

A Journey of Restoring Self-Confidence: The Life Experiences of Women Recipients of Augmentation Mammoplasty

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ABSTRACT: The purpose of this qualitative research study was to explore the preoperative through postoperative phase experience of women who had undergone augmentation mammoplasty. Nine women undergoing augmentation mammoplasty were selected by purposive sampling and interviewed using semi-structured, open-ended interview guidelines. Researchers used Symbolic interactionism to frame their overall perspective and analyzed data with the content analysis method. Rigors of data analysis were adopted credibility, transferability, dependability and confirmability proposed by Guba and Lincoln. The main theme of living experience of women who received augmentation mammoplasty could be summarized as “a journey to restore self-confidence”. The categories identified within this journey included: (1) the invisible standards of breast beauty; (2) Taking courageous action to make changes; (3) conflicts between the natural and artificial. The above findings provided initial qualitative data from Taiwanese women’s perspective. By better understanding their experience, nurses can become increasingly sensitive to patients’ psychosocial adjustment and provide prudential nursing care.

Key Words: augmentation mammoplasty, living experience.

Introduction

Decades ago, psychologists had already associated rising demand for augmentation mammoplasty with the increasing importance placed by society on physical attributes (MacGregor, 1971). Statistics demonstrate that the pursuit of personal beauty has become a fixture of modern life. According to the American Society for Aesthetic Plastic Surgery (ASAPS) 2005 statistics, augmentation mammoplasty already ranks as the second most popular cosmetic surgical procedure in United States. In that year, the number of such procedures increased 19 percent over the number conducted in 2003. Although no official statistics are kept on augmentation mammoplasty in Taiwan, a breast implant importer reported that imports of saline-filled breast implants rose by a factor of 600 compared with 16 years earlier (Hong, 2002). It is estimated that over ten

thousand women in Taiwan undergo augmentation mammoplasty each year (Hong, 2006).

Nursing care is supposed to be provided to meet people’s need. While newspapers, advertisements, and talk shows on TV in Taiwan have long focused on breast augmentation as a hot topic, the study of augmentation mammoplasty experiences has been largely neglected by nursing researchers. The growth in number of performed augmentation mammoplasties indicates that such is becoming much more common amongst the general population. However, most articles to date discuss new techniques or medical procedures of augmentation mammoplasty (Huang, Lai, & Weng, 2000; Liu & Lu, 1999; Tang & Cheng, 2005). No studies in Taiwan have ever tried to explore women’s experiences about this significantly personal surgical procedure. How do they feel? What do they need? Such initial qualitative data must be collected from the perspective of

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women who have had this surgery in order to design a nursing care regimen that meets their needs.

Different from before, augmentation mammoplasty is no longer limited to women who have had mastectomies and seek reconstructive surgery. In the United States today, about 80% of breast implants are received for cosmetic reasons, with the remainder received as a component of reconstructive surgery – often for breast cancer rehabilitation (National Institute of Health, 2005). Thus, understanding that the population profile of nursing care clients has changed is not enough. The nursing textbook about augmentation mammoplasty may need more research results to update professional educative information.

How a woman views her breasts is closely affected by her social cultural background. Yalom (1997), reviewing the history of breasts over different centuries and historical periods, stated that, although standards of breast beauty have varied, one constant over time has been the female breast as a symbol of femininity. Indeed, studies have found that a high percentage of women seeking augmentation mammoplasty reported feeling conspicuously unfeminine with their naturally small breasts (Beale, Lisper, & Palm, 1980; Birtchnell, Whitfield, & Lacey, 1990; Cash, Duel, & Perkins, 2002; Losken, 1990). Additionally, study results suggest that women choosing to undergo breast augmentation held on average a higher dissatisfaction with their pre-operative body image (Beale, Lambert, Lisper, Ohlsen, & Palm, 1985; Schlebusch, 1989; Schlebusch & Levin, 1983).

Body image refers to the mental picture that persons' form regarding their bodies. How much a person values or accepts themselves influences the perception of self (Figuroa, 2003). Each of us has a "self-image" – a perception of how we believe we look to others. People who are happy with their self-image are more likely to be self-confident. Sarwer et al. (2003) investigated the body image concerns of women who sought cosmetic breast augmentation, and found that breast augmentation candidates, as compared with physically similar women who were not seeking augmentation, rated their ideal breast size significantly larger. In addition, women interested in breast augmentation reported greater investment in their appearance and greater distress about their appearance in a variety of situations. Researchers have suggested that an individual with substantial distance between their actual self and ideal self are at significantly higher risk of developing a negative self perception (King, 1997). That is, a primary objective

of women who seek augmentation mammoplasty is the shortening of the distance between their ideal and actual selves.

Most women who underwent augmentation mammoplasty reported a high degree of satisfaction with the surgical outcome on various parameters, including body-image, feelings of self-confidence, interpersonal relationships, and sexual attractiveness (ASAPS, 2005; Cash et al., 2002; Strom, Baldwin, Sigurdson, & Schusterman, 1997; Young, Nemecek, & Nemeck, 1994). Furthermore, augmentation procedures have recently been shown to potentially benefit sexual performance – an aspect not identified in former research studies (Stofman, Neavin, Ramineni, & Alford, 2006). It is clear that satisfaction with body-image needs leads to feelings of self-confidence, worth, strength, and adequacy (Figuroa, 2003).

Methods

A qualitative research design was selected for this study, Symbolic interactionism provided the theoretical perspective, and data was collected through in-depth interviews focused on a medical center in northern Taiwan. Data was analyzed by content analysis. The aim of this study was to explore women's experiences in the preoperative and postoperative phases of augmentation mammoplasty.

Symbolic Interactionism

Symbolic interactionism is a sociological perspective which examines how individuals and groups interact and focuses on the process by which personal identity is created through interaction with others. The ideas behind symbolic interactionism were first formally introduced by the German sociologist and economist, Max Weber (1864–1920) and American philosopher, George H. Mead (1863–1931). Both emphasized the subjective natures of human behavior, the social process, and pragmatism. Herbert Blumer, who studied with Mead at the University of Chicago, both coined the term, "symbolic interactionism" and formulated the version of the theory that is most prominent today (Blumer, 1969).

Symbolic interactionism consists of three core principles, namely: meaning, language and thought. These core principles lead to conclusions about the creation of a person's self and socialization into a larger community (Griffin, 1997). *Meaning* states that an individual acts toward

people and things in accordance with the meanings with which said individual associates them. Symbolic interactionism holds “meaning” to be the central aspect of human behavior. *Language* gives humans a means by which to negotiate meaning through symbols. Humans identify meaning in speech acts with others. *Thought* modifies each individual’s interpretation of symbols. Thought is a mental conversation that requires different points of view.

Symbolic interactionism was used as a theoretical perspective based on its core assumptions of how people act on the basis of meanings that things have for them, how individuals interpret objects and other people in their lives and how this process of interpretation leads to behavior in specific situations (Benzies, 2001). The assumptions appropriately mirrored the author’s belief that every individual’s experience is interpreted in a unique way. In addition, literature related to the study also indicates that feelings of dissatisfaction or satisfaction with body-image are influenced by one’s surroundings, which includes such elements as mass media, cultural background, spouses (Beale et al., 1985; Cash et al., 2002; Strom et al., 1997).

Participants

The purposive sampling taken for this study consisted of nine women who had undergone aesthetic augmentation mammoplasty within the past one and half years. Participants were between 23 and 47 years of age. The marital status of the group included single, married, and divorced individuals. Level of education ranged from high school graduates to master degree holders. The wide range along these variables was purposely arranged in order to maximize variability in the sample selected for interview. Women with reconstructive mammoplasty following a mastectomy were not recruited, as they might introduce an experience set that diverged from others in this study.

To maintain participant privacy, all were referred to the researchers by their doctors in order to transfer to the author the relationship of trust that these patients had built with doctors. Doctors invited patients to participate in the study when women returned to their clinics for postoperative follow-up. Once a woman agreed to participate, the author made a phone call to her to briefly describe the interview procedure, such as interview purpose, interview length, and interview location.

Data Collection

Data were gathered through semi-structured interviews to encourage participants to give their views and perspectives about the experience relevant to augmentation mammoplasty. Interviews covered: (1) their motivations to receive augmentation mammoplasty; (2) their pre-operative worries, expectations, and feelings; (3) their operative experiences; and (4) the postoperative feelings.

Individual interviews were conducted in private and lasted for approximately one hour each at an interview location chosen by participants. Such locations included coffee shops, clinic waiting rooms, and participant homes. Recording of the interview was agreed to by each participant before it began. Data collection was stopped when the data saturation point was reached and the researcher was no longer hearing or seeing new information.

Ethical Issues

All participants were asked to sign a consent form prior to interview. It was made clear to participants that the author had a nursing background, but was not employed by the referring doctor or hospital. Participants all expressed a high level of concern regarding the protection of their personal data, such as names and jobs. The author reassured participants regarding the strict confidentiality of such. Furthermore, interview recording and interview transcripts were destroyed after analysis was completed in order to protect personal privacy.

Data Analysis

Data collection and concurrent content analysis were conducted to direct further information collection. Data were coded and classified in terms of underlying concepts and categories (Polit & Hungler, 1999). The steps used in this process included the following: (1) interview transcripts were read through several times to give the researcher a sense of the overall response of participants; (2) textual references related to participants’ experiences with augmentation mammoplasty were extracted and collated together. These collated references then constituted the unit of analysis; (3) the text was divided into meaningful subunits that were further condensed; (4) the condensed subunits were abstracted and coded; (5) the various codes were compared based on differences and similarities and sorted into sub-categories and categories; (6) finally, category meanings were formulated into a theme. All interviews were analyzed using the above steps, and repeat

readings of the data were performed to compare and make corrections.

To help make study findings as trustworthy as possible the researcher applied four qualitative research data criteria proposed by Lincoln and Guba (1985), which included: credibility, confirmability, dependability, and transferability. To enhance study credibility, prior to commencing this study, the author observed preoperative nursing care and postoperative nursing care related to augmentation mammoplasty for a period of six months. In addition, member checking was integrated into the primary data categories (original transcripts and sub-categories). To enhance confirmability, raw data, field notes taken from interviews, analysis notes, and process notes documented in peer examinations were kept, checked and rechecked by co-researchers throughout the study in order to minimize bias. To enhance dependability, all interviews were done by a single researcher, who transcribed interviews to text immediately after completion, with no additions or deletions. To enhance transferability, research findings were described clearly in the study report.

Results

A total of nine women participated in this study. Average age was 31.5 years. In terms of work status, eight (89%) held regular jobs and one (11%) was a student. In terms of marital status, seven (78%) were not married, while one (11%) was married and one (11%) divorced. Eight (89%) had 16 years or more of education (university or above), while one (11%) had 12 years of education (high school degree). The average post-surgical period for study participants was 7.5 months.

Theme of Experience: Restoring Self-Confidence

A main theme in the experience of women who underwent augmentation mammoplasty was that of taking a journey to restore self-confidence. For a woman, undertaking a decision to receive such surgery was the first step along a journey to restore personal self-confidence. The embedded life events implied that society's invisible standards related to the female breast had led participants in this study to lose their self-confidence. Once their mind had been made up, taking action became inevitable. After women experienced the joy of their new post-operative self, they categorically felt a restoration of self-confidence. However, worries related to long-term side effects and problems associated with artificial breasts remained in mind.

The living experience categories related to "A journey to restore self-confidence" included: I. the invisible standards of breast beauty; II. taking courageous action to make a changes; III. conflicts between the natural and artificial. (Table 1)

I. The Invisible Standards of Breast Beauty

This category described women's dissatisfaction with their natural breast size. Between large and small size, the invisible standard is truly existence in our culture, which might affect people under the same culture. The sub-categories included: (1) verbal insults from surroundings, (2) lack of sexual attractiveness, (3) limited clothing options.

1. Verbal insults from surroundings

Verbal insults about their breast size made women feel the existence of people's expectation of women's breast size to be invisible, but real.

Table 1.
The Living Experience of Women With Augmentation Mammoplasty

Theme	Category	Sub-category
A journey to restore self-confidence	The invisible standard of breast beauty	Verbal insults from surroundings Lack of sexual attractiveness Limited clothing options
	Taking courageous action to make changes	Eagerness for permanent real breasts My body, my decision Unanticipated recovery conditions
	Conflicts between the natural and artificial	Changes in self-perception Worries that augmented breasts are not natural enough Keeping a personal secret



Participant B, a 31-year-old single woman, described *“My sister was told that she should wear a magic bra with thick pads to shape her figure since her size was too small...for my experience, my ex-boyfriend had teased about my breast size in front of his family, which made me very angry. I don't like the feeling. I told him not to talk like that, but he still did.”*

Participant D, a 45-year-old woman married for twenty years, recalled, *“he [my husband] always made negative comments such as their being too much fat on the wrong part of my body, especially after giving birth to my daughter and entering middle-age... such comments occurred both at home and while we were together with his friends... and he liked to watch ‘betel nut beauties’ and comment about their figures, especially their breasts. All of these made me somehow think that mine [breasts] needed some change.”*

2. Lack of sexual attractiveness

Society encourages women to view breasts as symbols of their femininity. Having a breast size believed to be deficient is somehow connected with feelings of deficiency in sexual attractiveness.

Participant F, a 47-year-old single woman, works in a factory. She described, *“In my workplace, male workers always talk about and look at women with big breasts. For men, big breasts are a sexual stimulus... I learned that breasts play a very important role in the male-female relationship.”*

Participant C, a 31-year-old divorced woman with a 1-year-old daughter, said the failure of her marriage might have been related to her sagging breasts. *“At that time, finding out my husband's affair; I really blamed my sagging breasts that were the result of childbirth. I used to be very confident with myself, but my husband's affair made me lose confidence as a woman, since my figure and breasts were so out of control.”*

Participant H, a 25-year-old single woman with a stable boyfriend, felt *“something was lacking in herself.”* She said, *“I had the feeling of lacking sexual attractiveness, especially when my boyfriend and I were having sex. I usually asked myself why I was so flat....”*

3. Limited clothing options

Limited clothing options really disturb women's life. In their perspective, women should have the “typically feminine” shape to wear clothes well.

Participant A, a 30-year-old single woman, couldn't stand the situation of *“buying small size bras with padding, I hate the feelings of having no other choice.”*

Participant E, a single 25-year-old woman, was eager to wear more sexy and mature style clothes. She said, *“after graduating from school, I realized that I needed to have a mature look. Those clothes I used to wear were too childish, but the best looking clothes needed to match with great body shape.”*

Participant C recalled that her “out of control” body shape made her depressed, and her saggy-looking breast after childbirth made her typically, *“wear loose shirts because I really had no encourage to show my body shape. I used to be a very confident woman. I never thought that I would face the situation I'm facing today.”*

II. Taking Courageous Action to Make Changes

This category described that the desire to make breasts bigger triggered women to receive surgery in order to change a previously negative situation encountered in their life. Sub-categories included: (1) eagerness for permanent real breasts, (2) my body, my decision, (3) unanticipated recovery conditions.

1. Eagerness for permanent real breasts

Women wished that their bigger breasts could be “permanent”. Therefore, other methods different from surgical alteration were treated as unacceptable.

Participant C analyzed different methods to achieve a larger breast size, and said, *“I thought wearing magic bra presented a false image...you have to admit that nakedness is inevitable in our life, therefore, permanent breasts are so important.”*

Participant H had a dream of having nice body curves while naked, *“I want the ‘real ones,’ not something temporary. I usually wear a bra at home. The feeling I am pursuing is permanent existence. Although there are many ways I could made them look great, but only surgery could made the breast become ‘real’.”*

2. My body, my decision

No matter whether their considerations about surgery were shared with others or not, women considered the decision to be their own, since their body was their own.

Participant A described herself as an “I do what I say” personality, and said, *“There may be many women who*

don't let their partner know about it, but I don't think so. I thought that I would let you [my boyfriend] know. If you don't agree with it, I will just pay for it by myself. Your thoughts on the matter won't affect my decision."

Participant G, a 24-year-old single woman, thought herself indecisive. Therefore, she didn't tell anyone because, *"I didn't want anybody to stop me, including myself. Thus, I arranged the surgery from the first consultation all by myself in order to make sure the surgery finished smoothly."*

Participant I, a 28-year-old single woman, discussed with a close friend, who had natural "D cup"-sized breasts and didn't agree with surgery. However, participant D said, *"she told me about the disadvantages of big breasts, such as overweighting of the shoulders and living with the long-term back pains, but I didn't think I would make my breast so big, so it would be fine for me. I haven't told her that I had the surgery done."*

3. Unanticipated recovery conditions

Postoperative conditions such as pain, swelling, and hardness made women face unanticipated complications, which they hadn't considered preoperatively.

Participant B recalled and evaluated her preoperative consultation, and said, *"My only expectation before surgery was having bigger breasts, I think that I didn't think or worry enough. Now my experience has taught me to ask for more concrete information about the conditions I might face during recovery, how the breasts would look, how much water would be injected, cancer risks, and so on."*

Participant E totally misunderstood her recovery condition. She relied on information obtained online and was misled by what she read. She said, *"I didn't anticipate the problems faced in the recovery phase...I was so shock about how hard and swollen my breasts were after the surgery. It was totally different from my image. I thought it was very simple, the doctor put something inside to me, and I woke up and went home. That's it."*

Participant A described her unforgettable recovery conditions. She said, *"I knew it would be painful, but not so much. I cried with pain almost every time I massaged my breasts. I took seven days off work, but after going back to work, the back pain almost killed me. So I usually took a hot water shower to relax the tension after work during the recovery phase."*

Participant G had some strategies to adjust to the post-operative pain. *"The only word I could use to describe*

the feeling was "pain". I slept in a seated position since "getting up" was so difficult for me. I didn't lie down for a week after the surgery."

Participant H said, *"I thought I didn't learn enough before surgery. Thus, the drainage was really beyond my expectation. Therefore, I had no choice and took more days off from work than I expected. I lived alone, and the drainage made me a little bit inconvenient to take off clothes. I wore the same pair of underwear for three days."*

III. Conflicts Between the Natural and Artificial

This category described how having new breasts helped women live a more satisfying life. However, the joy of dream come true and the worry of artificial beauty were like a seesaw in their mind. Sub-categories included: (1) changes in self-perception, (2) worries that augmented breasts are not natural enough, and (3) keeping a personal secret.

1. Changes in self-perception

Self-confidence returned concurrently with the new breasts. Women felt the change of self-perception.

Participant F was very satisfied with the new image of her body shape. She said, *"I would say the biggest change was self-confidence. I so enjoy the difference when I look in the mirror...because I feel my own beauty. I feel confident, too."*

Participant D said, *"I was excited in my new breasts...I didn't feel like I was lacking something anymore when I got dressed."*

Participant E expressed the feeling of self *"I really like the look I have. I kept massaging if I have time. The feeling of self-confidence was different."*

2. Worries that augmented breasts are not natural enough

Although the breasts brought positive change, women still remain worried that their new breasts are not natural enough compared to natural breasts.

Participant B expressed that she felt guilty when her boyfriend praised her. She said, *"I was peaking others [breasts] while going to take a hot spring bath, and found out that the natural ones would be droop a bit more and were not as round as mine...my sister usually said that mine look too firm, not look so natural. Therefore, sometimes my boyfriend praised me; I had the feeling of guilt in my mind since they were not real."*

Participant E was stunned by her boyfriend's words, *"Frankly, I would say that the upper part is very soft, but the bottom of breast feels like there is something inside, which caused me to worry. I think others might also feel the difference. Once my boyfriend touched my bottom part, he suddenly asked 'how come it feels like there is something inside your breast?' The question made me sweat a lot."*

3. Keeping a personal secret

Augmentation mammoplasty is not like other cosmetic surgery. Recipients typically do not tell or admit that they have had it done. Therefore, all participants would like to keep the secret forever.

Participant F said the reason *"I feel embarrassed about my artificial breasts. I think people won't appreciate false ones and I don't want people tease me about it."*

Participant A said, *"my colleagues have commented that my breasts seem bigger, but I told them I used a breast enlargement herb."*

Participant H said, *"I won't tell anybody I had the surgery. I will just lie."* Participant E said, *"my family is more traditional, they can't accept it ... of course I won't tell them. About my boyfriend, I usually turn to another issue when he questioned about the feel."*

Discussion

Throughout the study, Taiwanese women were under pressure from an invisible breast size "standard" that triggered them to receive augmentation mammoplasty. Pressure to have surgery came both from personal feelings and the judgment of those around them. Previous research has concluded the motivation to have breast augmentation came primarily from a desire to improve body image (Cash, 1996; Cash et al., 2002; Sarwer et al., 2003). Women might describe dissatisfaction of breast size, body proportions, sexuality for self, and clothed appearance about their actual body image. In our study, similar data were reported as in terms of subjects' self-awareness of lack of sexual attractiveness and limited clothing choices. Additionally, verbal insults from those around them were also a pressure on women in our study. Our participants described the vivid verbal judgments from boyfriends, husbands and underwear saleswomen as insults to their self esteem. Our results do not exactly correspond with those obtained by other researches, in which women mentioned concern for others' perception, but not the experiencing of negative

verbal judgments from others. Psychologist Pruzinsky (1993) believed that patients who seek cosmetic surgery are attempting to meet external social standards for physical attractiveness. People want to look their best – and their "best" is based on socio-cultural definitions. Our study confirmed the results by revealing that contemporary socio-cultural standards of breast beauty indeed generated pressure on women in Taiwan.

There is no research that focuses on women's decision to take such augmentation surgery. Our study identified an interesting point that explained their determination to seek surgery to be the eagerness to own permanent "real" breasts. Women refused to wear magic bras or use Chinese breast enlargement herbs because of their temporary effects. For them, breast changes should be permanent and visible, even when they were unclothed. Therefore, breast augmentation was the only choice to meet their need. Additionally, women held a firm attitude to pursue surgery. The finding was similar to Kathy Davis, who conducted a research on women's involvement in cosmetic surgery, which resulted in a book entitled, *Reshaping the Female Body* (Davis, 1995). Her participants were faced with the need to overpower their families, spouses and friends and persuade them. Women in both studies believed that taking action to make a change needed courage in order to make the dream come true. Our study uncovered a finding that differed from former research studies. This was that the participants experienced significant unexpected recovery conditions such as pain, swelling, and hardness. Previous research hardly explored the experiences during the recovery phase. More research would help us to better understand such experience.

Once the physical discomfort in the post-operative phase was overcome, women overwhelmingly expressed their satisfaction with outcomes. The finding corresponded closely with former studies in terms of self-esteem improvement, social life improvement, body-image improvement (ASAPS, 2005; Cash, 1996; Cash et al., 2002; Castle, Honigman, & Philips, 2002). Our participants all agreed with feeling different in terms of self-confidence. However, finding related to worries about the artificial breasts being discovered by others had not been discussed in former studies. In 2003 ASAPS Breast Implant Patient Survey, 94% women would recommend breast augmentation to friends or family members (ASAPS, 2003). Contrarily, in this study, all of participants wanted to keep the surgery as a life-long secret, and had ready-made excuses for their

larger breast sizes, such as breasts-enlargement food, herbal pills, breasts massages or exercise to avoid admitting to surgery. Whether or not the finding is related to cultural mores will require further future study.

Conclusions

As discussed previously, the farther the distance between the actual and ideal self, the more negative perceptions of the self will develop (King, 1997). Women in the study, from preoperative to postoperative, underwent a journey to reconstruct and restore their sense of self-confidence. Self-confidence reflects feelings of self-worth, self-esteem, and role performance (Figueroa, 2003). Therefore, the procedure to reshape breasts was just a strategy to rebuild self-confidence. The following quote from participant F in this study describes well the self-confidence she gained through her breast augmentation surgery:

I used to think that it was impolite to expose breasts in public. Every time my girlfriends bent down to tie their shoelaces, I pulled their shirts downward quickly from the back to avoid their breasts being exposed. I also did that for myself...But now I feel that exposed breasts are beautiful. Men's looks are a kind of praise regarding their beauty.

Implications

Providing preoperative consultation and education

More comprehensive preoperative consultation and education should be well prepared for all who consider undergoing augmentation mammoplasty. Under the perspective of holistic care, outpatient cosmetic surgery nurses will be the best consultant and educator candidates to provide delicate care rather than plastic surgeons' medical-oriented consultations. Consultation and education should not focus on explanations of surgical procedures only. Rather, such should be seen as an opportunity to address patient needs and provide caring attitude by virtue of nurses' professional education, compassion, sensitivity and special relationships with patients to help them better get through the psychosocial adjustment. From our study findings, guiding women to discuss the probable postoperative conditions might assist them to prepare better for surgery.

Build an official website related to augmentation mammoplasty

The majority of participants in this study searched for surgery-related information over the Internet because of

convenience, popularity and secrecy. Marketing-oriented websites attracted women with claims of a 24-hour recovery period and emphasis on surgery as a simple cosmetic procedure and rarely mentioned the risks of complications and long-term care. Therefore, it is important to build an official website to provide evidence-based information to assist women better understand surgical related matters ranging from personal preparation to postoperative long-term self care.

The study revealed the experiences of Taiwanese women who decided to undertake augmentation mammoplasty for beauty reasons using a qualitative method in an explorative study. In the future, well-designed quantitative studies might help us understand the issue from a different point of view. Hopefully, more research findings will help us to serve and deliver nursing care to the population undergoing cosmetic surgical procedures.

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重建自信之旅 — 女性隆乳的經驗歷程

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摘要：本研究係探討「女性隆乳的經驗歷程」之質性研究，目的在了解女性隆乳術前至術後的經驗。研究設計以符號互動論為研究觀點，半結構式訪談指引收集九位隆乳女性的口述資料後，再以內容分析法就訪談稿進行分析。研究發現，女性隆乳的經驗歷程主題為：重建自信之旅，其類目為：(一) 隱匿的乳房美標準；(二) 提起勇氣，採取行動；(三) 難掩自然與人工的矛盾心情。上述發現提供了台灣隆乳女性從術前至術後的經驗初探。藉由理解她們的經驗，護理人員可以更敏感覺察個案的心理社會調適，進而提供更細緻周詳的護理照護。

關鍵詞：隆乳、經驗歷程。

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