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THE APPLICATION OF THE COGNITIVE INFORMATION PROCESSING
THEORY TO DECISION PROCESSES INVOLVING
COSMETIC SURGERY

By

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TABLE OF CONTENTS

List of Tables	iv
List of Figures.....	v
Abstract	vi
1. INTRODUCTION	1
2. LITERATURE REVIEW	8
3. METHODOLOGY	16
4. RESULTS	21
5. DISCUSSION	32
APPENDIXES	35
BIBLIOGRAPHY	52
BIOGRAPHICAL SKETCH	55

LIST OF TABLES

1.	Demographic Information	16
2.	Structured Interview Questions	19
3.	Themes and Examples of Self Knowledge	23
4.	Themes and Examples of Options Knowledge	25
5.	Themes and Examples of Communication	26
6.	Themes and Examples of Analysis	27
7.	Themes and Examples of Synthesis	28
8.	Themes and Examples of Valuing	29
9.	Themes and Examples of Execution	30

LIST OF FIGURES

1.	Pyramid of Information Processing Domains.....	10
2.	The CASVE Cycle	11

ABSTRACT

This qualitative study investigated the decision making processes of women who have engaged in cosmetic surgery. Ten women, ranging in ages from 25 to 72, who had previously engaged in cosmetic surgery, participated in this study. This was the first study to apply the Cognitive Information Processing Theory, previously used for career decision making, to the domain of cosmetic surgery. Participants in this study were successfully able to retrace their decision making steps, within the framework of the Cognitive Information Processing Theory that led up to their final decision to engage in cosmetic surgery. The ultimate goal of all decisions, including those specific to cosmetic surgery, is to close the gap between a real and desired state. However, the findings from this study suggest that for women with underlying self-esteem and body image issues, the gap between the real and ideal states were not closed as a result of cosmetic surgery. Self knowledge, which encompassed family of origin and body image issues, appeared to hold the most influence on the entire decision making process. However, the amount of world knowledge specific to cosmetic surgery and its effects were underestimated by the participants, which often resulted in post-operative crisis situations. This study demonstrates the utility of the Cognitive Information Processing Theory for illuminating decision processes related to elective cosmetic surgery. The implications for the field of psychology from this study reflect a need for pre-operative psychological screenings and post-operative counseling.

CHAPTER 1

INTRODUCTION

Social Problem

Cosmetic surgery has become a popular trend for women of all ages who experience dissatisfaction with various parts of their bodies. The reasons why women choose cosmetic surgery are as complex and vast as the number of women who choose to participate in the trend. Each year, millions of women undergo elective cosmetic surgery to alter their appearances, improve their self-esteem, or to alleviate body image dissatisfaction. In 2002, for example, more than 6.1 million cosmetic surgery procedures were performed, generating seven billion dollars worth of revenue for the industry. From 1997 to 2002, there was a 228% increase in the number of cosmetic surgery procedures (ASAPS, 2002).

Medical complications, ranging from infection to death, are a risk involved in any surgical procedure. However, many women are unaware and misinformed of the potential medical risks and amount of pain involved in the recovery process. Although most individuals are aware of general medical risks, the ultimate responsibility of accurately informing women ultimately falls upon the operating surgeon. Women whose surgery resulted in unexpected medical complications are likely to have a longer recovery process, they are more likely to be unsatisfied with their results, and their financial costs are likely to be higher than initially anticipated. These unanticipated obstacles could have easily been prevented if more candid patient education and information was given in preoperative consultations. However, this blunt information could also reduce the number of cosmetic surgeries performed each year.

Another concern of many individuals is the fact that there are high rates of psychopathology and suicide among women who undergo cosmetic surgery. Some women seek cosmetic surgery because they suffer from Body Dysmorphic Disorder, a preoccupation with a defect in appearance. The defect can be real or imagined, but leads to excessive concern causing impairment in one's social, occupational, and other areas of functioning (APA, 1994). Persons suffering from Body Dysmorphic Disorder are not good candidates for cosmetic surgery, as they will never be satisfied with the cosmetic intervention, regardless of the outcomes. However, without extensive psychological testing in the preoperational stage, cosmetic surgeons may erroneously operate on these types of patients.

Many women participate in cosmetic surgery in order to enhance the quality of their lives. By altering their appearance, many women anticipate that their self-esteem and body image and relationships with significant others will improve, and that they will be happier in general. These types of women may not suffer from any form of extreme psychopathology, but cosmetic surgery is not the best treatment for improving their self-esteem and personal relationships. Some women feel an internal desire to change their appearance, whereas others feel pressure from significant others. These women may be more inclined to change their outer appearance, though their underlying intent is to change their internal self.

Media outlets also have a big influence on the body dissatisfaction of women by using models that look unrealistically thin and beautiful. Although those images are unrealistic and unobtainable by most women, women and men compare themselves to these images. In addition, cosmetic surgery success stories of celebrities often bare the cover of magazines that women in supermarkets are bombarded by. ABC's newest reality series, *Extreme Makeover*, offers individuals the opportunity for a whole-body makeover. These individuals begin the show looking disheveled, overweight, and clearly unattractive. They are then given surgeries that often include breast augmentation, dental surgery, face-lifts, abdominoplasties, hair implants, rhinoplasty, and liposuction. After the recovery process, the individuals are revealed to their families, who often gush about how beautiful they are now. The network boasts that these individuals are given a fairy tale type opportunity not only to change their appearances, but also to change their lives and destinies. The message is clear: if your looks have kept you from succeeding and being happy, simply undergo cosmetic surgery and your life will be transformed in a positive direction.

Aside from the psychological ramifications, cosmetic surgery procedures can certainly set one back financially. The average rhinoplasty surgery costs around \$8,000 and liposuction from around the thighs, stomach, and arms can cost up to \$10,000. Breast augmentation runs around \$8,000 and chin implants cost approximately \$2,000. Collagen lip injections are about \$600, but are temporary and need to be redone every three months. Botox injections cost around \$500 and last from three to six months (US Weekly, November 10, 2003).

Professional Problem

Many plastic surgeons do not conduct pre-operative psychological screenings of patients. In addition, they do not prepare women, emotionally and psychologically, for the ways in which

cosmetic surgery will or will not change their lives, including short and long-term consequences. As a result, many women have unrealistic expectations with respect to how surgery will change their lives. Women who have unrealistic expectations of the outcome are more likely to be dissatisfied with the cosmetic procedure, and possibly more likely to sue the operating surgeon. It has also been discovered that people who undergo more extensive procedures, such as rhinoplasty, take longer to adjust to their new appearance, as opposed to someone having a restorative procedure, such as a face-lift. Many researchers argue that there should be screening procedures that cosmetic surgeons use before agreeing to operate on patients. Unfortunately, this type of screening is rarely done. Women's healthcare professionals, including primary physicians, are in an ideal position to inform women about the risks and benefits of cosmetic surgery. These professionals could also be useful in identifying patients who are inappropriate for surgery (Sarwer, Nordmann, & Herbert, 2000).

If given the opportunity, mental health professionals could facilitate women's decision making process in regards to cosmetic surgery. Cosmetic surgeons could certainly benefit from having a psychologist on staff or available on a referral basis for patients during the pre-operative stage of the process. Due to the high rate of Body Dysmorphic Disorder and depressed patients that seek cosmetic surgery, psychological testing appears to be one reliable method of weeding out these types of inappropriate candidates for cosmetic surgery. Cosmetic surgery patients suffering from psychological illnesses should be assisted with alleviating the underlying causes of their feelings of low self-worth prior to undergoing surgery (Dufresne, Phillips, Vittorio, & Wilkel, 2001).

Theory Base

The Cognitive Information Processing Theory (Sampson, Reardon, Peterson, & Lenz, 2004) was created for assisting individuals in making career and employment related decisions. However, a parallel from this theory can be drawn and applied to many other types of decisions. Cognitive Information Processing Theory (CIP) assumes several things about decision making: decisions are based on our cognitions and emotions, decision making is a problem solving activity, our decision making capabilities are based on a knowledge and process base, good memory and motivation are required, decision making continues throughout life, and the quality of a choice is influenced on how well we solve problems (Brown, 2002).

Decisions can be managed by using a pyramid based upon the Cognitive Information Processing Theory (Sampson, Reardon, Peterson, & Lenz, 2004). The pyramid contains four domains that decision makers work through in sequential order: self-knowledge, world knowledge, generic information processing skills, and metacognitions. The generic information processing skills domain contains five distinct phases, also known as the CASVE cycle: communication, analysis, synthesis, valuing, and execution. A full phase through the CASVE cycle involves all of the cognitions involved in making an informed decision, along with evaluating the results and effectiveness of that choice. The Cognitive Information Processing Theory improves decision making because it focuses on locating, storing, and applying information by identifying errors and potential problems. This theory focuses on cognitions and points out that decision making steps take place in our minds as we process information. This theory was adapted for this study to parallel the decision making steps of women who undergo cosmetic surgery (Brown, 2002).

Gillespie (1996), a feminist theorist, believes that the choice of having cosmetic surgery is directly linked to culture and society. Previous studies have documented that women with a favorable appearance are better able to elicit positive responses in social settings and they are also perceived as being more desirable for sexual involvement, thus leading to greater social influence. Women with a poor body image may seek out cosmetic surgery in order to create the appearance that conforms to the ideal that they desire, which will also lead them to greater social power. Gillespie (1996) purports that women who participate in cosmetic surgery help to maintain the low social status of aging women by strengthening the norm that oppresses them. While having cosmetic surgery and altering one's appearance may seem liberating to an individual, she feels that surgery simply reinforces oppressive images of female beauty, in which women are valued for their looks.

Research Question

Can the Cognitive Information Processing Theory be used to describe and analyze the decision processes through which women elect to have cosmetic surgery? More specifically, the researcher hopes to gain information about how self and world knowledge are used in cosmetic surgery decision making processes, and how women phase through the stages of the CASVE cycle when deciding to have cosmetic surgery.

Definitions

Abdominoplasty. Often referred to as a tummy tuck, abdominoplasty is a procedure designed to tighten the abdominal skin and muscles. Generally a variable amount of skin is removed below the belly button level and the skin incision is designed to be hidden within the boundaries of a bikini or undergarment (ASAPS, 2002).

Blepharoplasty. Blepharoplasty is a type of surgery that improves the appearance and functioning of the eyelids by removing loose skin from the eyelids (ASAPS, 2002).

Body image. Body image refers to the mental pictures of what one thinks her body looks like. Body image varies in response to major lifestyle events, such as puberty or disability, and is closely connected with self-esteem.

Breast augmentation. Breast augmentation is a type of cosmetic surgery performed to enlarge a woman's breasts by inserting a saline filled bag into the breasts.

Cosmetic surgery. Elective cosmetic surgery procedures are performed to reshape normal structure of the body in order to improve one's appearance and self-esteem.

Facialplasty. Commonly referred to as a face lift, facialplasty is a cosmetic procedure that involves redirecting some of the skin and muscle tissue of the face and neck to counter signs of aging produced by gravity. The purpose of face lift surgery is to improve the appearance of the face by repositioning the skin and tightening some of the underlying muscle and tissue. The procedure is designed to counter sagging and looseness in skin and muscle tissue caused by gravity as the patient ages.

Forehead lift. Also called a brow lift, this procedure involves an incision in the patient's scalp, after which the surgeon pulls the skin tight and snips off the excess skin. This procedure leaves eyebrows with a higher arch and counteracts the natural sagging of eyelids (ASAPS, 2002).

Liposuction. Also known as lipoplasty, liposuction is the process of removing unwanted fat from specific areas of the body. Liposuction is performed by using a hand-held instrument that is connected to a vacuum which sucks out the fat layer that lies deep beneath the skin. By inserting and removing the cannula through very small incisions in the skin, the fat cells are broken up and then removed by the vacuum (ASAPS, 2003).

Rhinoplasty. Rhinoplasty involves reshaping the nose by filing down bone and sometimes by inserting plastic pieces into the nasal cavity to alter the shape (ASAPS, 2003).

Self concept. is the perception of oneself in terms of physical attributes and the roles that are fulfilled by that person. Self-concept reflects a description of oneself and does not involve a value judgment, as self-esteem does (King, 1997).

Self-esteem. Self-esteem refers to the degree to which people are satisfied or dissatisfied with themselves (Figuroa, 2003).

Assumptions

It is assumed that the statements and answers gained from the subjects through structured interviews will be honest and truthful. Their responses are assumed to represent real and true events and it is assumed that these events are free of denial and distortion.

Social and Professional Significance

To our knowledge, there have been no prior studies conducted that investigate the decision making process of women with respect to cosmetic surgery. Many studies have focused on the reasons women choose to have cosmetic surgery (Allen & Oberle, 1994), the cultural factors involved in body image (Gillespie, 1996), the rates of psychopathology among cosmetic surgery patients (Sarwer Wadden, Pertschuk, & Whitaker, 1998), and the degree to which self-esteem and self concept are factors in the decision making process (Forbes, 2001). However, the actual process of deciding to have cosmetic surgery has been neglected by previous studies. In addition, the influence of significant others in the role of the decision making process has yet to be studied in depth, either. This is also the first study, to the researcher's knowledge, to apply the Cognitive Information Processing paradigm to a new domain, specifically that of cosmetic surgery.

The gender discrepancy among pay scales for men and women continues throughout these modern times. However, although women make less money than men, they continue to be consumers of these expensive and elective cosmetic procedures. One can presume that, for some women, there are personal and family obligations that may be neglected as a result of a woman's choice to spend a portion of her salary on cosmetic surgery.

The cost of providing women with mental health services, who have used cosmetic surgery as their initial treatment, may be quite high. If these women had sought counseling rather than surgery in the first place, the costs to the managed health care system may have been reduced. Furthermore, additional therapy may be needed for women who regret engaging in cosmetic surgery.

Limitations

The researcher acknowledges that the primary limitation of this study is related to the sampling procedure. All participants were contacted and accessed through the researcher's professional and social contacts. Although the number of men who engage in cosmetic surgery has been on the rise, women were the only participants used in this study. Furthermore, all of the participants were healthy, middle class, and somewhat educated women. Nine of the participants were Caucasian, with the remaining participant being Hispanic. The researcher was unable to locate any African-American or Asian-American women through her contacts for this study. All of the cosmetic surgery procedures that the participants underwent were done on an outpatient basis and probably reflect different outcomes than those done on an in-patient basis. In addition, the researcher had a pre-existing relationship with some of the participants, which may or may not have influenced their responses. Therefore, the experiences of these participants are not necessarily representative of the entire female population that engages in cosmetic surgery.

Because this was a low-budget study, the procedures reflected the funding limitations. The researcher conducted all of the interviews, transcribed all of the participants' responses, and analyzed the data. If this had been a larger study, several people would have been hired to carry out the various tasks and roles within the project. The methodology in this study employed a standardized questionnaire that has inherent limitations, as well. Because the interview was structured, there was no flexibility for the interviewer to deviate from the questions as participants' responses varied.

CHAPTER 2

LITERATURE REVIEW

History

The author of *Venus Envy* (Haiken, 1997) draws a correlation between two seemingly unrelated events that occurred in 1921 and were the beginnings of the field of cosmetic surgery as we know it today. First of all, the society that ultimately became the American Association of Plastic Surgeons (AAPS) was founded during this year due to the high demand for reconstructive surgery on wounded troops. Also during this same year, the first Miss America pageant occurred, which sent the American culture bounding into a new direction. “When placed in the broader context of American culture in general and of the American culture of beauty in particular, plastic surgery in 1921 appears to have had the makings of a cultural, as well as a medical, phenomenon” (Haiken, 1997).

Although *Venus Envy* traces the roots of cosmetic surgery to 1921, other studies have documented the fact that surgeons began experimenting with cosmetic surgery in the late nineteenth and early twentieth centuries. The majority of historical procedures were intended to correct saddle-noses most frequently caused by syphilis (Gilman, 1999). Primitive plastic surgeons were aware that they were not only treating a medical dilemma, but a social problem as well. People with syphilis were seen as diseased and handicapped, and were consequently discriminated against in the educational and professional world. By having their noses reconstructed with paraffin, syphilis patients were able to avoid social prejudice and could function normally within the American culture.

As word spread of the usefulness of paraffin in saddle-noses, surgeons soon began using the substance as the treatment of choice for many cosmetic problems, such as wrinkle fillers and implants for small breasts. However, it was soon discovered that paraffin tends to drift inside of the body, especially when the particular body area was exposed to the sun. Patients who had to have their paraffin removed were left with severe scarring, but this did little to prevent plastic surgeons from pushing forward in the field (Gilman, 1999).

It has been noted that surgeons from this era were already debating issues relating to the social value of beauty versus ugliness, as well as the financial potential of cosmetic surgery.

Also during this time, natural beauty standards were beginning to compete with artificial beauty that came in such forms as makeup and hair styles. The new and improved artificial forms of beauty were heavily advertised and prospered at the turn of the century. The quest for beauty within was diminished by a desire for externally visible beauty. Many women yearned for external beauty in hopes of achieving equality with men, but it ultimately only offered them equality with other women.

Surgeons began performing reconstructive surgery on wounded soldiers during World War I. Facial reconstructive surgery became a specialty of the era's surgeons, as the heads and necks of soldiers were vulnerable to disfigurement. Although the emphasis of the surgeons was to restore the physical functioning of the soldiers, the attractiveness of the soldier became equally important. It was understood that soldiers returning home would not be able to obtain employment once back in the United States if their faces were left disfigured. The equation of manhood with economic independence was considered the standard, which equated to man's appearance being crucial to his family's economic status.

In the 1920's, psychology, psychiatry, and mental health were becoming hot topics in the United States. Many people began to note a connection between cosmetic surgery and psychology, particularly as the solution for people who were previously shunned, but now, with plastic surgery, had the opportunity to flourish socially. Freud was often in the newspapers, surrounded by terms such as unconscious, repression, and Oedipus complex. With the advent of The Depression, Adler's inferiority complex began to make good sense to the American people. Articles were written about the miraculous nature of cosmetic surgery, in that people who once were in desperation and had an inferiority complex, now had a new lease on life due to the handy work of their surgeon.

After World War II, the number of face-lifts among the middle class in America began to climb, although surgeons ran out of wounded soldiers to operate on. The plastic surgery field began marketing face-lifts for middle-aged women. Since society was becoming increasingly focused on beauty and youth, middle-aged women were told that it would be easier to change their own faces than to change the social norms and cultural expectations regarding aging. Therefore, having a face-lift was seen as a simple solution to the social problem of aging.

Cognitive Information Processing Theory

The theory base of this study was based on a cognitive information-processing theory that has previously been used to in career decision making situations (Reardon, Lenz, Sampson, and Peterson, 2000). The domains of this theory were transferred to decision regarding cosmetic surgery. The structured interview questions in this study were derived from domains of the Cognitive Information Processing theory.

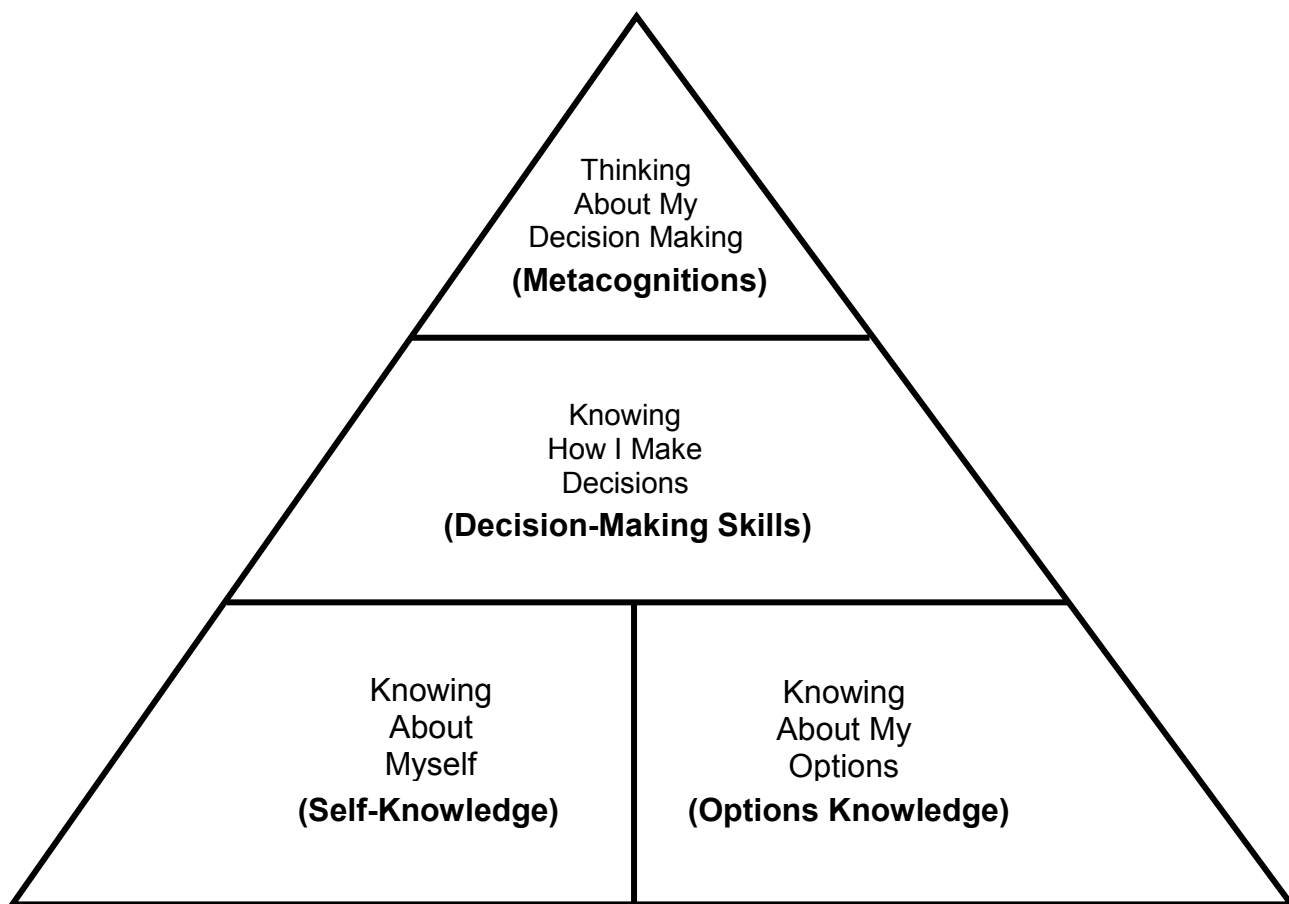


Figure 1 Pyramid of Information Processing Domains (Sampson, Reardon, Peterson, & Lenz, 2004).

The components of this theory have often been displayed in a pyramid to show the progression of decision making. The bottom of the information-processing pyramid is the knowledge domain and it encompasses self and options knowledge. Self knowledge pertains to one's influences on their self perception, what women like and dislike about their bodies, and their familiarity level with other women who have had cosmetic surgery. Options knowledge explores how and when cosmetic surgery was learned about, the financial costs of the surgery, and the medical risks involved. This knowledge base allows us to learn more about ourselves

and how we acquire knowledge. The second tier of the pyramid encompasses the decision-making skills domain and includes the five-step guide to good decision making, the CASVE cycle, as seen below.

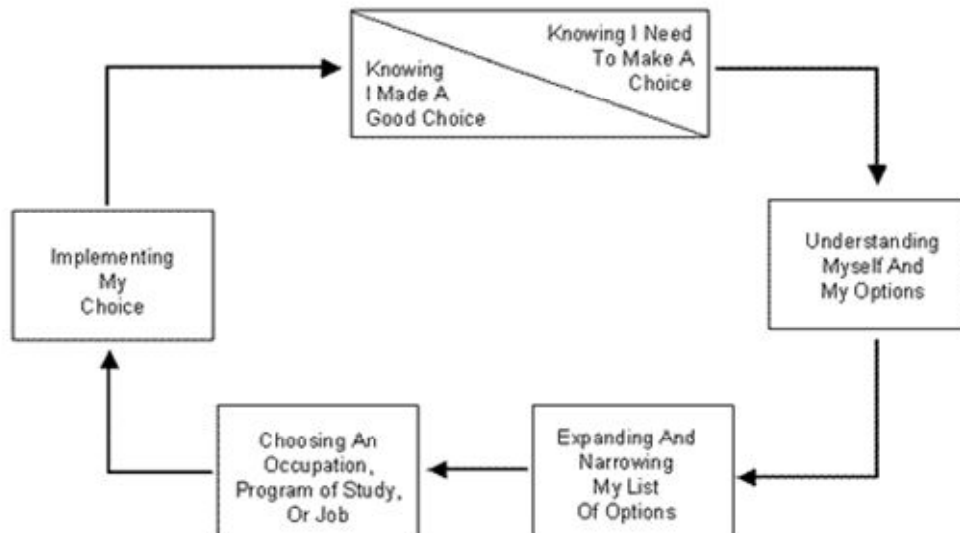


Figure 2 The CASVE Cycle (Sampson, Reardon, Peterson, & Lenz, 2004).

The CASVE cycle encompasses five phases that form a decision-making cycle when combined: communication, analysis, synthesis, valuing, and execution. The communication phase involves receiving information that helps one to recognize a gap between current and ideal states. Communication can be received by internal messages, such as dissatisfaction with a body part, or by external messages, such as feedback from family members. When one becomes fully connected with their problem, both cognitively and emotionally, they can move onto the analysis stage.

The analysis phase involves reflecting, examining, and learning more about the previously identified body gap. Analysis also involves learning about your knowledge base and options. Analysis encompasses significant others' feelings about cosmetic surgery, the source of the pressure to have cosmetic surgery, and self-talk. People who make good decisions are able to step back from their feelings and ask objective questions about why they feel the way they do. Some decision makers do not fully complete this phase, particularly those who make decisions impulsively.

The synthesis phase occurs in two stages and allows decision makers to enhance, as well as to constrict their options and alternatives. The first part of synthesis is called synthesis

elaboration, in which one brainstorms in order to expand the number of available options. The second stage is called synthesis crystallization and involves reducing the number of options to only a few choices. This includes brainstorming alternatives to surgery and exploring other procedures. The remaining choices should be those that will best eliminate or reduce the identified gap.

The valuing phase involves evaluating the impact that each option and alternative will have on significant others and the self, as well. The step includes ranking all of the alternatives to cosmetic surgery, considering the impact of the surgery on significant others and self, and it examines one's expectations of improved quality of life as a result of the surgery. At the end of this cycle, a good decision maker will be able to select the best choice.

The execution phase involves implementing the selected choice. The first activity suggested for this phase is planning, which involves preparing a plan of action. For cosmetic surgery patients, this typically includes interviewing surgeons, getting the money for the surgery, and receiving additional emotional support from significant others. The second activity is trying out, which can be accomplished by further research and interviews. However, this stage is best accomplished through computer imaging that allows women to visualize themselves with the new body appearance. The final activity is applying the choice and involves taking action in order to accomplish the desired goal. For cosmetic surgery patients, this step typically involves selecting a plastic surgeon and having the actual surgery.

The final phase in the information processing cycle is the communication phase recycled. It is during this stage that decision makers evaluate their choice and decide whether or not their gap was decreased and/or eliminated. In the case of cosmetic surgery patients and because of swelling and medical side effects, this phase may take up to a year before one can accurately determine whether or not their gap was closed.

The final domain of the Cognitive Information Processing theory is the executive processing domain. This domain is worked through by thinking about your thought process. The executive processing domain governs and keeps in check all of the other areas of the cognitive information processing pyramid. Three skills that are essential in this domain area are: self talk, self awareness, and control and monitoring. Negative self-talk and cognitions can have a negative impact on decision making. Cosmetic surgery patients may experience further negative cognitions if their surgery decision did not close their gap.

The Cognitive Information Processing theory was based upon several structured and process theories. Structured theories view problems and decisions as episodes that happened at one time during an individual's life. Ann Roe (1990) emphasized understanding the early childhood experiences and needs of the person and then looking at decisions in terms of how fully they met the person's needs. Jon Holland (1997) felt that personality types corresponded with decision making. Structured approaches can also be referred to as "trait-factor" theories because they focus on analyzing all personal characteristics involved in decision making.

As opposed to structured theories, process theories look at decisions as a gradual and lifelong process that becomes more diverse as one grows and experiences. These types of theories are often called developmental theories because they focus on a lifelong pattern of choices that explore maturity, aging, and learning in regards to choices. Rather than focusing on one particular choice, as structured theorists do, process theorists emphasize the process of learning how to understand processes and decisions. Donald Super (1990) was a prominent process theorist who focused on the aspect of self-concept in the decision making process. John Krumboltz focused on how past learning affects decision making skills in the future (Reardon, Lenz, Sampson, & Peterson, 2000).

Culture and Media

One cannot walk through the checkout line of a grocery store without being bombarded by images of beautiful and thin women, most of them scantily clad. No longer are the days when having a nip and a tuck was something to be ashamed of. Although television news anchors and other celebrities once went to great lengths to hide the work they had done, now even ordinary people can be celebrities simply because of their cosmetic surgeries. An American Society for Aesthetic Plastic Surgery (Allure, 2003) reported that more than three-quarters of women surveyed said that if they had cosmetic surgery, they would not be ashamed for other people to find out about it. New television shows, such as *Extreme Makeovers* and *Nip/Tuck* glorify the transition its participants make from repugnant to beautiful (Dominus, 2004). An Allure (2004) poll reported that many women who regularly watch television have a thin-ideal, in which they have a greater desire for bigger breasts in combination with smaller hips. These same women also reported being more likely to approve of cosmetic surgery.

Other studies have focused on a cultural continuum of self improvement procedures, ranging from hair color to chin implants, from braces to face lifts (Goodman, 2003). Nearly

everyone knows a woman who fits into some aspect of this category, whether it be applying makeup or coloring one's hair. These procedures and behaviors, in fact, are so common to our society, that it seems almost absurd to place them on the same continuum as cosmetic surgery. Things have gotten so extreme, that in some suburbs, breast implants are now a popular gift for high school and college graduates.

Identity

Many plastic surgeons have argued that cosmetic surgery is more about identity than it is about medicine. Many practitioners have embraced the conviction that their mission is to repair the disjunction that can develop between the internal and external. In other words, to facilitate health by facilitating the development of an identity that feels authentic. This notion seems troubling to psychology profession that questions whether cosmetic surgeons are the appropriate professionals to deal with the issue of integrating identity (Haiken, 2000).

A rivalry between the profession of plastic surgery and psychiatry has also been noted in the literature (Haiken, 2000). Many plastic surgeons feel that they can cure or fix patients relatively quickly, whereas psychotherapy can take years for success. This may be due in part to the "magic bullet" theory that medical students are taught: the quickest and most effective solution for a patient is usually the best. However, this could also be viewed as a mechanism to protect the field of plastic surgery. If plastic surgeons began referring all of their patients pre-operatively to psychiatrists, their case loads may dwindle quickly.

Body Image and Self Esteem

Low body image is considered by some researchers as the principal motivator for cosmetic surgery for some women. This psychological construct appears to differentiate women who seek cosmetic surgery from those who do not (Sarwer, Nordmann, & Herbert, 2000). Body image and self-esteem seem to be intertwined, as one's self-esteem is significantly related to the degree of satisfaction with one's body image. This relationship between the two constructs can easily be applied to cosmetic surgery patients. Women who undergo cosmetic surgery are more likely to attain a good portion of their self-esteem from their physical appearance, rather than from an internal aspect of themselves. Thus, when their self-esteem decreases, they may pursue cosmetic surgery in order to boost their self-esteem and body image back up (Sarwer, Nordmann, & Herbert, 2000).

Negative body image has been linked to a variety of psychosocial concerns, such as low self-esteem, self-consciousness, and social anxiety (Koff, 1998). It is interesting to note that both extremely large and extremely small body features are viewed as undesirable. Koff (1998) reported that women who engaged in both breast augmentation and breast reduction experienced some of the same psychosocial issues. There are also cultural differences among ethnic groups; some prefer smaller features, whereas other cultures prefer smaller features.

Many cosmetic surgery patients often report avoidance of undressing in front of others, continual checking the size of their bodies, and camouflaging their bodies with special types of clothing. In addition, teasing has been shown to be another variable that differentiates women who seek cosmetic surgery from those who do not.

CHAPTER 3

METHODOLOGY

Participants

This study included ten women ranging in ages from 25 to 72. Each of these women has had at least one cosmetic surgery procedure at some point in her life. This study required that the participants be able to communicate verbally and that they would be willing to participate in the interview. The average age for participants at the time of this study is 43.6, the standard deviation of ages is 16.97, and the range is 25 to 72. The average time since surgery is 5.5 years. The distribution of ages according to when they had the surgery is as follows: one participant was under 20 years old, four participants were in their 20's, one participant was in her 30's, one was in her 40's, two were in their 50's, and one was in her 70's. The geographic locations of the participants varied, as the study was not limited to one specific region. Two of the participants reside in Atlanta, Georgia. The remaining eight live in various cities in Florida: Blountstown, Jacksonville, and Tallahassee. Atlanta, Tallahassee, and Jacksonville are all fairly urban areas, whereas Blountstown is a very rural and small town located in the panhandle of north Florida. The following table outlines the demographic information for each participant.

Table 1: Demographic Information

Participant	Current Age	Age at time of surgery	Race	Marital Status	Number of Children	Occupation	Type of Surgery	Time Since Surgery
1	28	28	Hispanic	Single	0	Student	Liposuction	2 months
2	72	70	White	Married	5	Retired	Abdominoplasty	2 years
3	61	57	White	Married	5	Retired	Facialplasty	4 years
4	51	32	White	Divorced	2	Guidance Counselor	Breast Augmentation	19 years
5	30	18	White	Married	0	Social Worker	Liposuction	12 years
6	58	58	White	Married	1	Retired	Blepharoplasty	4 weeks
7	25	23	White	Single	0	Fitness Instructor	Rhinoplasty, Breast Augmentation	2 years, 1 year
8	57	43	White	Married	0	Attorney	Brow Lift, Rhinoplasty	14 years
9	28	27	White	Single	0	Nurse	Breast Augmentation	1 year
10	26	26	White	Married	0	Student	Breast Augmentation	6 months

Procedures

The researcher obtained names and phone number of potential participants through social and professional contacts. The researcher phoned each participant and obtained her verbal consent to participate in the study. Appointments were then scheduled for the actual interview sessions. Some of the participants requested for the interviews to be conducted in their homes, typically in the living room area or kitchen where seating was comfortable and where there were few distractions or outside noises. Other participants preferred to meet at coffee shops. A quiet table in the back of each coffee shop was found, usually where no other customers would be able to overhear the interview. In both environments, the researcher and participants sat on opposite sides of each other and began the conversation with small-talk. The participants appeared to be comfortable in their chosen environments and relaxed more as the interview progressed. The participants that were a great geographic distance from the researcher were conducted over the telephone.

Before the researcher began asking the structured interview questions, participants were asked questions to reflect their demographic information. Age, race, occupation, number of children, marital status, type of cosmetic surgery, and the time since the cosmetic surgery were all obtained from participants during this portion of the interview. These demographic questions were posed as closed ended, as the needed information was specific and factual. The background information table can be viewed in the Participants section of this chapter. Participants were then asked to read and sign the Informed Consent Form, located in the Appendix section of this manuscript. As a warm-up and reflective exercise, participants were then asked to recall and describe their high school prom or a high school dance. No structure was given to this exercise; it was simply to get the participants thinking about the past and recalling details and episodes. Most participants elaborated for a few minutes on the details they remembered from these high school events.

A tape recorder was then turned on and the researcher began asking the interview questions. Questions were asked in sequential order, following the format listed in the Instruments section of this chapter. Many participants provided a great deal of information to the first interview question. As a result, during the remainder of the interview, other questions answers were obtained and used from that first answer. At the end of the interview, participants were asked if there was anything else that they would like to share about their experiences. The

tape recorder was then turned off and the participants were thanked for their participation. Some were curious about the purpose of the study, for which the researcher took a few minutes to explain the purpose of this research.

After the interview, the researcher listened to the interview from the tape recording while typing each participant's responses into a computer spreadsheet. The spreadsheet was organized according to the different domains within the Cognitive Information Processing Theory, such as self knowledge and world knowledge. All participants' responses were then prepared into one large spreadsheet so that the researcher could compare and analyze all participant's responses with one another. The researcher reflected on which questions elicited the most information and the manner in which each participant came to execute her decision.

Instruments

The subjects participated in a structured interview derived from the Cognitive Information Processing Theory. The interview questions were designed to provide the researcher with insight into how women decide to have cosmetic surgery. By exploring all phases of the decision making cycle in regards to cosmetic surgery, the researcher hoped to gain insight into how women in the future can be assisted with making similar decisions.

The Cognitive Information Processing Theory was studied in depth before the questions for this study were formulated. After the researcher became familiar with each domain within the theory as it relates to career decision making issues, the aspects from those domains were then transferred to the issue of cosmetic surgery decisions. Each domain was dissected and analyzed by the researcher for its applicability to the cosmetic surgery arena. Questions were then formulated from each domain as it was applied to the issue of cosmetic surgery. These questions are the result of the structured interview used in this study. Several drafts of the structured interview were prepared and refined according to the applicability to this population. All questions were formulated to be open ended so that the participants could answer with as much or as little detail as they wished.

When a finalized draft was completed, a pilot test was conducted with an individual who would have met the final participant criteria. The pilot participant engaged in the structured interview and exercises so that the researcher could gain an understanding for how realistic, organized, and applicable the questions were to this population. Questions that were difficult for her to understand were revised and clarified after the pilot test. Some questions were redundant

whereas others were vague and difficult to comprehend. She offered suggestions and feedback of the interview questions, which were taken into consideration and acted upon. After several revisions and much contemplation, Table 2 reflects the final draft of the structured interview questionnaire, which is comprised of 34 questions.

Table 2 Structured Interview Questions

Self Knowledge

- SK1 What aspects from your past/history have influenced your perception of yourself?
- SK2 What do you like about yourself?
- SK3 What aspects of yourself did you want to change?
- SK4 What were your general feelings and expectations regarding the issue of cosmetic surgery?
- SK5 Did you know any women who have had cosmetic surgery?
- SK6 If so, what were their outcomes?

Options Knowledge

- OK1 How and when did you first become acquainted with cosmetic surgery?
- OK2 What different types of cosmetic surgery procedures did you learn about?
- OK3 Was the financial cost a factor in your decision?
- OK4 Were medical risks a factor in your decision?

Communication

- C1 When did you first consider cosmetic surgery as an option for yourself?
- C2 What kinds of messages did you receive from your family, friends, and others regarding the area of your body that you wanted to change?
- C3 When did you become aware of the gap between your actual and desired body appearance?
- C4 What kinds of thoughts, experiences, events, and/or feelings caused you to consider cosmetic surgery?

Analysis

- A1 What did the people that you are close to think about you considering cosmetic surgery?
- A2 Where was the pressure coming from to make this choice?
- A3 What kind of an attitude did you have regarding cosmetic surgery at this point?
- A4 What did your self-talk at this point sound like?

Synthesis

- S1 What alternatives to cosmetic surgery did you consider that would give you similar results?
- S2 What types of cosmetic surgery procedures did you explore?

Valuing

- V1 What kind of an impact did you feel that each alternative and/or surgery would have on you and the people you are close to?
- V2 What was the ranking order of your alternatives?
- V3 What were the pros and cons (financially, medically, etc.) for each alternative?
- V4 How did you anticipate that the surgery would change your life?

Execution

- E1 What steps did you take to prepare for the cosmetic surgery (saving money, taking time off from work, counseling, etc.)?
- E2 What kinds of computer imaging did you access in order to explore what you would look like after surgery?
- E3 What steps did you take to interview different plastic surgeons?
- E4 How did you manage post-operatively during the recovery process?

Communication Recycled

- C1 Were you pleased with the results of the surgery?
- C2 What effect has this had on you and persons close to you?
- C3 Do you feel that your surgeon prepared you, both emotionally and physically, to handle the change in your body as a result of the surgery?
- C4 What disappointments did you feel after the surgery?
- C5 If you could go back in time, would you make the same decision to have cosmetic surgery?
- C6 What problems related to this, if any, have arisen since you had surgery?
- C7 Is there anything else that you would like to share about your experience?

CHAPTER FOUR

RESULTS

Self Knowledge

Self knowledge entails one's influences on their self perception, body likes and dislikes, and familiarity with other women who have had cosmetic surgery. The first question in the self knowledge domain proved to be very powerful and telling about the participants and their decision making processes. The participants used this question as a dumping site, which revealed a great deal about them and their reasons for engaging in cosmetic surgery. In fact, the participants gave so much information as a response to this question that many of the responses for the latter domains were gleaned and assimilated from their initial responses.

Family of origin issues were common themes throughout the self knowledge domain. In particular, the mother/daughter relationship played a significant role in these women's self-esteem, body image, and decisions regarding cosmetic surgery. Mothers are in a unique position of power and have a great deal of influence on developing young women. Five of the participants attributed their healthy self-concepts to positive family support and involvement. However, the remaining participants revealed dysfunctional family issues when asked about their self-perception.

Mothers may be viewed by some women as models of comparison. For example, Participant 5 viewed her mother's body as the ideal and constantly compared herself with this standard. However, when this ideal body shape is unattainable, as it was for this participant, many women experience dissonance and attempt to fill the gap between reality and perfection. Verbal insults from mother figures further increase the perceived gap and can lead to strained relationships and anxiety. On the other hand, some women, such as participant 10, may wish to look completely different from their mothers, which may also fuel a desire for cosmetic surgery.

However, a lack of parental involvement can be just as detrimental as too much interference. Participant 3 was deprived of adequate attention, clothing, nurturing, and supervision from her parents, which she attributes to her lifelong struggle with low self-esteem. She learned to equate love with attention and material things, all of which she yearned for, but never received from her parents. Participant 4 was raised in an alcoholic family and transferred her family caregiver role to her intimate relationships, profession, and other areas of her life.

These types of responses reflect a significant familial influence that affects women throughout their lives.

Episodic memories appear to have a significant influence on self perception. Six of the ten participants were able to recall memories of past events in great detail. Participant 2 recalled a statement that someone had made about her body over ten years ago. Although this statement may have seemed insignificant to an outsider, the implication to her body image was tremendous, as she continues to experience anxiety about that incident. Other episodes that influenced participants were divorce, becoming a mother, and memories of interacting with other women who had undergone cosmetic surgery.

Perfectionism was a common theme throughout the interviews. External influences for most participants were positive and had no influence on the women's negative perception of their bodies. Only three of the participants recalled significant events that contributed to low body-image. It seems that for many women, perception of oneself is much more important than what others perceive. The gap between the ideal and real body often results in an internal and private dissonance, which for these participants, was significant enough for them to seek surgical treatment. For three of the participants, one blemish was transferred to other areas of the body as they tried to reach physical perfection. For these women, it seems as if they will never be satisfied with the results, no matter how many surgical procedures they undergo, as they indicated intent to have additional surgeries in the future. Nine of the ten participants reported being happy with some aspects of their personalities and physiology. However, Participant 3 reported dissatisfaction with every aspect of herself, thus being unable to name anything that she liked about herself.

Familiarity with cosmetic surgery was associated with a lowered threshold for the risks involved. The father of Participant 2 is a plastic surgeon who performs all of her operations. In her case, there were no costs or barriers to obtaining cosmetic surgery that may have prohibited other women from engaging in the surgery. Four of the participants personally knew women who had cosmetic surgery and this seemed to increase their comfort level with the procedure and operating surgeon. All of the women who were used as knowledge bases for these participants had positive surgical outcomes, which led to an even lower perceived risk threshold.

Cosmetic surgery for many of these women was perceived as a necessary evil. Many participants underestimated the risks and recovery process, partly because of the lack of

information that was given from the operating surgeon. Emotional detachment was noted in several participants, as they acknowledged that cosmetic surgery is an unhealthy emotional option for some women. However, few discussed whether or not their choice to have cosmetic surgery was a healthy one or not.

Table 3: Themes and examples of self knowledge

Themes	Examples from Structured Interview Responses (with Participant Number)
Family Influence	“My parents didn’t really care what we did or how late we stayed out.” (3) “My father was an alcoholic, so that was a negative influence.” (4) “I was never athletic like my mom.” (5)
Perfectionism	“I became less picky and selective about where I wanted liposuction.” (2) “I wanted to go from looking diseased to normal.” (7)
Familiarity	“My dad is a plastic surgeon, so I grew up around plastic surgery.” (2)
Episodic Memories	“What that guy said really stuck with me.” (2) “Becoming a mother myself was probably the biggest event in my life that influenced who I am today.” (4)

Options Knowledge

Options knowledge involves how and when one learned about cosmetic surgery, the financial costs involved, and the medical risks of surgery. This knowledge, which ultimately helped women to form a knowledge base about cosmetic surgery in general, was gleaned through a variety of ways. Four of the participants did not engage in a great deal of processing for this domain, which could reflect a positive outlook on the knowledge they had already learned. One can presume that if negative information had been learned in this domain, participants may have decided against cosmetic surgery, or taken more precautions.

Three participants learned about cosmetic surgery from friends and family members who had previously engaged in cosmetic surgery. This knowledge was encouraging and helped to solidify the participants’ decisions, as the familiar examples were positive. This type of interactive knowledge base seemed to normalize and help the women rationalize their decision to have cosmetic surgery.

Print media, such as newspapers and books, were also instrumental in teaching women about cosmetic surgery. Although this knowledge is gained in a less interactive manner, it proved just as instrumental in the decision making processes of the participants as did the other knowledge base. Television has also captured the attention of potential cosmetic surgery patients. New television shows, such as Extreme Makeovers, show graphic before and after images of women and men who have engaged in cosmetic surgery. For example, Participant 6

saw an episode of this particular television show in which a woman's eyes were being corrected to improve her vision and appearance. The successful outcome was enough to solidify this participant's decision and increase her feelings of safety regarding the issue.

When learning about different types of cosmetic surgery, whether by friends or newspaper, participants were only able to recall learning about the specific procedure that they were interested in having. Whether or not they were informed of other types of surgery, it is interesting that they were only able to recall the knowledge related to the procedure of their choice.

Because most cosmetic surgeries cost several thousand dollars, finances are an issue that must be dealt with before one can arrange to have cosmetic surgery. Half of the participants in this study reported that financial costs were a factor in their decision and the other half reported that they would have engaged in the surgery regardless of the cost. Some participants financed the costs, whereas others saved money over time in order to pay for the procedure all at once. The five participants that were concerned with the financial costs conducted a cost-benefit analysis and chose neither the cheapest or most expensive surgeon. The women felt that although they wanted to be frugal, this type of surgery is not something that you want to scrimp on. These five participants seemed to find comfort with surgeons who fit into the medium or average price ranges.

There are various medical risks involved in each cosmetic surgery procedure, with death being a known risk for most any surgery. Half of the participants underestimated or ignored the medical risks involved in surgery and the time involved in the recovery process. The remaining five participants were accurately informed about the medical risks, but they felt as though the risks and pain would be bearable. It seems that these participants knew somewhat about the medical risks, but chose to tune them out or not pay as close attention to them as they should have. In fact, Participant 3 felt that she would have engaged in cosmetic surgery regardless of what any medical reports warned of; this was so important to her that she was willing to risk her life for it. The processing involved in the world knowledge domain seems to be fairly shallow, as these participants already had their minds made up that they wanted the surgery.

Table 4: Themes and examples of options knowledge

Themes	Examples from Structured Interview Responses (with Participant Number)
Underestimation of medical risks	“I wasn’t really worried about what the surgeon was going to do.” (6) “I didn’t really think that I had much to worry about.” (4)
Economics	“I chose a surgeon in the medium price range”. (3) “I learned that I could get some financial assistance from my insurance company.” (6)
Interactive knowledge base	“I have a few friends who have had cosmetic surgery.” (5) “When I learned about my sister in-law’s procedure.” (4)
Influence of media	“I read about it in the Sunday newspaper, they had a brochure advertising it.” (3) “The TV shows really show all of the nitty gritty details.” (10)

Communication

Communication involves identifying a gap between the real and ideal body, influence from significant others, and cognitions, emotions, and events that signaled a need for cosmetic surgery. The most predominant theme in the communication domain appears to be women’s inner struggle with their beauty standard. Six of the ten participants never received any negative cues or feedback from others about their bodies. Their own perception was the overriding factor that led them to consider cosmetic surgery. Six women reported feeling a struggle with mirrors and photographs and projected inward negative cues from flaws noted in these images. Because women look in mirrors several times per day, there is a constant pressure there to make the image more pleasing. An extreme example is Participant 8, who is employed as a fitness instructor. She reported an intense struggle with the mirrors in the gym where she works. She often has time to look in the mirror at her body and pick apart the features that she would like to improve. For the areas of her body that cannot be changed by body building, she turned to cosmetic surgery.

Noticing signs that one is aging, such as sagging skin around the eyes and lips, were also cues to some participants. Participant 3 became well aware of her aging body when she had a heart attack and her spouse began having health problems. Breast feeding resulted in sagging breasts for Participant 4, which may have signaled aging for her, as well. Whether these aging signs were noticed internally by the women themselves, or pointed out by external means, they were all viewed as negative. Aging, in general, is viewed in a negative light, and some women are willing to go to extremes in order to keep a youthful appearance. A commonly held belief of some participants follows that if one looks young, one can feel young, too. Although some of

the participants became of the gap in midlife, others recalled being unhappy with their bodies since childhood and adolescence, such as Participant 8.

For participant 2, a stranger’s negative perception of her body was all of the external cues that she needed to decide to have cosmetic surgery. Although her family and friends assured her that she had a perfect body, this person’s statement held more weight and power than did those that she was close to. Other participants, such as 7 and 10, felt self-conscious after hearing negative external cues, but it appears that those comments alone would not have warranted the decision to have cosmetic surgery. It is unclear whether these participants simply took negative feedback more personally than those participants that were unable to recall any negative external cues. This difference in memory recall may be due to a variety of reasons that should be investigated in future research. However, it seems that for most participants, a combination of internal and external cues led them to decide to have surgery.

All of the participants reported receiving positive external communication about the area of their body that they wanted to change. Many of these communication signals were from friends and family members attempting to reassure the participant that she did not need to have surgery. Although these statements appeared to be comforting, they did not hold enough value with the women to stop them from having cosmetic surgery.

Table 5: Themes and examples of communication

Themes	Examples from Structured Interview Responses (with Participant Number)
Battle with the mirror	“I am in the gym in front of mirrors all day long and I get really critical of the way that I look.” (7)
Resisting aging process	“Over the years I have noticed the aging around my eyes.” (6) “After my heart attack I just looked like I had aged a lot.” (3)
Power influence	“My family felt like my body was perfect.” (2) “People thought that I was being silly and wasting my money.” (7)

Analysis

Nine of the participants received emotional support from their significant others when they decided to have cosmetic surgery. Though the significant others may have disagreed with their choices, they nonetheless supported the participants’ decisions. Some significant others even held a role in validating the participants’ qualm with their body area targeted for surgical enhancement. For example, the spouse of Participant 10 encouraged her to have breast augmentation. Although some women were able to communicate with others about their wish to have surgery, three of the participants held a private discontent that they did not feel comfortable

sharing with others. There appears to be an element of shame involved in engaging in cosmetic surgery, so much so that many women hesitated to tell their significant others that they had undergone surgery. Parents and men seem to be the least likely to be about decision related to cosmetic surgery. An interesting dynamic was revealed by Participant 3, who reported that her daughter’s approval of the surgery was for emotional reasons, whereas her son’s approval was because of functional reasons. In essence, there seem to be gender rationality differences in some cases.

Many women reported feeling pressure from society’s standards to have cosmetic surgery. Participant 7 was very verbal in placing the blame upon society for her decision to have cosmetic surgery. Nearly all of the reported self-talk was negative in nature, yet proactive by expressing a determination to fix the problem area on the body. Some participants used cosmetic surgery as a means of controlling their bodies and lives, which shares some aspects with eating disorder research. Whether they were attempting to slow down the aging process or perfect an area of their bodies, control was a central element in their decision making processes.

Two of the participants, 1 and 7, were presented with an interesting opportunity, as they decided to combine a general medical surgery with cosmetic surgery. For example, Participant 1 conducted a cost-benefit analysis and decided that it would be fairly inexpensive to have an abdominoplasty in combination with an hernia surgery that she needed to have. She acknowledged that she could have never afforded the cosmetic procedure by itself, but the price became much lower when combined with another procedure and its associated costs. Participant 7 decided that while she was having her eye brows lifted due to Graves Disease symptoms, that she would also add microdermabrasion, rhinoplasty, and facialplasty to her tab. In all, 4 of the participants were encouraged by their surgeons to combine surgeries, and most surgeons begin giving drastic discounts as you add procedures.

Table 6: Themes and examples of analysis

Themes	Examples from Structured Interview Responses (with Participant Number)
Society	“Everybody in California was pulling it up and snipping it off.” (7)
External validation	“My daughter was supportive; she thought it was a great idea.” (3) “They all understood my reasons.” (9)
Private discontent	“I didn’t want anyone to know.” (3) “My dad still doesn’t know that I had it done.” (10)
Combined surgeries	“The only reason that I had it done was because they had to operate on me anyway for the hernia surgery.” (1)

Synthesis

During the synthesis phase, participants began to expand and narrow their choices and alternatives to cosmetic surgery. Eight participants tried alternatives, that failed to close the gap between their real and ideal bodies, before deciding to have surgery. Participants worked through the CASVE cycle and ultimately decided that the tested alternatives did not close their gaps. Participant 7, who wanted rhinoplasty, did not try any alternatives, as she felt there was no alternative that would correct her perceived imperfection. Although there were alternatives available to Participant 2, such as exercise, she only cycled through CASVE once. Her easy access to cosmetic surgery increased it as a viable option. All of the remaining eight participants tried alternatives such as wrinkle creams, padded bras, makeup, and exercise. The researcher anticipates that some participants will also go through the CASVE cycle a third time, and possibly more, as cosmetic surgery did not close the gap for all participants. Some report depression and low self-esteem despite their attempts to treat these symptoms through cosmetic surgery.

Table 7: Themes and examples of synthesis

Cycles through CASVE	“Padded bras were my main alternative.” (10) “I tried every kind of wrinkle and eye cream; every brand on the market I have tried and none of them worked.” (6)
No alternatives	“Because there’s not really anything that you can do, aside from surgery, to remove bags of fat from under your eyes.” (7) “I don’t think that I considered any alternatives because there’s not really anything that you can do about that problem.” (4)

Valuing

Most participants believed that their decision to have cosmetic surgery, and their corresponding body changes, would only impact themselves. Six of the participants are married and four of them have children, yet only a few women considered the impact of others when making their decision. This reflects an internal focus and confirms the message that most women engaged in cosmetic surgery for themselves. However, it appears that some women underestimated the impact that their decision would have on others, particularly those who had significant medical and psychological complications post-operatively.

Participant 6 conducted an in-depth cost-benefit analysis, with the focus being primarily on the effects she would experience. She identified her values as looking and feeling good, and functionality. She was resourceful in her payment options and displayed a great deal of

introspection in her desire to have cosmetic surgery. Her analysis of values was intended to improve her overall quality of life by touching various aspects of it: economics, health, and appearance.

Participant 10 admitted to having the surgery in part to please her husband and to spice up their sex life. Her husband played a significant role in her decision making process, as he gave her external communication about her body, provided validation for her desire to have surgery, and even accompanied her to interview plastic surgeons. She apparently valued his opinion and perception of her body. Participant 3 anticipated alleviating some emotional stress on her family, as she thought that the surgery would treat her depression. These two examples were unique, though, as most women in this study worked through the CASVE cycle independently.

Table 8: Themes and examples of valuing

Self-focus	“I felt like having surgery would help my self esteem and body satisfaction.” (5) “I only anticipated that it would have an impact on me.” (6)
Cost-benefit analysis	“I felt that it would improve my vision, increase my self esteem and self confidence, and make me feel better in general.” (6)
External influence	“I thought it would improve my sex life with my husband. I thought he would find me more attractive if I had larger breasts.” (10)

Execution

It was during the execution phases that the participants made the preparations to have cosmetic surgery. Participants sought additional support and validation from friends and significant others. Although emotional support was provided from these familial sources, none of the participants reported engaging in psychological counseling to investigate and crystallize their reasons for having cosmetic surgery. Participant 3 was involved in therapy prior to her surgery, yet she reported being encouraged by her therapist to engage in cosmetic surgery as an attempt to improve her self-esteem. None of the participants were required to engage in psychological testing prior to their surgeries.

Another component of the execution phase involves deciding upon a plastic surgeon. Some women conducted a wealth of research and interviewed handfuls of surgeons, whereas other women relied more on intuition and familiarity in their decision making process. For example, Participant 4 chose a surgeon solely based on the fact that her sister-in-law had used him. Women’s primary physicians appear to hold a great deal of power and influence in their

ability to make referrals and recommendations regarding which surgeons to use or avoid.

Participant 5 developed criteria to help them choose a surgeon: price, trustworthiness, honesty, comfort, and a good prognosis, to name a few.

The post-operative phase of this process revealed that many women were unprepared for the pain and recovery time involved in cosmetic surgery. Most women were taken care of by family members, but one participant hired a nurse to care for her. This can be a vulnerable time for women, especially those who were unprepared for the results, both positive and negative. Participant 8 revealed that she struggled with a short-term depression following her surgery while trying to rationalize what she had put her body through. Nearly all of the participants expressed some regrets and immediately after the surgery wondering why they had put themselves through the pain involved. However, at this point, a cost/benefit analysis is too late, as the surgery has been completed.

Table 9: Themes and examples of Execution

Familiarity	“I just decided to use the same surgeon that my sister in-law used.” (4) “I went with the surgeon who had done my sister’s implants.” (9)
Primary physician influence	“Dr. Bristol (my primary physician) told me that Dr. Hill was the best, so he is the one that I went with.” (1) “I started off by talking to my primary doctor about my desire to have my eyes done.” (6)
Surgeon criteria	“The surgeon that I decided to go with made me feel so at ease and I just felt like I trusted him and his staff.” (5)
Post-operative crisis	“It was horrible – the worst thing that I have ever been through.” (1) “I went through a short-term depression after the first surgery. I just questioned, ‘Why did I do this to myself?’” (8)

Communication Recycled

Seven of the ten participants were pleased with the results of their surgeries. One participant who was unhappy with her results went in for corrective surgery to fix the problem. It appears that the time since surgery is related to the level of satisfaction, as two of the participants were unsure about their satisfaction due to lingering swelling. It may simply take time for them to integrate their new physical self with their inner self, or it may just be that they forget how much pain they were in during the post-operative stage. Some patients have been told by their surgeons that it could take months or even a year for them to see the full range of intended results. Two of the women interviewed for this study recently had their surgeries and were less certain in whether or not they felt that they pain was worth the benefits.

Five participants did not feel that their plastic surgeon prepared them to handle physical and emotional changes that occurred as a result of the surgery. In fact, many of the disappointments that women revealed were the direct result of misinformation, or a lack of information, on the surgeon's part. Women were unprepared for the pain, complications, and recovery time, and thus were not able to close their gaps as quickly as they had initially anticipated.

Some women recognize that their gaps were not closed as a result of cosmetic surgery. Two of the participants admit that their desire for perfectionism has become somewhat of an obsession, yet they have no desire to seek help. One participant was noted contradicting themselves by stating that she did not really need the surgery, yet plans to have more surgeries and recommend that other women do the same. There appears to be a lack of introspection and processing involved in this phase, as some women are unable to recognize the dysfunctional nature of their behavior. However, four of the women were able to close their gaps, as their discrepancy was purely a physical one that was successfully treated by physical means. It appears that the women with a more internal basis for their low body-image were more likely to be unsatisfied with the outcome. For these women, the answer to their problems lies in internal treatments, rather than physical ones.

Executive Processes

Although the physical outcomes for most of the participants were positive, it is apparent that many will cycle through the CASVE phases again in order to close their still existing gaps. Some important lessons were learned by the participants through their cycles. Because many of them underestimated the medical risks and pain involved in cosmetic surgery, this will be an area that they will pay closer attention to in the future, if they decide to have additional cosmetic procedures. Some participants had such a negative experience with cosmetic surgery that they vowed never to have it again, no matter how few costs were involved. The pain, both physical and emotional, was so traumatic for two of the women that they would never choose to endure it again. However, for some women the pain was well worth the benefits they are now reaping. It also appears that self-talk, which governs decisions in the executive processing domain, had a big influence on the decision process. The executive processes domain is an area that should be further unraveled in future studies relating to decisions of cosmetic surgery.

CHAPTER FIVE

DISCUSSION

Summary

This was a case study that examined the decision making processes of ten women who had undergone cosmetic surgery at some point in their lives. The Cognitive Information Processing (CIP) Theory, previously applied to career decision making, was the theory base used in this study. The CIP Theory was used to trace the participants' decision making steps and to determine their levels of processing. A structured interview was used to investigate the steps and depth of processing involved in cosmetic surgery decision making.

Conclusions

The CIP model did prove to be a useful tool when applied to cosmetic surgery decisions. Most of the participants were successfully able to retrace their decision making steps when guided by the domains of the structured interview. For some of the participants, cosmetic surgery did not close the gap between their real and desired selves. These women used cosmetic surgery as an attempt to change something internal about them. These unsuccessful emotional outcomes indicate that these types of women are probably not ideal candidates for this type of surgery. Whereas some participants focused on one specific part of their body that they were unhappy with, such as the nose, others generalized a single flaw to many other areas of the body or the entire body. These women continued to phase through the CASVE cycle because their gaps remained open. Some of the participants acknowledged that their behaviors were unhealthy and obsessive, but they seem unmotivated to try anything other than additional cosmetic surgeries.

The level of processing for some of the participants was superficial, but for others it was quite in-depth. Differences were found among the integration of the exterior and interior selves in participants who had only recently had cosmetic surgery when compared with those who had their surgeries over two years ago. Family relationships played a significant role in the self knowledge domain, particularly mother-daughter relationships. Control and perfectionism were also common themes throughout all of the domains. Medical risks, pain, and the recovery process were underestimated by most of the participants. For many of the women, their desire to alter their bodies was so strong that they felt that the pain would be worth the benefits.

Additionally, many of their plastic surgeons failed to adequately inform them of the medical risks and pain involved, thus leading to further confusion and frustration post-operatively.

Strengths and Limitations of this Study

Because this was a case study, the results and implications are not generalizable to the entire population of women who engage in cosmetic surgery. Women were the only participants used, although the numbers of men engaging in cosmetic surgery is rapidly increasing. Additionally, the researcher had pre-existing relationships with some of the participants, which may have influenced their responses. However, this was the first study to generalize the CIP approach to decisions related to areas other than employment choices. Future studies may find the CIP model useful in a variety of disciplines.

This was a broad study, in that women from nearly all generations were studied, ranging from Generation X to women from the Depression era. This is one of the only cosmetic surgery studies to focus on women of this wide age range. Though previous studies have investigated the reasons why women choose to have cosmetic surgery, the focus of this study was on how women go about deciding whether to have cosmetic surgery.

Implications for Future Research

The need for pre-operative psychological screenings was identified through this study. The plastic surgeons that these participants used did not conduct any type of psychological testing, furthermore, many of the surgeons did not even ask the reasons why the participants were interested in having surgery. A pre-operative screening instrument could assist plastic surgeons in identifying women who may not be appropriate candidates for cosmetic surgery.

Plastic surgeons may need education and training on the psychological reasons behind why some women choose to undergo cosmetic surgery. A training manual would be a helpful tool to assist surgeons in this pre-operative screening stage, which could include steps for referring some women for therapy. Furthermore, plastic surgeons may be better able to identify women that are less likely to have positive outcomes as a result of cosmetic surgery. In particular, women who are attempting to change an internal aspect by altering their exterior selves. Because of the influence that primary physicians were noted to hold, they could also be trained to detect women who need counseling referrals as opposed to cosmetic surgery referrals. A readiness inventory may also be investigated and prepared that appraises and evaluates

women's psychological readiness for cosmetic surgery. This could be a self-help tool or one to be used by medical professionals.

In addition to pre-operative screening, a need for post-operative counseling was identified through some of the participants. It is quite common for women to feel regretful about their decision to have cosmetic surgery during the immediate post-operative period, partly due to the pain and unpleasant aesthetics involved in recovery. Post-operative counseling could assist women with integrating their new exterior self with their internal self, as this was also reported to be a difficult transition for some participants. Any psychological issues, such as state depression, that resulted from cosmetic surgery could be more easily dealt with if there were a mandatory post-operative counseling process. Because many women feel vulnerable and uncertain after having cosmetic surgery, the support of a therapist could help to alleviate some of dissonance that the participants experienced.

Other theory models may be more useful than the CIP model when working with this population. Furthermore, future cosmetic surgery research may investigate tools other than structured interviews for obtaining this type of information from women. Because women were the only participants used in this study, future research should investigate and compare the decision making processes of men who engage in cosmetic surgery.

Implications for Practice

The implications from this study for practicing psychologists and mental health counselors are tremendous. In the future, psychologists and plastic surgeons may work in combined offices and clinics due to the need for counseling among the cosmetic surgery patient population. Psychological testing and counseling has been identified as a need for both pre-operative and post-operative cosmetic surgery patients.

Because primary physicians are in such a position of influence on many women, future studies should focus on teaching them when to intervene with patients asking for cosmetic surgery referrals who seem to be inappropriate candidates. Because some women may rush into cosmetic surgery without going through all of the phases of the CASVE cycle, a waiting period may need to be enacted by plastic surgeons. This time before surgery may give some patients time to reflect on their choice, rather than simply engaging and regretting their decision in the future.

APPENDIX A

Informed Consent Form

I freely and voluntarily and without element of force or coercion, consent to be a participant in the research project entitled “The Application of the CIP Paradigm to Decision Processes Involving Cosmetic Surgery.”

This research is being conducted by April Money, who pursuing a Master of Science degree in Mental Health Counseling at Florida State University. I understand that the purpose of her research project is to better understand how women decide to have cosmetic surgery. I understand that if I participate in the project, I will be asked questions about my experience and my decision making process regarding cosmetic surgery.

I understand that I will be participating in a structured interview and that the interview will be tape recorded. My total time commitment for the interview will be approximately one hour. This interview will be taped so that the researcher can have an accurate record of my responses. My responses will later be analyzed in combination with the answers of other participants. These tapes will be kept by the researcher in a locked filing cabinet. I understand that the researcher is the only person who will have access to these tapes and that they will be destroyed by April 30, 2009.

I understand that my participation is completely voluntary and I may stop participation at any time. All of my answers to the questions will be kept confidential, to the extent allowed by law. Even if the results of this study are published, my name will not be used in the reporting of results.

I understand that there is a possibility of a minimal level of risk involved if I agree to participate in this study. I might experience anxiety when thinking about my experience with cosmetic surgery. The researcher will be available to talk with me about any emotional discomfort I may experience while participating. I am also able to stop my participation at any time I wish.

I understand that there are benefits for participating in this research project. First, my own awareness about my experience with cosmetic surgery might be increased. Also, I will be providing the researcher with valuable insight into women’s experiences and how one decides whether or not to have cosmetic surgery. If the results of this study are published, this information may be helpful for counselors and cosmetic surgeons who work with women contemplating cosmetic surgery.

I understand that this consent may be withdrawn at any time without prejudice, penalty, or loss of benefits to which I am otherwise entitled. I have been given the right to ask and have answered any inquiry concerning the study. Questions, if any, have been answered to my satisfaction.

If I have questions about this research project, my rights as a participant, or risks involved, I understand that I may contact April Money at (850) 942-7310, Dr. Gary Peterson at (850) 644-1781, or the Chair of the Human Subjects Committee, Institutional Review Board, through the Vice President for the Office of Research at (850) 644-8633 for answers. Group results will be sent to me upon my request.

I have read and understand this consent form.

(Participant)

(Date)

APPENDIX B

HUMAN SUBJECTS COMMITTEE APPROVAL



Office of the Vice President
For Research
Tallahassee, Florida 32306-2763
(850) 644-8673 · FAX (850) 644-4392

APPROVAL MEMORANDUM

Human Subjects Committee

Date: 12/3/2003

April Money
3259 Ermerson Lane
Tallahassee, FL 32317

Dept.: **Educational and Psychology Learning Systems**

From: **David Quadagno, Chair** 

Re: **Use of Human Subjects in Research
Decision Making Processes in Cosmetic Surgery**

The forms that you submitted to this office in regard to the use of human subjects in the proposal referenced above have been reviewed by the Secretary, the Chair, and two members of the Human Subjects Committee. Your project is determined to be exempt per 45 CFR § 46.101(b) 2 and has been approved by an accelerated review process.

The Human Subjects Committee has not evaluated your proposal for scientific merit, except to weigh the risk to the human participants and the aspects of the proposal related to potential risk and benefit. This approval does not replace any departmental or other approvals, which may be required.

If the project has not been completed by **12/2/2004** you must request renewed approval for continuation of the project.

You are advised that any change in protocol in this project must be approved by resubmission of the project to the Committee for approval. Also, the principal investigator must promptly report, in writing, any unexpected problems causing risks to research subjects or others.

By copy of this memorandum, the chairman of your department and/or your major professor is reminded that he/she is responsible for being informed concerning research projects involving human subjects in the department, and should review protocols of such investigations as often as needed to insure that the project is being conducted in compliance with our institution and with DHHS regulations.

This institution has an Assurance on file with the Office for Protection from Research Risks. The Assurance Number is IRB00000446.

Cc: Dr. Gary Peterson
HSC No. 2003.634

APPENDIX C

RAW DATA

Self Knowledge Question 1: What aspects from your past have influenced your perception of yourself?

We had a mother who was very intelligent and she wanted us to be the best that we could be. She pushed us very hard, that was the main thing. And I had Christian discipline in my home. We had a large extended family – all my cousins, aunts, uncles, everyone was involved in our lives.

My parents were very supportive of me in general and encouraged me. I think that it's because of them that I have high self esteem and self image. My dad is a plastic surgeon, so I grew up around plastic surgery. I worked in his office in high school. So, I always saw the before and after results of the patients. I have always been very athletic. I was on a swim team in high school and went on a lot of competitions for swim meets. I also played softball. My senior year in high school I was a lifeguard, so I had to wear a swimsuit to work. This guy that I worked as a lifeguard with said to me, "You know, you would have the perfect body if you just worked on your butt." I had never thought about my butt being too big before that, but what he said really bothered me. Since my dad is a plastic surgeon, I thought, "Why not have liposuction on my butt?" I had easy access to it and it didn't cost me anything, so I did it. Looking back on pictures now, I didn't even need to have it done. I actually had a really good butt, but what that guy said really stuck with me.

My parents didn't really care what we did or how late we stayed out. I think that's where it all began for me with my depression and low self-esteem; just trying to find someone to care about me. We just didn't have any supervision when I was growing up. Even though I loved school, I dropped out in the 9th grade. I went to Hosford School from kindergarten to the 8th grade, but to go to high school, we all had to transfer to Liberty County high school. I didn't want to go there because I didn't have nice clothes and my parents didn't care. I was really good in school and I loved it, but it wasn't worth going if I didn't have the right clothes to wear. Also, my older sister had a lot of influence on me; she was two years older than me. She always hated school. So, when she quit school, she wanted me to quit, too. I still have that low self-esteem and I think it all stems from when I was little. I married when I was 14 and had my first child at 15. I married so young that I never got to enjoy my teenage years. My first husband treated me like a child and he often slapped me around, even though I guess that I was a child at 14. My next husband was an alcoholic and we were together for 14 years. He was really mean to all of us, me and the kids. Maybe I attract abusive men, or that is the type that I pick, like I need someone to boss me around. After that marriage ended, Fred and I were married for 15 years, and then he got Alzheimer's Disease. He was the best man to me and I was so happy with him. Fred didn't boss me around; he just took care of me. He made sure that I had whatever I wanted. I always had a nice new home and he took me on vacations. I had a really good life with him and maybe that's because he could afford those things. When he got sick with Alzheimer's Disease, I went into a deep depression and I think that is when I considered plastic surgery. I wanted to be young again, or maybe just to look young. I hadn't been back to my hometown in many years and I didn't want to come back looking haggard and old. During my depression, my psychologist suggested that I do something to make myself look better with the hopes that I would then feel better.

Gong to church when I was child had a positive influence on me. A lot of the church members played a big role in my life and I was grateful for that. My father was an alcoholic, so that was a negative influence. He and my mother divorced when I was 17 and that had a huge impact on the kind of person that I became. Becoming a mother myself was probably the biggest event in my life that influenced who I am today. Also, getting divorced was also a biggie. So, lots of life-changing events have had an impact on my perception of myself.

I'm Hispanic, my mom was harsh on us. I was never heavy until last year of elementary school. In high school I slimmed down. My mom was verbally abusive and caused me to be self-conscious about myself. I was never athletic like my mom. I was never involved in something that would keep me slim and muscular. I was in an 8 year relationship and I "blew up" again. I began kickboxing and exercising and I looked great, but everything that I did was not working on that area. I'm very self-conscious, I never wore bathing suits even though everyone told me that I looked great. That was fine and dandy for them to tell me that, but behind closed doors I wasn't happy. My mom tries to live vicariously through me. Anytime that I cut my hair or did anything different to myself, my mom reacts negatively. She is still kind of critical. Everyone else in my family thinks that I am too thin (Hispanic culture). Now I'm thin because of acid reflux, IBS, and I have to watch what I eat for medical reasons, not because I'm trying to diet to lose weight.

My parents, my husband, and my previous employers all influenced me in a positive way.

Society has influenced my perception, men in our society, in particular. Also, living in California had a big influence. California is so appearance focused and body conscious. Everybody in California was pulling it up and snipping it off.

Look at Cher - she's had everything done. People become addicted to it.
My parents have had a positive influence on me, and my friends have had both a negative and positive influence on me.
My parents and church. I'm from a really close nit family and I think that made me a confident and happy person.
My parents divorced when I was 8 and I think that was the biggest influence. I'm the oldest of 3 children, so I had to grow up kind of quickly. I have always had a rocky relationship with my mom and never felt that great connection that you hear some girls talk about. I have always been flat-chested and self-conscious about it. My mom is also flat-chested, so I never really had a chance.

Self Knowledge Question 2: What do you like about yourself?

I like the fact that I'm honest, I'm not afraid, but then again fools rush in where angels dare to trot! I get pleasure from doing things for others. And I don't hold grudges – I love that. I think the bottom line though, is that I can't remember what I was mad about in the first place.
I have high self confidence. I am a happy person in general.
Nothing. I know that sounds crazy; there must be something that I like about myself. But, I don't have a good personality. I hate being alone all the time, but I don't want someone that I'm not in love with to keep me company. I can't sit in front of a mirror and pinpoint anything that I think looks good on my body. I know it sounds awful, but it's the truth.
I'm kind, compassionate, I care a lot about people, and I genuinely like people. I try to always do the right thing, which a lot of people don't try to do. I like my job. I'm glad that I became a teacher and a counselor.
My smile, everyone says that I have awesome teeth. I also like my butt. When I went to interview doctors, I was firm on telling them, "do not take anything from there (points to butt)." He said, "don't worry, we'll only take it from where you want."
I am patient, considerate, and a good caregiver.
I like that I'm white. I'm a tall, white American woman and I like that.
I like my personality, my looks, my motivation and drive, my intelligence, and I make friends easily, so just about everything! I don't think that my job defines me, but I really do like what I do for a living
I'm athletic and strong. I try to be nice to others. I also have a good sense of humor.
My hair and eyes, I'm a good listener, and I'm easy to get along with. I also like helping others.

Self Knowledge Question 3: What aspects of yourself did you want to change?

My big stomach, lord I looked like I was pregnant. My clothes didn't fit like I wanted them to. Now my clothes just fit me better. Actually, the main surgery that I had was to remove some cists and hernias from having so many children. So, they had to operate on me anyway for that reason, and to re-tack the bladder, colon, and rectum back up. So, I said, "while you're in there, just tighten up my stomach, too." If I had just gone and had the tummy tuck, it would have been a \$20,000 surgery. I had two surgeons – a gynecology surgeon and a plastic surgeon. So, it was kind of hard to schedule two surgeons at the same time – it took a little while. But, I probably saved \$15,000 by combining my tummy tuck with the other because my insurance wouldn't have paid for a cosmetic procedure.
I have pretty much had liposuction done on my whole body. I know that sounds sick, and it is. I started out just wanting to change my butt with the first liposuction in 1991. But, after that, I became less picky and selective about where I wanted liposuction.
I had a lot of wrinkles around my mouth. I told the doctor that I wanted to look 'rested and vibrant' and he figured out what to alter on my face. My neck was really bad, too, with wrinkles and extra skin. We don't have very good skin in my family, we wrinkle really early. I also had the chemical peel for the wrinkles around my mouth because a face lift doesn't affect that skin. He didn't do much to my eyes, but he did liposuction on my neck, which I didn't even know he was going to do. I just thought that he was going to tighten the skin on my neck and he didn't explain that until after the surgery. The liposuction was to get out the fat pockets under my chin. But, it's all coming back – the wrinkles and the fat. I think that for it to last, you have to really take care of yourself, but it will still eventually come back.
I wanted to make my breasts bigger.
The areas that I had liposuctioned were the most pressing (hips and thighs). I've come to accept the fact that I'm not big breasted, and I have accepted that. There are other parts of my body that I'm not happy with, but I think they make me unique and I can live with that. My hips and thighs are the only parts that I could not accept as the way they are. Until they come up with a really safe way of doing breast implants, I am not doing that.
The skin around my eyes. My upper eyelids had just gotten really droopy and my bottom lids had bags under them.

I felt like my face was almost disfigured because of the symptoms from Graves Disease. I wanted to go from looking diseased to normal.
Initially my nose, but then I also had my breasts augmented the next year.
Just my breasts. I have always worked out and been very muscular. I consider myself to be in very good physical condition.
I wanted my breasts to be normal, or average. I am a small person, but my breasts looked like a teenager's, they were just way too small for my body. I wasn't trying to look like a bombshell, I just wanted to be like everyone else.

Self Knowledge Question 4: What were your general feelings and expectations regarding the issue of cosmetic surgery?

I thought anything would be better than what I had, and it would tighten my stomach up and make the muscle stronger. I just figured that anything would be an improvement.
Growing up in my dad's plastic surgery office, I was pretty comfortable with the idea of cosmetic surgery. I had such easy access to it didn't cost me anything to have it done.
They were unrealistic. I felt that it would be like getting a few stitches out, not much pain at all. I didn't think that it would be any big deal, but it really was and I was completely unprepared.
I don't know if I had any expectations, except that I just wanted larger breasts.
My thing was you can take it to the extreme. I understand when people are not happy with themselves, but I don't understand why people have cosmetic surgery because someone else is unhappy with their bodies. I see all these people getting lip injections and implants in other areas. I understand body contouring, but my thing is it has to be because you are unhappy with that part of your body, not because someone else is unhappy with it.
I expected that my eyes would look better and that I would be able to see better, too.
I felt like it was necessary for me because my face looked so disfigured.
I initially didn't know that much about it and I thought it was really extreme and unattainable.
I don't remember having any feelings about it. I wasn't trying to make myself look much different; I just wanted the size of my breasts to match the size of the rest of my body. I wanted to be proportioned properly.
I had been debating it for years, the pros and cons. But, I ultimately decided that it was worth the pain and money. It was that big of a deal to me.

Self Knowledge Question 5: Did you know any women who had cosmetic surgery?

Not personally.
I knew so many women who had cosmetic surgery, simply from working in my dad's office.
Not personally. I saw a lot of books with different women, but didn't talk to anyone.
Yes
Yes, but they had no problems. They are very happy with their results.
I had a cousin who had a different type of cosmetic surgery, but I'm not very close to her. But, I did call her before I had the surgery and talked with her about what hers was like.
Not personally at the time. My surgeon had this book with pictures of women that he had operated on. He allowed me to call some of the women and talk with them about their results.
Before I had the first surgery, I did not. But, when I had the second surgery, I did know one other person who had surgery.
My sister had it done a few years before me.
Yes, several women in my extended family have had it, but no one ever talked about it. It was kind of a personal thing that everyone knew had happened, but no one mentioned it.

Self Knowledge Question 6: If so, what were their outcomes?

N/A
They were all positive outcomes. I never saw anyone have a negative outcome.
N/A
My sister in-law had breast implants, too. She was very pleased with her results.
Positive outcomes, they were all friends.

Her outcome was positive.
They were positive outcomes
Positive.
Positive.
Positive outcomes, I guess, but I don't really know for sure.

Options Knowledge Question 1: How and when did you first become acquainted with cosmetic surgery?

Probably by reading magazines. I've seen liposuction on TV, but it grosses me out. It looks like they're killing a hog and t is just pouring out. I probably have heard about it through word of mouth, too.
I don't really remember when I first became acquainted with it, because I have been exposed to it for so many years.
I read about it in the Sunday newspaper, they had a brochure advertising it. Now that I think about it, that's probably where I got the idea from. They had a little book about what types of plastic surgery that they could do and maybe that planted it in my mind. But, they didn't say anything about all of the pain that I would feel. That still bothers me, all the pain that I went through.
I guess when I learned about my sister in-law's procedure.
I have a few friends who have had cosmetic surgery, boob jobs. I questioned how they went about it.
I first learned a lot about cosmetic surgery by watching the television show "Extreme Makeovers." There was a featured woman that had the same problem with her eyes that I do. That is when I discovered that it was also considered a medical condition that affects your vision. So, I decided that I should have it done, too.
When I went to interview my surgeon and learned about what all they could do.
When I began doing a lot of research on rhinoplasty.
When I was younger. I remembered hearing comments about plastic surgery or people just talking about it. But, I remember thinking that it was a bad thing when I was younger.
When I saw cosmetic surgery on The Learning Channel and The Discovery Channel. The TV shows really show all of the nitty gritty details. They take all of the mysteriousness out of it.

Options Knowledge Question 2: What different types of procedures did you learn about?

Liposuction
My dad specializes in liposuction, so that is the one that I was the most familiar with.
I learned about all types while reading that brochure.
I first learned about breast implants, but I later learned about all types.
Liposuction.
This was the only type that I explored.
I was primarily interested in having a brow lift. But, I figured that while I was under the knife I wanted for them to do as much as they could to me. So, they did some dermabrasion around my mouth to remove the fine lines and I also had rhinoplasty.
I first learned about rhinoplasty, but then I also investigated breast augmentation after the first surgery.
Just breast implants.
I learned about all kinds; breast implants, liposuction, nose jobs, and a few others.

Options Knowledge Question 3: Were the financial costs a factor in your decision?

Yes, I never could have afforded to have the cosmetic surgery by itself. I had to pay \$700 extra for the anesthesiologist, but overall I saved about \$15,000 by combining it with my other surgery. The abdominoplasty itself would have been over \$20,000 alone.
No, because I did not have to pay for it.
No, I didn't care what it cost. When we began shopping around for a doctor, I didn't want to go with the most expensive doctor, but I chose a surgeon in the medium price range. Then after the surgery, they tried to sell me all of these facial creams, but I didn't buy them. They make so much money off that stuff.
Finances did play a part, because this is not an inexpensive thing to have done.
Yes, I knew that I could not go over a certain price. But, one surgeon that I consulted started right at my cut-off price. So, I had to shop around. The surgeon that I eventually chose was cheaper to have more areas done. He actually had more experience, too.
Yes, finances were a factor. Luckily, I did some research and investigating since I learned from "Extreme Makeovers" that part of my problem is a medical condition. I learned that I could get some financial assistance from my insurance

company with paying for the eye surgery since it was partly a medical procedure. I had to go through some insurance tests and red tape, but I passed them all and qualified for the financial assistance.
No, I took it out of the equity in my home. I figured that it was worth the cost because people were starting to make really rude and unkind comments about my face. That was when I was in the army and people would say to me, "You look so ill." I knew that I looked bad, but people were really unkind with pointing it out. This was when my husband and I were planning on getting divorced anyway, so I knew that I would have my half of the equity in the house to spend.
Not too much. I mean, I guess it did a little. But, this was really a done-deal, regardless of the financial cost.
Not really. I saved up for part of it and financed the rest. I was able to pay it off fairly quickly, though, when I graduated from college.
Big time. I was really reluctant because of the cost. If it had been cheaper, I would have done it a long time ago, but I am a cheapskate. I just couldn't justify spending several thousand dollars on my self, it seemed selfish.

Options Knowledge Question 4: Were medical risks a factor in your decision?

No, at the time I didn't know that I would catch a staff infection and that I could have died. I just didn't think about it. But, I've always known that I'll live to be 100 years old. If I had thought there was a remote possibility that I would die from the cosmetic surgery, I wouldn't have done it.
No.
If my cardiologist had said that I couldn't have the surgery, then I wouldn't have done it. They took an EKG before the surgery and it was fine, so they said that I would be okay. Now, I've read about how dangerous it is and that people actually die from having face lifts. I was not aware of that, but I don't know if it would have made any difference. I made up my mind that I was going to do it and I don't think that anything would have changed my mind.
I did pay attention to the medical risks, but I didn't feel like they were a big factor. I didn't really think that I had much to worry about.
Definitely, because there is a lot of nerve damage that happens. I have numbness in my legs and it will take a while before the nerve endings regenerate. Anywhere that they make incisions is cutting a nerve. It's getting better because I can actually feel part of my legs now. Especially since I get sick so easily. I made sure that I was in the best shape possible so that when I had the surgery, the healing process would go quickly, by taking Pilates and eating right. The aftermath was the hardest. My surgeon said that it would take 6 weeks before I could exercise due to swelling and oozing. But, I pushed myself and I would get up even though I was in pain. Most people would just lay there and pop pills. Every time that I got up to use the bathroom was painful, every time I took off the bandages I almost passed out because of the pain. But, I couldn't just lay there like a lump on a log. I got yelled at by the nurses. But, my doctor was really impressed with the speed in which I healed. It made a big difference in my healing process. But, my legs still hurt.
No.
I wasn't really worried about what the surgeon was going to do. I had already had a hysterectomy, and having both of my ovaries removed at age 37 really threw me into a tailspin. I thought that I would be back to work after my hysterectomy in about a week, but I had lots of complications and it was really rough. My body started producing too much estrogen, which is what caused me to get Graves Disease. So, I kind of figured that my post-op with cosmetic surgery wouldn't be peachy, but I was okay with that.
Yes, somewhat.
I was in nursing school at the time, so I did a lot of research on breast augmentation. But, the odds of death or serious injury as a result of the surgery were very low. Most complications are pretty easy to correct, so it seemed like a safe procedure.
In the back of my mind, I knew about the risks, but you never really hear of any bad things coming from the saline implants. Now with the silicone implants years ago, those were obviously dangerous. But, I felt like the risks were very low because of the safety of saline.

Communication Question 1: When did you first consider cosmetic surgery as an option for yourself?

Well, I think from the time that I knew there was such a thing that they could tighten your stomach and take the flab off, in the back of my mind there was a desire to do that. But, I guess when I really said yes is when I found out that I would have to have the hernia surgery anyway. I asked my family doctor to refer me to a plastic surgeon.
The first time that I considered having it done was after that lifeguard made the comment to me about my butt.
I guess when I read that brochure in the newspaper.
After I had my second child I really considered it. Breastfeeding two children has a big impact on your breasts.
Over the summer I decided to do it, it was just a matter of getting my finances in order. And making sure that I started working out over the summer. I wanted to get as small and fit as I could so that when I was out of commission

(recuperating), I would not gain as much weight. I did a lot of research online; I talked to a lot of people who had cosmetic surgery. I started looking early. When the semester ended, I knew that I wanted to do it.
When I saw the “Extreme Makeover” episode where the woman had the same problem that I do. Especially when I saw that the surgeon fixed her problem completely.
After I had Graves disease I had one-inch bags of fat under each eye. I also had fat above my eyes that made it hard for me to even open my eye. The blood vessels were also really visible, too. The comments that people made were also a trigger.
I guess when I was 23 (two years ago) and I first began to realize how attainable cosmetic surgery was.
When I graduated from high school, I talked to my parents about it and they were supportive, but couldn’t afford to help me pay for it. So, I began to save a little money in college and decided to have it done when I had a good down payment saved up.
When I was in high school, I was bigger breasted than I was in college. After I got married, I noticed that they (my breasts) were shrinking and I began thinking a lot about the surgery. It got really frustrating when I would go shopping for bras, shirts, and swim suits; nothing would fit me up top.

Communication Question 2: What kinds of messages did you receive from your family, friends, and others regarding the area of your body that you wanted to change?

Well, Doug (her husband) and I kind of didn’t talk about it that much. Doug didn’t like my stomach, you know men like trophy wives. I could have fixed it or not, it was strictly up to me. I don’t think it would have changed the way he thought about me had I not fixed it. Overall, my family was supportive of my decision to have the surgery.
My family felt like my body was perfect. But, it was more of a personal thing. I did it for me, not for anyone else. Although I never saw that guy again, his words really bothered me. It wasn’t like I saw him all the time, and I felt pressured because of him. My family and my boyfriend really disagreed with that guy’s statement, but I still felt the need to have liposuction.
Nobody knew that I was so unhappy with my face.
I didn’t really receive any messages about my breasts.
I told my mom that I was thinking about having cosmetic surgery and she said that if it was something that was important to me, then I should do it. My dad I would never tell, though, because he thinks that I am perfect in every way. I did not tell any of my family until after the fact, and I’ve only told my cousin up until this point. I have told some close friends in town, and my roommate took care of me after the surgery. The only man that knows is a friend from south FL; only females know. I guess that men can’t understand why I would want to do it. I’m not ashamed; I just know that my family would question why I had the surgery since they feel that I didn’t need it. But, I still haven’t told my mom, though I will one day. When I had the surgery, it was just perfect timing, when else was I going to have a month and a half to recover (it was Christmas break)? I’ll tell my mom down the line.
They were all supportive of my decision to have cosmetic surgery; they understood why I wanted to have it done.
My husband, who was an asshole, didn’t want me to have the surgery because he didn’t want me to spend the money. But, we weren’t planning to stay together anyway, so I really didn’t care what he said. This is a guy that metered out my postage so that I wouldn’t cheat him during the last weeks of our marriage, so I pretty much disregarded whatever his thoughts about the surgery were. I didn’t discuss it with my mom. I really didn’t have any support from anyone; the Guilford’s don’t really stick together.
Everyone thought that I didn’t need to do it. People thought that I was being silly and wasting my money. Some people had positive things to say about it, whereas others had negative things to say. But, some people were just neutral and said that I really didn’t need it.
Most people agreed that my chest was too small for my body. I mean look, I had these really muscular legs and arms, but a tiny chest. It was disproportionately small.
My husband was all for it. He sometimes used to tease me about my small breasts. He definitely wanted them to be bigger. My parents didn’t think that I needed them, especially my mom. She was really negative when I would talk to her about the surgery. Her chest was even smaller than mine, so I thought she would be supportive, but she wasn’t.

Communication Question 3: When did you become aware of the gap between your actual and desired body appearance?

When I look back at pictures, I realize it the most. All that I see in those pictures is my stomach – it looks like I’m pregnant. I had to wear all of these smocks because it was so big. It just got bigger over the years. (Showing pictures of her over the years).
After the statement from the lifeguard.

After my heart attack I just looked like I had aged a lot. You know when people get sick they just look tired and sick; that's how I looked.
After I finished breastfeeding my second son I was really aware of the gap. I worked out a lot and I was really in shape. While I was doing a lot of weight lifting I was working really hard at keeping my body in great shape. My chest was also very muscular, but your breasts are the one part of your body that you just can't make bigger by working out.
When I gained weight during my long-term relationship I was very unhappy. I don't share the Hispanic cultural value of placing value on big, voluptuous women.
Over the years I have noticed the aging around my eyes. After I had my daughter, I noticed that I was even getting bags around my bottom eyelids.
After having Graves Disease.
When I began working in my profession and looking in the mirror all day. I am a fitness instructor, so I am in the gym in front of mirrors all day long and I get really critical of the way that I look.
I was aware of it around the 11 th or 12 th grade in high school. I saw all of my friends with large breasts and I wondered when I would develop, but I never did.
When I got married and looked back on high school pictures when I had bigger breasts. It was then that I realized that my breasts had shrunk.

Communication Question 4: What kinds of thoughts, experiences, events, and/or feelings caused you to consider cosmetic surgery?

I disliked having such a big stomach and I was self-conscious about it.
The statement from the lifeguard about my butt.
My depression. Also the fact that my husband had Alzheimer's Disease and had to go into a nursing home.
After nursing the two babies, I hated the way that I looked. I had a very muscular chest, but my actual breasts just looked like ski slopes, they were horrible. I wondered, "why did I nurse these kids for so long?" Because I did breast feed them each for a long time. It was great while I was breastfeeding, but then afterwards my breasts just looked so bad.
Feeling unhappy with those target areas, the criticism from my mother about my body, and situations in which I had to wear a bathing suit.
Just being aware of the extra skin around my eyes for all of these years. Also, the problem with my vision caused me to consider it more seriously.
My symptoms from Graves Disease, the comments that people made about my face, and just knowing society's expectations of women were all a factor.
My unhappiness with my nose has been an issue since childhood. I have always hated my nose.
Just feeling that my chest was too small. Especially in the gym when I would wear sports bras, it was really obvious then. You look in the mirror and see all the other women and begin to feel ashamed of what little you have.
Being self-conscious about my breasts, frustration with trying on clothes and having them be too big, comments from people about how small I am. I just began to develop this inferior complex.

Analysis Question 1: What did the people that you are close to think about you considering cosmetic surgery?

My family is always supportive of what I want to do.
(Also refer to Communication, Question 2) My family didn't think that I needed it.
I didn't want anyone to know. Today, the only people that know are my daughter, son in-law, my grandson, and his wife. I still don't think that my sisters even know that I had it done. They may suspect, but they don't know for sure. The only way anyone would have known if because of the scars, but no one has asked. My daughter was supportive; she thought it was a great idea. My son in-law didn't think that I needed it, but he said that if it would help to get me out of the depression then I should do it.
They were all very supportive of my decision to have breast implants.
My friends were supportive of my decision. My mom said that if I wanted to do it that I should. But, she still doesn't know that I went through with it. Everyone else that I am close to, like family members, do not know that I had surgery.
They were all very supportive of my decision.
My husband (at the time) was really the only person that knew that I was having the surgery, and he didn't want me to have it done because of the money issue.
(See Communication, Question 2). No one thought that I really needed it.
My whole family was supportive of my decision. They all understood my reasons. Some of my friends thought I was being silly, but I didn't care. My mom was the most supportive.

My husband and my sister were supportive. My mom didn't want me to have it done; I don't know if she was jealous or what. My dad still doesn't know that I had it done. Maybe he suspects, but he would never ask.

Analysis Question 2: Where was the pressure coming from to make this choice?

I was the one who decided to have the surgery. But, I wouldn't have just had this done by itself. The only reason that I had it done was because they had to operate on me anyway for the hernia surgery.

I was the one who wanted to have it done.

I felt pressure from my family to get over my depression and I thought that this would help.

From within.

From within because I was so unhappy. I kept getting invited to places where I would have to wear a bathing suit and I would refuse to go. You would not catch me in a bathing suit, and if you did I would have something covering me up. Which was stupid, so I decided to do something about it.

The pressure came from myself.

Society

The pressure was from me. I can't remember any event where someone made fun of my body or anything that would have made me feel this way.

I was the one putting pressure on myself. No one ever said, "you should enlarge your breasts." It's just something that I wanted to do for myself. I have heard guys making comments about my breasts before, saying that I looked more like a man than a woman because I am so muscular, and that did hurt my feelings. But, I would never have had surgery to try and impress anyone else.

From me, and society, I guess. The media has a big influence. When you read magazines and watch TV, you never see a flat-chested model. I guess I shouldn't say never, but you rarely see them.

Analysis Question 3: What kind of an attitude did you have regarding cosmetic surgery at this point?

I just knew that I wanted to have it done. I knew that I would feel better with a tighter stomach.

I had a positive attitude about it. It was something that was really common to me because of my dad's practice.

I just decided that I wanted to do it and I did it.

I just wanted that part of my body fixed.

I knew that I wanted to have it because there was no other way to work off my target areas.

I thought that it would be a good option for me. But, I did a lot of thinking about it. This wasn't something that I just decided to do on a whim. I thought about having my eyes fixed for a long time, but didn't seriously consider it until that television show.

I wanted to look more like myself.

I didn't really care that everyone was reassuring me about my body. It didn't matter what anyone else thought, this was about me.

It was a safe and relatively easy way of getting what I wanted.

I was anxious about it, but I felt that it was necessary. I also felt like I should do it before I got much older – nobody wants to see a 40 year old in a bikini top, you know?

Analysis Question 4: What did your self-talk sound like?

I thought that my stomach looked fat and like I was pregnant.

I was just really disturbed by that guys' perception of my butt.

Lots of negative self-talk. I thought that I looked old and I've always thought that I'm unattractive. I looked old and haggard. I thought that I would feel better about myself, and actually I did. When I went home after the surgery, everyone said, "your vacation did you a world of good – you look so rested." I didn't want to look 16, I just didn't want to look so tired. My cardiologist thought that I looked terrific after the surgery. She said, "you look younger than I do." But, young is nice to hear, but that's not all that there is to life. You have to feel that way, too.

That was just the one area of my body that I couldn't change. I was in great shape everywhere else and I looked great.

I told myself that everything else about me was "me," it was my quirks and what made me different from everyone else. I hated the fact that because I was so insecure about those target areas that it was kind of taking over everything else. I wasn't letting my true self shine over my unhappiness with my hips and thighs. So I thought, "stop crying about it and do something about it."

My eyes made me look older than I am.

I just felt really disfigured because of the bags around my eyes.

I had been unhappy with my nose since childhood.
I don't really remember. I wasn't really down on myself.
I always felt more like a child than a woman because my breasts were so small. When I was single, some men wouldn't even give me the time of day because of that. I often tried to make them appear bigger by wearing padded bras and loose shirts, but at the end of the day when you look in the mirror at your naked body, you see reality.

Synthesis Question 1: What alternatives to cosmetic surgery did you consider that would give you similar results?

Dieting can take weight off in lots of places, but it seldom works in the stomach area. So, I didn't consider that. I'm not too big anywhere else, but I feel better with a little meat on my bones, I have more energy.
I didn't really have any alternatives. I didn't really even need to have the surgery. Because I worked out and was athletic, I was already in shape. Most people that have cosmetic surgery just focus on one particular part of their body, when everyone else thinks that they look fine. It becomes almost like an obsession, they just get really focused on fixing that part of their body.
Wrinkle creams. I had used them for years, but they didn't work.
I don't think that I considered any alternatives because there's not really anything that you can do about that problem. After I found out that my sister in-law had it, it made me seriously consider it.
I tried Pilates and it worked, but it wasn't working on my hips and thighs. Everywhere else on my body it toned down. I even had a personal trainer and I was determined to try everything else before I tried surgery. Unfortunately, my trainer was in the same boat that I was and she said we are just "hippy" people. She said that some parts of my body would just not develop like I wanted them to. It's just not fair.
I tried every kind of wrinkle and eye cream; every brand on the market I have tried and none of them worked. I tried that for years and years, but I don't consider that an alternative anymore since I gave up on it.
There really were no alternatives, because there's not really anything that you can do, aside from surgery, to remove bags of fat from under your eyes. Wearing heavy makeup only makes it look worse, and makeup is only temporary.
I did not consider any alternatives.
I tried body building in my chest specifically, but I think that actually made my breasts smaller while making my chest muscles bigger. That was the opposite of what I wanted.
Padded bras were my main alternative. I thought about taking these pills that are supposed to increase your chest size, but I heard that they have negative side effects and when you stop taking them, your breasts return to their original size. That seemed like a waste of money.

Synthesis Question 2: What types of cosmetic surgery procedures did you explore?

The abdomenoplasty was the only procedure that I explored.
Just liposuction.
I read about all types of cosmetic surgery, but a face lift is the only one that I pursued.
Just breast implants.
This was the only procedure that I considered. When I was really focused, I had a 6-pack (abs). I have a problem area on my arms and I was able to work hard on that and fix it. My hips and thighs were the only areas that I could not fix. Although I did consider having other areas on my body altered, since the surgeon that I used had a price scale in which the more areas on your body that you get suctioned, the cheaper the price is. But, I decided this was the only area that I really needed to get done.
This was the only type that I explored.
Brow lifts, microdermabrasion, and rhinoplasty.
Initially rhinoplasty, but then afterwards I explored breast augmentation.
Breast augmentation.
Breast implants

Valuing Question 1: What kind of an impact did you feel that each alternative and/or surgery would have on you and the people close to you?

I thought that it would change my outlook on life by boosting my self-confidence. But, no one ever agreed with the statement that the lifeguard made.
I didn't really think that it would have an impact, I just thought that it would make my chest look better.

There were no alternatives. I felt like having surgery would help my self esteem and body satisfaction.
I only anticipated that it would have an impact on me. I hoped that it would help my vision, that it would improve my self-esteem, self confidence, and make me feel better in general.
I thought that it would make me look like I did before, or it would make me look not so disfigured.
I didn't think that it would impact anyone else, except for me.
I just thought it would make my body look better.
I thought it would improve my sex life with y husband. I thought he would find me more attractive if I had larger breasts.

Valuing Question 4: How did you anticipate that the surgery would change your life?

It wouldn't change my life, other than the fact that I would look and feel better. But, I didn't have expectations of becoming a glamour model or movie star. I just wanted to look better and for my clothes to look better.
I didn't think that it would change my life. (Refer back to Valuing Question 1). I thought that it would change my outlook on life by boosting my self-confidence.
I thought that if I looked younger that I would feel younger and happier, too. I thought that it would fix my problem of depression, but it didn't.
I didn't think that it would change my life.
It definitely improved my self-esteem. I had a problem and it crept into other areas of my life. So, I now have a better pep in my step.
I felt that it would improve my vision, increase my self esteem and self confidence, and make me feel better in general. (See Valuing, Question 1). I thought that it would make me look like I did before, or it would make me look not so disfigured.
I didn't think that it would change my life.
I thought I would feel more secure in sports bras at the gym.
I thought that it would improve my self-esteem and confidence levels. I also thought it would improve our sex life.

Execution Question 1: What steps did you take to prepare for the cosmetic surgery?

I just talked to my primary doctor about it and he told me what to do.
Because my dad is the plastic surgeon that I used and I already had experience and knowledge from working in his office, I didn't really do much to prepare. Money was not an option, as previously noted.
I was already in counseling when I decided to have the surgery. My psychologist is actually the one who mentioned it to me, or maybe I mentioned it to him. I don't really remember. I already had the money to have the surgery, so I just told my daughter that I wanted to do it and she flew me out to California, where she lived. I lived in Wisconsin at the time. She did all of the research for me.
Well, I was on maternity leave, so I was already at home and didn't have to take any time off of work. I didn't go to a counselor. I did have to save money, in fact I worked for a friend during my maternity leave to get the money.
I didn't really go to counseling, but I talked it over with some friends and got their input. I wanted the support from people that I was close to, and my friends were supportive. Most of my friends want to have cosmetic surgery, too. So, I felt like I wasn't being unreasonable. My doctor told me that I was a perfect candidate. He doesn't do the surgery for people who want to lose weight, he only does it for people who have worked really hard to get in shape, but nothing works for their problem areas. Financially, I figured out what I was going to have for financial aid this semester and I paid for it that way.
I started off by talking to my primary doctor about my desire to have my eyes done. He then recommended some surgeons that I should check out and also some that I should avoid, which I was very grateful for. I then interviewed two surgeons and decided on one.
I did a lot of research and I did have to take time off of work.
I did so much research, and I also saved money
I talked to my friends and family, I did research, and saved money.
I did a lot of research on different techniques and types of breast augmentation. I did some research on surgeons and talked to my primary doctor about it. He gave me some referrals that were helpful.

Execution Question 3: What steps did you take to interview different plastic surgeons?

Dr. Bristol (primary physician) told me that Dr. Hill was the best, so he is the one that I went with. I had to wait a while for an appointment with him, but that was okay. And is good. I met with him before the surgery and he took pictures of my stomach.

None – my dad did the surgery.
My daughter pretty well took charge of the interviewing process. She picked the doctor. We talked to several doctors and I liked a female surgeon that was straightforward with me. But, the male surgeon that my daughter eventually chose was never straightforward and seemed like a shady character to me. He was the one that I asked for references from, but somehow I never got them. We didn't know this guy from Adam. My daughter did all of the talking, but of course, she didn't go through the surgery and pain.
I just decided to use the same surgeon that my sister in-law used. I didn't interview anyone else. He was a 'surgical oncologist,' so that made me feel better. I knew that my sister in-law had really good results, so I trusted this surgeon.
I did a lot of research before I interviewed different plastic surgeons. Then I interviewed a few surgeons and paid a lot of attention to those that were certified by the Board of Plastic Surgery. The surgeon that I decided to go with made me feel so at ease and I just felt like I trusted him and his staff. He told me that I was a perfect candidate and was very honest with me about the pain involved in the recovery process.
I started off by talking to my primary doctor about my desire to have my eyes done. He then recommended some surgeons that I should check out and also some that I should avoid, which I was very grateful for. I then interviewed two surgeons and decided on one.
I was referred by my endocrinologist to this surgeon that I used. He came very highly recommended, so I wasn't worried about it. I also called women who had been through surgery with him before and felt more comfortable after that.
I planned to interview several surgeons, but I ended up really liking the first surgeon that I interviewed, so I went with him.
I went with the surgeon who had done my sister's implants. He and his staff were really nice and I felt comfortable with them.
We (my husband and I) interviewed 4 surgeons and decided on one of them.

Execution Question 4: How did you manage post-operatively during the recovery process?

When I went back in for a post-op appointment, I saw the nurse that I had seen during my consultation. And on this post-op day I was in bad shape and in a lot of pain. When she saw me, she said "I didn't think that you knew what you were getting yourself into – you were just grinning too big before!" It was horrible – the worst thing that I have ever been through. Plus, I took staff infection, so it was back and forth to the doctor every few days so that they could draw out the puss. They had me on Cipro – the big guns!
My parents took care of me after the surgery.
They would have kept me overnight for recovery and I think that's what I should have done. But, it was like \$1,500 more if they did that. My daughter said that she would take care of me. But, had I stayed overnight they would have kept me medicated and I would have gotten over some of the pain before I had to go home. My daughter picked me up right out of recovery and took me home. The surgeon came to check on me several times at my daughter's house. They had these drains under both my ears and these balls that filled up with fluid. My daughter had to empty the fluid and measure it, it was terrible. I swelled up like a balloon. She'd have to help me to the bathroom. It really hurt because the drains would fall down when I stood up. The drains were sewn in there, so they were attached to my skin. She wouldn't even let her kids see me, it was so bad. I wouldn't do it again.
But, at the same time, if I was in that same state of mind, then I guess that I would have done it again. But, now that it's over and I wonder if it was worth it – no. I wasn't ready for it. I'm usually pretty good with pain, I'm not a griper. I'd rather go through childbirth any day.
I did okay after the surgery. It was painful, but nothing that I couldn't handle. I had my implants put under the muscle because it is easier for them to detect lumps in the future if you have the implant placed under the muscle. However, because I had been working out so much, my muscles in my chest were really tight, so it was hard for the surgeon to get the implants into place. So, because of that I probably was a little more sore than most people.
My roommate took care of me. The doctor's office called me lots to check on how I was doing. I had to keep bandages on my legs that were really painful to change, so my roommate would help me if the pain was too bad. I then had to wear girdles to keep the swelling down and to help the skin tighten back up. When I would take the girdles off for a shower, my legs would swell back up and it made the girdle really hard to put back on. I still have to wear spandex to keep the swelling down.
My daughter took care of me for the first three days, but after that I was able to take care of myself.
I hired a gal, I think she was a Licensed Practical Nurse. Before the surgery, the doctor's office asked me about my needs and they hooked me up with this nurse. She picked me up from the surgery and took me to her house. She checked on me every 2 hours and was in constant communication with the doctor. We were also very close to the hospital, so if something had happened, she would have taken me to the hospital.

I went through a short-term depression after the first surgery. I just questioned, "Why did I do this to myself?" The first surgery was definitely worse emotionally for me; I was just feeling really down. I was also physically exhausted from the surgery and pain.
I went home after the surgery and my parents took care of me. I had to go in for several post-op appointments with the surgeon afterwards, but I think that it standard protocol.
My husband took care of me. He was really sweet to me when I was in so much pain.

Communication Recycled Question 1: Were you pleased with the results?

Yes. One good thing that came of it was that Doug (her husband) was so supportive and nurturing and took care of me when I was recovering, I didn't have to lift a finger. I fell in love with him all over again. I mean it was really awesome because he was so good to me. Usually I'm the one who does all the nurturing and he does all the receiving, which is okay. But, this time I received the nurturing. So, the surgery was worth that, just to become closer to my husband. Well, I think that it kind of scared him when I got so sick after the surgery. I didn't realize how serious a staff infection was, but I could have died and I think that he realized that. But, I could have gotten staff infection from the hernia surgery, just as easily. TMH is so dirty and my doctor wanted me to get out of there as soon as I could so that I wouldn't get sicker. But, it was too late because I already had the infection by the time they discharged me.
No, that's why I went back for a 2 nd and 3 rd time for liposuction. I came out with a "banana fold," which is very rare. My dad is one of the leading specialists in liposuction in the country, so he is very good. But, in the 90's, the tubes that they used to suck out fat were a lot larger than the ones that are used today. At the time it was the best that they had. Sometimes, when pockets of fat were sucked out by that large tube, it would leave a fold of skin, kind of like the fold that you already have at the bottom of your butt where it meets your leg. So, I turned out with a fold like that on another part of my butt. I'm glad that it happened to me, though, and not to one of my dad's paying patients. They could have made his life miserable if he'd given them a banana fold. That's why I went back the next time to correct the banana fold.
Yes, especially after receiving lots of compliments from people. Everyone said that I just looked younger and rested.
Yes, I have never regretted my decision.
So far, yes. There is still some swelling, but I hope that goes away.
I think that if/when the swelling goes down that I will be pleased with the results. However, if the swelling does not go down, I will be very unhappy with the results. But, I just had the surgery four weeks ago, so I need to give it a little more time.
I was ecstatic and overjoyed with the results. I healed very well and fast. I figured, while I'm under the knife, why not get some other things fixed, too? I was starting to get the lines around my mouth and I wanted to get my nose fixed, too, and the doctor said that he could do both of those. When they do it all at once, it's cheaper. The microdermabrasion was only a couple of hundred dollars more. But, they tell you not to look in the mirror during the first 24 hours after surgery. Well, you know me. I went to the bathroom a couple of hours after the surgery and I looked like someone who had been beaten to a bloody pulp. I thought, "Oh my god, what have I done." My mouth, where they had done the microdermabrasion, looked like raw hamburger meat. My nose was swollen so big that it was unrecognizable; it was packed with gauze, and was really bloody. My nurse heard me in the bathroom, and she said, "Don't look!" She assured me that in a few days that I would look so much better. So, I didn't look in the mirror for three days and I did look a lot better. Within a week, all of the bruising was gone. Within two weeks, all of the swelling had gone done, so that I could attend a military ball.
Yes
I was very happy with the results. The day after, when I looked in the mirror, I just felt like "this is how I am supposed to look." I got a lot of compliments; everyone noticed. That was a little embarrassing to have everyone know, but that's okay. I definitely wasn't going to hide my new chest.
Initially I felt like they were too big, but once the swelling went down, I was very happy with the results. Especially when I go shopping and can find any shirt or bra that I want and they fit now.

Communication Recycled Question 2: What effects has this had on you and persons close to you?

It has made me feel more comfortable in my clothes.
It did boost my self-confidence and made me feel better about my body. But, I still don't think that I really needed it.
I guess that it did make me feel happier at the time.
It just made me feel better.
It has improved my self-esteem.
Stress from the recovery has been tough. But, my vision is definitely better.
It made me look more like a normal person.

It has made me feel better about my body.
I feel better in my clothes.
I feel more comfortable in bathing suits and naked. I do feel more assertive and sure of myself now.

Communication Recycled Question 3: Do you feel that your surgeon prepared you, both emotionally and physically, to handle the change in your body as a result of the surgery?

No, I had no idea that it would hurt that bad. I think the surgeon might have thought that I knew how bad it would hurt, but he never went over that with me and I really didn't know how bad it would hurt. The gynecology surgery said that the hernia surgery wouldn't be that bad, but he couldn't speak for the plastic surgery part of it. They call it 'abdominoplasty' and it is very painful. I thought it might be like getting a tooth pulled – but I was wrong.
Yes.
No, not at all. I think that anyone who wants to have this done should know about the physical pain involved. That should be the doctor's responsibility, to prepare you for the pain. My doctor didn't even ask me why I wanted to have the surgery, and I would have told him that it was because I was depressed. But, he never asked, so I never said anything. People need to know that changing the outside of your body is not going to change your inside feelings, which is what I thought would happen. I looked a lot younger, but it didn't really change anything. I still go through weeks at the time when I am really depressed. Even though I know that I look younger than I am, it isn't that important to me anymore. That newness or euphoria that you initially go through after the surgery wears off really quickly.
Yes, I was prepared.
Yes, I was completely prepared for the after-effects. I asked a lot of questions about my concerns. He said that the reason you see so many horror stories is because liposuction is so easy to do that any surgeon can do it. You don't see face-lift horror surgery stories because they are hard to do and not every surgeon can do them.
I was prepared for the amount of pain that I would feel; the pain wasn't any worse than I anticipated. However, I was completely unprepared for the swelling. I did not know that I would be swollen for so long and that is what I have been unhappy with.
Well, the staff did, but not the surgeon. Surgeons can't be bothered with those details, they have these huge egos and this really important job. But, the staff at the surgeon's office was really good about preparing me.
Yes
Yes and no. The pain and soreness was pretty intense. And the doctor told me what to expect, but I work out all of the time and always stretch my body to the limit. So, I thought that I would be better able to handle the pain than most people. But, because my chest was so muscular, that made it harder for the doctor to get the implants in. So, the pain was the primary drawback and may stop me from having anymore surgery in the future.
Not for the pain, no. I was really regretting that I had done it right after the surgery because it hurt so badly. I thought, "what have I done to myself?" I was so afraid my mom would say, "I told you so."

Communication Recycled Question 4: What disappointments did you feel after the surgery?

Sometimes my bowels leak and that annoys me. But, that is probably from the recta-seal where the colon is tacked back up. But, I do have some numbness in my abdomen around the incision that it still numb. Before, it was all numb, which was a godsend when they had to stick in all those needles and draw out all of that puss. But, now there are just two areas that are numb. I now have two belly buttons, but I like the new one – it's an inny.
I was disappointed with the banana fold after the first surgery. Looking back on pictures before I had any work done, I think that I looked great and that I never even needed to have the surgery.
I'm very unhappy with the scars. I've talked to other women who have had face lifts and their scars aren't nearly as bad as mine are. It took a long time for my scars to heal and one of the incisions busted open a few weeks after surgery. I guess that I was also disappointed that it didn't make me any happier and that it didn't cure my depression.
No disappointments, I just had super results.
I think that if the swelling in one area doesn't go down, I will be disappointed. But, I will try to work it off if it doesn't go away. But, my doctor told me not to be discouraged because it takes a full three months for the swelling to go away. Another concern I had was asymmetry, because some areas are more swollen on one side of my body more than on the other side. But, I am a perfectionist. Even though I had a perception in my head of how I wanted to look after the surgery, if that doesn't happen, I will still be happier now than I was before.
I am disappointed with the swelling, but I hope that it goes away.
I did have one. When they do a brow lift, they cut the skin around your forehead on your scalp and pull it back. Sometimes during this procedure, they damage the cranial nerves, and this happened to me. Sometimes, I will get this sensation like there are a thousand ants crawling on my scalp, just a really intense itching sensation. It's like all of the

synapses are firing at once. You just have this urge to itch your head really hard. When it happens, you just have to excuse yourself and go to the bathroom and itch it. If you kind of overdue the itching, it will eventually go away.
I did have some disappointments immediately after the surgery, partly because of the swelling and bruising. But, I was mostly disappointed right after the surgery because I didn't look like I expected to. I didn't realize that it takes years for your body to adjust to the surgery and that it takes time for it to finally look like the surgeon intended for it to.
No disappointments.
It took so long for the swelling to go away. The scars are still a little visible, too, and that is disappointing.

Communication Recycled Question 5: If you could go back in time, would you make the same decision to have cosmetic surgery?

I didn't think that it was worth it at the time, but I guess looking back on it now, I'm glad that I had it done.
No, I would not have done it because I never even needed it.
No, the pain was terrible. If somebody handed me the money and aid, "go have it done," I would refuse it. It was not worth it.
Yes, definitely.
I would have done it years ago, I wasted so much time hiding my body. If I had known that I would never be able to work those target areas off, I would have had the surgery a lot sooner.
A lot of people have asked me that and I don't really know what to say yet. I think that if you come back to me in a couple of months that I will be able to say 'yes, I would make the same decision.' However, if the swelling does not go down, I would not make the same decision. I'm just still not sure that it was worth it.
Definitely, I think that everyone should do it, if they can. I am preparing to schedule another microdermabrasion. I will say this; I discovered that there is such prejudice against older people in this country and especially against old women. People regard you negatively and employers discriminate terribly. Here's a joke: Nobody wants a woman between Social Security and menopause. I plan to have more cosmetic surgery, God willing and would do it again. My husband had left me due to my extended illness and I was determined I was not going to be left fat and forty. So, I had the surgery, and could not eat and lost 20 pounds as a result!
Yes
Yes I would. I would have done it sooner and just financed the whole amount.
I don't know. I wish I could have learned to accept myself the way that I was.

Communication Recycled Question 6: What problems related to this, if any, have arisen since you had surgery?

The staff infection, but that is gone now and everything healed up fine. My scar is slowly fading.
Just the banana fold, which I got fixed.
Only the problem with my incision busting open. The scars continue to be a problem because I have to fix my hair just so, as to hide the scars behind my ears.
No problems have arisen.
Besides the healing process, no.
None, besides the swelling.
Just the problem with the cranial nerve.
No problems, except for the depression after my first surgery.
The only problem is that now I have had to buy almost a whole new wardrobe because none of my shirts and dresses fit anymore. So, buying new clothes was an added expense that I didn't plan on.
The swelling was my main complaint.

Communication Recycled Question 7: Is there anything else that you would like to share about your experience?

It's (the surgery) is bad, bad, bad. I wouldn't recommend it unless you're really tough and if looking good is really important to you. But, I honestly wouldn't have had it done if they didn't already have to operate on that hernia. Now, I have also had sclerotherapy, which is where they treat the varicose veins in your legs. I need to have some more of it done. They inject saline solution and they do away with all of those purple veins. I had one that stuck out really far and it throbbbed. But, the doctor that I went to retired so I have to find someone else. I don't know if you would consider dental implants cosmetic, but I've had that, too.
I have a friend that you can interview, too. She has had breast implants and a nose job, but she had to pay for all of her surgeries on her own. She's even scheduled to have more cosmetic surgery done and I'm trying to talk her out of it, because I don't think that she needs it.

No.
No
I first thought that 3 months was a long time to recover, but now I have one more month to go and I am mobile. The first month was horrible – I was in Wal-Mart in an electric wheelchair because I was in so much pain. And sometimes people would accidentally bump into my legs and it was very painful. The bruising was really bad, but it was mainly where I would sit. The worst part was the first few weeks. Then you get used to the pain and you realize how much you can tolerate. Not being able to take a shower every day was hard to get used to. But, I keep telling myself that I did not spend this money for nothing and that I have to keep the weight off. But, people really need to think about it (the after-effects). There are things that could come up emotionally that people need to be prepared to deal with.
No.
I will say this in closing: Men are judged by their achievements, whereas women are judged by their looks. Women who are brainy, but ugly, who work at a company in a successful position can do very well. Women aren't jealous of her looks and men aren't threatened by her. But, if a woman is both beautiful and smart, both men and women hate her.
I have hated my nose since childhood, but I never considered having plastic surgery because it seemed so extreme and unattainable. Plus, I didn't know much about it. But, once I started doing a lot of research and finding out more about it, I decided that it was important to me to have my nose done. Because of my profession, I am in front of the mirror every day and it really makes you critical of yourself. I had never even thought of having my breasts enlarged, but just looking in the mirror for 8 hours a day, you just begin to pick apart every part of your body. In fact, I am having another breast augmentation and liposuction in two months, so I'm probably a really good person to talk to about this. I think that if I had an office job that I probably would have never had cosmetic surgery, just because I wouldn't have been looking in the mirror all day long. You just really criticize the way that you look in the mirrors, and even some mirrors make you look differently. I did not have this done because of something that was said to me or anything that happened in my life. In fact, everyone has always given me very positive feedback about my body, even before the surgery. But, it's not about anyone else, it's just about how I look at myself. You know those plastic surgery shows that are on TV now, like Extreme Makeovers? Well, those are good as far as giving out information, but they really don't prepare people for the emotional effects that will happen after the surgery. I think that right after everyone has surgery, the first week is really tough physically and emotionally. Most people question during this time, "why did I have this done?" Months later, I was like, "thank God I had the surgery," but during that first week I was really emotionally unstable. I think that plastic surgery really has the potential to become an obsession, and I recognize that it has become that for me. I look at myself and part of me thinks, "You're going in for your third surgery, just stop and get over it already." But, I just can't. I have spent so much money on it, it's unbelievable.
No.
I don't think it's a good idea for some people. Maybe I shouldn't have done it, but oh well. I think that some people feel like having a new body will change their lives by making everything better. But, that's not really the case. The newness eventually wears off and then you're left with the same old problems that you had before.

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BIOGRAPHICAL SKETCH

The researcher, April Money, is a lifelong resident of Florida. She was awarded an Associate of Art degree from Tallahassee Community College in May of 1999 and then transferred to Florida State University. She was awarded a Bachelor of Science degree in Psychology in December of 2000. Upon graduation, she obtained employment as a family counselor for a non-profit counseling agency. Upon relocating to Tallahassee, she began working as a case manager with the elderly population. After two years of working in the field of social work, she decided to pursue a graduate degree in mental health counseling. She was accepted into the Mental Health Counseling Program at Florida State University and will be awarded Master of Science and Educational Specialist degrees in May of 2004.