



Self-esteem and Cosmetic Surgery (Answer Keys and Tapescripts)

Answer Keys

Task 2

Pre-listening Activity: Vocabulary

<u>c</u>	rectify
<u>d</u>	physical oddities
<u>a</u>	blunders of nature
<u>e</u>	jests of fortune
<u>b</u>	reproportion

Part A: Listening for the Main Idea

Yes, the surgeon recommends cosmetic surgery.

Part B: Listening for Details

Miss Dirage came to see me today. She **did not have** an attractive physical appearance.

To help her handle this, I suggested that she should do the following:

1. **stop wearing her glasses / replace her glasses**
2. **do something to her nose / make her nose look better**
3. **do something to her teeth / make her teeth look better**
4. **have her body redesigned and reproportioned**

Part C: Understanding Attitudes

The major tone patterns used in the radio drama are indicated below. The symbol (↑) represents a rising tone while (↓) signals a falling tone.

Miss Dirage	Physical beauty is not your strongest suit, I believe you said, quite the reverse. (↑)
Plastic surgeon	My dear Miss Dirage, these things are all a matter of how you present yourself. (↓) To begin with you'd look, I'm sure, quite lovely without your glasses. (↓)
Miss Dirage	Oh, (giggle) do you think so? (↑)
Plastic surgeon	Without your glasses, and without your nose, those particular teeth and, of course, with a body considerably redesigned and repropotioned. (↓) As a plastic surgeon, I am, Miss Dirage, in a position to rectify all your unhappy imperfections, your physical oddities, jests of fortune, blunders of nature, whatever you like to call them. (↓)

On the whole, the woman is **uncertain** about herself or what she has heard.
Most of her sentences are said on a **rising** tone.

The cosmetic surgeon is **certain** about his opinions and suggestions.
Most of his sentences are said on a **falling** tone.



Part D: Making Inferences

1. As the woman was uncertain about herself and seemed to lack self-confidence, it was likely that she would accept the cosmetic surgeon's suggestions.
2. On the basis of the above, it may be said that people who are insecure and not confident of themselves are more likely to have cosmetic surgery than other people.

Task 3

Part A: Listening for the Main Idea

1. Yes.
2. No.

Part B: Listening for Details

According to the cosmetic surgeon, people are **more open** about cosmetic surgery than before. He gives these reasons for his view:

1. **More people are aware of cosmetic surgery through reading it, talking about it, and seeing the results of it.**
2. **Cosmetic surgery is now an everyday occurrence and not a mystery.**

Part C: Understanding Styles of Speaking

1. The music student
2. The music student
3. The music student
4. The cosmetic surgeon
5. A slightly formal style would be suitable. For example, students should avoid speaking too fast and they should not use a pitch that is too high. They may not want to use very informal words (e.g. "cool" meaning great or good).

Task 4

Part A: Listening for the Main Idea

1. False
2. mess around
3. True
4. effective / nice shape / perfect surface (any one)



Part B: Listening for Details

1. parents
2. what cosmetic surgery can and cannot achieve
3. go ahead with the operation

Part C: Understanding Natural English

Suggested answers only

1. If a young patient can't get rid of a thick thigh, cosmetic surgery can help.
2. Cosmetic surgery works best with young people, and it can help them achieve a nice shape or a perfect surface.

Task 6

Part C: Preparing the News Report

Pre-listening Activity: Identifying Significant Words

Now, when you **read stories** in the **newspapers** about **people** in other parts of the **world** not having enough to eat, it does **make** you **appreciate living** here in **Hong Kong**. **But** some local **teenagers take** a **different view**, and **deliberately starve** themselves, **surviving** on as **little** as **200 calories** a **day**.

Activity 1: Listening for the Main Idea

1. emotional problems
2. personality problems
3. family problems
4. perceived examination pressures
5. a history of being fat

Activity 2: Listening for Details

Age	16
Appearance	large build
Relationship with friends	good relationship, popular with friends
Busy with ...	GCSE exams
Suffering from ...	thinness
Obsessed with ...	her size
Treatment that she is receiving	regular counselling with a psychotherapist



Tapescripts

Task 2

For Part A, Part B and Part C (Duration – 0:40)

- Miss Dirage: Physical beauty is not your strongest suit, I believe you said, quite the reverse.
- Plastic surgeon: My dear Miss Dirage, these things are all a matter of how you present yourself. To begin with you'd look, I'm sure, quite lovely without your glasses.
- Miss Dirage: Oh, (giggle) do you think so?
- Plastic surgeon: Without your glasses, and without your nose, those particular teeth and, of course, with a body considerably redesigned and reportioned. As a plastic surgeon, I am, Miss Dirage, in a position to rectify all your unhappy imperfections, your physical oddities, jests of fortune, blunders of nature, whatever you like to call them.

Task 3

For Part A and Part B (Duration – 1:44)

- Presenter: Most of us are pretty average people. We may not have the looks of actress Cherry Chung, nor legs like Maggie Chan, and definitely very few of us will have a bust like Amy Yip. Michael Jackson has made the headlines several times in the past few months, and there's been numerous stories that he has been bleaching his skin to make him appear whiter. Although he denies bleaching his skin, he has admitted having had cosmetic surgery three times to reshape his nose. It seems people are becoming more open about it, as cosmetic surgeon, Dr Nicholson explains.
- Dr Nicholson: Well, nowadays, so many more people are aware of cosmetic surgery. They read it; they talk to their friends about it; they see the results of it. It's an everyday occurrence, and it's no longer the mystery it used to be. People no longer try to conceal the fact that they're having plastic surgery, or cosmetic surgery.
- Presenter: But not everyone in Hong Kong shares such an open attitude. Like this music student I spoke to.
- Music student: No, of course not. I won't let people know, because if I want to have cosmetic surgery, I want to look prettier and more appealing to people. I don't want people to think "Oh, that's not true!".
- Presenter: She went on to say that she felt cosmetic surgery was interfering with nature. Something that Dr Nicholson denies.
- Dr Nicholson: It's not really interfering with nature, uh, not everyone looks alike - some people have very attractive features, and yet they may have one feature that looks abnormal and out of place in proportion to the rest of their features. And the idea of cosmetic surgery is to make everything balance nicely so that everything is in good proportion.



Teen Time Remix

Unit: Self-esteem and Cosmetic Surgery

For Part C (Duration – 0:40)

Dr Nicholson: Well, nowadays, so many more people are aware of cosmetic surgery. They read it; they talk to their friends about it; they see the results of it. It's an everyday occurrence, and it's no longer the mystery it used to be. People no longer try to conceal the fact that they're having plastic surgery, or cosmetic surgery.

Presenter: But not everyone in Hong Kong shares such an open attitude. Like this music student I spoke to.

Music student: No, of course not. I won't let people know, because if I want to have cosmetic surgery, I want to look prettier and more appealing to people. I don't want people to think "Oh, that's not true!".

Task 4

For Part A and Part B (Duration – 3:07)

Presenter: This expatriate feels that cosmetic surgery does have its place, but only under special circumstances.

Expatriate: I think you shouldn't mess around with what somebody's already given you, I think for most of it. Only if people have been involved in some hideous accident, and they want to get back to where they were, should they bother with something like that. I don't think they should do it if they just want to improve what they've already got.

Dr Nicholson: But, I get young patients ... that ... if they have congenital ... sort of ... like if they have a very prominent outer thigh that no matter what they do - they diet, they exercise - they can't get rid of it, or it's ... they ... this can correct it, and it's very effective, especially in young people. The older you are, the less effective the procedure is, but if you have a young person with good skin tone, you can, you can er ... provided the problem is a fatty excess, you can sculpture that into a nice shape, and er the skin will adapt, and and give a very perfect surface.

Presenter: Even allowing for this, going for cosmetic surgery is not the same as going to the dentist to have your teeth put in a brace. Before making any final decision, you should talk it through with your parents, and a responsible surgeon should satisfy himself that it's really what you want to do.

Dr Nicholson: Well, I always ask them what they don't like about themselves, uh, and then why, and then how long they've been thinking about it and I keep fishing until I find the real purpose of why they want the operation. Once you find that out, then the next thing is what their expectations of the operation are, because some think it will change their lives, their personality; it will solve all their problems; it'll help them to find a boyfriend; it'll do all sorts of things, which it may not do, but may give them more self-confidence and self-esteem, but, uh, you have to be sure that they're realistic about what what they want, and then you have to explain very carefully what you can and what, what's even more important, what you cannot achieve, so that they know exactly what they're going to get.



Teen Time Remix

Unit: Self-esteem and Cosmetic Surgery

(Cont'd)

Presenter: And then as long as everyone is happy, the operation can go ahead. But before you get carried away with the idea, always remember, just because your nose has been raised, or your eyes are rounder, it won't necessarily make you more attractive to other people, and you certainly won't be transformed overnight into another Ronnie Yip.

Dr Nicholson: Cosmetic surgeons can't perform ... magical tricks at all. They're basically surgeons that er have good experience in general surgery, they are experienced in surgery, and then they go on and train in plastic surgery, and they should have a very good aesthetic sense so they have an appreciation of beauty and how to achieve it, but they can't achieve miracles.

Presenter: That was Dr Nicholson, who's a cosmetic surgeon in Hong Kong - of course, I think most of us are happy with our looks, and cosmetic surgery can sometimes be dangerous, and operations can go wrong, so you can end up looking worse than before.

For Part C (Duration – 0:38)

Dr Nicholson: But, I get young patients ... that ... if they have congenital ... sort of ... like if they have a very prominent outer thigh that no matter what they do - they diet, they exercise - they can't get rid of it, or it's ... they ... this can correct it, and it's very effective, especially in young people. The older you are, the less effective the procedure is, but if you have a young person with good skin tone, you can, you can er ... provided the problem is a fatty excess, you can sculpture that into a nice shape, and er the skin will adapt, and and give a very perfect surface.

Task 6

For Part C – Pre-listening Activity (Duration – 0:16)

Now, when you read stories in the newspapers about people in other parts of the world not having enough to eat, it does make you appreciate living here in Hong Kong. But some local teenagers take a different view, and deliberately starve themselves, surviving on as little as 200 calories a day.

For Part C Activity 1 and Activity 2 (Duration – 8:31)

Presenter: Now, when you read stories in the newspapers about people in other parts of the world not having enough to eat, it does make you appreciate living here in Hong Kong. But some local teenagers take a different view, and deliberately starve themselves, surviving on as little as 200 calories a day. They are said to suffer from a condition called anorexia nervosa, and one such sufferer is Sam.

Sam: I've always been a large girl and it's now got to be an obsession with me, but, um, I feel I'd be happy if I was slim.

Presenter: Sam is 16. She's popular, pretty and slim for her height. Like all her other classmates, she's working hard for the GCSE exams in June. There is one big difference, though, between Sam and her friends: Sam is suffering from anorexia nervosa, an eating disorder which is affecting more and more young women in Hong Kong. Anorexia nervosa, where you control your food intake by starving yourself is now such a common term you may have talked about it with your friends. Dr Sing Li from the Department of Psychiatry at the Chinese University, has spent time researching the causes of eating disorder in Hong Kong, and he explains what they are.



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Dr Sing Li: Generally, one fails to find one simple cause. Uh, certainly commonly recognised causes of anorexia nervosa include, uh, weight control behaviour, commonly we call it dieting. However, dieting is insufficient to account for anorexia nervosa because dieting is very widespread, depending how you define it, dieting, whether it is a kind of innocent dieting or is it very serious intense dieting, uh, so dieting needs the presence of other causal factors to result in what is actually a potentially fairly serious psychiatric problem, anorexia nervosa.

Presenter: Did you know that anorexia nervosa is not just an eating disorder? There are other factors too.

Dr Sing Li: These include usually some kinds of emotional problems, ur, personality problems, like someone lacking in self-esteem, confidence, er, social, interpersonal skills, family problems, like parental disharmony, er, and then the perceived examination school pressures. I said perceived pressures because if you look at the system in Hong Kong, probably nine out of ten students are under pressure, but for all that, anorexia nervosa is still a fairly rare disorder in clinical practice. Mild degree of weight loss or occasional missing of period is common, but when all the strict criteria apply, anorexia nervosa is still an uncommon condition. And finally a history of being fat is probably also one predisposing factor. And this fat (?) doesn't need to be medical obesity - you see doctors are much more loose with the definition er, ah, more strict actually, with the definition of what is obese. Er, but what happens is because of changes in aesthetic standards, increasingly young women would like to be really slim and so when they feel fat, their doctors may not actually think that they are medically fat. And it is more a subjective perception that you are fat and therefore you need to diet, and when the dieting behaviour occurs in the setting of personal, family or interpersonal emotional problems, then eating disorders can result.

Presenter: Going back to Sam, she admits she has an obsession with thinness and fails to accept compliments about how slim she has become.

Sam: People say that to me, but, you see, I, I don't see that, cause it's, um, with these disorders it's like, ah, mental. You see yourself different to how everyone else sees you.

Dr Sing Li: Certain anorexics continue to perceive themselves to be fat even though to everyone else they are getting quite slim. So they can tell their brothers are thin, or their brothers are fat, but they have this specific way of looking at themselves in what appears to be a distorted sort of body image. Even though after they achieve a certain slimness, they prefer to stay slim and control their body weight. Psychological theories have been raised, er, suggesting that these are young women who seem to have lost control over many aspects of their life, like the family relationships, their studies, their interpersonal relationships and how they handle the emotional problems and so on, so much so that they come to learn that perhaps the one aspect of life that they control is their own dietary intake and their body weight. And this particular theory can explain why most of these patients, at least initially, are fairly reluctant to seek help, in particular help from psychiatrists. Er, it takes a lot of time, attention and support to, in the form of psychotherapy usually, ah, to let them see their problems is actually not in their body weight or body shape, but in other aspects of their life.



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Presenter: We often see on television or magazines for example, beauty contests, actresses posing, all emphasising the myth that to be thin is to be beautiful. Vivien is also a sixteen-year-old student in Hong Kong. She's adamant that the mass media is to be blamed.

Vivien: When you see idols or models in television or magazines, Ronnie Yip or Faye Wong, very tall and thin, so people will want to imitate them and want to be, er, good-looking and very smart. School, may be, there's the problem of peer pressure, but I think the most important factor that makes them so obsessed is the mass-media.

Presenter: A victim of anorexia nervosa can often experience loneliness, and family relationships can suffer as a result. Sam tells us about the strain her problem has caused between herself and her mother.

Sam: My mother gets so frustrated with me. My ... I'm always complaining, I'm never happy with what I'm wearing or what I look like. I've had many arguments with people because, I say, you know, things like "I'm fat".

Presenter: Sam has now come to terms with her illness and is undergoing regular counselling with a psychotherapist to combat anorexia. She has also improved her relationship with her family. Remember, problems will not be solved by abusing your body. Dr Sing Li has worked with many anorexic patients and he explains why family therapy is important.

Dr Sing Li: Improving family communication, er, is vital. Often patients come to us, er, disclosing that they have no one to talk to, and at the same time they want to hide their problems from schoolmates or teachers and so on, so in fact for younger patients in our own practice routinely we offer family treatments, family therapy in which as far as possible every family member should come, er, regularly for psychotherapeutic sessions, and using this particular treatment, the anorexic subject is considered to be a symptom of a troubled family. In other words, the patient herself should not be scapegoated alone as the only problem, you know, the others are just being burdened. There often especially for younger anorexic subjects, we do see a different sort of family problems.

Presenter: That was Dr Sing Li from the Department of Psychiatry at the Chinese University.