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Rubio, Roman G

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The Internalization of an Ideal Body into the Self: Psychological,
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by

Roman Gabriel Rubio

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Committee in charge:

Professor Henrik Blum, M.D., Chair
Professor Christina Maslach, Ph.D.
Professor Thomasine Kushner, Ph.D.

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The thesis of Roman Gabriel Rubio is approved:

_Henrik L. Blum-m.d._____ May 3 '96_
Chair   Date

_Christina Maslod_____ May 3 1996_
                                                             Date

_Thomasine Kushner_____ May 3, 1996_
                                                             Date

University of California, Berkeley

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Emotional and Physical Consequences

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Roman Gabriel Rubio

For all those suffering from an ideal body.

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Acknowledgments

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CHAPTER ONE: Introduction

Psychologists have long been concerned with the discrepancy between the actual and the ideal self. When a discrepancy exists between these two different domains of the self, emotions arise as a result. One particular aspect of the self is the body image. A person's physical body is not merely a "physical" entity, but rather becomes incorporated into the self to form the body image.

The self, in today's society, is often confronted with ideal bodies, creating a rift between the individual's body image, and his or her ideal body. Emotions arise as a result of this discrepancy between the body image and the ideal body, and often are negative in character, causing the self to seek relief from these negative emotions.

Plastic surgery exists as one of the many possible ways to eliminate this discrepancy created between the individual's body image and his or her ideal body by physically changing the former to resemble the latter. Theoretically, the purpose of an individual pursuing plastic surgery then, would be to eliminate the negative emotions experienced as a result of the existence of such a discrepancy. However in reality, would altering the physical appearance of one's body to more closely resemble his or her ideal body result in an elimination of negative emotions, as well as enable the individual to experience positive ones? This is the question I will attempt to address in this thesis.

A discrepancy comes into existence when an individual's ideal body differs from his or her real body, or the body represented within the individual's self concept as the body image. The body image comes into existence both cognitively through perception, and affectively by an emotional disposition towards the body (Tiemersma, 1989).

Because the body image is defined through an individual's perception and affect, the image an individual possesses of his or her own body is a highly personalized and subjective experience (Cash, 1990).

Many different factors contribute to an individual's body image--from the mirror reflecting the body's physical existence in space, to the daily events in each of our lives creating emotions--each capable of impacting the individual and his or her well-being via the body image. The image an individual has of his or her own body is perceived as both accurate and valid, despite the subjective interpretation used to shape and define the body image.

An objective component of the body exists, and can be described analytically according to the body's physical presence in the world. However, the objective state of the body is not always congruent with the individual's subjective image of his or her own body. The subjective body image is created by experience, both past and present, and does not necessarily correlate with the present body's objective dimensions.

Another factor, in addition to both the cognitive and affective components contributing to the formation of the body image, is the ideal body. An ideal body could be described as a body someone believes possesses ideal qualities, and represents the hopes and wishes of that particular person. Upon comparing the individual's chosen ideal body with the body depicted in its body image, a discrepancy may arise between the two bodies.

The ideal body is in principle social (Schilder, 1950). Images and beliefs present within and created by society constantly bombard the individuals operating within that society. By shaping the individual's ideal body, these images and ideals have far-reaching effects on our self-esteem and our ability to function within this world. The

first people to play a key role in the formation of the body image are a child's parents. According to Paul Schilder, in The Image and Appearance of the Human Body, "Family conversations about health, appearance, or illness in the family may also increase the child's interest in its own body". The parents' understanding of ideals and values concerning their own bodies are handed down to their children in both action and word.

As children enter adolescence, the society at large is made more available to them. Consequently, society replaces the parent as the primary sculptor of an adolescent's body image. A society has narrowly defined boundaries concerning acceptance of the human body, with serious repercussions looming imminent to those individuals who happen to fall outside of these lines. For example, those individuals who are overweight, wear eyeglasses, or have poor hygiene are at an increased risk of being ostracized from their peer group for failing to meet the group's expectations of an ideal body.

The boundaries defining the ideal bodies present within a society do not make allowances for an individual's genetic make-up, which may place him or her permanently outside of these boundaries. Individuals often struggle with changing their body to one which more closely resembles one of the culturally sanctioned ideal bodies regardless of the height, metabolism, stature, or color they genetically inherited. In doing so, these individuals hope to be rewarded like their peers are who do possess bodies resembling the ideal.

The selection of an ideal body by an individual is multifactorial, based upon the individual's life experience. Consequently, not everyone living within the same society shares the same ideal body. However, remarkably similar characteristics exist between

the ideal bodies chosen by individuals, regardless of their age, sex, class, income level, or residence (Tiemersma, 1989).

One reason for existing similarity between the ideal bodies of individuals from different cultural and socioeconomic backgrounds is, I believe, that individuals share exposure to images of the same ideal body. In American society, adolescents are continually exposed to versions of their culture's ideal body through print, television, and films. A with a common theme is woven throughout these images. These images of bodies chosen by the adolescent's society as ideal are then evaluated by the individual, both consciously and unconsciously, for inclusion within his or her self-concept.

The existence of one general ideal body type was identified by a study which sampled the population at random (Tiemersma, 1989). The ideal body put forth in this study possesses a sexual dimorphism. For males, the ideal body is mesomorphic, lying precariously between the extremes of obesity and thinness, and possesses muscular definition. For females in this study, the ideal body is thin and petite, with the ideal body being negatively correlated with size in all areas except for the breasts.

The mantra created by our culture and chanted by the self is, "If you look good, you will feel great". The only caveat to this idiom is that looking good is not on the individual's terms, but on society's terms. Therefore, because the individual is more amenable to change than society, the burden of change is placed upon the individual and not the society.

In addition to the perceptual comparison made by individuals between their own body and their ideal body, additional feedback mechanisms exist which also play a significant role in shaping the individual's body image. Peer approval seems to play a

vital role in determining whether the body image is seen in a negative or a positive light. In the world of the adolescent, those individuals whose bodies resemble a cultural ideal, in this case a fully mature adult, are often times more popular and well-received than those individuals whose bodies more closely resemble their former, childlike state. The tenet that success and fulfillment come to those who resemble the ideal body is both espoused and reinforced within our society, and has the potential of becoming internalized in the mind of the developing adolescent.

It is the ideal body which is perceived by the individual as a means by which pleasure can be experienced--a pleasure which cannot be had any other way without the ideal body. This belief of the ideal body as a means to experience life satisfaction and pleasure is internalized by the self, however misguided this belief may be in reality.

Another feedback mechanism which plays an important role in the formation of the body image is the daily experience of life. A negative social experience may take the form of a rejection of a request for a date, or a cruel comment concerning a specific part of one's body--a prominent nose or a facial keloid, for example. A positive social experience may reveal itself in an individual's inclusion within an exclusive social group, or a compliment of one's body by a friend or stranger.

Each social experience has the potential of moving an individual's body image closer to his or her ideal, through validation, or marring the body image, resulting in its further differentiation away from the ideal body. Each source of data concerning an individual's body, whether it originated from self's own perspective, or an "other" perspective, provides the individual with feedback regarding the body image. Upon the integration of each piece of data received concerning the individual's body, the body image is constructed.

If the body image is positively impacted, for example, by looking at a photograph of oneself which is perceived to be attractive, positive emotions are experienced, and the individual is satisfied with his or her body. In this instance, the need to change the body is diminished, or even absent.

If individuals are able to experience satisfaction with their body, a whole new set of emotions and actions are possible which previously were incompatible with the desire to change one's body. The individual is able to revel in its completeness, for the body image now resembles its ideal body. It is the body image which acts as a mediator between the physical body and social behavior (Tiemersma, 1989). As a result, the self is able to operate in its environment free from the dissonance created by negative emotions.

The body, when successfully molded to resemble the individual's ideal body, allows the self greater personal expressiveness. The individual possessing a body image which does not differ markedly from his or her ideal body is able to live his or her life void of the negative emotions induced either by the individual's or an other's ideal body. This state of satisfaction with one's body image – where the body is not seen in need of a metamorphosis-- no longer requires the individual to attempt to replace negative emotions with positive ones. The individual is relentless in its quest to create a milieu characterized by both positive emotions and satisfaction with his or her body, so ultimately negative emotions are no longer experienced, allowing the individual to operate freely, both in its internal and external environment.

On the other hand, when a discrepancy exists between the body image and the ideal body, negative emotions and dissatisfaction are experienced. This discrepancy results from the internalization of an ideal body. Ideal bodies may take a variety of

forms, originating from the person's own perspective, or from an "other" perspective. For example, a flawless face advertising cologne on television, or an individual's partner commenting negatively on the size or shape of a particular body part can serve as a powerful insult to the self's body image.

The identification and internalization of an ideal body results in the individual comparing his or her real body depicted in the body image with the ideal body. The comparison made by the self then serves as an estimation of the size of the discrepancy which exists between the real body and the ideal body. This newly created discrepancy between the individual's body image and the ideal body presented to him or her creates a negative emotion.

This estimation process, similar to what occurs in the formation of the body image, has both a cognitive and an affective component, both figuring strongly in the degree of difference perceived by the individual to exist between the real body and the ideal body. As a result, the discrepancy which exists between the individual's real body and his or her ideal body is not the only one with which the self has to contend. There is also the potential for a second discrepancy to exist, one which may widen the gap even further between the body image and that perceived by the individual as ideal. The potential place where the second discrepancy lies is between the body image and its objective measurements.

In the cognitive realm of the estimation process, there exists a bias when an individual estimates his or her own body size. F.C. Schontz (1963) describes this phenomenon in "Some Characteristics of Body Size Formation" as the existence of an inaccuracy in the estimation of the size of body parts which is absent when the individual estimates non-body objects (1963). Thus, an individual's cognitive ability to

estimate object size is skewed when the object of estimation is the individual's own body (Fisher, 1986). The individual, however, is not aware of the inherent inaccuracy which exists in it's own body estimation, and makes no allowances when defining the body image. As a result, this inaccurate estimation of the body is not perceived to be misleading. In fact, the individual accepts the subjective evaluation of the body as if the estimation was produced by an independent and objective source, and grants the estimation the same validity. Thus, one's body image is accepted as though the body represented was "real", or "actual" in both time and space. The body depicted in an individual's body image is perceived as *real*.

An example of the self inaccurately estimating body size is illustrated in a study conducted by Beale, Lisper and Palm (1980) of women seeking augmentation mammaplasty. The authors of this study found that 10% of the women had normal-sized breasts but were convinced their breasts were abnormally small. In the control group for this study consisting of patients admitted to the hospital for general surgery, two-thirds of the women considered themselves as having breasts that were too small in comparison to their ideal body.

Another example of individuals producing an overly negative self-evaluation of the body was shown by Hay and Heather (1973) in a group of women who had elected to have rhinoplasty. The subjective ratings of the degree of disfigurement were significantly more negative than evaluations made by independent judges.

The importance society places on the size and shape of the body predisposes individuals operating within that society to become fascinated with their own body dimensions, whether or not they meet or exceed the cultural ideal (Fisher, 1986). For example, the emphasis American culture places on the size of the male penis through

the media causes males, beginning in adolescence, to evaluate themselves in comparison with the cultural ideal. Upon internalization of this ideal, a comparison is made.

If a discrepancy exists between the subject's own body and his or her ideal, the individual must cope with negative emotions created by his or her ideal body. Plastic surgery has come to the rescue of those individuals intent upon conforming to a cultural ideal. Recently, surgical procedures, which are not widely accepted by the scientific community, have been developed by plastic surgeons to increase the length and width of the penis. Nevertheless, penis enlargement procedures are becoming more commonplace, illustrating an individual's absolute desire to achieve the ideal body, regardless of the risks accompanying surgery, including in this case loss of sexual function.

In another example of inaccurate estimation of body dimensions by the self involving the female sex, F.C. Shontz observed that women typically overestimate the width of their waist more than men do. Shontz attributed this overestimation to "concern over conforming to American standards of beauty which require a small waist" (Fisher, 162). In this case as well, the cosmetic surgery industry has responded by developing a procedure to help women in their desperate search of ideal beauty. This procedure involves the removal of the lower ribs in an attempt to achieve the ideal waist size. Liposuction, a process which eliminates adipose tissue from spots defined by culture's ideal body as unsightly, is also commonly resorted to in the quest for the "perfect" body with a slim waist.

In order to eliminate a discrepancy between one's own body and one's ideal body, a physical change must take place in the real body. However, certain types of physical change can be affected by the individuals themselves, and certain types of

physical change cannot. Somatic change in the body can take many forms. An individual may attempt to change the way his or her body looks through exercise. Exercise is capable of helping an individual to "bulk up", or increase muscle mass, in an attempt to approximate society's definition of ideal masculinity-- the one which is propagated in images of the male body. Exercise can also facilitate the loss of unwanted or excess body fat. However, each individual is limited genetically as to the extent of change which can be achieved through exercise.

Cosmetics can also be used to change the somatic appearance of the body image. Blush can be used to create illusion of high cheek bones, or a foundation make-up to conceal scars and blemishes. While cosmetics do provide an inexpensive and quick way to improve the body's appearance, they too have limits and are not permanent.

A more invasive procedure than either exercise or cosmetics which has previously been alluded to, and has gained wide-spread popularity and acceptance in the past few decades, is cosmetic plastic surgery. Plastic surgery is different from other methods of eliminating a physical discrepancy because the individual must seek professional medical services in order to do so. Plastic surgery is able to provide an individual with a permanent change in the appearance of his or her body, and has very few limits to the degree of change it can provide. Plastic surgery, as an elective procedure, can be opted for at the discretion of the individual, much in the same way as exercise and the use of make-up can. However, the major barrier to cosmetic plastic surgery for most individuals is price, and therefore cosmetic surgery is not equally available to people across the socio-economic hierarchy.

Given that a somatic change is made to the body, resulting in the real body more closely resembling the ideal body, the individual must be able to perceive this change in

order for the desire to be satisfied. This change, once recognized, is then incorporated into the existing body image. The perception and incorporation of the somatic change into the body image is a crucial step in reestablishing an equilibrium between the individual and his or her own body.

If the individual is able to perceive and incorporate the change into his or her body image, the negative emotions experienced can potentially be eliminated along with the discrepancy created by the ideal body. On the other hand, if this perception is not possible, incorporation of the body's recent somatic change into the existing body image will not take place, and the desire to change the real body remains in full effect. Therefore, regardless of the amount of physical change taking place in real body, the self's body image remains static while the ideal body remains unreachable. This phenomenon may contribute to the psychopathology present in diseases such as Anorexia Nervosa and Body Dysmorphic Disorder, where somatic change takes place in the absence of its perception and incorporation into the body image.

Should another source of negative emotion be present in addition to the negative emotions caused by the discrepancy between the real and the ideal body, the change in the physical body will not be able to eliminate those emotions arising from another source. Only emotions directly arising from a discrepancy between the real and the ideal body can be effectively transformed by a physical change in the body into positive ones.

Yet another way in which to satisfy the desire to eliminate the discrepancy between the body image and the ideal body is by redefining the ideal body. This redefinition of the ideal body can take place at either the societal level or at the individual level. In doing so, the ideal body can be made to more closely approximate

the self's body image. This process of reversing the object of change from the real body to the ideal body is wholly cognitive, necessitating no somatic change. However, the efficacy with which an individual's ideal body can be redefined is not clear, nor is the magnitude of the satisfaction felt from such a cognitive change known.

Once a discrepancy exists between the individual's real body and ideal body, what motivates an individual to attempt to eliminate the discrepancy? Numerous theories exist describing how individuals reconcile two discrepant beliefs or cognitions within their own lives. Carl Rogers' Humanistic Theory, Leon Festinger's Cognitive Dissonance Theory and E. Tory Higgins' Self-Discrepancy Theory all provide explanations for why people seek to reduce tension within their lives, which arise from two discrepant cognitions which the self desires to be congruent.

Humanistic Theory

Carl Roger's Humanistic Theory describes humans as self-actualizing in nature. As such, humans seek out ways to maximize their potential, and not simply to remain static.

Carl Rogers, a humanistic psychologist, developed the most systematic formulation of the self-concept, a psychological construct based primarily on research he conducted into the nature of the psychotherapeutic process. Roger's view of the self-concept includes the following:

1. "Each individual exists in a private world of experience of which the I, me, or myself is the center.

2. The most basic striving of an individual is toward the maintenance, enhancement, and actualization of the self.

3. An individual reacts to situations in terms of the way he or she perceived them, in ways consistent with his or her self-concept and view of the world.

4. A perceived threat to the self is followed by a defense — including a tightening of perception and behavior and the introduction of self-defense mechanisms.

5. An individual's inner tendencies are toward health and wholeness; under normal conditions a person behaves in a rational and constructive way and chooses pathways toward personal growth and self-actualization." (Carson, 1992)

Carl Rogers asserted that when the self concerns itself with the evaluations and expectations of others instead of following its own innate drive for self-fulfillment, the self goes astray. Pathology results then, when the self becomes unduly sensitive to the judgments of others and denies his or her own nature. (Davison, 1982). The importance of an ideal body within our society may contribute to our consideration of such an entity.

To the humanists, the phenomenological world of the self is of utmost importance. Each individual possesses an internal frame of reference which is the product of the totality of earlier perceptions, with this subjective world being made up of both personal and private experiences. In order to completely understand another, people outside of the self must use the perspective of the individual being analyzed (Davison, 1982). Humanists also believe each individual possesses a free will, and

chooses actions actively instead of being influenced passively by the internal *id*
impulses, or the environment. (Davison, 1982)

The humanist's approach to psychotherapy involves the therapist facilitating
people getting in touch with their inner self and true feelings, and to learn to express
them without undue concern for what others think. Carl Roger's "client-centered"
approach, the most developed form of humanistic therapy, involves creating an
environment within the therapeutic relationship in which the client is free of other's
expectations to discover his or her own judgments about what is needed, what is
desired, and how he or she can maintain and enhance him or herself (Davison, 1982).

The basic tool used by the therapist in client-centered therapy is unconditional
positive regard for the client, or complete and unqualified acceptance and respect for
the client's actions and feelings (Davison, 1982). Humanistic therapists firmly believe
their clients' innate capacity for growth and self-guidance will be asserted, provided the
therapeutic atmosphere is warm and receptive, and ultimately, the self will be true to
itself, instead of to others' expectations or desires.

Cognitive Dissonance Theory

Cognitive Dissonance Theory was first published by Leon Festinger in 1957.
Any piece of knowledge an individual has about himself or herself, or the environment,
is a "cognition", or "cognitive element". For example, cognitions about the self would
include one's height, awareness of exhaustion, the memory of a childhood birthday
party, or the intention to go to dinner tomorrow night. Cognitions can be either very
specific ideas or they may be general concepts.

Cognitive Dissonance Theory predicts an individual will attempt to eliminate the dissonance experienced when two cognitions or thoughts are discrepant from one another. The dissonance would be analogous to a negative emotion experienced by the self, resulting in the self seeking out a solution to rid himself or herself from this negative stimulus.

Two cognitive elements are consonant with one another if one implies the other in some psychological sense (Wicklund, 1974). For example, the desire to lose weight in consonant with one's favorite restaurant should the restaurant serve healthy, non-fattening food. Often times, a psychological implication can be detected by measuring what else a person desires when he or she holds a given cognition.

In contrast, a dissonant relationship exists between two cognitive elements if a person has cognitions of one type, and the obverse or opposite is true (Wicklund, 1974). Using the same example as above, if a person desires to lose weight and his or her favorite restaurant serves foods high in saturated fat in large portions, cognitive dissonance is present within the self.

When two cognitions are in a dissonant relationship with each other, the amount of dissonance he or she experiences is a direct function of how important those cognitions are to him or her. Cognitive Dissonance theory predicts the self will attempt to eliminate the dissonant relationship by changing one element or the other in order to render the two consonant, or irrelevant.

Dissonance between two cognitions can be reduced or eliminated in several different ways. The first way to reduce dissonance is to eliminate the dissonant cognition. Using the same example of wanting to lose weight and having a favorite

restaurant which serves fatty foods, one could decide to change the status of the restaurant from "favored" to "unhealthy".

A second way to reduce dissonance is to reduce the importance of the cognitions. In this case, one could decide although a desire still exists to lose weight, actually endeavoring to lose weight does not have to immediately commence, but rather it can begin at the beginning of the new year, several months in the future. Thus, the immediacy with which the desire must be fulfilled is eliminated, and the importance of losing weight is reduced.

The third way dissonance can be reduced is to add consonant cognitions. In this case, joining a health club would be consonant with the desire to lose weight, although one's favorite restaurant still remains the local hamburger joint. The fourth way in which to reduce dissonance is to increase the importance of preexistent consonant conditions. In this last case, reminding oneself that all of one's clothes still fit despite the desire to lose weight would serve as a reminder that despite the existence of dissonance between the desire to lose weight, and one's favorite eatery, consonant cognitions exist as well.

Although cognitive dissonance theory predicts four different ways in which to reduce dissonance between two cognitions, the theory does not predict which method will be chosen by the individual, or that the individual will be successful in reducing the dissonance (Wicklund, 1974). Cognitive dissonance theory merely predicts the dissonance will motivate the individual to attempt to reduce the dissonance experienced.

Self-Discrepancy Theory

Self-Discrepancy Theory, devised by E. Tory Higgins, explores this concept of emotions borne of self-conflict, but focuses on a particular set of aims: (1) To distinguish between different kinds of emotions that people holding discrepant beliefs of themselves may experience, (2) To systematically relate a particular emotional vulnerability to a particular discrepancy that people may possess about their self-concept, (3) To evaluate the role of both accessibility and availability of different discrepancy types that people may possess in determining the quality and quantity of emotional discomfort they will experience (Higgins, 1987).

According to Higgins, there exist three domains of the self: the *actual* self, the *ideal* self, and the *ought* self:

"(a) The *actual* self, which is your representation of the attributes that someone (yourself or another) believes you actually possess;

(b) The *ideal* self, which is your representation of the attributes that someone (yourself or another) would like you, ideally, to possess (i.e., a representation of someone's hopes, aspirations, or wishes for you); and

(c) The *ought* self, which is your representation of the attributes that someone (yourself or another) believes you should or ought to possess (i.e., a representation of someone's sense of your duty, obligations, or responsibilities)" (Higgins, 1987).

In addition to differentiating between the three domains of the self, one must also determine from whose perspective the self is being defined. Two fundamental

standpoints of the self exist, from which the self can be defined to reflect a particular set of attributes and values. The first standpoint is your own personal standpoint, and the second is the standpoint of a significant other. Multiple standpoints of the significant other can coexist, and be relevant to the self simultaneously (Higgins, 1987).

By defining each of the three domains of the self from the standpoint of the self, and of the significant other, six basic types of self-state representations are produced:

Actual/own, and Actual/other,

Ideal/own, and Ideal/other,

Ought/own and Ought/other.

The actual/own and actual/other self-state representations comprise a person's self-concept. The four remaining self-state representations then, are self-guides, which serve as standards by which the person's self-concept can be measured (Higgins, 1987). Individual persons differ as to which self-guides he or she actually possesses, and in the intensity with which the self-guide exists. Also, Self-discrepancy theory proposes that people differ as to which self-guide they are especially motivated to meet.

Self-discrepancy theory also proposes people are motivated to eliminate the discrepancy between their self-concept and their personally relevant self-guides. The source of motivation to eliminate this discrepancy has been speculated upon by various theorists, including both Carl Rogers and Leon Festinger, as mentioned previously.

Another theory which attempts to explain a person's drive to eliminate the self-state discrepancy is Cybernetics' control theory, which states that a person self-regulates through a negative feedback process. The outcome of this negative feedback process is

to eliminate the discrepancy by minimizing the difference between one sensed value and another reference value or standard of comparison. Duval and Wicklund's (1972) objective self-awareness theory proposes that through an increased attention placed upon ourselves, our awareness of discrepancies between our real self and standards of correctness, induces a motivation to reduce this discrepancy.

Self-Discrepancy theory differs from the above theories by proposing that the discrepancy states produced by different types of self-guides produce entirely different motivational predispositions. The discrepancy states which will be focused upon in the present study are those which arise between the actual self state and its self-guides, namely the *ought* self, and the *ideal* self-states.

Each type of discrepancy corresponds with a particular negative psychological state, and in turn, each negative psychological state can be characterized by specific emotional and motivational predispositions (Higgins, 1987). Two basic categories of negative psychological states exist, with corresponding emotional states: (1) The absence of positive outcomes, which is associated with the dejection-related emotions such as dissatisfaction, disappointment and sadness; and (2) the presence of negative outcomes, which is associated with the agitation-related emotions of fear, threat, and anxiety (Higgins, 1987).

Self-discrepancy theory proposes that the motivational or emotional effects experienced by the actual self are determined by the significance to the person of possessing such a value and or attribute. In other words, does a particular attribute carry an "ideal" or an "ought" significance, and what person (self of significant other) defines the attribute's significance. Once the nature of the significance has been

determined, the discrepancy type can be categorized, and the emotions resulting from the discrepancy can be predicted.

Following will be a description of the discrepancy types and their associated negative psychological states:

1. **Actual/own versus ideal/own:** A person with this discrepancy possesses a current state of attributes which does not match the ideal state he or she personally desires to obtain. As a result, this discrepancy represents the absence of positive outcomes, and the emotions to which the person is predicted to be vulnerable to are the dejection-related emotions of disappointment and dissatisfaction. Disappointment and dissatisfaction are emotions associated with:

   a) The individual's own standpoint

   b) A discrepancy from his or her own hopes, desires or ideals

   c) People who hold the belief that their personal hopes or wishes have yet to be fulfilled.

The motivation derived from an **actual/own versus ideal/own** discrepancy suggests an association with a frustration from unfulfilled desires.

2. **Actual/own versus ideal/other:** A person with this discrepancy type possesses a current state of attributes which does not match the ideal state the person believes a significant other hopes or wishes he or she would obtain. As a result, this discrepancy represents the absence of positive emotions, and the predicted vulnerability

of the person is to the dejection-related emotions. However, because the person believes they have failed to meet the expectations of someone significant, the significant other is believed to be disappointed and dissatisfied, and the particular emotions produced are shame, embarrassment, or feeling downcast. Shame, and related emotions, are often associated with:

a) The standpoint of one or more other people, and

b) a discrepancy from achievement or status standards.

The motivation from this type of discrepancy suggests an association with concern over losing the love or esteem of others.

3. **Actual/own versus ought/own:** a person with this discrepancy type exists in a state in which his or her current attributes, from the person's own standpoint, do not match the state the person believes it is his or her duty or obligation to obtain. The general psychological state resulting from this discrepancy can be characterized best by the presence of negative outcomes, and the predicted emotional vulnerability of this person is to the agitation-related emotions. Agitation-related emotions include guilt, self-contempt, and uneasiness, and are associated with

a) A person's own standpoint, and

b) a discrepancy from his or her sense of morality, or justice.

The motivational disposition borne of this particular type of discrepancy suggests an association with feelings of moral worthlessness, or weakness, and a readiness for self-punishment.

4. **Actual/own versus ought/other**: A person with this type of discrepancy possesses a current set of attributes, from the person's standpoint, which differ from the state a significant other believes to be the person's duty or obligation to obtain. Following from the commonly-held belief that violation of prescribed duties and obligations dictates punishment, this discrepancy also represents the presence of negative outcomes, and a fear of punishment. As a result of this fear, the person's predicted vulnerability is to agitation-related emotions, particularly fear. Agitation-related emotions of this type can be characterized by:

    a) External agents, particularly the standpoint of other people

    b) A discrepancy from norms or moral standards.

The motivation arising from this discrepancy suggests an association with feelings of resentment (Higgins, 1987).

Discrepant, or incompatible beliefs are cognitive constructs, and therefore a discrepancy can vary in both its availability and its accessibility to a person. **Availability** is the extent to which the two types of conflicting self-state representations diverge for the person. For example, the greater the discrepancy between the actual/own self and the ideal/other self, the greater the magnitude of discrepancy will be which is available to the person. Discomfort or unpleasure are also correlated with

the magnitude of the discrepancy: The greater the magnitude of discrepancy that exists for the person between two conflicting self-states, the greater the intensity of the corresponding emotional discomfort the person will experience.

Three factors determine a discrepancy's **Accessibility**: How recently the discrepancy has been activated, how frequently the discrepancy is activated, and the applicability of a stimulus to the current discrepancy. An example of how temporal separation impacts the accessibility of a discrepancy would be if an exposure to a self-guide acts as a primer to subsequent ambiguous events due to the self-guide's temporal recency to that ambiguous event. This temporal recency would increase the likelihood that the person will interpret another person's ambiguous comment or behavior as personally relevant to the actual self, and thus reinforce the discrepancy. Frequency contributes to the accessibility of a discrepancy to a particular person simply by making it more likely that the discrepancy will be used by the person to interpret social events the more often the discrepancy is made conscious to the person.

Higgins points out that Self-discrepancy Theory does not assume people are aware of either the accessibility or the availability of their self-discrepancies. However, Self-discrepancy theory assumes that both the accessibility and the availability of negative psychological situations borne of one's self-discrepancies can be used to assign meaning to events without one's awareness of the discrepancies, or their impact on social events.

CHAPTER TWO: Self-Discrepancy Theory and Plastic Surgery

The current study attempts to investigate the body image as the "physical" domain of the individual's self concept. Higgins has a general notion of the self, or self-image, but several other dimensions exist to the "self". The "self" can loosely be defined as a cognitive representation of who you are, and what you desire. An individual's cognitive representation of his or her own body is included within the "self" as the body image.

Self-Discrepancy Theory predicts which types of incompatible beliefs about the self will induce which kinds of emotions. If the theory holds true for the body image as well, Self-Discrepancy should also be able to predict which types of incompatible beliefs about the body will induce which kinds of emotions.

The first goal is to determine whether or not Self-Discrepancy Theory can be applied to a physical entity, namely the body. In order to do so, I chose to conduct a series of qualitative interviews first rather than quantitative interviews involving a large sample population. If the theory can be successfully applied to a small number of subjects, then a larger study could then potentially be conducted.

Higgins describes three selves in his Self-Discrepancy Theory: An Actual Self, an Ideal Self and an Ought Self. The self defined from the perspective of the individual was designated as 'own', while each self defined from the perspective of an other outside of the self is designated as 'other'. The 'other' self, according to Higgins, is someone in the individual's life who exists as a significant person. However, because the ideal body is so prevalent within our society as well as within people the individual comes into contact with daily, the generalized "other" will be included as well.

Very few studies exist which apply Higgins' Self-Discrepancy Theory to the body (Szymanski, 1995). No studies exist, to my knowledge that analyze plastic surgery as a potential means for reducing the discrepancies described in Higgins' theory. In his original paper, Higgins uses the word "self" to refer to a psychological construct. Consequently, the entities of the actual self, the ideal self and the ought self are compared and contrasted with each other, and born of this comparison is a potential discrepancy, as well as emotions congruent with each type of discrepancy.

Higgins' Self-Discrepancy theory was applied to the bodies described by the 12 subjects to determine which bodies existed, and which did not. In other words, instead of attempting to identify six different selves as is done in Self-Discrepancy theory, an attempt was made to identify six analogous bodies: an Actual body/own, an Actual body/other, an Ideal body/own, an Ideal body/other, an Ought body/own and an Ought body/other.

In addition to identifying the types of bodies which existed within the individual's self concept, emotions relating to those bodies were also identified. In particular, the emotions resulting from a discrepancy between their real body, as depicted in their body image, and their ideal body were specifically asked about. It was not assumed the subjects could distinguish on their own between the six different types of bodies which potentially exist.

No control group was used in this study. Conceivably, a control group would consist of individuals who resembled the 12 subjects interviewed in age, gender, socioeconomic status, and culture, and possessed the same type of physical discrepancy as the subjects. What would differentiate the control group from the subjects interviewed, would be that the individuals within the control group did not choose

plastic surgery to reduce the physical discrepancy between their real body and their ideal body. Therefore, individuals who chose to have plastic surgery could not be compared with subjects who possessed the same type of discrepancy, yet did not choose surgery as a means to eliminate this discrepancy. If such a comparison were possible, a critical analysis of the two different groups could potentially have shown what factors, if any, contribute to the decision to have plastic surgery.

In this study, plastic surgery will be the only way considered as a means to eliminate the discrepancy between an individual's real body and his or her ideal body. Two divisions exist within the field of plastic surgery, cosmetic plastic surgery and reconstructive plastic surgery. Although the surgical procedures used within both areas are virtually the same, the reasons for using the procedures differ, and according to some, these differences are dramatic. Cosmetic plastic surgery includes those procedures which are elective, that is, they are not considered to be medically necessary. However, holding the position that a particular procedure is not medically warranted, does not necessarily equate to the position that a procedure is not personally, or psychologically, warranted. Insurance companies rarely cover cosmetic plastic surgery procedures because the procedures are considered to be elective. As a result, the expense of the procedure has to be assumed solely by the patient, thus limiting the accessibility of cosmetic surgery procedures to either those persons who can afford them, or to those persons who feel the procedure is so critical to their psychological well-being that the procedure is paid for regardless of the patient's discretionary income.

Reconstructive plastic surgery, on the other hand, has been granted a medically legitimate status, and as a result has many benefits that cosmetic plastic surgery does

not share. For example, procedures such as breast reconstruction following a mastectomy for breast cancer, or a skin graft following a third-degree burn, are covered by private medical insurance and are, more often than not, guaranteed to those persons who possess either genetically, or traumatically induced disfigurements.

In addition to medical coverage, reconstructive plastic surgery enjoys the benefit of legitimacy, in the eyes of both the medical establishment, and the public at large. Reconstructive surgery is not considered to be frivolous, or performed for reasons of vanity, as cosmetic plastic surgery procedures are often perceived. It is clear, and unrefuted, that reconstructive plastic surgery affords the patient a renewed self-concept, capable of making possible for the patient an experience of personal satisfaction and pleasure. These emotional benefits are only granted to the person by means of a successfully completed surgery – a surgery which eliminates the discrepancy between the person's real body, and his or her ideal body.

How can cosmetic plastic surgery be viewed as so radically different, yet use the exact same surgical techniques and procedures? And what do consumers of cosmetic plastic surgery gain from their "medically illegitimate" and vain endeavor anyway? The discipline of plastic surgery endeavors to aesthetically change the human body. The aesthetic value or endpoint achieved by plastic surgery can be defined by a multitude of sources. In reconstructive surgery, it would seem the aesthetic value would be defined by normalcy. For example, reconstructive surgery to correct a person's cleft palate would serve the purpose of establishing a "normal" palate or lip by eliminating the cleft the person was genetically destined to possess. In terms of self-discrepancy theory, two questions can be asked regarding reconstructive surgery:

(1) Ideally would the person have a normal lip?

(2) Ought the child have a normal lip?

Surely, no one would dispute that the answer to both of the above questions is "yes". Ideally, every person should be afforded a "normal" lip, and a sense of duty or obligation also exists in providing the person the opportunity to have a "normal" lip, therefore the child ought to have a normal lip. The actual state of the cleft palate can be clearly categorized by an observer as a deviation from normal, with normal being defined by the majority of persons with a normal lip and palate.

The same two questions can be asked of a cosmetic plastic surgery:

(1) Ideally, would the person have larger breasts?

(2) Ought the person have larger breasts?

The answers received to these two questions would depend upon who is asked. In answer to the first question, the woman electing to have the surgery most certainly would say "yes". So too may many people who also feel large breasts are ideal. However, in answer to the second question, the majority of people most probably would reach a consensus of "no". In other words, larger breasts are not a physical quality which *must* be possessed by people within society.

It is this fundamental distinction, namely that a particular body is deemed necessary by society, which may distinguish the ought body from the ideal body -- the ought body is seen as "necessary", while the ideal body is seen as "optional", or "superfluous". In terms of cosmetic and reconstructive surgery, the difference the two

may be that reconstructive surgery procedures are considered to be both ideal and necessary, while cosmetic surgery procedures are only considered ideal by some, and necessary by no one. Thus, the decision to seek cosmetic surgery is entirely subjective, and personal.

In cosmetic surgery, the aesthetic value embraced by the patient is not necessarily shared by society, and its values of normalcy. Rather, the cosmetic surgery consumer already possesses a certain degree of normalcy in terms of aesthetic appearance which is considered sufficient by society's standards. The change sought in the procedure is not considered to be life-saving, but rather a mere life "enhancement". The aesthetic value of the cosmetic surgery procedure is determined by the patient, a personal preference for what the person ideally wants to look like. Ideals are not guaranteed to all members of society. In fact, very few necessities are given "guaranteed" status. Therefore, in terms of priority, elective cosmetic plastic surgery procedures are not accorded a very high status when ranked with other medically life-saving procedures such as an appendectomy, or coronary artery bypass surgery.

For what reason would a person want to aesthetically change his or her appearance? As discussed previously, the procedure is not considered by most to be necessary. Why can't a person be satisfied with what he or she was genetically endowed? Intuitively speaking, a person who seeks cosmetic surgery is not satisfied with his or her aesthetic appearance. The reasons for this dissatisfaction vary from person to person. However, in the case of the cosmetic surgery patient, the reasons for changing his or her appearance possess a quality which is powerful enough to motivate him or her to seek a procedure which is relatively permanent, expensive, risky, invasive,

and painful. Emotions are hypothesized to play an integral role in both the individual's motivation and decision to have plastic surgery. But in what way?

Self-discrepancy theory may help to elucidate the reasons why people seek cosmetic plastic surgery. My working **hypothesis** is as follows:

Upon internalization of an body, a comparison is made by the self between the real body and the ideal body; if a discrepancy exists between the two bodies, a negative emotion is born, causing the person to attempt to change his or her real body to resemble more closely the ideal body, with the elimination of the somatic discrepancy, the negative emotion is supplanted by a positive one.

CHAPTER THREE: Methods

This research was designed to investigate both emotion as a motivational factor for choosing plastic surgery, as well as Higgins' Self-Discrepancy theory as applied to the body image, rather than solely to the "self". Questions were formulated to gather support for the two theories, and twelve interviews were then conducted with recipients of elective plastic surgery.

Twelve structured, open-ended interviews were conducted which were qualitative in nature. The interviews took place over the course of four months, beginning in December 1995 and ending in March 1996. The sample of 12 subjects who participated in this research study cannot be considered to be random in the strictly statistical sense. Since both plastic surgeons, as well as their clients, hold the decision to have plastic surgery in the highest of confidence, plastic surgeons do not reveal the names of their clients without their consent. I am familiar with at least two studies involving recipients of plastic surgery at my own institution that had considerable difficulty recruiting informants because of the combination of refusal by plastic surgeons to cooperate with researchers, as well as the reluctance of their clients to participate in interviews proposed by their plastic surgeons. Because of the secrecy surrounding this body-altering decision, I chose not to recruit informants through the plastic surgeons in the community directly, but instead to go straight to the patient.

Subjects were recruited through mutual acquaintances, or by "word of mouth". More specifically, I recruited patients by simply asking friends and colleagues if they might know of anyone who had had plastic surgery, and would be willing to talk about their experience and their feelings surrounding their decision to have plastic surgery.

An informed consent document was given to those acquaintances who knew of such persons with information regarding ways to contact me, including my telephone number and address. The subjects then contacted me. If after discussing the study, along with it's potential risks and benefits, the subject agreed to be a participant in the study, an interview place and time was scheduled. Each subject was interviewed only once, with the average interview lasting approximately two hours. Contact was not made with the informant following the initial interview.

In order for a subject to be eligible for the study, he or she must have had at least one plastic surgery procedure which was elective in nature. That is, the subject's plastic surgery could not have been reconstructive, or necessary to restore the subject's body to normal, such as in persons born with a cleft palate. Rather, the plastic surgery procedure must be optional, or elective. The exact type of procedure could be any, and the gender of the subject was not limited to either the male or female sex, and there was no minimum or maximum age requirement.

The interviews conducted were tape recorded to insure that accuracy was maintained throughout the analysis of the data. To maintain the confidentiality of the subjects participating in the interview, the subject's name was never written down or recorded either on notes that were taken during the interview, or on the tape itself. Instead, each subject chose a pseudonym at the onset of the interview, which would be used to identify the subject throughout the rest of the research project. Any piece of data used by the subject during the interview, such as names of self, or relatives, or places which could possibly be used to identify the subject, was changed during the transcription of the interview.

A total of 12 subjects were interviewed, from three different geographic locations: Dallas, Texas; Los Angeles, California; and the San Francisco Bay Area, also in California. Three of the subjects were from Dallas, five of the subjects were from Los Angeles, and four of the subjects were from the San Francisco Bay Area. Ten of the subjects were women, and two of the subjects were men. All of the subjects were of at least middle class within the socio-economic strata, with only one person being at the highest strata, based on income. Nine of the subjects were of Caucasian descent, one was of Jewish descent, and one was of mixed descent, namely Caucasian and Mexican, and one was of Latino descent.

The age of the subjects ranged from 27 to 72 years old. The time elapsed between when the actual procedure was performed and the interview, ranged from only one week to 25 years. Among the 12 subjects interviewed, 16 different types of procedures were discussed. The number of procedures each person had ranged from only one to six.

When emotions were identified by the informants during the interview, the informants were asked to rate the intensity of that particular emotion on a scale from 1 to 10, with 1 being of least intensity, and 10 being of greatest intensity. The informants were asked to employ the same intensity scale from 1 to 10 each time.

The following series of questions were designed to determine whether or not subjects possessed an ideal body, and if so, did a discrepancy exist between their real body and their ideal body. Finally, the questions attempted to identify both the type of emotions created by the discrepancy between the two bodies, as well as the intensity of the emotions experienced.

- How old were you when you were able to identify an ideal body which you wanted to become more like?
- What factors appealed to you in an ideal body before you had plastic surgery?
- When you had your ideal body in mind, did you foresee yourself doing things or experiencing things once you achieved this ideal body?
    1. If yes, what emotions or situations was it capable of experiencing?
    2. If no, what did the ideal body have that you also wanted to have?
- What was it about the attributes of your ideal body which appealed to you?
- How often do you and your significant other discuss physical attributes, either yours or those of other people?
    1. How important is your physical attractiveness to your relationship?
- Were there any physical attributes which a significant other of yours particularly liked?
    1. If yes, did your significant other want you to have any of these attributes?
    2. How did your significant other feel about your plastic surgery?
- Before you had plastic surgery, how did you feel about your body when you compared it with your ideal body?
    1. On a scale of 1-10, rate the intensity of the emotion you have just described.
    2. On a scale of 1-10, how satisfied were you with your body when you compared it with your ideal body?
    3. Did you ever feel depressed when you compared your body with your ideal body? If yes, rate on a scale of 1-10.
    4. Before you had plastic surgery, on a scale of 1-10, how large was the discrepancy between your real body and your ideal body?

The next series of questions attempted to determine how the subject's ideal body influenced his or her life. More specifically, did the existence of a discrepancy between the subjects' real and ideal body affect their self-esteem in a way significant enough to change either their personal or social behavior?

- If a discrepancy existed between your body and your ideal body prior to undergoing plastic surgery, how did the fact that you did not look like your ideal body influence your life?
    1. For example, have you hidden under restrictive clothing, refused to have a picture taken of you, or refused to wear a bathing suit in order to conceal your body?
- What was the quality of your personal relationships like?
    1. How often did you go out on dates?
- What did you aspire to be?
    1. Did you feel you lacked the self-esteem necessary to live out your dreams?
- How did you value yourself as a person prior to undergoing plastic surgery?
- How did you feel about your body prior to undergoing plastic surgery?

The following group of questions sought to determine what situations or factors increased the subject's awareness of his or her own ideal body. If some situations did increase the subject's awareness of his or her own ideal body, did this increased awareness in turn cause the subject to focus on the discrepancy, and in any way change the size of the perceived discrepancy?

- How many times during the day do you think about your body? This would include such activities as touching up makeup, combing hair in the mirror, or checking yourself in the mirror.
- How much time do you spend during a day applying makeup, exercising, or doing any other types of grooming activities?
- When you were giving special attention to your body, were you made more aware of the discrepancy between your body and your ideal body?
    1. If you were made more aware of the existence of a discrepancy, did the discrepancy seem to increase, decrease or remain the same?
- How often do you spend looking at or noticing other people's bodies?
    1. For example, do you subscribe to any fashion magazines?
    2. If you do notice other people's bodies, are you made more aware of the discrepancy between your body and your ideal body?
    3. Does the discrepancy seem to increase, decrease or remain the same while you are noticing other people's bodies?
- Do you ever feel slighted when thinking about the ideal body that you wish you had, or feel that, "If other people can have that quality, why can't I"?
- Do you focus on any one particular body part(s) while viewing other people's bodies?
    1. Do you especially notice the body part that you, yourself, are most dissatisfied with?

The next series of questions sought to identify factors or situations which increased the accessibility of the discrepancy between the subject's real and ideal body. Self-discrepancy theory predicts that the intensity of the emotion experienced increases as accessibility increases. Thus, an attempt was made to identify both the feelings and the intensity with which the feelings were felt in situations where the accessibility of the discrepancy was increased.

The accessibility of the discrepancy should prove to be a fascinating component of the subject's surgery-seeking behavior. Accessibility is hypothesized to be positively

correlated with the magnitude of the discrepancy, i.e. as the accessibility of the self-guide increases, so does the realization of the discrepancy between the actual self and the self-guide to which the actual self is being compared.

The accessibility of a self-guide to a subject may increase each time the person views an image in the media of a model who is clad in designer clothes, or for that matter in little clothing at all, exposing a shapely and youthful physique. Another example of a life-situation increasing the accessibility of a self-guide may be each time the person is reminded that his or her actual self does not resemble their self-guide -- for example a comment by a significant other that he or she is too fat or too skinny, or each time a person looks into the mirror and sees a face plagued by blemishes or wrinkles. Is one stimulus category which serves to increase the accessibility of a self-guide more powerful than another? Is there any one particular stimulus which categorically predicts surgery-seeking behavior?

The availability of the self-discrepancy was also evaluated. Factors considered were whether or not a threshold exists in the magnitude of the discrepancy which must be exceeded in order to seek cosmetic surgery. Quantifying the discrepancy may prove to be a difficult task. Is it the discrepancy's availability, or the magnitude of the corresponding emotion which provides the negative stimulus to resolve the somatic discrepancy between the *actual* self-concept, and its self-guide?

- Were there times when your ideal body was more present to you than at others, causing you to become more aware of the discrepancy between your body and your ideal body? For example, were you more aware of your ideal body while flipping through magazines, watching television, exercising or shopping?
    1. How did this increased awareness of your ideal body make you feel?
    2. Did your feelings about your body increase, decrease, or stay the same each time you thought of your ideal body?
- Was there anyone who emphasized the discrepancy between your real and your ideal body?

      1. How did it make you feel to be around this person?

      2. Did your feelings increase, decrease or stay the same each time you thought of your ideal body?

Because practical, daily events, both past and present, affect the formation of the body image, questions were designed to identify situations in which the subject's body image was profoundly impacted, either positively or negatively.

- Was there anything significant which occurred while you were growing up which affected how you felt about your body as an adult? Both positive and negative experiences can be given here.
    1. Did the feelings sparked by this significant event change with plastic surgery?
- Was there a period in your life when the feelings you had about your body were most intense?
    1. What was different about this specific period of time?
- Who in your life has made important contributions to the view you now have of your body?
    1. In what way did they contribute?
    2. Was there someone who always had something negative to say about your body?
    3. Was there someone who always had something positive to say about your body?
- What significant events or comments in your adult life have occurred which affect how you feel about your body?

Regardless of how an outsider perceives a person's body to exist, the person's subjective perception of his or her own body must be understood in order to comprehend how the body is experienced by that person, much in the same way Carl Roger's Humanistic Theory suggests an individual should be evaluated for a comprehensive understanding. In addition, the individual's body image is perceived by the him or her to be real, and both accurate and valid, regardless of the body's objective dimensions.

- What part or parts of your body were you most happy with before plastic surgery?
    1. What part or parts of your body were you most disappointed with before plastic surgery?
- What part or parts of your body are you most happy with after plastic surgery?
    1. What part or parts of your body are you most disappointed with after plastic surgery?
- Has anyone ever disagreed with your opinion of your own body?
    1. Who was this person, and how did their opinion differ from yours?

The last series of questions was designed to assess the subject's motivations for choosing plastic surgery, and how the costs and the risk factors of having a surgery entered into his or her decision. Outcomes of the surgery, both physical and emotional, were also asked of the subjects. In particular, the subjects were asked if the plastic surgery succeeded in reducing the discrepancy between their real body and their ideal body. Questions were also asked to assess the subject's satisfaction with the procedure(s), as well as how he or she felt about his or her body on the day of the interview.

- What were your motivations for choosing plastic surgery?
    1. Did you want to become more like your ideal body?
- How did the cost of plastic surgery impact your decision?
- Were you aware of the risk factors?
    1. How did you weigh those risk factors into your decision to have plastic surgery?
- Did your operation provide you with a means of becoming more like your ideal body?
- How satisfied are you with your procedure?
    1. Please rate this satisfaction on a scale from 1-10.
- How has your body changed physically, as a result of the plastic surgery?
- After the surgery, was your ideal body achieved?
- After having plastic surgery, does there still exist a discrepancy between your real body and your ideal body?
    1. On a scale of 1-10, please rate the magnitude of this discrepancy.
- Was your discrepancy reduced by the plastic surgery procedure?
    1. If a discrepancy still exists, is the discrepancy due to the plastic surgery not meeting your expectations?
    2. If your plastic surgery expectations were met, what is the source of your discrepancy?
- How has the surgery changed your life?

1. If [part] of your ideal body has been achieved, do you find yourself doing things or experiencing things in a way that you had not before?
2. Are you able to do things which you were too inhibited to do before?

- How has the relationship with your significant other changed?
    1. Was it made better, worse, or did it remain unchanged after having plastic surgery?
- How do you feel about your body today?
    1. How would you say your self-esteem has changed after having plastic surgery?
    2. Did your self-esteem increase, decrease, or remain unchanged after plastic surgery?
    3. Do you intend to have more plastic surgery?

CHAPTER FOUR: Results

The Actual, or Real Body

All of the 12 subjects interviewed were able to discuss their actual body. The actual, or real body as I referred to it during the interview, came into focus for most of the subjects during adolescence. Before this time, the real body/own did not elicit much concern in the subjects. However, when the real body/own was brought to the subjects' attention, the context in which the real body was presented to the subjects was in terms of how their bodies did not resemble the bodies of their peers. For example, all of the subjects who had breast implants were able to specifically recall how their breasts were not as large as the breasts of their peers. None of these subjects described other people commenting negatively on the size of their breasts, which they themselves perceived as small.

The real body/other also existed to the self. This entity existed in the form of compliments from other people, both significant as well as non-significant others, and in the form of taunts and teasing. The taunts and teasing, which the subject received primarily during his or her adolescence, occurred only in 3 of the 12 subjects interviewed, two of whom went on to have rhinoplasty, and the third subject elected to have otoplasty. Other than these three subjects, the real body/other came into existence for the subjects from positive comments, or compliments, made to the subject about his or her body.

Almost all of the subjects adamantly denied getting any negative feedback from any of their significant others about their bodies. The vast majority of feedback received from the subjects' significant others was supportive and complimentary. When

negative feedback was received, it almost always originated from another who was not significant in the subject's life, and took the form of a jeer or a taunt. However, regardless of the fact the negative statements received by the two rhinoplasty recipients and the otoplasty patient were from another who was not significant in their lives, the negative comments were internalized by the self, and took on significant importance, subsequently causing emotional pain for the subjects who received these negative comments.

The Ideal Body

All of the subjects interviewed were able to identify an ideal body. The magnitude of the discrepancy between the subjects' real body/own and their ideal body varied from person to person, ranging from people stating that their real body *was* their ideal body, to others describing their real body as the antithesis of their ideal body.

The perspective from which the ideal body arose was not blatantly obvious for the majority of the subjects. All of the subjects interviewed spoke of their ideal body as though the ideal body arose from their own perspective. *None* of the subjects consciously stated their ideal body came from an "other" source. Two of the three subjects who elected to have breast augmentation surgery said their significant others made explicit statements describing an ideal body with larger breasts than they possessed. However, even in these two cases, the subjects still thought their ideal body originated from themselves, and from no one else.

Other than the two cases described in which an ideal body/other was overtly described by a significant other, most of the subjects stated that their significant other was completely satisfied with their bodies, and their significant other did not want them

to have the surgery. Ten of the twelve subjects described their significant others as rarely, if ever, describing an ideal body to them. In the two cases in which a significant other did identify an ideal body for the subject, the subjects described experiencing feelings of inadequacy because they came short of meeting their significant other's expectations. Although these significant others did not explicitly state that the subjects' breasts were inadequate, the significant others instead expressed their opinion of what an ideal body was, namely a body with big breasts.

One of most significant findings of a source for the ideal body was clothes. Without exception, all of the twelve subjects interviewed stated clothes determined for them whether or not their body was satisfactory to them. All of the women became distraught if they did not fit into the clothes that were hanging on the rack at the clothing store. In the case of the breast augmentation patients, they were unable to wear certain styles for lack of breast size. The feelings described by them were ones of inadequacy.

Even in the subjects who did not have plastic surgery related to the size or shape of their body, clothes still played a significant role in creating a discrepancy between the subjects' real body and their ideal body. In every case in which the subject was overweight, trying on clothes became a nightmare because either they didn't fit, the choice in style of clothing became limited by the subject's weight, the subject was not tall enough to wear certain styles, or the subject did not have the right proportions, namely an hourglass shape, to wear the latest fashions. Even the two men interviewed either lamented that they could no longer wear the clothes they wanted, or they took pleasure in the fact that they could wear the latest fashions.

Another strong identification of the ideal body, as defined by all twelve of the subjects, was youth. Most commonly, the subjects who were older experienced a desire to recapture the youth. A significant number of the older patients were not interested in seeking plastic surgery to look differently, but rather to look more youthful.

Another significant finding which was uncovered during the interviews was an ideal body which was "normal". For example, one subject who had mammaplasty was not interested in being extremely large. Instead, she only wanted to increase her breast size moderately to a B cup, a size which was larger, but did not place her at the opposite end of the spectrum in terms of breast size. Both of the rhinoplasty patients also sought a "normal" nose. The ideal nose of the rhinoplasty patients was not one which was also on a celebrity or a supermodel. Rather, their ideal nose was one which would blend in with their face, and was no longer noticeable by other people as large.

The extent to which the media, magazines and television were a source of an ideal body/other varied from subject to subject, with subjects falling on both ends of the spectrum, as well as in between. Many of the subjects did not subscribe to any fashion magazines, nor were they interested in keeping up to date with the latest fashion trends. At the other extreme was a subject who "subscribed to almost every fashion magazine you can name", and could name each of the fashion models.

All of the 12 subjects interviewed explicitly stated that they did not consider their ideal body to be exactly what the fashion world would consider as ideal. Each subject instead seemed to choose for their own body, which aspects of an ideal body presented to them by the outside world they would adopt. Whether this decision to include portions of the environment's ideal body, and to exclude others, was conscious or unconscious remained unclear in the interviews themselves.

However, the twelve subjects were not completely free to exclude all aspects of the culture's ideal body. These aspects of their ideal body, it would seem, were chosen for them. For example, for all of the 12 subjects interviewed, youth and thinness were all identified as characteristics of their ideal body/own. These "ideal" qualities were not identified by the subjects as coming from another source. Rather, these qualities were a part of their ideal body. Youthfulness many times was not consciously included in their ideal body until the subject began to notice signs of age in their real body. Youth was a quality which was taken for granted, and often times surprised the subject when he or she no longer possessed a youthful appearing body, creating an instant discrepancy between their real body and their ideal body.

Another source from which an ideal body originated was the subjects' job. In these cases, the subjects felt that they should maintain an image in order to satisfy the requirements of their job. This phenomenon occurred in four of the 12 informants, two of whom were hairdressers in Beverly Hills who felt like they had to look like what they represented, namely a person who was immaculately kept and up to date on the latest fashion trends. The other two subjects who identified an ideal body with occupational origins were women in their 50's and 60's whose jobs required them to be in constant client contact. As a result, they felt they needed to maintain a youthful looking appearance. All four of these patients had facial procedures done. The two Beverly Hills hairdressers had multiple facial procedures, as well as eye lifts, and the two women both had face lifts.

The Ought Body

The ought body, both the ought body/own and the ought body/other, did not exist in any of the 12 subjects interviewed. None of the 12 subjects described a body which they felt like they must have, or else they would be punished, nor did any of the 12 subjects describe having emotions which Higgin's theory would predict to arise from a discrepancy between a real body/own and an ought body.

The Discrepancies

Because the ought body did not exist for any of the 12 subjects, only two of the four possible types of discrepancies were observed among the 12 subjects as described in Higgins' Self-Discrepancy Theory. The first type of discrepancy was the real body/own v. ideal body/own. Dissatisfaction and disappointment, secondary to unfulfilled hopes and wishes which are of personal significance, are associated with this discrepancy.

The second type of observed discrepancy was the real body/own v. ideal body/other. Shame, embarrassment, and feeling downcast are associated with this discrepancy.

The distinction between the real body/own v. ideal body/own and the real body/own v. ideal body/other is determined solely by the perspective from which the ideal body arises. In both discrepancy types, the real body is defined only from the person's own perspective. What distinguishes the two discrepancies is in the first case, the individual believes personal wishes or dreams have gone unfulfilled. In the latter case, the individual believes he or she does not possess the ideal quality others expect for them, and as a result the individual believes he or she has lost standing or esteem in

the opinion of others. In total, six subjects possessed the first type of discrepancy, while six possessed the second type.

Discrepancy Type I:

The Real body/own v. Ideal body/own

Six of the twelve subjects possessed a discrepancy between the real body/own and the ideal body/own. Five of the six subjects had facial procedures in common, and the sixth subject elected to have a breast augmentation. Barbara had a complete facelift, as well as a mini-facelift and a collagen injection; Debra had a facelift as well as laser surgery; Farah had a facelift, as well as a tummy tuck; Georgia had an eye liposuction; Marcello had an eyelift, a chin implant, collagen injected into his cheeks, and dermabrasion; and Emily had a breast augmentation.

<u>Barbara</u>

Barbara, who lives in Dallas, is a retired 72 year old office worker who worked in a surgeon's office. She elected to have a face lift at the age of 47, a mini-face lift at the age of 62, and a touch-up of her previous facelift just one year later. Before she elected to have her first facelift, Barbara felt she was under an enormous amount of stress. Barbara had recently lost a kidney to disease, and her daughter would soon be losing a kidney for the same reason. In addition to taking care of her children, Barbara was caring for her ailing mother as well. Barbara described feeling and depressed as a result of her family life, and at about this same time, she noticed age beginning to take its toll on her body. Barbara said, "[I was] really pulled down with my self-image. You

Barbara described her inner drive to look her best as, "I was always as good as I thought I could be." However, when asked if there was ever a point in her life when doing the best that she could wasn't good enough, she replied, "I think we all sometimes think we could do a little bit better." [dissatisfaction] Barbara, when asked what the benefits of the plastic surgery were, replied, "Well, I'm sure it made me feel I looked better. It made me feel better." I then asked her if it made her feel younger, and she replied, "no". I followed by asking her if the plastic surgery made her feel prettier, and she replied, "I'm sure."

Barbara felt her ideal body came from within, and was much younger than the one she owned. Barbara had also become used to receiving compliments on her appearance. She felt her ideal body was not imposed upon her by anyone other than herself, and her decision to look her best was something she did on her own. Barbara described feeling dissatisfied with her aging body, and wanted to look better. She had an extremely difficult time articulating her emotions, and often times could explain her emotions no further than to say, 'It bothered me'. However, she was able to say she felt sad, and she also remembered occasions when people told her she looked depressed and sad. Barbara said the plastic surgery made her feel better, as well as prettier, and she was more satisfied with the way she looked.

Debra

Debra's decision to undergo plastic surgery was more complex than simply to resolve a negative emotion arising from a discrepancy between her real body/own and her ideal body/own. Debra, who is 56 years old, lives in Los Angeles. She elected to

have a face lift at the age of 51, and laser surgery five years later, at the age of 56. Debra currently is in a loving and supportive marriage, and has two grown children.

Debra became involved in a lawsuit in which she was suing her family for property willed to her by her aunt and her father approximately ten years before her first operation. Although the property was lawfully hers, her family controlled the estate and would not release her portion of the inheritance to her. As a result, Debra sued her family to gain access to her portion of the inheritance, and in turn, her family threatened to disown her. Debra described suffering a great deal of emotional pain from this lawsuit, which she feels ultimately is depriving her of having a family outside of her husband and children.

Debra's aging body, and specifically the lines on her face, have taken on a deep significance for her since the onset of her family problems. The family problems began occurring in her middle 40's, about the time when many people begin to notice the signs of age on their face. Debra speaks of her lines in the following passage: "I guess in my middle 40's, I didn't feel so bad. I thought, 'Gee, I got a line here, a line there'. I used to get facials. I didn't feel that bad about it. It was only until, like I was maybe 51 when I got a facelift, and I realized, 'Well, I had hoped that I would get together with my family, but ever since then I have been counting every line. I can't remember being so conscious of lines…. I would say to my plastic surgeon, 'This line is from my mother, this line is from my sister, this line is from going to Bogota, or this is the empty nest line, but I would just say, 'Well, we'll iron it away.' So maybe I would just create a new Debra, just get rid of the lines, you know."

Debra described her ideal body as, "Well, somebody that looked not lined or weathered." But more specifically, Debra says of her ideal body, "Perhaps it would be just an outer exterior where all this pain hasn't occurred."

Debra's decision involved more than simply a real body which did not resemble her ideal body. Debra's second procedure, laser surgery, was elected for the same reason as the first, to relieve the negative emotions created by both her face and her family matters. Debra is unable to distinguish between these two causes of her depression, namely her family and her physical appearance. She described the time period immediately preceding her decision to have the laser surgery in the following statement: "I had just come out of a lawsuit with my family which I didn't look at as just financial. It was an emotional buying out of the family. And I was really down... and the holidays, you know, everybody gets – people get depressed... Over the holiday, I was just drained, and very depressed. So, I just went out and got laser surgery. And, I'm not going to be 20 again, but to be really truthful, I would look in the mirror over the past 3 years, and I don't remember – actually maybe this is just since my facelift, maybe the facelift did something to me – because I don't remember looking in the mirror and counting my lines, and feeling really old."

Debra did, however, recognize her real body no longer typified her ideal body, and that a discrepancy did exist between the two entities. When asked how she felt when she compared her real body with her ideal body prior to undergoing the plastic surgery, she described two very different types of emotions. The first type of emotion described was depression: "I suppose it made me feel somewhat self-conscious, depressed. Also, because I was thinking in terms of what had happened to me, and I feel its really aged me... but I just feel like I've aged. And so, I feel that it has taken a

toll on my appearance... It made me feel sad, that I didn't have what I wanted, that I am so preoccupied. Looking at the lines made me sad, that I am so hung up on looking at them, that it made me angry about everything that has happened. "

The second type of emotion she remembered experiencing was anger, upon thinking about the ideal body she did not possess: "I imagined I would look better. I didn't imagine how I would look.... I was angry. I was angry at myself for having the lines... I was angry, but it was just that.... it has to be done.. I can't say that I was angry and I kicked the tires and kicked the dog. But it took hold in determination. I was going to do it, and nothing was going to stop me."

Despite the existence of the two very different sources of emotion, both her aging body and the conflict with her family, Debra was not able to identify definitively what caused her to seek the plastic surgery. When Debra would notice her face, she described feeling a sense of bewilderment: "I would just look at my face... and I would know that something is wrong. I might have been depressed, but I wouldn't have known how to go about it, like, 'Oh hey, you're depressed. Go get a facelift!' That's the problem, so [the depression] has some kind of debilitating effect on me."

Debra describes her motivations for choosing plastic surgery as allowing her to "get back some youth". She describes telling herself prior to undergoing the laser surgery, "Hey, I've been there for [my daughter], I've been there for [my son]. It' my turn, and it was a way of recapturing something that has been lost."

The results of Debra's plastic surgery enabled her to feel better about herself, as well as her decision-making skills. The emotional uplift Debra saw as the principal benefit was present, however it was short-lived. In describing her first plastic surgery, a complete face lift, she says, "I was satisfied at the time with plastic surgery. But [now],

I'm disappointed. I thought it was going to last 10 years, but I didn't realize [the effects would only be temporary]."

After Debra's second plastic surgery was complete, and her face had healed from the laser surgery, Debra was able to return to her life again. She said, "I go back to school, and I look in the mirror, and I feel much better. I really do." Debra also feels that the surgery has not impacted her personal relationships directly, "except that I am more full of life". She said, "I just felt better. I felt prettier."

The interview took place only one month after her laser surgery was performed. I asked Debra how she felt her plastic surgery impacted her self-esteem, and she replied, "Just for the reason that I could give it to myself, but then I think, I'm picturing myself sitting in my beauty shop where everybody does it, but I thought, 'So you did it. Now you don't see the results anymore. Now, you're gong to need another one. Now you need another one.' So, its kind of... I don't know. So, it's a joke, you know. I say hey, I'm one of those shallow women."

Debra described herself in a profound depression due to her family, and the lack of a relationship she had with them. She also felt very sad about her appearance because she no longer looked young, and her loss of youth also represented her loss of a life she felt had passed her by. She sought plastic surgery for an emotional uplift. After her two surgeries, she described feeling more full of life, as well as feeling better about herself, and prettier. However, the plastic surgery made no lasting impact on the depression she experienced because of her family.

Farah

Farah is a 59 year old woman who lives in the San Francisco/Bay Area. She elected to have a facelift at the age of 47, and an eyelift and a tummy tuck at the age of 52. Farah is a member of a Sex and Love Addicts Anonymous support group. Farah has a history of using her body to seduce others, in her case men, and of exerting her power over them. Farah described the addiction that took hold of her in this way: "All those years when I was younger, I didn't realize how much I was addicted to the attention that I got from being attractive to men. I didn't realize it until a therapist told me I'd better get into therapy. So I didn't do that until I was 50 years old." Farah also spoke of the high she got from manipulating men: "Well, I got a kick, I got short-lived kicks from — you know, I got a high from seeing my power with men. But I just didn't know why I felt good. I was oblivious about it…"

Farah talked about her real body in the following way: "You know, the blonde, blue-eyed, Caucasian woman is often an ideal. And so I was never on the outside of that. I was never like an Indian woman, or was overweight. I didn't have those problems. Or being black, they always wished they were white and all of that. I always felt very accepted for my looks, generally speaking…" Her face was especially important to her, in her relationships with men: "You know, that was my stock in trade, or whatever you want to call it. My face, well you talk about my body all the time, but it was my face – my face was my currency, I guess you could say."

Farah's body image has been significantly defined by other people's comments throughout her life. Farah was able to recount the types of comments people had made about her body: "Men have loved my legs. I have very nice legs and breasts. So, I have been told that those two things were really my best features. Or that I'm very pretty, or

that they like my blonde hair. And they like my smile.... [The men I have been with after my marriage] said I was beautiful, and that I had a beautiful body. So, that helped me a lot... There have been certain men in my life who have loved my body, and thought it was great.... The men have defined that for me. There have been women who have said that they liked the way I looked. But without my clothes on, and without makeup on and all that, those intimate moments, that made me feel very good about myself."

Farah enjoys being able to present herself as someone who looks good. Farah admitted, "I'm attracted to attractiveness.... I love beautiful people. I love it. I like to be beautiful, you know.... I like looking good. I have always liked looking good." Farah said of herself, "I've been told that I am vain – a psychotherapist told me that once, and perhaps I am. I was really pretty for a long time."

Farah's ideal body can accurately be described as "youthful". Farah admits society has played a significant role in defining her ideal body for her, especially because she is a female: "We have this culture, that you know, women aren't supposed to get old. So, it's harder for women than men.... I've had a very hard time getting older, much harder than my sister. She's very accepting of her age. In fact, she sees a lot of advantages in her age." More specifically, when asked how she envisioned her ideal body prior to undergoing plastic surgery Farah said, "Well, a slender body, and I liked a youthful face without wrinkles."

Farah also said her ideal body was shaped differently than her body was, in the following statement: "I have a big waist and small hips, and so my ideal body involves a smaller waist so that I fit into clothes. I like a slender body with good posture, that's healthy looking... It has always been my bad area, my stomach."

When Farah realized her body was beginning to show signs of age, she said, "Well, I think that I just noticed my face just kind of sagging. I didn't really have a lot of wrinkles. What I noticed was my face seemed to be sagging, and it started to get that wattle, or whatever you call that down here [pointing to neck]…I didn't like my neck, and I still don't like my neck."

Before Farah's first facelift, she said, "I had always been really pretty, and I had a lot of attention from men, and that was not stopping at the time that I decided to have the plastic surgery. I wanted to keep my youthful appearance. I wanted to keep that." When I asked Farah how she felt when she compared her real body with her ideal body, she responded, "I obviously had a few things that I wanted to change. I mean, I thought that I looked good, but I wanted to look better. I wanted to go back a few years, and look the way I did before." Farah said when she would notice that her body was not as youthful as it once was, she said she felt "Disappointment, and I guess some fear and anxiety. I had been pretty for so long."

Five years later, when Farah elected to have an eyelift and a tummy tuck, she described herself as, "I was really feeling older by that time. I guess that was my early '50s." Farah said when she could not wear the styles she wanted to wear because of her stomach, she "felt somewhat unattractive." She described her self as feeling depressed, although the feelings of sadness would only occur once in a while. These feelings of depression occurred more often "When I was getting dressed, and saw myself in the mirror, and I could see all the flaws."

Farah admitted looking older caused her emotional discomfort. She said, "I have pain about my looks, about being old. I don't know, I think maybe a lot of women do, getting old." In addition to feelings of sadness, Farah said her decision to have plastic

surgery was not solely to reduce the negative emotions she was experiencing as a result of the physical discrepancy between her real body and her ideal body. She chose to have plastic surgery to maintain her control with men. She said, "I just wanted to look better, I didn't feel horrible or anything. I just want to look better and I want to do this. I'm just going to do it." I asked her if she would have had the plastic surgery at all costs, and her reply was, "Yeah... I wasn't losing my power with men. And I wasn't going to. It was just like, 'Hey! Don't try to persuade me! Don't do anything. This is what I'm doing... there was not a question, I was just going to do it, and so I did."

Farah felt all of the procedures she elected to have were successful because her face, eyes and stomach looked better than they did before the plastic surgery. She said, "I mean, not that I thought they were great, but they looked a lot better than they did before.... Those that I had work done on, I was much happier with. All I can say is they looked better than they did before, so I guess I was happier with them. "

In emotional terms, Farah described the benefits of her plastic surgery in the following way: "It gave me a lift in the way I felt about myself. I liked to look at myself in the mirror better... [I did it] so I would feel better about myself, and I knew I looked better... It just makes me feel more confident. When I look good, I feel better about myself."

Farah sought plastic surgery for two reasons: The first reason was to insure her power with men did not disappear along with her youthful countenance, and the second reason was to eliminate the discrepancy between her real and her ideal body. Farah realized only after her surgery that she needed to seek professional therapy to address her addiction to seducing men, and plastic surgery only aided her in keeping her addiction viable. She describes her emotions prior to plastic surgery as desperation

and anxiety, to insure she was not losing her power with men, as well as disappointment, depression and dissatisfaction. Farah described her emotions after having plastic surgery as satisfaction and happiness. In addition, she reported feeling more confident about herself.

Georgia

Georgia, a 52 year old married woman, also lives in the San Francisco/Bay Area. She elected to have an Eyelift to remove the fat pads situated beneath her eyes. Georgia described her ideal body as youthful, and she lamented her aging body: "I really am middle aged. So, sure, that's a big disappointment. It's a big drag. I would have loved to grow old and still be gorgeous. I don't mind being old, I mind not being gorgeous."

Georgia also felt she took her youth for granted while she was young, a theme present in several other subjects as well. Georgia said, "I didn't think about [how I looked when I was younger]. But then suddenly when you look back, and you see this not at all bad looking person that you were, you wish you still looked like that. You do. I think that's a given.... I think what I am mostly feeling is kind of a sad nostalgia for the fact that when I was still pretty gorgeous, I was completely unaware."

Georgia's ideal face did not resemble a glossy 8 x 10 from a magazine. Rather, her ideal face was one which she personally feels is attractive to her. She eloquently described her ideal face in the following passage: "So, it's not all about being perfect. It's just about being happy. Having a face that appeals to me. Which isn't a very fashionable face to begin with. I mean, I'm never going to look like one of those pretty blonde *Breck* girls. I mean, I'm Jewish. I've got kinky hair. I have an ethnic face.

Period. And all I want to do is have an attractive ethnic face. I don't want to have somebody else's face. I don't want that. I don't want to masquerade as somebody else."

Georgia spoke of the emotion she experienced because of her body as, "I'm not comfortable here, either physically or emotionally". Georgia said her aging eyes "...just bugged the hell out of me. I don't know why. I guess it's because – if I were designing my face, it wouldn't look anything like this. But, probably the one feature I might have kept would be my eyes. They're the thing I dislike the least, anyway. And I just hated it that they were looking so awful. I really hated it.... I always looked as if I was exhausted, or maybe I had been hit in the eye or something. It really bothered me."

Georgia's physical discrepancy between her real body/own and her ideal body/own was intensified because she wore trifocals, with the strongest magnification being immediately in front of her eye bags. She feels although the objective physical discrepancy was not very large, her glasses made the discrepancy seem as though it was larger than life. Georgia said, "It really bugged me a lot. Why? Because I wear trifocals, and the biggest magnification is right in front of my eye bags, and that's all I could see. I'd look in the mirror, and I'd see these enormous eyebags, and it drove me cookoo. And It's like I couldn't see anything else. And I thought, this is just too big a bloody indignity."

Georgia described her motivations to eliminate the discrepancy between her real and her ideal body in the following words: "It's just about being happy, [and] having a face that appeals to me.... I just thought they were less attractive, that's really all. Baggy eyes are not real gorgeous, you know. I'm going to get baggy everywhere, we all do sooner or later. I know that. I suppose this was just a delaying, a holding mechanism."

Georgia saw her decision to have plastic surgery involving "Vanity, and nothing more. I didn't have any illusion that I would suddenly be 40 pounds lighter, and 30 years younger. I just thought I could be a *slightly* more attractive 52 year old bag <<laugh>>." When Georgia was asked if it was important for her friends to notice the results of her plastic surgery, she said, "No, no. That isn't really why I did it, it really isn't. I did it for me, I did it for me. And that's a real achievement, if you want to talk about self-esteem. It took 53 years for me to be able to say, 'I want this for me. I don't give a damn."

The physical results of Georgia's surgery were not very significant. However, Georgia no longer has to deal with her "monster" eyebags: "Now, I don't gasp anymore [everytime I look in the magnifying mirror]. I just see the fine wrinkles, and I think okay. That's okay." Georgia says of the results of her plastic surgery, "I still look just like me. The truth is, not one of my friends has noticed... had [my husband] been away out of town, and I had [the plastic surgery] done, and he came back after the shiners were gone, I doubt he would have noticed.... I don't think it made that much difference, and I didn't expect that it would."

However, Georgia described being able to feel an emotional benefit following the surgery: "I liked [my results]. I mean, it made me feel good. Yeah, I mean, I was glad I did it... But I don't notice [my eyebags] anymore. Mainly now, when I get up and look in the mirror, I think, 'Oh, they're not there. That's better. They're not sticking out to me as something that's really in the way.'"

Georgia described her surgery as, "It' just a little pick me up, that's all." Georgia's morning regimen of applying makeup, and having to confront her visage in the mirror was also significantly more comfortable after having plastic surgery. She

states, "When I get up in the morning, and I go – after the initial shock, and I greet all my kitties, and take a leak, and eventually approach the mirror, I don't gasp quite as quickly. And I think, 'Gosh, I wish they weren't so dark'. I have these big dark circles that I have to put makeup on , or they're really dark. So once I do that, I step back, and I think, 'Ha, ha, ha! You did it.' And then I'm happy, yeah."

Georgia's description of her ideal body is an illustrative example of the ideal body/own. She defined her ideal body as similar to the one she has, only prettier. She said because she looks Jewish, she does not fit society's ideal of a beautiful person. Nevertheless, her ideal body is one which appeals to her, and not necessarily anyone else. Her ideal body does include the element of youth that so many of the other subjects' ideal bodies possessed. Georgia chose to have an eyelift because she wanted to look slightly more attractive, as well as to stave off old age for a little bit longer. The emotions Georgia described experiencing prior to plastic surgery were disappointment and sadness over the loss of her youth, as well as dissatisfaction with her aging face. Georgia had realistic expectations of her plastic surgery results, and she knew the plastic surgery would not recreate her as she was 20 years ago. Instead, she said following plastic surgery, she expressed satisfaction, as well as a simple happiness that her "eyebags" were gone.

Marcello

Marcello, a 64 year old Beverly Hills hairdresser, elected to have multiple procedures done, all of which involved his face. The procedures he chose were an eyelift, dermabrasion, a chin implant, and a silicone injection into his cheeks. All of the

procedures were performed on the same day; however, Marcello did not remember the chin implants or the silicone cheek injection until the closing minutes of the interview. As a result, all of the questions asked of Marcello during the interview were answered regarding the eye lift, and the dermabrasion only.

Marcello describes his ideal body in these words: "*I* want for myself to always look as well as I can. At my age, I don't have to walk around with a pot belly, or too fat or too thin. I must look well for my age and what I represent." I asked Marcello if he wanted to look better, or younger. His reply was, "I think *both*. Not so much younger – but looking better is how we always perceive ourselves as looking well. And not seeking compliments, because they will come. If you do look well, people usually tell you that you do. There's a certain amount of youth that a lot of us, and myself, also would like to recapture... Somehow in America, we started a youth program. Years and years ago, it happened.... They want youth. I mean, that's why all the plastic surgeons, that's why all the people who want it *done*."

Because Marcello's occupation is as a hairdresser in Beverly Hills, he feels a pressure to look good for his clients. Marcello says, "...being in the beauty business, and being a hairdresser in the beauty business, it's something that we must maintain always. I'm in the business where I project, I must project a certain amount of imagery. Imagery to me is very important." Marcello says, "I want you to think well of me because I look well. Now that has to do with ego again."

Marcello is very comfortable with manipulating his body, much as he does his clients, to look his best. Marcello speaks of himself and vanity in the following way: "I'm not a terribly vain person, but I am vain enough to see, to take a look at things, and say, this certainly has to be done. You've got to maintain it, you do. You tighten the

screws, you tighten this up, you ship-shape yourself. A boy has to do it all the time. And then we can maintain ourselves and look good."

Marcello describes his ideal body as not deviating from his own body until time began to take it's toll on his body. Marcello also feels he took his youth for granted when he was young. Marcello states, "I, as a young man, walked around with some blinders on thinking my body would always remain this way, I'm sure." When asked to describe his ideal body, he said, "Well, in an ideal body, we often, we don't think about it until it happens – or happened to myself. We begin to see the cobra lids happening, or the drooping lids that begin to happen above your eyes."

Marcello was very guarded when describing his emotions. His reluctance to describe his emotions, coupled with the actual procedures being performed over a decade ago, may explain his vague description of the feelings he felt from the discrepancy which existed between his real body and his ideal body prior to undergoing plastic surgery. When asked if he ever felt depressed when comparing his real body to his ideal body, Marcello replied, "Not depressed. Well, I started to feel – it's strange now, Marcello, your body is changing. Yet again, I would look at William Holden, [who I considered to be my ideal and] who was at that time 60 years old, and I would say to myself, 'Well look at him. We all know he's a big alcoholic. And look at his wrinkled face. He let everything show. 'Well, all my other friends are doing the same thing, so why should I be traumatized by it? Why is there trauma in that, in having the body begin to go. So, it's going to go! There's nothing I can do about it. I've come to terms with that." Although Marcello said that he never felt depressed, he did admit to feeling disappointed. Marcello said when he compared his real body to his ideal body, he did

not feel "…Depressed, no. Disappointed, yes. But it's not like they brought me birthday cake and didn't bring me candles."

Marcello, similar to the previous subjects discussed, lamented his foregone youth. Marcello said, "I was getting older. I'm not getting younger. I can't go back. I've got to look forward. Look what you've created, now you've got to stay on top. It's like saying, all of the sudden you're a fallen star, or you're a has been, or something. Well, I really didn't think of myself as a has-been. Yet again, the thought would come into mind, and you say, 'Well, what would a has-been do?… You know what I'm going to do? I'm going to have my eyes done. I really want to have it [done]… So I wasn't disappointed with anything particularly, but I knew that time was marching on and I wanted to look well and these things were bothering me."

The influence of an other's ideal body played a minimal role in Marcello's decision to have plastic surgery done on his eyes. Marcello's decision was made primarily on his own, without others prompting him to have plastic surgery done on his eyes. Marcello said, "I always liked myself and I was always attractive to other people. No one ever said anything to me about, 'Why don't you get your eyes done?' No one ever said that, until I suggested it. [Then, they said], 'You're going to do what? Why?' Why? Because I feel it. They said, 'Oh, you're crazy!' If you feel it, do it. So I did it."

Marcello, when asked specifically about his motivations to have plastic surgery replied, "I had the ideal body going into it. I wasn't going through a metamorphosis where I had to change face and body, and have them liposuctioned and cut away this, and end up with scars everywhere. No. I was fine before, and I just wanted a fresher look. Like a new paint on the house."

Marcello described the results of his plastic surgery as restoring a youthful appearance to his face. He said, "I feel that I look *good* for my age. I mean, I don't look like a 40 year old any longer. I look like a 50 year old. But I *don't* look like a 60 year old. And that's good, you know, that's wonderful!" The emotions experienced by Marcello were euphoric in character. Marcello said, "I feel terrific. I feel I look great. Cockily, I walked around saying, 'Oh, you want to see some great eyes?'… It made me feel *good* that *I* feel I looked good, or even better than I perceived my eyes before."

Marcello felt a pressure, from both his clientele and his job, to maintain his appearance in a way that spoke of fashion and glamour. He defined his ideal body to be his own body, but at an earlier stage in his life. Youth, for Marcello as well, was an integral part of his ideal body, and when youth eluded him, he began to feel like a "has-been." Marcello described his emotions prior to undergoing plastic surgery as disappointment, but not depression. Marcello hinted his self-esteem was negatively impacted by the loss of his youth, however he was not one to accept reality. Instead, he resorted to changing his look much in the same way he enhances his client's looks, the only difference being his change involved a surgeon's handiwork. After undergoing plastic surgery, Marcello once again was pleased with his looks. His looks made him feel "well," and he was not only satisfied, but elated to look in the mirror and see a face 10 years younger than his actual age.

Emily

Emily, a 38 year old woman who resides in the San Francisco/Bay Area, elected to have breast augmentation surgery at the age of 34. Emily, a PE major in college,

describes her ideal body as being athletic, yet feminine: "I would say the definition was always physically fit, with a nice definition and shape to the body, and then the bust line if you're feminine. That was part of it, you know, having not an enormous bust line, but having some definition of a bust line to... soften the whole athletic look."

In contrast to her ideal body, Emily described her real body prior to plastic surgery as masculine, and lacking: "It was more masculine, you know. I knew I had all the body parts of a girl and stuff, but it was a more masculine-looking figure. And I liked being very physically fit, and having the muscle tone and stuff. But it was lacking in the curves to make it look more feminine."

However, Emily was able to get a temporary taste of what having large breasts was like each time she became pregnant. During her three pregnancies, and for a short period of time following each, Emily's breasts would enlarge while she was lactating. Her enlarged breasts gave her body more shape, and enabled her to feel more feminine. She described the waxing and waning of the emotions she experienced both during and after pregnancy in the following way: "... during pregnancy, how fun it was to have breasts, having never had them very large at all, and how much fun it was to have them, and even have them after the pregnancy for a period of time. So, it felt great to have them, just because it was a change.... And then after pregnancy, losing the weight, but still maintaining the breast size and stuff. That was fun. You felt very feminine.... And after having had the baby, and your bust line shrinks, in fact mine was smaller that it was to begin with, it was a little depressing."

Emily alludes to wanting to look good for other people, and for Emily, looking good includes being active, and in shape, while still maintaining a feminine figure. Emily feels a person's outer appearance is not only for himself or herself, but for others

to look at as well, and hopefully to admire, which will in turn make the person being looked at feel better about himself or herself. Emily relies on her body as a source of self esteem: "I have always been pretty skinny, very active athletically and stuff. I enjoy that kind of activity, and muscle definition and tone and stuff. If I lost that to any degree, it would affect my self-esteem."

Emotions arising from the discrepancy between her real and her ideal body, ranged from depression, to disappointment, dissatisfaction and frustration, with the intensity of each being greatest after pregnancy when her breasts shrank back to their normal size. Emily described feeling inadequate and unfeminine before she had a breast augmentation as well. Clothes, in particular, frustrated Emily because she was not able to wear styles she could enjoy: "It was frustrating when I'd go shopping and couldn't find what I wanted to. I think that at that point, I would probably blame my body, because it was hard to find something. They just don't make things for my body shape. It was very frustrating like that at that time."

Emily also enjoyed having a bust line during pregnancy when her real body resembled her ideal body. During pregnancy, she "noticed how nice it was to have breasts", and she felt very feminine. Emily was now able to wear clothes she could not wear before, which translated into "finding all the fun clothes and stuff."

Unlike Natalie, who will be discussed in the next discrepancy category and felt everyone around her had larger breasts, Emily did not feel this way. When asked if she felt like most women possess breasts of her ideal size, Natalie stated, "No, I wouldn't say most women. Because, just the people I grew up with, and the acquaintances I had. I mean, there was a whole range of breast sizes, from very large, to non-existent, such as myself, and in between... So, it's not like everyone has it."

In terms of motivations for seeking breast augmentation, Emily said her decision was something which she had to do for herself. Emily said her husband was against her having the plastic surgery, especially if she was electing to have the surgery to please him. When I asked her if breast size was important to her husband, she said, "In fact, [my husband] discouraged me from doing it. Then he also said that if it was something that I wanted to do, that was fine. But not to do it for him, because it wasn't important to him, and he didn't care. So I said, 'That's fine, because it's something I want to do for me, whether you like it or not, because it's important. It's something I want to do.'" The standpoint of Emily's husband was in sharp contrast to the other two women who had breast augmentation surgery, Alice and Natalie, who are described below in the real body/own v. ideal body/other discrepancy section.

However, despite not identifying another person specifically as prompting her to seek breast augmentation surgery, she did identify clothes not fitting her as a source of negative emotion. Emily, in another comment during the interview, admitted to wanting to look good not only for herself, but for others as well: "I wanted my breasts to be noticed just because it can enhance the rest of the body, but I didn't want it to be noticed for the fact that, 'Oh, she had her breasts done!'"

When asked specifically about her motivations for choosing plastic surgery, Emily said, "I wanted to have a bust line again, like I did when I was pregnant....I felt like I had control over the rest of my body and shaping it, and changing it, and enhancing it. The only part I couldn't change... that I wanted to change was my bust line. It got smaller as everything else improved, and I wanted to be able to keep that, or to enhance that, or have it enhanced in a way so that when the rest of my body got to where I wanted it to, it all fit in."

Emily's plastic surgery increased her breast size "from between an A and a B cup, to a C cup", and brought her body as close to her ideal as possible. Emily felt she now had more definition through the chest area, which served to create a body which looked in proportion. She said objectively, the physical difference brought by the surgery was not very great, however, "…For me, it's dramatic. But anyone who didn't know I did it probably didn't notice a big change. For me, there was a change."

In terms of changing her life, Emily described experiencing one of the most dramatic changes of all the informants interviewed: "Oh, I suppose even sexual relations were more fun, just from a self-image standpoint. Just enjoying my body more, and because having a nice body shape and the breasts and everything gave me pleasure. In turn, I think that just made anything that I did even more fun. In my marriage, in dressing, just feeling good about myself. And not that I felt bad about myself before, but this was just a *little* bonus!"

Emily differs from the other two breast augmentation recipients because she did not have a significant other who believed large breasts were a part of the ideal body. Emily did not describe feelings of embarrassment or shame, or feeling downcast. Emily did describe feeling depressed, frustrated, and less than feminine. An element of the ideal body/other was present in Emily's relationship with clothes. Emily's breasts were not able to fill out certain styles of clothes. As a result, Emily blamed her own body for failing to fit into the clothes hanging on the rack. Emily's decision to have her breasts augmented was very strategic, and negative emotions did not seem to be the sole motivator. Control played a role into her decision to have plastic surgery, because Emily was accustomed to being able to alter parts of her body she felt were in need of changing, and she simply could not make herself have larger breasts.

In addition to negative emotions, positive emotions also played a role in her decision to seek plastic surgery. Emily had experienced how much fun it was to have larger breasts while pregnant, and for a short time period following, however these positive emotions disappeared as her breasts returned to their normal size. Emily wanted to be able to make this pleasurable experience a permanent one, and continue to feel "feminine" permanently. After the plastic surgery, the negative emotions she experienced were permanently replaced by positive ones. Emily said her self-esteem improved, and as a result, she was able to enjoy her body more.

Discrepancy Type II:

The Real body/own v. Ideal body/other

Six of the twelve subjects possessed a discrepancy between their real body/own and their ideal body/other. Although the subject's ideal body could be identified as arising from an "other" perspective, none of the six subjects were able to recognize the source of their ideal body as such. Not only did the six subjects describe their ideal body as arising from their own perspective, but they also said they chose plastic surgery for themselves, and for no one else. Each vigorously defended their decisions as "Something I did for me." Nevertheless, an ideal body/other was identified in each of these 6 informants, in addition to the one or more of the corresponding emotions of shame, embarrassment, and feeling downcast.

Of the six subjects interviewed who possessed this type of discrepancy, Alice had a breast augmentation, a facelift, and a breast explantation; Natalie had a breast

augmentation; Joanie had rhinoplasty and dermabrasion; Karlie had rhinoplasty; Calvin had otoplasty, a chin implant, rhinoplasty and a facelift; and Holley had liposuction of her thighs, abdomen and hips, an eyelift, a chinlift, and a breastlift.

Alice

Alice, a 57 year old business woman who lives in Dallas, had a breast augmentation at the age of 38, and a facelift at the age of 57. Alice felt her job required of her a youthful looking appearance, as stated in the following passage: "I'm one of the oldest people that works for this company, and I do training for the company. Appearances are very important if you're in the corporate office and you have that sort of contact with people out on-site."

In addition to her job, Alice's ex-husband also contributed significantly to her ideal body. whom She married him at the age of 18, and was married for 21 years. She says of him, "...it became very important for him that he had a wife with larger breasts, but that had to do with his hang up about aging, and maybe his insecurity about himself... [he] was an appearance freak. He was, or is, an attorney. And he wanted me to present an appearance of a professional man's wife at all times. [He also] talked about [physical attributes] a lot more because he has a real problem with aging. An enormous problem with aging and staying youthful, and trying to continue to do youthful things. He would talk about tanned bodies, and that sort of thing. With my first marriage, physical attractiveness was very important."

In contrast to Alice's ex-husband, Alice felt her current husband "could care less" about appearances. Alice thought her current husband would only notice "maybe

someone who is heavy. And really, even at that, he doesn't make much of a comment. Appearances just aren't important to him. He doesn't mind aging."

Alice speaks very little about her ideal body/own. She says of her ideal body, " As far as my breasts were concerned, to be natural, and not have to wear something artificial to have the same image in my clothes. As far as the face is concerned, I never was interested in changing anything about my face. Just the wrinkles and the sagging...."

The discrepancies between Alice's real body and her ideal body first became apparent during adolescence. Her peers, as well as clothes, both played a significant role in defining the size of her breasts. When asked about a significant time in her life which made her focus on the size of her breasts, Alice replied, "Most of my friends were very large, and it bothered me that I had to go into a department store to buy a padded bra to fill out an evening gown or a swimsuit. I never thought about what the rest of my body looked like, never worried about it. That bothered me."

Alice recalled a specific time when clothing forced her to become self-conscious about her breasts in the following passage: "The only thing that ever bothered me about wearing a padded bra was if I had to slow-dance with a man, especially in the summer, because I knew what the padded bra felt like."

Alice describes her motivations for having plastic surgery in the following way: "What I attempted to do in the two surgeries was to fix a particular thing about myself that bothered me. I never cared whether anyone else that I knew thought there was a difference, or any of that. This is something that is for me." Alice said in having her breasts augmented, she only intended to restore a sense of normalcy. She said, "I didn't have implants that were huge like so many women have put in. Our receptionist is an

example of that. She's got huge implants and jokes about it. With me, it was going from a padded B cup, to an unpadded B cup, and that was fine. I wasn't interested in being a D, you know."

The most descriptive answer Alice was able to give to describe her emotions other than saying she was "bothered" by the discrepancy between her real body and her ideal body, occurred when she was asked to describe her feelings regarding her breasts. Alice said, "As far as the breasts , I would say that they made me feel inadequate, again, because I had to use an artificial means to attain the appearance."

Alice said many of her friends had elected to have a facelift, however she felt their decision to have plastic surgery did not directly impact her decision. She said, "All of my friends but one had already had a facelift, and all of them raved about how much better you feel about yourself afterwards. So that was a real plus to me, to look forward to that."

When asked about the benefits of her breast augmentation surgery, and if the feelings she experienced before the surgery had changed she said, "Yes they changed. I never felt it necessary to wear anything low-cut to reveal larger breasts. I just felt better about me."

Alice described feeling inadequate having smaller breasts. These feelings were intensified especially at times when the situation called for more revealing clothes, for example in a swimsuit. Alice made it very clear her ex-husband was consumed with physical appearances, and he possessed an image of what his wife's body ideally should look like. Alice said her husband was concerned with weight during the interview, and her next comment was, "I was lucky because I was always skinny, so I never had a problem with that." Obviously, her ideal body caused her some emotional discomfort.

The origin of Alice's ideal body concerning her face was less clear. Her ex-husband clearly placed a premium on youth, and maintaining its virtues; however, she had her facelift nearly 20 years after her divorce. She did not describe feelings of shame or embarrassment because of her face. Alice was only able to say her face bothered her. After the surgery, Alice summed up nicely the emotional benefit she received from the plastic surgery in the best way she could: "It's just nice to look in the mirror, and to see the things gone that bothered me."

Natalie

Natalie, a 46 year old woman who lives in the San Francisco/Bay Area, elected to have breast augmentation surgery at the age of 38. Natalie feels very strongly her decision to have plastic surgery was based solely on her own desire to enhance her body, and no one else's desire. However, she sought plastic surgery only after her husband verbalized his desire for her to have larger breasts in a passing comment when he said, "It would be nice if you had larger breasts."

In addition to his subtle comment, the actions of Natalie's husband towards other women also contributed to her decision to have plastic surgery. Natalie, who is very observant of her husband's attention towards other women, said, "But you know, it's funny because you see men, like my husband, admire other women. [And I would think], 'Gosh! I wish I looked like that. Maybe he would be happier. Maybe he's just making that comment and not making a big deal because he's married to me, and this is the way I am'. So maybe subconsciously you think, 'Oh well, he said that, but maybe truly deep down inside he really wishes that I had bigger breasts.'"

Natalie, like Alice, became aware of an ideal breast size during adolescence: "Probably as a teenager, I always admired people that were bigger chested than I am. Or, I noticed it more, and I felt envy... Most of my friends were bigger than I was." Natalie spoke of an ideal body arising from an "other" perspective when she said, "I think a lot of typical men admire women that have larger breasts, or have great bodies."

Unlike Alice, Natalie was able to articulate the emotions she felt arising from her discrepancy between her body and her ideal body. When I asked Natalie what appealed to her in having larger breasts, she said, "I probably felt I wasn't sexy. I think it was that, that to me was important. Not being big-chested was a lack of sex-appeal." Natalie identified other sources of an ideal body, such as the media and clothes, "Yeah, I'd see those women on TV, or something like that, and I want to look like that. I want to be more – not look like that – I want to look more like that. I want to be able to not be embarrassed to go out in a swimsuit, or be self-conscious. So, I mean, it's definitely, when you put on clothes in the summer, you wear less clothes. I wanted to look, I guess, sexy, or more proportioned."

Clothing also played a role in defining Natalie's ideal body. Natalie described herself as being short, and out of proportion. When the subject of clothes was brought up, she said, "I mean, I just felt internally, that I just didn't have the right shape...I guess I admire, or there's a jealousy because I am short, so clothes don't look the same on me as they would on someone that's 5'6", or something like that." Natalie felt she didn't look attractive in clothes, and she could look *better*, once she had her breast augmentation.

Other emotions experienced by Natalie were jealousy of her friends who had larger breasts than her, feeling uncomfortable wearing certain types of clothes as a

teenager, feeling inferior because her girlfriends looked better than her, anxiety because she wanted to look better and more proportioned in her clothes, and disappointment wondering why she, of all people, had small breasts.

Despite identifying emotions corresponding with a discrepancy between her real body and an ideal body arising from another person's perspective, Natalie would not admit to doing the plastic surgery for anyone else but herself. Natalie spoke of her decision to have plastic surgery in the following way: "This is something that I had probably been thinking of for a long, long time. For myself, for no other reason. I think it was for my own self-image.... I just feel that for me, I just didn't look right. So I made that decision to do it."

However, Natalie would not have elected to have the plastic surgery, regardless of how much she wanted to have bigger breasts, if her husband had not said "It would be nice [if you had larger breasts]." Natalie said, "He mentioned it jokingly, and that's really the only thing that I needed to prompt me. And I go, 'Oh, you really think it would be good to have bigger breasts? Does it bother you that I don't?' And he goes, 'Well no, it doesn't'. He said, 'It would be nice'. So, I kind of took that comment and ran with it, because that's something that I have always wanted to do anyways...had my husband never made the comment that he did, and that was the only time he ever made it, I probably would have just gone on with my life and not done anything. But that was the triggering factor."

The emotions she experienced by reducing the size of the discrepancy between her real and her ideal body were ones of satisfaction. She described her emotions by saying, "'Wow! This is the new me. I look better, I feel better about what my appearance looked like.' So, I think it does boost your confidence level, your ego, or

whatever." Natalie was also able to wear clothes she could not wear before, to her relief: "[Having the surgery] made me like feel good about myself where being able to wear a sweater or a swimsuit made me feel good."

Natalie described the results of her plastic surgery by saying, "I think the overall balancing out of things that wasn't there before. I was more in balance. More, as I look back, of an hourglass shape, is what I was wishing myself to be." When Natalie first looked upon her enhanced body, she recalled thinking, "Oh, it was great! Oh, it was great. It was like, 'I can't believe this is me!' So, It was pretty neat, and to me, it was me. I didn't feel like there was anything fake about it, or anything like that. And it was me."

Natalie's ideal body was first introduced to her during adolescence. She felt jealous of her peers who had larger breasts than she did, as well as disappointed with her own body. However, it was her husband's admiration of other women's bodies, coupled with his comment saying, "It would be nice if you had larger breasts," that defined her ideal body with regard to her decision to seek plastic surgery. She described feelings of embarrassment, inadequacy and not feeling sexy relating to the discrepancy present between her real body and her ideal body. She also said she could not live her life freely as she perceived women with larger breasts being able to do. Natalie said her husband's comment triggered her to promptly seek breast augmentation surgery. After the plastic surgery she felt more confident, and she was more satisfied with her body because she could now feel good about the way her body looked.

Joanie

Joanie, a 48 year old elementary school teacher living in Los Angeles, elected to have rhinoplasty and dermabrasion done in her early 20's. The discrepancy between Joanie's real body and her ideal body was first brought to her attention during her childhood by her classmates. She said, "I just remembered in elementary school, [this boy] used to call me 'Hose nose Joanie', and he was the most popular boy in the school". Her nose brought teasing and taunting from her peers throughout adolescence as well as into adulthood, until she had the rhinoplasty. Joanie vividly recalled an incident at a high school dance, where a boy came up to her and her dancing partner, and said, "Joanie, are you eating a banana, or is that your nose?"

The most terrifying moments Joanie recalled were when she perceived people staring at her nose. Joanie said of her high school classmates, "they seem[ed] to focus in on a person, or stare. I don't know if there's a meaning to it, but they would be staring. And I would be going, 'Oh my god! There's my nose'. When people would stare, Joanie said of her nose, "I was thinking it cast a shadow, almost like a skyscraper. It cast this huge, humongous shadow. That's what I thought! And I thought mine must be terribly out of proportion."

Joanie, being six feet tall, felt conspicuous not only because people stared at her nose, but also because of her height. She said, "I was really tall, and so I felt conspicuous way back then, too. Everything always felt like it showed on me a whole lot. I didn't like that either." During these episodes when people would stare at Joanie, she described feeling embarrassed. Joanie even grew her hair long: "Here they are staring at my nose, and I would try to hide in my hair. And I have a lot of hair, and I would let it grow to my waist, and I would actually, like it was parted down the middle,

it was the surfer style, which was in style at that time. But I would hide in it, and people would say, 'From the side, Joanie, all we can see is the very tip of your nose.' And I would just smile, and inside I was going, 'Yes!' That's just what I wanted."

The intensity with which Joanie felt embarrassment was incredible. Joanie described her reaction to others staring at her in this way: "...when I would get embarrassed like that, really embarrassed, I'd turn beet red... Oooh god! It was awful... I just remember it, like in school. I even remember it in elementary school...[it was] like people were searching my skin, and then I thought they always concentrated on my nose, because I always concentrated on my nose. But then they never acted like that, really. It was awful."

Joanie's self-esteem was buoyed by compliments she received about the rest of her body. She recalled people always saying nice things to her about her body. She also described herself as popular among her peers before rhinoplasty. Joanie said negative comments did not bother her too much because her boyfriends were some of the best looking people in town. Joanie admitted to having difficulty integrating the positive comments along with the negative comments she received about her body, into her body image.

Joanie described feeling uncomfortable in her body. Her decision to have rhinoplasty was made early in life: "It was not an option [for me to have the plastic surgery]. It was not an option at all. I knew I was going to do it since probably the end of elementary school, maybe.... It was just something that I knew I had to do. I mean, I *had* to do it. " When asked specifically why she chose to have the Rhinoplasty, Joanie said, "Because I wasn't going to go through life with that nose. To put it simply. That's the way I really felt. I'm not going to go through life with that, and I know I wouldn't

have to. That the choice was mine, and I made the choice, and I was real happy making that choice, and [I] never once felt I had made the wrong choice. That's what it's about for me."

Joanie described her nose after plastic surgery as being smaller, and not sticking out as far. The bridge of her nose was cut down as well. Joanie's revised nose was not exactly what she had envisioned: "I thought it was all right. I thought it was okay, it was acceptable. I didn't think I had to have a perfect nose. I just had to have a nose that was reasonable, and would go with the rest of my face. That's all I was after." Joanie said her revised nose enabled her to feel more confident about herself, as well as making her even more popular with her friends, and on the dating scene.

When Joanie awoke from plastic surgery, she said, "the first thing I did [was] I touched [my nose], because I didn't want to be touching out here, you know. But I touched back, and then I [breathed a sigh of relief], and then I relaxed and went back to sleep."

Joanie described feeling embarrassed, and exhibited behaviors such as hiding underneath her hair, as a defense against the scrutiny she received because of her nose. Her ideal body was defined for her by way of taunts from her classmates as a child. Her ideal body possessed a much smaller nose than the one resting atop her face. She did not choose this nose for herself. Rather, others forced her to accept *their* ideal nose by way of humiliation and degradation. Joanie described her ideal nose as one that was normal, and did not attract the attention of others. After the rhinoplasty, Joanie felt more confident about herself, less anxious about her nose, as well as more satisfied.

Karlie

Karlie, a 28 year old secretary, lives in Los Angeles. She, like Joanie, elected to have rhinoplasty in her early 20's as well, at the age of 23. Growing up Karlie, once again like Joanie, remembered being teased about her nose: "Just like growing up, it wasn't like everybody. Maybe like 5 people my whole lifetime probably teased me about my nose. 'Oh, you have a big nose', or something like that. But I just developed this complex about it thinking, 'Oh my gosh, my nose is ugly, so I'm ugly'."

Karlie recalled one specific incident in high school that made an impact on her: "I just remember another guy saying something to me like, 'Look at that beak!' at the water fountain in PE. And just things like that. If you hear it repeated, it becomes absorbed in your brain, you know. It's like, 'Oooh, I have an ugly nose'."

Karlie described her ideal nose as, "It was more of a different nose. A smaller nose. A more feminine nose." She felt smaller features on a woman are more feminine. She also said she did not have an exact nose in mind, like for instance the nose of a particular fashion model, when she thought of an ideal nose. Instead of an ideal nose, Karlie expressed a desire to have simply a normal nose.

Karlie described, on several different occasions, how she extrapolated the feelings of having an ugly nose to her entire body: "When I would take a picture for school or something, and I would hate it…Well, I'd hate the picture because I thought my nose was ugly. It made my face look ugly." Karlie did not enjoy having pictures taken of herself because, "I never liked the way I looked. I never wanted my picture taken. Here's a picture of me, but you can't really look at my nose because I am hiding, probably because I didn't like my face."

The emotions created by the discrepancy between Karlie's real body and her ideal body were negative in character. Karlie wanted a different nose because she didn't want anybody talking about her, especially in reference to her nose. Karlie said, "for me, I just wanted to be happy with the way I looked." Karlie admitted to feeling sad and depressed only occasionally when thinking about the discrepancy between her real and her ideal nose. She felt that her depression and sadness would have been more prevalent, except for the fact that she was always getting compliments on her hair, and her lips. When people would make fun of her, Karlie said, "If anybody said anything about my nose, I would be so enraged –like I'm going to get it done…I would be so mad. It was like, 'How dare they make fun of me, or point out [my nose]." It affected me… I was born with this nose, what can I do? I just think it's so terrible when people have to make fun of something else that somebody can't change."

Karlie did not believe plastic surgery would change her lifestyle, or think people would accept her more. She said, "Well, I'll be more satisfied internally. Inside I won't feel like, 'I hate myself. I hate the way I look! And look at my nose.' It won't be such a complex…. And nobody can make fun of me now. They can't describe me as the girl with the big nose."

Karlie faced opposition from her friends and family when she decided to have rhinoplasty. She said, "When I was going in to get my nose done, everybody was like, 'What's wrong with your nose? There's nothing wrong with your nose. You don't need a nose job.' I was like, 'Yes I do. I hate my nose. It's ugly. And a lot of people were like, 'Don't get it done. It fits your face. Your nose fits your face. It's sexy on you. Don't do anything with it.' But it was just like, 'I don't care. I'm still going to do it'… Yeah, to me in my mind, they don't know what it's like to be me. They're the ones who haven't

gotten teased about their nose." Karlie did receive support from her brother-in-law, who also had elected to have rhinoplasty. He warned her about receiving opposition from people, but he said, "If you want to do it, just do it. Because you're going to regret having not done it." As a result, Karlie said, "I was like, I just don't care. I'm just going to do it, and I did it."

Initially, Karlie was not pleased with the results of her rhinoplasty. In fact, she said two or three years had passed before she was able to finally adapt to, and accept her nose. When the plastic surgeon took the cast off of her nose, Karlie remembered thinking, "Oh my gosh! I wanted to die. Oh my gosh! I just paid to have myself look uglier.... I'm not used to my new nose. It was like so weird. I wanted my old nose back, because it totally changed your face... I wished I had my nose back."

Karlie's plastic surgery, in emotional terms, relieved her of the negative emotions she experienced due to her nose. Although Karlie feels her nose does not resemble her ideal nose, she said she is satisfied with the results because "I don't have to deal with anybody saying, "O, she's got a big nose', or 'She's the girl with the big nose. I don't have to worry about that. <<laugh>> You know, I don't even think about my nose anymore."

Karlie feels as though she is slightly more photogenic now than before, and less self-conscious about her nose, although she feels her nose still looks terrible in certain pictures. When asked how her self-esteem changed with plastic surgery, she replied, "As far as my physical appearance goes, I'd say my self-esteem probably has gone up a little bit. I still look in the mirror and think, 'I'm ugly'...Because now, instead of like 1 out of every 200 pictures, I look good in, maybe it's like 1 out of every 20 pictures I look good. I'm satisfied." Holding up a picture of herself, Karlie proudly said, "Well, that's

a good picture of me. I wouldn't mind somebody seeing this picture of me!' So that has improved."

Like Joanie, Karlie was introduced to her ideal body by her peers during childhood in the form of teasing. She described her ideal body as "normal," with simply a nose that did not attract attention. She felt her nose was lacking in femininity, and she often hid when pictures were taken of her. Karlie generalized the thought of having an ugly nose to her entire body, and as a result she felt she was ugly. The emotions experienced after the rhinoplasty included a personal satisfaction with her nose, and the surgery enabled her to stop thinking about her nose.

Calvin

Calvin, a 52 year old hairdresser in Beverly Hills and a former actor, had four different procedures. He elected to have otoplasty and a chin implant at the age of 17, rhinoplasty at the age of 21, and an eyelift at age 48. Calvin's environment played a significant role in determining his ideal body. When asked how often he noticed other people's bodies, Calvin replied, "Quite a bit, quite a bit, because again, my business you know... Well, you start to compare about what they look like that looks better than you, and how you'd like to change your looks to feel like you were as good as them. And, it was just a real conscious thing, and being a person that's attracted to faces like I am, and I always have been, the facial thing was a big thing."

Calvin's job contributed significantly to his ideal body, because he felt he must maintain a certain image for his clientele: "And in the business that I was in, it was important to look good, sure. I mean, certainly, those people aren't going to go to some

schleppy looking person and pay a lot of money, and think, 'This person is going to make me look better?'. <<laugh>> No, I don't think so. <<laugh>> It was important." Calvin's job also facilitated the ease with which he made changes to his body. He said, as a hairdresser, "I was more aware of what people should look like, and what I thought was ideal... So it was very prevalent with me all the time. All the time, and the changes that could be made were always there, being thought of, because that was part of my job, too."

In fact, Calvin's environment made his decision easier to have plastic surgery. He said, "I'm not like the normal, run of the mill person when it comes to plastic surgery, you have to understand, because we were very conscious of... plastic surgery, and how plastic surgery could change the way you looked. We, say people that I ran with were hairdressers, and people in the theatrical business and stuff were a lot more apt to do stuff like that, than Joe Schmo in the suburbs, that probably could have thought about it for years and never did anything about it. To us, it was like you know, a drop in the bucket... like getting a haircut for a lot of people would be. So, we all talked about it a lot.... The people I ran with, everybody had something done. Everybody had something done. I mean, the girls with the boobs and the nose jobs, too. And the guys with the ears and the chin, and the nose jobs, too. It was a big thing."

Calvin described being teased about the size of his ears, which were larger than average, as a child and during adolescence. Calvin said, "The ears bothered me more if I wore short hair. But through high school, I had a problem with people teasing me and stuff, but no big deal. But after high school, I grew my hair so it didn't matter, and I was able to camouflage it." Calvin also recalled a period of time which lasted approximately one year in beauty school when he had not gotten into a relationship, "because there

was still stuff then, with being around people who were aware of these changes that I needed, that I felt I needed."

Calvin did not have in mind a particular ideal body he wanted to become more like. Instead, he said, "I knew what I had in mind for what I wanted to do with what I had, [which was] to have a different nose, and different ears, and to lose weight." Calvin felt his face was his best asset, because "body beautiful I've never been....So what I worked on was... what I had best, and I knew I had a face, and that to me was like the most important thing."

Prior to his first set of plastic surgery procedures as a young man, Calvin did not admit to having any negative emotions from the discrepancy between his real and his ideal body. He said he never felt sad or depressed, because he knew eventually he would have plastic surgery done to change his body. Calvin described feeling anxious when he looked in the mirror, because he had to come up with the money to have the surgery on his own, at the age of 17 and 21. Calvin never contemplated whether or not he was going to have plastic surgery, it was only a matter of when.

The results of plastic surgery were definitely recognizable, both to Calvin and to others around him. Calvin did feel better about his body afterwards. Calvin felt more confident about himself, and could now approach people on any interest level, be it romantic or not. Calvin said after his plastic surgery, "everything fell together after I made the changes... I lost weight, and I had more incentive to lose weight, and kept a better diet, and I just liked everything all together... and of course what it does for you emotionally, too, with your self-esteem. You can't even begin to describe how different it was. Terrific!, is what I could say."

Calvin elected to have an eye lift at the age of 48. He said within the last 15 years, he has begun to worry about getting old. Calvin was addicted to alcohol for a significant period of time before he had his eye lift, and he feels his desire to look young played a significant part in his recovery. A trailer had been produced for a television series he starred in, and the trailer ran regularly on television. Not only had Calvin's face become bloated from drinking alcohol, but he no longer maintained his body as he had done previously, and age was beginning to show on his face. When he would see the trailer which appeared weekly on television, he said, "It was awful when I looked at myself in that. And to see it every week on TV, they kept using the same fucking promo, and it used to drive me nuts. I wish they'd changed it, because that was in my heavy drinking days. And I looked so bad, that I knew that's what it was, and that I had to do something about it. People say, 'How did you [get sober]?' It wasn't easy getting sober. But what was the key to making me want to get sober? It was vanity. It was really vanity. I wasn't tired of getting loaded…. I saw what I looked like, and it was just – you know, because your skin gets all bloated, and you just look terrible."

Calvin said his motivation to have the eye lift was to look younger, better, and well. Calvin's eyes were very important to him. He said of his eye lift, "If you've ever seen anyone who's done it, or known somebody that you've seen in everyday life, it's a tremendous difference what the eyes can do before you get into pulling and tucking. It can take 10 years off of you like that!... You're going to see what a tremendous difference it is for the eyes… it's incredible, that a little thing could make such a difference."

Recently, Calvin went to the grocery store where he normally shops to replace a lost check-cashing card. The clerk informed Calvin a new picture would not be

necessary because a new copy could be made of the picture already on file at the store. After returning from the back of the store with the old picture, the clerk looked at Calvin and then back at the retrieved photo which had been taken before he had his eyelift and during his drinking days, and said, "God, this was six years ago, you look better now than you did then!" Calvin then said of the clerk's comment, "You know, comments like that just kind of make you feel like it was all worth it."

Although Calvin did not explicitly describe experiencing the emotions of shame and embarrassment, both of which are associated with an ideal body defined by an "other" perspective, the environment Calvin operated within contributed significantly to his ideal body. Calvin had identified specific facial features he possessed that were not congruent with his environment's ideal body. Calvin said he did not go out socially until the changes he wanted to make to his face were completed, along with losing some weight. Calvin also grew his hair and styled it so his protruding ears were camouflaged. This was an attempt to remove his ears from scrutiny by other people, something for which he was teased as a child. After having plastic surgery, he described experiencing a dramatic increase in the satisfaction he felt with his face, which in turn allowed him to operate in his environment with more freedom and confidence.

Calvin's facelift, performed approximately 25 years after the initial changes were made to his face, enabled him to reclaim a youthful appearance which had dissipated with both time and abuse. The loss of youth made him dissatisfied. Calvin said he chose to have plastic surgery purely for vanity's sake, and the emotions he experienced after his second surgery were different than those experienced after his first set of plastic surgery procedures. After his first set of plastic surgery procedures, Calvin experienced

a significant increase in his self-esteem, enabling him to bloom socially and experience the world as a confident young man. The second time around, Calvin was elated he had a more youthful looking face, and he was again satisfied with his looks.

Holley

Holley, a 43 year old housewife, elected to have six different procedures within the year prior to the interview: Liposuction of her abdomen, hips, and legs, a breastlift, a chinlift and an eyelift. Holley, is married to an attorney and lives in Dallas, Texas. Holley lives in an environment where plastic surgery is commonplace. For example, Holley said, "It's like everybody in Dallas has implants. I mean, if there was a girl who had a naturally big chest, you wouldn't even think she did because everybody has implants. You just assume she had implants. It would be kind of crummy if you were this girl, and you had this great figure, and people thought it was just not real. Nobody thinks anything is real anymore. You just assume if you look great, it's because you've had something done."

For Holley, the pressure to look good began after she divorced her first husband in her 30's. After realizing she had to reenter the dating scene, Holley recalled thinking, "You start learning that you've got to go back out and meet someone, and you want to look good because there's so much competition. So I think that's when I started worrying about if I look too old, or I'm starting to show my age, or I need to get in better physical shape to be able to have another man in my life. Especially in Dallas, it's so competitive. I mean the women here, you know, Dallas is known for its beautiful women, and it's just so competitive."

She said of her body when she first started dating, "When you're put back out there on the market, you think, 'Oh, nobody is going to want me because I'm too fat, or I have a wrinkle here or there.'"

Like many of the other subjects interviewed, Holley feels her ideal body does not resemble exactly those of the fashion models. Holley, being 5'10" and "heavy boned," describes her ideal body as one "with curves, but just more meat on her bones. I don't think you have to have a 36-24-36 body for it to be an ideal body. I just think that as long as you're healthy looking, without globs of fat on you, I just think a more meaty person. I think real skinny women, to me, they just look *ill*. They just don't look healthy."

In terms of her face, Holley said "… [I] just wanted to look like myself, but a little better. I just want to be me, but I just want to be the best me that I can be." Unlike many of her friends, Holley was not interested in changing her face to look qualitatively different. She said: "I have friends that say, 'I want a different nose. I want a nose like Sharon Stone.' I never one time thought about changing my face as far as the look of my face, or the individual features on my face. [What] I've done is stuff that is for aging."

Holley is particularly concerned with the loss of her youth. When Holley looks at her mother she feels particularly concerned because "it's just in my genetics. My mother, if you could see her, she's only about 68, but she's really wrinkled. And that's just in my genetics, so I didn't want to look 50 when I'm 42."

Holley described her motivation to have plastic surgery in this way: "Well, I just really [wanted] to look the same but a little younger. I had all these pictures around the house of me 10 years ago, and I just wanted to look like me. I just wanted to look like the me of my 30's, instead of my 40's."

Holley felt another reason she had the plastic surgery was to please her husband. She said, "I want to look good for him, because he's around young, good-looking women all day long. I think when a man has a younger wife, it makes him feel younger, and I think he likes it when people say stuff, like if my daughter is with me and they say, 'Is that your sister? And I say, 'Oh no. That's my daughter'. And they say, 'Oh, there's no way you could have a daughter that age.' I think that carries over, [because] not only is it a compliment to me, but I think he really likes that… so if he sees somebody looking at me, or [if I receive a] compliment, he also feels better about himself. So, it's worth it [to him]. He's told me it's been worth every penny, because it's not only helped me, but I think it's helped him."

Holley felt, as did many of the other subjects interviewed, that age just creeps up on you. She said, "I understand you can't stop the aging clock, but it's like sometimes – and you'll get to this point too, eventually – it's almost like it happens overnight. You wake up one day, you look in the mirror, and you realize that you don't look the same. It's like you used to maybe think you were okay looking, or pretty, and then you wake up and you think, 'Well, I'm just not anymore.'"

Holley felt even people she encountered everyday had begun to treat her as if she were "an old lady," which reemphasized the loss of youth to her. She said she felt her hairdressers fix her hair in a way they wouldn't have done if they thought she was looking younger. She recalled an episode in a department store which had a profound impact on her: "I was shopping in a store a few years ago, and I was looking for something for [my daughter], okay, and I was in the Junior department. This *woman* comes up to me and says, 'You probably need to shop over in the misses department.' And I just almost wanted to slap her, and say, 'Hey woman! Mind your own beeswax,

I'm shopping for my *daughter'*. It's just little things like that, that [make] you realize you're not a spring chicken anymore."

Over the past ten years or so, Holley has come to the realization that anything you do for your body is done for yourself: "*I* know that I look better, and I feel better about myself." Before this realization, Holley said in preparing for a special event, "I would spend months looking for an outfit that would make me look *the best*. And I would stress, stress, stress…[and I thought] if I had the more ideal body, then I would just be so much more attractive that people would just notice me like, 'Wow, look at her!' But of course, that's not realistic.… I wanted to look *perfect* and have the perfect outfit and everything. And I thought, I don't want them to think I'm fat. You want them to have a certain impression of you, and what you learn is they don't even notice."

Holley's self-esteem is very much dependent upon her physical reality. When she first married her current husband, she said she used to get up early in the morning so she could put her makeup on. Holley said she didn't want him to see her naturally because she felt her looks were "so important, that I thought if he saw me the way I truly looked, he wouldn't like me."

Holley traces the origins of her self-esteem back to her childhood. She said, "I think it was because when I was little, I was a pretty little girl. I think, that's what people said anyway. So you get told that your whole life, 'What a pretty little girl, what pretty blue eyes.' So, that's who you become is this pretty little girl, and then you think you have to be pretty forever. And if you start to see that you're not this pretty little girl anymore, you start to think nobody is going to like me anymore because I'm not pretty anymore. So you start to worry, and you try to make yourself as pretty as you can, because you think if I'm not pretty anymore, … no one will like me, because even if I'm

this great person, [and] have a great personality and a good sense of humor, I think what I basically am is constantly trying to be attractive to them."

Holley said if she were to be in a terribly disfiguring accident, "I think it would probably devastate me more than it would somebody else. Then I would think my whole identity is gone."

Holley, being large in stature and frame, has always had difficulty with her weight, and appearing overweight even though her weight is appropriate for her height. She feels weight either "makes you pretty or not pretty. And I think other people were always thinking that. Well, I was concerned because of my weight. I mean, I'm consumed with my weight."

Clothes played a significant role in creating Holley's ideal body. Holley said before her liposuctions, "All I had was *big* shirts, blousey shirts to cover myself up." Clothes determined her ideal body by whether or not Holley was able to fit into the latest fashions. Holley said, "I just thought that I didn't have a good shape, and I was just kind of embarrassed by it simply because I didn't look good in clothes. I'd see all these fashions, and I would think, 'Boy, it must be nice to be able to wear that', and I knew I could never wear that."

Makeup also served as a reminder to Holley that her face was aging, and that it no longer possessed youthful qualities. Holley said, "When you're putting makeup on, that's when you notice your wrinkles and stuff the most because your makeup won't go on the way it used to and stuff. And that would depress me... When I would put my makeup on, that's when I'd notice the wrinkles, and that's when I noticed that I wanted to have that done."

Holley described feeling her eyes were significantly worse than everyone else's, a phenomenon which occurred also with Nancy, who elected to have her breasts enlarged. Holley described her perception of her aging eyes in the following passage: "My eyes are my best feature, and underneath my eyes, I was starting to be self-conscious. Like when I smiled – when you scrunch up your eyes, and of course everybody's does this, but I always thought on mine it was like a million times worse than everybody else's."

Holley described the negative emotions resulting from the discrepancy between her real and her ideal body as increasing until she finally addressed the matter through cosmetic surgery. When asked if the magnitude of the emotions increased, decreased or stayed the same each time she thought about this discrepancy she said, "I would say [they] probably increased because I think it increases until you finally do something about it. If it didn't increase, you could go along and really not do anything, and probably never have the plastic surgery. But when it increases, I think it starts to bother you more and more, then you're almost compelled to do something about it."

After having liposuction on her legs, hips, and abdomen, Holley felt clothes were no longer a barrier between her and happiness. She said, "Even though I don't look that much different, because it's a subtle change, in my mind I look a hundred times better, so I have the confidence to wear more revealing, not revealing, but more fitted clothing…. But I felt so much better about it. I mean, it's totally changed the way I dress."

Holley also feels better about the way her body looks, which made a profound impact on her self-esteem. Before her surgery, Holley said, "I used to get dressed in the closet. I swear. If [my husband] was getting out of the shower, or if I was getting out of

the shower and he was around, I would wait until he would leave, and then I would walk out. Now *he* would tell you that I look the same. He hasn't even noticed that much difference, as far as the body *look*. But to the way that I feel about myself now, I'll just *strut* out of the shower, and I will just get dressed right in front of him, and I'll wear lingerie that I wouldn't have worn before. And he just says it's totally changed my personality."

Holley says of her real body now, "Even though I don't weigh any less now than I did then, it's just that little shape that I didn't have before – and especially the chest, because I had my chest lifted... It makes you feel so much better about yourself. It just really helped our relationship because I'm much more uninhibited because I feel I look good, even though I don't look like the girls in the pictures in magazines. I still have cellulite all over my body, and all that, but just that little difference makes me feel so much better about myself... It's changed my life. It's just totally changed my life."

Holley described her ideal body in great detail, however she was not fully aware of how much of her ideal body was chosen for her by society. From the time she was a child, people commented on her physical appearance, saying how pretty she was. As a result, she felt she always had to look pretty for other people to earn their friendship and attention. Clothes, and in particular the latest fashions in clothing, created for Holley a benchmark she could not measure up to because of her large frame. No matter how much weight she lost, she would never be able to wear fashions designed for a thin body. Holley also felt considerable pressure to look pretty as an adult by her environment, because all of the women around her were "beautiful." Youth also played a part in defining her ideal body. As her youthful appearance began to fade, she felt she did not look like who she truly was, and as a result she had plastic surgery to restore her

body to what it looked like at its zenith. Holley described feeling embarrassed about the way her body looked, especially in situations where her body was revealed, for example in a bathing suit at a pool party, or while exiting the shower in the company of her husband. These situations made her terribly uncomfortable. Holley described feeling more confident after her surgery, as well as uninhibited. She now does not hesitate to enter situations where her body is exposed to other people. Holley's dramatic reversal in behavior from hiding her body to flaunting it is certainly one of the most striking results plastic surgery afforded any of the subjects interviewed.

Plastic Surgeons

Another reason subjects elected to have plastic surgery, in addition to eliminating a discrepancy between their real and their ideal body, was because of their plastic surgeons. This phenomenon of plastic surgeons suggesting procedures to their patients, and their patients subsequently choosing to have the procedure, occurred in four of the twelve subjects. Two possibilities exist for the creation of a discrepancy between the subject's real body/own and their ideal body: The first possibility is that the discrepancy was instantaneously created by the plastic surgeon's comment. The second possibility is the discrepancy existed already within the person's self-concept, and the plastic surgeon's comment only served to reaffirm this discrepancy, and thus the comment served to heighten the discrepancy between the subject's real body and his or her own ideal body.

In the first case, Calvin went in to his plastic surgeon requesting rhinoplasty. Calvin describes the visit at the age of 17 as follows: "I had gone in to get my nose

done, and I went to this doctor who had a whole different concept of what should be done. He looked at my face, and he did what I had thought was gong to be my next step [which] was to do my ears…. So I basically knew what I wanted to do, which was to get rid of the nose, and make it different. But [the plastic surgeon] says, 'No, your nose is good, and you'll do fine with it. Let me do your ears instead.' And he did, and I was happy for a little while, but I knew deep down inside I still wanted to do my nose, so I went to another doctor that would do it." Calvin also describes an incident when he went in to get a consultation about his eye lift at the age of 42. This time also, the plastic surgeon suggested that he get a brow lift in addition to the eye lift. Calvin responded, "Well, I never really thought of that." Calvin ultimately decided to have only the eye lift done that day, but his plastic surgeon said, "I'm going to go ahead and bill your insurance for it anyway… and it will be our little secret. When you want it, then come in." Calvin's forehead, he feels, does not currently have that many wrinkles, but he says that maybe in a few years, when he has more wrinkles, he'll do the brow lift.

In the second subject whose plastic surgeon had recommended plastic surgery, Debra describes her first plastic surgeon as saying, "*You* need a face lift." The emotion Debra describes as having at that moment was anger, anger at herself for having the lines, which she feels took hold as determination to get the procedure realized. Following her facelift, Debra went on to have laser surgery five years later. Debra's second encounter with her plastic surgeon was as follows: "Actually, I went to the doctor, and I talked to him about laser surgery, and he said, 'If you had a face lift and laser surgery, you would look really great'. And then I thought, gosh… I just couldn't afford it at that time. And I'm angry that I can't. I would have done it, I would have

gotten another facelift [if I could have afforded it].... I was dying to get another face lift. He said, 'Debra, you'll look so pretty.' But he wasn't trying to sell himself. "

Holly, the third subject whose plastic surgeon suggested plastic surgery, did so on one of her follow up visits after her liposuction. Holly describes the event, saying, "Well, I guess I won't be seeing you for a while. And he said, 'Well, if I were going to get anything else done, I would have my eyes done. They're starting to look a little tired." Holly, a couple of months later, scheduled to have an eye lift and eye liposuction done, along with liposuction of her neck.

Marcello , the fourth subject whose plastic surgeon made a suggestion to have a particular procedure done, had initially elected to have an eyelift done. The doctor suggested that in addition to his eye lift, he should consider having silicone shot into his cheeks, and a chin implant. The surgeon said, "You might like it. If you don't, we'll take it out'. And Marcello said, "Okay."

The Magnitude and Accessibility of Different Types of Self-Discrepancy

Self-Discrepancy Theory proposes that the amount of discomfort experienced as a result of a particular discrepancy is proportional to (1) the magnitude and (2) the accessibility of the particular type of self-discrepancy from which the emotion arose. In other words, the discomfort experienced by an individual is influenced by two factors: (1) The magnitude of one's self-discrepancy – The greater the discrepancy, the more intensely its possessor will experience the kind of discomfort associated with it. (2) The accessibility of one's self-discrepancy – the greater the accessibility of a particular type

of discrepancy, the more likely its possessor will experience the kind of discomfort associated with the self-discrepancy.

Each of the 12 subjects was asked to rate the magnitude of the discrepancy between their real body and their ideal body, on a scale from 1 to 10. The number 1 correlated with the smallest discrepancy size, and the number 10 correlated with the largest discrepancy size. In addition, the 12 subjects were asked to identify the type of emotion they experienced when they compared their real body with their ideal body, as well as to rate the intensity with which they experienced this emotion on the same scale from 1 to 10, with 1 being correlated with an emotion of least intensity and 10 being correlated with an emotion of greatest intensity.

In 11 of the 12 subjects, the size of the discrepancy rated by the subjects was congruent with the intensity of the emotion the subjects experienced arising from that discrepancy (Figure I). Congruence is defined as the two variables falling within 3 points of each other. In other words, the larger the size of the discrepancy, the greater the intensity of the emotion experienced by the subject.

Figure I: The size of the discrepancy between the subject's real body and their ideal body, and the intensity the subjects rated the emotion they experienced as a result of that physical discrepancy.

Subject	Procedure	Pre-Surgery Discrepancy Size	Intensity of the Emotion
Alice	Breast Augmentation	6	3
	Facelift	6	5
Barbara	Facelift	4-5	7
Calvin	First set of Facial Procedures	8-9	10
Debra	Facelift	9-10	8-9
Emily	Breast Augmentation	6-7	5-6
Farah	Facelift	4	6
Georgia	Eyelift	5	3
Holley	Liposuction	8	7
Joanie	Rhinoplasty	7	10
Karlie	Rhinoplasty	8-9	4
Marcello	Eyelift	0	0
Natalie	Breast Augmentation	6	6-7

(*Note*: Subjects whose names are in italics and in bold possess a discrepancy existing between their real body/own and their ideal body/other.)

Each subject was also asked to rate the size of the discrepancy between their real body and their ideal body on a scale from 1 to 10, again with 1 being the smallest and 10 being the largest discrepancy, both before and after their plastic surgery procedure. In doing so , an attempt was made to see if plastic surgery did indeed reduce the size of the discrepancy between their real body and their ideal body.

Figure II: The magnitude of change in the discrepancy between the subject's real body and their ideal body following plastic surgery.

Subject	Pre-Surgery Discrepancy Size	Post-Surgery Discrepancy Size	Amount of Change
Alice	6	1	-5
Barbara	4 to 5	0	-4 to -5
Calvin	8 to 9	1 to 2	-7
Debra	9 to 10	5	-4 to -5
Emily	6 to 7	2	-4 to -5
Farah	8 to 9	4	-4 to -5
Georgia	5	2 to 3	-2 to -3
Holley	8	5	-3
Joanie	7	0	-7
Karlie	8-9	1 to 2	-7
Marcello	0	0	0
Natalie	6	0	-6

(*Note*: Subjects whose names are in italics and in bold possess a discrepancy existing between their real body/own and their ideal body/other.)

As seen in Figure II, in 11 of the 12 cases, plastic surgery succeeded in reducing the physical discrepancy between the subjects' real body and their ideal body. In the one case in which there was no reduction in the physical discrepancy reported, Marcello did not admit to having a physical discrepancy either before or after his plastic surgery.

The largest change seen between size of the discrepancy before plastic surgery and then after plastic surgery occurred in 5 of the 6 individuals whose ideal body arose from an "other" perspective: Alice, Calvin, Joanie, Karlie and Natalie, ranging from -5 to -7. Holley, the sixth person possessing an ideal body created by an "other"

perspective, had a more modest decrease of -3. For the six people who possessed an ideal body arising from their own perspective, the decrease in the size of the discrepancy was smaller, ranging from 0 to -4 to - 5.

All 12 of the subjects were asked to rate their satisfaction with the plastic surgery procedures they elected on a scale from 1 to 10, with 1 correlating with a very low level of satisfaction, and 10 correlating with a very high level of satisfaction.   In Figure III, the pre-surgery satisfaction values are juxtaposed to the post-surgery satisfaction values.

Figure III: Subject's ratings of satisfaction with their real body both before and after undergoing plastic surgery.

Subject	Procedure	Pre-Surgery Satisfaction	Post-Surgery Satisfaction
Alice	Breast Augmentation	8	9
	Facelift	8	8
Barbara	Facelift	10	10
Calvin	First set of Facial Procedures	4	9 to 10
Debra	Facelift	2	8
Emily	Breast Augmentation	6 to 7	9
Farah	Facelift	5	9 to 10
Georgia	Eyelift	7	9
Holley	Liposuction	6	5 to 6
Joanie	Rhinoplasty	4 to 5	8
Karlie	Rhinoplasty	Not Available	7
Marcello	Eyelift	7	7 to 8
Natalie	Breast Augmentation	2 to 3	8

(*Note*: Subjects whose names are in italics and in bold possess a discrepancy existing between their real body/own and their ideal body/other.)

Pre-surgery satisfaction ratings did not reliably predict whether or not a subject chose to have plastic surgery. That is, subjects chose to have plastic surgery with both low satisfaction ratings of their real body, as well as with high satisfaction ratings of their real body. Both discrepancy types, those created by ideal bodies arising from either the subject's own perspective or an "other" perspective, possessed low pre-surgery satisfaction ratings, as well as high post-surgery satisfaction ratings. For 8 of the 12 subjects, satisfaction with his or her body increased after the plastic surgery procedure.

In Figure IV, each subject's pre-surgery satisfaction ratings are compared with the size of the subject's self-rated discrepancy. A general relationship can be posited between the pre-surgery body satisfaction and the size of the discrepancy between the subject's real and ideal body: The greater the size of the physical discrepancy, the lower the level of body satisfaction.

Figure IV: The size of the discrepancy between the subject's real body and his or her ideal body, compared with the body satisfaction felt by the subject. Both discrepancy size and satisfaction level were rated prior to plastic surgery.

Subject	Procedure	Pre-Surgery Discrepancy Size	Pre-Surgery Satisfaction
Alice	Breast Augmentation Facelift	6	8 8
Barbara	Facelift	4 to 5	10
Calvin	First set of Facial Procedures	8 to 9	4
Debra	Facelift	9 to 10	2
Emily	Breast Augmentation	6 to 7	6 to 7
Farah	Facelift	8 to 9	5
Georgia	Eyelift	5	7
Holley	Liposuction	8	6
Joanie	Rhinoplasty	7	4 to 5
Karlie	Rhinoplasty	8-9	Not Available
Marcello	Eyelift	0	7
Natalie	Breast Augmentation	6	2 to 3

(*Note*: Subjects whose names are in italics and in bold possess a discrepancy existing between their real body/own and their ideal body/other.)

Accessibility of the subject's discrepancy also played a role in the discomfort experienced by the subject. As stated previously, Self-Discrepancy Theory predicts that as the accessibility of the particular type of discrepancy increases, so will the likelihood the subject will experience the kind of discomfort associated with the discrepancy.

Questions regarding primers were specifically asked to determine if situations existed that increased the subjects' awareness of the discrepancy they possessed between their real and their ideal body. In general, clothes increased the accessibility of the subjects' discrepancies. For example, for all three of the women who received breast

augmentations, swimsuits were a primer. Makeup was also mentioned as increasing

the accessibility of discrepancies in the women who had either facelifts or eyelifts,

simply because the makeup would no longer go on like it used to, and now the makeup

only served to emphasize the wrinkles on their face. Teasing, or people staring, served

as primers for both of the recipients of rhinoplasty. Television, and specifically the

women portrayed on television, also served as a primer for one of the subjects. One of

the subject's glasses served as a primer because the glasses magnified the bagginess

situated below her eyes. Another woman said bloating she experienced during her

period served to increase the accessibility of the discrepancy between her stomach and

her ideal stomach.

Eleven of the 12 subjects said they were made more aware of the existence of a

discrepancy between their real and their ideal body when they were giving special

attention to their bodies. For example, subjects described primers as looking in mirrors,

exercising, looking at themselves in a picture, and putting on makeup. The one subject

who denied becoming more aware of a discrepancy while giving special attention to her

body was Emily. Emily specifically said she did not spend much time "fixing up"

herself. The primer that existed for Emily was pregnancy. During the times she was not

pregnant, she was unable to wear the clothes she wanted to because of the small breasts

she possessed while not being pregnant.

Eleven of the 12 subjects said looking at other people's bodies served as a primer,

causing them to become more aware of a discrepancy between their real body and their

ideal body. These eleven subjects stated that when they did notice other people's bodies,

they focused on that particular body part they were most dissatisfied with in

themselves. Other people's bodies were encountered by the subject anywhere in their

daily lives, for example on the street, on television, or in magazines. The subject who denied other people's bodies were a primer for her discrepancy specifically stated she did not check out other people's bodies.

Eleven of the 12 subjects stated that when they were made more aware of a discrepancy between their real body and their ideal body, the feelings that arose from their discrepancy increased in intensity. The twelfth subject's response to this question could not be determined due to ambiguity in her answer.

CHAPTER FIVE: Discussion

The purpose of this study has been to investigate the psychological processes underlying plastic surgery. If those processes were better understood, it would better illuminate why people choose to have plastic surgery, along with their accompanying emotions. Plastic surgery patients could then be provided with a more holistic treatment addressing not only the physical discrepancy between their real body and their ideal body, but also the psychological and emotional dimensions of the self.

As evidenced in the narratives of the 12 subjects interviewed here, persons electing cosmetic plastic surgery presented to their surgeons not only with physical discrepancies, but also with negative emotions. On the surface, these emotions seemed related; however, the exact nature of the relationship between the patients' discrepancy and their emotions remained unclear to the patients.

Each of the subjects interviewed in this study possessed an emotional profile much deeper than would be suggested by merely "just wanting to look better," and seeking the procedure as "something I had to do for myself." By providing a framework with which to understand these patients, Self-Discrepancy Theory would enable surgeons to extend treatment beyond their scalpel. Surgeons would then be able to assist the patient in identifying any deeper issues existing before the plastic surgery. These issues, if left unrecognized, will persist long after the surgery has healed. Unless the patient is cognizant of these more fundamental psychological and emotional issues, the issues will remain unresolved, and any emotional benefit received from the surgery will be short-lived.

One potential framework plastic surgeons could use to both assess and understand their patients' motivations and emotions is Self-Discrepancy Theory. For example, patients could be asked to describe the body they want to become more like, and the emotions created by the discrepancy between their real body and their ideal body. With this knowledge, surgeons could attempt to identify a relationship between their patients' emotions and the discrepancy from which the emotions arose. For example, the ideal body could be identified as originating from the patient's own perspective, or an "other" perspective, and discussion about the origination of the ideal body could take root. None of the 12 subjects knew clearly from where their ideal body arose. It was only through an analysis of the type of discrepancy present, and the emotions experienced, that the patients' self-guides could be characterized.

The intensity of the emotion could also be assessed by the plastic surgeon, to help evaluate the size of the discrepancy the patient perceives to exist. The size of the actual discrepancy between the patient's body and his or her ideal body corresponds to the intensity of the negative emotions experienced by the patient. If the size of the discrepancy is congruent with the intensity of the emotion, the patient may more likely be seeking plastic surgery to reduce the negative emotions experienced. However, if the intensity of the emotion is significantly less or more intense than the size of the patient's physical discrepancy, the patient may be seeking plastic surgery for reasons other than to simply reduce the size of his or her discrepancy, and the negative emotions directly arising from that discrepancy.

Self-Discrepancy Theory predicts that as the intensity of the negative emotion increases, so does the individual's drive to attempt to reduce this negative stimulus. The intensity of the negative emotions experienced by the subjects ranged from 0 to 10,

with the average being 5.9. Although the intensity of the negative emotion experienced by the subjects did increase with the size of the perceived physical discrepancy, there existed no threshold when once reached, the subject immediately went out and consulted a surgeon.

Therefore, in addition to negative emotions, other factors must have played into the decision of those subjects who reported experiencing only mildly intense emotions. Some of the subjects said the ease with which makeup could be applied would increase with plastic surgery, and for them this convenience was another advantage seen to plastic surgery. Also, some subjects stated that familiarity with plastic surgery contributed to their decision to have plastic surgery. This familiarity was gained through friends who also had had plastic surgery, as well as through surgeons known on a personal basis.

Self-Discrepancy Theory does not predict *how* an individual will attempt to eliminate discrepancies within his or her self-concept. In this study, all of the subjects chose plastic surgery as a means to do so. Namely, the subjects elected to change their actual or real body to more closely resemble their relevant self-guide, which in these cases was their ideal body. Other means also exist which can be employed to eliminate a discrepancy between one's real body and ideal body; for example, exercise, diets, makeup, steroids and clothing articles such as the "miracle bra." However, often times plastic surgery is sought by individuals because all other means of changing their body have been exhausted, and they simply cannot change that particular part of their body, which is discrepant from their ideal body, on their own.

In all 12 of the subjects interviewed, plastic surgery did succeed in reducing the size of the physical discrepancy between the subjects' real body and their ideal body.

Thus, plastic surgery can be assumed to be an effective means with which to reduce the size of the patient's physical discrepancy, as well as any negative emotions associated with this physical discrepancy. However, plastic surgery cannot make any claims to reduce negative emotions arising from sources other than an individual's physical discrepancy. Thus, both the plastic surgeons, as well as their patients, should be well informed of the potential for lingering negative emotions following plastic surgery if the emotions are not associated with the discrepancy.

Surgeons could make it clear to their patients that the plastic surgery is only capable of addressing those emotions borne of a physical discrepancy. If this expectation is made known to the patient, the post-surgery satisfaction ratings by patients may be increased. This increase in satisfaction would then be possible because patients would be aware that emotions unrelated to the physical discrepancy the surgeon is treating will still be present after the surgery. With this information, patients could properly adjust their expectations for their plastic surgery.

Although Self-Discrepancy Theory predicts the existence of three different selves in terms of the body image, the actual self, the ideal self and the ought self, only the first two types were identified by the subjects interviewed. None of the 12 subjects identified an ought body, namely a body which someone, either themselves or someone else, believed it was *necessary* to possess. Neither were any of the emotions described which the theory associates with an ought body, for example guilt, anxiety, or the fear of harm.

One possible reason for the absence of an "ought" body within the 12 interviews conducted is that the "ought" self is not a meaningful concept when applied to the body. In other words, would there ever be a case in which an individual believed it was

necessary to possess a particular body? One possible scenario is one in which an individual believes a particular body is necessary in order to secure a job. For example, a small-chested woman may truly believe it is necessary to have large breasts in order to be hired as a nude dancer. Perhaps it is true that large breasts are a necessary requirement for that particular job. However, is it *necessary* that the woman in this example be hired as a nude dancer, or is this job merely an "ideal" job, or a job *wished* for by the woman? Perhaps the job would only be necessary, and therefore the large breasts as well, if she could not find gainful employment elsewhere to support herself. In this case, it would be interesting to ask this woman what emotions she experienced, and then to correlate these emotions with her physical discrepancy, to determine if she truly possessed an "ought" body, or if her self-guide was an "ideal" body, as well.

Another possible reason for the absence of an "ought" body within the 12 interviews conducted is that only patients electing to have cosmetic plastic surgery were interviewed. Reconstructive plastic surgery patients were not interviewed, and as previously discussed, only reconstructive procedures can be considered to be "necessary", a criteria which defines the "ought" body. On the other hand, cosmetic plastic surgery is not considered to be "necessary" by our society, and is sought to change one's body to more closely resemble an "ideal" body – a body which is not necessary, but rather only wished for by the individual. So perhaps it goes without saying that because only recipients of cosmetic surgery were interviewed, "ought" bodies should have been expected to be described by the subjects.

All of the subjects identified both an actual body, and an ideal body. Unlike in the case of the actual body where the subjects were able to distinguish between a body arising from their own perspective or an "other" perspective, in the case of the ideal

body subjects were not consciously aware whether the source of their ideal body was themselves or an "other." However, the subjects did describe emotions characteristic of ideal bodies arising from *both* perspectives, their own and an "other" perspective.

The subjects were not specifically asked if their ideal body arose from their own perspective, or someone else's perspective. All of the 12 subjects spoke of their ideal body in general terms, without specifying the source of their ideal body. Because the subjects were not consciously aware of the original source of their ideal body, it cannot be determined from the 12 interviews conducted if *all* of the ideal bodies described therein ultimately arose from the "other" perspective.

It may have been that in the six cases in which the subjects described an ideal body/own, the ideal body in fact was internalized and adopted from the "other" perspective. As a result, the ideal bodies described by the subjects were now their "own," and the ideal bodies could no longer be identified as arising from an "other" perspective. It would be at this point where the significance of the ideal body to the individuals changed from "other" to "own," that the emotions arising from the discrepancy between their real and ideal body would also change from being associated with an ideal body/other, to being associated with an ideal body/own. If this is true, then an individual's ideal body arises entirely from the "other" perspective, and the extent to which the ideal body is internalized as "own" determines the extent to which an individual perceives the ideal body as arising from his or her "own" perspective.

Ideal bodies were classified as arising from the "own" perspective if the subjects described their ideal body as a body they wished they possessed. In the six cases in which the ideal body was determined to arise from the subject's "own" perspective, the subject did not describe experiencing the emotions of shame, embarrassment, or feeling

downcast, all of which are associated with a discrepancy arising from an ideal body/other. Instead, these six subjects described feeling the emotions of dissatisfaction, disappointment, and sadness, which are emotions associated with a discrepancy arising from an ideal body/own. Thus, regardless of the original source of the ideal body, the significance of the ideal body to these subjects was something *they* wished for and not what someone else wished for them. As a result, the six subjects experienced emotions predicted to arise from a discrepancy between a real body/own v. ideal body/own.

Ideal bodies were classified as arising from the "other" perspective if the subject described an "other," regardless of whether the "other" was a particular person or a generalized other, as holding ideal expectations for the body he or she possessed. The six examples in which an ideal body was presented to the subject were: a significant other expressed large breasts as ideal to the subject (Alice and Natalie), classmates or peers teased the subject for having a larger nose (Joanie and Karlie), and subjects felt their environment expected them to maintain a particular body (Holley and Calvin). In addition, one of the subjects whose environment expected her to maintain an ideal body described not a person, but clothes as defining an ideal body she must achieve if she was going to wear them.

It is interesting to note that despite the presence of an ideal body arising from an "other" perspective, the six subjects who possessed an ideal body/other denied electing to have plastic surgery for someone else. Rather, they said the plastic surgery was sought "for me." Despite the emphatic insistence their ideal body originated from their own perspective, these six patients described one or more of the emotions of shame, embarrassment and feeling downcast. These are the emotions associated with a discrepancy created by an ideal body/other.

In fact, the two women whose ideal bodies arose from their significant other adamantly stated they elected to have plastic surgery for themselves, and no one else. This defense may also have been a rationalization to themselves for having plastic surgery, that is they couldn't possibly justify having such an operation on their own body for someone else. Therefore, the decision must have been made for themselves. These two women were ready to vigorously defend their decision, almost as if they had grown accustomed to being accused of having the plastic surgery not for themselves, but rather for the sake of someone else's wishes for them. The subjects' inability to identify the cause of their physical discrepancy only re-emphasizes the importance of the need for someone, besides the plastic surgery patient, to possess the knowledge to help these individuals understand the ultimate source of their physical discrepancy.

One of the most astounding findings of this study was that, for four of the twelve subjects interviewed, the consulting plastic surgeons suggested procedures in addition to the ones the subjects originally intended. In two of these cases, Holley and Marcello immediately agreed to have the extra procedure. It would seem as though the plastic surgeons were attempting to drum up business for themselves, at the expense of the subjects – not only a monetary expense, but an emotional one as well. By suggesting the subjects change their bodies, the surgeons were potentially creating a discrepancy between the subjects' real bodies and their ideal bodies. Debra was visibly upset when she could not afford the facelift her surgeon suggested that would make her look "so pretty."

What would the purpose of such a suggestion be, if not to increase the surgeon's own revenue? It would be naïve to assume that plastic surgeons are not aware of the emotional vulnerability of their patients. It is commonplace for patients to present to

their surgeons emotionally distraught, and in search of an answer to their woes. Therefore, to make such a suggestion when the patient is vulnerable emotionally, and from an authoritative position, is clearly an abuse of power.

The ethics of such a suggestion by a plastic surgeon are highly suspect. Surgeons should realize any comment suggesting additional plastic surgery made during an initial consultation with a patient may potentially: (1) Have an increased chance of creating a discrepancy between the patient's real body and ideal body, (2) Create *new* negative emotions that will only compound the negative emotions already experienced by the patient, and (3) Create a physical discrepancy within their patient that has a high probability of being resolved with plastic surgery.

The root cause of the patients' negative emotional state is their ideal body, and the discrepancy this ideal body created. Surgeons need to be fully aware of *their* potential to create a discrepancy between their clients' real body and an ideal body, with a simple suggestion. People electing to have plastic surgery may or may not be more vulnerable to ideal bodies presented to them, resulting in the creation of a discrepancy between their own body and this ideal body. But despite this potential vulnerability, these individuals are more likely to resolve a physical discrepancy with plastic surgery, as evidenced by their visit to the plastic surgeon.

In 9 of the 12 subjects, plastic surgery resulted in an increase in the satisfaction a subject felt with his or her body. Prior to plastic surgery, satisfaction was found to be inversely related to the size of the subjects' discrepancy between their real body and their ideal body. In other words, the greater the magnitude of the subject's physical discrepancy from his or her ideal body, the lower the level of body satisfaction the subject possessed.

It was also interesting to find that the level of satisfaction a subject felt with his or her body prior to plastic surgery did not predict whether or not surgery was elected. Therefore, a low level of body satisfaction was not necessary in order for a subject to seek plastic surgery. Six of the twelve subjects rated their body satisfaction level at 6 or greater, on a scale from 1 to 10. I originally thought negative emotion and body satisfaction would both contribute to the patient's decision to have plastic surgery. That is, the presence of negative emotion and the absence of body satisfaction both would act as a negative stimulus to an individual attempt to change his or her body. However, a low level of body satisfaction was neither sufficient nor necessary to seek plastic surgery.

Both the magnitude and the accessibility of the discrepancy were related to the emotions experienced by the 12 subjects. Consistent with Self-Discrepancy Theory, as the magnitude and the accessibility of the discrepancy between the subject's real body and ideal body increased, so did the intensity of the emotion experienced. If plastic surgeons were able to identify primers which increased the accessibility of their patients' physical discrepancy, surgeons could share with their patients potential situations or stimuli which may increase the intensity of the negative emotions experienced. Knowledge is a very powerful tool, and often times individuals are not consciously aware of (1) the primers that may cause their negative emotions; and (2) the fact that each time the primers are encountered, they actually increase the intensity of the negative emotions experienced. With this knowledge, patients would possess greater insight into factors contributing to their negative emotions, and would be able to live their lives with more information about how bodies can impact their emotional well-being.

Once the existence of a discrepancy was identified, subjects waited for various intervals before having plastic surgery. The most significant barrier to the surgery was money. The accessibility of money to each individual subject varied. Some subjects were forced to wait years before they were able to save the necessary funds to pay for the surgery. Four of the subjects received discounts on the procedures they received, and one subject possessed insurance from the Screen Actor's Guild, which covered his procedures. None of the subjects reported that the cost of the surgery, regardless of how high the expense, *deterred* them from having the surgery. In the cases where money was an obstacle, the lack of money only made the subjects more determined to save for their surgery.

In addition to cost, risk was not considered by any of the subjects as a deterrent to having the plastic surgery. The risk factors in plastic surgery are the same as with any type of surgery, and include the risk of infection, anesthesia, and a poor surgical outcome. For all of the 12 patients interviewed, risk entered very little if at all, into their decision to have plastic surgery. When asked how risk played into her decision to have plastic surgery, Joanie said, "I didn't even care about the risk factors. They were not important to me at all. They had nothing to do with [my decision]." Holley, who elected to have six different procedures on three separate occasions said of her decision: "[The risk factors] didn't stop me, because when you're really fired up to do something, you're almost going to do it no matter what they say. It almost becomes where you don't even care."

Emily, who had her breasts augmented said, "The emotional risks may be even greater than the physical ones." For Emily, living with the discrepancy and the accompanying emotional and psychological state was just as much a risk as having the

procedure itself. Thus, despite the obvious risks involved in having the plastic surgery procedures, all of the subjects interviewed felt strongly enough that the benefits they potentially would receive from the plastic surgery outweighed any risk involved.

At the conclusion of each interview, all of the subjects were asked if they had plans to have more plastic surgery. In response, only two of the subjects said "no," they were not interested in having more plastic surgery; three said "maybe;" and seven of the subjects said "yes," they did have plans for further plastic surgery. This particular piece of data can be interpreted differently. One possible interpretation is that having plastic surgery, in conjunction with a positive outcome, alleviates any fear of surgery the subject may have had prior to his or her first surgery. As a result, subsequent procedures are then sought with more ease and comfort. Another interpretation is that the elimination of a particular discrepancy between a person's real and ideal body neither eliminates *all* discrepancies existing between the real and ideal body, nor prevents the creation of new discrepancies Therefore, to think one surgery will cure a person of all physical discrepancies would only be misleading. A third possible interpretation is that having plastic surgery may cause people to focus *more* on the physical discrepancies between their real and ideal body. New discrepancies could arise from individuals more closely scrutinizing their body, or discrepancies that were not as important before the surgery were made even more so, afterwards.

Additional alternatives exist for reducing the negative emotional states induced by self-discrepancies other than physically changing one's body. Another possible way is to change the individual's ideal body, or self-guide. In doing so, the ideal body would be less discrepant from the individual's real body (Higgins, 1987). Both cognitive

and psychodynamic therapeutic approaches accomplish this by changing the perceived importance of the subject's ideal body (Higgins, 1987).

A second alternative way to reduce the negative emotional state is to reduce the accessibility of the discrepancy. Both environmental and behavioral modifications would be necessary to reduce the client's exposure to the primers which serve to emphasize his or her ideal body (Higgins, 1987). In the case of the 12 subjects interviewed, discrepancies and their negative emotions could be reduced by: (1) Avoiding to the extent possible, images in magazines and advertisements of ideal bodies, (2) Avoiding situations demanding the exposure of one's body to other people, and (3) Lobbying for a change in the way the body is portrayed in the media.

Because avoiding *all* images, regardless of how hard individuals may try, is impossible in our society, an increased awareness of how ideal bodies, once internalized within the self, produce negative emotions may afford individuals with an opportunity to control how bodies they encounter are then valued. For example, if an individual knows the power that a body could have to create negative emotions if given the status of "ideal," the individual could value bodies he or she comes into contact with differently. Instead of according a body "ideal" status, the individual could recognize the body as simply another body. As a result, by not readily valuing the body as ideal, negative emotions could be avoided.

The implications of this research are many. The first implication is that Self-Discrepancy theory can be used both to describe discrepancies existing between a person's body image and personally relevant bodies, whether they be ideal or ought, as well as to predict the emotions arising from such a discrepancy. Self-Discrepancy

Theory need not only be applied to the "self." As seen in the research conducted here, this theory applies equally well to the body image, one component of the "self."

Potential benefactors of Self-Discrepancy Theory as applied to the body include everyone subject to an "ideal" body, namely those persons for whom ideal bodies are personally relevant. If individuals are made aware of the potential emotional peril which accompanies an ideal body, and the accessibility of that ideal body, they may be able to evaluate differently the bodies which previously were wished for, and decide to seek satisfaction and pleasure within their lives in alternative ways.

In addition, an understanding of Self-Discrepancy Theory is essential for plastic surgeons, whose patients are in the midst of a struggle with an ideal body. As we have seen, plastic surgeons hold great power in both creating and eliminating the physical discrepancies possessed by their patients. This understanding of Self-Discrepancy Theory would enable plastic surgeons to better understand their clients' motivations for electing to have plastic surgery. Through a knowledge of how different types of discrepancies create different emotions, surgeons would be able to openly discuss what motivated their patients to seek plastic surgery. In doing so, the surgeons could identify any patients who possess reasons for having plastic surgery which the surgeon is not trained to address, and provide a referral to other health professionals who would be better able to help these patients heal.

For example, in the 12 subjects I interviewed, 2 subjects possessed significant psychological issues which the plastic surgeon did not address. The primary reason the surgeon did not address these psychological issues, I hope, is because the surgeons were unaware of the existence of their patients' underlying stressors. Debra, who was experiencing a depression related to her family, was depressed both before and after her

plastic surgery. Debra was unaware of the interplay between her depression, and the dissatisfaction she felt with her aging body. She believed plastic surgery would relieve her of the sadness and loss she felt because of her family, and when the surgery did not, Debra wanted more plastic surgery.

Farah sought plastic surgery to insure her power over men was not lost as her youthful looks began to disappear with age. The plastic surgery only served to prolong her addiction to this power. Had her addiction been identified earlier by her plastic surgeon, she could have entered therapy at an earlier stage in her life, and may have avoided any further participation in dysfunctional relationships.

The argument could be made that both Debra and Farah, because they both were so determined to have the surgery, would have gone to another plastic surgeon had the first one they consulted identified the additional motives for seeking plastic surgery, and refused to treat them. Although this may be true, if the surgeons had identified their patients' underlying psychological conflict, and helped the patient to understand that multiple factors played into their decision to have plastic surgery, both Debra and Farah may have sought the appropriate psychological therapy. Both Debra and Farah were completely unaware of the existence of depression, in the former case, and addiction in the latter case.

In addition, if all surgeons had an increased awareness of the potential existence of underlying psychological issues confounding their patients' decision, *and* had a reliable means to interpret patients' emotions as they relate to an ideal body, the chances would be significantly reduced that patients such as Debra and Farah could find a plastic surgeon unable to recognize the deeper, psychological issues plaguing them. The patient cannot be expected to know about other potential factors that may

have contributed to his or her decision to have plastic surgery – the surgeon, not the

patient, is supposed to take on the role of "expert" in this therapeutic relationship.

Plastic surgeons, by asking several directed questions, would be able to discern

the meaning of a client saying, "I want to feel better about myself," or "My body bothers

me." By knowing which negative emotions are present, and how the patient describes

his or her personally relevant body guide, namely the ideal body/own, the ideal

body/other, the ought body/own or the ought body/other, surgeons would then be

able to knowledgeably discuss their patients' motivations to seek plastic surgery with

them, and respond with increased professional competence.

Surgeons, and anyone practicing medicine, should be aware of the existence of

both a body and a mind when treating patients. It is not enough to be technically

proficient. Plastic surgeons should be able to know how the body is perceived by the

individual, in what form the body exists within the self, and how emotions are

associated with this body. Self-Discrepancy Theory, as illustrated by these 12 plastic

surgery recipients, allows for an analysis to be made of (1) The patients' *motivations* to

have plastic surgery, (2) The discrepancy which exists between their body and their

ideal body, and (3) The emotions borne of this discrepancy.

Further research should focus on a number of additional issues. First, because

the present study included only 12 subjects, a larger quantitative study is in order to

substantiate the claims made here, namely that Self-Discrepancy Theory is reliable in

describing physical discrepancies present within an individual's body image as well as

predicting emotions that arise as a result of that discrepancy. Second, a specific protocol

should be developed for a pre-operative evaluation of the plastic surgery patient, taking

into account the limited training surgeons have on the body image, as well as the limited time possessed by surgeons to make such an evaluation.

Self-Discrepancy Theory is complex. However, if Self-Discrepancy Theory is applied to any person with a discrepancy between his or her real body and ideal body, valuable knowledge can be gleaned which ultimately will help in identifying the most effective way to treat individuals suffering from negative emotions created by an ideal body. The import of an individual's body and mind *equally* contributing to his or her well-being is simply too great to dismiss as something that should only be addressed by psychologists and psychiatrists, and therefore both should be taken into account by the surgeon when evaluating the plastic surgery patient.

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