

CHAPTER 2

A New View of Cosmetic Surgery

My view is that all faces are beautiful. Simply because they are human. This is clearly so in the infant. “Oh, isn’t she (or he, it doesn’t matter) just so gorgeous!” And we really mean it. There’s something about a baby’s face that resonates with its innermost being. Indeed, all faces, regardless of age, sex, color, or feature arrangement have this resonance with an inner reality of openness, loving and God-likeness. It’s built in to being human.

Unfortunately we are born into a culture that tells us that some faces, as they mature, are better than others. Our faces are judged as pretty, ugly, old, or young. We rate them on a value scale. One end of that spectrum we call “good.” And the other? To put it kindly, “not so good.”

We all rate each other’s faces. These are not personal observations. They are part of the cultural conversation we were born into. We inherit these views without choice as though they were our very own, similar to the way we learn to speak the language of the land.

Such value judgments of faces result in the owners of many faces having a more difficult time in life than others of us. We relate to others, and they likewise learn to relate to themselves, as though they *are* unattractive or they *are* old. Like it was a fact rather than just a judgment. They may have features that our culture associates with certain attitudes and attributes. For instance, low eyebrows are considered to mean that a person is serious or angry. Down-turned corners of the mouth are said to mean the person is bitter or unhappy. In our day-to-day interactions, we relate to them as though they *are* angry or they *are* unhappy.

In fact, these facial symbols may not be at all representative of how the person is, or is feeling. They may simply be part of his or her genetic inheritance. Enlightened, logical people that we are, we know that. But another part of us — perhaps some skill programmed into our viscera in prehistoric times, long before the invention of language and logic, when it was important to read people’s intentions on their faces — relates to what it sees on a face as though it accurately represents how they are inside. We can’t help it. We have reached a subconscious conclusion —

*They look that way...they **are** that way!* We all do it, even children

From time to time I've heard a young child inquire in a public place, "Mummy, is that old woman a witch?"

Of course as we mature we censor such thoughts. And as we grow in wisdom and grace, we try to postpone snap judgments based solely on appearance. But in hundreds of small interactions throughout the day, every day, we react unconsciously to what we see on others' faces. We smile approvingly.

Or don't.

We are showered with approving smiles.

Or not.

There is such irony in this, such pathos. Because nature's law of mimicry says that we become the way others perceive us to be. Perceived as angry, we get feedback from the societal mirror and from our own bathroom mirror that we are angry. And we follow that perception as though it were an instruction. We unconsciously become the way we look.

As a result, through no fault of our own, a dissonance is created between the way we look and the beauty within. And as time passes, our lives begin to reflect that more and more.

This is not an absolute process, of course. But it is insidious and usually unconscious. We may catch our reactions at times, and resist. However, it is very difficult to resist that of which we are unaware.

The role of cosmetic surgery is to alter those inappropriate symbols of aging or unattractiveness so that one's face now has a resonance with the beauty of the inner being.

Our Past Thinking

Cosmetic surgery conceals or hides something. It is basically artificial, vain and superficial. It is not something for a genuine human being, like you or me. Particularly me.

A Newer and Truer View

Cosmetic surgery, by removing physical symbols which misrepresent us, has our faces and bodies come into harmony with our inner being. This new harmony opens the possibility of transformation.

Is It Vanity?

Everyone has some aspect of their appearance they would change if they had a magic wand. But and most of us are in deep resignation, feeling it can't possibly happen. Individuals who have cosmetic surgery share two traits: The first is that they have enough concern about some symbol to consider having surgery to correct it, and the second is that they are courageous.

My experience tells me that cosmetic surgery is not about vanity. It is about harmony. I, like many of my colleagues, used to be so concerned about vanity that we would try to redefine vanity to make it seem nicer. I have given up. Vanity is *not* nice. And everyone knows it. It is a pejorative term and it deserves to be. Can you imagine saying about someone, "Oh, she's such a sweet VAIN woman."? And not sound catty? No, to be vain and to have vanity are not terms we want to hear about ourselves. These terms point, and rightly so, to a self-centered and narcissistic human being. I once heard this description, "Edith is a small country, surrounded on all sides by Edith."

To my mind, vanity is an excessive pre-occupation with one's appearance.

Harmony, on the other hand, is an appropriate concern that one's outside match one's inside. An appropriate concern that one's essence reveal itself in the physical — on the face, on the body. Cosmetic surgery is not about treating vanity. It is about correcting disharmony. As one woman said, "I live in a beautiful house and I love it. So I mow my lawn when it gets raggedy, and I paint my sweet house when it gets shabby, and I have my porch jacked up when it sags. So why on earth would I not treat my beloved face and body as good as I take care of my house?"

So the first attribute our patients share is concern. Appropriate concern.

The second is that they are courageous. Can you imagine the courage it takes to approach a stranger, no matter how well trained, and ask them to operate on you, surgically? On your one and only body? This is especially brave since they've probably been told that they're being silly, and that, whatever their concern, they "should learn to live with it." *As it is.*

In spite of this and other discouragements, both large and small, they somehow find the courage to pick up the phone and call for an initial consultation. Many of them approach their

appointment date with fear and trepidation, endlessly debating if they should show up, looking again and again in the mirror, cautioning themselves not to get their hopes up.

Eventually these courageous people keep the appointment, sometimes years after they first dreamed about daring to correct the problem. Then they take the next step — that of actually scheduling the procedure — agonizing about it still, but finally committed. Committed to the hope, the possibility, that what's been bugging them, the physical and psychological insult, will be handled at last.

Afterwards, sometimes for the first time, these people see something different when they look in the mirror. Not just a change in features, but the smile of their own reflection and approval. They leave the mirror more confident, with attention finally *off* the part which has offended them for so long.

Ironically, in most instances, cosmetic surgery leads to less vanity rather than more. As one patient explained, “I can finally meet someone new without sizing up that person's nose and wondering how mine looks in comparison. Since my surgery, some of the energy I used to spend worrying about myself has been freed up to care about other people. At first I thought, ‘Oh, I'm getting this great reaction from the world because I've got this cute little nose.’ Well, it's not really that little. But it's *normal!* Now I'm not so concerned how I look.”

Facing Outward

It seems to me that people's lives ought to be about something more magnificent than a constant worry about how they look. Yet, half the people I meet dislike at least one aspect of their appearance. Of these, only a few consider cosmetic surgery to correct it.

Why? One of three reasons.

1. They don't know that the disliked feature is correctable.
2. They think cosmetic surgery is only for the rich and famous, not regular folks.
3. They don't have enough self-esteem.

Of all the reasons, the last is most prevalent. Because of a lack of self-esteem, people can't enjoy the increase in self-esteem that cosmetic surgery brings! Sort of a Catch-22 predicament, isn't it?

The truth is that our attractiveness is a reflection of our self-esteem. To a great extent our face (and body) tell the world how we feel about ourselves. Yet some of us limit this basic level of self-expression by not visualizing ourselves as we'd like to be, and how we could be, and then manifesting that vision through diet, exercise, hair style, make-up. Or, for some, via cosmetic surgery. Too bad. Because when I see a person with drooping jowls or protruding ears, I realize life is harder for that person than it need be.

Although I wish it were otherwise, we live in a world where people associate character with how one looks. The face is viewed as a symbol of the way we are inside. If inside and outside don't match, our impression of what we are becomes distorted by negative feedback and misconceptions grow.

What can be changed?

- a humped, bulbous, or too large nose
- bags beneath the eyes
- sags around the jaw line and neck
- wrinkles around mouth and eyes

- furrowed forehead
- protruding ears
- a receding chin
- moles, warts, birthmarks, acne scars
- breasts too ample or too small
- bulging hips and loose abdominal skin

Not only these specific features (and many more I didn't mention), but something else. We can alter your *look*. If you look tired, we can alter those symbols. (They might show up as a "Christmas Tree" face, where all your lines turn downward like the branches of a Christmas tree — drooping brows, drooping cheeks and drooping corners of the mouth.) If you look angry, we might be able to raise those low eyebrows (or even suggest ways of plucking the undersides to save you having a brow lift). We can also handle a face which looks "weak," like Mary's did.

"I simply look pathetic" Mary said "like I've been victimized by life." We raised the outer end of her eyebrows to correct the "poor me" look of Eddie Fisher about to sing "*Cry*." We corrected her weak chin with a small chin implant. Another woman, a fifty year old with a Ph.D. in English had puffy eyelids which gave her a "slow" look. She looked so alert afterward that she commented, "I feel like you raised my IQ about thirty points. Now people don't look at me suspiciously when I tell them I am an English professor." By removing the puffiness of her upper and lower eye lids we opened up her face. She looked "brighter" — in both senses of the word.

By working together, patient and surgeon align on the goals of cosmetic surgery. The patient's vision of how he or she will look after surgery must be adjusted to the reality of what the surgeon knows is possible. With a realistic understanding of anticipated results, the patient then can weigh the cost in time, discomfort and expense to reach a decision to have — or not have — cosmetic surgery.

Each individual must make his or her own decision. My usual suggestion though is to try

everything else first. Change your hair, your clothes, maybe your job. Attend to your inner life. Then, if you still long for a level of change these cannot provide, go forward. (Chapters later in this book will discuss timing, readiness, goals, and choosing the right surgeon for you.)

Everyone who consults a cosmetic surgeon and thinks seriously about having surgery experiences fear. Everyone. Without exceptions. Fear is understandable and it is real. Regarding this fear, I see only two possible positions — being afraid and denying it, and being afraid and acknowledging it. We recommend acknowledging it. When we voice our fear it often disappears. Encouraging patients to speak of their concerns becomes one of the most important jobs of a cosmetic surgeon and his support staff.

Although I often hear fears voiced, what I listen for are those patients who say that although they're concerned, their fear won't stop them. They schedule the surgery because they've done their homework, both inner and outer. And they've chosen a surgeon they trust.

The satisfaction I feel when patients show such trust is only surpassed by my joy as they share how the surgery has affected their lives. Tom is just one example of all thousands of patients who have in so many ways told me of the difference they felt after cosmetic surgery. "I love it!" he announced., bursting into my office.

In the place of the old Tom, imprisoned behind drooping cheeks, baggy eyelids, and prominent ears stood an attractive man whose most outstanding feature now was his smile.

"I'm more **me** somehow," Tom continued, summing up my thoughts.

"Yes," I agreed. "Inside, you were always as you are now. We brought the real you out into the world."

O.K., It's Possible, but Is It Necessary?

Everyone, doctors and the public alike, assumes that cosmetic surgery, like any other surgical specialty, fits into the general category of Medicine. Well of course it does — to a great extent. To perform cosmetic surgery, a plastic surgeon has completed four years of college, four rigorous years of medical school, a year of what used to be called internship, a minimum of three additional years of general surgical residency training, and then at least two more years of plastic surgical training.

Serious medicine. Serious time.

But cosmetic surgery doesn't fit into the medical model in the usual way. Medicine traditionally asks the question, "What is wrong and how do we fix it?" Cosmetic surgery, on the other hand, asks the question, "What is useful?"

The traditional question is "Is this surgery necessary?" If the answer is positive, the surgery will likely be performed, and if you have any sort of insurance plan, it will likely cover some of the cost. But if the answer to the question is negative, and the surgery considered *unnecessary*, odds are it won't happen. Particularly if one thinks from an *either/or* point of view. Our culture holds that something which is unnecessary should not occur. Particularly something as drastic as surgery.

But what about cosmetic surgery? Should we consider it necessary surgery? Or should we think of it as *unnecessary* surgery? Most of us who perform it have, at various times in our careers, sensing its importance, tried various mental contortions to get it to fit into the *necessary* category. Mostly we sensed it might be "necessary" from a psychological point of view. Many of our patients certainly get enormous psychological relief.

Pleased as I am to play a role in their relief, I still can't quite convince myself that the surgery was necessary in the way we usually mean the term. And maybe that's part of the problem. The question, "is it necessary" cannot stand alone. It must have some frame of reference. Necessary for what?

The notion of necessary/unnecessary surgery is so pervasive a question, we see patients struggling with it almost every day. "Doctor," a woman will ask, "tell me the truth. Do I *need* a

face lift?”

Every right-thinking and well-trained physician knows the answer to that. “No, madam, you don’t. Cosmetic surgery is not necessary.”

She ponders. “Doctor, I’m 40 and I look 50. My husband is 39 and only looks 32. That’s a difference of 18 years. When we walk down the street together we’re mistaken for mother and son. I want to look my age again. Now are you so certain I don’t need a face lift?”

What does our right-thinking, well-trained and honest physician answer to that? Suddenly it’s not as clear-cut as it originally appeared. Even in other surgical areas the distinctions between what is “necessary” and “unnecessary” are sometimes judgment calls, depending on when the doctor is asked, and his or her level of skill and previous experience, both with the procedure and with this patient. Many times the answer to “Is this surgery necessary?” is “Well, it all depends....”

I suggest that the “Is it necessary?” question is too limited. When examining a possible course of medical action, it seems to limit creative responses to a dilemma rather than promote them. The possible answers to “Is it necessary?” are yes or no. No kills yes, and yes kills no.

To me, cosmetic surgery does not fit any better into the necessary/unnecessary dichotomy (dichotomy meaning “only two choices”) than red would fit into a dichotomy of blue and yellow. The color spectrum requires require all three — red, yellow, and blue. A trichotomy — three aspects.

Similarly, cosmetic surgery needs a separate category, guided by a new question: Is it *useful*? So that’s the question to ask yourself. Not whether you *need* cosmetic, but rather, would it be useful to you?

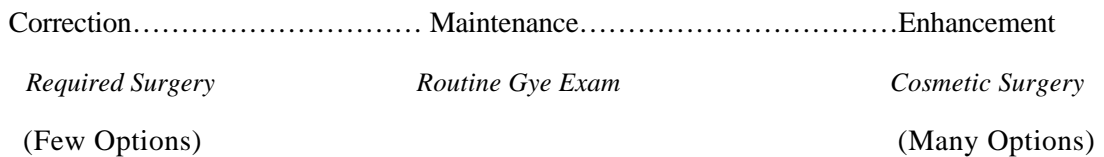
There’s a question you can engage in. Wrap your mind around. And check your emotional reaction to. Once patients hear the question, they visibly relax because they intuitively know it’s the right question. And they seem pleasantly surprised to find that the contemplation of cosmetic surgery is a place where you can tell a particular truth.

That truth is that each of us wants to look better. It’s human. But there’s some kind of cultural taboo against saying so. As if that’s something we’re not supposed to want. So our patients who come in for consultations understand the concept of “usefulness.” It takes them happily away

from the usual medical model which focuses on illness. Because it is not illness we treat. It is not psychological illness. It is not physical illness. Our patients are normal.

To really understand cosmetic surgery, we need to expand our rather limited cultural view of medicine. Let's look at what medicine itself is a subset of. Picture a line or spectrum that we'll call Life Design. Imagine that the left side, *correction*, (meaning actions taken to rectify something that's wrong, something that threatens life or the ability to function). Few options are available for conditions on the left of the scale. On the right end of the spectrum imagine *enhancement*, meaning that actions on this end are not prompted by illness, but self-improvement, for which there are many more options available.

Life Design Spectrum



Most organizations and institutions address themselves to a particular place on that line. Those that cluster toward the middle would be concerned with maintenance. Those to the left, like emergency medicine or automotive repair have correction as their goal, and those to the right, Life Enhancement. Reconstructive surgery appears on the left. A routine gynecological exam would be in the middle. Cosmetic surgery belongs on the right, in the enhancement realm. Other aspects of the enhancement realm might be: religious practices, vacations, travel, sabbaticals, reading for pleasure, learning a musical instrument and hobbies. The stuff that adds dimension, joy and deep satisfaction to our lives.

Like Cosmetic Surgery.