

CHAPTER 1

Faces

Faces are the theme of my life.

I discovered this in 1991 in the sweltering heat of a bus lurching its way across the Desert of Senegal in the Dharmapuri District of India. I was sitting next to Peg, a dynamic Australian woman in her mid-thirties. The 15 of us on the bus were all major supporters of The Hunger Project, some as staff and some as financial contributors. As you may know, The Hunger Project is a worldwide, grassroots, visionary organization dedicated to ending hunger on the planet. (*For more about THP, see the Resources section.*)

We were on our way to remote settlement to see what the villagers were doing to lower their high infant mortality rate. Peg and I were talking about what we felt most passionate about in our lives. “I am passionate about mothers,” she said. “I am fascinated by all they’ll go through to take care of their children, the obstacles they’ll overcome and the struggles they endure to have their children live and thrive.” She paused, thoughtfully. “In fact, the condition of mothers is the theme of my life.”

I was impressed. I’d never met anyone who’d told me their life had a theme. But there was Peg explaining that her connection to that theme gives her life a focus. A purpose larger than herself, yet specific. It is her anchor. It holds her stable and consistent. It does not matter why she chose that theme or from whence it came. It is *her* theme. It is solid and deep and allows her to be both unwavering and fearless.

Inspired by her dedication, I began to wonder about my own life. Did it have a theme?

Suddenly I knew. “Faces!” Sure, obviously. “Faces are the theme of my life,” I said. I suddenly saw that my focus on faces was a multicolored thread uniting the various stages and all the important people in my life. All my memories. Faces. When I think of people in my past, I see their faces. Clearly. I don’t remember what they said or where we were with anything approaching the same

level of accuracy. The eyes may be the windows of the soul, but for me the face is its main portal.

When I am speaking with people, I watch what their faces do. I may notice whether a mouth moves the same on both sides, wonder why someone just frowned, or observe a faint smile as it comes and goes. I've seen charming blushes in response to innocent questions and wondered what caused them. I've noticed that sometimes words and expressions match, sometimes not. Faces seem to tell me more than their words. I feel I know people by their faces. Somehow, what's revealed on a face jump-starts my intuition.

When I was first learning to draw, at about age eight, I remember drawing Dick Tracy's face over and over. Later, in restaurants, I'd sometimes haul out a piece of paper and caricature the faces of the people at other tables. Just the faces. I never wanted to draw those little bodies I see on so many caricatures. I also sculpt faces. Not bodies. On the walls of the small room I write in, I am surrounded by faces. Most are photos. One is an oil painting. Three are sculpted heads.

My mask collection is downstairs. At last count it numbered 75 faces from all over the world. They're fashioned from a variety of substances—paper, wood, stone. Each is different, and each reminds me of my life's work.

As a cosmetic surgeon who specializes in faces, I work in flesh and bone. I love the revealing that occurs for people as a face that was once incongruously old and tired is brought into greater harmony with the youthful spirit within. My soul is stirred when a face sheds years and inner youth shows through. I am honored to play a role in such transformations.

In the 30 years since I completed training in plastic and reconstructive surgery, many of my patients have reported that changing their appearance had far more positive consequences than they could have anticipated. Their stories changed my thinking and in that way inspired this book. Here are just a few examples of patients who have taught me that there is more to cosmetic surgery than meets the eye. I have not used real names and have sometimes altered identifying details but the essence of each story is true.

Leona is a professional singer who, at age 45, was suddenly being asked to audition for roles she could have had without question (and without trying out) just a few short years ago. Her voice coach

tells her that her voice has never been better. She has every reason to believe him, and until recently, felt the same way herself. But now she's beginning to have doubts. Something's getting in the way, and it's beginning to affect her performance.

Christina works in medical sales. I was immediately charmed by the warmth of her large brown eyes. Shortly after turning forty she gathered the courage to ask me about something she'd secretly wondered about for a long time. "I've been pretty successful in my life," she said, "personally and professionally. My first marriage was kind of a bust, but I remarried a couple of years ago. He's a great guy, and in many ways I couldn't be happier. So I'm not sure exactly what I'm looking for. I just wonder how I'd look if I had more of a chin. You know, the kind other people have. A jaw and a chin that goes with the rest of my face. That matches me."

Sandra stopped weighing herself when the scale hit 215, so she can't say exactly what she weighed the day she decided to stop being a victim. Or, as she put it, to stop making herself a victim. When I met her she had lost a lot of weight and came in to see what could be done about the sagging skin that exercise didn't seem to affect.

Gwen is not conventionally pretty but there's an attractive energy about her. I believe her when she tells me she's had no trouble attracting men. "But this isn't about men. It's not even about aging." She then confides that she'd come to see me five years earlier. We were running behind schedule that day and apparently kept her waiting too long. She'd walked out. But now she was back wondering if it was possible for her to be a little prettier. "You know, softer," she said. "Without having to try so hard at it."

Leonard was in his mid-sixties when came in for a consultation. He seemed a little embarrassed. It was hard to figure out what had prompted him to come in and what he wanted. Finally he gestured vaguely at his face and neck. "Just kind of clean up the mess," he said. "Nothing fancy, just lighten the load."

Dorothy's eyes sparkle and she enjoys shocking people with her zest for life. She was widowed at age 56 and after 31 years of marriage, created a new life for herself as a single person. This included earning a Master's degree from a prestigious university at age 67. At age 71 she wants me to

make her outsides look more like how she feels inside.

Meredith came in a few weeks before her 50th birthday. The last four years had been rough on her, she said. Both her parents had been stricken with cancer and died, she had come down with an auto-immune condition, and these stresses, she felt, had etched grooves of pain into her face. “The crises have passed,” she said. “I got through them but you’d never know it to look at me. It’s like I’m still wearing them, every minute of every day. I’ve grieved and processed and moved on, but my face is stuck back in another time.”

Bonnie came in as a way of saying she wanted to live her life to the fullest. She’d been through a painful divorce some years earlier and had recently decided that she was ready to re-enter the world of dating and relationships.

Just as each of these profiles tells a different story, so does each client or patient who comes in to inquire about cosmetic surgery. Motives vary. So do goals. Sometimes I have to explain that what a person wants, we simply cannot do. The technology has not yet been invented.

More often I am touched by the gentle wisdom and simplicity of the requests.

Ah, yes. Faces. Glorious, wonderful faces. Noses and cheekbones, eyes and mouths and chins, skin and ears and hair.

Faces, Faces, Faces. The theme of my life.

Pop's Advice

Patients sometimes ask how I wound up in cosmetic surgery. In the early years I had a fairly credible stock answer that made the decision sound very logical. And from one perspective, I suppose it was. I used to say that I came to my profession through a series of deliberate choices made at various forks in the road. The first fork, I used to say, was in medical school, when I had to choose between advanced study in medicine or surgery. I chose surgery because by temperament I'm a very results-oriented, "do it and be done with it" kind of guy. This made me a good match for surgery, which has a very definite beginning, middle, and end. And relative to other types of medicine, it's quick.

All this is true. But the story really started long before medical school. It has its roots in an after dinner conversation I had with my father shortly after my ninetieth birthday. I was in my second year at the University of Massachusetts and had come home for the Christmas holidays.

"Pop, I have a problem," I said as we settled in the living room.

"What's that?" he replied, alarmed.

"I have to declare a major and I have no idea what I want to be."

"Oh, is that all? That's easy."

"No, Pop, it's not easy. I guess you didn't understand. I have to declare a major and I have no idea, none at all, what I want to be."

"I understood you. I said it was easy, and it is."

I resented his cavalier attitude toward what I sure was a monumental decision. One that would set the course for the rest of my life. Almost everyone in my class was facing the same dilemma, and we were all in knots. But Pop hadn't even finished high school. What did he know? Probably nothing. But having had two years of college, I considered myself tolerant. So I humored him as only a 19-year-old can humor a father grown stupid. "Easy, huh? Tell me."

"O.K.," he said, "it's simple. Look at what you like to do when you don't have anything else you have to do. What is it you're good at? That you fall back on and turn to when you're just hanging around?"

I couldn't figure where this was heading, and I guess I was a little intrigued. So, again, I humored him. "I like to read. That's the main thing."

He smiled. I had a reputation for always having my nose in a book.

"I like to draw stuff. You know, sketch. And I go down to the basement and tie fishing flies." I hesitated. "And I think about women." I blurted out this last bit somewhat sheepishly. I was both embarrassed to admit it and embarrassed to admit that (so far) I only *thought* about women.

Pop took my confession in stride. "O.K. You read. You sketch. You tie fishing flies. And you think about women. That's what you do when there's nothing else you *have* to do?"

"Yes," I answered, my tone a cross between defensive and defiant. "Yes."

"Great!" Pop said. "Now all you have to do is find a way to make a living out of one or more of those things, and you'll have it made. Top of the heap. Because that's the stuff you'd almost pay someone to let you do. It's easy for you and you're good at it. So with a little effort, you'll be way ahead of the pack."

It sounded like a wonderful idea, and for about 30 seconds, I shared his enthusiasm. But then I realized that no one was going to pay me to sit around and read. I didn't want to be an artist and there was no money in tying fishing flies--never mind how boring it got. What did he think I was going to with that woman thing, become a pimp? "You're sure that's how I should figure out what I should become?"

"Why not?" he replied, and left the room.

My dad and I never mentioned that conversation again. In fact I pretty much forgot about it for more than twenty years. When it first surfaced from the storage of my unconscious, I started to chuckle. Then I looked at my life and stopped laughing as it dawned on me how right Pop was.

I am a cosmetic surgeon.

I read constantly. I sketch my patients' faces to give them an idea of what we can do and how they will look. I use fine thread to close their incisions with tiny ties and stitches. More than 90% of my patients are women, and I think about them all the time.

So Pop was right after all. He'd always wanted something special for me, and he'd helped me

bring it about. Not by offering advice about what he thought I should do, but by asking me to go within. Such a gift. I don't think he had any idea of the power of that conversation of long ago, and at the time, neither did I.

Plastic Surgery

I sometimes wonder what attracts doctors to choose their particular specialties. Why does one become a urologist, another a neurosurgeon, another a gynecologist? I have never really asked. I suppose I haven't because no other surgical specialty has appealed to me.

Only plastic surgery. Actually I want to capitalize the words — Plastic Surgery or even PLASTIC SURGERY! I think there's something so special about it that I hold it as the king of the surgical specialties. It's bold, it requires finesse, it requires original thinking.

And it's such a new specialty. Plastic surgery began as a unique specialty in World War I, when a group of doctors, mostly general surgeons and dentists, were formed into treatment units in England to treat the Allied soldiers suffering severe face wounds and burned faces and hands. These teams invented flaps to bring tissue in to reconstruct the shot-away jaws, the loss of a nose. They became brilliant because they had to.

Some of the results they obtained with their newly invented techniques would compare favorably with the finest results we can obtain today. They began calling themselves plastic surgeons. "Plastic" comes from the Greek word *plastiok*, meaning "function." The injured soldiers now had jaws and hands that could function again. So a plastic surgeon means a surgeon of function. Appearance, also, is included under function because one of normal appearance can function better in the world than the visually deformed.

But compared to other medical specialties, it can be hard to grasp all the implications of plastic surgery because it doesn't have a particular bodily organ, or even an area, to call its own. Thoracic surgeons have the chest and its contents, neurosurgeons have the brain and nerves, gynecologists have the female organs, and orthopedic surgeons have the bones and their surrounding tissue.

What does plastic surgery have? I once heard a plastic surgeon say we had "the skin and its contents." A little grandiose, perhaps, but it points to something larger than mere anatomy. I heard another plastic surgeon explain to a patient that plastic surgery meant, "fine, careful surgery." Well, that's O.K. too but it sort of implies that other surgical specialties don't do fine and careful surgery. Which isn't true, because they do. But in plastic surgery there is an extraordinary focus on details.

Each little suture

Counts, with a capital C. Each has to be in *exactly* the right place under *exactly* the right tension. It's a question of focus.

It is this focus that makes plastic surgery unique, I think. Dr. Jack Gaisford, the chief of my training program when I was a resident, used to say: "Plastic surgery's job is to 'pick up the pieces.'" Our job as a specialty, he would explain, was to focus on areas of surgery that weren't being handled well, those which had somehow fallen into the cracks between the specialties. He advised us to take ownership for such areas and create and develop surgical procedures to get the job done. It's a "can-do" specialty that focuses on service, practicality, function, and excellence.

Burns are a good example. Until burn centers were established, there were no consistent treatments for burns. Each physician across the country, seeing only an occasional major burn, had to develop his own methods of treating these worst of all wounds. A major burn is a disaster, bankrupting the patient and family in every sense of the word — psychologically, physically and financially. So plastic surgeons began organizing burn units in the larger hospitals. Thanks to their lead, the subspecialty of Burn Care has emerged so we now have a group of doctors who have special expertise in this area.

Plastic surgeons also developed surgical techniques which increased the cure rate for throat and neck cancer. The subspecialty of Head and Neck surgery emerged from these developments.

The same thing has been true of hand surgery. When I began practice in plastic surgery in 1968, I was called to the hospital for most of the hand injuries. Since then, the subspecialty of Hand surgery has arisen, microsurgery is not far behind. Most of the original microsurgeons, those who use an operating microscope to rejoin severed blood vessels and nerves, were trained as plastic surgeons. Only time will tell if microsurgery will develop as a subspecialty of its own.

One characteristic that seems to attract doctors to specialize in plastic surgery is a high degree of finger dexterity. During our surgical training, every one of us knew who had "good hands" and who didn't. We would occasionally hear an older surgeon say, "Hey, son, you'd make a good plastic surgeon."

Many of us are artists, some in paint, some in clay. Our national meetings usually have an entire room dedicated to the art our members have created during the year. Upon retirement, several have become professional sculptors, often matching the talents of those who have been professional artists for many years. Then again, maybe I shouldn't be surprised. My fellow plastic surgeons and I practice our art almost every day of our professional lives. And fine art at that. In a sense, all plastic surgeons are sculptors, but sculptors of tissue rather than of clay or stone.

As a medical specialty, plastic surgery tends to attract men and women who are artistic, who think for themselves, are highly inventive, have a great three-dimensional sense, and are incisive and bold, both in their speech and in their actions. We have both endurance and discipline. It takes both to complete our long and grueling training programs, a minimum of ten years after graduating from college.

We're good and we know it — so we tend to have large egos. And sometimes we argue with each other a lot, each boldly presenting and defending our own points of view. I'll talk more about what to look for when you're selecting a cosmetic surgeon later in the book, but for now consider that a strong ego is not a bad trait in a surgeon as long as the ego isn't too inflated.

Where Does Cosmetic Surgery Fit In?

I practiced the whole spectrum of plastic surgery for nine years before realizing that in my heart of hearts I felt especially drawn to and excited about Cosmetic Surgery. While I consider plastic surgery the most demanding of the surgical specialties, I consider Cosmetic Surgery the most demanding aspect of plastic surgery. This is not the universal view. In fact, those who hold it are sometimes regarded as mavericks. And worse.

Of approximately 4,000 Plastic Surgeons in the United States, fewer than 100 practice exclusively Cosmetic Surgery. When I decided to make the leap in the late 70s, there were fewer still.

For quite a long time, until perhaps 15 years ago, virtually all cosmetic surgery was performed by plastic surgeons. So in the minds of the public, the terms cosmetic surgery and plastic surgery became synonymous. Cosmetic surgery has always felt a natural fit for plastic surgeons. It takes enormous finesse, and all the work shows on the outside. In every other surgical specialty, the result is dependent not only on the surgeon's talent, but also on the underlying pathology. In cases of cancer, for example, success or lack of it is mostly a function of the severity of the cancer and only secondarily a result of the surgery. There is no expectation of a good result every single time. It would be unrealistic. All other surgical specialties treat an underlying illness or injury.

Except for the specialty of cosmetic surgery. Cosmetic surgeons do not treat sick people. We treat well, normal, healthy people. Our surgery even makes them temporarily worse – swollen and bruised for a while. All in order to look better.

Which is why the field has sometimes been maligned, as have those who have admitted to having had cosmetic surgery. They've been depicted as vain, self-indulgent, superficial, preoccupied with appearances, immature, unnatural, out of touch with reality, and worse. Some of these attitudes have been fostered and perpetuated among plastic surgeons themselves.

Not maliciously. But all of us growing up in the U.S have to some degree inherited attitudes from our Puritan heritage. Including me. And throughout my training and early on in my professional career, I shared the judgments carried by many others in my field.

Although we were quite comfortable devoting our artistic and surgical skills to improving someone's appearance if she or he had been disfigured by disease or other misfortune, we regarded cosmetic surgery as of lesser importance. And maybe it is, to the degree that it is *optional*. Not required.

But somewhere along the line, a kind of god complex crawled over the fence. Perhaps because medicine had so hooked its psychological identity to necessity, it didn't know what to do the concept of optional surgery. Unconsciously some plastic surgeons and others got into passing judgments about those who would have surgery that they, the all-knowing doctors, did not consider "necessary."

In 1979, I knew my decision to focus exclusively on cosmetic surgery would generate some mutterings. But having left the security of my identity as a doctor for a couple of years in my early 40's, I felt solidly grounded in my decision. I thought I was prepared – and that I had probably exaggerated the degree to which my peers would disapprove.

Do I Dare Disturb the Universe?

“Hey, Pop, would it be all right with you if I only did *cosmetic* surgery?” I couldn’t believe I was asking him this. *All right* with him? Good grief, I was 43 years old. I had been practicing plastic surgery since I was 33 and I was damn good at it. But there I was calling my father on the phone to ask him how *he* felt about my limiting my practice exclusively to cosmetic surgery. I had felt the need to call him since what I wanted to do had become clear, but it took me a couple of days to drum up the courage. I was nervous just dialing the number. I had to control my voice so it wouldn’t quaver. My throat was tight and the phone felt a little slippery.

I had always wanted to please my father. At the time of the call he was a retired postal worker who bragged to every stranger that his son was a plastic surgeon. I was frequently annoyed that he did this, that somehow he was now living his life (which he had long considered unsuccessful) through me. I felt like I was a merit badge on his chest. Yet once when I was twelve, I saw him leap from a balcony and save a snow-suited little girl from drowning. He was my hero and I wanted his approval. But I was also aware that I may not get it.

Up until then, nobody thought this shift was a good idea except Carol, my fiancée. The general feeling among the public and among my fellow physicians was that cosmetic surgery was a little weird. Somehow outside the realm of medicine. At least outside of *legitimate* medicine. I remember reading somewhere that cosmetic surgery was the province of the “...Polish aristocracy, movie stars, and aging homosexuals.”

Ouch.

My former professors used to rail against anyone who performed only cosmetic surgery. They held that the reconstructive part of plastic surgery was the only “real” aspect. Any surgeon who focused most of his practice on cosmetic surgery was held in quiet contempt. My teachers implied that he was a charlatan and only in medicine for the money. It was also true that all of my professors performed *some* cosmetic surgery, saying their patients demanded it. A common justification was that it paid the bills so they could afford to do reconstructive surgery for those who couldn’t pay.

Sounded right to me.

I remember my old chief, Dr. Gaisford, expressed his feeling about anyone who would perform exclusively cosmetic surge — in a rather obvious way. Once, at banquet at our national meeting, Gustave Aufricht, one of America's original plastic surgeons, was being honored for his distinguished career. He must have been about 80. Back in 1947 he had written the lead article for the first edition of the White Journal, our main specialty journal.

His was a long career and he was respected by all. Well, practically all. Apparently Gustie, (as we fondly referred Dr. Aufricht) had in his later years confined his practice to cosmetic surgery. Dr. Gaisford was sitting at a table right in front of Dr. Aufricht. After Gustie gave his address, the entire room rose to give him a standing ovation. Dr. Gaisford pointedly sat through the long applause, his stiff back turned to Dr. Aufricht.

I suspect Dr. Gaisford would not have stood for *anyone*, no matter his contribution to the specialty, if he had become “just” a cosmetic surgeon. I was impressed with Dr. Gaisford's courage in expressing his convictions, but I was also puzzled. I could see nothing wrong with cosmetic surgery and found I liked most of the patients who came for a face lift or to get rid of baggy skin around their eyelids.

There was another incident just as harsh.

I had always held a Miami plastic surgeon, Dr. Ralph Millard, in high regard. A commanding presence, he was a strikingly handsome man with black wavy hair, who stood about six feet tall but seemed even taller when he spoke. In my eyes, he was one of the major lights in plastic surgery. He was one of the most original thinkers, had published several books, one co-written with an English plastic surgeon, Sir Harold Gillies, who had been knighted for reconstructing the burned and bullet-smashed faces of wounded soldiers from World War I.

Dr. Millard's papers describing his original techniques were uncommonly clear and just rang with honesty. I loved them because I could understand what he was saying without having to puzzle over them for a couple of hours, like I had to do with most articles. I had visited Dr. Millard in Miami and watched his surgery. I really admired him. He was one of my heroes and I secretly wanted to be like him. I guess today you could say he was a role model.

After I had been in practice a couple of years, I had an occasion to call him on the phone. I had performed a large, complex procedure intended to correct a huge defect around a man's backbone following an automobile accident where he was scraped against a brick wall. To my horror, three hours after surgery, the area –which was the size of both my hands, was turning blue. This was a dreaded complication because there was no way to fix it. I was afraid that I had now created a problem that was twice as bad as the one I started out to fix.

But here the complication was, right in front of my eyes, the flap getting bluer with each passing hour. I was desperate. Hoping someone might know a technique, perhaps not yet published, that might help, I called Dr. Millard. He spent a couple of hours on the phone with me. We brainstormed together. In the background I could hear dialogue indicating that he was supposed to be taking his son and his son's friends somewhere and was really late. Yet he spent the time with a young surgeon in an effort to help a patient, a complete stranger to him. Because of that conversation, I felt very close to Dr. Millard. He could be counted on.

Sometime before the fateful day on which I called my Dad, I had gone to one of our annual medical meetings. Out of the crowd of thousands of plastic surgeons, I spotted the top of Dr. Millard's head. I was excited. I wanted to share my recent thinking with him. I knew that a big part of his practice was cosmetic surgery, and he was considered to do the best face lift in Miami. I felt confident he would give me good advice

I waited until the small knot of plastic surgeons around him broke up and stuck out my hand. He took it and shook, but I could tell from his expression that he couldn't place me. I reminded him of our long phone conversation and his face lit up. We talked about how the procedure had turned out.

Then I blurted out that I was planning to confine my practice to cosmetic surgery. I waited, my heart beating fast. If Ralph Millard approved, then I wouldn't feel so much that I was pushing against the tide.

He simply looked at me. It seemed like a long time. Didn't say a word. Just looked. No expression appeared on his face.

Then, abruptly, without uttering one word, he turned on his heel and strode away from me. I

watched his retreating back, feeling numb. I was stunned. I felt alone and foolish and wondered if the whole room had seen the exchange. I looked around. No one seemed to have noticed. I took a deep breath and heard myself say, “Oh, Christ” as the significance of what had happened began to sink in.

I now had the disapproval of Dr. Millard as well as the disapproval of my old chief. And I had a deep sense that they represented the views of my entire profession. I realized I would be considered a maverick, or even worse, a renegade. I was taking a chance on being a pariah to my colleagues. It felt terrible. My chest hurt and I had a lump in my gut.

Yet I knew I had to do it in spite of their views. Cosmetic surgery called to me. I somehow felt I had been born to it. It would be five years before I understood why this drive to change my practice was so strong. I was going to shift from being a standard plastic surgeon who did *all* aspects of plastic surgery--repairing smashed faces, restoring children’s cleft lips and palates, hand surgery, correcting bed sores, treating cancer of the head and neck and tumors of the skin, as well as performing a little cosmetic surgery on the side. I was compelled to change myself to a plastic surgeon who performed cosmetic surgery exclusively. But it frightened me. I knew that I would probably have to take a lot of flak from my colleagues.

So I was nervous when I called my dad. I didn’t know if I could stand up to the disapproval of all three fathers in my life. If Pop disapproved, I didn’t know if I would have the courage to go ahead. While I liked to think of myself as a courageous man, one who could — and did— think for himself, one who could stand on his own two feet, I was afraid that another instance of disapproval might be too much.

My father’s answer was unhesitating and simple. He replied, “Of course. Why not?”

I was close to tears. “Thank you. Thank you” was all I could say. He could hear my relief and was puzzled. He had no idea why I would even question doing what I deeply wanted to do. He had always trusted my judgement implicitly. But I had forgotten that trust. His faith in me revived my own.

Carol and I moved to McLean, Virginia, a suburb of Washington, DC, where I knew a sum total of four people. I launched a practice devoted exclusively to cosmetic surgery in 1978, and shortly

thereafter opened a freestanding cosmetic surgical center, so that patients could avoid going to the hospital.

The practice has been widely successful.

Once upon a time I would have credited that success almost exclusively to my surgical skills and those of my partners and surgeon colleagues at the center. No question about it, these skills count because our patients wear the results.

But in reflecting the last 20 years, I think an unseen factor—an attitude—has also played a significant role in our success. We both understood and applauded the desire for self-improvement.

Early on I discovered that my patients were not who the culture said they would be—aging actresses and the idle rich. Instead they represent a broad cross section of American society. They are white, black, and oriental. Sales people and lawyers, housewives and physics professors, mechanics and executives are among those who have sought my services over the years. And I've had a few entertainers. Also government workers and financial analysts, mothers and managers, school teachers and grandmothers. People in the forefront and those who work quietly behind the scenes.