

Psychology has always been considered the sexy one-stop shop for answers to questions. It has given rise to things we take for granted like self-help books, talk shows and reality programmes. A call has been made for mandatory psychological screening by patients who complain they were ill- prepared for the reality of cosmetic surgery. These patients recount the misery created by a lack of emotional support in their experience of cosmetic surgery. The call they make to psychology for screening tools will not offer these patients the support they know they need. Counselling may not have the sleek shiny sex appeal of psychology but it does offer the emotional support that these patients are really calling out for.

It is easy to think that counsellors should only be involved when cosmetic surgery goes wrong or if a surgeon believes a patient to be unsuitable for surgery. This dated concept of counselling creates a lost opportunity to increase patient safety and reduce risks involved in surgery. Specifically-trained cosmetic surgery counsellors would make a valuable addition to the forthcoming patient safety regulations resulting from the Keogh Review.

Psychology and counselling both owe a great deal to philosophy. Socrates elevated the mind over the body. Rene Descartes deepened the divide with: 'I think therefore I am'. Sigmund Freud, in his many books wrote about human suffering in 'Civilization and its Discontents'. Philosophy flagged up the mind/body problem. Existential philosophers and psychotherapists seek to answer this division by exploring how the need to create meaning in everyday living helps well-being.

The need for meaning was clearly understood by Google and is universally acted out every day on every subject under the sun, online through social media. The human condition is

not meant for isolation. Community and conversation in cosmetic surgery has a very important part to play in the role of patient safety.

This need to talk among patients has given rise to patient groups as well as 'advisory' groups. Online patient groups are well-meaning but lack the necessary training to really make a difference. Other groups headed by so-called independent experts claim to be independent while having a hidden financial agenda or surgeon preferential scheme. These groups fail to provide the sense of well-being through professional emotional support that their membership craves. In some cases, these groups only add to the suffering of their individual members. Patients reach out to one another in an effort to reduce anxiety created by a lack of hard facts and regulation. Professional patient support groups need transparent approval if the emotional welfare of patients is to be taken seriously. It is not by accident that counselling is considered a 'talking cure'.

Negative feelings of shame and anxiety are often silently endured by patients pre- and post-surgically and frequently during a consultation. These troublesome feelings arise from the need to undress, discuss and have pre-op photos taken of the body part that creates the most distress for the patient. Many will do their best to hide those feelings and soldier on through but these feelings can interfere with the very important information exchange during the consultation process. Patients undermine their own feelings and perceptions in a bid to control their anxiety and their concentration is compromised.

I am sure I am not alone when I wish that we (as patients) could download a jpg file to a surgeon to show him/her what it is we do not like about ourselves and how it is we want to have it changed in order for us to see ourselves in a

better light. This idea highlights the need for a more holistic mind/body approach as a safety net for patients.

Psychology is a big field. Counselling might be considered as the little sister of psychology. Psychologists help with the diagnosis and treatment of mental illness. Cosmetic surgery patients are not generally mentally ill. A counsellor is a person who assists people to develop better understanding about themselves and to support changes in the patient's life. Counselling owes much to psychology but it is different.

Surgeons do their very best to put patients at ease while they explain the reality of what can be achieved. Crucially surgeons explain all about the physical risks of surgery and patients offer their consent accordingly. This is often a great deal for a patient to take in and should be given the time and space required for a patient to take it all in. There is simply not enough time in a surgical consultation to do justice to both mind and body issues. It must be about time that patients had approved counsellors to discuss emotional concerns with. Isn't it time that patients were asked to consent to the emotional journey too?