



Motivational factors and psychological processes in cosmetic breast augmentation surgery

Anette S. Solvi^{a,b,*}, Kaja Foss^a, Tilmann von Soest^c, Helge E. Roald^d, Knut C. Skolleborg^d, Arne Holte^{a,e}

^a Division of Mental Health, Norwegian Institute of Public Health, Norway

^b Lovisenberg Hospital, Oslo, Norway

^c Norwegian Social Research, Norway

^d Colosseumklinikken Oslo, Norway

^e Department of Psychology, University of Oslo, Norway

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Summary *Background:* We investigated how and why prospective cosmetic breast augmentation patients decide to undergo such surgery. The results can offer important insights to plastic surgeons in addressing their patients' motives and expectations, and thereby avoiding potential patient dissatisfaction and disappointment. It is also a necessary first step to better understand the increasing tendency among women in the Western society to seek cosmetic breast augmentation.

Method: A qualitative, descriptive and phenomenological design was employed. Fourteen female prospective breast augmentation patients, aged 19–46 years, were recruited from a private plastic surgery clinic and interviewed in depth based on an informant-centred format. The interviews were tape-recorded, transcribed verbatim and coded and analysed phenomenologically using a QSR-N*Vivo software program.

Results: We detected four psychological processes associated with cosmetic breast augmentation surgery (create, improve, repair and restore). The data could further be categorised into one basic drive (femininity), six generating factors (appearance dissatisfaction, ideal figure, self-esteem, comments, clothes and sexuality) and five eliciting factors motivating the decision (media, knowledge of former patients, physicians, finances and romantic partner).

Conclusion: These new insights into how and why women seek cosmetic breast augmentation may aid plastic surgeons in enhancing their communication with patients. This can be achieved by addressing the patient's psychological process and motives, and thereby better

* Corresponding author. Norwegian Institute of Public Health, Division of Mental Health, P.O. Box 4404 Nydalen, N-0403 Oslo, Norway. Tel.: +47 24 07 45 50; fax: +47 22 35 36 05.

E-mail address: anetess@gmail.com (A.S. Solvi).

assist them in making the best decision possible in their particular situation. It may also lay the groundwork for future quantitative studies on the prevalence of certain motives for undergoing such surgery and, as such, help explain the increasing popularity of cosmetic breast-augmentation surgery.

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To ensure that patients experience the successful outcome of cosmetic breast augmentation surgery, both aesthetically and psychologically, their motives and expectations should be evaluated during the initial consultation with their prospective surgeon.¹ Plastic surgeons and other health professionals should be aware that these patients may allow the expense, as well as risk of pain and side effects, to figure as secondary concerns in their eagerness to undergo surgery on a generally healthy body.² This indicates a strong underlying motivation for surgery, in turn imposing a responsibility on the surgeon to not create unrealistic expectations about the outcome of the operation. It is therefore critical that the surgeon and patient discuss the situation together in order to arrive at the best solution for the patient at hand, whether or not that in fact involves surgery. Further, a better understanding of the reasons for cosmetic breast augmentation is needed from a societal perspective as well, because women's interest in this type of surgery is increasing in the Western society.³

Previous studies on motivational factors in cosmetic surgery have focussed on appearance dissatisfaction, femininity, self-esteem and media as recurring concepts. First, dissatisfaction with one's appearance, and more specifically, dissatisfaction with the size and shape of breasts, has been suggested to be the most central motive for patients to undergo cosmetic breast surgery.^{4–7} Second, in qualitative research projects, cosmetic surgery patients often report a desire to feel more feminine, to be less shy with men and to boost a sense of womanliness as important reasons to undergo cosmetic surgery.^{8,9} This motive may be particularly relevant for breast augmentation patients, since breasts are an important symbol of femininity for many women.¹⁰ Third, another motivational factor frequently mentioned in the literature is self-esteem; feeling better overall about oneself was, for instance, indicated in one study as one of the most important reasons to undergo cosmetic breast augmentation surgery.⁹ However, there is mixed evidence as to whether surgery patients have, on an average, lower self-esteem than non-patients.^{11,12} Fourth, media has been suggested to play an important role in the motivation to undergo surgery. The permeating display of idealised thin female bodies with relatively large breasts in the mass media and the popularity of television shows such as 'Extreme Makeover' have both been considered as causes for the increase in cosmetic operations over recent years.^{13,14}

Although considerable research on factors affecting the motivation to undergo cosmetic surgery has been conducted, it remains, to date, somewhat limited. Most studies have focussed either on breast reduction or reconstruction, or investigated motivational processes of women who already had several different types of cosmetic surgeries. Studies focussing specifically on breast augmentation

surgery remain as such scarce. Moreover, most of the available research on breast augmentation patients has been quantitatively oriented by focussing on few motivational factors, thereby limiting the possibility to uncover any complex interplay between several different factors in surgery motivation. Research thus far is further limited by a lack of initiative to find subgroups of breast augmentation patients who may have had different motivations to undergo such an operation.

Thus, systematic empirical and explorative studies investigating in depth the motivation of the patients to undergo augmentation surgery, where a variety of motives can be examined, remain scarce. The current study aims to provide just such data. More specifically, the objective of this study is to describe in detail the patients' own experiences – how and why they decided to undergo cosmetic breast augmentation – by interviewing those scheduled to have their breasts enlarged.

Patients and methods

The patients for this study were recruited by the staff of a private plastic surgery clinic in Oslo, Norway, during their initial consultation hour at the clinic, typically some weeks prior to surgery. Fourteen women were interviewed before we reached the criteria of data saturation. In this form of study design we aspire to describe psychological processes and motives behind a patient's decision to have surgery, as well as what the decision represented for her, and not as an attempt to study the prevalence of any particular motive. The sample was therefore defined by relevance and criteria of data saturation according to Strauss and Corbin¹⁵ rather than according to statistical power and representativity. To reach 14 participants, 34 women were asked to participate, setting the final response rate to 41%. New informants were included until three subsequent interviews had been conducted without essential new information being added.

Setting and Procedure

The first two authors conducted seven interviews each. Each interview lasted between 60 and 90 min and was audio-taped. The interviews aimed to provide descriptions as precise and close to the patients' subjective experience as possible, capturing their thoughts, feelings and knowledge. This warranted the application of a phenomenological, descriptive qualitative design, with elements of grounded theory. With grounded theory, a circular process is attained by the freedom to change the questions and methodological elements depending on the empirical data being collected.¹⁵ The interviews thereby intentionally took the form of a semi-open, informant-centred and

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