Self-consciousness of disproportionate breast size: a primary psychological reaction to abnormal appearance

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Summary—An hypothesis is proposed to answer two questions: "How do the symptoms that are the experience of subjects who are self-conscious of abnormal appearance develop?" and "Why do they develop in some people and not others?" The hypothesis is explained using the typical experiences of patients with disproportionate breast size as examples.

Whilst psychologists and psychiatrists accept that distressing self-consciousness of a gross abnormality of appearance, such as post-burn scarring, is a primary psychological reaction, they presume that self-consciousness of an aesthetic abnormality of appearance, such as small-breastedness, is secondary to an underlying abnormality of personality structure. In other words, it is not normal for a subject to be self-conscious of an aesthetic abnormality of appearance (that is, one which is objectively debatable as being outside the normal range of appearances). The suggested causes of deviant personality structures that underlie self-consciousness of aesthetic abnormalities have been well reviewed recently by Goin and Goin (1981). This paper offers an alternative argument that self-consciousness of an aesthetic abnormality of appearance is, for the large majority of subjects, a primary psychological reaction that occurs in people with normal personality structures.

An anecdotal study of the experiences of patients who had suffered self-consciousness of a wide variety of both gross and aesthetic abnormalities of appearance provided good evidence that the experiences fall into a pattern which is common to subjects with both types of disfigurement (Harris, 1982a). This observation has been repeatedly confirmed to the author during subsequent interviews with many other similar patients.

The anecdotal study answered the question of symptomatology: "What is it like to live with abnormal appearance of one sort or another?" During its course an hypothesis has been formulated to answer the questions of psychogenesis "How do these symptoms develop?" and "Why do they develop in some people and not in others?"

**The hypothesis**

The psychogenesis of symptoms that stem from self-consciousness of abnormal appearance is an automatic process of cause and effect which is subconscious and inevitable. It is the result of man's inherent need to feel confident that he has the normal appearance of his fellow beings in order that he may be on competitively equal terms with them. Individual susceptibility to the induction of self-consciousness depends on the chance of circumstance and constitutional variables such as gender and aestheticality.

By way of example, consider how the symptoms develop in a girl who complains of large-breastedness up to the time that she seeks a reduction mammoplasty. The sequence of their psychogenesis is illustrated in Figure 1.

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**Figure 1**—The psychogenesis of symptoms of abnormal appearance.
Her breasts begin to develop around the age of 10 when she may become aware that she is not like her peers whose breasts have not begun to show. As her breasts develop, she asks herself, as do all adolescents, "Am I developing normally?" For answer she compares her own figure with those of her peers who she sees at school, in the home and elsewhere. She may recognise a potential abnormality for herself through knowledge of a similar abnormality in her mother. She begins to realise that the size of her breasts is much larger than that of the majority of her peers and she begins to feel self-conscious of the fact. This self-conceived induction of self-consciousness may well have been stimulated by a critical remark about the largeness of her breasts made by someone else. Once induced, her self-consciousness continues to develop by virtue of the fact that she is self-conscious: she takes an unusual interest in other's breasts in an effort to find someone else like herself. Critical attitudes of others towards her large-breastedness reinforce her self-consciousness: she suffers hostile teasing from male peers and friendly teasing from female peers and family relatives: she finds that people stare at her: she may later suffer the distress of being mistakenly identified as promiscuous because of her breasts.

She is thus made to feel embarrassed, vulnerable to hurtful criticism and isolated from her normal-breasted peers. To relieve herself of this distress, her instinctive and automatic reaction is to hide the largeness of her breasts from the sight of others and to disguise her self-consciousness of them. Self-consciousness thus causes the development of a defence mechanism. To hide the size of her breasts, she rounds her shoulders and stoops: she folds her arms: she sits in public with something on her lap such as a satchel or a shopping bag: she wears loose fitting clothes, such as bulky jumpers no matter what the season may be. She avoids those situations which are likely to display the size of her breasts to others, such as swimming, going to the beach, sunbathing, shopping for clothes in department stores and taking part in athletics and sporting activities both in and out of school. If she cannot avoid some of these activities they are distressing for her. She may put on weight to lessen the disproportion of her breast size.

Her experience that others capitalise on her self-consciousness by teasing causes her to develop an artificial pattern of behaviour to protect herself. For instance, she may raise the subject of her large bust in conversation to prevent the humiliation of someone else doing so: or she may become sexually promiscuous: or she may adopt an attitude of bravado to curry respect from others which may perhaps lead her to unlawful delinquency. Alternatively, she may withdraw from social contact and stay at home.

The exercise of her defence mechanism is distressing for her as it prevents her from enjoying the lifestyle and fashions that her normal-breasted peers enjoy. It also serves to reinforce her self-consciousness so that a vicious circle is established whereby the more self-conscious she is the more attention she pays to her defence mechanism which makes her even more self-conscious. This cycle is further whipped along by continuing critical remarks from others so that she may reach the stage when she cannot forget about her breasts, even for a second, as one such patient has put it.

The effect of her self-consciousness, the experienced critical attitudes of others and her self-imposed defence mechanism is to make her feel that she is at a disadvantage as a socially competitive individual. She down-grades her self-concept to a level which is inferior to that of her normal-breasted peers. She feels unattractive, inferior as a female and unlovable. She regards her breasts as something ugly rather than something attractive. She begins to hate her breasts and hate herself because of her feeling of abnormality and the effect that this is having on the happiness and harmony of her lifestyle. She loses her self-confidence and feels inhibited when she is in the company of others. The last thing she wants to do is to let others know about her inferiority so she keeps her feelings of self-consciousness to herself.

This is important from the clinician's point of view because she is very apprehensive about explaining her self-consciousness to a doctor. If such a patient fails to keep an appointment it could well be that her courage has failed her at the last moment.

The effect of her down-graded self-concept is to create difficulties with her inter-personal relationships. With her friends she feels reasonably secure but she probably cling to their friendship and they may capitalise on her need to do so. She envies them their normal breasts and she may feel that she is an embarrassment to them because of other's reactions to her large ones. With strangers she feels particularly embarrassed, fearing that they will notice her abnormal bust, and she is most apprehensive about meeting a new member of the opposite sex, fearing that he may pass a crude remark about her. It is likely that she will stick to
the first boy who takes her seriously and accept the
first proposal of marriage.
At home she is irritable and bad-tempered, using
her parents as a whipping post against which she
can relieve herself of some of her pent-up
emotions. If she marries, she cannot understand
why her husband wants to caress her breasts which
she sees as something ugly. She may feel worthless
as a wife and anxious lest her husband may find
someone else with attractive breasts.
Finally, she tries to rationalise out of her feelings
for herself but fails to do so because they are the
result of her innate need to feel confident of having
normal appearance that is common to every one of
us. Caught in this inevitable sequence of events
that is the psychogenesis of her symptoms, she
becomes depressed and despairing. It is easy to
understand why one such patient summed herself
up by saying “From the outside all looked normal,
but inside of me was in a turmoil”.
This natural history is common to all patients
with virginal hypertrophy of the breasts who have
been investigated so far though there is variation in
the finer details. Compare it with the natural
history of the typical patient who seeks an augmenta-
tion mammaplasty during her mid-thirties.
Her self-consciousness is also induced during
early adolescence by self-comparison and probably
a critical remark from someone else. It develops
from continuing self-comparison—she takes an
unusual interest in other women’s breasts—and
friendly teasing. She does not suffer the amount of
 teasing that the large-breasted patients suffer nor is
the teasing hostile or crude. She is able to develop a
more successful defence mechanism by padding her
bra, though she may well feel fraudulent in
doing so. Like the large-breasted patient, she tends
to round her shoulders, restrict her choice of
clothing and restrict her activities such as swim-
ing, visiting the beach and other recreations that
involve communal changing rooms. She usually
avoids nudity in front of anyone, including her
husband. She down-grades her self-concept and
particular her feeling of femininity. She has
difficulty with inter-personal relationships,
especially those that will disclose her small-
breastedness. She is likely to marry the first man
who proposes to her and evades his attempts to
caress her breasts during love play.
There is, however, an interesting difference in
the end result of the mechanism of psychogenesis
between the large-breasted and the small-breasted
patients. On the one hand the large-breasted
patient, try as she may, cannot adequately hide the
largeness of her breasts from others and therefore
cannot escape their critical attitudes. An early
surgical reduction is her only solution. The small-
breasted patient, on the other hand, is able to hide
her abnormality from others, except, perhaps, her
husband. Because her defence mechanism is
successful she is able to come to terms with her
disability of appearance. Her defence mechanism,
whilst causing her some distress, becomes a way of
life, the acuteness of her self-consciousness lessens,
she accepts her down-graded self-concept and,
once she is married, the difficulties with her
inter-personal relationships fade.
Later in her life a variety of circumstances may
reawaken her self-consciousness. For example,
after two or three pregnancies she may lose what
little breast tissue she had: her marriage to the first
man who proposed may fail and end in divorce: she
may have further lost her feeling of femininity
after a hysterectomy. Her defence mechanism may
conflict with her wish to take her children swim-
mimg and to the beach, or it may prevent her from
wearing the fashionable clothes that her peers can
wear. These circumstances occur at an age when
she has more time to think about herself, when she is
financially better off and therefore more able to
enjoy holidays abroad and fashionable clothes and
when she may question her future security within
marriage.
Her self-consciousness returns despite her
defence mechanism and the process of psycho-
genesis resumes leading to depression and despair.
She knows about the possibility of surgical
augmentation and seeks it for herself as the only
solution for her distress. For a small proportion of
patients who seek augmentation mammaplasty
these circumstances are the inducing factors of
self-consciousness that did not develop during
adolescence.
This explanation of the psychogenesis of symp-
toms experienced by large-breasted and small-
breasted patients is equally applicable to that of
symptoms experienced by subjects who become
self-conscious of other aesthetic abnormalities of
appearance.
To seek the answer to the question “Why do
some people become self-conscious of an
abnormality of appearance whilst others with the
same abnormality do not?”, it is necessary to
consider the constitutional susceptibility of the
subject, the chance of circumstance and the
subject’s ability to develop a successful defence
mechanism. The proposed inter-relationship of these factors in the generation of self-consciousness is illustrated in Figure 2.

![Diagram of a fulcrumed balance to illustrate the relationships of circumstantial factors, constitutional factors and defence mechanism and the degree of self-consciousness suffered by a subject with abnormal appearance.]

**Circumstantial factors**

(i) Age. Self-awareness is heightened around the age of five when a child starts going to school, and again during early adolescence when the secondary sexual characteristics are developing. Development of an abnormality during these periods of life is more likely to lead to induction of self-consciousness. Self-consciousness of small-breastedness and large-breastedness is nearly always induced during adolescence.

(ii) The part of the body which appears abnormal is important both from the subject's ability to compare her own appearance with that of many others and in her ability to hide it from others. For example, in a country like India where girls do not have the opportunity to see other girls' breasts their opportunity for self-comparison is minimal, the likelihood of self-consciousness being induced is small and few Indian women seek surgical correction of breast disproportion.

(iii) The critical attitudes of others—teasing, staring and mistaken identity—play a large part both in the induction of self-consciousness and in its subsequent development. The prevalence of these attitudes varies in different social circumstances. For example, a girl at a large co-educational school is more likely to suffer crude teasing from boys about her large breasts than a similar girl at a small all-girls school and is thereby more likely to become self-conscious.

(iv) The activities of a subject that make up her lifestyle before self-consciousness is induced can influence the likelihood of its induction and development. For example, a girl who is particularly keen on athletics and swimming will be placed at greater risk of teasing about her large breasts and will be more distressed if she has to give up these pursuits as part of her defence mechanism.

The weight of these and other circumstantial factors may or may not tip the balance in favour of both the induction of self-consciousness and its subsequent development. The more heavily the circumstantial factors weigh, the greater will be the distress of self-consciousness.

**Defence mechanism**

As has been shown in the case of patients who become self-conscious of small-breastedness, an effective defence mechanism can counter-balance the circumstantial factors which promote self-consciousness, so that for a given set of circumstantial factors, the less effective the defence mechanism, the more self-conscious the person will be.

**Constitutional factors**

It is probable that the chance of circumstance is insufficient in itself to account for the number of subjects who do not become self-conscious of abnormalities of appearance and that those who do are constitutionally more susceptible to the influence of circumstance. Constitutional susceptibility is illustrated in Figure 2 as the fulcrum of the balance that weighs the circumstantial factors: increasing susceptibility moves the fulcrum progressively to the right. The hypothesis envisages two principal variables: gender and aestheticality.

(i) Gender. Women are constitutionally more sensitive about their appearance than are men so that the fulcrum of the balance for women would be to the right of the fulcrum for men.

(ii) Aestheticality. The author has proposed a logical argument that everybody has an ability to judge quality of appearance that is used to distinguish normal from abnormal appearance. This aestheticality varies between individuals in the same way that musicality varies (Harris, 1982b). Accordingly, the
population of any society can be divided into three sets of appearance: a normal appearing set who are judged to have normal appearance by everyone; a grossly disfigured set who are judged to have abnormal appearance by everyone: and an aesthetically disfigured set who are judged by some to have normal appearance and by others to have abnormal appearance. By definition, subjects who seek cosmetic surgery for aesthetic abnormalities of appearance come from the aesthetically disfigured set. The range of aestheticality amongst the membership of this set is the same as that for the population as a whole so that those of this set who have high aestheticality will judge themselves to have abnormal appearance whilst those with low aestheticality will judge themselves to have normal appearance. Thus, by logical reasoning, aestheticality could be the principal constitutional factor that determines the susceptibility of a subject to become self-conscious of abnormal appearance. High aestheticality would move the fulcrum of the balance to the right and low aestheticality would move it to the left.

**Conclusion**

Whether or not a person becomes self-conscious of abnormal appearance depends partly on circumstantial factors, such as age, site of abnormality and teasing, and constitutional factors such as gender and aestheticality. The degree of self-consciousness depends on the effectiveness of a defence mechanism.

Once self-consciousness has been induced an automatic series of psychological reactions takes place through a process of cause and effect. Self-consciousness escalates, being reinforced by critical attitudes of others and the need to pay increasing attention to a defence mechanism. Self-concept is down-graded which leads to difficulty with inter-personal relationships.

The subject’s experience of these psychological reactions causes emotional distress and an impaired lifestyle. It is these experiences which comprise the symptoms of abnormal appearance and it is for their relief that the patient seeks cosmetic surgery.

**References**


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