcher was interested in the number of times people initiated talk about a particular topic. An alternative approach could have been to count the number of words that were devoted to each theme or sub-theme overall in the data. However,

such an approach would have addressed the volume of data that was devoted to a given instance as distinct from the number of times an item was initiated.

For determining the proportions of instances of the level 1 sub-themes out of the total number of instances in the theme under which they fell the following formula was used:

$$\frac{\text{Total number of instances in a specific level 1 sub-theme}}{\text{Total number of instances in the individual theme}} \times 100$$

For determining the proportions of instances of the level 2 sub-themes out of the total number of instances in the theme under which they fell the following formula was used:

$$\frac{\text{Total number of instances in a specific level 2 sub-theme}}{\text{Total number of instances in the individual theme}} \times 100$$

Tables were constructed in order to present the findings derived from the above calculations and are presented in Chapters 3 and 4.

For determining the proportions of instances of each theme out of the total number of instances in all the themes, the following formula was used:

$$\frac{\text{Total number of instances in a specific theme}}{\text{Total number of instances in all the themes}} \times 100$$

For determining the proportions of instances of the level 1 sub-themes out of the total number of instances in all the themes, the following formula was used:

$$\frac{\text{Total number of instances in a specific level 1 sub-theme}}{\text{Total number of instances in all the themes}} \times 100$$

For determining the proportions of level 2 sub-themes out of the total number of instances in all the themes, the following formula was used:

$$\frac{\text{Total number of instances in a specific level 2 sub-theme}}{\text{Total number of instances in all the themes}} \times 100$$

Tables were constructed in order to present the findings derived from the above calculations and are presented in Chapter 5.

Tables were produced for calculating the number of instances themes and sub-themes emerged in each data source. Since there was so much repetition of sub-themes, with 25 out of the 32 level 2 sub-themes being represented in all the data sources (see Appendix 3a and 3b), it was ultimately decided not to divide the sources into separate chapters. It was felt that it would be better not to have to refer back to previous sections when a sub-theme recurred within the second or third data sources, that is in the internet message boards or the interviews, and instead to discuss them only once. Also choosing not to divide the chapters under data sources seemed appropriate because the objective of this thesis has a broader intention, that of understanding the themes shaping people's relationship to cosmetic surgery generally within society. Deriving general themes that arose across the three data sources would help to gain an understanding of the messages that are informing people and therefore

what may need to be addressed within clinical consultations. Hence, such an approach would establish a solid foundation to develop understandings that may be applicable for creating a counselling framework that is informed by the thematic analysis. Therefore, whilst there is an acknowledgment that there are differences between the data sources the “...analysis treats all data the same way – as cultural texts” (Braun, 2005, p. 421).

In order to achieve inter-rater reliability, two readers can be used to independently categorise data (Gooden & Winefield, 2007; Pope et al., 2006). In this thesis the second reader was an Honours Psychology graduate with qualitative analytic experience. Principally when there were differing opinions about codes the raters discussed these until consensus was reached. However, there were few items about which the raters disagreed.

2.4 Method informing the development of a thematic counselling framework for cosmetic surgery clinical practice

This section presents the method that informs the development of a thematic counselling framework for cosmetic surgery clinical practice that is elaborated upon in Chapter 6. In establishing this approach some principles and practices from Cognitive Behaviour Therapy have been considered. Cognitive Behaviour Therapy emerged in the ‘70’s and has a scientific basis (Beck, 1997; Gelder, 1997; Rachman, 1997). This cognitive behaviour method was chosen to help inform the thematic counselling framework because it is the major therapy paradigm in the present era (Andersson et al., 2005) and is a well-established and recognised way of working clinically (Andersson et al., 2005; Watt et al., 2006). Cognitive Behaviour Therapy “has been tested in randomised trials [which makes Cognitive Behaviour Therapy] a

very attractive candidate in the current era of accountability for evidence of program efficacy in health care” (Andersson et al., 2005, p. 1). As Edelman (2006) stated:

In the last two decades, cognitive therapy (or CBT for short) has emerged as the dominant method used by mental health professionals to treat most psychological problems. This is because hundreds of studies conducted by researchers around the world have shown that CBT is effective in the management of a wide range of psychological conditions. (p. 2)

Cognitive Behaviour Therapy, therefore, seemed an appropriate method to help guide the development of the new clinical framework to be established in this thesis.

Some principles and practices of Cognitive Behaviour Therapy will now be presented followed by an explanation of how these approaches will be modified for the thematic counselling framework. Cognitive Behavioural Therapy can:

- Help patients change the way in which they think or behave when their thinking or behaviour is proving problematic (Brewin, 1988; Edelman, 2006; Greenberger & Padesky, 1995; Potter-Efron & Potter-Efron, 1995; Williams, 1997). In this regard, Clark (2006) proposed that “Cognitive therapy aims to alleviate emotional distress by helping patients to identify and modify distorted patterns of thinking” (p. vii)
- Help patients find a “more balanced” (Edelman, 2006, p. 1) way of responding to situations through the process of reframing, that is, helping provide alternate less distorted cognitions (Edelman & Blashki, 2007; Greenberger & Padesky, 1995).
- Use exercises to help patients monitor their thinking and behaviour (Butler & Surawy, 2006; Edelman, 2006; Greenberger & Padesky, 1995; Rees et al., 2005; Rouf et al., 2006). These may be given as homework or completed

within the clinical consultations. They can help patients understand their current mode of operating, to develop new ways of conceptualising matters and also to test different outcomes of various ways of approaching issues.

Drawing upon some of the above concepts, but also distinguishing itself from Cognitive Behaviour Therapy the thematic counselling framework will attempt to:

- Help patients explore the impact of a theme upon patients' thinking and behaviour. The themes are notions which are conceptualised as existing outside the individual in the social system and they influence people's cognitions and actions. This is distinct from seeing the themes as cognitions that exist within the individual's mind. Clinicians do not necessarily help patients change the thinking and behaviour that flows from the theme, particularly if the thinking and behaviour appears to be beneficial and adaptive for patients. Through conversation clinicians can help patients identify the positive and negative impact of the way in which the theme has patients thinking and behaving.
- Help patients develop a richer understanding of their engagement with cosmetic surgery.
- Help patients find a "more balanced" (Edelman, 2006, p. 1) view. By exploring multiple possibilities, or other conceptualisations surrounding the theme, patients' thinking and behaviour will be guided by different, more broadly informed, understandings. This approach need not be applied to only those themes that are producing negative thoughts and behaviours, but rather to all the themes. It is also possible, in the traditional cognitive behavioural sense, to reframe perceptions that flow from the theme which are deemed

'faulty'. Reframing can occur in such a way that patients are aided to develop alternative conceptualisations and behavioural patterns. It is thought that utilising these methods in the therapeutic context will help patients in their decision making surrounding cosmetic surgery.

- Use exercises to explore the thinking and behaviour that has been initiated in patients as a response to the theme. As in Cognitive Behaviour Therapy, these tasks may be given as homework or completed within the clinical consultations. They can help patients understand their current mode of operating, to develop new ways of conceptualising matters and also to test different outcomes of various ways of approaching issues.

2.5 Reflexivity

Reflexivity involves the action of being accountable for one's own position as a researcher (Chamberlain, 2004; Mays & Pope, 2006). It is a way of acknowledging that as researchers we are all situated within ideas about a subject. Mays and Pope (2006) suggested that researchers "can and should make their personal and intellectual biases plain at the outset of any research reports to enhance the credibility of their findings" (p. 89). Burman and Parker (1993) argued that reflexivity renders one's perspectives on a topic "public and available for evaluation" (p. 8). Because we all live within contexts, it is helpful to think about how different ideas may position us in our research. The author has considered the manner in which her relationship to cosmetic surgery might be affected.

The precipitants for choosing to research this topic were two-fold. The prevalence of cosmetic surgery featured within the media, particularly television programs such as *Extreme Makeover* sparked an interest in the topic. At the same time

there was an article in the *Medical Observer* (2004) in which Ms Honigman drew attention to the idea that there should be mandatory counselling for cosmetic surgery patients. It seemed that there was a need to help advance the field in terms of counselling practices for cosmetic surgery. Both of these matters inspired the decision to undertake a PhD research project on this topic.

The author herself has not had cosmetic surgery, but might consider it if she had a feature that she wished to correct. She is an Australian middle class Caucasian female in her twenties and suspects that these factors in addition to her experience as an actor have shaped the way in which she understands and appreciates notions of beauty, embodiment and self-representation. Being a heterosexual woman and therefore placed within dominant hetero-normative messages of how to look and behave within our culture would be expected to affect the author's interface with the topic. The author has a Master of Psychology (Clinical) degree that raises her interest in the clinical issues that people face surrounding the topic.

Jones' (2006) thoughts about the issue of socio-cultural positioning in relation to cosmetic surgery resonate with the author's own. Jones raised some useful points in her thesis when she located her position as a researcher, saying that she is "bound up inside the social structures, discourses, profit margins, power plays and evolving techniques that make up the borderless site of cosmetic surgery" (p. 13). In this sense, the author of the current thesis suggests that she is entangled or summoned into the sets of ideas that govern the field of cosmetic surgery. Another important point that Jones (2006) made relates to the way in which researchers act to construct the objects or events they are discussing. She said that:

I place myself firmly within the ongoing practice of creating discourse around cosmetic surgery. But I am also physically part of cosmetic surgery in an

every day sense – I absorb advertisements, compare the smooth faces of celebrities to my own, and enjoy the thrill of cosmetic surgery horror stories – along with everyone else who waits in line at the supermarket, watches television, or visits the cinema. (p. 13)

Therefore, whilst the current author is producing understandings about cosmetic surgery in this research, she is also subject to popular representations within her culture about what cosmetic surgery means. It is accepted therefore that it is impossible to be entirely impartial or neutral to this internalised knowledge. The author's immersion within her culture may mean that some values that guide her may indeed be invisible to her.

3 Factors that might persuade someone to have cosmetic surgery

3.1 Overview

There were two overarching themes that emerged in the analysis of the data sources. These were, 'Factors that might persuade someone to have cosmetic surgery' (Chapter 3) and 'Factors that might dissuade someone from having cosmetic surgery' (Chapter 4). This chapter deals with the persuading theme. There were 3 level 1 sub-themes within this theme that are presented in order of frequency: 'constructing a positive future', 'constructing the pre-operative body as flawed' and 'constructing cosmetic surgery as reasonable'. There were 10 level 2 sub-themes within 'constructing a positive future'. In order of frequency these were: 'positive after surgery', 'transformation', 'confidence', 'relationship', 'hope', 'natural', 'normal', 'noticed', 'change character' and 'career'. There were 3 level 2 sub-themes within 'constructing the pre-operative body as flawed'. In order of frequency, these were: 'self-denigration', 'ageing' and 'teasing'. There were 6 level 2 sub-themes in 'constructing cosmetic surgery as reasonable'. In order of frequency these were: 'research', 'doing it for myself', 'just like going to the hairdresser', 'has not changed me as a person', 'brave' and 'curiosity'. The table on the following page (Table 1) presents the number of instances of each level 1 and level 2 sub-theme within the theme. The total number of instances of each level 1 and level 2 sub-theme is represented as a percentage of the total number of instances in the persuading theme. Each level 1 and level 2 sub-theme is addressed individually. Extracts are provided to illustrate the talk that comprised the themes and sub-themes. The results are discussed and related to findings from other authors. The potential effect the themes and sub-

themes might have on people's thinking and behaviour within society is explored. Some of the discussion about the findings and ideas about people's thinking and behaviour are incorporated into the establishment of the questions proposed in the clinical framework in Chapter 6. On some occasions exceptions to the themes and sub-themes are presented.

Table 1

Proportions of level 1 and level 2 sub-themes in ‘Factors that might persuade someone to have cosmetic surgery’

Factors that might persuade someone to have cosmetic surgery	Total number of instances of the level 1 and level 2 sub-themes	Percentage of the theme that is comprised by this level 1 or level 2 sub-theme
Constructing a positive future	364	57%
Positive after surgery	74	12%
Transformation	63	10%
Confidence	52	8%
Relationship	49	8%
Hope	34	5%
Natural	22	3%
Normal	20	3%
Noticed	18	3%
Change character	17	3%
Career	15	2%
Constructing the pre-operative body as flawed	170	27%
Self-denigration	80	13%
Ageing	67	11%
Teasing	23	3%
Constructing cosmetic surgery as reasonable	100	16%
Research	38	6%
Doing it for myself	29	5%
Just like going to the hairdresser	14	2%
Has not changed me as a person	9	1%
Brave	5	1%
Curiosity	5	1%
Total	634	100%

3.2 Constructing a positive future

Constructing a positive future constituted a matter that might persuade someone to have cosmetic surgery since it sees the impact of cosmetic surgery as favourable. This way of talking had people describing cosmetic surgery as though it would bring them or has brought them a positive future. ‘Constructing a positive future’ was initiated 364 times and comprised 57% of the total theme that might persuade someone to have cosmetic surgery. There were 10 level 2 sub-themes within this level 1 sub-theme. In order of frequency, these were: ‘positive after surgery’, ‘transformation’, ‘confidence’, ‘relationship’, ‘hope’, ‘natural’, ‘normal’, ‘noticed’, ‘change character’ and ‘career’.

3.2.1 Positive after surgery

One way in which a favourable future was constructed in people’s talk was through describing the positive outcomes of having cosmetic surgery. ‘Positive after surgery’ talk was initiated 74 times and comprised 12% of the total theme that might persuade someone to have cosmetic surgery. People often reported favourably about the outcomes of cosmetic surgery. There was talk about how cosmetic surgery had brought people a good quality of life and had induced a positive response in them.

Extract 1 (From a female cosmetic surgery recipient, on the television program *Extreme Makeover*)

Now I just want to go out and experience the world. I am not sure where my life is going. I feel like it’s an open book and I can’t wait to turn the next page.
(Appendix 1a, 13)

Extract 2 (From a female cosmetic surgery recipient, on the television program *Extreme Makeover*)

I’m not getting called bad names anymore, I’m getting called ‘hot’ and ‘beautiful’ and nice names. (Appendix 1a, 15)

Extract 3 (From a female cosmetic surgery recipient, on the television program *Extreme Makeover*)

It looks much better. I can't believe it. I can walk around and not be ashamed of my nose and my looks anymore. I can smile and know I look good. (Appendix 1a, 17)

Extract 4 (From a female cosmetic surgery recipient, on the Healthboards.com discussion board)

I have a whole new life now without the extra 5 ½ lbs on my chest. I am in shape[,] lost somewhere around 40 lbs and no longer have asthma. (Appendix 1a, C)

Extract 5 (From a female cosmetic surgery recipient, on the chat room associated with the television program *Insight*)

I [wore] a bikini... at Fraser Island this Easter weekend and have to say I felt good about how I looked. (Appendix 1a, A)

The people in these extracts outlined changes in their behaviour, feelings, looks and life that were made possible through having cosmetic surgery. Wanting to “experience the world”, hearing oneself being called “hot” and “beautiful”, no longer feeling ashamed about one’s nose and looks, being in shape, no longer having asthma and being able to wear a bikini were significant experiences for these people. The extent to which some people felt positive about cosmetic surgery is an important consideration when thinking about the benefits of cosmetic surgery.

These extracts were similar to other research that indicated positive responses for people after having cosmetic surgery. For example, Honigman et al. (2004), in their review article, found that several studies reported enhancement of social functioning and general quality of life after cosmetic surgery. Gimlin (2000) found that having cosmetic surgery meant individuals were able to ‘fit in’ and participate in activities from which they had previously been excluded. People who have had cosmetic surgery have reported a general sense of happiness and positivity (Honigman et al., 2004; Honigman & Castle, 2007; Nash, 1995; Sarwer, 2000; Sarwer et al., 2005a; Schouten, 1991; Webb et al., 1965), being able to do things they could

not do previously (Holliday & Cairnie, 2007; Lourenco Gasques, 2008) and that their lives had improved significantly for the better (Davis, 1995; Sullivan, 2001). Marcus (1984) found that following rhinoplasty, observers did not perceive the recipient as more attractive. However, recipients believed that their appearance had improved and consequently behaved differently towards others, for example, they were less anxious and more outgoing.

The language in this sub-theme might lead to the conclusion that many people experienced a significantly improved life following cosmetic surgery. It is also possible that because people have such a glowing image of cosmetic surgery, they can only see their own surgery experience in a positive light. Alternatively, it may be that having gone to the effort of proceeding with cosmetic surgery, people are positioned into having to say how helpful it has been for them. To state otherwise might have them feeling that they would look foolish for having taken such extreme action, such as exposing themselves to the risks (see Section 4.2.1) and pain (see Section 4.2.3) associated with having cosmetic surgery. Hence people may be experiencing cognitive dissonance (as explained in Section 5.4).

There are a number of potential ways this sub-theme might impact people's thinking and behaviour within society. For example:

- For those whose lives are improved and who have become positive after cosmetic surgery the benefits that this has brought them may have them appreciating such surgery.
- It may have people thinking and behaving in ways that were previously unavailable to them.

- Onlookers may observe the positive impact cosmetic surgery has had on recipients and decide that cosmetic surgery seems to be an option that they would like to follow.
- Because recipients feel so good about cosmetic surgery it may entice them to pursue more operations.
- If one were to conclude that a number of people deploy this sub-theme in order to affirm to themselves that cosmetic surgery has worked for them, they may feel it is only possible to present the positive at the expense of addressing that which is negative.

3.2.2 Transformation

The experience of being transformed provided people with the opportunity of having a positive future. ‘Transformation’ talk was initiated 63 times and comprised 10% of the total theme that might persuade someone to have cosmetic surgery. People talked about cosmetic surgery as though it had induced a transformation. This talk made it possible for people to think that cosmetic surgery would radically improve their lives and bring a significant change. People were described as having undergone a dramatic change in their lives and in their appearance through having had cosmetic surgery.

Extract 1 (From a journalist on the television program *Extreme Makeover*)
From Transylvania to Hollywood handsome. (Appendix 1a, 17)

Extract 2 (From a journalist on the television program *Extreme Makeover*)
transformed from the town witch to totally bewitching. (Appendix 1a, 17)

Extract 3 (From a journalist on the television program *Extreme Makeover*)
See the incredible transformation of a size 12 house wife into a size 4 power house. (Appendix 1a, 16)

In each extract the patients are described as having undesirable characteristics before having had cosmetic surgery, being Transylvanian, the town witch and size 12. They are then spoken about as though a positive change has taken place as they are now characterised with favourable attributes: “Hollywood handsome”, “totally bewitching” and “a size 4 power house”. In the first two extracts there is an inference of evil with equating the pre-operative appearance with Transylvania or the town witch. It is implied that what is regarded as ugly is also bad. In the third extract, a person who is size 12 and a housewife is being construed as negative. The transformation from such descriptions to that which is desirable serves to produce in society understandings of the undesirable and the desirable.

Talk about transformation supports Huss-Ashmore (2000) who indicated that cosmetic surgery provides a culturally meaningful ritual through which self-transformation can occur. She suggested that people possess fantasies and idealised images of what cosmetic surgery can bring to their lives. The finding also links with Braun (2005a, 2005b), Schouten (1991), Featherstone (1999), Haiken (1997) and Pitts-Taylor (2007) who suggested that arguments surrounding cosmetic surgery build the promise of individual transformation.

There are a number of potential ways this sub-theme might impact people’s thinking and behaviour within society. For example:

- People may feel pleased about the transformation that has taken place for them as a consequence of having cosmetic surgery.
- Such labelling may shape people’s thoughts into the belief that a significant change can occur from having cosmetic surgery.

- It may situate people into an understanding that cosmetic surgery has indeed induced a transformation in them, whether or not (‘objectively’) this is the case.
- This account may produce upset and disappointment in people if the outcome is not as significant a change as might be expected from listening to the understandings that exist about transformations.
- It may be that this construction makes it difficult for surgeons and patients to establish ‘realistic’ goals because the transformation sub-theme gives the impression that cosmetic surgery has the potential to radically alter and improve appearance. Because the goals that recipients had set may not be met the resultant disappointment might lead to considerable distress, to anger and a wish to be compensated.

3.2.3 Confidence

A positive experience for people was the confidence that cosmetic surgery brought to their lives. ‘Confidence’ talk was initiated 52 times and comprised 8% of the total theme that might persuade someone to have cosmetic surgery. A consistent construct through people’s talk was discussion about how cosmetic surgery could or had given them confidence. It was a justification as to why they should pursue surgery as an option.

Extract 1 (From an interview with a male cosmetic surgery recipient)

Well if it’s there and it [having cosmetic surgery] gives me back my confidence again and I guess that’s the key word, ‘confidence’ about my body then why shouldn’t I? (Appendix 1c, I 6)

Extract 2 (From a daughter of a female who was seeking cosmetic surgery, on the television program *Body Work*)

An issue with self-confidence more than anything. You know after the treatment she’ll feel better about herself and it will just affect everything she does. (Appendix 1a, 10)

Others discussed how cosmetic surgery had indeed made them feel more confident:

Extract 3 (From a female cosmetic surgery recipient, on the television program *Extreme Makeover*)

Now [since having cosmetic surgery] I stand taller. I smile all the time, believe me I smile all the time. (Appendix 1a, 15)

Extract 4 (From a journalist on the television program *Extreme Makeover*)

Peter can now [since having had cosmetic surgery] approach women with a strong self-image. (Appendix 1a, 17)

It seems within these extracts that people saw confidence as important to attain. It appeared to validate a person's engagement with cosmetic surgery. In the first extract, the man spoke in a matter of fact way, "then why shouldn't I?", a phrase which presumed the rightfulness of achieving confidence and using available means to do so. In the second extract the emphasis was that feeling better about oneself would be a natural sequitur to having cosmetic surgery. The unspoken sentiment was that if one's appearance is improved within expectations of our culture then good feelings would naturally follow. Extract 3 demonstrated how one's behaviour represents confidence, standing taller and smiling all the time, which signifies to the public the altered feelings of the post cosmetic surgery individual. In extract 4 the inference was that approaching women with confidence is an appearance-bound process.

This 'confidence' dialogue is in line with Schouten (1991) who found that cosmetic surgery provides greater power or confidence in settings in which the individual is involved. The finding links with Sullivan's (2001) work in that she found people reported how cosmetic surgery can improve their mental wellbeing, including enhanced self-esteem and confidence. Ercolani et al. (1999) through using questionnaires found a significant increase of extroversion mean score for cosmetic surgery recipients following their operation. Elliot (2008) described how some people seek cosmetic surgery in order to regain confidence, for example following the bodily

changes occurring from childbirth. Surgeons have been reported to characterise their work as helping improve patients' self-esteem and confidence (Dull & West, 1991).

There are a number of potential ways this sub-theme might impact people's thinking and behaviour within society. For example:

- As a consequence of this sub-theme people may be prepared to attempt social interactions that might have been impossible for them to contemplate previously.
- People may take up opportunities in arenas such as outings or sporting activities from which they may previously have felt inhibited from participating.
- Confidence may change the perceptions that recipients have of themselves. From seeing themselves as possessing deficits they may instead view themselves as worthy and able.
- Because they now feel confident about their appearance recipients may no longer have to spend time being worried and instead engage with life more richly.
- People may think confidence will increase and then discover that it does not.

3.2.4 Relationship

An improvement in people's experience of relationships was considered as a positive future that was possible through having cosmetic surgery. 'Relationship' talk was initiated 49 times and comprised 8% of the total theme that might persuade someone to have cosmetic surgery. There was the idea that cosmetic surgery would help recipients in current or future relationships. In such versions cosmetic surgery

was considered a tool that would help people within the realm of relationships. People had the wish that cosmetic surgery would improve their current relationship.

Extract 1 (From a male cosmetic surgery recipient, on the television program *Extreme Makeover*)

[She] Is going to look at this frog and she's going to kiss me and I am going to be her prince and she'll be my princess and I feel like this will let us live happily ever after. (Appendix 1a, 13)

The man who spoke these words was referring to how he believed the relationship with his current partner would blossom after having cosmetic surgery. He drew upon a commonly understood fairy tale narrative within our culture, that of the ugly frog turning into a handsome prince. It is a reflection of how men are positioned by the need for having a 'handsome' appearance in order to be appealing to a partner. His key motivation for having cosmetic surgery seemed to be to win the affections of his partner. This extract therefore contrasts with Thorpe et al.'s (2004) findings that people did not say they were having cosmetic surgery to please a partner. It also is distinct from Didie and Sarwer (2003) who found that romantic partnership was not a motivation for undergo cosmetic surgery.

There was a hope that cosmetic surgery would enable the individual to move into a new relationship.

Extract 2 (From a female cosmetic surgery recipient, on the television program *A Current Affair*)

I know but I don't want to look like this forever. I don't have a lot of time left and I want to try and look as good as I can. I want to get married again. I want to have a boyfriend. (Appendix 1a, 1)

The style of talk found within this extract reflects society's norms which construe the ability to enter into a relationship as being dependent upon looks. The urgency presented here, "I don't have a lot of time left", indicates that within our culture there is a limited age range (perhaps more so for women) for the opportunity to be in relationships. This extract corroborates with Gimlin's (2000) findings that cosmetic

surgery was undertaken to make one look as attractive as possible to improve one's chances in romantic relationships. The finding also fits with Comiskey (2004) who suggested that cosmetic surgery is believed to improve women's chances in the marriage market. This 'relationship' talk links with Kalick's (1979) explanation of the halo effect. He assessed reactions to pre and post cosmetic surgery photographs finding that those who had surgery were considered to be better potential marital partners.

People reported after cosmetic surgery that they were in a better position to enter into a relationship.

Extract 3 (From a journalist reporting about a male cosmetic surgery recipient in the magazine *New Idea*)

Steve says he now feels confident enough to attract the opposite sex. (Appendix 1a, 37)

Once again in this extract a certain level of appearance seemed to be required in order to feel that a person can attract a partner. Saying that "he now feels confident" implied that before having cosmetic surgery he was not able to feel like he could attract women. This way of talking may mean that people do not look to other avenues, such as working on their social ability, for making themselves attractive to others.

Some stated that their current relationship had improved as a consequence of cosmetic surgery:

Extract 4 (From a journalist and a female cosmetic surgery recipient, on the television program *A Current Affair*)

Journalist: For others it has improved those after hours activities.

Respondent: Definitely. My husband is very happy. Yes. Yes. I'm not afraid to get undressed in front of my husband. I used to be self conscious of it. Now I don't care. (Appendix 1a, 5)

This extract indicates that the way in which a woman looks physically may alter her capacity to involve herself in intimate relationships. It supports Honigman et al.'s (2004) review article in which they determined that studies reported enhancement of

relationships after cosmetic surgery. The extract is in concordance with Stofman et al. (2006) and Schouten (1991) who found that the sex lives of people who have had cosmetic surgery are reportedly improved. The sub-theme fits with Grossbart and Sarwer's (2003) suggestion that "Patients often hope that surgery will rekindle a present relationship, save a marriage, or... facilitate future relationships" (p. 140).

The way this talk about relationships positions people is that it produces and reproduces the conception that romantic couple relationships are central to our lived realities (DePaulo, 2006; Easton & Liszt, 1997; Hertel et al., 2007; Wise & Stanley, 2004). In this sense there was the presence of the couple dominance that exists within society and in the data these relationships were always heterosexual. This finding relates to Holliday and Cairnie's (2007) research in which they found that within men's talk about cosmetic surgery there was compulsory heterosexuality. Such constructions about relationships may prevent other accounts from emerging, such as the desire to have cosmetic surgery even if one wants to be single within one's life. It may also prevent accounts from people who exist within 'alternate' relationship structures, such as gay and lesbian couples, bi-sexuals or those who are in polyamorous relationships. While there has been some research on homosexual men's engagement with cosmetic surgery (Holliday & Cairnie, 2007) there appears to be a dearth of literature in relation to these other sub-groups. It would be interesting to explore how cosmetic surgery might manifest if the 'hetero-couple' were not the dominant paradigm. Perhaps different requests might be made of surgeons about what are (sexually) desirable features and what constitutes a 'successful' outcome of cosmetic surgery. Also, different intentions, motivations and commitments might emerge if opportunities were made for such alternate perspectives to be heard.

There are a number of potential ways this sub-theme might impact people's thinking and behaviour within society. For example:

- Having cosmetic surgery may legitimise certain ways of behaving and thinking in relationships that may flow from an improved self-image in which people previously felt they could not engage.
- In choosing to prioritise relationships these people are demonstrating that having a relationship is a strong value in their lives.
- There is a risk that if people are having cosmetic surgery for a particular relationship the changes that are made to their body may not be acceptable within another relationship.
- This sub-theme might have people thinking that once they are attractive their relationship will improve or they will be able to have a relationship. This thinking may preclude people from having such satisfaction without having to embark on cosmetic surgery.
- This account might obscure perspectives from those who exist outside the normative expectations of hetero-sexual couple relationships.

There were some contradictions to the idea of having cosmetic surgery for a relationship. For example one person suggested that,

(From a cosmetic surgery recipient quoted in the magazine *New Idea*)

It's ridiculous to think that...having cosmetic surgery alone will make you more attractive to men whose affections you've been otherwise unable to obtain. (Appendix 1a, 52)

It seems therefore that not everyone is supportive of the idea that people could have cosmetic surgery for the sake of a relationship.

3.2.5 Hope

People described hopes for a positive future through having cosmetic surgery. 'Hope' talk was initiated 34 times and comprised 5% of the total theme that might persuade someone to have cosmetic surgery. People appeared to possess hopes about what cosmetic surgery could bring to their lives. Through having cosmetic surgery people hoped that their looks would change. In addition to this shift in appearance was the hope that aspects of the cosmetic surgery patients' lives would improve. In this sense people were hoping for a positive change in their bodies and lives.

Extract 1 (From a female who was seeking cosmetic surgery, on the television program *Extreme Makeover*)

I want to go down the nice looking road and be the hip outgoing librarian, the hot librarian, like you know, bringing people back to reading. (Appendix 1a, 13)

Extract 2 (From a female who was seeking cosmetic surgery, on the television program *Extreme Makeover*)

If I get this makeover, that's the Cinderella story. I'm going to be the belle of the ball. (Appendix 1a, 16)

Extract 3 (From a female who was seeking cosmetic surgery, on the television program *Extreme Makeover*)

If I didn't have this nose, if it wasn't so noticeable I think I'd be a completely different person. I could just breathe. I could just walk out and not worry about anyone talking about me and I'd just be like a bird out of a cage. I would be free. (Appendix 1a, 17)

In these extracts there was hope for people that when released from a non-preferred appearance there would be a change in others response to them and in the way in which they could approach their lives. Indeed, in the third extract the woman would no longer have concern about anybody talking about her. This language demonstrated how individuals recognised that certain features and physical qualities made them recognisable as having an appropriate and desirable body (Hallsworth et al., 2005). People seemed to think that changing their bodies to fit the current social system

would make their lives better. This sub-theme may link with Smith et al.'s (2008) finding that "patients overestimated the benefits" (p. 635) of their anticipated surgery.

There are a number of potential ways this sub-theme might impact people's thinking and behaviour within society. For example:

- Building these hopes may make it possible for people to be able to live out the positive reality that they had imagined prior to surgery. Because they had the belief that their life would change, then they make that happen.
- This pattern of talk may enable people to identify their preferred way of looking and living.
- People may think their happiness is dependent on having their hopes fulfilled.
- This sub-theme might have people being despondent about how they are prior to surgery and emphasise what they perceive to be their deficits.
- People's imaginations might lead them to have unrealistic expectations and false impressions of what cosmetic surgery can bring to their lives.
- People may proceed with surgery when in reality simply altering the physical may not change the person's life as they had hoped and this may lead to disappointment.

3.2.6 Natural

Looking natural was an important element to successful cosmetic surgery and enabled a positive experience of the self. 'Natural' talk was initiated 22 times and comprised 3% of the total theme that might persuade someone to have cosmetic surgery. The expectation that cosmetic surgery would result in a natural look was encouraging to a number of people. Looking 'natural' was considered an important part of successful cosmetic surgery.

Extract 1 (From an interview with a female cosmetic surgery recipient)

well they look really natural even my dad and my brother are happy because they were really worried I was going to end up like some Barbie Doll and they've gone 'nup it looks natural, no one would know, we're not embarrassed to go out with you because you've got these ridiculous boobs' and so, it's quite good. (Appendix 1c, I 1)

Extract 2 (From a female cosmetic surgery recipient quoted in the magazine Woman's Day)

He doesn't pull the skin too tight, so you're left with a natural look. (Appendix 1a, 33)

These extracts refer to looking natural as a positive outcome of cosmetic surgery. In the first extract the threat is significant for the young woman. If she had not looked natural after her surgery and instead she had looked like “some Barbie Doll” it would have caused embarrassment to members of her family. Indeed her father and brother may not have even wanted to go out in public with her. She seemed to be drawing upon a reputation that exists about the industry that it can at times make people look ‘overdone’ and ‘fake’. Whilst privileging natural looks, the unnatural becomes marginalised. Such talk may make it very difficult for women and men whose results either intentionally or by accident look fake, overdone, or unnatural. As Jones (2006) suggested and is evident within these extracts, the term natural has come to mean the ‘correct amount of work done’: “ ‘It looks natural’ is the highest compliment that can be paid to cosmetic surgery results, and ‘how unnatural!’ is the lowest.” (p. 32) Similarly, Fraser (2003a) argued that the ‘natural look’ notion “is mobilised in order to distinguish between good and bad cosmetic surgery” (p. 70). Good cosmetic surgery is said to result in achieving natural looks. By not looking surgically altered a natural look is considered better. Both Jones (2006) and Fraser (2003a) argued, however, that what in fact constitutes ‘natural’ can be contested. As Scott (1994) has suggested “We cannot assume that the ‘natural’ is an easy thing to define or that a natural state is always good or rational” (p. 21).

This sub-theme relates to Askegaard et al.'s (2002) finding that participants who were interviewed expressed concern over the results of cosmetic surgery looking unnatural. The talk about natural looks relates to Hallsworth et al.'s (2005) concepts in relation to the body and fitting societal norms. People are summoned into ideas about the way in which the body should look and being 'natural' is one of the prescriptions that shapes people's desires about their bodies. By having cosmetic surgery they are disciplining their bodies to fit the prevailing norms that are set within society about how they should look. In terms of body image, this talk reflects how society deems appropriate bodies to be those that look natural. By implication, unnatural bodies are considered unacceptable. Therefore, a person with natural looks is positioned to have a positive body image, whilst those who have unnatural looks are positioned to have a negative body image. Ironically, it could be said that people are in fact changing the body from its natural state through having cosmetic surgery.

There are a number of potential ways this sub-theme might impact people's thinking and behaviour within society. For example:

- If recipients achieve a natural look from their surgery they may receive pleasure from holding a positive view of their own appearance and from other people's admiration and appreciation of the naturalness.
- The physical markers that indicate that cosmetic surgery has been performed may incur people's disapproval.
- Because this sub-theme is so condemning of looking unnatural, it may make people disrespectful about those who have an unnatural appearance.
- It may make the people who look unnatural feel that they are inadequate and fear the judgements that others may be making about them.

- The labelling that takes place surrounding looking natural might have people only noticing and thinking that, ‘this person has had work done’ if the person looks unnatural. This attitude may make those who are making the judgements categorise the recipient in an undermining fashion (See Section 4.3.2).

3.2.7 Normal

The achievement of normality of looks and in the way in which people feel about themselves provided a positive future with an enhanced self-view. ‘Normal’ talk was initiated 20 times and comprised 3% of the total theme that might persuade someone to have cosmetic surgery. The extracts suggested that one could look and feel normal after having surgery. People talked about cosmetic surgery making them look normal.

Extract 1 (From a female cosmetic surgery recipient quoted in the magazine Cleo)

Some people think I’m addicted to plastic surgery, but I just want to look normal and fit in. (Appendix 1a, 42)

Extract 2 (From an interview with a female cosmetic surgery recipient)

When I had my breasts done as soon as my sister in law saw me she said, ‘You look normal now’. She said, ‘you look normal now, but thinking back to what you used to look like’, she would have classed me as abnormal. (Appendix 1c, I 5)

The quality of normal and wishing to look normal emphasises that the person is not, or was not looking normal prior to having cosmetic surgery. In the first extract, for example, the young girl was defining her looks as abnormal and because of this she could not “fit in”. Engaging with cosmetic surgery from the language she used presumed that once looking normal, she would be able to be more comfortable and be accepted. In the second extract the woman was being acknowledged positively for looking normal now, but implicit within the talk was a criticism that the pre-operative

appearance was not normal. Both of these women were being situated within views that they should not feel comfortable with their pre-operative bodies.

Other authors have also found wanting to look normal is a reason why people have cosmetic surgery. Thorpe et al. (2004) found a preoperative theme for initiating surgery was 'wanting to look normal'. Davis (2003a) found that many women who have cosmetic surgery do so in order to look 'more normal', not more beautiful. Davis (2003b) suggested that individuals looked to have cosmetic surgery as a way to minimise or eradicate physical signs that mark them as different. In Gimlin's (2000) study she found that women were attempting to create what they conceptualised as a 'normal' appearance. Her data indicated that cosmetic surgery enabled women to reposition their bodies as 'normal'.

There was also the idea that after having had cosmetic surgery one could come to feel normal. Since having had cosmetic surgery one man mentioned that:

Extract 3 (From a male cosmetic surgery recipient, on the television program *Extreme Makeover*)

It's certainly more comfortable I think is what it is. Like I feel normal [since having had cosmetic surgery]. (Appendix 1a, 15)

Similarly in the following extract a woman said how she wanted cosmetic surgery so that she could "be normal":

Extract 4 (From a female who was seeking to have cosmetic surgery, on the television program *Extreme Makeover*)

My fantasy is to be able to walk down the street and I just blend in with everybody else. I don't stand out from the crowd, it's just to be normal. (Appendix 1a, 17)

This way of talking positioned people to think that cosmetic surgery provided a solution that could help them experience being normal. Goodman (1994) too found that patients went to a plastic surgeon "just to be normal" (p. 382).

The emphasis on normality can be explained through Fredrickson and Roberts' (1997) perspectives on self-surveillance. As people look at themselves they may consider that they fit outside the cultural norms of appearance (Hallsworth et al., 2005). The self-consciousness that flows from this scrutiny of the self has them frequently monitoring their appearance (Hallsworth et al., 2005). To resolve the problem some people have with their looks cosmetic surgery becomes seen as a viable solution. The sub-theme reflects how people have a notion of self (Rose, 1996) that they are or are not fitting within the parameters of 'the normal'. In terms of body image, this account demonstrates how normal bodies are deemed to be acceptable bodies. Hence, people with 'normal bodies' are given permission to have a positive body image whilst those who have bodies that are deemed abnormal are positioned to have a negative body image.

There are a number of potential ways this sub-theme might impact people's thinking and behaviour within society. For example:

- It might have people thinking that they are more acceptable once they are looking and being 'normal'.
- It may have recipients being treated better by others who perceive them in a more favourable light than they did previously when recipients looked abnormal or behaved 'abnormally'.
- Because people may look and feel more normal, they may no longer be constrained and inhibited by the negative perceptions they once had of themselves.
- Becoming normal might bring an end to what may have been a long struggle through recipients' lives in coping with looking and being 'abnormal'.

- People may experience relief that they are now fitting within the boundaries of normality.
- It may take a while for recipients to adapt to the new perception that is developed about them as result of looking and being normal.
- Experiencing the rewards of looking and being normal may make people more rejecting of their pre-operative self and appearance.
- Post-operatively some people may find that ‘normality’ is elusive.

3.2.8 Noticed

The affirmation of being noticed because people looked good as a result of having cosmetic surgery uplifted some people. ‘Noticed’ talk was initiated 18 times and comprised 3% of the total theme that might persuade someone to have cosmetic surgery. Some texts related to the concept that cosmetic surgery could or has enabled the recipient of surgery to be noticed.

Extract 1 (From a female who was seeking cosmetic surgery, on the television program *Extreme Makeover*)

I’ve never had every eye on me, never wanted it, like I want it now. (Appendix 1a, 16)

Extract 2 (From gender unknown, cosmetic surgery recipient status unknown, on the *Sydney Morning Herald* blog)

She looks awesome. I’ve seen before photos and she’s miles better now. She is the centre of attention and everyone notices when she walks in the door. (Appendix 1a, D)

Cosmetic surgery was advertised as a way to become noticed. By having cosmetic surgery and subsequently looking good one could draw the attention of others.

Extract 3 (From an advertisement in the newspaper *The Sunday Telegraph*)

Knock ‘em out with your intellect but get their attention first. (Appendix 1a, 48) (See frontispiece)

These extracts highlighted being noticed as a favourable outcome of cosmetic surgery. They spoke as though people would want to be the “centre of attention” and to have “every eye” on them. Also, they implied that to be noticed was a desirable social experience. In the first extract the woman seemed to be enticed by the ideal of having “every eye” on her. In the second extract a woman was being venerated for the changes that happened to her body and it was considered positive that now everyone noticed her. Saying that she looks “miles better now” implied that previously she looked worse. In society it seems that people feel the permission to rate or judge others’ looks. The third extract was an invitation to those who may be intelligent, but who may not possess ‘good’ looks. Hence, it emphasised the importance of appearance to grasp attention. It implied that if your appearance was satisfactory then people may notice your other qualities, such as your intellect.

In the literature there has been mention of being noticed as something some people experience post-operatively. Pamela Anderson was quoted as saying that her implants were one of her “biggest assets” (Elliot, 2008, p. 55) and that they made her more feminine and more “noticeable” (Elliot, 2008, p. 55). It seems that to be noticed, the person has to fit within certain parameters of appearance that are set within the norms of societies (Hallsworth et al., 2005). By expressing a wish to be noticed people want to fit these criteria. Those who have experienced surgery and find themselves re-situated into being ‘noticed’ are experiencing being acceptable within the realms of societal expectations (Hallsworth et al., 2005).

There are a number of potential ways this sub-theme might impact people’s thinking and behaviour within society. For example:

- The ‘being noticed’ language positions people to value and venerate being looked at. For those who are noticed this experience may enhance the way in which they value themselves and improve their ability to interact with others.
- One effect of such constructions is that if people stray from fitting the appropriate look some time in the future, they may no longer be noticed and this may be hard for them.
- This talk may marginalise people who do not have the appearance that invites being noticed.
- It may be that being noticed is not an exclusively positive experience in that it may have people feeling as though they are at risk of not measuring up at some point in the future if their looks are not maintained.
- Being noticed may not always mean cosmetic surgery recipients are being viewed positively.
- It may have other people feeling challenged because the recipient is looking so good and hence others may feel threatened by the recipient. Indeed, the shift may even trigger jealousy and envy in the onlooker.
- Being noticed might alter the balance in how relationships can function. Since recipients may feel proud and perhaps even superior to others, whilst others may admire recipients’ appearance and perhaps feel subordinate to recipients, this may change the dynamics in their interrelationships.

3.2.9 Change character

People expressed the view that a change in their character would lead or had led to a better future. ‘Change character’ talk was initiated 17 times and comprised 3% of the total theme that might persuade someone to have cosmetic surgery.

Cosmetic surgery appeared to bring the opportunity of changing one's character. In this sense cosmetic surgery does not only change one's look but also changes the person.

Extract 1 (From a female who was seeking to have cosmetic surgery, on the television program *Body Work*)

I just get put in that category of being blonde hair big breasts. Once upon a time I wanted [it] but I don't want to be that person anymore. (Appendix 1a, 6)

This woman had a problem about the way in which she was being categorised through being blonde and buxom. Her choice was to become a brunette and reduce the size of her breasts. Through the availability of cosmetic surgery she believed that she could change how others would perceive her character, from being seen as 'blonde hair and big breasts' to a preferred representation of the self. The woman was anticipating different reactions to herself when her appearance changed. Ostensibly she would remain the 'same woman' aside from her looks, but she anticipated being treated as a different 'type' of woman by those around her. It seems that having cosmetic surgery would enable her to move from a stereotypical image of being an object of male lust. Cosmetic surgery seemed to be aiding her to step into the possibility of being less objectified which is perhaps a more 'empowered', less 'oppressed' position. This use of cosmetic surgery contrasts with some feminist critiques (eg. Gillespie, 1996; Jeffreys, 2000; Lienert, 1998) which imply that cosmetic surgery is inherently oppressive to women. However, it could also be argued that the very need for the woman to change to be more acceptable is in itself an oppression.

Other examples which suggest that cosmetic surgery will change, or has changed the person can be seen in the following extracts:

Extract 2 (From a doctor talking to a female cosmetic surgery patient, on the television program *Extreme Makeover*)

You'll be a totally different woman when you wake up. (Appendix 1a, 5)

Extract 3 (From a journalist and a female cosmetic surgery recipient, on the television program *Extreme Makeover*)

Journalist: Laurie has changed not only her looks but also her outlook.

Laurie: This whole experience has changed my life completely. I never even went to the beauty shop hardly ever. I never bought myself clothes. Life's going to be different. The gym is going to be a family affair and with Bruce we're going to start dating. (Appendix 1a, 17)

Extract 4 (From a female cosmetic surgery recipient, on the television program *Extreme Makeover*)

When I looked in the mirror tonight I saw a different girl. (Appendix 1a, 14)

In extract 2 the person was being told that she would be a “totally different woman” after having cosmetic surgery. This talk implied that the physical change that she would undergo would produce a change in her personhood. It constructed the view that a physical change in appearance was more than just that and rather produced changes in other qualities that comprise the person. In extract 3 the individual reflected upon the shift that was brought about by having cosmetic surgery. Previously she had not engaged with appearance-related activities, such as attending beauty shops or buying herself clothes. She attributed the attitudinal and behavioural changes entirely to having had cosmetic surgery, rather than to the fact that she may have been encouraged to view herself differently. In extract 4, an altered appearance enabled the young woman to experience herself as a “different girl”. This talk highlighted that within current society altering looks can radically change how we see someone as a person and also how that person is able to see him or herself.

Gilman (1999) has posed the question “Does the character determine the nose, or can the altered shape of the nose form the character?” (p. 62). Descartes proposed that the body and mind were separate entities (Wilson, 1978). This dualism can be viewed as a cultural construction that shapes Western people’s realities (Thompson & Hirschman, 1995). According to Thompson & Hirschman (1995) these constructions

have us believing that the mind is housed in the body and critically observes the body. Accordingly, in this sub-theme it appears that when the mind observes the changed body different versions of self can correspond to having this different body (Budgeon, 2003). Within the formation of talk in this sub-theme it seems that people construct cosmetic surgery as indeed being able to alter the character of a person. This finding is consistent with Huss-Ashmore (2000) who found that cosmetic surgery allowed a person to redefine him or herself and his or her social identity. She suggested that after cosmetic surgery the patient became someone different and that a story of the patient as a new and better person emerged. The talk also links with Schouton's (1991) work which suggested that people who have cosmetic surgery engaged in 'identity play' and 'tried on' post-surgery selves. Gallagher and Pecot-Herbert's (2007) findings are in concordance with the 'change character' language in that they suggested dialogue about cosmetic surgery indicates that one can become "a new person" (p. 73) through having a procedure.

Talk about changing one's character indicated that opportunities of self-representation could be limited or opened up by the ways in which the community saw that person and the person saw him or herself. This type of language reflected how a different body image might affect people. It seemed that an altered persona had the potential to emerge through having a different appearance.

There are a number of potential ways this sub-theme might impact people's thinking and behaviour within society. For example:

- The change of character may have recipients feeling more comfortable within themselves.
- It may open up new opportunities in recipient's lives because they are seen more favourably within society.

- People may have to adapt to the new ways others respond to them and also to the new understanding that they have of themselves. This may lead to changes in understandings about identity but it may take a while to get used to having new ways of understanding the self.
- There may be some regret or grief over losing the former character for cosmetic surgery recipients, which may also be the case for friends of recipients who have lost in a certain sense the person that once was.
- People may think their character will change post-operatively but then discover that they are exactly the same person.

3.2.10 Career

Cosmetic surgery was conceived as giving people career opportunities. ‘Career’ talk was initiated 15 times and comprised 2% of the total theme that might persuade someone to have cosmetic surgery. This sub-theme related not only to those in the ‘looks industry’, such as models and actors, but also to professionals and other workers. Some people believed cosmetic surgery could offer them an improvement in their career. Impediments in appearance in today’s world have been said to inhibit career progress and people are invited to involve themselves in cosmetic surgery to assist career prospects (Elliot, 2008).

Extract 1 (From a female cosmetic surgery recipient, on the television program *A Current Affair*)

But to seal the deals with Hollywoods A-list Elaine is convinced you have to look like one of the beautiful people. (Appendix 1a, 1)

Extract 2 (From a female who was seeking to have cosmetic surgery, on the television program *Extreme Makeover*)

Amanda fears her looks get in the way of her career. (Appendix 1b, 13)

Within the competitive workplace people express concern that they must present themselves in the best possible physical light. These accounts are in keeping with

Atiyeh et al. (2008) who suggest that people may feel that they are or are not employed because of their physical appearance. In the following quote it is possible to see how limiting physical features were for the individual before her cosmetic surgery and how after the procedure she considered herself to be better positioned within her work scenario.

Extract 3 (From a female cosmetic surgery recipient, on the television program *Extreme Makeover*)

After my surgery I feel completely confident like I got some of my nose out of the way. I feel like my lips wouldn't be too distracting for the camera anymore and the people casting wouldn't say no to me anymore. (Appendix 1a, 15)

This style of talk is analogous to Fraser's (2003c) research in which she found talk that represented cosmetic surgery as a "legitimate and valuable means of improving employment prospects" (p. 35). She stated that the suggestion that improvements to appearance can lead to career success works to masculinise a feminised role as a potential surgery participant. It is also suggested that this motivation for having cosmetic surgery provides women with a more socially acceptable motivation for having cosmetic surgery "than the desire for beauty per se" (p. 35). Fraser (2003c) indicated that Western women are sensitive to the accusation of vanity (see Section 4.3.4), hence it may be that talk about career acts as a way of justifying what might otherwise be considered a vain choice. Elliot (2008) described a 62 year-old woman who wanted to continue her stock trading career but lost confidence because she felt she looked old. She sought cosmetic surgery because she believed that it "gives you a leg up if you want to stick around" (Elliot, 2008, p. 116). One of Gimlin's (2000) participants explained that she needed a face-lift "not merely because she is concerned with her appearance, but instead, because of pressures in 'the work field' " (p. 84). As early as the 19th century Madame Noel indicated that the cosmetic surgery she

performed helped her patients become “sure, affluent, professional women” (Davis, 1999, p. 486) which helped them gain financial independence.

Whilst the ‘career’ discussions were present in women’s talk, they were also present in men’s accounts:

Extract 4 (From a male who was seeking cosmetic surgery, on the chat room associated with the *Insight* program)

I intend to have cosmetic surgery just to stay employed. (Appendix 1b, A)

This interest men have in cosmetic surgery for their careers is in line with Elliot (2008) who suggested that significant numbers of businessmen have said that they would have cosmetic surgery “in order to advance their professional careers” (p. 7). The pressure to present well physically for the sake of one’s career was expressed by an international banker whom Elliot (2008) interviewed. The banker explained that “It pays to look good, everyone knows that” (Elliot, 2008, p. 110). Because of the development of his “mid-life belly...it seemed quite natural to turn to cosmetic surgery” (p. 110). In justifying the use of cosmetic surgery the banker said “It’s not vanity and celebrity inspired. [People] just don’t want to look phased at work or too hassled by the demands of the job” (p. 111). He said that cosmetic surgery “helps [him] escape from standing out - in terms of the visible distress of looking worried, or old” (Elliot, 2008, p. 112). As these ways of talking indicate, it seems that cosmetic surgery is increasingly becoming normalised for men because they believe that it will place them in the best possible position career-wise.

The presence of this sub-theme corroborates with Jones’ (2006) finding that people who talk about cosmetic surgery as a ‘good thing’ utilise the Protestant Work Ethic. That is, they are saying they are having cosmetic surgery in order to enhance their career possibilities and hence will be able to work more productively within society. Grossbart and Sarwer (2003) suggest that a motivation for surgery centres on

“employability or perceived suitability for promotion” (p. 140). Within this way of talking people are being positioned by the importance of appearance in order to progress and maintain their career. This ‘career’ talk might have people thinking that they would not be considered worthy of having a job unless they ‘look the part’. ‘Looking the part’ may in the past have involved wearing the ‘right uniform’, for example a suit is standard attire for many professionals. Today it seems that in addition to clothing requirements there is attention to the body and face as external evidence of this ‘uniform’. The body and face are seen as something that can be modified if they do not fit the appropriate standards.

An implication of this construction is that at present and possibly even more so in the future people may consider what cosmetic surgery they need to have done in order to get a job. Also, this representation may take the body away from something that is comfortably one’s own and instead becomes the possession of the workplace. It may be that people who have had cosmetic surgery are considered appropriately to have prepared themselves for the position in contrast to those who have not. In this regard, whilst talking about the escalating use of cosmetic surgery in China, Elliot (2008) explained that employers are allowed to specify desired appearance as a requirement for employment. There were reports that people were not hired because they were considered to be too short or too ugly (Elliot, 2008). Further, Elliot (2008) explained that internationally professionals have replaced celebrities as the predominant group seeking cosmetic surgery.

Taken at face value an economic imperative (Elliot, 2008) appears to influence people’s engagement with cosmetic surgery in this sub-theme. Elliot (2008) argued that “The new economy spawned by globalisation intrudes traumatically in the emotional lives of people - with many scrambling to adjust to today’s routine

corporate redundancies” (p. 9). Many people have responded to this sense of “social dislocation and economic insecurity... by turning to forms of extreme reinvention in general and cosmetic surgical culture in particular” (Elliot, 2008, p. 9). Elliot (2008) suggested that many people think that a face-lift or liposuction is “the best route to improved... careers” (p. 9). However, it is likely that the expectation to improve one’s appearance with cosmetic surgery for one’s career may not encompass all work situations. For example, a manual worker may not experience the same appearance expectations in his job as might a corporate lawyer.

There are a number of potential ways this sub-theme might impact people’s thinking and behaviour within society. For example:

- It may give people an option of how to improve their appearance and sense of self in the context of their workplace.
- The sub-theme may make people feel uncertain about job security and concerned and threatened about their position within their career. This may have them seeking solutions through cosmetic surgery.
- The conceptualisations about career may have people comparing themselves against their colleagues.
- It may have them feeling anxious in the work environment that they are not ‘measuring up’ physically. This concern may have them trying to hide the things about which they feel uncomfortable regarding their bodies when in the workplace.
- People may use this account as a way to justify their decision to have cosmetic surgery thus avoiding potential social disapproval about their choice.

3.3 Constructing the pre-operative body as flawed

A matter that might persuade someone to have cosmetic surgery was the perception that there were flaws in the body that could potentially be corrected. People defined their bodies as having deficit. 'Constructing the pre-operative body as flawed' was initiated 170 times and comprised 27% of the total theme that might persuade someone to have cosmetic surgery. There were 3 level 2 sub-themes within this level 1 sub-theme. In order of frequency, these were: 'self-denigration', 'ageing' and 'teasing'.

3.3.1 Self-denigration

Some people constructed their pre-operative bodies as flawed through using undermining conversation about their looks. 'Self-denigration' talk was initiated 80 times and comprised 13% of the total theme that might persuade someone to have cosmetic surgery. People talked in a denigrating way about their pre-operative appearance.

Extract 1 (From a female who was seeking to have cosmetic surgery, on the television program *Body Work*)

I think my smile is awful. Every time I look in the mirror it makes me feel awful. (Appendix 1a, 9)

Extract 2 (From a female who was seeking to have cosmetic surgery, on the television program *Body Work*)

Before my boobs were big and full so it didn't matter, they did sag a little bit, but as I lost weight they just got droopier, big wet long footy socks, that's what I think they look like too, and cow udders, I'm not being mean to myself but they just hang low, they're just atrocious. (Appendix 1a, 10)

Within this way of talking people are positioned to be critical of their bodies. The fault with their body perturbed people to the extent that they were deciding to alter their appearance through surgery. The shame, despondency and disgust with a physical feature found in this sub-theme links with Schouten (1991) who described a

participant who was limited by her appearance to such an extent that she would place her back to a wall in order to avoid people seeing her profile. Sarwer et al. (2003) found that breast augmentation candidates reported “frequent negative feelings about their appearance in a variety of situations” (p. 89). Gimlin’s (2007) research too observed accounts about physical and emotional ‘pain’ regarding people’s pre-operative appearance. Culos-Reed et al. (2002) suggested that people wanted cosmetic surgery because of self-presentation concerns and public self-consciousness.

There are a number of potential ways this sub-theme might impact people’s thinking and behaviour within society. For example:

- Because people have entered a ritual of seeing their bodies in a denigrating way, they may be unable to see their bodies in any other way.
- This talk may make others with whom the despondent people are interacting focus on the negative features of the body.
- Because there seems to be no way out of this self-denigrating talk, it may have people thinking cosmetic surgery is the only solution.

3.3.2 Ageing

People represented the ageing body as flawed. ‘Ageing’ talk was initiated 67 times and comprised 11% of the total theme that might persuade someone to have cosmetic surgery. Expression of unhappiness about the impact of ageing on bodies was present. There were individuals who had negative experiences as a consequence of their age and therefore wanted to reduce the signs of ageing.

Extract 1 (From the daughter of a male who was seeking to have cosmetic surgery, on the television program *Extreme Makeover*)

When my friends see my dad they say is that your uncle, is that your grandfather? (Appendix 1a, 15)

Extract 2 (From a female who was seeking to have cosmetic surgery, on the television program *Extreme Makeover*)

Interviewee: To this point in our life within the last couple of years I've started to feel like I look older than him.

Journalist: Feelings that began at a supermarket checkout.

Interviewee: My husband was holding our daughter and the cashier said 'oh isn't it lovely that your older son is so devoted to his baby sister' and I'm like, and you don't know how to react. I didn't want to make her [the cashier] feel bad and we're walking out and Ron's saying 'don't cry'. (Appendix 1a, 14)

Extract 3 (From a female cosmetic surgery recipient quoted in the newspaper *The Advertiser*)

It wasn't just people asking me if my husband was my son, I also had people asking my mum – who's 62 – if I was her sister. (Appendix 1a, 44)

In these scenarios people experienced a negative response to the signs of ageing and cosmetic surgery was considered to be the solution to the problem. The confusion of roles is present in these extracts. In the first instance the father was confused as being the grandfather by the young girl's peers. In the second the wife was confused as being the mother of her husband. Once again in the third, the wife was confused as being the mother of her husband and in addition people had thought that her mother and she were sisters. It appears that such role confusion destabilises the identity of the individual whose appearance is being interpreted in this way.

Some were hoping that cosmetic surgery would 'reverse the effects of time'.

Extract 4 (From a woman who was seeking cosmetic surgery, on the television program *Body Work*)

Susie: I feel no differently than I did 20 years ago but I look a whole lot different so it's just the quality of my skin and sun damage and wrinkles around the eyes and all that. And you think the person that I'm looking at is not the person that I feel.

Journalist: She's used to masking her flaws with lots of makeup but as she closes in on her 50th birthday Susie is hoping to reverse the effects of time. (Appendix 1a, 10)

As this extract demonstrates, sometimes people justified their choice to have cosmetic surgery based on the concept that they did not look the way in which they felt in relation to their age.

With regard to the stigma of ageing Goodman (1994) suggested that those who are ageing “are progressively robbed of their recognition as people” (p. 367). According to Nash (1995) “age discrimination is a reality, though often covert” (p. 194). Butler (1969) coined the term ‘ageism’ to describe prejudice against the older person. Levin and Levin (1980) suggested that ageism pervades the social climate and involves prejudice and discrimination based solely on age. The finding surrounding ageing in this thesis is similar to Askegaard et al. (2002) who found that amongst women who had had cosmetic surgery ageing was conceptualised as “intrinsically problematic” (p. 805). Thorpe et al. (2004) found that concern about having an ageing appearance was a reason why women pursued cosmetic surgery. Honigman and Castle (2007) suggested that people pursue surgery to “rejuvenate or refresh appearance” (p. 69). Similarly, Fredrick et al. (2007) suggested that “older women may experience... pressure to obtain appearance-altering surgery because they feel they are competing with younger women” (p. 1407). The talk about ageing appeared to position people to believe that cosmetic surgery was an answer to their dilemmas about looking older. Haiken (1997) suggested that American women found it easier to alter their faces than to alter cultural norms by which they were positioned about ageing. She said that surgeons and their patients created an image of the face-lift as a practical, reasonable and a simple solution to the problem of ageing. Women have been said to want cosmetic surgery to regain “the appearance of youth” (Greer, 1991, p. 154). From the findings of this thesis, it appears that the current cohort is similarly constructing ageing as a ‘problem’ and cosmetic surgery becomes its solution.

This talk about ageing is also in keeping with Jones’ (2004b) view that discourse about cosmetic surgery remains “outdated and unimaginative, confusing youth with beauty” (p. 534). It is “a paradigm which... relies on the denigration of the

older [person]” (Jones, 2004b, p. 534). Jones (2004b) suggested that as a society we might step beyond seeing cosmetic surgery as being principally about creating youthful images. The concept that cosmetic surgery is motivated by the wish to have a younger look, Jones (2004b) postulated, could be transcended by using the technology in other ways. She presented the challenge that people could use cosmetic surgery to create saggy boobs, cartoon-character-like physiognomy like Michael Jackson’s appearance, or animalistic images. It may be that considering these broader notions surrounding cosmetic surgery may encourage people to question the ideal of youthful appearance.

This way of representing ageing as a problem and cosmetic surgery as the solution is not only a recent concept. Madame Noel, for example, who worked in Paris in the early 20th century saw that women were being disadvantaged when their faces grew older. Because of this fact she performed cosmetic surgery to ‘improve’ their lives and work opportunities (Davis, 1999).

People’s response to ageing as demonstrated here is consistent with Fredrickson and Roberts’ (1997) ideas about self-surveillance. The bodies of people are placed under scrutiny in terms of ageing. It appears people are engaging in “self-objectification” (Hallsworth et al., 2005, p. 454). They have “a form of self-consciousness, characterised by habitual and constant monitoring of the body’s outward appearance” (Hallsworth et al., 2005, p. 454). As a consequence people seem to have “body shame” (Hallsworth et al., 2005, p. 454) that results from perceiving a discrepancy between the cultural ideal and their actual body (Hallsworth et al., 2005). In response to this process they are attempting to discipline their bodies through having cosmetic surgery in order to meet the expectation of having a more youthful appearance. ‘Ageing’ talk seems to construct youthful bodies as being acceptable and

appropriate. In contrast, ageing bodies are construed as problematic, that is to say it is a popular belief that having an aged body should equate with having a bad body image.

There are a number of potential ways this sub-theme might impact people's thinking and behaviour within society. For example:

- If people have cosmetic surgery and achieve a younger appearance they may have improved self-image and self-esteem.
- People may feel inadequate as a result of having an ageing body.
- People may have feelings of inferiority when they compare their body with more youthful bodies.
- Some may feel threatened by those who look youthful.
- There may be concern about being accepted by others when people have an ageing look.
- People may come to dislike themselves because of their ageing appearance.
- People may feel ashamed and embarrassed about their ageing bodies.
- Some may experience worry about other people's opinions regarding their ageing.
- The 'ageing' sub-theme may invite catastrophic thinking that things have gone wrong because of their ageing appearance.
- It may produce an unhelpful obsession with acquiring products and searching out techniques that will make them look more youthful.
- People may be viewed as not taking care of themselves if they refrain from having cosmetic surgery in their older years. It may become a standard expectation that as people grow older they should have cosmetic surgery. The rhetoric surrounding ageing may leave little option for people to age naturally.

At times there were exceptions that contradicted the idea of having cosmetic surgery because of ageing. For example, one article commented that some people do not think it is necessary to undergo cosmetic surgery because of age:

(From a journalist talking about the actress Holly Hunter in the magazine *New Idea*)

This actress isn't afraid to grow old gracefully and has made a promise that she will never give in to the pressure of undergoing cosmetic surgery for Hollywood fame. (Appendix 1a, 36)

This example highlights how there are some contrasting sentiments within society that people should embrace ageing rather than reject it. From this perspective people who do not submit to having cosmetic surgery may be seen as morally better types of people than those who have cosmetic surgery because they are ageing.

3.3.3 Teasing

Being teased about aspects of their body led people to think that there was something wrong about their physicality. 'Teasing' talk was initiated 23 times and comprised 3% of the total theme that might persuade someone to have cosmetic surgery. People experienced the indignity of being teased about their looks. Teasing was often a debilitating experience for them and they usually aligned themselves with the assessment of those criticizing. They wanted to have their bodies altered in order to remove the 'offending' feature, so that they may no longer be teased.

Extract 1 (From the actor Kenny Rogers who was a cosmetic surgery recipient quoted in the magazine *New Idea*)

If I were a plumber, I don't think I'd have cared. But to read reviews that called me 'the portly Kenny Rogers' was very painful. (Appendix 1a, 39)

Extract 2 (From a female who was seeking to have cosmetic surgery, on the television program *Extreme Makeover*)

When I was two years old, people said my cheeks looked like bubbles from the hubba bubba bubble gum and instead of calling me hubber bubber they

shortened it down to bubs and from two until twenty three being known as bubs has kind of put a dampner on my life. (Appendix 1a, 13)

Extract 3 (From the mother of a female who was seeking to have cosmetic surgery, on the television program *Extreme Makeover*)

You know we thought she looked cute, but as she grew and got into school other kids would make fun of her lips. (Appendix 1a, 15)

In each of the extracts people were mocked for their appearance. For example, in extract 1 the actor was diminished as “the portly Kenny Rogers” – a metaphor that he found offensive. In extract 2 the focus on the woman’s rounded cheeks has her being called “bubs”, which she says has “put a dampner” on her life. In the third extract the mother of the cosmetic surgery recipient explained how children made fun of her daughter’s distorted lips when she was at school. The shame of this experience was still distressing to her now adult daughter. Being made fun of constructs a reality for individuals that their appearance is outside the range of the acceptable. It also invokes the view that they should be ashamed about their looks. They are positioned to feel uncomfortable about their appearance.

Other researchers have also observed the presence of people being teased in cosmetic surgery samples (Davis, 1995; Didie & Sarwer, 2003; Haas et al., 2008; Harris, 1989; Holliday & Cairnie, 2007; Lourenco Gasques et al., 2008; Morgan, 1991; Sarwer et al., 1998; Sarwer et al., 2003; Schofield et al., 2002; Tait, 2007; von Soest et al., 2006;). Teasing creates for people certain notions of self (Rose, 1996). People appear to possess a subjectivity that they have a flawed appearance. This produces citizens within society who are acutely aware of the supposed problems of their appearance and the limitations that this brings to their lives. It could be said that people’s choice to change their bodies as a consequence of the teasing to which they have been subjected, is a manifestation of what Kaye (1999) describes as adjusting to the unjust. Perhaps having people change themselves because they were teased is like

asking bullied individuals to change themselves to fit the values of the schoolyard bully.

There are a number of potential ways this sub-theme might impact people's thinking and behaviour within society. For example:

- The fact that people who have been teased are attempting to remedy the problem and acknowledge it in their lives may help them proceed with their life more easily if they have the cosmetic procedure and are thus no longer repeatedly beset by the rejection of others.
- In this sub-theme people are talking about the way in which they have been teased as though changing their bodies through having cosmetic surgery is the only solution to these problems. People are not considering other options as seriously, such as challenging the conception that there is indeed something 'wrong' with them. Instead they are thinking that engaging with the technology of having cosmetic surgery is a solution to the problems they have faced.
- This sub-theme may have people only focusing on the negative aspects of their appearance at the expense of reminding themselves about that which they like about how they look. They may ignore other conceptualisations that could exist about their bodies.
- People may avoid situations in which they think they might be teased.
- Some people may become obsessive about the flaws and the negative judgements others have made of them and consistently replay these thoughts, thus reinforcing a state of unhappiness about their appearance.

3.4 Constructing cosmetic surgery as reasonable

A matter that might persuade someone to have cosmetic surgery was the view that it is reasonable to be involved in the process of having cosmetic surgery. Cosmetic surgery was spoken about as though it was a practical and rational activity. ‘Constructing cosmetic surgery as reasonable’ was initiated 100 times and comprised 16% of the total theme that might persuade someone to have cosmetic surgery. There were 6 level 2 sub-themes in this level 1 sub-theme. In order of frequency these were: ‘research’, ‘doing it for myself’, ‘just like going to the hairdresser’, ‘has not changed me as a person’, ‘brave’ and ‘curiosity’.

3.4.1 Research

Through the language of research cosmetic surgery was constructed as reasonable since research is a valued concept within our society. ‘Research’ talk was initiated 38 times and comprised 6% of the total theme that might persuade someone to have cosmetic surgery. Undertaking ‘research’ was presented as a vital element to one’s decisions surrounding cosmetic surgery.

Extract 1 (From a female cosmetic surgery recipient quoted in the magazine *Woman’s Day*)

I’ve spent four years researching to find a good doctor. (Appendix 1a, 33)

Extract 2 (From a female cosmetic surgery recipient, on the HealthBoards.com discussion board)

I had a great surgeon and I did tons of research. I went online and did a ton of research. I would only have a tummy tuck after doing your homework and researching your surgeon first. (Appendix 1b, C)

Extract 3 (From a husband of a cosmetic surgery recipient, on the *Sydney Morning Herald* blog)

She spent a long time researching [her cosmetic surgery]. (Appendix 1b, D)

Extract 4 (From a female cosmetic surgery recipient, on the chat room associated with the television program *Insight*)

DO LOTS OF RESEARCH [sic]. (Appendix 1b, A)

Such accounts suggest that the decision to undergo cosmetic surgery was arrived at methodically and rationally. It is an approach that is evidence-based. Having “spent four years researching”, done “tons of research”, spent “a long time researching” and doing “LOTS OF RESEARCH” holds authoritative weight in the conversational interchange, implying that a person has gathered all the facts rigorously and deciphered the truth. The terminology of research is closely linked to the scientific paradigm, which holds veracity in society. It is assumed that research results in reliable facts. To use the term ‘research’ rather than ‘looked for’ or ‘searched’ can imply far more stringent investigative methods than may have been performed. In a study by Darisi et al. (2005) participants also viewed doing research about one’s cosmetic surgery as important.

It may be that this form of argument justifies the decision to have cosmetic surgery, which is a decision that might otherwise have been contested based on themes and sub-themes that might see cosmetic surgery as problematic (see Chapter 4). Perhaps if people did not justify their choice based on having done research others might question the veracity of their choice and wonder whether they are in a sound position to undergo the surgery.

There are a number of potential ways this sub-theme might impact people’s thinking and behaviour within society. For example:

- This account might have people feeling that their decision to have cosmetic surgery was a logical and well thought through process which may make them feel comfortable with their decision.
- The expectation that people should research may make people take more responsibility and action in order to inform themselves surrounding their cosmetic surgery than they might have done otherwise.

- Doing ‘research’ may give people a false illusion of safety given that they may only have had access to commercial advertising on, for example, the internet and are unlikely to have gained knowledge from other resources, such as the academic literature.

A variation to the research sub-theme was, for example, one man who reported that he had neither done research, nor investigated his surgery much at all. Indeed, he did not even meet his surgeon before the day of the operation.

(From a male cosmetic surgery recipient, on the television program *Insight*)

Journalist: So how did you choose where to go?

Patient: I went to an advisory centre in Brisbane. I found it in a paper in Mount Isa and I just spoke to them and then I sent photos of what I looked like and we just did it all over the phone from Mount Isa.

Journalist: You did have a consultation?

Patient: No. Just over the phone.

Journalist: Did you see the doctor other than at the time you went into surgery?

Patient: No. (Appendix 1a, 19)

It seems that whilst research has become a common criterion for approaching one’s cosmetic surgery, not everyone is positioned by this concept.

3.4.2 Doing it for myself

The notion of doing things for oneself is validated within society and hence using this phrase in relation to having cosmetic surgery constructs the decision as reasonable. ‘Doing it for myself’ talk was initiated 29 times and comprised 5% of the total theme that might persuade someone to have cosmetic surgery. Having cosmetic surgery for oneself seemed to justify a person’s engagement with cosmetic surgery. Talk was framed around the belief that cosmetic surgery should be and/or has been something that one does for oneself.

Extract 1 (From a psychologist quoted in the magazine *Cleo*)

After six months if the desire to do it is still with you, and you can honestly say you're doing it for yourself, then feel free to consider it. (Appendix 1a, 41)

Extract 2 (From a husband of a female cosmetic surgery recipient quoted in the magazine *New Idea*)

I told her 'don't do this surgery for me,' and she assured me that she was doing it for herself. (Appendix 1a, 51)

Extract 3 (From a female cosmetic surgery recipient, on the chat room associated with the television program *Insight*)

I had a tummy tuck, but it [was] for me, not my partner, he loves me as I am, I was very uncomfortable with my appearance, so it was for me only. (Appendix 1b, A)

Extract 4 (From an interview with a female cosmetic surgery recipient)

It's something I'm doing for me. (Appendix 1c, I 5)

In order to justify their engagement with cosmetic surgery people used phrases such as, “honestly...doing it for yourself”, “she was doing it for herself”, “it was for me only” and “It's something I'm doing for me”. Many people were adamant in explaining that they had cosmetic surgery for no one else but themselves. This outcome supports other authors who have also found that people have cosmetic surgery for themselves (Ancheta, 2002; Askegaard et al., 2002; Blum, 2003; Darisi et al., 2005; Davis, 1995; Dull & West, 1991; Fraser, 2003a; Fraser, 2003c; Gimlin, 2000; Henderson-King & Henderson-King, 2005; Thorpe et al., 2004; Woodstock, 2001).

Why is it so important for people to convey this message? Fraser (2003a) found a repertoire ‘Doing it for me’ which is similar to the current account. Fraser (2003a) suggested that the repertoire reflects “a contemporary preoccupation with the self as entirely independent and self-defining, as internally located, rather than as a product of culture” (p. 86). In Fraser’s (2003c) paper she found that patients were expected to “exhibit appropriately high levels of self-determination” (p. 37) in their

choice to undergo cosmetic surgery. Fraser (2003c) suggested that this style of talk was due to the high value that is placed on individualism in present society and because internally motivated characteristics are qualities currently valorised in Western culture. She stated that “Participation [in cosmetic surgery] becomes desirable not merely because it improves the appearance but because it is said to indicate the presence of a strong, internally motivated character” (p. 38). The rational autonomous decision maker (Rose, 1996) is taken-for-granted and venerated within our society and these accounts seem to reinforce this notion. Rose (1996) suggested that people in current society are encouraged to believe that it is important to be involved in activities that develop the self. Ironically many people may in fact be having cosmetic surgery for others (See Section 3.2.4 in which people are having cosmetic surgery for a relationship, and Section 3.3.3 in which people are having cosmetic surgery because they have been teased).

The presence of this style of talk was not surprising since there is a tradition within the health professions of valuing patients having cosmetic surgery for themselves (Grossbart & Sarwer, 2003; Zuckerman & Abraham, 2008). Sarwer (2006) and McGraw (Pennington and McGraw, 2008) for example both indicated that if a person was having cosmetic surgery for someone else, this was one of the factors that suggested that they were unsuitable candidates for having surgery. Research has indicated that surgeons may only want to operate if a patient is having cosmetic surgery for him or herself (Dull & West, 1991). Dull and West (1991) challenge this criterion saying that it obscures the variety of outside influences, such as friends, family, employers, cultural and social expectations that inevitably contribute to the decision to seek aesthetic improvement. It abrogates responsibility from other external factors which also could be thought central to someone’s engagement with cosmetic

surgery. In this regard, the talk perhaps positions people to think that they are more personally responsible for having cosmetic surgery than they actually are. Since people may be positioned by numerous societal forces to have cosmetic surgery, this way of talking may turn attention away from these other aspects.

There are a number of potential ways this sub-theme might impact people's thinking and behaviour within society. For example:

- It may give people a sense that they are independent in making the decision to have cosmetic surgery, which may have them being applauded by both themselves and others.
- Other people (such as, cosmetic surgery health professionals, family and friends) may feel that they do not need to be as involved in the decision making process as might be helpful since they are under the belief that cosmetic surgery patients should be doing it for themselves.
- This 'doing it for myself' way of talking might have people feeling reluctant to claim damages if something goes wrong since it was they who made the 'autonomous' decision to have surgery in the first place.
- The 'doing it for myself' construct may have people questioning and doubting their suitability for surgery if they find they have other motivations for having surgery.
- It may have cosmetic surgery clinicians placing a strong emphasis on whether or not patients are having cosmetic surgery for themselves. Clinicians may reject candidates who might have benefited from surgery.
- If candidates learn of the screening criteria prior to their appointment they may manipulate their answers to say what they know the health professional wants to hear in order for them to be accepted for a procedure. In some cases this

fact may lead some to pretend they are having cosmetic surgery for themselves when in fact there may be other influences that have led to their choice to have cosmetic surgery.

- The power given to the idea that one is having cosmetic surgery for oneself might blind some people from noticing or acknowledging other perspectives that make having surgery unsuitable for them. Because the notion of doing it for oneself is so praiseworthy the ability to notice the deleterious aspects of having cosmetic surgery may be masked.

3.4.3 Just like going to the hairdresser

Talk that described cosmetic surgery as just like going to the hairdresser constructed engaging with the process as being a sound choice because it is presented as routine. ‘Just like going to the hairdresser’ talk was initiated 14 times and comprised 2% of the total theme that might persuade someone to have cosmetic surgery. People talked about cosmetic surgery as though it was a day-to-day regular activity, that is, it was ‘just like going to the hairdresser’.

Extract 1 (From a journalist and a female who was contemplating having cosmetic surgery, on the television program *Insight*)

Journalist: Do you think for you it will become something like going to the hairdresser?

Respondent: That’s exactly how I see it and that’s exactly how I will save for it and regularly come here every four months. (Appendix 1a, 19)

Extract 2 (From a female who was contemplating cosmetic surgery, on the television program *Insight*)

So I see it [cosmetic surgery] the same as getting braces [for teeth]. (Appendix 1a, 19)

Extract 3 (From a female cosmetic surgery recipient quoted in the magazine *Marie Claire*)

But to me, [having cosmetic surgery is] like having a mole removed to improve your sense of self. (Appendix 1a, 50)

That cosmetic surgery is just part of routine self-maintenance procedures, equivalent to going to the hairdresser, getting orthodontic braces or having a mole removed shows how there is an acceptance of cosmetic surgery in society. Indeed, it seems from these extracts that there is almost an expectation of its use. People in society are receiving popular messages that cosmetic surgery is a commonplace activity. For example, *The Australian Women's Weekly* (2008) conducted a survey that found that 9% of Australian female respondents had undergone cosmetic surgery, whilst 45% would consider having cosmetic surgery.

In the language used in this sub-theme cosmetic surgery is seen as a normal way of maintaining the body. It becomes considered as a routine cultural ritual, thus normalising cosmetic surgery, which gives people the permission to engage with its practices. This normalisation may be a reason why more people are having cosmetic surgery than have done in the past. Where cosmetic surgery used to be seen as something only the stars or the very wealthy did (Elliot, 2008), and thus outside the realms of necessity for the general public, it is now seen as a generalised practice by a broader population.

The increasing acceptance of cosmetic surgery alluded to in this sub-theme was also described by Dull and West (1991). These authors found that many participants in their study described the desire for cosmetic surgery as 'normal' and suggested it was similar to buying makeup or having one's hair done. Similarly, Gilman (1999) reported a young woman's view on cosmetic surgery where she said "It's just like piercing your ears. Everyone is doing it now" (p. 105). Nash (1995) described a surgeon who had told his patient that having cosmetic surgery was "just like having a tooth out" (p. 10). Sullivan (2001) too found a theme in her research called 'everybody's doing it'. Woodstock (2001) suggested that cosmetic surgery had

become a “normalised, commonplace practice exercised by the average person” (p. 434). Askegaard et al. (2002) indicated that the general attitude is that it is legitimate to correct a problematic body through cosmetic surgery. The finding of this sub-theme also relates to Brook’s (2004) research in which she found that talk about cosmetic surgery normalised the process.

This way of talking seemed to be a part of a general movement in society where cosmetic surgery is becoming increasingly normalised (Jones, 2006). Morgan (2000) suggested that there was a dilemma regarding the increased normalisation of cosmetic surgery: “This shift is leading to a predictable inversion of the domains of the deviant and the pathological, so that women who contemplate not using cosmetic surgery will increasingly be stigmatised and seen as deviant” (Morgan, 2000, p. 28). This idea presented by Morgan (2000) could invite us to consider how significant we want the role of cosmetic surgery to be in our lives in society. Opportunities for debate and discussion about the normalisation of cosmetic surgery could be encouraged, so that multiple standpoints are given voice.

There are a number of potential ways this sub-theme might impact people’s thinking and behaviour within society. For example:

- The talk may make it possible for people more easily to discuss with others their having cosmetic surgery since it does not seem so unusual or surprising. Therefore, the conception may lessen the stigma that might be attached to cosmetic surgery, such as that which is in the ‘feminism’ sub-theme (see Section 4.5.3) and the ‘unresolved psychological or self-esteem issues’ sub-theme (see Section 4.5.2).
- This way of labelling surrounding cosmetic surgery may make having operations more available for people who would not previously have

considered surgery. It may lessen inhibitions that may formerly have cautioned people, that would normally have had them questioning cosmetic surgery.

- It puts cosmetic surgery in the realm of every day activities that may diminish the seriousness of what is in fact an invasive surgical procedure with all its inherent risks (see Section 4.2.1). This impact may make cosmetic surgery ‘too easy’ for people to access.
- The sub-theme may have a subtle message. Where today the convention is to judge people poorly if they show inattention to grooming or care of teeth (Scott, 2005), so too is it possible that such judgements may develop towards those who do not embark upon cosmetic surgery to correct perceived flaws.

3.4.4 Has not changed me as a person

People validated their engagement with cosmetic surgery, saying that they were not radically changed as a person and hence it was reasonable to engage in the process. ‘Has not changed me as a person’ talk was initiated 9 times and comprised 1% of the total theme that might persuade someone to have cosmetic surgery. Some people expressed the notion that cosmetic surgery has not changed them. This talk suggested that cosmetic surgery would not or has not changed the cosmetic surgery recipient ‘as a person’, only physically.

Extract 1 (From an interview with a female cosmetic surgery recipient)

I didn’t get rid of them thinking ‘ok now I’m going to be Madonna’, or something like that. You know, I got rid of them because I don’t like them, so as far as expecting it to change me, I certainly wasn’t expecting it to change me, mentally or emotionally, but definitely physically. (Appendix 1c, I 2)

Extract 2 (From an interview with a female cosmetic surgery recipient)

the surgery hasn’t made me who I am. I was who I am before that. (Appendix 1c, I 1)

Extract 3 (From an interview with a female cosmetic surgery recipient)

I feel sorry for those out there who think it's going to change their whole entire life. (Appendix 1c, I 2)

In these extracts the cosmetic surgery recipients were presenting the view that the cosmetic surgery they have had purely made physical changes. It seems relevant to note how making this clarification seemed important to them. It presented people as though they did not have a huge investment in expecting that cosmetic surgery will change them as a person. This account seems to be about the need to reassure the cosmetic surgery recipient and others that they were staying the same. People seemed to see it as critical that the physical changes of having cosmetic surgery had not or would not affect how they should be perceived as a person. It appeared to position people favourably for having held on to their personal qualities. Hence the emphasis was on the physical change and not the person changing. The concept of mind-body dualism is relevant here (Wilson, 1978; Thompson & Hirschman, 1995; Budgeon, 2003). This sub-theme enforced the notion that the mind and body were distinct and that the mind is privileged over the body (Budgeon, 2003), since the person, or mind, was said to remain the same after having cosmetic surgery.

The pattern of talk was analogous to one of Davis' (1995) participants who spoke of how doctors had warned her of a 'complete change in personality' following surgery. The woman, however, reported that surgery had not made her a different person and had only altered her appearance. Likewise, the people in the current study have said that their looks had changed from having cosmetic surgery but it did not change or disrupt the type of people that they were. They seemed to be stressing that they had an identity that was separate from their looks and this had remained constant.

There are a number of potential ways this sub-theme might impact people's thinking and behaviour within society. For example:

- It might make people feel more comfortable proceeding with physical changes since they believe that it won't change every aspect of them.
- It may help people hold onto understandings of themselves that they want to retain. The sub-theme legitimates staying connected to aspects of their pre-operative identity rather than having to radically change their persona, despite their appearance being altered.
- When people use this pattern of talk in conversations with others it might remind and reassure other people that recipients still retain their core qualities and that the change has only been aesthetic. This might help others to appreciate them for more than just their looks (See Section 4.5.1).
- The style of talk may have the intention of keeping cosmetic surgery recipient's 'feet on the ground' and may circumvent the assumption that people may become self-satisfied and arrogant because of their improved appearance, which might have produced a change in personality.
- It may force people into minimising the extent to which cosmetic surgery has in fact changed them.

3.4.5 Brave

Bravery affirmed the choice to have cosmetic surgery since it praised the recipient. 'Brave' talk was initiated 5 times and comprised 1% of the total theme that might persuade someone to have cosmetic surgery. Appreciation of and respect towards the cosmetic surgery recipient was demonstrated in some accounts which oriented around the idea that people who have cosmetic surgery are brave. This idea suggested that it takes courage to have cosmetic surgery.

Extract 1 (From an interview with a female cosmetic surgery recipient)

They all can't believe I had the guts to just [have cosmetic surgery]. So they were just like, 'we wish we had the guts to do what you did'. (Appendix 1c, I 1)

Extract 2 (From an interview with a female cosmetic surgery recipient)

I find [there are] people that haven't got the money, the balls or the confidence in themselves to do what they want for themselves. Whereas, I won't sit here and go 'I really hate my body, I hate my hair, I wish I could lose weight' and just sit there and whinge about it and do nothing. I don't like it, I'll change it. (Appendix 1c, I 1)

Extract 3 (From an interview with a female cosmetic surgery recipient)

Like you get brave and then I was thinking hmmm I'd really like to have my nose straightened. (Appendix 1c, I 3)

The talk within this account positioned people to see themselves as brave for undergoing cosmetic surgery. It produced a form of accolade for the person who had surgery and implied an admiration of the individual. This encouragement may have people believing that having cosmetic surgery is a desirable choice. In the first extract the people surrounding the woman were surprised that she had “the guts” to have cosmetic surgery. In our society “guts” is a word that is used with respect for those who possess this quality. Similarly in the second extract having “the balls or the confidence in themselves” represented enviable attributes. In the third extract cosmetic surgery was referred to as requiring bravery to undergo a procedure. Given that bravery is a quality that is celebrated within society, this talk represents cosmetic surgery recipients as worthy and noble people. This ‘bravery’ style of talk corroborates with Brooks (2004) who suggested that people have come to see those who have cosmetic surgery as possessing courage and virtue.

The accounts are also similar to a repertoire found by Fraser (2003c) called ‘Pride in the battle’ in which “participants are characterised as possessing ‘considerable courage’ ” (p. 29) for undergoing cosmetic surgery and thus are heroised. Jones (2006) too suggested that cosmetic surgery was constructed as hard

labour and was something that “only the hardiest and most motivated consider” (p. 17). By implication, she argued that cosmetic surgery became seen as an act of courage and bravery. Davis (1995) also found the presence of ‘bravery’ talk in her research. She suggested that:

It is not surprising that women portray cosmetic surgery as a courageous act. The opposition to their decision places them in the position of having to disregard the wishes and opinions of others in order to ‘do something for myself’. (p. 127)

Like Davis’ (1995) finding, in the current study it may be that people consider themselves brave to have had cosmetic surgery because they have overcome obstacles such as the risk (See Section 4.2.1) and pain (See Section 4.2.3) involved in surgery and the disparaging judgements others make of them (See Section 4.3.2).

There are a number of potential ways this sub-theme might impact people’s thinking and behaviour within society. For example:

- This sub-theme may make people realise the magnitude of the process that they have chosen to undergo.
- Naming people as brave for undergoing cosmetic surgery may produce for cosmetic surgery recipients a particular notion of self (Rose, 1996). Being defined as brave might make recipients feel proud of their ‘achievement’ and have them thinking that they are admired, praiseworthy and strong. This raises questions about the impact of such naming of the self. It may be that having such notions makes the decision to have cosmetic surgery ‘too easy’ for people. They may not consider sufficiently the problems and limitations, such as the risks (See Section 4.2.1), of cosmetic surgery before undergoing the

procedure. Therefore, it might be a dangerous conception if it guides people's thinking without the influence of other, more 'balancing' views.

3.4.6 Curiosity

The curiosity that was roused about cosmetic surgery recipients had an affirming effect on their choice to undergo surgery. 'Curiosity' talk was initiated 5 times and comprised 1% of the total theme that might persuade someone to have cosmetic surgery. People described the curiosity that others had towards their cosmetic surgery.

Extract 1 (From an interview with a female cosmetic surgery recipient)

In my close group of friends... a lot of them found out... it spread like Chinese Whispers. One night everybody was coming up to check out the goods and fire a hundred thousand questions at me and all the husbands were like, 'yeah we're [their wives are] definitely going to get that done when you're [the wives] finished with the kids'. (Appendix 1c, I 3)

Extract 2 (From an interview with a female cosmetic surgery recipient)

Most people I meet just go 'wow, awesome, why did you do it', they're like, 'they're great' or 'how much did it cost?', 'did it hurt?', they get so excited, like I've been in clothes shops and trying on dresses, because I don't have to wear a bra, a lot of women are very jealous, and this woman said to me 'that looks great on you' and I'm like 'oh thank you' and she goes 'if I had the perfect body and boobs like you, I'd wear it' and I've gone 'well, I paid enough for them' and it was just like that... and she's just gone 'what?' and I'm like 'ohh'. And she's going 'no way'. So, I'm in a clothes store and I've got her and her daughter and a friend touching my boobs and asking me every question and like, 'oh we really want to do it' and I'm like 'well go for it'. (Appendix 1c, I 1)

As is evidenced in these extracts people were interested to know more about a person's cosmetic surgery, to examine the 'work' ("One night everybody was coming up to check out the goods") and ask questions ("fire a hundred thousand questions at me", "why did you do it?", "how much did it cost?", "did it hurt?", "asking me every question"). Such 'curiosity' talk perhaps positions people to over-ride secrecy talk (See Section 4.3.1) in that people are required to talk freely about their surgery. Also,

the site of cosmetic surgery seemed to become an object for others' scrutiny, almost as though it was detached from the individual ("So, I'm in a clothes store and I've got her and her daughter and a friend touching my boobs"). It is of note that this style of talk was only present with individuals who had undergone breast augmentations. It may be that within society having breast implants is like having a new fashion accessory, such as a new handbag or shoes, and hence people feel they have the permission to discuss it openly.

There are a number of potential ways this sub-theme might impact people's thinking and behaviour within society. For example:

- Since this curiosity tends to be positive it might have an affirming effect on people's choice to have cosmetic surgery.
- It has recipients realising that others are aware of, interested in and drawn towards the results of their cosmetic surgery.
- For those who express the curiosity they might be nudged into having cosmetic surgery because they are convinced into thinking it looks so good. For example, the men who were referred to in the above extract suggested that their wives should have a breast augmentation after they are "finished with the kids". This may have the wives thinking that they should pursue surgery and they may experience their bodies as a commodity.
- The focus on the breasts from others may make recipients feel scrutinised and embarrassed that their body is being appraised in this way.
- Others making judgements about one's body, such as a partner, may result in the person asking for surgery they do not want. Therefore, having surgery may not be for the 'self' but for the 'other'.

3.5 Conclusion

This chapter focused upon the theme of ‘Factors that might persuade someone to have cosmetic surgery’. The three level 1 sub-themes and eighteen level 2 sub-themes that comprised this theme were discussed. The sub-themes appeared at varying frequencies and the proportions were included at the beginning of each sub-theme. Illustrative extracts were presented and the way in which the sub-theme seems to function or might potentially impact thinking and behaviour was explored.

4 Factors that might dissuade someone from having cosmetic surgery

4.1 Overview

This chapter deals with the second overarching theme, that of ‘Factors that might dissuade someone from having cosmetic surgery’. There were 4 level 1 sub-themes and these are presented in order of frequency: ‘constructing cosmetic surgery as involving physical problems’, ‘constructing cosmetic surgery patients in a judgemental light’, ‘constructing the cosmetic surgery industry as problematic’ and ‘constructing the use of cosmetic surgery as concerning’. There were 4 level 2 sub-themes within ‘constructing cosmetic surgery as involving physical problems’. In order of frequency, these were: ‘risks’, ‘botched jobs and complications’, ‘pain’ and ‘scars’. There were 4 level 2 sub-themes in ‘constructing cosmetic surgery patients in a judgemental light’. In order of frequency, these were: ‘secrecy’, ‘disparaging’, ‘hard work’ and ‘vanity’. There were 2 level 2 sub-themes in ‘constructing the cosmetic surgery industry as problematic’. In order of frequency, these were: ‘cost’ and ‘ethics of the cosmetic surgery industry’. There were 3 level 2 sub-themes in ‘constructing the use of cosmetic surgery as concerning’. In order of frequency, these were: ‘more than just one’s looks’, ‘unresolved psychological or self-esteem issues’ and ‘feminism’. The table on the following page (Table 2) presents the number of instances of level 1 and level 2 sub-themes within the theme. The total number of instances of each level 1 and level 2 sub-theme is represented as a percentage of the total number of instances in the dissuading theme. Each level 1 and level 2 sub-theme is addressed individually. Extracts are provided to illustrate the talk that comprised

the themes and sub-themes. The results are discussed and related to findings from other authors. The potential effect the themes and sub-themes might have on people's thinking and behaviour within society is explored. Some of the discussion about the findings and ideas about people's thinking and behaviour are incorporated into the establishment of the questions proposed in the clinical framework in Chapter 6. On some occasions exceptions to the themes and sub-themes are presented.

Table 2

Proportions of level 1 and level 2 sub-themes in ‘Factors that might dissuade someone from having cosmetic surgery’

Factors that might dissuade someone from having cosmetic surgery	Total number of instances of the level 1 or level 2 sub-theme	Percentage of the theme that is comprised by this level 1 or level 2 sub-theme
Constructing cosmetic surgery as involving physical problems	239	52%
Risks	93	20%
Botched jobs and complications	60	13%
Pain	54	12%
Scars	32	7%
Constructing cosmetic surgery patients in a judgemental light	101	21%
Secrecy	33	7%
Disparaging	26	6%
Hard work	21	4%
Vanity	21	4%
Constructing the cosmetic surgery industry as problematic	72	15%
Cost	62	13%
Ethics of the cosmetic surgery industry	10	2%
Constructing the use of cosmetic surgery as concerning	56	12%
More than just one’s looks	33	7%
Unresolved psychological or self-esteem issues	12	3%
Feminism	11	2%
Total	468	100%

4.2 Constructing cosmetic surgery as involving physical problems

Physical problems that can ensue from having cosmetic surgery may deter people from involving themselves in the process. This style of talk has people understanding that cosmetic surgery can bring physical problems. 'Constructing cosmetic surgery as involving physical problems' was initiated 239 times and comprised 52% of the total theme that might dissuade someone from having cosmetic surgery. There were 4 level 2 sub-themes within this level 1 sub-theme. In order of frequency, these were: 'risks', 'botched jobs and complications', 'pain' and 'scars'.

4.2.1 Risks

People described the problem of inherent physical risks that can occur during cosmetic surgery. 'Risks' talk was initiated 93 times and comprised 20% of the total theme that might dissuade someone from having cosmetic surgery. People seemed to identify risks as an important issue to consider in decisions surrounding cosmetic surgery.

Extract 1 (From Beth Wilson who worked for the Victorian Health Services Commission, on the television program *Insight*)

It's very, very difficult for the public to know who does what, who's qualified to do what, and the information that's being given at the moment is through advertisements. I'd like to see warning signs on some advertisements like we have on cigarettes almost. Warnings that 'this procedure does carry severe risks with it' . (Appendix 1a, 19)

Extract 2 (From gender unknown, cosmetic surgery recipient status unknown, on the chat room associated with the television program *Insight*)

REMEMBER IT IS SURGERY AND THERE ARE RISKS [sic] (Appendix 1b, A)

Extract 3 (From an interview with a male non-recipient of cosmetic surgery)

One has to be practical about this and realise that there are risks in cosmetic surgery and it's not just something that people can embark upon willy nilly,

that it's a serious issue and there are serious outcomes which may not be what the person expects. (Appendix 1c, I 13)

Extract 4 (From gender unknown, cosmetic surgery recipient status unknown, on the Sydney Morning Herald blog)

A lot of people seem to forget that plastic surgery is surgery – with risks. For all you know you could end up with a nose like Michael Jackson! (Appendix 1b, D)

In these extracts it is emphasised that cosmetic surgery is serious and has complications and problems (“this procedure does carry severe risks with it”, “IT IS SURGERY AND THERE ARE RISKS”, “there are serious outcomes” and “surgery is surgery - with risks”). This finding about risks is consistent with both Sullivan (2001) and Gimlin (2000) who found discussion about risks in their data.

There are a number of potential ways this sub-theme might impact people’s thinking and behaviour within society. For example:

- Considering the risks may equip potential candidates with knowledge that better informs their choices surrounding cosmetic surgery.
- ‘Risks’ talk may serve as a reminder that cosmetic surgery is not just about awesome transformations (see Section 3.2.2) and positive life change (see Section 3.2.1), but it also carries dangers that are associated with any form of surgical procedure.
- It may have people alerted to the potential hazards of surgery.
- The talk about risk may shape people’s thinking in such a way that they become wary of cosmetic surgery because of its inherent danger.
- It may be that this concern about risks acts as a barrier to people’s decision to have cosmetic surgery for they are worried about what might happen to them.

- The risks that are involved in surgery may serve to alarm those with whom the candidate associates. It may have those people attempting to dissuade the candidate from being involved in a procedure.

4.2.2 Botched jobs and complications

Physical problems that were associated with cosmetic surgery were botched jobs and complications. ‘Botched jobs and complications’ talk was initiated 60 times and comprised 13% of the total theme that might dissuade someone from having cosmetic surgery. People seemed worried about the problem of botched jobs and complications. The following extracts captured the concern that people felt about these physical issues.

Extract 1 (From a male cosmetic surgery recipient, on the chat room associated with the television program *Insight*)

I had rhinoplasty about 20 years ago done by [a] plastic surgeon and ended up badly disfigured (looking like Michael Jackson). It wrecked my life and there was nothing I could do about it. (Appendix 1b, A)

Extract 2 (From a female cosmetic surgery recipient, on the television program *Four Corners*)

This is the very first operation. You can see the implants are round and large, and its immediately after, a couple of days after, So, the nipples are still sitting on the halfway line, and within a couple of weeks, the nipples... moved to about that position there as the implant relaxed and dropped. The pocket that was cut to accommodate the implant was too low. The implant was literally sagging below the original breast line. There was a fold for my natural breast, and the implant sagging below it. (Appendix 1a, 18)

Extract 3 (From gender unknown, cosmetic surgery recipient, on the HealthBoards.com discussion board)

I am very distressed because I had a mini lift... seven days ago and I feel as if the right side of my face is paralysed!! I can't flare my right nostril and can only smile on the left side. I can't spread my lips to show all of my teeth – only those on the left side!!! My [plastic surgeon] said that the nerves have been traumatised and that the feeling should return in about two weeks. I am so scared because I don't know if it will. (Appendix 1b, C)

In these extracts people described the problematic outcomes that eventuated from having cosmetic surgery. The concern that people express within each of these

extracts about the impact of their post-surgically deformed look seems to reflect how all encompassing the importance of looks can be. For example in the first extract the person said that looking like Michael Jackson had wrecked his life. In the second extract the unrelenting description of failing results exemplifies how if the surgery is not executed with competence the body can be damaged. In the third extract, the person expressed distress and fear about the paralysis caused by cosmetic surgery.

There are a number of potential ways this sub-theme might impact people's thinking and behaviour within society. For example:

- The style of talking in this sub-theme about difficulties might position people to be wary of having cosmetic surgery. Because cosmetic surgery has gone wrong for other people it may deter some from being involved lest the same thing should happen to them.
- The issue of having a botched job may make people cautious about which surgeon to choose.
- If the operation is a botched job or has complications people may have to negotiate new meanings about their body image.
- People who have had a botched job would have to deal with their anger, anguish and despair at what has been ruined.
- People may contemplate litigation as a response to the botched job and complication.
- For those who have extreme malformation, they would have to learn how to relate in the world despite having these problems.
- People may have to renegotiate their interactions with those with whom they associate because the relationship may have become awkward due to the deficit.

- Friends and family may experience shock and despair as a reaction to the botched jobs and complications observed in the recipient.

A variation or contradiction to the message about botched jobs and complications is the idea that cosmetic surgery is quick and easy, without complication or concern:

(From an advertisement in the newspaper *Sunday Mail*)

Walk in, walk out. Back to work in 1-3 days. (Appendix 1a, 24)

Therefore whilst talk about botched jobs and complications was present within the data, there were occasions in which a different view was presented. It should be noted that this view was offered by the provider not the recipient.

4.2.3 Pain

The issue of pain was a further physical problem that was described. ‘Pain’ talk was initiated 54 times and comprised 12% of the total theme that might dissuade someone from having cosmetic surgery. Pain was often commented upon by those who had undergone cosmetic surgery. People seemed unprepared for the pain that they experienced.

Extract 1 (From a female cosmetic surgery recipient, on the HealthBoards.com discussion board)

I opted to have it with just locals and a sedative. During the operation I didn't know you could ask for more sedative. I wondered what that masked nurse was doing just sitting in a chair. That was a miscommunication as I would have asked for more since it was not a pleasant experience. Some people would rather be put under completely. Of course that cost more money and as the dr. said later, I just thought you wanted to “tuff” it out. (Appendix 1b, C)

Extract 2 (From an interview with a female cosmetic surgery recipient)

Respondent: It was more painful than I would have ever imagined. It felt like my sternum had been broken but at times lying on my back, which is all you can do, I was quite convinced that he'd actually broken it in the process.

Interviewer: Had you been warned about the pain?

Respondent: Yeah to a degree but nothing can really prepare you for that. I guess if they had told me that you can liken it to the feeling of your sternum being broken then I would have had some idea... It's just like childbirth. You don't really know until you go there. (Appendix 1c, I 3)

Extract 3 (From an interview with a female cosmetic surgery recipient)

I was more limited than I thought I would be. It was a big surprise just how much pain I was in. (Appendix 1c, I 3)

In the first extract the terminology “tuff it out” seems to indicate that there may be a perception within the medical field that those who have cosmetic surgery may not mind experiencing pain. This individual was so distressed that she would prefer to have been anaesthetised. In the second extract the woman experienced far more pain than she had expected to the point where she drew parallels with the pain of childbirth. In the third extract the participant talked about being surprised by the pain she was in. What is significant in these extracts is that people seem to be surprised by the pain. This finding is in accord with Nash (1995) who wrote that “nothing the doctor says fully prepares you for the physical and psychological trauma of cosmetic surgery” (p. 2). It also concurs with Elliot (2008) who described a makeover contestant who when asked what was her biggest post-surgery surprise said “the pain and how much it really did hurt” (p. 57). Vornamen (2003) too described significant pain when undergoing her cosmetic surgery.

Perhaps people are not being warned of the pain or maybe pain management is not as organised as might be the case in other forms of surgery. In this regard, George (2003) reported that it was common knowledge that women who were in hospital recovering from cosmetic surgery do not receive as much pain medication from nurses as patients who did not ‘choose’ (that is having a procedure of ‘real’ medical need) to be in hospital. Because having cosmetic surgery is seen as a ‘choice’ medical staff may not be as sympathetic about or aware of pain as they are with people who

have non-cosmetic treatments. Medical staff may feel that pain medication is not a priority since recipients did not 'really need' to be in hospital anyway. Indeed Shore (1992) contended that there is a tendency for surgeons to minimise the pain involved in cosmetic surgery. Alternatively, it may be that since people view cosmetic surgery as a simple process like going to the hairdresser (See Section 3.4.3), they may talk themselves into denying that flesh and bone will be cut.

There are a number of potential ways this sub-theme might impact people's thinking and behaviour within society. For example:

- Accounts about pain may position people to have fear when contemplating cosmetic surgery.
- It may mean that people experience shock during or following surgery because of the physical discomfort they endure.
- It seems important to consider that perhaps people are so committed to the idea that cosmetic surgery is going to be beneficial to them that listening to warnings about pain is something they are unable to do.
- Some people may choose not to have cosmetic surgery because they do not want to endure the associated pain.
- There may be reticence on the part of cosmetic surgery recipients to ask for pain relief because there seems to be a general attitude that people should endure it.
- Since some practitioners may not prioritise pain treatment, recipients may not be asked whether they want to have pain relief.
- People may internalise a view as a result of this sub-theme that pain is something they must suffer.

- For those who are experiencing pain there may be a struggle with day-to-day activities. This may be particularly concerning for those who live alone without the support of others.

There were contradictions to pain talk in that some people said they did not have much or any pain after having surgery:

(From a female cosmetic surgery recipient, on the television program *Body Work*)

From what I understand [from] all my friends who had it done, they had pain the next day. Well, I had no pain. (Appendix 1a, 9)

Another recipient explained:

(From a female cosmetic surgery recipient quoted in the newspaper *The Advertiser*)

it looks a scary process on TV but it was a painless experience (Appendix 1a, 44)

There were also advertisements that suggested there would be no pain. It should be noted that this extract was from the provider, not a recipient:

(From an advertisement in the magazine *Adelaide Review*)

Pain free laser solution. (Appendix 1a, 26)

Therefore, whilst talk about pain was present in the data, there were exceptions.

4.2.4 Scars

Talk about scars constructed cosmetic surgery as potentially marring recipients' appearance. 'Scars' talk was initiated 32 times and comprised 7% of the total theme that might dissuade someone from having cosmetic surgery. People expressed concern about scarring as a result of cosmetic surgery. For example, some discussed not wanting a scar.

Extract 1 (From a female who was contemplating having cosmetic surgery, on the HealthBoards.com discussion board)

I have not consulted a [plastic surgeon] yet because I am hesitant about the very large scar from a TT [Tummy Tuck] I see in most of the before and after photos on various websites. I don't mean to offend anyone here, but for most of the photos, I find the scar to be a very ugly thing and I can't imagine myself looking like I have been sawed in two. I am wondering how sexy you feel with something like that so visible? I know that my excess "flab" in my stomach is not the most sexy thing either, but boy, some of those after photos are hideous (again no offence to anyone). Please share your thoughts/experiences with the "scar". (Appendix 1b, C)

This person did not want to have a scar because she found the scar “to be a very ugly thing”. It was limiting her to the extent that she had not even talked to a doctor about having her desired operation. Her language of it being “not sexy” and “hideous” defines the presence of a scar as abhorrent. That which is meant to improve looks simultaneously can produce an undesirable appearance.

People were worried about the appearance or look of the scar.

Extract 2 (From a female who was contemplating having cosmetic surgery, on the HealthBoards.com discussion board)

The removal apparently involves an incision of no more than 3 mm which sounds trivial, but when I had some moles removed from my upper body I found I had a propensity for keloid scarring, and in fact the scars looked much worse than the moles ever did. (Appendix 1b, C)

Extract 3 (From an interview with a male cosmetic surgery recipient)

and so while the scar underneath the nipple is fine and that can hardly be seen, it's the small scar on the side, so if I were to go topless and people were to see me with my shirt off, they would always know that I had undergone some operation, so they'd always say well 'how did you get that?' (Appendix 1b, I 6)

Within extract 2 the concern about a keloid scar was having the person doubt whether she should have surgery. In extract 3 the man was worried about how others might react when they saw his scar. It seems that when others asked about it he would then have to find an explanation and he did not feel comfortable telling them the truth. In this sense his concern about scars seemed to relate to secrecy (see Section 4.3.1) in

that he would find it hard to know what to say about the scar without having to reveal that he had received cosmetic surgery.

People talked about how to hide the scar.

Extract 4 (From a female cosmetic surgery recipient, on the Healthboards.com discussion board)

I am somewhat of a perfectionist by nature and still not happy with the scar lines (which you can cover pretty much with eyeliner if you like to wear it). (Appendix 1b, C)

In this extract it seemed that the person found strategies to camouflage the scar. The scar was something people wanted to hide or make as invisible as possible. The versions produced in the extracts presented in this sub-theme are similar to Blum's (2003) and Davis' (1995) findings that people speak of scarring when they discuss cosmetic surgery. It is useful to contemplate why this issue is of concern to people, what scars represent in our culture and why it would be important to someone to be working out resolutions to the problem. Gilman (1999) provided some answers stating that "Scars tell the world the patient's secret. They are the shadow presence of what the patient wished to hide" (p. 48). In some cases the unsightly scar might be perceived as a more significant disfigurement than the problem presented prior to surgery (Gilman, 1999).

There are a number of potential ways this sub-theme might impact people's thinking and behaviour within society. For example:

- If people have a scar about which they feel uncomfortable they may engage in an obsession with constantly covering it.
- People may become socially awkward about others seeing the scar. They may also be overly concerned about ensuring that others do not see it.

- People might develop a negative body image that is not the result of the flaw that had them seeking surgery, but rather because they are unhappy with the appearance of the scar.
- People may feel despondent that cosmetic surgery has not lived up to their expectation.
- People might feel judged or be afraid that others might judge them for having a scar.
- For those with whom recipients come into contact the scar might produce a range of responses, for example, the onlooker may feel repulsed, surprised, shocked, embarrassed, uncomfortable and perhaps even sympathetic.

A contradiction to the general trend about seeing scarring as a problem was that some appeared not to be bothered by the scar:

(From a journalist reporting about the celebrity Pete Burns in the magazine *New Weekly*)

He was proudly displaying his fresh scar for everyone to see. (Appendix 1a, 31)

Therefore, whilst a number of people described concern about having a scar, the sentiment was not expressed by everyone.

4.3 Constructing cosmetic surgery patients in a judgmental light

A matter that might dissuade people from having cosmetic surgery is that they might be judged negatively. The onlooker is viewing the recipient unfavourably within this style of talk. ‘Constructing cosmetic surgery patients in a judgmental light’ was initiated 101 times and comprised 21% of the total theme that might dissuade someone from having cosmetic surgery. There were 4 level 2 sub-themes in

this level 1 sub-theme. In order of frequency, these were: ‘secrecy’, ‘disparaging’, ‘hard work’ and ‘vanity’.

4.3.1 Secrecy

Because some people see cosmetic surgery in a negative light this makes recipients cautious in talking about their cosmetic surgery, which has them being secretive. ‘Secrecy’ talk was initiated 33 times and comprised 7% of the total theme that might dissuade someone from having cosmetic surgery. Some people felt the need to keep secret the fact that they have had cosmetic surgery. Many people did not want to tell others about having had surgery.

Extract 1 (From a male cosmetic surgery recipient in the magazine Cleo)

I didn’t tell anyone about the surgery. I tried to pass it off as the result of a strict diet. I was a bit embarrassed because it’s not a very male thing to have done. (Appendix 1a, 40)

Extract 2 (From a person seeking cosmetic surgery, gender unknown, on the Healthboards.com discussion board)

Person 1: What excuse can I use? Is there any way to side track or mislead them into thinking something else? Do I just tell them that I have had surgery and the hell with what they think?

Person 2: Tell them you’re going on vacation, and when you get back they will comment on how ‘rested’ you look... and you can just smile and it will be your little secret! (Appendix 1b, C)

Extract 3 (From an interview with a female cosmetic surgery recipient)

Respondent: Because my friends don’t know about it as I told you because I think ‘why should I?’. I told one of my friends and told her ‘look please don’t tell anybody’. Even the thought of her knowing made me feel uncomfortable... I mean my friends are lovely and I’m sure they would want me to tell them. I would tell them one day, but not now.

Interviewer: Do you know when would be the right time to tell them?

Respondent: I haven’t even told my best friend... Maybe one day I will when I trust, I will. Maybe just my best friend, because you don’t want to tell the whole world. (Appendix 1c, I 4)

There was particular language surrounding this secrecy, such as “pass it off as the result of a strict diet”, “mislead them”, “tell them you are going on vacation” and “the thought of her knowing made me feel uncomfortable”. These sentiments highlight

how awkward it was for some cosmetic surgery recipients to ‘admit’ having had a procedure. It may be considered why the issue of secrecy exists. Perhaps people are worried about being labelled vain (see Section 4.3.4). Also, as the first extract indicates the man concerned did not consider having cosmetic surgery a “very male thing to have done”. Another premise may be that people feel that they should have achieved the results of their body through alternative means such as ‘hard work’ (see Section 4.3.3). Further, some may be troubled that they would be labelled as psychologically maladjusted (see Section 4.5.2). Whatever the reason, it would seem that secrecy flows from a stigma that is attached to cosmetic surgery. The presence of the secrecy sub-theme supports other authors who too have found secrecy impacting individuals surrounding cosmetic surgery (Bradbury, 1994; Davis, 1999; Devine, 1982; George, 2003; Gimlin, 2000; Sarwer et al., 2005b).

There are a number of potential ways this sub-theme might impact people’s thinking and behaviour within society. For example:

- Secrecy talk might mean that people are given the permission to be private about their cosmetic surgery.
- Secrecy tends to position people not to talk about their cosmetic surgery.
- One effect of this language is that it may place people in a dangerous position in that it may isolate them. People may not tell anyone that they have had surgery and then be left alone to fend for themselves following a procedure, perhaps suffering pain.
- It may mean that people do not share with others and therefore they do not have support through the journey with those who would ordinarily be there for them.

- The existence of the secrecy sub-theme creates an impression that cosmetic surgery is bad and something about which to be ashamed. This judgement might produce guilt about being involved in the process.
- Secrecy may damage relationships because of feelings of betrayal from the dishonesty.

A contradiction to this secrecy talk is that some people were not secretive about their cosmetic surgery. In fact some were very open about it.

(From an interview with a female cosmetic surgery recipient)

Interviewer: Because something that seems to be quite prevalent surrounding cosmetic surgery, for some people, is not being able to talk about it and I was just wondering if you were affected by that in any way?

Respondent: Not at all. I told all my friends. I tell people now. (Appendix 1c, I 1)

Hence, whilst secrecy was prevalent there were variations where people felt free to share their experience of cosmetic surgery with others.

4.3.2 Disparaging

Disparaging comments had those involved in cosmetic surgery being evaluated in a judgemental light. ‘Disparaging’ talk was initiated 26 times and comprised 6% of the total theme that might dissuade someone from having cosmetic surgery. There was a judgmental quality within people’s talk in reference to those who used cosmetic surgery. Those who were deemed to have gone ‘overboard’ with their cosmetic surgery were being criticised for ‘going too far’ by using a disparaging tone. People spoke in ways that indicated that the person who had had cosmetic surgery did not meet social approval.

Extract 1 (From a journalist reporting about cosmetic surgery recipient Priscilla Presley in the magazine Women's Day)

They fear it is only time before the one-time beauty becomes a laughing stock like former son-in-law Michael Jackson. (Appendix 1a, 34)

Extract 2 (From a male, cosmetic surgery recipient status unknown, on the Sydney Morning Herald blog)

One day when travelling up in the lift an "older" lady shared the lift with us. I nudged my wife and motioned towards this woman's calves. Honestly it looked like she had 2 half grapefruits to replace her calf muscles. When we got out of the lift the lady turned towards us and we saw her face & my immediate thought was... why didn't you spend that money on a facelift instead of calf implants. We followed her down the hall and sure enough she went into the cosmetic surgery office. Honestly how ridiculous to think that grapefruits for calves are going to improve your appearance. (Appendix 1b, D)

Both of these extracts used diminishing references to establish the unacceptability of the outcomes of some people's cosmetic surgery. Phrases such as "laughing stock" and "half grapefruits to replace her calf muscles" worked to discredit the results. In a curious twist in the second extract the woman who was being put down for having had cosmetic surgery to her legs was deemed to require cosmetic surgery to her face.

People are undermined for the choices they have made about changing their bodies through cosmetic surgery.

Extract 3 (From an interview with a male non-recipient of cosmetic surgery)

I can't understand what goes through those people's minds that, like that lady that's out there, I think she's in America or something like that, Cat Woman. She just looks, some people it just looks oh wrong! It's just like, 'give up, you're making yourself look worse', or you know, like Michael Jackson, he's just gone too far. (Appendix 1c, I 5)

This extract highlights the shock and disgust some express when talking about extreme use of cosmetic surgery. The Cat Woman and Michael Jackson were called upon as examples of this problem. This aspect fits with Fredrickson and Roberts' (1979) concepts about surveillance in that citizens are monitoring both themselves and one another to evaluate the extent to which they are or are not fitting cultural norms about the body. Little sympathy was provided for the cosmetic surgery

recipient despite the fact that people were talking about someone who they believed to be troubled. Davis (2003b) has commented on such disregard saying that “Our inability to sympathise, our lack of concern, our numbness toward any individual or group embarking on the ‘surgical fix’ may be equally worthy of our critical attention” (p. 87). It could be argued that this form of judgement seems to reflect a tradition in our culture in which beauty practices have been relegated as frivolous and superficial by those who claim to know better. However, there is a conundrum in that we punish those who are ‘ugly’ and ‘abnormal’.

There are a number of potential ways this sub-theme might impact people’s thinking and behaviour within society. For example:

- Such talk seems to position people to be critical of the surgically altered appearance, when the results are deemed to be outside the parameters of acceptability.
- It may have the effect of shaming people who have had cosmetic surgery when they learn of the negative responses people are making of them.
- Cosmetic surgery recipients may feel nervous about being seen in public after they have had cosmetic surgery if they think that people will be disparaging about them.
- People may be afraid that their surgery will not be successful and that they might therefore be situated within the disparaging sub-theme with its negative ramifications.
- People who are engaging in disparaging talk may feel self righteous and smug at having ‘caught out’ others who they consider are recipients of cosmetic surgery.

4.3.3 Hard work

The notion that alterations to the body should happen through hard work effectively judged those harshly who involved themselves with cosmetic surgery. ‘Hard work’ talk was initiated 21 times and comprised 4% of the total theme that might dissuade someone from having cosmetic surgery. This sub-theme related to parts of the body that can be altered through weight loss. It contrasts with, for example, the desire to change the shape of one’s nose which cannot be achieved through weight loss. Engaging in ‘hard work’ was seen as a more legitimate way to reduce weight or alter shape than having cosmetic surgery.

Extract 1 (From an interview with a female cosmetic surgery recipient)

There is a bit of a negative, I mean in the far far back of my mind I do sometimes sit back and think ‘oh you’re just a slack ass lazy and that’s why you had to have the surgery instead of doing it the hard way’, so there is a little bit in the back of my head that’s sort of is a little bit negative about it.
(Appendix 1c, I 2)

The woman was being self-critical, defining herself as “a slack ass lazy” for choosing surgery instead of “doing it the hard way” to modify her appearance.

Within this type of account, people who have had cosmetic surgery risked being seen as taking ‘the easy way out’:

Extract 2 (From a male cosmetic surgery recipient quoted in the magazine *Woman’s Day*)

I know some people think I lost a bit of weight, then used surgery to finish it off but that is not the case. I don’t want anyone to think that I cheated.
(Appendix 1a, 35)

For this man it was very important for him to be perceived as though he had not used cosmetic surgery in order to reshape his body. He did not want to appear to others as having cheated. Cheating is a loaded word in that it implies deceitfulness.

In another example, one woman was represented on a television program in a way that ridiculed her for having multiple cosmetic procedures to achieve her good

looks. The girl was very distressed and vehemently denied this claim, saying that she had got the results of her body through hard work involving diet and exercise:

Extract 3 (From a female cosmetic surgery recipient, on the television program A Current Affair)

I was there for a couple of weeks and saw a nutritionist, went through programs everyday, exercise, exercise. (Appendix 1a, 2)

Extract 4 (From a female cosmetic surgery recipient, on the television program A Current Affair)

over a painstaking 18 months through nothing but sheer hard work. (Appendix 1a, 2)

Extract 4 (From a female cosmetic surgery recipient, on the television program A Current Affair)

I wanted to help people to show they could do it through diet and exercise. (Appendix 1a, 2)

The woman's mother then went on to explain the valid utilisation of cosmetic surgery that her daughter had chosen. It was only after a good deal of dieting and exercising that her daughter chose to undergo cosmetic surgery.

Extract 5 (From a mother of a female cosmetic surgery recipient, on the television program A Current Affair)

Diet, exercise. It was really tough but she did all that on her own. Surgery came a year later. (Appendix 1a, 2)

The mother stated that she wanted people to know her daughter was a person who improved the appearance of her body through hard work, thus achieving the results of her beautiful body a valid way.

Extract 6 (From a mother of a female cosmetic surgery recipient, on the television program A Current Affair)

I want people to know that she is a genuine hard working fun loving girl and not someone that's been sculptured out of someone's stitches and knives. (Appendix 1a, 2)

Implicit within this account was that it is not the desirable thing to do, to be "sculpted" out of "stitches and knives". This talk about 'hard work' seemed to reflect an attitude that 'short cuts' were not reasonable and that if people were to make their appearance look better, they should do so through working hard on their bodies. One

can reflect on what factors were being constituted as 'hard work'. It would seem that going to the gym and dieting, for example, were considered to be 'hard work', rather than lying 'passively' whilst being operated upon surgically.

Such talk supports Gimlin's (2000) research in which people were reported to experience shame if they did not engage in "aerobics, weight training and dieting" (p. 78) and instead took 'the easy way out' through having cosmetic surgery. The finding contrasts with Jones' (2006) results where she stated that in the past cosmetic surgery was considered 'the easy way out', but is now presented as something to be gone through with effort and perseverance, much like going to the gym or dieting. It is evident within the current research that the principle of 'hard work' still persists in society and that cosmetic surgery is still at times conceptualised as 'the easy way out'. Thus people seem to be drawing upon the Protestant Work Ethic when talking in this way about cosmetic surgery.

There are a number of potential ways this sub-theme might impact people's thinking and behaviour within society. For example:

- This style of dialogue might make people more motivated to take up actions, such as diet and exercise, that might make them healthy and look better without the need to engage with cosmetic surgery.
- The principle of 'hard work' seems to position people to feel as though they are being indolent in having cosmetic surgery.
- People seem to see that the legitimate way of making changes to one's body is to engage in a work ethic.
- The talk makes it possible for an onlooker to be judgmental about people who have had cosmetic surgery, the implication being that the recipient has chosen tactics that avoid personal effort and responsibility to achieve the outcome.

- People may conclude that individuals who have cosmetic surgery are lazy.
- Somebody who is considering having cosmetic surgery may be made wary because of the potential that people may judge him or her as indolent.
- People may be ashamed to reveal that they have had cosmetic surgery, or indeed to be involved in the process at all, because they think others will judge them as slack. Recipients or candidates may even judge themselves in this negative way.
- Being shaped by this view might have people feeling exhausted and overwhelmed at the thought of all the work that needs to be done to correct their bodies.

4.3.4 Vanity

‘Vanity’ is considered to be a negative quality and those who involved themselves in cosmetic surgery were at risk of being labelled in this condemning fashion. Vanity talk was initiated 21 times and comprised 4% of the total theme that might dissuade someone from having cosmetic surgery. A disdain that the quality of vanity underlies people’s engagement with cosmetic surgery was a judgmental thread that ran through the texts.

Extract 1 (From gender unknown, cosmetic surgery recipient status unknown, on the chat room associated with the television program *Insight*)

Vanities of Vanities Says the Preacher!!!! All is Vanity... Vain Surgery is just the Epitome of Vanities... thus... Anyone who suffers at the hand of [a] Vanity Surgeon deserves No empathy/sympathy... whatsoever. (Appendix 1b, A)

Extract 2 (From an interview with a male non-recipient of cosmetic surgery)

I do judge people who have cosmetic surgery. I judge it to be a vain act in most cases. (Appendix 1c, I 14)

Extract 3 (From the sister of a female cosmetic surgery recipient, on the television program *Extreme Makeover*)

With her it wasn't just the vanity... and they took this girl here who had so many problems and went through so much pain and they fixed everything for her. (Appendix 1a, 15)

To be categorised as vain was problematic. For example, in the first extract vanity was considered to be something that should bring the recipient “No empathy/sympathy...whatsoever”. This finding was in keeping with George’s (2003) comment that if cosmetic surgery resulted in health problems or other tragedies the recipient often faces the response from others that “she got what she deserved for being so vain” (p. 30). In the second extract people who have had cosmetic surgery were considered vain and therefore ‘judged’. In the final extract, the cosmetic surgery recipient’s operation was justified on the grounds that it was not simply vanity that led her to have treatment. Because she had “many problems and went through so much pain” her surgery fitted within reasonable parameters and was seen as a valid choice. If her decision had been in the name of ‘pure vanity’, by implication, she would be seen in a different, more negative light. The extract corresponded with Fraser’s (2003a) ‘not just vain’ talk whereby people justified someone’s cosmetic surgery if they had other reasons for having surgery than vanity alone. It is also similar to Darisi et al.’s (2005) findings that participants in their study “discounted potential criticism of their decision to undergo plastic surgery by asserting... that they were not motivated by vanity” (p. 914).

This sub-theme is in line with Fraser (2003a) who found a vanity repertoire. Similar to the current research, she found that women who undergo cosmetic surgery were “vulnerable to the accusation of vanity” (p. 90). She suggested that perspectives carrying these accusations are amongst the least tolerant of all the repertoires about cosmetic surgery. Other literature too has found that a stereotype that exists about

cosmetic surgery recipients is that they are vain (Comiskey, 2004; Davis, 1999; Gilman, 1999; Gimlin, 2000; Goodman, 1994; Haiken, 1997; Huss-Ashmore, 2000; Woodstock, 2001). It may be useful to consider where the line is drawn between vanity and personal care. As Blackburn and Blackburn (2008) suggest “We accept the need to style our hair, wash our bodies and wear clothes” and therefore they argue that vanity is a counterproductive notion pertaining to cosmetic surgery.

There are a number of potential ways this sub-theme might impact people’s thinking and behaviour within society. For example:

- Some people may distinguish their engagement with cosmetic surgery as not being about vanity but rather being about relief from suffering. Doing so may bring greater validation to their choice to have cosmetic surgery than having the motivation of vanity.
- This way of talking may have people situated within a notion of self (Rose, 1996) that they are a vain type of person if they have cosmetic surgery.
- It may have people viewing vanity as a negative quality to possess, rather than seeing it as something that is self-preserving and self-maintaining.
- For candidates and recipients there may be a reluctance to share about their cosmetic surgery because they fear they will be considered vain.
- It may have people being forced into creating reasons for having cosmetic surgery that distance them from being seen as vain.
- This sub-theme may have people feeling ashamed that they are considered vain.

4.4 Constructing the cosmetic surgery industry as problematic

Concerns about the nature of the cosmetic surgery industry might have people avoiding cosmetic surgery. Such language may have them questioning the integrity of the industry. 'Constructing the cosmetic surgery industry as problematic' was initiated 72 times and comprised 15% of the total theme that might dissuade someone from having cosmetic surgery. There were 2 level 2 sub-themes in this level 1 sub-theme. In order of frequency, these were: 'cost' and 'ethics of the cosmetic surgery industry'.

4.4.1 Cost

The prohibitive issue of cost caused angst for some people and therefore a major problem with the cosmetic surgery industry was perceived. 'Cost' talk was initiated 62 times and comprised 13% of the total theme that might dissuade someone from having cosmetic surgery. The major costs involved in having cosmetic surgery is a problem people face.

Extract 1 (From a journalist, on the television program *Insight*)

If the difference is subtle, the price isn't – It cost him \$6,000. (Appendix 1a, 19)

Sometimes cost was labelled as a reason for not having cosmetic surgery, or as a limitation on someone being able to pursue surgery.

Extract 2 (From gender unknown, cosmetic surgery recipient, on the HealthBoards.com discussion board)

I can't afford to get it fixed a third time. (Appendix 1b, C)

Because cosmetic surgery is expensive, talk oriented around needing to spend money on other things.

Extract 3 (From an interview with a female non-recipient of cosmetic surgery)

I guess financially I can think of many other things I'd rather spend money on than doing that. (Appendix 1c, I 7)

The above extracts regarding cost presented the dilemma that people face when addressing the large financial implications of being involved with cosmetic surgery. Morgan (1991) has suggested that people have to make a choice “often at significant economic cost to the rest of their life, to pay the large sums of money demanded by cosmetic surgeons” (p. 38). Talk about cost may reflect how cosmetic surgery is part of a culture of consumerism (Elliot, 2008). People are positioned to use their financial resources when they are drawn towards having cosmetic surgery with its inherent costs. It raises the debate of whether the use of personal capital to have cosmetic surgery is appropriate within society, particularly in the current financial crisis. It may be helpful for individuals to be given the opportunity to have conversations about whether cosmetic surgery is indeed something they want to be spending their money upon. It may be that there are other more pressing financial needs in their lives than having cosmetic surgery.

Conversations about cost were in accordance with other researchers who have also found cost was a matter of concern for people regarding cosmetic surgery (Didie & Sarwer, 2003; Dull & West, 1991; Elliot, 2008; Gimlin, 2000; Morgan, 1991; Nash, 1995; Sarwer, 2005a; Schouten, 1991; Veale, 2000). Nash (1995) suggested that one of the uppermost questions on candidates’ minds is ‘can I afford the procedure?’ In Gimlin’s (2000) study she found that nearly all her participants had to sacrifice a larger purchase or experienced financial hardship in order to have their surgery. Elliot (2008) described a woman who remortgaged her house in order to pay for her cosmetic surgery. Similarly, Veale (2000) found that many of those who had cosmetic surgery “had taken out loans or borrowed from relatives” (p. 219). It seems that these accounts indicate that people are restricted in their opportunities to have cosmetic surgery, since cost is a limiting factor.

There are a number of potential ways this sub-theme might impact people's thinking and behaviour within society. For example:

- This sub-theme may have people contemplating the costs which perhaps puts them into a better position to be able to negotiate the financial implications of cosmetic surgery.
- Given the level of concern that exists about cost people may potentially place themselves in risky financial situations, perhaps taking out loans that they have difficulty in paying back.
- People may overlook their other responsibilities within their desperation to have cosmetic surgery. They may forget that they have other financial obligations that might be better to prioritise above having a procedure.
- People may become frustrated because they cannot pursue a procedure given their financial limitations. This problem may preoccupy their thinking.
- Relationships, particularly the couple relationship, may be put under strain because of differences of opinion about how money should be dispersed.
- People may feel a tug and pull between the different demands on their money balanced against having the surgery.
- Concern about cost may mean that cosmetic surgery tends not to reach populations that suffer financially and hence it may only be available for those who have relatively more wealth.

4.4.2 Ethics of the cosmetic surgery industry

The cosmetic surgery industry was sometimes represented as self-interested and profit-focused which constructed the organizations involved as problematic. 'Ethics of the cosmetic surgery industry' talk was initiated 10 times and comprised

2% of the total theme that might dissuade someone from having cosmetic surgery. Some people challenged the ethical credibility of the cosmetic surgery industry and surgeons.

Extract 1 (From an interview with a male non-recipient of cosmetic surgery)

Some of the surgeons are just more about making a buck... Yeah, they're just kind of autocrats, "we're just doing it, it's a business". Because some of those shows, they definitely give the kind of view that some of them are just like, "yeah, cool, we'll do it for you". They don't necessarily go through the pros and cons so much. (Appendix 1c, I 11)

Extract 2 (From gender unknown, cosmetic surgery recipient status unknown, on the Sydney Morning Herald blog)

*But we all know the *REAL* winners in all this right? The cosmetic companies of course! They're laughing all the way to the bank... :\ [sic] (Appendix 1b, D)*

In the first extract surgeons were being presented as “just about making a buck”, “autocrats” and simply wanting to do the surgery without assessing the suitability for the individual. In the second extract the profit-making idea was extended to the cosmetic companies who were considered to be the ones who really profit from the process. Some of this reputation about cosmetic surgery may come from how in its early days cosmetic surgery was associated with quackery, or untrained charlatans or doctors who had the intention of earning a ‘fast buck’ (Davis, 1999; Haiken, 1997). It seems that this reputation and philosophy of the industry still lingers.

This ‘questioning the ethics’ style of conversation is evident in one surgeon who showed concern about the profession’s credibility. Menick (2006) talked about himself as a plastic surgeon in a diminishing way: “Other physicians may envy our wealth, but what else? Their image of us (as with the public) is that of a fancy car, big fees, and unimportant skills” (p. 550). He continued, “Lately, when I am asked what kind of doctor I am. I hesitate. I flinch. I am embarrassed to say ‘I am a plastic surgeon’ without qualifying that I do reconstruction” (p. 549). Atiyeh et al. (2008)

suggested that unfortunately some plastic surgeons “brag that they chose the plastic surgery specialty just to become rich aesthetic surgeons” (p. 837). The authors argue that “This must be changed by rendering [the] specialty ethical by demonstrating a deep-rooted attachment to moral values” (Atiyeh, 2008, p. 837).

There are a number of potential ways this sub-theme might impact people’s thinking and behaviour within society. For example:

- This ‘ethics’ talk appears to position people to think poorly of the cosmetic surgery industry.
- It seems to have people being sceptical about the motivations of cosmetic surgeons and the industry, suggesting that they are only aiming to make money and are questionable individuals. Such ways of speaking may make people wary of cosmetic surgeons and the industry generally.
- It may construct cosmetic surgeons to think that they themselves are dubious characters who do not warrant being taken seriously.
- It may have people choosing not to have cosmetic surgery because they do not trust the professionals and the industry.
- Family and friends may be worried about recipients’ involvement in cosmetic surgery because of the concerns about the ethics of the industry.

4.5 Constructing the use of cosmetic surgery as concerning

People expressed concern about involvement with cosmetic surgery and this was something that might dissuade people from undergoing a procedure. ‘Constructing the use of cosmetic surgery as concerning’ was initiated 56 times and comprised 12% of the total theme that might dissuade someone from having cosmetic surgery. There were 3 level 2 sub-themes in this level 1 sub-theme. In order of

frequency, these were: ‘more than just one’s looks’, ‘unresolved psychological or self-esteem issues’ and ‘feminism’.

4.5.1 More than just one’s looks

A concern that the focus on appearance may obscure the more important elements of a person was represented. ‘More than just one’s looks’ talk was initiated 33 times and comprised 7% of the total theme that might dissuade someone from having cosmetic surgery. There was the idea that people were considered ‘more than just their looks’. In this sense it is the person that is important rather than his or her looks.

Extract 1 (From a doctor, on the television program *A Current Affair*)

I think it’s a terrible shame that we’re living in a world where so much of ourselves is judged by the way we look rather than who we are as people. (Appendix 1a, 4)

In this construction people were given to believe that looks have an inferior status to the type of person that they ‘are’. It replaces one value, that of looks being important, with another value, that of whom the person ‘is’ as important to evaluating someone.

Sometimes the accounts took the form of people telling those who want cosmetic surgery that they are ‘fine just the way they are’.

Extract 2 (From a journalist reporting about the actor Drew Barrymore, in the magazine *New Weekly*)

She once talked an obsessive fan out of having surgery to look like her telling the woman, “You’re beautiful as you are”. (Appendix 1a, 32)

Extract 3 (From a female who was seeking to have cosmetic surgery, on the television program *Extreme Makeover*)

My husband says ‘you’re beautiful the way you are’. (Appendix 1a, 15)

Extract 4 (From a female who was seeking to have cosmetic surgery, on the television program *Body Work*)

You know he said to me before the operation that even if it was never going to happen he loves me just the way I am. (Appendix 1a, 8)

These three extracts suggested that the person did not need cosmetic surgery because they were beautiful the way they are, or they were loved the way they are. Perhaps such talk indicated that people considered that underpinning another's wish to have cosmetic surgery was a requirement for reassurance about their appearance and themselves. These extracts were in keeping with Davis' (1995) findings that people received assurances from others when they were contemplating cosmetic surgery such as "We like you just the way you are" (p. 87). Gimlin (2000) too found one of her participant's boyfriends kept telling his partner that he loved her just the way she is. The French philosopher, Descartes proposed that the body and mind are distinct from one another (Budgeon, 2003; Thompson & Hirschman, 1995; Wilson, 1978). This sub-theme is in keeping with Descartes' premises of duality of the mind and body, in that people should not depend on the body as defining themselves, but rather should look to other qualities such as their minds.

There are a number of potential ways this sub-theme might impact people's thinking and behaviour within society. For example:

- This sub-theme may position people to think that they are adequate without having to undergo cosmetic surgery. Ultimately this idea might have them deciding that cosmetic surgery is unnecessary since they are acceptable without having to make changes.
- It may have people believing that there is more to them than mere appearances. Knowing this fact may liberate some who have had a dominant belief that appearance is central to their identity.
- The sub-theme might have people identifying with other factors that constitute their personhood besides their appearance. For example, it may remind people that they are also a dedicated parent, a kind friend, a loving spouse or a

competent employee. This re-evaluation of what could be considered important in their lives may provide a better balance for developing adaptive self-conceptualisations.

- This account may subtly operate to undermine people's choice to have cosmetic surgery because the inference is that cosmetic surgery is not necessary.

4.5.2 Unresolved psychological or self-esteem issues

Cosmetic surgery was sometimes thought to be pursued because of psychological and self-esteem issues and undergoing a procedure for these reasons was considered concerning. 'Unresolved psychological or self-esteem issues' talk was initiated 12 times and comprised 3% of the total theme that might dissuade someone from having cosmetic surgery. A pathologising view of the cosmetic surgery subject was presented in which people described concern that those desiring cosmetic surgery may have unresolved psychological or self-esteem issues. In this sense, cosmetic surgery was considered an inappropriate remedy for more serious, 'deeper', 'underlying' causes.

Extract 1 (From an interview with a male non-recipient of cosmetic surgery)

I would assess it as whether I thought that there was a justification for the treatment or whether I thought it was merely because the person had a low self-esteem because for example they had been comparing themselves to media images or that sort of thing. I would be concerned by their low self-esteem and then their desire to fix that in a superficial way by wanting some sort of cosmetic procedure. I don't think that's a way of properly developing self-esteem. A superficial response to a psychological issue. (Appendix 1c, I 14)

Extract 2 (From an interview with a male non-recipient of cosmetic surgery)

I've always seen cosmetic surgery as falling into two kinds of things. One, is where it's driven by [a] psychological kind of thing where people kind of felt that, it seems like for some people it could have been more that they could have just gone and seen a psychologist instead of getting cosmetic surgery

done. But people see themselves in a certain way and it's something which is not there, and that's what they're trying to correct. (Appendix 1c, I 11)

These extracts show concern that emotional origins may be underlying the choice to have cosmetic surgery. In the first extract the man suggested that having cosmetic surgery may be “a superficial response to a psychological issue”. In the second, the suggestion is that seeing a psychologist could be an alternative to having surgery. In these accounts cosmetic surgery was seen as an inappropriate way of dealing with more serious psychological issues. This way of talking was representative of the psy-complex (Rose, 1985) at work in people’s conversations. Rose (1985) discussed the emergence of the ‘psy’ disciplines, such as psychology and psychiatry, and how they have become very influential in terms of citizens understanding themselves through the theories the disciplines promulgate. The sub-theme directly drew upon psychological theories, as it speaks of ‘low self-esteem’ and ‘a psychological issue’ as leading people to want to have cosmetic surgery. Psychological literature relating to cosmetic surgery has focused upon psychopathology, specifically on self-esteem issues or other psychological disorders, such as Body Dysmorphic Disorder (Kisely et al., 2002; Malick et al., 2008; Pavan et al., 2006; Sarwer, 2000; Sarwer & Crerand, 2008; Tignol et al., 2007). The sub-theme was in accordance with Culos-Reed (1997) who found that there was a tendency to stereotype cosmetic surgery patients as psychologically maladjusted.

There are a number of potential ways this sub-theme might impact people’s thinking and behaviour within society. For example:

- Talk of this nature may make people reflect on the reasons and/or problems that may indeed be underlying their requests for surgery. This may be a useful

process because it enables them to address the problems initiating their wish for surgery.

- It may have onlookers or people close to cosmetic surgery candidates questioning the choice to have cosmetic surgery because candidates are considered psychologically maladjusted.
- The sub-theme may have those who are interested in having cosmetic surgery worrying about being labelled as psychologically disturbed. This might prevent them from talking about cosmetic surgery with others.
- Some people may become annoyed that they have been labelled as having a psychological problem, particularly if it is preventing them from being accepted for a procedure.
- Candidates may manipulate their answers when talking with health professionals in order to avoid being pathologised, so that they will be accepted for surgery. For example, they may learn the criteria for Body Dysmorphic Disorder and shape their responses with clinicians in such a way that they avoid being diagnosed.

4.5.3 Feminism

Involvement in cosmetic surgery was considered concerning from a feminist view as it was deemed to be part of a patriarchally coercive society. 'Feminism' talk was initiated 11 times and comprised 2% of the total theme that might dissuade someone from having cosmetic surgery. There were feminist perspectives that focused on cosmetic surgery as being oppressive to women.

Extract 1 (From an interview with a female non-recipient of cosmetic surgery)

Because I think [cosmetic surgery is] another way that women are oppressed largely and I think like makeup and high heels they are about really

sexualising the female body and being attractive to the opposite sex. (Appendix 1c, I 8)

Extract 2 (From an interview with a female non-recipient of cosmetic surgery)

I think the fact that women feel the need to do that stuff [cosmetic surgery] is an injustice. (Appendix 1c, I 8)

Extract 3 (From Shiela Jeffreys, a feminist author, on the television program *Insight*)

If you are in a society where it is actually crucial and you can't be marriageable and attractive to men and so on without those things [such as cosmetic surgery], then yes, the pressures are very, very serious. (Appendix 1a, 19)

Extract 4 (From a female, cosmetic surgery recipient status unknown, on the chat room associated with the television program *Insight*)

I agree with the older lady on the show who said 'western' women see themselves as empowered compared with other cultures, when really many are enslaved to an unattainable (and boring!) ideal and feel the world will only judge them (and they judge themselves) on appearance. (Appendix 1b, A)

These four extracts conceptualised cosmetic surgery as an oppressive practice towards women. The first summarised that the oppression parallels the sexualising process involved in the use of makeup and high heels to increase attractiveness to men. The second extract emphasised the perceived injustice of cosmetic surgery. The third extract discussed the pressures there were for women to be involved in the practice of cosmetic surgery. In the fourth the woman talked about how women were 'enslaved' to attain an ideal appearance. This talk enforces the view that cosmetic surgery is an oppressive practice. These kinds of arguments are similar to many feminist authors who write about cosmetic surgery (eg. Gillespie, 1996; Jeffreys, 2000; Lienert, 1998; Morgan, 1991; Tait, 2007). Gillespie (1996) for example argued that cosmetic surgery perpetuates inequality since women are judged more than are men for their appearance.

This pattern of talking opens up for women the opportunity to address the perceived problems of gender relations that feminists suggest exist within society

surrounding cosmetic surgery. Women may be enabled to step into different bodily understandings through having this account available to them. It gives women the option to think that it is not a requirement to have cosmetic surgery. This may enable them to inhabit their bodies more comfortably despite not having had cosmetic surgery.

However, while this ‘feminism’ rhetoric may be liberating, these ways of speaking may also function to be limiting for women. It may leave little room for the “beauty-conscious feminist” (Adams, 1997, p. 74) to participate in mainstream conventions surrounding appearance. It perhaps constrains women’s capacity to reinvent and renegotiate meanings that may position them more favourably. Beauty practices have been labelled as dangerous and oppressive and these constructions may not serve every woman’s purpose.

There are a number of potential ways this sub-theme might impact people’s thinking and behaviour within society. For example:

- People may feel empowered that they do not have to be involved in cosmetic surgery because feminism gives them the option to challenge the need to alter the female body.
- Through being informed by feminism, other options may become available for women within the realms of having cosmetic surgery. For example, women may decide to choose physical changes without the intention of making themselves more desirable for men.
- For men, if feminist thinking is taken into consideration within a relationship, it may mean that they will be more accepting of their female partner’s body despite the fact that the female’s body does not fit conventional notions of beauty or the sexually desirable woman. Being informed by these perspectives

might have men believing that it is not necessary for their female partner to have cosmetic surgery.

- People may struggle with the decision to have cosmetic surgery because feminist views question involvement in an industry that is perceived as being so detrimental for women.
- People who are committed to feminism may feel nervous about admitting to having had or wanting cosmetic surgery, as though they are ‘letting the feminist side down’. This might make them feel uncomfortable about telling friends about their engagement with cosmetic surgery for fear they might be perceived as victims of the patriarchal system.
- Feminists may deride those who have cosmetic surgery.

4.6 Conclusion

This chapter focused upon the theme of ‘Factors that might dissuade someone from having cosmetic surgery’. The four level 1 sub-themes and thirteen level 2 sub-themes that comprised this theme were discussed. The sub-themes appeared at varying frequencies and the proportions were included at the beginning of each sub-theme. Illustrative extracts were presented and the way in which the sub-theme seems to function and might influence thoughts and behaviours was explored.

5 A reflection on the predominant themes about cosmetic surgery

5.1 Overview

This chapter provides a reflection on the predominant themes that appear to be shaping people's relationship to cosmetic surgery in the present study. It gives an outline of the quantitative data that emerged within analysis that demonstrates the relative incidence of the themes and sub-themes. This chapter presents how sub-themes found within this thesis appear to compete with one another. The chapter also interprets the findings within a theoretical context.

5.2 The occurrence of persuaders and dissuaders overall in the two themes

The total number of instances within factors that might persuade and within factors that might dissuade someone from having cosmetic surgery combined were 1102. Of these, 58% were 'Factors that might persuade someone to have cosmetic surgery' and 42% were 'Factors that might dissuade someone from having cosmetic surgery' (see Tables 3 and 4 below). The most common level 2 sub-themes within 'Factors that might persuade someone to have cosmetic surgery' were, 'self-denigration' (7%), 'positive after surgery' (7%), 'transformation' (6%), 'ageing' (6%) and 'confidence' (5%). The most common level 2 sub-themes within 'Factors that might dissuade someone from having cosmetic surgery' were 'risks' (8%), 'cost' (6%), 'botched jobs and complications' (5%) and 'pain' (5%). The themes and sub-themes that have been found in this thesis can be understood as messages that exist in society that are informing people about cosmetic surgery. From this point forward

therefore in the most part the themes and sub-themes will be referred to as societal messages. It seems that in the current data set societal messages about cosmetic surgery are relatively evenly distributed between persuasions and dissuasions to have cosmetic surgery. However, there is a slight trend towards more persuasions than dissuasions.

These findings should be reflected upon through considering a number of matters. It should be noted that the data were taken from a limited time period (May 2005 to June 2007) which may make the findings historically specific. It also must be acknowledged that there were three principal sources from which the data were obtained (media, internet message boards and interviews) and if other materials were accessed there may have been some variation in the findings. However, in order to ensure the veracity of this research the author employed techniques to ensure trustworthiness and rigour (Elliot et al., 1999; Meyrick, 2006; Rolfe, 2006):

- The author took note of her position on cosmetic surgery (see Section 2.5 on reflexivity).
- There was triangulation between three data sources that was undertaken to aid the comprehensiveness of the findings (Mays & Pope, 2006).
- In order to achieve inter-rater reliability, two readers were used to independently categorise the data.
- An audit trail was maintained of notes taken during analysis.
- There was careful consideration of the thematic analysis.
- The literature was explored and the current findings linked with previous research.

Table 3

Overall percentages of the theme, level 1 and level 2 sub-themes when combining the total number of instances from the two overarching themes: Factors that might persuade someone to have cosmetic surgery

Factors that might persuade someone to have cosmetic surgery	Percentage of instances this theme, level 1 or level 2 sub-theme was present out of the total number of instances for the two overarching themes
Constructing a positive future	34%
Positive after surgery	7%
Transformation	6%
Confidence	5%
Relationship	4%
Hope	3%
Natural	2%
Normal	2%
Noticed	2%
Change character	2%
Career	1%
Constructing the pre-operative body as flawed	15%
Self-denigration	7%
Ageing	6%
Teasing	2%
Constructing cosmetic surgery as reasonable	9%
Research	3%
Doing it for myself	3%
Just like going to the hairdresser	1%
Has not changed me as a person	1%
Brave	0.5%
Curiosity	0.5%
Total percentage of Factors that might persuade in relation to the total number of instances in persuaders and dissuaders combined	58%

Table 4

Overall percentages of the theme, level 1 and level 2 sub-themes when combining the total number of instances from the two overarching themes: Factors that might dissuade someone from having cosmetic surgery

Factors that might dissuade someone from having cosmetic surgery	Percentage of instances this theme, level 1 or level 2 sub-theme was present out of the total number of instances for the two overarching themes
Constructing cosmetic surgery as involving physical problems	21%
Risks	8%
Botched jobs and complications	5%
Pain	5%
Scars	3%
Constructing cosmetic surgery patients in a judgemental light	9%
Secrecy	3%
Disparaging	2%
Hard work	2%
Vanity	2%
Constructing the cosmetic surgery industry as problematic	7%
Cost	6%
Ethics of the cosmetic surgery profession	1%
Constructing the use of cosmetic surgery as concerning	5%
More than just one's looks	3%
Unresolved psychological or self-esteem issues	1%
Feminism	1%
Total percentage of Factors that might dissuade in relation to the total number of instances in persuaders and dissuaders combined	42%

5.3 Societal messages that compete with one another

Some of the societal messages about cosmetic surgery in fact compete with one another. That is, they appear to work in opposing ways to influence people's relationship to cosmetic surgery. This competition may occur within or across individuals and demonstrates the potentially shifting nature of people's engagement with cosmetic surgery. An example of competition within an individual was one interview participant who said she was transformed by cosmetic surgery ("the results I am very pleased with...it's made a heck of a difference", Appendix 1c, I 2) and yet struggled with the view that she should have achieved the results of her body through hard work ("I do sometimes sit back and think 'oh you're just a slack ass lazy and that's why you had to have the surgery instead of doing it the hard way'", Appendix 1c, I 2). An example of competition across individuals was that some were positive about surgery (for example, "I [her breasts] was bouncing [but now] they're not going to move! It's amazing", Appendix 1a, I 5) where others were disparaging about those who embarked on a procedure ("That other woman...the really atrociously surgeried one who wanted to look like her cat", Appendix 1b, D). In totality all the persuaders compete with the dissuaders in that the former societal message is promoting cosmetic surgery whilst the latter challenges it. However, there are some specific societal messages (level 2 sub-themes) that compete with each other more directly and these are presented in this section. The structure in Section 5.3.1 will follow the pattern set out in Chapter 3 whereby the level 1 and level 2 sub-themes are presented in order of frequency. Since the dissuading competing sub-themes will already have been addressed by going through the persuaders it will not be necessary to have a separate section addressing the structure of Chapter 4. The sub-themes that compete between

‘Factors that might persuade someone to have cosmetic surgery’ and ‘Factors that might dissuade someone from having cosmetic surgery’ are presented in this section. Also the sub-themes that compete within ‘Factors that might persuade someone to have cosmetic surgery’ are discussed. The sub-themes competing within ‘Factors that might dissuade someone from having cosmetic surgery’ are described.

5.3.1 Societal messages that compete between ‘Factors that might persuade someone to have cosmetic surgery’ and ‘Factors that might dissuade someone from having cosmetic surgery’

People are subject to societal messages that might persuade them to have cosmetic surgery (see Chapter 3). At the same time, they are positioned by societal messages that might dissuade them from having cosmetic surgery (see Chapter 4). These two orientations may produce cognitive dissonance (see Section 5.4) for people as they attempt to negotiate a stance on cosmetic surgery. The societal messages that compete between ‘Factors that might persuade someone to have cosmetic surgery’ and ‘Factors that might dissuade someone from having cosmetic surgery’ are presented in this section.

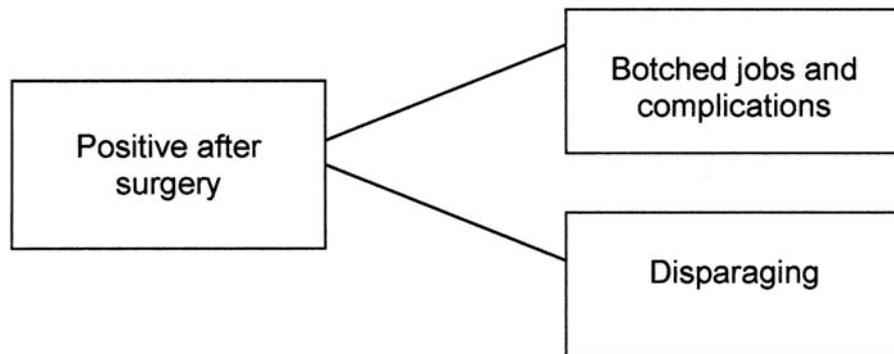
5.3.1.1 Competing societal messages pertaining to ‘constructing a positive future’

The societal messages within ‘constructing a positive future’ are presented along with their competing societal messages.

5.3.1.1.1 Competing societal messages pertaining to ‘positive after surgery’

There are two societal messages that compete with ‘positive after surgery’, that of ‘botched jobs and complications’ and ‘disparaging’ (see Figure 1 below).

Figure 1: Societal messages that compete with ‘positive after surgery’



Positive after surgery vs Botched jobs and complications

The idea that cosmetic surgery had improved people’s lives and induced a positive response for them (see Section 3.2.1) competes with the societal message of ‘botched jobs and complications’ (see Section 4.2.2). The former societal message indicates that there is a favourable response to having cosmetic surgery, whereas the latter indicates that there is an adverse response. In the first societal message people report positive after effects of cosmetic surgery whereas in the other, people describe negative outcomes. The effect of these two competing societal message is that people might not know how to make a decision about having cosmetic surgery since there are such extreme positive outcomes that could occur and yet there are also such negative outcomes that could occur. Another possibility is that people may be expecting a positive response after surgery, however if their surgery goes wrong and results in a botched job or complication this may be difficult for them. Because they thought

surgery would bring good outcomes that would result in positivity for them, they may experience more significant shock than if they had been initially prepared that something might go wrong. Alternatively, the presence of the botched job and complication concerns might outweigh the positive views for people and this might mean that they decide not to have surgery.

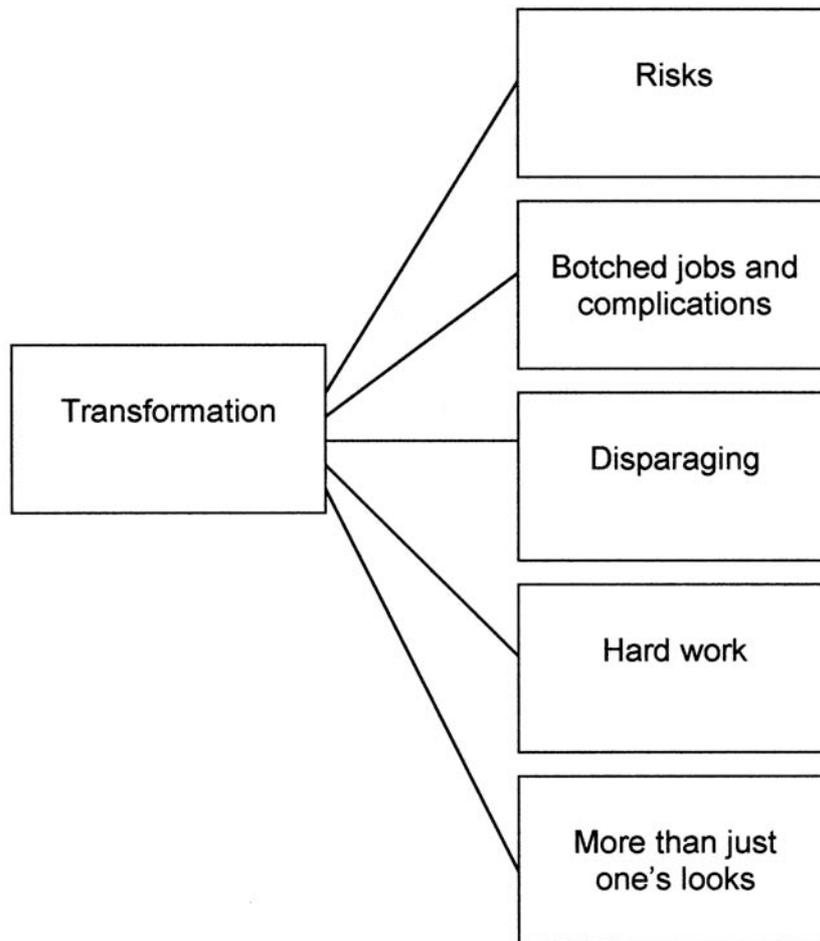
Positive after surgery vs Disparaging

‘Positive after surgery’ (see Section 3.2.1) seems to compete with the ‘disparaging’ societal message (see Section 4.3.2) since people may feel happy about the outcomes of the procedure however others may be diminishing of them, which may disrupt their capacity to feel positive.

5.3.1.1.2 Competing societal messages pertaining to ‘transformation’

There are five societal messages that compete with ‘transformation’, that of ‘risks’, ‘botched jobs and complications’, ‘disparaging’, ‘hard work’ and ‘more than just one’s looks’ (see Figure 2 below).

Figure 2: Societal messages that compete with ‘transformation’



Transformation vs Risks

The societal message of ‘transformation’ (see Section 3.2.2) competes with ‘risks’ (see Section 4.2.1). The transformation view indicates that having cosmetic surgery is easy and a positive experience whereas the risks societal message suggests that cosmetic surgery is fraught with danger. Hence, they directly compete with each other. The effect of these competing themes is that people may struggle to negotiate a position on cosmetic surgery if they are situated by both of them. They may be drawn between the two positions and not know how to make a decision about their cosmetic surgery since there are so many possible benefits and yet there are many potential concerns. Some may be mostly positioned by the societal message of transformation

and hence when they encounter understandings that suggest cosmetic surgery is risky, they may ignore such warnings as it does not fit with their dominant narrative. Also, it may be that people are most significantly positioned by the transformation rhetoric until the point at which they attend a consultation with a plastic or cosmetic surgeon. When they have their appointment they may be informed of the risks of the procedure in which case they have to renegotiate their relationship to cosmetic surgery which they have previously thought was a simple, risk-free process. Others may be most significantly positioned by the societal message of risks in which case they may be reluctant to acknowledge the transforming benefits that cosmetic surgery may have for them.

Transformation vs Botched jobs and complications

The view that cosmetic surgery can transform one's life (see Section 3.2.2) competes with talk about botched jobs and complications (section 4.2.2). The notion of transformation builds up an expectation that cosmetic surgery can radically improve one's life. In contrast, the botched jobs talk indicates that cosmetic surgery can virtually destroy one's life, if not one's appearance. People are positioned by two such contrasting societal messages about what cosmetic surgery could mean for them in their lives. With these two radically different potential outcomes of cosmetic surgery people may struggle with the choice to have cosmetic surgery. Some may find it easy to make a quick decision to have cosmetic surgery since the transformation societal message may be most powerfully positioning them at the point at which they made the decision to undergo surgery. However, they may find themselves situated within the 'botched jobs and complications' societal message if their cosmetic surgery, instead of positively transforming them, goes wrong. Because they had been

led to believe that cosmetic surgery would improve their life, they may experience extreme disappointment and also shock. Since the idea of transformation can be so compelling for some people they may not have the psychological and social resources to deal with a poor outcome of surgery. Meanwhile, for others the societal message of ‘botched jobs and complications’ may be more powerfully positioning them than the transformation views. In this instance, it may be that people decide to avoid having surgery.

Transformation vs Disparaging

The ‘transformation’ societal message (see Section 3.2.2) appears to compete with the ‘disparaging’ societal message (see Section 4.3.2). The former perspective implies that people are impressed by recipients’ changed bodies whereas the latter is saying what people have done to their bodies is shocking. People may feel proud and confident in themselves when they are informed by the ‘transformation’ orientation and yet when they encounter others’ unsupportive remarks within the ‘disparaging’ societal message they may question themselves and their decisions.

Transformation vs Hard work

The construction of cosmetic surgery as transforming the person (see Section 3.2.2) competes with the view that the results of one’s body should be achieved through ‘hard work’ (see Section 4.3.3). Instead of seeing cosmetic surgery as a radical solution as the societal message of ‘transformation’ implies, the latter sees cosmetic surgery as ‘the easy way out’. If people were positioned by both of these societal messages they may feel that cosmetic surgery is the straightforward answer to their problems with their body and yet may feel that they should not be taking such a simple route. They may feel excited that it is possible to change their body seemingly

so easily, quickly and significantly. However, they may also be positioned to understand that this view is inappropriate since they should not be following such a ‘simple’ solution and instead should abide by the work ethic.

Transformation vs More than just one’s looks

The ‘transformation’ societal message (see Section 3.2.2) competes with ‘more than just one’s looks’ (see Section 4.5.1). The former indicates that people have radically changed for the better because of their alteration in appearance whereas the latter implies that such an alteration should not be responsible for so significantly changing individuals. The transformation societal message has a focus on the importance of looks for defining people which is at variance with the latter notion in which people are viewed as having more qualities to appreciate than just their appearance.

5.3.1.1.3 Competing societal messages pertaining to ‘confidence’

There is one societal message that competes with ‘confidence’, that of ‘disparaging’ (see Figure 3 below).

Figure 3: Societal message that competes with ‘confidence’



Confidence vs Disparaging

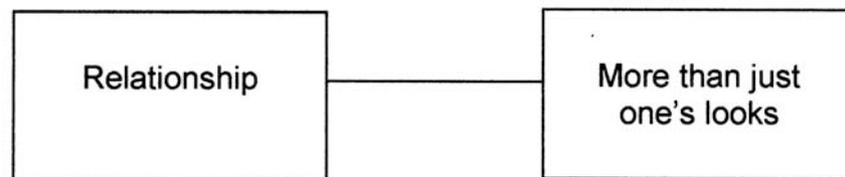
The societal message of ‘confidence’ (see Section 3.2.3) seems to compete with ‘disparaging’ talk (see Section 4.3.2). For example, confidence might be dispelled if recipients were to encounter others’ disparaging remarks about them

regarding the outcomes of the cosmetic surgery. Whilst anticipation of, or pleasure in, having increased confidence surrounding the cosmetic surgery experience has a positive impact they may experience confusion and hurt when people use diminishing language about them.

5.3.1.1.4 Competing societal messages pertaining to ‘relationship’

There is one societal message that competes with ‘relationship’, that of ‘more than just one’s looks’ (see Figure 4 below).

Figure 4: Societal message that competes with ‘relationship’



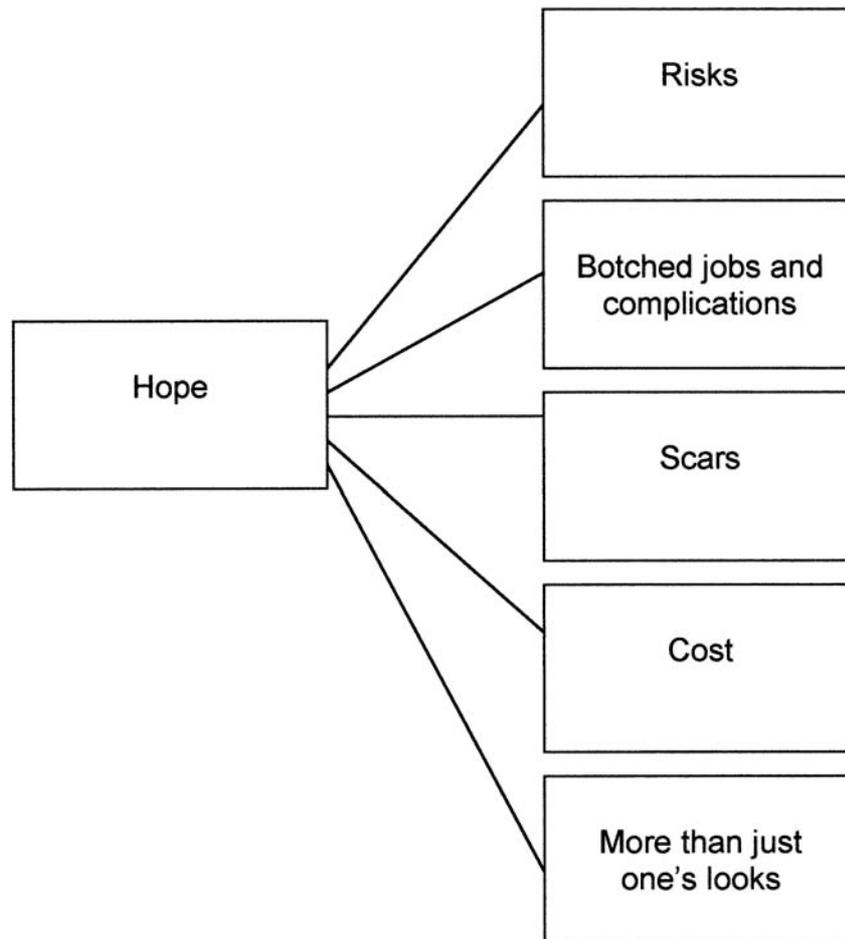
Relationship vs More than just one’s looks

The ‘relationship’ societal message (see Section 3.2.4) competes with ‘more than just one’s looks’ (see Section 4.5.1). The former implies that one should look good in order to be in a relationship whereas the latter indicates that in order to function well in life, for instance having good relationships, one should define and value oneself and expect to be defined and valued for more than one’s appearance.

5.3.1.1.5 Competing societal messages pertaining to ‘hope’

There are five societal messages that compete with ‘hope’, that of ‘risks’, ‘botched jobs and complications’, ‘scars’, ‘cost’ and ‘more than just one’s looks’ (See Figure 5 below).

Figure 5: Societal messages that compete with ‘hope’



Hope vs Risks

The hope (see Section 3.2.5) that people have about cosmetic surgery improving their appearance and life might be quashed when there is consideration of the range of risks (see Section 4.2.1) that are involved in having a surgical procedure. The surgical process has intrinsic dangers that can have people being reticent to be involved in cosmetic surgery, despite their hopes of wanting to experience positive results from altering their perceived defect.

Hope vs Botched jobs and complications

The ‘hope’ societal message (see Section 3.2.5) competes with the ‘botched jobs and complications’ societal message (see Section 4.2.2). For example, people might have hopes about their surgery but there is also worry that the operation might result in a botched job or complication. Hope is a strong driving force for maintaining people’s wish to have cosmetic surgery. In direct conflict with this societal message is the potential distress that might flow from a procedure that goes wrong. The dilemma resulting from this competition may make it hard for decisions to be made about whether to proceed with surgery.

Hope vs Scars

The hope (see Section 3.2.5) that people have about cosmetic surgery enhancing their life and appearance might be suppressed when they contemplate that there may be significant scarring (see Section 4.2.4) from the procedure. The potential of having scars that provide evidence that surgery has been used to alter the appearance may deflate people’s hopes when contemplating a procedure.

Hope vs Cost

‘Hope’ talk (see Section 3.2.5) seems to compete with ‘cost’ talk (see Section 4.4.1) in that cost might dash people’s hopes because having cosmetic surgery is beyond their financial reach. There is an intensity of imagination that is evoked in the former societal message of a better life and body following surgery. It is almost as though anything is possible. However, the ‘reality check’ that is brought by the expense might produce significant disappointment for cosmetic surgery patients as they realise their financial situation precludes having surgery.

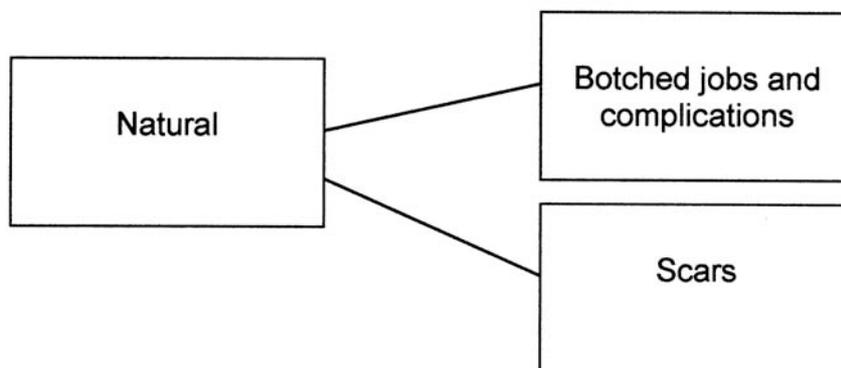
Hope vs More than just one's looks

The 'hope' societal message (see Section 3.2.5) appears to compete with the 'more than just one's looks' societal message (see Section 4.5.1). If people have hopes that surgery will improve their looks and life, there may be a conundrum when they encounter the view that they should consider themselves as more than just their appearance. The latter view might have people feeling as though they should not indulge in such fantasies since they should be valuing themselves for qualities that are deeper and less superficial than focusing on their appearance.

5.3.1.1.6 Competing societal messages pertaining to 'natural'

There are two societal messages that compete with 'natural', that of 'botched jobs and complications' and 'scars' (see Figure 6 below).

Figure 6: Societal messages that compete with 'natural'



Natural vs Botched jobs and complications

The 'natural' (see Section 3.2.6) societal message competes with the 'botched jobs and complications' societal message (see Section 4.2.2). For example, people might wish that their surgery produces a natural appearance but the fear that there may be a botched job or complication produces a conflict.

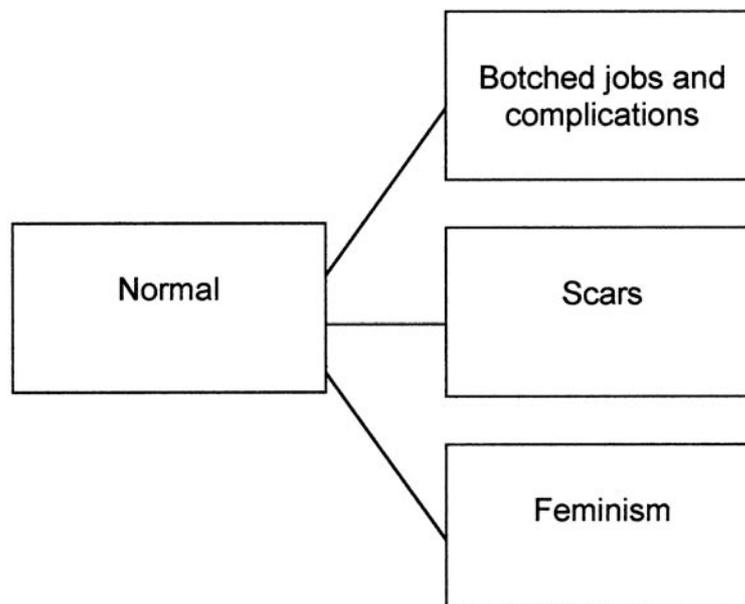
Natural vs Scars

Wanting to look natural (see Section 3.2.6) competes with getting scars as a result of having cosmetic surgery (see Section 4.2.4) since scars produce an appearance that might be defined as unnatural. Being scarred might be distressing when people had hoped that cosmetic surgery would produce a natural appearance. The scar is evidence to observers that surgery has taken place; the appearance can not be portrayed as natural.

5.3.1.1.7 Competing societal messages pertaining to ‘normal’

There are three societal messages that compete with ‘normal’, that of ‘botched jobs and complications’, ‘scars’ and ‘feminism’ (see Figure 7 below).

Figure 7: Societal messages that compete with ‘normal’



Normal vs Botched jobs and complications

The ‘normal’ societal message (see Section 3.2.7) competes with the ‘botched jobs and complications’ societal message (see Section 4.2.2). People could wish that

their surgery might make them normal but the fear that there may be a botched job or complication could produce a conflict and deter people's involvement in surgery.

Normal vs Scars

Wanting a normal appearance (see Section 3.2.7) competes with getting scars as a result of having cosmetic surgery (see Section 4.2.4) since scars produce an appearance that might be defined as abnormal. People may believe that cosmetic surgery will help them look normal, however when they learn that scars might result, they question whether they will appear normal if they are scarred.

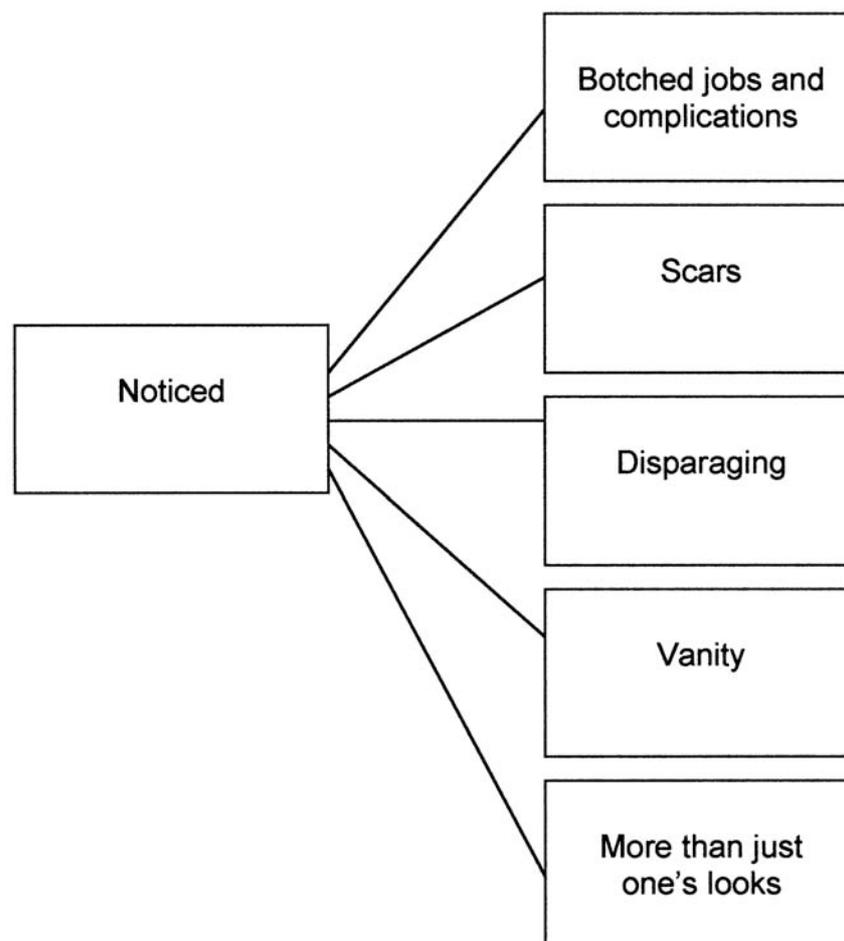
Normal vs Feminism

The societal message that people have cosmetic surgery to look and be normal (see Section 3.2.7) competes with 'feminism' (see Section 4.5.3). These two societal messages make different attributions for why people use cosmetic surgery. The former has people believing that cosmetic surgery offers an opportunity to enter a world of normal appearance and existence. In contrast, the feminism rhetoric suggests that women are being drawn into having cosmetic surgery through a requirement to satisfy the oppressive male gaze. The desire to utilise the option available in order to alter physical appearance to achieve a normalised appearance may be very strong for people. However, they may also experience guilt about the fact that they are involving themselves in a process that is construed as a societal oppression for women. Such conflict may lead to a dilemma as to whether to proceed with surgery or not. It may also mean that they worry about the opinions that people may make of them, despite the fact that they consider they are simply trying to achieve normality.

5.3.1.1.8 Competing societal messages pertaining to ‘noticed’

There are five societal messages that compete with ‘noticed’, that of ‘botched jobs and complications’, ‘scars’, ‘disparaging’, ‘vanity’ and ‘more than just one’s looks’ (see Figure 8 below).

Figure 8: Societal messages that compete with ‘noticed’



Noticed vs Botched jobs and complications

The ‘noticed’ societal message (see Section 3.2.8) seems to compete with the ‘botched jobs and complications’ societal message (see Section 4.2.2). Recipients may want to be noticed because they look good but there may be concern that a

potential botched job or complication might have them either being not noticed or being noticed in a negative way.

Noticed vs Scars

Wanting to be noticed (see Section 3.2.8) competes with getting scars as a result of having cosmetic surgery (see Section 4.2.4) since scars produce an appearance that might have people either being not noticed or being noticed for the ‘wrong’ reasons. People may wish that cosmetic surgery would have them being noticed because of their improved appearance, however the effect of having a scar might mean that this wish is not fulfilled.

Noticed vs Disparaging

‘Noticed’ (see Section 3.2.8) competes with ‘disparaging’ (see Section 4.3.2) since the former is complementary about recipients’ appearance while the other undermines them for their appearance. In one context people might be celebrated for their new look, while in other contexts people may be dismissive of recipients’ cosmetic surgery outcomes. This conflict might have recipients being torn between positive and negative views of the self.

Noticed vs Vanity

The issue of being noticed (see Section 3.2.8) competes with the ‘vanity’ societal message (see Section 4.3.4). The former societal message rewards people whose post-operative appearance is being considered worth noticing. The latter puts people down for having cosmetic surgery for they are considered too self interested. The vanity view radically diminishes people’s relationship to cosmetic surgery, whereas the being noticed view radically confirms it. A response to this competition

might be that people see themselves as vain for having cosmetic surgery and yet at the same time may frequently be being noticed because of the effects of their cosmetic surgery. They may feel negatively about themselves for the vanity that they consider themselves to possess and yet feel pleased about the fact that people are often acknowledging them for their physicality. The vanity societal message might have people thinking that having cosmetic surgery makes them a less worthy person. In contrast, being noticed might have people believe that cosmetic surgery has made them admirable and important.

Noticed vs More than just one's looks

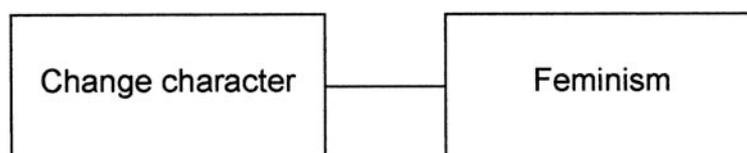
The talk about being noticed (see Section 3.2.8) competes with the view that people are more than just their looks (see Section 4.5.1). These societal messages compete with one another for in the first, people are being strongly applauded for looking good, whereas in the latter there is the invitation to see appearance as not very important. The second societal message constructs people as being more than just their appearance. Hence, within this view people should be acknowledged for their personality and for the person they 'are inside'. In contrast, the being noticed societal message applauds people for their appearance and celebrates the concept of being appreciated for physical beauty alone. The effect of these two competing societal messages for individuals is that they may feel acknowledged at a 'deeper' level for being told that there is more to them than their appearance. However, these ideas might adversely affect their experience if they are being noticed. They may feel pleased that they are being noticed and yet feel that perhaps this is a superficial and meaningless way of being appreciated that they should not celebrate, since they should not be being acknowledged for just their looks. Alternatively, if people are

telling them that they are more than just their looks and they believe this and therefore do not have cosmetic surgery, they may struggle when they are not being noticed or ‘getting attention’ that may be a consequence of them not following the convention (that of having cosmetic surgery) that might have had them being acknowledged in this way. They are in a bind either way for if they follow the ‘noticed’ societal message they may be seen as superficial whereas if they follow the ‘more than just one’s looks’ societal message they may not be striking enough to draw people’s gaze.

5.3.1.1.9 Competing societal messages pertaining to ‘change character’

There is one societal message that competes with ‘change character’, that of ‘feminism’ (see Figure 9 below).

Figure 9: Societal message that competes with ‘change character’



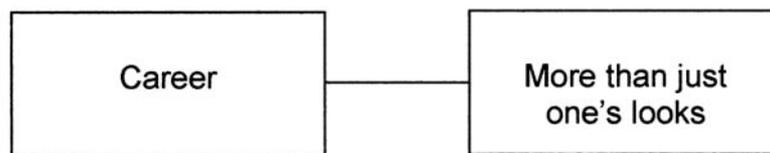
Change character vs Feminism

The ‘change character’ societal message (see Section 3.2.9) appears to compete with the ‘feminism’ societal message (see Section 4.5.3). Each societal message draws upon different meaning making in terms of the one phenomenon. The former has a liberating quality in the way that it implies that a different identity and behaviours can flow from having a different body. The latter implies that people are adapting themselves to conform to society’s image of the ideal woman and are subsequently being oppressed.

5.3.1.1.10 Competing societal messages pertaining to ‘career’

There is one societal message that competes with ‘career’, that of ‘more than just one’s looks’ (see Figure 10 below).

Figure 10: Societal message that competes with ‘career’



Career vs More than just one’s looks

The ‘career’ societal message (see Section 3.2.10) competes with ‘more than just one’s looks’ (see Section 4.5.1). The first suggests that looks are important to progress in one’s career. The latter implies that one should not have to rely upon one’s appearance in order to advance in, for example, the business world. An example of how these societal messages may come into conflict is that in the work context employers may be strongly positioned by the view that people are more than just their appearance, however employees may think that they need to have cosmetic surgery in order to advance in their profession.

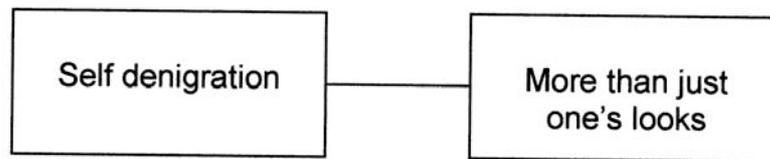
5.3.1.2 Competing societal messages pertaining to ‘constructing the pre-operative body as flawed’

The societal messages within ‘constructing the pre-operative body as flawed’ are presented along with their competing societal messages.

5.3.1.2.1 Competing societal messages pertaining to ‘self-denigration’

There is one societal message that competes with ‘self-denigration’, that of ‘more than just one’s looks’ (see Figure 11 below).

Figure 11: Societal message that competes with ‘self denigration’



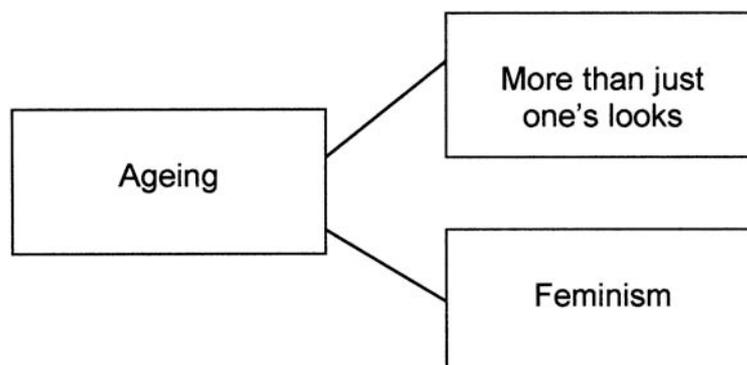
Self-denigration vs More than just one’s looks

Self-denigration (see Section 3.3.1) competes with more than just one’s looks (see Section 4.5.1). The former indicates that because of appearance people should not feel comfortable about themselves. The latter suggests that people should appreciate and value themselves regardless of how they look.

5.3.1.2.2 Competing societal messages pertaining to ‘ageing’

There are two societal messages that compete with ‘ageing’, that of ‘more than just one’s looks’ and ‘feminism’ (see Figure 12 below).

Figure 12: Societal messages that compete with ‘ageing’



Ageing vs More than just one’s looks

Views found in the ‘ageing’ societal message (see Section 3.3.2) compete with the notion that people are more than just their looks (see Section 4.5.1). The importance of looking more youthful that is promulgated within the first societal

message is at variance with the premise that people are comprised of more than just their appearance. A conflict that might arise is that concern about ageing might have people believing that looks are central to how they will be evaluated. However, a belief that they are more than just their looks would call into question the value that they have placed on their appearance through the former societal message. The distinction is representative of Descarte's mind-body dualism (Budgeon, 2003; Thompson & Hirschman, 1995; Wilson, 1978) in that in one instance people are being evaluated for appearances, that is their bodies, whilst in the other people are judged for the deeper qualities of their minds.

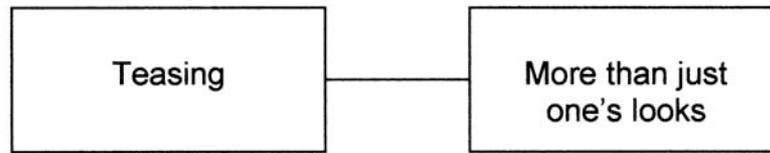
Ageing vs Feminism

The 'ageing' societal message (see Section 3.3.2) competes with the 'feminism' societal message (see Section 4.5.3) in that the former encourages people to change their ageing bodies, while the latter tells women that if they change their ageing bodies they are succumbing to the dictates of patriarchy. The implication is therefore that people should not change their ageing bodies. Some may have a desire to lessen the effects of ageing and yet not want to appear to be involved in what may be considered an oppressive practice.

5.3.1.2.3 Competing societal messages pertaining to 'teasing'

There is one societal message that competes with 'teasing', that of 'more than just one's looks' (see Figure 13 below).

Figure 13: Societal message that competes with ‘teasing’



Teasing vs More than just one’s looks

The notion that cosmetic surgery could remedy the problem of being teased (see Section 3.3.3) competes with the view that people are more than just their looks (see Section 4.5.1). The first societal message indicates that cosmetic surgery is necessary since people have experienced teasing because of their appearance. The second suggests that people should be appreciated for more than appearances and implies that changing oneself through having cosmetic surgery is unnecessary. The message implicit within the ‘more than just one’s looks’ societal message is that the people who are dissatisfied with their appearance should live with their appearance regardless of what others say.

5.3.1.3 Competing societal messages pertaining to ‘constructing cosmetic surgery as reasonable’

The societal messages within ‘constructing cosmetic surgery as reasonable’ are presented along with their competing societal messages.

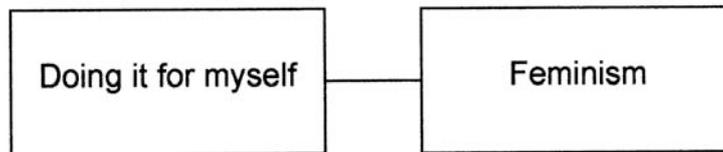
5.3.1.3.1 Competing societal messages pertaining to ‘research’

There are no societal messages that compete with ‘research’.

5.3.1.3.2 Competing societal messages pertaining to ‘doing it for myself’

There is one societal message that competes with ‘doing it for myself’, that of ‘feminism’ (see Figure 14 below).

Figure 14: Societal message that competes with ‘doing it for myself’



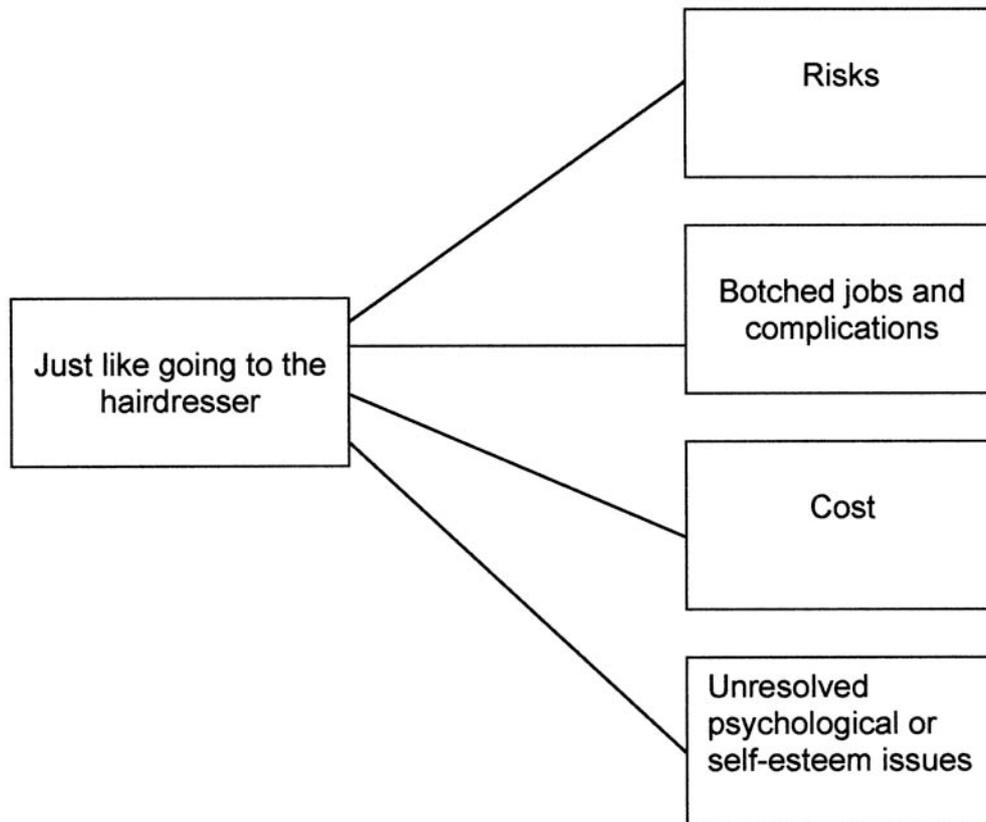
Doing it for myself vs Feminism

‘Doing it for myself’ (see Section 3.4.2) competes with ‘feminism’ (see Section 4.5.3) talk about cosmetic surgery. The former account implies that people are having cosmetic surgery for themselves whereas the feminist view says that women are having cosmetic surgery for men in order to meet patriarchal requirements. Within our society there are positive connotations about being involved in activities that are for the self, but this belief might be crushed by the sentiment that women’s involvement in cosmetic surgery is about meeting male expectations.

5.3.1.3.3 Competing societal messages pertaining to ‘just like going to the hairdresser’

There are four societal messages that compete with ‘just like going to the hairdresser’, that of ‘risks’, ‘botched jobs and complications’, ‘cost’ and ‘unresolved psychological or self-esteem issues’ (see Figure 15 below).

Figure 15: Societal messages that compete with ‘just like going to the hairdresser’



Just like going to the hairdresser vs Risks

The idea that having cosmetic surgery is ‘just like going to the hairdresser’ (see Section 3.4.3) competes with the notion that cosmetic surgery is risky (see Section 4.2.1). The first suggests that cosmetic surgery is a routine and simple process whereas the second suggests that there are complex physical dangers that are associated with surgery. If people were most predominantly positioned by the first societal message, they may not listen carefully to the societal message about risks or they may diminish such concerns. If people were significantly positioned by the risks societal message they may overlook the fact that cosmetic surgery is increasingly becoming normalised within society. They may not want to attend to the reality that

cosmetic surgery is becoming routine and acceptable and instead focus on the fact that cosmetic surgery has risks and therefore avoid having surgery. In the event of people being situated strongly by both societal messages they may feel torn between the sense of cosmetic surgery being trouble free or it being hazardous.

Just like going to the hairdresser vs Botched jobs and complications

The notion that cosmetic surgery is routine and regular and therefore one would imply a safe process is present within the ‘just like going to the hairdresser’ societal message (see Section 3.4.3) and competes with the danger that is referred to in the ‘botched jobs and complications’ societal message (see Section 4.2.2). People may be led to believe that because of the rhetoric in the former societal message cosmetic surgery will be a simple and unproblematic experience. However, when they encounter the latter societal message the reality of potential problems involved in having cosmetic surgery may lead to conflict between these two perspectives.

Just like going to the hairdresser vs Cost

The ‘just like going to the hairdresser’ societal message (see Section 3.4.3) infers that cosmetic surgery is an easy thing to do and within one’s reach, whereas the ‘cost’ societal message (see Section 4.4.1) suggests that having cosmetic surgery is outside the realms of possibility because of the financial pressures it imposes. When faced by the reality of budgeting for cosmetic surgery procedures, the illusion that cosmetic surgery is routine may become challenged.

Just like going to the hairdresser vs Unresolved psychological or self-esteem issues

‘Just like going to the hairdresser’ (see Section 3.4.3) competes with ‘unresolved psychological or self-esteem issues’ (see Section 4.5.2) because the

former normalises the process of having cosmetic surgery, as though ‘everybody would do it’, whereas the latter indicates that mainly abnormal people pursue surgery. The first societal message may have people being comfortable about choosing to be involved in cosmetic surgery. However, upon encountering the idea that they may be viewed as maladjusted they may question how reasonable it would be to be involved in cosmetic surgery.

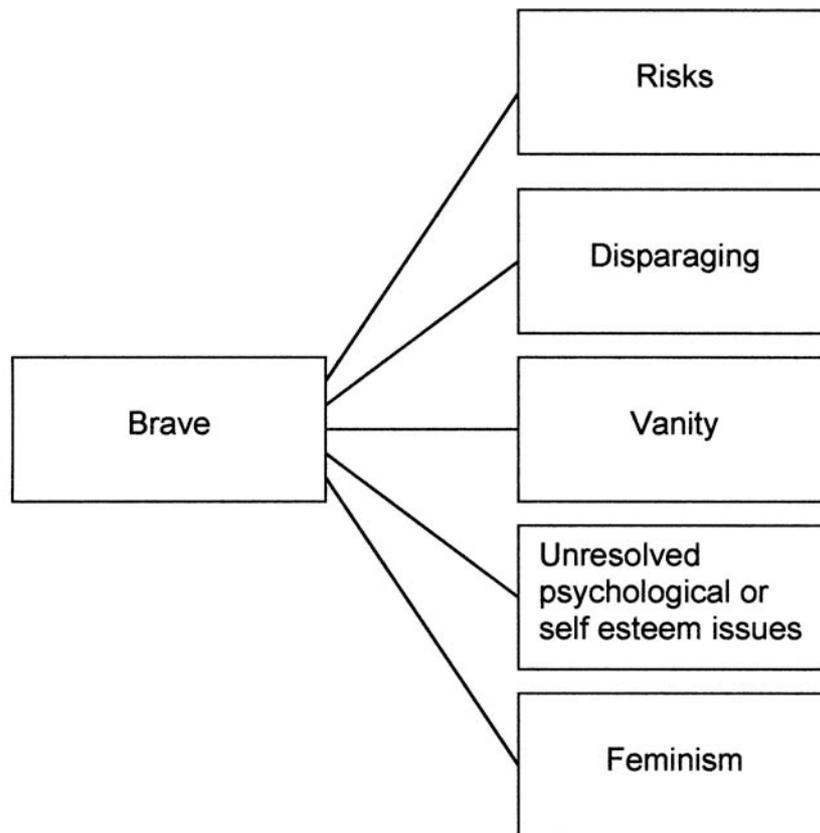
5.3.1.3.4 Competing societal messages pertaining to ‘has not changed me as a person’

There are no societal messages that compete with ‘has not changed me as a person’ between matters that might persuade and matters that might dissuade.

5.3.1.3.5 Competing societal messages pertaining to ‘brave’

There are five societal messages that compete with ‘brave’, that of ‘risks’, ‘disparaging’, ‘vanity’, ‘unresolved psychological or self-esteem issues’ and ‘feminism’ (see Figure 16 below).

Figure 16: Societal messages that compete with 'brave'



Brave vs Risks

Bravery (see Section 3.4.5) seems to compete with the societal message that exists about risks (see Section 4.2.1). There may be a conflict in that the language of bravery may have people thinking they can ‘do anything’, whereas ‘risks’ talk might have people being cautious and therefore avoiding involvement in cosmetic surgery.

Brave vs Disparaging

The issue of ‘bravery’ (see Section 3.4.5) contrasts with the ‘disparaging’ societal message (see Section 4.3.2). ‘Brave’ talk makes a positive evaluation of those who have cosmetic surgery. In contrast the ‘disparaging’ societal message makes negative attributions, putting down those who have cosmetic surgery. While people

may sometimes be constructed as brave individuals for having cosmetic surgery they also risk being considered in a disparaging light. These are vastly different perspectives to have about the cosmetic surgery recipient. It may mean that at different times throughout their cosmetic surgery journey people are subject to these varying perspectives about themselves. Hence, at one moment in time they may consider themselves, or others may consider them, courageous for having undergone cosmetic surgery. At another time they may consider themselves in a negative light and as ridiculous since people are disparaging towards them for their choice to have cosmetic surgery.

Brave vs Vanity

‘Bravery’ (see Section 3.4.5) competes with the ‘vanity’ societal message (see Section 4.3.4). The former is defining cosmetic surgery recipients as courageous, whilst the latter’s notion directly contrasts through painting cosmetic surgery recipients unfavourably, defining them as proud, smug and conceited. Such conflict might cause confusion about what conclusions about identity recipients feel they should make about themselves.

Brave vs Unresolved psychological or self-esteem issues

The notion that cosmetic surgery recipients are considered brave (see Section 3.4.5) competes with the view that they have unresolved psychological and self-esteem issues (see Section 4.5.2). The first defines recipients as undertaking cosmetic surgery as an act of strength, courage and clear-headed responsibility. The second implies that individuals are struggling with personal matters and that this has led to their choice to have cosmetic surgery. It suggests that should these psychological matters be resolved cosmetic surgery should no longer be required. Recipients on one

occasion might be positioned by others or themselves as brave for undergoing cosmetic surgery which may be empowering for them. However, at another time others may position recipients, or they position themselves, as having psychological issues which may have recipients feeling badly about themselves. It may be difficult for recipients to reach a clear conclusion about their mental status once they have been positioned by both of these societal messages. For example, should recipients be considering themselves as empowered and capable or as maladjusted?

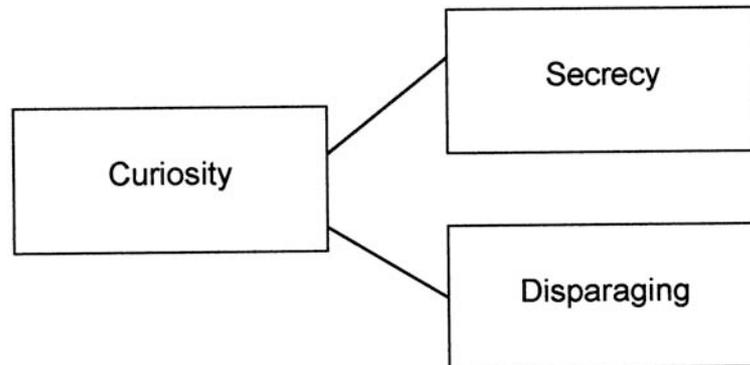
Brave vs Feminism

‘Bravery’ (see Section 3.4.5) seems to compete with the ‘feminism’ societal message (see Section 4.5.3). The former is attributing cosmetic surgery recipients with positive self-determining qualities, whilst the latter defines them as subjugated and therefore places them in a passive role. The discrepancy between these two societal messages where recipients experience accolade in one and challenge to the decision of having cosmetic surgery in the other might have people torn between two ways of understanding themselves and their lived experience of cosmetic surgery.

5.3.1.3.6 Competing societal messages pertaining to ‘curiosity’

There are two societal messages that compete with ‘curiosity’, that of ‘secrecy’ and ‘disparaging’ (See Figure 17 below).

Figure 17: Societal messages that compete with ‘curiosity’



Curiosity vs Secrecy

The ‘curiosity’ (see Section 3.4.6) and ‘secrecy’ societal messages (see Section 4.3.1) compete with one another. People’s curiosity requires an openness from recipients when they converse with others about their cosmetic surgery. In contrast secrecy involves being private about involvement in cosmetic surgery. One conflict that might arise is that people may be faced by the curiosity of others and yet their preference might have been to be secretive about the cosmetic surgery. Awkwardness about how to handle such situations might arise.

Curiosity vs Disparaging

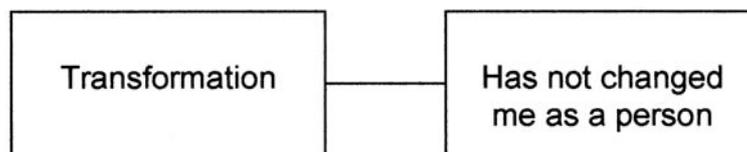
The curiosity that is expressed about people’s cosmetic surgery (see Section 3.4.6) competes with disparaging representations (see Section 4.3.2). In the former people paint having cosmetic surgery in a positive light and seem generally respectful towards those who have had cosmetic surgery. In contrast, the latter undermines people who have had cosmetic surgery and refers to them disrespectfully. The effect of having these competing societal messages is that people may not know which way of thinking, relating or articulating others are going to use in response to them having had cosmetic surgery. Therefore, there may be psychological conflict between telling

people or not telling people about their cosmetic surgery. Telling people might lead to positive and fruitful conversation, but it may also lead to negative expressions and thinking from others.

5.3.2 Societal messages that compete within ‘Factors that might persuade someone to have cosmetic surgery’

The societal messages that compete within ‘Factors that might persuade someone to have cosmetic surgery’ are discussed in this section. There are two sets of societal messages that compete, that of ‘transformation’ versus ‘has not changed me as a person’ (see Figure 18 below) and ‘change character’ versus ‘has not changed me as a person’ (see Figure 19 below).

Figure 18: Transformation vs Has not changed me as a person



Competing with transformation (see Section 3.2.2) is the idea that cosmetic surgery has not changed the person (see Section 3.4.4). The former societal message suggests that people have radically changed from having surgery in relation to appearance and character, whereas the other suggests that there has been no change to the person. The existence of these two ideas might mean that people find it difficult to strike a balance between the notion that cosmetic surgery has changed them and yet has not changed them. Sometimes it may be that people want to be seen as a different person, whilst at other times they want to be seen as unchanged. These two competing societal messages might cause confusion for someone if they are being told that they

have transformed and yet they feel like the same person, or conversely they are told that they are the same person and yet they feel like they have transformed.

Figure 19: Change character vs Has not changed me as a person

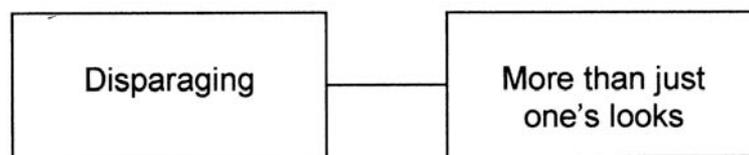


The talk that cosmetic surgery can change one's character (see Section 3.2.9) competes with the view that cosmetic surgery does not change the person (see Section 3.4.4). These two ideas directly compete with one another because one perspective sees cosmetic surgery as changing one's character, whilst the other considers that the person is not changed at all by having had cosmetic surgery. If people were positioned by both of these ideas simultaneously it may be hard for them to determine which one is 'true', whether in fact they have or have not changed within themselves. Some people may believe that cosmetic surgery will change them because of the messages that exist within society that suggest this will happen, however once they have had the procedure they may not feel changed as a person. This outcome may be a disappointment for them. Conversely, because of the 'cosmetic surgery does not change the person' rhetoric people may be surprised when they find that after having the operation they do in fact feel differently in themselves and are responded to as a different type of person by others.

5.3.3 Societal messages that compete within ‘Factors that might dissuade someone from having cosmetic surgery’

The societal messages that compete within ‘Factors that might dissuade someone from having cosmetic surgery’ are presented in this section. There is one set of societal messages that compete, that of ‘disparaging’ versus ‘more than just one’s looks’ (see Figure 20 below).

Figure 20: Disparaging vs More than just one’s looks



The ‘disparaging’ societal message (see Section 4.3.2) seems to compete with the ‘more than just one’s looks’ societal message (see Section 4.5.1) since in the former people are focusing on the importance of looks and undermining people for physical failings whereas the other is saying you should not judge people for their appearance.

5.4 Interpreting the findings within a theoretical context

From the findings in this thesis it appears that people will be faced with making decisions in terms of matters that might persuade them to have or dissuade them from having cosmetic surgery. People may be faced with psychological conflict regarding perspectives that compete with one another, which may lead to cognitive dissonance. This conflict may exist both within themselves and between the self and others. Understandings about decision making and cognitive dissonance are pertinent to these issues.

Simon (1960) defined decision making as a “process which starts with problems... and moves through successive stages of constructions of, or search for alternatives, choice among alternatives, and implementation of the decision” (p. 111). As people consider the societal messages surrounding the topic of cosmetic surgery they are likely to be engaging in the above process. People may have varying values in relation to the alternatives that they are considering (Milburn & Billings, 1976). The process of talking about the societal messages may alter the values (Milburn & Billings, 1976). When people are exploring societal messages surrounding cosmetic surgery they may be dealing with a situation of uncertainty since they are subject to differing perspectives of matters that might persuade them to have or dissuade them from having cosmetic surgery. Uncertainty has been defined as “a sense of doubt that blocks or delays action” (Lipshitz & Strauss, 1997, p. 151) and “constitutes a major obstacle to effective decision-making” (Lipshitz & Strauss, 1997, p. 149). As people consider the topic of cosmetic surgery they may find that their decisions are inhibited as a result of the uncertainty that is produced by being positioned by multiple societal messages. Smithson (1989) stated that the prescription for coping with uncertainty is to “reduce ignorance as much as possible by gaining full information and understanding” (p. 153). Similarly Astrow et al. (2008) suggested that patients need information about treatments “in order to make informed decisions” (p. 664). Hence it seems advisable that cosmetic surgery clinicians help their patients gain thorough knowledge about their cosmetic surgery. Decision-making may be facilitated in the counselling context as the causes of uncertainty are addressed.

In terms of aiding decisions a number of ways of helping people have been established (Bijma et al., 2008; Duba & Magenta, 2008; Forester-Miller & Rubenstein, 1992; Horan, 1979; Kitchener, 1984; Krumboltz & Baker, 1973; Sileo &

Kopala, 1993; Shiloh & Rotem, 1994; Stadler, 1986; Van Hoose, 1980; Van Hoose & Paradise, 1979). The previous authors discuss decision making in relation to, for example, making ethical decisions and decisions surrounding treatment in prostate cancer patients. Informed by the work of these authors the following points may be useful for aiding decision making:

- Identify any problems:

It would be useful to ascertain whether patients have any problems associated with the societal message. It may be that some people do not have any problems in which case the following points need not be explored. However, if they do describe issues, then they may be explored in the following ways.

- Determine the nature and dimensions of the dilemma:

If patients say there are problems then it would be necessary to enquire as to what the problem entails and what dilemma this brings to their lives. It would be useful to ascertain how the dilemma impacts patients' thinking and behaviour.

- Generate potential courses of action:

At this stage patients and clinicians can brainstorm a variety of courses of action that could be taken to resolve the problem.

- Consider the potential consequences of the courses of action:

Each course of action should be considered carefully to assess the potential consequences for all those involved in the cosmetic surgery journey (for example, patients, counsellors, doctors, family, friends and work colleagues).

- Choose and implement a course of action:

Once the above processes have been addressed counsellors should help patients choose a course of action which can then be implemented. After patients have proceeded with the course of action it is helpful to reflect upon the outcome and

also the implications of choosing this course of action. Such reflection may assist in the formation of helpful choices in future decision making.

Engaging in the above processes may “help [patients] develop attitudes to tolerate ambiguity, uncertainty, and feeling out of control as they face decisions” (Heppner, 1989, p. 258). It would be helpful to address all the above points in relation to each societal message. Therefore, these principles are adopted within the clinical framework (in Chapter 6).

There is “evidence that patients are becoming more active in the decision-making process and are relying less on recommendations” by health professionals (Zeliadt, 2006, p. 1869). Miller (1996) suggests that in the decision-making process “it is the [patient] and not the counselor who is the true expert” (p. 44). Therefore, aiding patients to be active in the formulation of decisions seems important. However, Henman et al. (2002) describe the importance of active involvement of cancer patients along with their oncologists as they make decisions about treatment. This process is referred to as shared decision-making and is helpful in health related contexts (Elwyn et al., 2000; Mazur et al., 2005; Sartor, 2008). According to Andersen et al. (2009) when patients perceived that they have been involved in decision making about treatment they report improved quality of life and health. Therefore, in relation to cosmetic surgery consultations, clinicians could bring their knowledge about the societal messages. Patients can then utilise the clinician’s knowledge as well as their own expertise in determining what course of action will work for them.

Given that people encounter competing societal messages about cosmetic surgery (See Section 5.3) they are likely to experience cognitive dissonance (Festinger, 1957; Homer et al., 2000; Moses et al., 1984; Plous, 1993; Sheard et al., 1996; Wicklund & Brehm, 1976). Cognitive dissonance has been defined as “a

motivational state that impels the individual to attempt to reduce” conflicting emotional states and meanings (Wicklund & Brehm, 1976, p. 1). Festinger (1957) explained that dissonance refers to relations that “exist between pairs of elements” (p. 9). When people encounter inconsistency in knowledge they attempt to reduce the psychological state of conflict that has produced dissonance (Wicklund & Brehm, 1976). For example, smokers may deal with the belief that cigarettes are harmful and yet choose to continue to smoke. They continue smoking through a process of denial or rationalisation to reduce the dissonance produced by the two conflicting thoughts (Chapman et al., 1993). People who are positioned by the competing accounts that were presented in Section 5.3 are likely to be engaging in this process in order to reduce the dissonance that they experience. For example, people may be positioned by the societal messages of ‘noticed’ and ‘vanity’. They may want to be noticed because of the results of their cosmetic surgery but may be concerned that others may consider them vain for having had cosmetic surgery. Tension may develop for them, that is, cognitive dissonance, because they are drawn between the two forms of judgement. To resolve this tension people may make adjustments to their thinking by, for example, disregarding the judgement of vanity and becoming enthusiastic about the pleasure of being noticed. Clinically, assisting patients to understand the societal messages that are producing dissonance may give them a stronger foundation for resolving conflicts that might arise in their choices about cosmetic surgery. It would be useful therefore to address cognitive dissonance by exploring competing societal messages in the counselling context.

5.5 Conclusion

Of all the instances in the persuaders and dissuaders 58% were 'Factors that might persuade someone to have cosmetic surgery' and 42% were 'Factors that might dissuade someone from having cosmetic surgery'. People appear to be involved in making decisions surrounding cosmetic surgery through perspectives that encourage the idea of having cosmetic surgery and some that discourage involvement.

There are competing societal messages that shape people's engagement with cosmetic surgery (See Section 5.3). They have to negotiate these inconsistencies and conflicting societal messages in their day-to-day life. The effect of having competing societal messages may mean that if people are positioned simultaneously by them, this may result in ambivalence and confusion for them.

Theories of decision-making and cognitive dissonance were introduced. It would be helpful in the counselling context for clinicians to assist people to deal with the uncertainty that may arise in their decision-making. Suggestions about how to help people with decision making and the concept of shared decision making have been incorporated in this chapter. Addressing the cognitive dissonance that may flow from the different societal messages that are influencing people regarding cosmetic surgery was also considered a useful direction for the counselling context.

6 A thematic counselling framework for cosmetic surgery clinical practice

6.1 Overview

This research has presented a range of societal messages that inform people about cosmetic surgery and the Chapter utilises this knowledge to establish a thematic counselling framework for cosmetic surgery clinical practice. As was explained in Chapter 5 (Section 5.4) cosmetic surgery patients are making decisions often with multiple societal messages, which may lead to a state of uncertainty. To cope with uncertainty one must “reduce ignorance as much as possible by gaining full information and understanding” (Smithson, 1989, p. 153). In addition, in Chapter 1 (see Section 1.6.1.1.4 and 1.6.1.1.5) legal literature has suggested that patients need to be better informed about their cosmetic surgery so that they can make choices that are based on a more comprehensive account of the topic. Hence, the current clinical counselling framework, which will help to better inform people about their cosmetic surgery, is relevant to present needs in this field.

The thematic counselling framework may be used either exclusively or in conjunction with other clinical approaches that exist for working with cosmetic surgery patients. The framework could be used for all cosmetic surgery patient groups. For example these groups may include:

- People who are generally exploring the possibility of having cosmetic surgery and require assistance in making a decision.
- People who are uncertain about their decision to have cosmetic surgery.

- For those who have already made a decision to have cosmetic surgery the framework may provide support.
- People whose appropriateness for cosmetic surgery has been questioned by the surgeon.
- Those who have had cosmetic surgery and are unhappy about the outcome.
- Those who are content with their surgery when they return for a follow up appointment and may be facilitated through the framework to help them and clinicians more richly understand their experiences.

All cosmetic surgery clinicians could use the framework. However, it may require more than one session and therefore may be most suitable for those who are focusing on the counselling of cosmetic surgery patients, such as psychologists, psychiatrists, social workers or nurses. None-the-less even those having briefer encounters with their patients, such as surgeons, may incorporate some of the areas of exploration that this framework provides. In using this framework it is important for clinicians to determine whether they have a conflict of interest. If clinicians have a vested interest in patients pursuing cosmetic surgery it may be difficult to be sufficiently neutral so as to help patients explore cosmetic surgery options. Decisions that clinicians make are shaped by their own specialty, for example surgeons operate, counsellors counsel and psychiatrists incorporate use of medications. Each profession may advocate different courses of action for cosmetic surgery patients. It would be important for clinicians to reflexively engage with their clinical practice by reflecting on what judgements and assumptions, personal and professional, they hold about cosmetic surgery.

The approach for the clinical framework is based upon the method set out in Section 2.4 which is also outlined in Section 6.2. In addition, the layout and forms of

questions used in this chapter are built upon the discussion about the findings and ideas about people's thinking and behaviour that were described in Chapters 3 and 4. It is also built upon the discussion about the competing societal messages and the theoretical context set out in Section 5.4. Specifically, the ways of working with decision making (Section 5.4 and reiterated in Section 6.2) and cognitive dissonance (Section 5.4) inform the structure of this framework.

Section 6.3 presents pre-operative and post-operative cosmetic surgery exploration guides that can be given to patients prior to their appointment. This is the first point of contact with patients and establishes a foundation for the conversations that can take place in clinical consultations. It helps patients prepare themselves for what they would like to discuss with clinicians.

An outline of a pattern for working with the societal messages is introduced in Section 6.4. Four illustrative examples are presented to demonstrate how the pattern for working can be used to address each societal message. The section presents ideas for pre- and post-operative counselling.

The competing societal messages that may produce dissonance (Festinger, 1957; Homer et al., 2000; Moses et al., 1984; Plous, 1993; Sheard et al., 1996; Wicklund & Brehm, 1976) are addressed by providing questions that can be applied to them. There is also an explanation of how to work with other themes that might emerge in clinical consultations.

Clinicians can explore patients' own understandings about the societal messages. Practitioners can add their own knowledge about the societal messages that have been gained from this thesis and from their clinical experience. However, it is important for patients to be able to explore their own meanings too, not just listen to professionals' opinions. The questions and points provided in this Chapter are areas

for exploration which can guide clinicians as they aid patients to think about the societal messages that are shaping their relationship to cosmetic surgery. Clinicians may wish to modify the questions proposed in order to suit the societal message, clinicians' preferred style, the specific context and the patient.

It is important to alert clinicians to some potential ramifications that may occur when individuals talk about the issues explored in this counselling framework. When questioning it will be important for clinicians to shape the counselling process to enable patients to clarify their choices about cosmetic surgery. Questioning may open up significant pain or distress for some individuals. Keeping the conversation as part of a clarification process about patients' cosmetic surgery choices, rather than delving into past traumas, may be a valuable strategy when using this method. Facilitating sustaining "life stories" (Hastie & Dawes, 2001, p. 142) that affirm positive views about patients seems to be important. However, there may be situations where the session moves from consideration of options into a therapeutic process. For example, it may become apparent that for some, they have become deeply traumatised by the experience of teasing or relationship loss which they attribute to their physical flaw. In these cases there should be a referral to a therapist. The counselling approach proposed is meant to help people explore their ideas relating to their decisions rather than it being a therapy process.

6.2 Approach informing the thematic counselling framework for cosmetic surgery clinical practice

The approach that informs the thematic counselling framework proposed in this section is that outlined in Section 2.4 (in part drawing upon Cognitive Behaviour Therapy) and 5.4 (some approaches to helping people with decision making).

The following ways of working that in part draws upon Cognitive Behaviour Therapy are used within this framework:

- Help patients explore the impact of a societal message upon patients' thinking and behaviour. The societal messages are notions which are conceptualised as existing outside the individual in the social system and they influence people's cognitions and actions. This is distinct from seeing the societal messages as cognitions that exist within the individual's mind. Clinicians do not necessarily help patients change the thinking and behaviour that flows from the societal message, particularly if the thinking and behaviour appears to be beneficial and adaptive for patients. Through conversation clinicians can help patients identify the positive and negative impact of the way in which the societal message has patients thinking and behaving.
- Help patients develop a richer understanding of their engagement with cosmetic surgery.
- Help patients find a "more balanced" (Edelman, 2006, p. 1) view. By exploring multiple possibilities, or other conceptualisations surrounding the societal message, patients' thinking and behaviour will be guided by different, more broadly informed, understandings. This approach need not be applied to only those societal messages that are producing negative thoughts and behaviours, but rather to all the societal messages. It is also possible, in the traditional cognitive behavioural sense, to reframe perceptions that flow from the theme which are deemed 'faulty'. Reframing can occur in such a way that patients are aided to develop alternative conceptualisations and behavioural patterns. It is thought that utilising these methods in the therapeutic context will help patients in their decisions surrounding cosmetic surgery.

- Use exercises to explore the thinking and behaviour that has been initiated in patients as a response to the societal message. As in Cognitive Behaviour Therapy, these tasks may be given as homework or completed within the clinical consultations. They can help patients understand their current mode of operating, to develop new ways of conceptualising matters and also to test different outcomes of various ways of approaching issues.

The thematic framework is also based on approaches that help people with decision making. The following ways of working that are used within this framework draw upon practices that are deemed useful for aiding decision making. These points are based upon Krumboltz & Baker (1973), Horan (1979), Van Hoose & Paradise (1979), Van Hoose (1980), Kitchener (1984), Stadler (1986), Forester-Miller & Rubenstein (1992), Sileo & Kopala (1993), Shiloh & Rotem (1994), Bijma et al. (2008) and Duba & Magenta (2008).

- Identify any problems:

It would be useful to ascertain whether patients have any problems associated with the societal message. It may be that some people do not have any problems in which case the following points need not be explored. However, if they do describe issues, then they may be explored in the following ways.

- Determine the nature and dimensions of the dilemma:

If patients say there are problems then it would be necessary to enquire as to what the problem entails and what dilemma this brings to their lives. It would be useful to ascertain how the dilemma impacts patients' thinking and behaviour.

- Generate potential courses of action:

At this stage patients and clinicians can brainstorm a variety of courses of action that could be taken to resolve the problem.

- Consider the potential consequences of the courses of action:

Each course of action should be considered carefully to assess the potential consequences for all those involved in the cosmetic surgery journey (for example, patients, counsellors, doctors, family, friends and work colleagues).

- Choose and implement a course of action:

Once the above processes have been addressed counsellors should help patients choose a course of action which can then be implemented. After patients have proceeded with the course of action it is helpful to reflect upon the outcome and also the implications of choosing this course of action. Such reflection may assist in the formation of helpful choices in future decision making.

The intention in aiding decision making through using these approaches is to help patients be better informed about their cosmetic surgery which may help with any uncertainty they may have (Smithson, 1989). Shared decision making is helpful in health related contexts (Andersen, 2009; Elwyn et al., 2000; Mazur et al., 2005; Sartor, 2008;). Therefore, in relation to cosmetic surgery, clinicians can bring their knowledge about the societal messages to the consultation. Patients can utilise clinicians' knowledge as well as their own expertise in determining their relationship to cosmetic surgery.

6.3 Exploration Guides

This section presents two exploration guides. These could be sent to patients prior to their consultation. Patients can think about the matters the guides raise and then discuss these issues in the consultation. Each societal message is named on the

exploration guides and phrased so that they are relevant for either the pre- or post-operative period. The pre-operative version is presented first followed by the post-operative. If patients raise particular societal messages as being relevant to them clinicians can proceed to use the questions set out in Section 6.4. For ease of patient understanding some language describing the societal messages has been simplified, for example the feminist societal message is described on the exploration guides as “the idea that women are having cosmetic surgery to please men” (see Appendix 4 which presents the corresponding societal messages).

Cosmetic surgery exploration guide: Pre-operative

You may be weighing up whether or not to have cosmetic surgery or may have decided upon having a procedure. It can be helpful for you to discuss with a psychologist, counsellor or doctor, your experiences and thoughts about the topic. This guide is aimed at helping you with your decisions through thinking about the ideas there are in our community about cosmetic surgery. You may like to think about which ideas affect you and discuss these at your consultation. Not every idea may be fitting, but it could be helpful to think about what may be influencing you.

Matters that might make you think positively about having cosmetic surgery:

- Cosmetic surgery may lead to **a positive future**:
 - Cosmetic surgery may **make you positive**
 - Cosmetic surgery may **transform** you
 - Cosmetic surgery may make you **confident**
 - Cosmetic surgery may enhance your **relationships**
 - **Hope** about what cosmetic surgery can bring to your life
 - The wish for **natural** appearance
 - The wish for **normal** appearance and normality
 - The wish to be **noticed**
 - The wish that you will **change as a person**
 - The wish to improve your **career**

- The idea that **your body is flawed**:
 - A **critical** view of your body
 - The idea that an **ageing** body is a problem
 - The **teasing** comments that others make about your body

- The idea that **cosmetic surgery is reasonable**:
 - Doing **research** about your cosmetic surgery makes doing it OK
 - You should **do cosmetic surgery for yourself**
 - Cosmetic surgery is **a normal thing to do**
 - Cosmetic surgery **will not change you as a person**
 - Cosmetic surgery recipients are **brave** to have undergone the procedure
 - The **curiosity** that others will have about your surgery

Matters that might make you think negatively about having cosmetic surgery:

- Cosmetic surgery involves **physical problems**:
 - A concern about **risks** that could happen with cosmetic surgery
 - A concern about potential **botched jobs and complications**
 - A concern about the possibility of **pain** from surgery
 - A concern about **scarring** as a result of the surgery

- Others may **judge** you badly:
 - How to keep your cosmetic surgery a **secret**

- Worry that others might **put you down** because you have had cosmetic surgery
- Dealing with the idea that people should improve their bodies through **hard work**, such as diet and exercise
- The judgement that you are **vain** for wanting to have cosmetic surgery
- The idea that **there are problems with the cosmetic surgery industry**:
 - Concerns about the **cost** of a procedure
 - Concerns that the **cosmetic surgery industry may be dodgy**
- The idea that having **cosmetic surgery is concerning**:
 - The idea that you are **more than just your looks**
 - The idea that you have **personal problems** which is why you are seeking cosmetic surgery
 - The idea that women are having cosmetic surgery **to please men**

Now that you have read some of the ideas that affect people about cosmetic surgery you might like to think about how these impact on you. In relation to each idea you could ask yourself:

- How does it affect my thinking and behaviour?
- What is useful about having this affect me?
- What is not useful about having this affect me?
- Are there are other ways to think about cosmetic surgery?

Some of the above ideas compete with each other. For example wanting to feel positive about one's surgery, but worrying about what could happen if things went wrong leads to a conflict as you make decisions about whether to proceed with surgery. You might like to think about which ideas conflict for you. In relation to these competing ideas you could ask yourself:

- What is the effect on me of having these two competing ideas?
- How can I resolve this dilemma?

Don't worry if your experiences or thoughts differ from the ideas that are presented in this guide. If there are other ideas that are shaping your experience of cosmetic surgery you will be able to explore these in your clinical consultation as well.

The thoughts that you have generated from this guide can be shared with your psychologist/counsellor/doctor at your appointment.

Cosmetic surgery exploration guide: Post-operative

Following a cosmetic procedure, you may wish to discuss your cosmetic surgery experiences with a psychologist, counsellor or doctor. This guide is aimed at helping you explore the ideas there are in our community about cosmetic surgery. You may like to think about which ideas affect you and discuss these at your consultation. Not every idea may be fitting, but it could be helpful to think about what may be influencing you.

Matters that might make you think positively about your cosmetic surgery:

- Cosmetic surgery has led to a **positive future**:
 - Cosmetic surgery has **made you positive**
 - Cosmetic surgery has **transformed** you
 - Cosmetic surgery has made you **confident**
 - Cosmetic surgery has enhanced your **relationships**
 - The **hopes** that you had about what cosmetic surgery can bring to your life have been met
 - Satisfaction that you have a **natural** appearance
 - Satisfaction that you have a **normal** appearance and normality
 - Satisfaction that you are now **noticed**
 - You have **changed as a person**
 - Cosmetic surgery has improved your **career**

- The idea that your pre-operative body was flawed:
 - A former **critical** view of your body
 - The idea that the **ageing** appearance of your body was a problem
 - The **teasing** comments that others made about your body

- The idea that **cosmetic surgery was reasonable**:
 - You did **research** about cosmetic surgery that made doing it OK
 - You **had cosmetic surgery for yourself**
 - Cosmetic surgery is a **normal thing to do**
 - Cosmetic surgery **has not changed you as a person**
 - Cosmetic surgery recipients are **brave** to have undergone the procedure
 - The **curiosity** that others may have about your surgery

Matters that might make you think negatively about your cosmetic surgery:

- Cosmetic surgery involved **physical problems**:
 - A concern about the **risks** that you faced during surgery
 - A concern about the **botched jobs and complications** that may have resulted from your surgery
 - A concern about the **pain** you are experiencing or have experienced since having surgery
 - A concern about the **scarring** that has resulted from surgery

- Others may **judge** you badly:
 - How to keep your surgery a **secret**
 - Worry that others may **put you down** because you have had cosmetic surgery
 - Dealing with the idea that people should improve their bodies through **hard work**, such as diet and exercise
 - The judgement that you were **vain** for having cosmetic surgery

- The idea that **there are problems with the cosmetic surgery industry**:
 - Concerns about the **cost** of a procedure
 - Concerns that the **cosmetic surgery industry may be dodgy**

- The idea that having **cosmetic surgery is concerning**:
 - The idea that you are **more than just your looks**
 - The idea that you had **personal problems** which is why you sought cosmetic surgery
 - The idea that women have cosmetic surgery **to please men**

Now that you have read some of the ideas that affect people about cosmetic surgery you might like to think about how these impact on you. In relation to each idea you could ask yourself:

- How does it affect my thinking and behaviour?
- What is useful about having this affect me?
- What is not useful about having this affect me?
- Are there other ways to think about cosmetic surgery?

Some of the above ideas compete with each other and affect thinking about cosmetic surgery. For example some people might find that they want to feel positively about the surgery they received, however they may be limited in doing so because they think their friends may put them down for having cosmetic surgery. You might like to think about which ideas conflict for you. In relation to these competing ideas you could ask yourself:

- What is the effect on me of having these two competing ideas?
- How can I resolve this dilemma?

Don't worry if your experiences or thoughts differ from the ideas that are presented in this guide. If there are other ideas that are shaping your experience of cosmetic surgery you will be able to explore these in your clinical consultation as well.

The thoughts that you have generated from this guide can be shared with your psychologist/counsellor/doctor at your appointment.

6.4 Suggested points for dealing with each societal message

All societal messages can be addressed by focusing on 10 points. The initial points (1-4) help patients explore their understanding of the societal message (thus incorporating some principles from Cognitive Behaviour Therapy which were discussed in Section 2.4 and are reiterated in Section 6.2), while the latter points (5-9) help patients with their decision making (thus incorporating the approaches for aiding decision making which were discussed in Section 5.4 and reiterated in Section 6.2). Point 10 is included to assist the exploration of points 1 through to 9 and is informed by Cognitive Behaviour Therapy exercises (as discussed in Section 2.4 and reiterated in Section 6.2). The points are:

1. Explore the impact of the societal message on patients' thinking and behaviour.
2. Help clinicians and patients determine the positive and negative impact of the societal message.
3. Develop a richer understanding of patients' engagement with cosmetic surgery as it relates to this societal message.
4. Explore other conceptualisations.
5. Identify any problems with the societal message.
6. Determine the nature and dimensions of the dilemma.
7. Generate potential courses of action.
8. Consider the potential consequences of the courses of action.
9. Choose and implement a course of action.
10. Use exercises to assist the exploration of points 1 through to 9 regarding the societal message (see Appendix 5).

Utilising these ten points, some questions are suggested. Clinicians do not have to address every point, but rather those that may assist the individual patient. Also, not every societal message needs to be addressed, but instead those that seem pertinent to the patient. The wording of the questions can be adapted to suit the particular societal message, the specific context, the cognitive capacity of individual patients and clinicians' preferred style. Clinicians could use the word 'idea' instead of 'societal message' as it may be more easily understood by patients.

1. Explore the impact of the societal message on patients' thinking and behaviour:

Pre- and post-operative question:

- How does this societal message (idea) have you thinking and behaving?

2. Help clinicians and patients determine the positive and negative impact of the societal message:

Pre and post-operative question:

- What are the benefits of having this societal message (idea) influencing you and what are the drawbacks?

3. Develop a richer understanding of patients' engagement with cosmetic surgery as it relates to this societal message:

Under this point clinicians can ask any questions they feel will help them gain a richer understanding of patients' relationship to the societal message. Questions that could be asked include:

Pre- and post-operative questions:

- Can you describe to me the past experiences that you have had with this societal message (idea)?
- How do you think this societal message (idea) is influenced by values that pervade our society?

Clinicians can refer to the information about each societal message, including the suggestions about patients' thinking and behaviour, provided in this thesis to help with the formation of other questions.

4. Explore other conceptualisations:

Pre- and post-operative question:

- Are there some other thoughts you have about cosmetic surgery that are distinct from this societal message (idea)?

5. Identify any problems with the societal message:

Pre- and post-operative question:

- Are there any problems with the societal message (idea)?

6. Determine the nature and dimensions of the dilemma.

Pre- and post-operative questions:

- Can you describe the way this problem manifests itself in your life?
- How does this dilemma affect your thinking and behaviour?

7. Generate potential courses of action.

Pre- and post-operative question:

- Can you think of some courses of action to deal with this problem?

8. Consider the potential consequences of the courses of action.

Pre- and post-operative question:

- What might be some of the potential consequences of taking these courses of action?

9. Choose and implement a course of action.

Pre- and post-operative questions:

- Which course of action would you like to choose?
- (Once patients have instituted the course of action clinicians can ask): How would you evaluate the course of action that you took? What choices would you make in the future based on the outcomes from this course of action?

10. Use exercises to assist the exploration of points 1 through to 9 regarding the societal message (see Appendix 5).

6.4.1 Some specific examples of how to use the points for exploring the societal messages

In this section some societal messages (two persuaders – ‘transformation’ and ‘teasing’ and two dissuaders – ‘risks’ and ‘secrecy’) are discussed to give illustrative examples of how to utilise the points discussed in Section 6.4. Looking at the examples will help clinicians see how to use the points in 6.4 as a starting point from which they can develop a variety of styles of questioning. Questions have been phrased for the pre- and post-operative period which will give clinicians an idea of how to make questions relevant for both situations. The reader will see that questions have been adapted to suit the given societal message in each example.

6.4.1.1 Working with the societal message of ‘transformation’

This societal message relates to the view that cosmetic surgery can transform or has transformed people (see Section 3.2.2 for the full description of this societal message).

1. Explore the impact of the ‘transformation’ societal message on patients’ thinking and behaviour:

Pre-operative question:

- What sort of effects does this idea that you will transform if you have cosmetic surgery have on your thinking and behaviour?

Post-operative question:

- What effect does the belief that you have been transformed through having cosmetic surgery have on your thinking and behaviour?

2. Help clinicians and patients determine the positive and negative impact of the ‘transformation’ societal message:

Pre- and post-operative question:

- What do you think the idea of transformation makes possible for you? Are there limitations surrounding the idea that cosmetic surgery transforms people?

3. Develop a richer understanding of patients’ engagement with cosmetic surgery as it relates to this ‘transformation’ societal message:

Pre-operative question:

- How realistic do you think this idea that you will transform makes your goals for surgery?

Pre- and post-operative questions:

- What would you say has been your past experiences with the idea that cosmetic surgery can transform?
- How do you think this idea of transformation is influenced by values that are in our society?

4. Explore other conceptualisations:

Pre-operative questions:

- You state that cosmetic surgery will transform you. Are there other ways of describing how cosmetic surgery might be for you?
- Have you thought about how it would be for you if you had cosmetic surgery and found that you were in fact not transformed as you had hoped?

Pre- and post- operative question:

- Do you think the idea that cosmetic surgery transforms people tells the ‘whole’ story about what cosmetic surgery can do?

Post-operative question:

- You say that cosmetic surgery has transformed you. Are there other experiences that have happened as a result of having the procedure?

5. Identify any problems with the ‘transformation’ societal message:

Pre- and post-operative question:

- Are there any problems with the ‘transformation’ idea?

6. Determine the nature and dimensions of the dilemma:

Pre- and post-operative questions:

- Can you describe the way this problem impacts on your life?
- How does this dilemma affect your thinking and behaviour?

7. Generate potential courses of action:

Pre- and post-operative question:

- Can you think of some courses of action to deal with this problem?

8. Consider the potential consequences of the courses of action:

Pre- and post-operative question:

- What might be some of the potential consequences of taking these courses of action?

9. Choose and implement a course of action:

Pre- and post-operative questions:

- Which course of action would you like to choose?
- (Once patients have instituted the course of action clinicians can ask): How would you evaluate the course of action that you took? What choices would you make in the future based on the outcomes from this course of action?

10. Use exercises to assist the exploration of points 1 through to 9 regarding the 'transformation' societal message (see Appendix 5).

6.4.1.2 Working with the societal message of ‘teasing’

This societal message relates to the teasing comments that others make about people’s bodies or the teasing comments that others made about people’s bodies (see Section 3.3.3 for the full description of this societal message).

1. Explore the impact of the ‘teasing’ societal message on patients’ thinking and behaviour:

Pre and post-operative question:

- How does the teasing you have experienced affect your thinking and behaviour?

2. Help clinicians and patients determine the positive and negative impact of the ‘teasing’ societal message:

Pre- and post-operative question:

- What is unhelpful about experiencing teasing? Is there anything helpful about experiencing teasing?

3. Develop a richer understanding of patients’ engagement with cosmetic surgery as it relates to this ‘teasing’ societal message:

Pre-operative question:

- Do you do things to try and avoid being in positions where you will be teased?

Pre- and post-operative questions:

- What have been your past experiences with teasing?
- What are your thoughts about those who do the teasing?
- How do you think teasing is influenced by values that are in our society?

- What does it mean for you that you have been teased about your looks?

4. Explore other conceptualisations:

Pre-operative questions:

- Do you think there are options other than having cosmetic surgery for addressing teasing?

Pre- and post- operative questions:

- What points of view do you have in relation to the teasing that has happened to you?
- What would you like to say to the people who teased you?
- Would it help you to question the teaser's comments?
- What would it be like to see the qualities you have been teased about as not actually being flaws?

5. Identify any problems with the 'teasing' societal message:

Pre- and post-operative question:

- Are there any problems with the 'teasing' idea?

6. Determine the nature and dimensions of the dilemma:

Pre- and post-operative questions:

- Can you describe the way this problem impacts on your life?
- How does this dilemma affect your thinking and behaviour?

7. Generate potential courses of action:

Pre- and post-operative question:

- Can you think of some courses of action to deal with this problem?

8. Consider the potential consequences of the courses of action:

Pre- and post-operative question:

- What might be some of the potential consequences of taking these courses of action?

9. Choose and implement a course of action:

Pre- and post-operative questions:

- Which course of action would you like to choose?
- (Once patients have instituted the course of action clinicians can ask): How would you evaluate the course of action that you took? What choices would you make in the future based on the outcomes from this course of action?

10. Use exercises to assist the exploration of points 1 through to 9 regarding the ‘teasing’ societal message (see Appendix 5).

6.4.1.3 Working with the societal message of ‘risks’

This societal message relates to concern about risks that patients’ face surrounding cosmetic surgery, or concern about the risks that they faced when they had cosmetic surgery (see Section 4.2.1 for the full description of this societal message).

1. Explore the impact of the ‘risks’ societal message on patients’ thinking and behaviour:

Pre and post-operative question:

- How does the idea that cosmetic surgery is risky have you thinking and behaving?

2. Help clinicians and patients determine the positive and negative impact of the 'risks' societal message:

Pre- and post-operative question:

- What is helpful about acknowledging risks surrounding cosmetic surgery?
What is unhelpful about acknowledging risks?

3. Develop a richer understanding of patients' engagement with cosmetic surgery as it relates to this 'risks' societal message:

Pre-operative questions:

- What are the risks that are concerning you about your cosmetic surgery?
- What choices do you have in relation to the risks surrounding this surgery?

Pre- and post-operative questions:

- What have been your past experiences in relation to risks?
- What sorts of points of view do we hear from our society about risks regarding cosmetic surgery?

4. Explore other conceptualisations:

Pre- and post- operative question:

- Are there other ways of thinking about risks that you have not yet spoken about?

5. Identify any problems with the 'risks' societal message:

Pre- and post-operative question:

- Are there any problems with the 'risks' idea?

6. Determine the nature and dimensions of the dilemma:

Pre- and post-operative questions:

- Can you describe the way this problem impacts on your life?
- How does this dilemma affect your thinking and behaviour?

7. Generate potential courses of action:

Pre- and post-operative question:

- Can you think of some courses of action to deal with this problem?

8. Consider the potential consequences of the courses of action:

Pre- and post-operative question:

- What might be some of the potential consequences of taking these courses of action?

9. Choose and implement a course of action:

Pre- and post-operative questions:

- Which course of action would you like to choose?
- (Once patients have instituted the course of action clinicians can ask): How would you evaluate the course of action that you took? What choices would you make in the future based on the outcomes from this course of action?

10. Use exercises to assist the exploration of points 1 through to 9 regarding the ‘risks’ societal message (see Appendix 5).

6.4.1.4 Working with the societal message of ‘secrecy’

This societal message relates to the secrecy people may have in terms of others knowing about their cosmetic surgery (see Section 4.3.1 for the full description of this societal message).

1. Explore the impact of the ‘secrecy’ societal message on patients’ thinking and behaviour:

Pre- and post- operative question:

- What does secrecy do to your thinking and behaviour surrounding cosmetic surgery?

2. Help clinicians and patients determine the positive and negative impact of the ‘secrecy’ societal message:

Pre- and post-operative questions:

- What is positive and what is negative about being secretive about your cosmetic surgery?
- Are there harmful consequences to being secretive? Are there things about being secretive that have a favourable effect?

3. Develop a richer understanding of patients’ engagement with cosmetic surgery as it relates to this ‘secrecy’ societal message:

Pre-operative question:

- You talk about wanting to be secretive about your surgery. What impact do you think this will have on you being able to access support post-operatively?

Pre- and post-operative questions:

- What have been your past experiences with secrecy?
- What impact do you think secrecy about your cosmetic surgery will have on your relationships?
- What opinions that exist within society lead you to be secretive about your cosmetic surgery?

4. Explore other conceptualisations:

Pre- and post-operative questions:

- Within our conversation you have described wanting to be secretive about your cosmetic surgery. What might happen if you chose not to be secretive?
- Are there any occasions when you do not feel the need to be secretive about your cosmetic surgery?

5. Identify any problems with the 'secrecy' societal message:

Pre- and post-operative question:

- Are there any problems with the 'secrecy' idea?

6. Determine the nature and dimensions of the dilemma:

Pre- and post-operative questions:

- Can you describe the way this problem impacts on your life?
- How does this dilemma affect your thinking and behaviour?

7. Generate potential courses of action:

Pre- and post-operative question:

- Can you think of some courses of action to deal with this problem?

8. Consider the potential consequences of the courses of action:

Pre- and post-operative question:

- What might be some of the potential consequences of taking these courses of action?

9. Choose and implement a course of action:

Pre- and post-operative questions:

- Which course of action would you like to choose?
- (Once patients have instituted the course of action clinicians can ask): How would you evaluate the course of action that you took? What choices would you make in the future based on the outcomes from this course of action?

10. Use exercises to assist the exploration of points 1 through to 9 regarding the 'secrecy' societal message (see Appendix 5).

6.5 Working with the competing societal messages

This section opens the possibility of developing understandings that acknowledge the multiple societal messages that exist about cosmetic surgery and the shifting nature of people's engagement with cosmetic surgery. Since people may experience cognitive dissonance (see Section 5.4) as a result of competing societal messages, it would be helpful for clinicians to aid them with the dilemmas that may

arise. The aim is to build upon the ideas that patients generated from reading the exploration guides. By examining the dissonance which flows from having competing societal messages impacting them, patients are provided a greater understanding about what is influencing their cosmetic surgery experience. Clinicians can be mindful of the fact that inconsistent viewpoints might be presented and could be addressed. Clinicians can make room for accessing this inconsistency. Addressing the competing societal messages in clinical consultations may aid patients to make appropriate adjustments to deal with the associated issues.

The issue in terms of competing versions is how to help people negotiate the dilemma that may flow from having contrasting orientations. Instead of expecting someone to align completely with either one or the other competing societal message, people may present and live with both. Clinicians may help people negotiate this situation. By attempting to expose the multiple and contradictory experiences people have surrounding cosmetic surgery, clinicians may help patients gain a richer understanding of their relationship to cosmetic surgery.

Questions are provided to help clinicians guide conversations with patients about the competing societal messages. In terms of people negotiating the dilemma of competing societal messages clinicians can point out the accounts that compete and enquire further about these. The intention is not to make patients have to choose either one or the other as the actual 'truth' about their identity or their cosmetic surgery experience, but rather to allow multiple competing ideas to co-exist if this seems to be effective in patients' lives. In general, clinicians can help patients address dissonance by asking some of the following questions about competing societal messages. The language of the questions can be adapted to suit the particular societal messages, the specific context, the cognitive capacity of individual patients and clinicians' preferred

style. Clinicians could use the word 'idea' instead of 'societal message' as it may be more easily understood by patients.

Pre- and post-operative questions:

- What is the effect on you of having the (name the first competing societal message) idea and the (name the second competing societal message) idea influencing you in relation to your cosmetic surgery?
- How does having these two competing societal messages (ideas) impact upon your beliefs and behaviours surrounding cosmetic surgery?
- What does having these two societal messages (ideas) have you understanding in terms of cosmetic surgery?
- The competing ideas of (name the first competing societal message) and (name the second competing societal message) position you differently as a cosmetic surgery patient. What are your perspectives on this different positioning? Do you think one positioning is more accurate than the other, or does it depend upon the context and to whom you are speaking? Does your alignment with these ideas vary according to the context? Is it useful to align to one position on some occasions and other positions on other occasions? How do you go about identifying the occasions to align with either of the positions?
- How do you think the differing societal messages (ideas) emerged and why do you think they are able to co-exist within society?
- What is the best way to negotiate these competing societal messages (ideas)?
- What is it like to imagine that neither one of these competing societal messages (ideas) may be more or less 'true' than the other? By allowing

competing societal messages (ideas) to co-exist, rather than excluding either one of them from your life, in what way does that affect your relationship to cosmetic surgery?

- After our conversation about the (name the competing societal messages) what sort of things are you thinking about?

A specific example of how to address two competing societal messages is provided to illustrate how it might be possible to work with particular societal messages. Two competing societal messages are the notions that cosmetic surgery is a normal thing to do ('just like going to the hairdresser') as compared with the societal message that those who have cosmetic surgery have personal problems ('unresolved psychological or self-esteem issues') (See Section 5.3.1.3.3). Clinicians can remember that someone might be both normalised, as in the first societal message, for their choice to have cosmetic surgery and also may be pathologised, as in the second societal message. Through this understanding, the range of positions patients may have can be understood and they can be encouraged to understand the impact of competing societal messages.

Pre- and post-operative questions:

- What do you think is the effect of having these two competing ideas on you, one that sees your having cosmetic surgery as normal and one that sees your having cosmetic surgery as being a response to personal problems?
- How are these different ideas affecting your thinking and behaviour?
- How do these two ideas affect your understanding of cosmetic surgery?
- The competing ideas that cosmetic surgery is a normal thing to do versus the notion that it is a response to personal problems judge you differently as a

patient. What do you think about this? Is one view more accurate than the other or does it depend on the situation and to whom you are speaking? Do you agree more with one or the other idea depending upon the situation in which you find yourself? Is it useful to believe in one idea sometimes and the other idea at other times and how do you work out which idea to agree with?

- How do you think these differing ideas emerged and co-exist within society?
- What is the best way to cope with these differing ideas?
- If you were to think that both ideas were equally true what would it be like for you? How would that affect how you think about cosmetic surgery?
- After our conversation about cosmetic surgery being a normal thing to do compared with seeing having cosmetic surgery as a response to personal problems, what are you now thinking about?

6.6 Working with other societal messages that may emerge in clinical consultations

This dissertation focuses upon the predominant themes (societal messages) that exist about cosmetic surgery. It is possible that in clinical consultations other themes (societal messages) may emerge with which clinicians could work. Clinicians could follow the ten points that were presented for addressing each societal message (see Section 6.4), adapting the questions to fit with the new theme (societal message). If further competing themes (societal messages) emerge clinicians can work with the guidelines set out in Section 6.5.

6.7 Conclusion

In this chapter pre- and post-operative exploration guides were provided to give to patients prior to their appointment. A ten point clinical framework was

presented to facilitate working with the societal messages. Ways of working with competing societal messages were presented. How to work with other societal messages that might arise in consultations were discussed. The intent of this counselling framework is to more richly inform patients and their clinicians about the societal messages that are shaping their relationship to cosmetic surgery so that they may, for example, be aided in decision making and to deal with outcomes of surgery. This process may help them both pre- and post-operatively in their choices and reactions surrounding cosmetic surgery.

7 Conclusion

7.1 Overview

This chapter concludes the dissertation. It presents a summary of the study, its strengths and limitations, possible directions for future research and a final reflection.

7.2 Summary of the research project

The principal goals of this thesis were to determine the predominant themes that shape people's relationship to cosmetic surgery and to explore how these thematic understandings could be applied within the clinical counselling setting. In Section 7.2.1 a chapter summary is provided that outlines what was addressed in each chapter of the dissertation. Sections 7.2.2, 7.2.3, 7.2.4, 7.2.5, 7.2.6 and 7.2.7 present each gap in knowledge that was determined in the critical reflection on the literature review followed by the way in which the gap was addressed. How the gaps were addressed for the non-clinical and clinical literature are discussed. The information is presented in the same order in which the aims were discussed in Section 1.7. They are numbered 1 to 14 in a similar fashion to the way in which they were presented in Section 1.7.

7.2.1 Chapter summary

Chapter 1 provided the introduction, literature review and aims of the dissertation. Non-clinical literature, including theoretical, quantitative, qualitative and specific data sources (media, internet message boards and interviews) material was reviewed. Clinical literature was reviewed. Gaps in knowledge within the literature

were identified (see Sections 1.6.1.1.5, 1.6.1.2.8, 1.6.1.3.2, 1.6.1.4.4 and 1.6.2.6) The aims of the thesis were outlined (see Section 1.7).

Chapter 2 presented the methods utilised in the project. The data sources chosen were print and televised media, internet message boards and interviews with cosmetic surgery recipients and non-recipients of cosmetic surgery. The notions within such sources may shape people's realities and ways of behaving. Having a varied sample of data would help provide diverse understanding of the ideas informing the general public, hence offering knowledge of what they may say and do in the clinical setting.

A mixed methods approach was chosen of thematic analysis and a quasi-numerative approach. This method was chosen since a gap in the literature had pointed to the need to collate quantitative information about the occurrence of themes (see point A in Section 1.6.1.3.2). Also, following Gooden and Winefield (2007) the combination of a thematic and quasi-numerative approach would provide a richer perspective on the topic than using either method in isolation. The method informing the development of the thematic counselling approach for this project drew upon some understandings from Cognitive Behaviour Therapy. These understandings provided the foundation for the establishment of the clinical counselling framework (see Chapter 6).

There were two overarching themes found within this thesis. These were 'Factors that might persuade someone to have cosmetic surgery' (see Chapter 3) and 'Factors that might dissuade someone from having cosmetic surgery' (see Chapter 4). In Chapter 3 there were three level 1 sub-themes in the theme that might persuade someone to have cosmetic surgery. These were: 'constructing a positive future' (57% of all persuaders), 'constructing the pre-operative body as flawed' (27% of all

persuaders) and 'constructing cosmetic surgery as reasonable' (16% of all persuaders).

There were ten level 2 sub-themes within 'constructing a positive future'. These were: 'positive after surgery' (12% of all persuaders), 'transformation' (10% of all persuaders), 'confidence' (8% of all persuaders), 'relationship' (8% of all persuaders), 'hope' (5% of all persuaders), 'natural' (3% of all persuaders), 'normal' (3% of all persuaders), 'noticed' (3% of all persuaders), 'change character' (3% of all persuaders) and 'career' (2% of all persuaders).

There were three level 2 sub-themes within 'constructing the pre-operative body as flawed'. These were: 'self-denigration' (13% of all persuaders), 'ageing' (11% of all persuaders) and 'teasing' (3% of all persuaders).

There were five level 2 sub-themes in 'constructing cosmetic surgery as reasonable'. These were: 'research' (6% of all persuaders), 'doing it for myself' (5% of all persuaders), 'just like going to the hairdresser' (2% of all persuaders), 'has not changed me as a person' (1% of all persuaders), 'brave' (1% of all persuaders) and 'curiosity' (1% of all persuaders).

These findings were triangulated with and supported by relevant literature. The way in which the themes and sub-themes functioned and the potential impact that they may have on people's thinking and behaviour was explored.

Chapter 4 addressed the theme of 'Factors that might dissuade someone from having cosmetic surgery'. There were four level 1 sub-themes within this theme. These were: 'constructing cosmetic surgery as involving physical problems' (52% of all dissuaders), 'constructing cosmetic surgery patients in a judgemental light' (21% of all dissuaders), 'constructing the cosmetic surgery industry as problematic' (15% of

all dissuaders) and ‘constructing the use of cosmetic surgery as concerning’ (12% of all dissuaders).

There were four level 2 sub-themes in ‘constructing cosmetic surgery as involving physical problems’. These were ‘risks’ (20% of all dissuaders), ‘botched jobs and complications’ (13% of all dissuaders), ‘pain’ (12% of all dissuaders) and ‘scars’ (7% of all dissuaders).

There were four level 2 sub-themes in ‘constructing cosmetic surgery patients in a judgemental light’. These were ‘secrecy’ (7% of all dissuaders), ‘disparaging’ (6% of all dissuaders), ‘hard work’ (4% of all dissuaders) and ‘vanity’ (4% of all dissuaders).

There were two level 2 sub-themes in ‘constructing the cosmetic surgery industry as problematic’. These were ‘cost’ (13% of all dissuaders) and ‘ethics of the cosmetic surgery industry’ (2% of all dissuaders).

There were three level 2 sub-themes in ‘constructing the use of cosmetic surgery as concerning’. These were ‘more than just one’s looks’ (7% of all dissuaders), ‘unresolved psychological or self-esteem issues’ (3% of all dissuaders) and ‘feminism’ (2% of all dissuaders).

These findings were triangulated with and supported by relevant literature. The way in which the themes and sub-themes functioned and the potential impact that they may have on people’s thinking and behaviour was explored.

Chapter 5 introduced the idea that the themes and sub-themes derived from the findings could be understood as messages from our social community, which could be named societal messages (Section 5.2). The Chapter presented the finding that overall the distribution of societal messages were 58% of factors that might persuade and 42% of factors that might dissuade from the total number of instances of the two

predominant themes. The reader was reminded that when interpreting the findings a number of matters should be considered. It should be noted that the data were taken from a particular time period (May 2004 to June 2007) and from three specific data sources (media, internet message boards and interviews). Therefore, the findings must be understood within this context. Steps were taken in order to ensure trustworthiness and rigour (Elliot et al., 1999; Rolfe, 2006; Mekeick, 2006), for example there was inter-rater reliability and triangulation between three data sources. The societal messages that appeared to compete with one another were presented. The findings were interpreted within a theoretical context by applying theory of decision-making and cognitive dissonance.

Chapter 6 presented a thematic counselling framework for cosmetic surgery clinical practice. The necessity for the clinical framework was based on the need that was established from the literature and theoretical understandings developed within this thesis that patients need help to become better informed about their cosmetic surgery (see Section 6.1). This clinical counselling framework was offered for all clinicians to use. Since it may require more than one appointment it may be most suited to those engaged in counselling cosmetic surgery patients, such as psychologists, psychiatrists, social workers or nurses. The framework was produced to be used with a range of patient groups (see Section 6.1) in both the pre and post-operative period.

Pre- and post-operative exploration guides suitable for sending to patients prior to the initial appointment were developed (see Section 6.3). The thoughts generated from the exploration guides can be explored in the counselling consultation. A range of points, questions and exercises (see Appendix 5) were provided to help clinicians further explore the societal messages that relate to each patient (see

Sections 6.4 and 6.5). Also discussed were strategies for helping people with other societal messages that might arise in clinical consultations (see Section 6.6).

The current Chapter (Chapter 7) presents a summary of the Chapters in this thesis. The gaps in the literature and how the gaps were addressed for the non-clinical and the clinical literature are presented below. The strengths and limitations of the study are outlined, possible directions for future research and a final reflection are provided.

7.2.2 Gaps in the theoretical literature and how the gaps were addressed

Aims number 1 to 4 are addressed in this section.

1. Applying theoretical knowledge to the clinical setting

Gap in the literature:

Theoretical knowledge about cosmetic surgery has tended not to be written in such a way that it might be applied in a clinical context. Therefore there was room for utilising theory and extending it to be appropriate for the cosmetic surgery clinical setting (see point A in Section 1.6.1.1.5).

How the gap was addressed:

The findings were interpreted within a theoretical context. Theories of decision making and cognitive dissonance were considered relevant to people's negotiation of cosmetic surgery (see Section 5.4). Assisting people to become more fully informed about cosmetic surgery might aid in the decision making process in the counselling context. Engaging in processes to aid decision making, such as identifying any problems with the societal message and thinking about and implementing a course of action, may benefit patients. Shared decision making

between clinicians and patients through considering the impact of societal messages may enhance counselling. Also, helping people to explore the impact of competing societal messages and addressing the associated cognitive dissonance was considered to be a useful avenue to follow for clinical application. Since theoretical knowledge about cosmetic surgery has tended not to be written in such a way that it might be applied in the clinical context this approach is a significant addition to the field.

2. Linking with theory that tends towards respectful exploration

Gap in the literature:

There has been a critical view of the cosmetic surgery industry within some theoretical literature by seeing it, for example, as part of a harmful patriarchal phenomenon or as Elliot (2008) suggested the consequence of the concerning effects of the market economy and globalism. The importance of these perspectives is acknowledged. However, it is questionable how useful such representations of cosmetic surgery would be for individuals who attend cosmetic surgery clinical consultations for they may feel criticised by these perspectives. Therefore, there seemed to be room for linking with theories that tend towards a respectful exploration rather than critical judgement (see point B in Section 1.6.1.1.5).

How the gap was addressed:

The current research produced theory that would tend towards respectful exploration instead of taking a critical orientation. By incorporating theories of decision-making and cognitive dissonance, patients are enabled to become more fully informed about their cosmetic surgery and to explore the impact of competing societal messages (see Section 5.4 for an explanation of the theory and Chapter 6 for the

application of this theory). Patients' choice to be involved in cosmetic surgery is not questioned, but instead is understood and respected. Hence, this dissertation was an important contribution through its engagement with respectful theory for the clinical context.

3. Ascertain a range of notions influencing people regarding cosmetic surgery

Gap in the literature:

Theoretical literature to date has tended not to look at the range of notions that are influencing individuals in terms of cosmetic surgery. It would be useful to ascertain a greater variety of factors influencing people surrounding cosmetic surgery (see point C in Section 1.6.1.1.5).

How the gap was addressed:

A broad range of influences that affect people in terms of cosmetic surgery were determined, with 32 level 2 sub-themes found. In the theoretical literature there has been a more limited focus by concentrating on a few principal ideas. This deficit was addressed by focusing on a greater range of matters that are shaping people's relationship to cosmetic surgery. This finding provides an alternate knowledge base on which to draw when attempting to understand cosmetic surgery.

4. Develop a clinical framework that helps inform patients about their cosmetic surgery

Gap in the literature:

Legal literature has pointed towards the need to better inform cosmetic surgery patients about their chosen procedure. Hence, the current research could generate a

framework that would help clinicians enable patients to better understand their cosmetic surgery (see point D in Section 1.6.1.1.5).

How the gap was addressed:

In Chapter 6 a cosmetic surgery counselling framework was developed that would help to better inform patients about their cosmetic surgery. Pre- and post-operative exploration guides were provided to give to patients prior to their appointment. At the consultation clinicians could explore patients thinking generated from the exploration guides through a range of questions and exercises (see Appendix 5) to help patients be better informed regarding the societal messages that relate to cosmetic surgery. This approach has addressed a need evident within the legal literature that cosmetic surgery patients should be better informed, which may help to reduce problems. A benefit could be that this process may reduce the precipitants for and therefore occurrence of litigation surrounding cosmetic surgery.

7.2.3 Gaps in the quantitative literature and how the gaps were addressed

Aims number 5 and 6 are addressed in this section.

5. Conduct mixed methods research and apply the findings clinically

Gap in the literature:

To date the quantitative literature has tended to be written in such a way that it does not directly help practitioners develop ways to assist patients in the clinical setting. Therefore, it may be helpful to develop a mixed methods study with the purpose of applying the findings within the clinical context (see point A in Section 1.6.1.2.8).

How the gap was addressed:

The current study employed a mixed methods design. A quasi-numerative approach helped highlight the incidence and predominance of themes (see Chapters 3 and 4). These themes were then focused upon in the establishment of the clinical framework (see Chapter 6).

6. Explore competing notions about cosmetic surgery

Gap in the literature:

Some quantitative research examines qualities that people are considered to 'possess' or 'believe' and this is usually seen as a fixed entity. It may be useful to broaden the scope of understandings by examining the competing notions that exist about cosmetic surgery in people's lives (see point B in Section 1.6.1.2.8).

How the gap was addressed:

Chapter 5 discussed how some of the societal messages found in this dissertation compete with one another in that they may work in opposing ways to influence people with regard to cosmetic surgery. The two overarching themes were seen to compete and more specifically particular level 2 sub-themes were discussed in terms of how they compete with each other. This was a significant contribution to research since within the quantitative literature there has been a tendency to focus on qualities or beliefs as being fixed entities. Instead the current research demonstrates how understandings about cosmetic surgery may not be fixed, but rather people may be subjected to competing understandings about the topic.

7.2.4 Gap in the qualitative literature and how the gap was addressed

Aim number 7 is addressed in this section.

[Note: Aim number 8 (see Section 7.2.5) relates to a gap in the qualitative literature]

7. Determine the incidence and predominance of themes about cosmetic surgery

Gap in the literature:

Thematic analyses have been conducted in this field, however a shortcoming of this research is that none have conducted a mixed methods study to determine the incidence and therefore predominance of themes (see point A in Section 1.6.1.3.2).

How the gap was addressed:

There were two overarching themes found within the data presented in this thesis. These were ‘Factors that might persuade someone to have cosmetic surgery’ (see Chapter 3) and ‘Factors that might dissuade someone from having cosmetic surgery’ (see Chapter 4). The frequency of themes and sub-themes were recorded. Percentages were established and tabulated in the findings and also were presented when the themes and sub-themes were discussed (see Chapter 3, Chapter 4 and Chapter 5). Previous qualitative research has not provided information about the incidence of themes regarding cosmetic surgery, hence it has been difficult for a reader to know the degree to which different themes and sub-themes were present within data. Therefore providing information about the incidence of themes appears to be a new contribution to the field.

7.2.5 Gaps in the qualitative literature and clinical literature and how the gaps were addressed

Aim number 8 is addressed in this section.

8. Incorporate understandings from thematic analysis into the cosmetic surgery clinical setting

Gaps in the literature:

There were two gaps in the literature related to Aim number 8:

A gap in the qualitative literature is that thematic understandings have not yet been presented in such a way that the concepts may be applied to the clinical setting. Since thematic analyses help develop understanding about people's thinking and behaviour, thematic knowledge would make a useful contribution to the clinical context (see point B in Section 1.6.1.3.2).

Regarding the clinical literature, none of the clinical techniques that exist for working with cosmetic surgery patients appear to address the themes that are shaping their relationship to cosmetic surgery. No literature seems to have attempted to apply the knowledge gained from thematic analysis into the clinical setting. Hence using thematic understandings within clinical approaches would be a new contribution to the field (see point A in Section 1.6.2.6).

How the gap was addressed:

A clinical counselling framework was established by using the findings of the thematic investigation in this study (see Chapter 6). Ways of working with each societal message were discussed so that clinicians may help patients address the issues raised by the societal message in the clinical context. Thematic understandings appear not to have been incorporated previously into clinical frameworks regarding cosmetic surgery. Therefore, the current proposed framework provides a new approach to the field through helping clinicians explore themes with their patients.

7.2.6 Gaps in the specific data sources (media, internet message boards and interviews) and how the gaps were addressed

Aims number 9 and 10 are addressed in this section.

9. Use the specific data sources to inform a clinical framework

Gap in the literature:

Up to the present none of the specific data sources literature has been presented in such a way that it may be applied to the clinical context. Therefore, utilising the sources in order to inform the development of a clinical framework for cosmetic surgery practice was a useful next step in the field (see point A in Section 1.6.1.4.4).

How the gap was addressed:

The three data sources that were used in this study were the media, internet message boards and interviews. The process of analysis generated findings that were then integrated into a clinical framework. Using these data sources to inform the development of a framework for working clinically with cosmetic surgery patients is a new contribution to the field.

10. Understand meanings about cosmetic surgery through the specific data sources

Gap in the literature:

The specific data sources were deemed to be cultural texts that would provide a rich source of information about the notions that people are receiving about cosmetic surgery. Hence, using these sources would provide a useful foundation for

developing further understandings about the meanings that shape people's connection with cosmetic surgery (see point B in Section 1.6.1.4.4).

How the gap was addressed:

Three data sources were examined, media, internet message boards and interviews, in order to gain a general perspective of the meanings that exist surrounding the topic. Findings from these materials may represent some of the notions that currently shape people's understandings about cosmetic surgery.

7.2.7 Gaps in the clinical literature and how the gaps were addressed

Aims number 11 to 14 are addressed in this section.

[Note: Aim number 8 (see Section 7.2.5) relates to a gap in the clinical literature]

11. Establish a clinical framework that does not pathologise patients

Gap in the literature:

Some clinical approaches have focused upon pathologising individuals with diagnoses such as Body Dysmorphic Disorder. Such labelling of people can be experienced as limiting, hence it may be useful to develop alternate clinical understandings that do not pathologise people (see point B in Section 1.6.2.6).

How the gap was addressed:

The new clinical counselling framework that was proposed in this dissertation does not focus upon the practice of labelling people with pathology. Instead, the procedure for the thematic counselling framework involved several processes. There were pre- and post-operative exploration guides to be given to patients prior to their appointment. These exploration guides described the societal messages that might be

informing patients and they were encouraged to determine which ones affected them. There were also questions that they could ask themselves about the societal messages.

Within the clinical consultation societal messages could be addressed using ten key points. The first point incorporated an exploration of the impact on patients' thinking and behaviour of the societal message that is under examination. The second point assisted clinicians and patients to determine the positive and negative impact of the societal message. The third point facilitated the development of a rich understanding of patients' engagement with cosmetic surgery in terms of the societal message. The fourth point involved exploring other conceptualisations. The fifth point involved identifying any problems with the societal message. The sixth point helped determine the nature and dimensions of the dilemma. The seventh point required the generation of potential courses of action. The eighth point facilitated consideration of the potential consequences of the courses of action. The ninth point was the choosing and implementation of a course of action. The tenth point entailed using exercises to assist the exploration of points 1 through to 9 regarding the societal message (see Appendix 5). Ways to work with the competing societal messages and other themes that might arise in consultations were presented. The intent of this counselling framework is to more richly inform patients about the societal messages that shape their connection with cosmetic surgery and therefore aid their decision making. Hence, the clinical framework presented in this thesis was a new contribution to the field in that it was non-pathologising of cosmetic surgery patients. It is emphasised that the proposal of the new method would not eliminate diagnostic procedures but may be used in conjunction with other approaches.

12. Enhance pre-operative counselling techniques

Gap in the literature:

Since pre-operative counselling may enhance patient satisfaction (Vuyk & Kijlker, 1995), the current research could develop techniques that facilitate this process (see point C in Section 1.6.2.6).

How the gap was addressed:

The clinical counselling framework proposed in this dissertation offers approaches for working with people pre-operatively. On the pre-operative exploration guide (see Section 6.3) the societal messages were phrased for the pre-operative period. Questions for clinicians to use specifically during the pre-operative period were described (see Section 6.4 and 6.5). The current research has enhanced techniques for pre-operative counselling by providing ways of working with the societal messages pre-operatively which may therefore aid patient satisfaction.

13. Develop post-operative counselling techniques

Gap in the literature

There has been little emphasis on post-operative assistance in the cosmetic surgery clinical literature. Therefore, the current research sought to address ways of counselling people in the post-operative period (see point D in Section 1.6.2.6).

How the gap was addressed:

The clinical counselling framework in this dissertation offers approaches for working with people post-operatively. On the post-operative exploration guide (see Section 6.3) the societal messages were phrased for the post-operative period.

Questions for clinicians to use specifically during the post-operative period were described (see Section 6.4 and 6.5). Since there appears to have been little emphasis on post-operative assistance in the clinical literature this framework is a significant advance on previous practice.

14. Instead of screening patients, engage in exploration

Gap in the literature:

Clinical work with cosmetic surgery patients has tended to focus on screening for patients' suitability for treatment which could lead clinicians to over emphasise exclusionary criteria at the expense of creating exploratory ways of conversing about cosmetic surgery. The latter ways of working might help patients become more informed and better able to make decisions regarding their cosmetic surgery. Hence, the present dissertation sought to develop this new approach that may supplement screening procedures (see point E in Section 1.6.2.6).

How the gap was addressed:

This thesis offered engagement in exploratory conversation to help patients be better informed and better able to make decisions about cosmetic surgery (see Section 5.4 and Chapter 6). This approach is not to exclude screening procedures but rather to be used as an adjunct.

7.3 Strengths and limitations of the study

One of the strengths of this study was that it appears to be the first time a thematic counselling framework has been proposed for use with cosmetic surgery patients and also in the therapeutic world in general. This thesis has proposed a new

way of working that may aid clinical practice. Analysis of the data has helped clarify the societal messages that are positioning people to engage or not to engage with cosmetic surgery. Knowing what accounts are persuading or dissuading people to have cosmetic surgery may help clinicians work with the societal messages that are shaping their patients perspectives surrounding cosmetic surgery.

This thesis adopted a mixed methods design of thematic analysis and a quasi-numerative approach which may help provide the reader with different information than previous thematic studies have done. By providing quantitative information about the incidence of the themes and sub-themes the reader is informed about the most predominant themes and how frequent or infrequent a given theme was in texts about cosmetic surgery.

Some approaches to cosmetic surgery clinical practice pathologise patients, for example labelling them with Body Dysmorphic Disorder. Sometimes this process can be limiting for people and therefore this research has recommended a new non-pathologising approach. It should be made clear that the proposal is not to eliminate diagnosing Body Dysmorphic Disorder, but rather to provide an approach that could if clinicians chose be used in conjunction with these diagnostic methods. Attempting to screen patients' suitability for treatment has been a focus in the field. In contrast, the thematic counselling framework for cosmetic surgery clinical practice attempts to help patients be more richly informed about and explore their own understandings of cosmetic surgery. Again the intent of this new approach is not to replace current screening techniques, but rather to be used as a supplement.

Cosmetic surgery clinical literature has tended to focus on working in the pre-operative period. However this research attempts to expand the knowledge base by also proposing ways to counsel people in the post-operative period.

Amongst the limitations of the research was that whilst the data sources were collected in an attempt to sample broadly, the sample was a discrete population. There appeared to be no representation, for example, of people who have same-sex preferences nor those who come from developing nations. Hence the sample was culturally and ethnically restricted. If another sample was selected there may have been different results. It seems useful to keep in mind that the themes obtained from the data sources in this study may not represent all societal messages that exist in the community about cosmetic surgery. Also, the data collected was limited to a particular time period between June 2004 and May 2007. It is necessary to be mindful that cultural messages may shift with context and time and the results should be considered in this light.

In terms of the interviews about half the sample were people with whom the interviewer was familiar. It may be that having this form of social relationship limited what people were prepared to say. On the other hand this may be a strength, as familiarity may have facilitated open discussion.

Some of the data were drawn from cosmetic surgery television shows which are an atypical presentation of cosmetic surgery. Most patients undergo a single procedure rather than return for multiple operations like they do on these programs. Hence, the findings in this study might be skewed by utilising data from these populations.

The study considered the themes from three different contexts, media, internet message boards and interviews. Accounts in the data were from both recipients and non-recipients of cosmetic surgery. Since the purpose of this thesis was to develop a clinical framework for working with patients in a cosmetic surgery setting, it may be fruitful to use only these populations from which to gather data. Maybe developing

themes from the more specific population of patients who attend clinical consultations about cosmetic surgery might provide different representations of the views that are shaping these people in terms of cosmetic surgery. In this regard Nash (1995) suggested that by the time patients have decided to attend a consultation with clinicians they are “already thinking more about the pros than the cons” (p. 13). Because of this it may be that people are less likely to express factors that might dissuade them from having cosmetic surgery in the clinical context. It may be that in the pre-operative context clinicians may hear more about the factors that might persuade someone to have cosmetic surgery. Despite this limitation, it does seem useful for clinicians to have an awareness of the kinds of messages that might exist in society external to the clinical context, since these might impact upon patients despite the fact that patients might not give voice to them in the clinical setting.

Within the busy clinical world, particularly for surgeons, use of the thematic counselling approach could be considered to be time consuming. However clinicians may simply adopt some of the practices, for instance use of the exercises (Appendix 5). This might lead to a richer patient understanding for clinicians and help patients be more informed about their cosmetic surgery experience.

A repercussion from this clinical framework could be that patients may begin to question their involvement with cosmetic surgery. Both surgeons and patients might not appreciate such questioning which could make some people reluctant to undergo procedures. Also, there are differing views on the usefulness of pre-operative psychological evaluation and counselling (Vuyk & Kijlker, 1995; Sarwer, 2006; Sarwer et al., 2003; Sarwer et al, 2004). None-the-less for those who are struggling to understand their motivations for and expectations about surgery, this clinical framework may lead to greater understanding.

A further limitation is that this study has not actually tested the thematic counselling framework that was proposed for working with cosmetic surgery patients. Implementing the clinical framework that has been proposed in this thesis may meet challenges in the clinical setting. It could be argued that cosmetic surgery is a special kind of health service where clinicians have a vested interest in patients choosing to have cosmetic surgery since such a choice will maintain their business. Therefore, the parts of the clinical framework that may challenge involvement in cosmetic surgery may make clinicians uncomfortable with some of the questions. Also, some health professionals may feel unsure about their capacity to help people should the depth of questioning trigger matters that may be difficult to deal with.

Distinctions between data sources were not highlighted in this study because the findings were divided under themes. Therefore, some interesting material was not explored. For example, there were 388 instances of persuaders in the media in contrast to the internet message boards (115) and interviews (131) respectively (see Appendix 3a). In contrast in the dissuaders there was a more even spread with 175 instances in the media, 157 in the internet message boards and 136 in the interviews (see Appendix 3b). This indicates that the media deliver a large number of persuasive messages about cosmetic surgery. There were also differences within the media data sources that were not addressed in this study. For example, the *Four Corners* episode 'Buyer of Beauty Beware' had more dissuaders about cosmetic surgery than *Extreme Makeover* episodes. That *Four Corners* was an Australian Broadcasting Commission program, a government run station, whilst *Extreme Makeover* was from a commercial station may be a possible explanation since they may have different vested interests. Another study could look at why there are these differences and what that means for our understanding of cosmetic surgery.

7.4 Possible directions for future research

In this thesis a thematic counselling framework for cosmetic surgery clinical practice has been proposed. The use of this method of working should be further investigated to ensure its veracity as an efficacious technique for working with people surrounding cosmetic surgery. The exploration guides, the 10 points to address each societal message, the ways of questioning for working with competing societal messages and ways of working with new themes that might arise in consultation should all be examined in future studies. Empirical investigation into the practicality, helpfulness and ethics of this style of working would be beneficial to ensure that it does indeed assist cosmetic surgery patients (Knowles, 2006) in their decision making and understandings about cosmetic surgery. It would be possible to assess thematic counselling in face-to-face and group consultations and also via newer mediums of communication, such as the internet (Andersson & Carlbring, 2003; Richards et al., 2003).

It may be possible for the exploration guides (see Section 6.3) to be computerised. People could place scores 1 to 5 (with 1 being not very significant in patients' lives and 5 being very significant) next to each societal message and these could be tabulated so that clinicians may recognise issues that may be most pressing for their patients. With further development the exploration guides might become research instruments.

Future research may work towards programs and training workshops being developed to help people learn how to work within the thematic counselling framework for cosmetic surgery clinical practice outlined in this thesis. It would be possible to use these fora as a way to begin to test the questions in order to establish

what modifications might need to be made so that the framework's clinical value could be increased.

Research could address the impact of the thematic counselling framework for cosmetic surgery clinical practice on clinicians who are utilising the method. It might be possible to conduct interviews and surveys that determine how clinicians are engaging with the concepts, what shortcomings they have found and what they consider to have been valuable about this way of working. Integrating the feedback of such studies could help to refine the clinical framework.

It is also suggested that a similar thematic counselling framework could be used for client groups other than those who are discussing cosmetic surgery. This could be used for a range of client groups, such as people who are dealing with cancer, bullying, family violence or healthy eating and living strategies. First it would be necessary to ascertain the themes in a manner similar to the current study concerning the particular area for counselling. Once the predominant societal messages about the given topic had been defined, it would be possible to use practices proposed in the clinical framework in the current study. Research could investigate the effectiveness and efficacy of thematic counselling for these other client groups.

As norms and traditions change surrounding cosmetic surgery, more research will be needed to stay up to date with the sets of themes positioning people within a given era and cultural milieu. It is important to stay attentive to the current conditions that exist about cosmetic surgery. Further thematic analysis could be conducted in order to ascertain what are the prevailing themes at any given point in history, and new questions for practitioners developed accordingly.

This dissertation looked at the way the themes found within cosmetic surgery cultural texts could be addressed in consultations with patients. Future research could

actually look at people who have come to the consultation room in order to see what themes emerge in this more naturalistic setting. Thus the themes derived that are particular to the consultation setting could be understood more specifically and treatment could be benefited since the themes have emerged from the setting in which they usually arise. Never-the-less, an advantage of having a broader context to gather themes as was done in this thesis, is that health professionals are made aware of the variety of accounts that position patients throughout their lives, not just those with which they present in the consultation room. Using the clinical consultation themes in conjunction with the themes found in this thesis may provide a rich understanding of the way patients negotiate their experience of cosmetic surgery.

It might be helpful for future research to purposively sample by recruiting people who: 1. Were not cosmetic surgery recipients and were not interested in having cosmetic surgery, 2. Had not received cosmetic surgery but were interested in having surgery, 3. Had received surgery and were happy with the results, 4. Had received surgery and were unhappy with the results. This type of sampling might clarify the different kinds of themes by which each group is positioned.

Clinicians, such as doctors, psychologists, social workers and nurses involved in cosmetic surgery could be interviewed in order to ascertain the themes that are positioning them surrounding the topic. It would be useful to compare the results with the findings in this dissertation to determine the similarities and differences in societal messages that shape these groups.

The themes elucidated in this thesis may be neither a 'complete' nor final representation of all the themes that exist surrounding the topic. Additional accounts could be ascertained in future research which might provide a different picture of how people's relationship to cosmetic surgery is shaped.

This study focused on the themes positioning people generally surrounding cosmetic surgery and hence did not focus on the issue of gender. Future researchers might like to address differences and similarities between the genders in terms of the themes with which they present in relation to cosmetic surgery.

Each societal message found within this thesis could be further explored. For example, pain could be investigated since a number of people spoke of surprise at the level of pain they experienced. It would be helpful to find out which cohorts of the cosmetic surgery population experience pain and the nature of their pain. Also, approaches to help people deal better with this pain or indeed how to reduce pain might be helpful. Such research might assist health professionals to know how to address matters of pain when they arise.

Empirical research does not seem to be addressing the significance of scarring. In this study scars were spoken about as an issue of concern. People devoted time to ways of avoiding, treating and hiding scars. Given the presence of this societal message it would seem that scars would be a useful avenue for future work in the field.

Future research might also look at what factors contribute to secrecy surrounding cosmetic surgery. This study postulated that secrecy may be a result of societal messages about vanity or the notion that the results of one's body should be achieved through hard work. However, it would be useful to determine whether these accounts are in fact associated with secrecy and what ways a person can be helped with the consequences of secrecy.

Hope that cosmetic surgery patients possess about their surgery could be further examined by exploring anticipated versus actual outcomes. That is, it could be determined whether or not people's hopes are in fact satisfied by having surgery.

Further research could be conducted about the competing societal messages and how people go about negotiating these. There could be enquiry into how people deal with the cognitive dissonance associated with the conflicting understandings.

7.5 A final reflection

The present thesis highlights that the predominant societal messages which shape people's relationship to cosmetic surgery are factors that might persuade them to have cosmetic surgery and factors that might dissuade them from having cosmetic surgery. This knowledge may facilitate working with people to help them in their decisions surrounding and understandings of cosmetic surgery. To the author's knowledge, this dissertation is the first to propose a thematic counselling framework for cosmetic surgery clinical practice. Indeed a thematic counselling framework *per se* appears to be a new concept in the literature. This new approach may assist clinicians in their work by helping patients to understand the impact of societal messages in their experience of cosmetic surgery.

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Appendix 1: Data Sources

1a: Media

Televised Media

1. *A Current Affair* March 29, 2005 Channel 9, 6:30pm.
2. *A Current Affair* July 13, 2005 Channel 9, 6:30pm.
3. *A Current Affair* August 22, 2005 Channel 9, 6:30pm.
4. *A Current Affair* October 13, 2005 Channel 9, 6:30pm.
5. *A Current Affair* October 24, 2005 Channel 9, 6:30pm.
6. *Body Work* August 11, 2005 Channel 9, 8:30pm.
7. *Body Work* August 18, 2005 Channel 9, 8:30pm.
8. *Body Work* August 25, 2005 Channel 9, 8:30pm.
9. *Body Work* September 2, 2005 Channel 9, 8:30pm.
10. *Body Work* September 9, 2005 Channel 9, 8:30pm.
11. *Body Work* October 21, 2005 Channel 9, 8:30pm.
12. *Entertainment Tonight* August 19, 2005 Channel 9, 3:00pm.
13. *Extreme Makeover* January 27, 2005 Channel 9, 10:30pm.
14. *Extreme Makeover* February 17, 2005 Channel 9, 10:30pm.
15. *Extreme Makeover* March 3, 2005 Channel 9, 10:30pm.
16. *Extreme Makeover* September 12, 2005 Channel 9, 10:30pm.
17. *Extreme Makeover* September 14, 2005 Channel 9, 10:30pm.
18. *Four Corners* 'Buyer of Beauty Beware' October 23, 2006 ABC, 8:30pm.
19. *Insight* 'Make Me Over' March 29, 2005 SBS, 7:30pm.

Print Media

20. Hello, Doll Face *The Weekend Australian, Review* August 6-12, 2005, p. 36.
21. Letters to the editor *The Weekend Australian Magazine* April 21-22, 2007, p. 8.
22. Epiclinic advertisement *Adelaide Matters* November, 2006, p. 61.
23. Intense pulsed light and non-ablative approaches to photoageing advertisement *Cosmetic Surgery Magazine* May-June, 2005, p. 46-50.
24. Medicentre Adelaide advertisement *Sunday Mail* April 9, 2006, p. 11.
25. More than skin deep *The Adelaide Review* June 10-23, 2005, p. 14.
26. Clinic of Eternal Beauty advertisement *Adelaide Review* June 10-23, 2005, p. 15.
27. The Clinic For Essential Beauty advertisement *The Adelaide Review* June 10-23, 2005, p. 14.
28. Jocelyne Warned: 'You're Killing Yourself' *New Weekly* November 7, 2005, p. 25-27.
29. Plastic Surgery Disasters *New Weekly* November 7, 2005, p. 28-32.
30. Did Britney Have a Tummy Tuck? *New Weekly* January, 2006, p. 10-11.
31. Pete Burn's Butchered Stomach *New Weekly* April 3, 2006, p. 30-31.
32. Young, Famous and Addicted to Surgery *New Weekly* January 22, 2007, p. 28-36.
33. Real-life Read: Plastic Surgery *Woman's Day* January 17, 2005, p. 29-31.
34. Priscilla's Plastic Surgery Shock *Woman's Day* April 11, 2005, p. 114.
35. My Plastic Surgery *Woman's Day* January 22, 2007, p. 14-15.
36. Actresses who have beaten the ageing game *New Idea* June 26, 2004, p. 16.
37. Makeover Magic *New Idea* June 26, 2004, p. 28.
38. Ruined by 48 ops *New Idea* February 12, 2005, p. 24-29.
39. Men-O-Porsche *New Idea* June 18, 2005, p. 26-29.
40. The Plastic Surgery Holiday Package *Cleo* March, 2005, p. 81-82.

41. Break-up Surgery *Cleo* March, 2006, p. 108-110.
42. Cleo Plastic Surgery Special *Cleo* May, 2007, p. 147-151.
43. Latest Nip Tuck News *Cleo* May, 2007, p. 152-153.
44. Everybody thought I was my husband's mother. So I had an \$83,000 makeover
The Advertiser April 24, 2005, p. 38.
45. Mothers pay to get their bodies back *The Advertiser* August 19, 2006, p. 47.
46. I haven't frowned in 20 years *The Advertiser* Monday 14 May, 2007, p. 1-2.
47. When looks can kill *New Scientist* October 21, 2006, p. 18-21.
48. Sydney Cosmetic Clinic advertisement *The Sunday Telegraph, Body and Soul*
September 3, 2006, p. 14 (See frontispiece).
49. A-Z of Cosmetic Surgery *Madison* June 22, 2006, p. 186-189.
50. What does weight loss, a tummy tuck, liposuction, a caesarean do to your body?
Marie Claire November, 2005, p. 98-101.
51. Designer Bride *New Idea* June 26, 2004, p. 28.
52. My Face Burnt Off *New Idea* February 12, 2005, p. 28-29.

Information about the media sources:

Televised media:

A Current Affair is a 30 minute television programme which airs nationally in Australia in the prime-time time-slot of 6:30pm Monday to Friday. It is screened on a commercial station, Channel 9. This is a program that tells stories about current issues present in society. At times these stories are sensationalised.

Body Work was a 60 minute television programme that aired nationally in Australia in the prime-time time-slot of 8:30pm one week night each week. It was screened on a commercial station, Channel 9. This was a programme devoted to cosmetic and plastic surgical procedures performed on members of the general public.

Entertainment Tonight is a 30 minute American entertainment news television programme that airs nationally in Australia at 3pm each day. It is screened on a commercial station, Channel 9.

Extreme makeover was a 60 minute American television programme which aired nationally in Australia at 10:30pm one week night each week. It was screened on a commercial station, Channel 9. This was a programme devoted to cosmetic surgical procedures on those who had been chosen to be part of the series.

Four Corners is a 60 minute television programme which airs nationally in Australia at the prime-time time-slot of 8:30pm one week night each week. It is screened on the Australian Broadcasting Commission (ABC); a government station which is funded by the Australian government and does not have commercial interests. This program produces a documentary about a current issue, presenting critical perspectives about the topic under consideration.

Insight is a 60 minute television programme which airs nationally in Australia at the prime-time time-slot 7:30pm one week night each week. It is screened on a part government funded part commercial station, Special Broadcasting Service (SBS).

This program explores current societal issues. It includes comments from the lay public and experts within the field in the audience discussions.

Print media:

Adelaide Matters is a bi-monthly newsprint that is delivered free to households in the Adelaide metropolitan area.

Cleo is an Australian monthly glossy magazine that caters for young women.

Cosmetic Surgery Magazine is an Australian quarterly magazine catering to those who are interested in cosmetic surgery.

Madison is an Australian monthly glossy magazine that caters for a sophisticated female audience.

Marie Claire is an Australian monthly glossy magazine that caters for a sophisticated female audience.

New Idea is an Australian weekly magazine catering principally for a female audience.

New Scientist is an weekly international science and technology news magazine which brings scientific findings to the general community.

New Weekly is an Australian weekly magazine catering principally for a female audience.

The Adelaide Review is an Adelaide monthly newsprint which can be collected free of charge from public venues and caters to those who are interested in the arts.

The Advertiser is South Australia's principal daily newspaper.

The Sunday Telegraph is a Sydney daily tabloid.

The Weekend Australian is Australia's national weekend newspaper.

Woman's Day is an Australian weekly magazine catering principally for a female audience.

1b: Internet message boards

Chat room

A. Insight

<http://news.sbs.com.au/insight/search.php#>

accessed 29/3/05

The *Insight* chat room followed the Special Broadcasting Service screening of the television programme *Insight* entitled 'Make Me Over' (screened March 29, 2005). Participants from the general public posted messages about their thoughts and opinions stimulated by the programme.

Discussion Boards

B. 4 Corners

<http://www.2b.abc.net.au/client/messageList.aspx?b=21&t=27&te=Trve>

accessed 27/10/06

The *4 Corners* discussion board followed the Channel 2 screening of the television programme *4 Corners* entitled 'Buyer of Beauty Beware' (screened October 23, 2006). Participants from the general public posted messages about their thoughts and opinions stimulated by the programme.

C. HealthBoards.com

<http://www.healthboards.com/boards/forumdisplay.php?f=40> Postings within the period of 12/11/06-12/12/06 and 2/1/07-2/2/07

accessed 1/1/07 and 24/2/07

The HealthBoards.com discussion board was an online forum for people who were interested in cosmetic surgery. Participants were primarily those considering having a procedure or those who had had cosmetic surgery.

Blog

D. Sydney Morning Herald

http://blogs.smh.com.au/lifestyle/samandthecity/archieves/2007/05/the_high_price_of_beauty_will_1.html

accessed 27/5/07

The *Sydney Morning Herald* blog was an online forum titled 'The high price of beauty: is it attractive?' instigated by columnist and presenter Samantha Brett. Her blog is used by the community to express opinions about a topical issue. In this 'high price of beauty' blog participants from the general public posted messages about their thoughts and opinions about cosmetic surgery and beauty.

1c: Interviews

I 1: Interview 1, cosmetic surgery recipient female. Breast augmentation. (28 years old, Caucasian, unmarried)

I 2: Interview 2, cosmetic surgery recipient female. Liposuction of the chin, hips, thighs and abdomen. (41 years old, Caucasian, unmarried)

I 3: Interview 3, cosmetic surgery recipient female. Breast augmentation. (37 years old, Caucasian, unmarried)

I 4: Interview 4, cosmetic surgery recipient female. Chin implant, rhinoplasty and reduction of the lips. (23 years old, Asian, unmarried)

I 5: Interview 5, cosmetic surgery recipient female. Breast reduction. (40 years old, Caucasian, married)

I 6: Interview 6, cosmetic surgery recipient male. Operation to correct gynecomastia. (30 years old, Caucasian, unmarried)

I 7: Interview 7, non-recipient of cosmetic surgery female. (60 years old, Caucasian, married)

I 8: Interview 8, non-recipient of cosmetic surgery female. (27 years old, Caucasian, married)

I 9: Interview 9, non-recipient of cosmetic surgery female. (27 years old, Caucasian, unmarried)

I 10: Interview 10, non-recipient of cosmetic surgery female. (39 years old, Caucasian, married)

I 11: Interview 11, non-recipient of cosmetic surgery male. (29 years old, Caucasian, unmarried)

I 12: Interview 12, non-recipient of cosmetic surgery male. (30 years old, Caucasian, unmarried)

I 13: Interview 13, non-recipient of cosmetic surgery male. (63 years old, Caucasian, married)

I 14: Interview 14, non-recipient of cosmetic surgery male. (31 years old, Caucasian, unmarried)

Appendix 2: Information for participants

2a: Letter for participants



School of Psychology
University of Adelaide
SA 5005
AUSTRALIA
Ph. 8303 5174

Dear _____,

Thank you for expressing an interest to participate in my PhD Psychology research project. In this project I have chosen to investigate ideas about Cosmetic Surgery. At present there is much media devoted to the topic of Cosmetic Surgery, such as *Extreme Makeover* and *Nip Tuck*. I am interested to gain an understanding of people's attitudes toward Cosmetic Surgery and to know the range of existing views. The interview will last approximately 45-60 minutes.

For further information please look at the information sheet attached.

I look forward to talking with you.

Yours sincerely,

Rebecca Gooden.

B.A. (Hons)
M. Psych (Clin.)

2b: Information sheet for participants



School of Psychology
University of Adelaide
SA 5005
AUSTRALIA
Ph. 8303 5174

Perspectives on Cosmetic Surgery:

This project seeks to explore people's views on the issue of Cosmetic Surgery. This has not been emphasised in the various studies and I feel it is important to provide an opportunity to hear these views. The project takes the form of interviews on the above topic. The interview is an open ended one, allowing you to explore areas you feel are most important. The direction of the interview will therefore depend on the insights and contributions central to your understanding and experience rather than predetermined questions on my part.

Questions that you might like to consider:

- What do you think of as Cosmetic Surgery?
- What are your views and beliefs about Cosmetic Surgery?
- What has influenced these views?
- What would influence you to have Cosmetic Surgery?
- What would influence you to avoid Cosmetic Surgery?
- What do you think are the effects of Cosmetic Surgery?

It is important for you to know that this is not a personality test or assessment of character; instead I hope to acquire insight into perspectives about Cosmetic Surgery. There are therefore no right or wrong answers. This discussion will take approximately 45-60 minutes and will be audio taped.

The Location:

Discussions will take place in the School of Psychology at the University of Adelaide or at a site of your choice.

Consent:

Participation in this study is voluntary and you may withdraw your consent at any stage. Please read and sign the attached consent form.

Confidentiality:

Although the discussions will be audio taped your identity will remain confidential. No personally identifying information is required during the interview. The consent form is handled only by me and held in a secure location. No one will have access to

the tapes except my supervisors and myself. Publication of the results of analysis of the material may occur but there will be no personally identifying information included.

If you are interested, on completion of the study I can discuss the findings with you. The Barr Smith library will hold a copy of my thesis in Special collections, which you are welcome to read. There is a potential that the findings may be published in academic journals.

If you would like to ask any questions feel free to do so at any time throughout the study. Queries can be directed to myself (Rebecca Gooden), my PhD supervisors Mr John Kaye and Professor Martha Augoustinos² from the department of psychology, or Dr. Paul Delfabbro (Human Research Ethics sub committee) in the School of Psychology at the University of Adelaide.

² Please note that the researcher's supervisors changed during the course of this project and those named on this information sheet are the original supervisors.

2c: Consent form



School of Psychology
University of Adelaide
SA 5005
AUSTRALIA
Ph. 8303 5174

University of Adelaide School of Psychology Consent Form

Participant's Name.....

Project title: **Perspectives on cosmetic surgery**

Name of Supervisors: John Kaye and Martha Augoustinos³

Name of investigator: Rebecca Gooden

1. I consent to participate in the above project. The nature of the project has been explained to me and is summarised on the information sheet I have been given.
2. I authorise the responsible investigator or the person named above to use these questionnaires or procedures with me.
3. I understand that:
 - a) I am free to withdraw from the project at any time.
 - b) The project is for the purposes of research or teaching and not for treatment
 - c) The confidentiality of the information will be safeguarded
 - d) There are no known adverse side effect from the interview procedure.

Signed.....
(Participant)

Date.....

I, Rebecca Gooden, undertake to honour conditions specified on this consent form and to retain your confidentiality at all times.

Signed.....

Date.....

³ Please note that the researcher's supervisors changed during the course of this project and those named on this consent form are the original supervisors.

Appendix 3: Tables of the distribution of level 1 and level 2 sub-themes in each data source

3a: The number of instances of each level 1 and level 2 sub-theme in ‘Factors that might persuade someone to have cosmetic surgery’ within the media, internet message boards and interviews

Factors that might persuade someone to have cosmetic surgery	Total number of instances of the level 1 and level 2 sub-themes in the media	Total number of instances of the level 1 and level 2 sub-themes in the internet message boards	Total number of instances of the level 1 and level 2 sub-themes in the interviews
Constructing a positive future	248	55	61
Positive after surgery	32	15	27
Transformation	62	1	0
Confidence	32	7	13
Relationship	41	5	3
Hope	29	1	4
Natural	9	5	8
Normal	9	5	6
Noticed	7	11	0
Change character	17	0	0
Career	10	5	0
Constructing the pre-operative body as flawed	109	36	25
Self denigration	51	19	10
Ageing	45	12	10
Teasing	13	5	5
Constructing cosmetic surgery as reasonable	31	29	40
Research	15	19	4
Doing it for myself	9	6	14
Just like going to the hairdresser	7	1	6
Has not changed me as a person	0	3	6
Brave	0	0	5
Curiosity	0	0	5
Total	388	115	131

3b: The number of instances of each level 1 and level 2 sub-theme in ‘Factors that might dissuade someone from having cosmetic surgery’ within the media, internet message boards and interviews

Factors that might dissuade someone from having cosmetic surgery	Total number of instances of level 1 and level 2 sub-themes in the media	Total number of instances of level 1 and level 2 sub-themes in the internet message boards	Total number of instances of level 1 and level 2 sub-themes in the interviews
Constructing cosmetic surgery as involving physical problems	92	87	60
Risks	46	23	24
Botched jobs and complications	20	27	13
Pain	19	17	18
Scars	7	20	5
Constructing cosmetic surgery patients in a judgemental light	42	27	32
Secrecy	10	10	13
Disparaging	14	5	7
Hard work	10	5	6
Vanity	8	7	6
Constructing the cosmetic surgery industry as problematic	24	22	26
Cost	20	20	22
Ethics of the cosmetic surgery profession	4	2	4
Constructing the use of cosmetic surgery as concerning	17	21	18
More than just one’s looks	9	16	8
Unresolved psychological and self-esteem issues	6	1	5
Feminism	2	4	5
Total	175	157	136

Appendix 4: Societal messages relating to the exploration guides

4a: Societal messages relating to the pre-operative exploration guide

The wording used on the exploration guide is written in plain text and the societal message to which it relates is written in brackets and in italics.

Cosmetic surgery exploration guide: Pre-operative

Matters that might make you think positively about having cosmetic surgery:

(Factors that might persuade someone to have cosmetic surgery)

- Cosmetic surgery may lead to a **positive future**: *(Constructing a positive future)*
 - Cosmetic surgery may **make you positive** *(Positive after surgery)*
 - Cosmetic surgery may **transform** you *(Transformation)*
 - Cosmetic surgery may make you **confident** *(Confidence)*
 - Cosmetic surgery may enhance your **relationships** *(Relationship)*
 - **Hope** about what cosmetic surgery can bring to your life *(Hope)*
 - The wish for **natural** appearance *(Natural)*
 - The wish for **normal** appearance and normality *(Normal)*
 - The wish to be **noticed** *(Noticed)*
 - The wish that you will **change as a person** *(Change character)*
 - The wish to improve your **career** *(Career)*
- The idea that **your body is flawed**: *(Constructing the pre-operative body as flawed)*
 - A **critical** view of your body *(Self-denigration)*
 - The idea that an **ageing** body is a problem *(Ageing)*
 - The **teasing** comments that others make about your body *(Teasing)*
- The idea that **cosmetic surgery is reasonable**: *(Constructing cosmetic surgery as reasonable)*
 - Doing **research** about your cosmetic surgery makes doing it OK *(Research)*
 - You should **do cosmetic surgery for yourself** *(Doing it for myself)*
 - Cosmetic surgery is a **normal thing to do** *(Just like going to the hairdresser)*
 - Cosmetic surgery **will not change you as a person** *(Has not changed me as a person)*
 - Cosmetic surgery recipients are **brave** to have undergone the procedure *(Brave)*
 - The **curiosity** that others will have about your surgery *(Curiosity)*

Matters that might make you think negatively about having cosmetic surgery:

(Factors that might dissuade someone from having cosmetic surgery)

- Cosmetic surgery involves **physical problems**: *(Constructing cosmetic surgery as involving physical problems)*
 - A concern about **risks** that could happen with cosmetic surgery *(Risks)*

- A concern about potential **botched jobs and complications** (*Botched jobs and complications*)
- A concern about the possibility of **pain** from surgery (*Pain*)
- A concern about **scarring** as a result of the surgery (*Scars*)
- Others may **judge** you badly: (*Constructing cosmetic surgery patients in a judgemental light*)
 - How to keep your cosmetic surgery a **secret** (*Secrecy*)
 - Worry that others might **put you down** because you have had cosmetic surgery (*Disparaging*)
 - Dealing with the view that people should improve their bodies through **hard work**, such as diet and exercise (*Hard work*)
 - The judgement that you are **vain** for wanting to have cosmetic surgery (*Vanity*)
- The idea that **there are problems with the cosmetic surgery industry**: (*Constructing the cosmetic surgery industry as problematic*)
 - Concerns about the **cost** of a procedure (*Cost*)
 - Concerns that the **cosmetic surgery industry may be dodgy** (*Ethics of the cosmetic surgery industry*)
- The idea that having **cosmetic surgery is concerning**: (*Constructing the use of cosmetic surgery as concerning*)
 - The idea that you are **more than just your looks** (*More than just one's looks*)
 - The idea that you have **personal problems** which is why you are seeking cosmetic surgery (*Unresolved psychological or self-esteem issues*)
 - The idea that women are having cosmetic surgery **to please men** (*Feminism*)

4b: Societal messages relating to the post-operative exploration guide

The wording used on the exploration guide is written in plain text and the societal message to which it relates is written in italics and in brackets.

Cosmetic surgery exploration guide: Post-operative

Matters that might make you think positively about your cosmetic surgery:

(Factors that might persuade someone to have cosmetic surgery)

- Cosmetic surgery has led to a **positive future**: *(Constructing a positive future)*
 - Cosmetic surgery has **made you positive** *(Positive after surgery)*
 - Cosmetic surgery has **transformed** you *(Transformation)*
 - Cosmetic surgery has made you **confident** *(Confidence)*
 - Cosmetic surgery has enhanced your **relationships** *(Relationship)*
 - The **hopes** that you had about what cosmetic surgery can bring to your life have been met *(Hope)*
 - Satisfaction that you have a **natural** appearance *(Natural)*
 - Satisfaction that you have a **normal** appearance and normality *(Normal)*
 - Satisfaction that you are now **noticed** *(Noticed)*
 - You have **changed as a person** *(Change character)*
 - Cosmetic surgery has improved your **career** *(Career)*

- The idea that your pre-operative body was flawed: *(Constructing the pre-operative body as flawed)*
 - A former **critical** view of your body *(Self-denigration)*
 - The view that the **ageing** appearance of your body was a problem *(Ageing)*
 - The **teasing** comments that others made about your body *(Teasing)*

- The view that **cosmetic surgery was reasonable**: *(Constructing cosmetic surgery as reasonable)*
 - You did **research** about cosmetic surgery that made doing it OK *(Research)*
 - You **had cosmetic surgery for yourself** *(Doing it for myself)*
 - Cosmetic surgery is a **normal thing to do** *(Just like going to the hairdresser)*
 - Cosmetic surgery **has not changed you as a person** *(Has not changed me as a person)*
 - Cosmetic surgery recipients are **brave** to have undergone the procedure *(Brave)*
 - The **curiosity** that others may have about your surgery *(Curiosity)*

Matters that might make you think negatively about your cosmetic surgery:

(Factors that might dissuade someone from having cosmetic surgery)

- Cosmetic surgery involved **physical problems**: *(Constructing cosmetic surgery as involving physical problems)*
 - A concern about the **risks** that you faced during surgery *(Risks)*
 - A concern about the **botched jobs and complications** that may have resulted from your surgery *(Botched jobs and complications)*
 - A concern about the **pain** you are experiencing or have experienced since having surgery *(Pain)*
 - A concern about the **scarring** that has resulted from surgery *(Scars)*

- Others may **judge** you badly: *(Constructing cosmetic surgery patients in a judgemental light)*
 - How to keep your surgery a **secret** *(Secrecy)*
 - Worry that others may **put you down** because you have had cosmetic surgery *(Disparaging)*
 - Dealing with the view that people should improve their bodies through **hard work**, such as diet and exercise *(Hard work)*
 - The judgement that you were **vain** for having cosmetic surgery *(Vanity)*

- The view that **there are problems with the cosmetic surgery industry**: *(Constructing the cosmetic surgery industry as problematic)*
 - Concerns about the **cost** of a procedure *(Cost)*
 - Concerns that the **cosmetic surgery industry may be dodgy** *(Ethics of the cosmetic surgery industry)*

- The view that having **cosmetic surgery is concerning**: *(Constructing the use of cosmetic surgery as concerning)*
 - The idea that you are **more than just your looks** *(More than just one's looks)*
 - The idea that you had **personal problems** which is why you sought cosmetic surgery *(Unresolved psychological or self-esteem issues)*
 - The idea that women have cosmetic surgery **to please men** *(Feminism)*

Appendix 5: Exercises for patients to complete

5a: Exercise for dealing with situations associated with the idea

Name of the idea: _____

Situation	Possible approaches to dealing with the situation	Expected outcome	Actual outcome	Implications

4b: Exercise for exploring the effects of the idea

Name of the idea: _____

What does the idea have me thinking?	How does the idea have me behaving?	What are the effects of having this way of thinking and behaving?	What are some other ways of thinking and behaving surrounding the idea?	Do I feel more or less comfortable with these alternatives when compared with my current ways of negotiating cosmetic surgery?	What do I think might happen if my thinking and behaviour stays the same or changes?