

## PSYCHO-SOCIAL EVALUATION OF PATIENTS APPLYING TO AESTHETIC SURGERY

Demet KARAKARTAL  
Faculty Of Education  
American University Of Cyprus  
d.karakartal@auc.edu.tr  
Orcid: 0000-0001-7890-8340

### ABSTRACT

In today's world, where physical attractiveness gains importance in every part of the society, it can be seen that the number of people who are not satisfied with their physical appearance is increasing and they apply to plastic surgery. After plastic surgery; while positive results emerge in terms of appearance in the body and at the self-image of the patients, many negative results may occur in terms of psycho-social aspects. These problems can occur before aesthetic surgery as well as during and after aesthetic surgery. It is reported that it can lead to new problems such as adaptation problems, dissatisfaction with the result of the surgery, and the behavior of harming themselves and health personnel. As the demand for plastic surgery increases, choosing the appropriate patient may be more important than the surgical process, and considering that the goals, purposes, reasons for applying to plastic surgery and expectations from plastic surgery of each patient who apply for aesthetic surgery are different from each other, psycho-social evaluation of patients; It can be important in terms of preventing and reducing psycho-social problems and increasing patient satisfaction accordingly. The findings of the study on this subject reveals that psycho-social evaluation is as important as the surgery itself.

### INTRODUCTION

In today's world, where physical attractiveness gains importance in every part of the society, it can be seen that the number of people who are not satisfied with their physical appearance is increasing and they resort to aesthetic surgery. Depending on this, many people today are interested in how they look physically (Bruck, 2006). Body perception can be defined as the image that the individual shapes his body in his mind, and if the ideal body measurements and beauty offered by postmodernism are different from the perceived body, it can be deteriorated at varying levels according to individual characteristics, and this situation can negatively affect the psycho-social life of individuals. Therefore, any negative change in body image; It can lead to damage to body image and loss of self-confidence (Bilik, 2012; Tam, Ng, Kim, Yeung, and Cheung 2012) These changes in body perception are possible thanks to the developments in plastic surgery today.

World Health Organization defines it as not only the absence of disease or disability, but also a state of complete physical, mental and social well-being (World Health Organization, 1948), therefore, surgical intervention for aesthetic purposes is one of the ways of realizing health rights, which includes the psychological well-being of individuals, which is one of the basic human rights. Body perception can be defined as the picture of the individual's body in his mind, and when the individual experiences any form and function disorder related to his external appearance; he may experience a conflict between his perception of his body at that moment and what he visualizes in his mind. Along with the change in body perception, the individual's thinking processes, performance, and self-concept reactions change, and accordingly, self-confidence can be shaken. Therefore, correction of body image and shape and function disorders in the body may be important in shaping body image and self-esteem, and the surgical intervention applied; It can increase the individual's sense of self-confidence and positively affect the quality of life (Ağaoğlu, Külahçı, & Siemionow, 2006).

For this reason, choosing the appropriate patient for aesthetic surgery may be more important than the surgical process, and considering that each patient's goals, purposes, reasons for applying to aesthetic surgery and expectations from plastic surgery are different from each other, psycho-social evaluation of patients; It can be important in terms of preventing and reducing psycho-social problems and increasing patient satisfaction accordingly. The findings of the study on this subject; reveals that psycho-social evaluation is at least as important as the surgery itself (Rankin & Borah, 2006; Crerand, Franklin & Sarwer, 2008), this study aims to evaluate the patients who applied for plastic surgery from a psycho-social perspective.

### PLASTIC SURGERY

Aesthetic surgery focuses on changes in the appearance of the person for aesthetic purposes. In operations, it is aimed to transform the appearance of a normal body part into a shape that is perceived as more beautiful in the society or in the mind of the person. (Dean and Foley, 2018). It is reported that the first examples of aesthetic

surgery began to be seen in the 1800s and the first surgeries that can be considered as aesthetic surgery emerged when Roe started to apply the intranasal corrective operation in 1887. 18.4% of the plastic surgeries performed in the world in 2017 were performed in the United States. It can be seen that the United States is followed by Brazil with 10.4% and Japan with 7.2% (ASAPS, 2018). Especially in the 21st century, the increase in socio-economic income level, the increasing importance of physical appearance and the support of the media can increase the tendency to aesthetic surgery (Krueger, Luebberding, Sattler, Hanke, 2013). In addition, with the development of technology, the decrease in the costs of aesthetic surgery procedures, the shortening of the recovery period, the participation of women in business and social life, the expectation of ideal and beautiful women in societies, the desire of women to stay beautiful and young may increase the rate of applying for plastic surgery (Kostakoğlu, 2019).

### **PSYCHO-SOCIAL PROBLEMS IN AESTHETIC SURGERY PATIENTS**

Researches made; states that patients who apply to plastic surgery experience psycho-social problems before, during and after plastic surgery. In the same study, the most common psychological problems faced by surgeons were frustration (96.8%), anxiety (95.4%), depression (95.0%), non-specific physical complaints (92.2%) and sleep disorder (88.5%). In the study conducted by Rankin and Borah (2006) with 312 plastic surgery nurses, nurses stated that patients' perception of psycho-social problems was higher than their perception of physical problems, and the same study results showed that anxiety and mild depression were the highest preoperative complications, which was disappointing, reveals that severe depression and sleep disturbance follow (Rankin and Borah 2006). The results of this study show us that psycho-social problems are high. Valente (2009) on the other hand; he states that people who think they are not physically attractive experience some psycho-social problems such as low self-esteem, negative self-image, social isolation and fear of rejection emerge in relationships (Ishigooka et al. 1998) also stated that patients have some problems about the surgery and what may happen after the surgery (Rankin and Mayers 2008), in another study by McCarty (1990); It is revealed that 55% of plastic surgery patients experience psychological problems such as anxiety and depression later on, due to the personality structure, change in appearance, uncertainty about the outcome of the surgery, and the attitudes and reactions of the patient's relatives in the early postoperative period. In addition, not meeting the expectations of the surgery causes dissatisfaction of the patients, and the relatives of the patients; The patient's insensitivity to his feelings, consciously or unconsciously, because of the negative things they say to the patient, conflict in the mind of the patient and (Rankin and Mayers 2008) as a result of this conflict; it can cause patients to experience anxiety, and the inability to cope with psycho-social problems in a healthy way; It can lead to prolongation of the healing process, not complying with the recommendations given by the doctor, dissatisfaction with the result of the surgery, anxiety, the patient's desire for the same attempts over and over, outbursts of anger, adjustment problems, social isolation, depression, self-harming behaviors, and hostility towards healthcare personnel (Borah et al. 1999, Honigman et al. 2004). Especially in patients with body dysmorphic disorders; their minds can be busy with the perceived defect for hours every day, and this preoccupation can lead to significant uneasiness and deterioration in functionality (Sungur, 1999).

Although it is thought that body dysmorphic disorder can start in early childhood, usually in adolescence, and is more common in women, it is reported that its incidence is equal between men and women (Petry, 1998). The disorder can be seen in any part of the body, but the most common areas of the disorder are the skin (acne, small wounds), hair (thinking it's too thin) and the nose. While women are more concerned about waist and hip size and hair abnormalities, men may be concerned about weak hair or baldness and the size of their genitals. Patients try to cover up their flaws with make-up, clothing or body position and often need reassurance about their flaws (Sclafani & Choe, 2008). Body dysmorphic disorder is seen 6-16 times more frequently in plastic surgery patients compared to the general population, and most patients with body dysmorphic disorder who undergo an aesthetic procedure are not satisfied with the result because they expect major changes in their bodies, and their concerns about their appearance do not decrease (Castle, Honigman, & Phillips, 2002). As a result of this; surgeons and nurses may be exposed to the patient's persistent demands and complaints for a further surgical procedure and may cause them to have problems with legal issues (Honigman et al. 2004). In this context, it can be clearly seen how important it is not to neglect the psycho-social dimension and to evaluate this psycho-social dimension in these patients. In addition, patients with narcissistic personality disorder; they may need to do something constantly in order to be able to love and respect themselves, and the purpose of all their behaviors may be to be liked and approved by others. Moreover, people with narcissistic personality disorder worry excessively with a sense of smugness, insist on special examination and treatment, and undergo plastic surgery to meet their need for admiration. The American Psychiatric Association (2013) reports that 25% of plastic surgery patients have a narcissistic personality. In addition, aesthetic concern may be another issue that needs to be addressed. In aesthetic surgery patients, the decision of surgery and the waiting period may cause anxiety at a level that does not prevent treatment, and this anxiety may depend on the difficulty of the operation and the degree of risk, as well as the patient's prejudices on this subject. (Karakula, 1999).

It is stated that a high level of anxiety can slow down the postoperative recovery and increase complications, and it can be seen that patients with high anxiety levels follow the post-operative recommendations less (Kulik, Shelby & Cooper, 2000). Kale et al. (2002) examined 36 studies on plastic surgery patients and stated that the presence of anxiety negatively affected psycho-social outcomes. Karayurt (1998); reported that patients with high anxiety levels in the preoperative period had higher postoperative anxiety levels and experienced more pain. On the other hand, depressive mood and hopelessness along with loss of appetite, sleep disorders, fatigue and weight loss, feeling bad, crying, hopelessness, helplessness and guilt can be seen in plastic surgery patients diagnosed with depression. As a result, it can be difficult for them to trust the plastic surgeon. In the healing process; bruises, swelling, pain and redness may not improve (Valente, 2009), and studies on this subject reveal that post-operative psycho-social complications are more common in plastic surgery patients than physical complications, and plastic surgery patients encounter many psycho-social problems after surgery. (Borah, Rankin and Wey, 1999; Rankin and Borah, 2006). The most frequently expressed psychological complications by plastic reconstructive surgeons are anxiety (95.4%), frustration (96.8%), depression (95.0%), and sleep disturbance (88.5%) by Rankin and Borah (2006) by 312 certified plastic surgery nurses and Borah et al. (1999) in their study on 281 plastic reconstructive surgeons, 75.8% of surgeons stated that it is important to use screening tests such as depression before surgery, and about one-third of surgeons stated that psychological counselors play a primary role in getting preoperative psychological counseling.

### PSYCHOSOCIAL APPROACH TO PATIENTS APPLYING TO AESTHETIC SURGERY

Psychological counselor; evaluating the psycho-social status of the patients before the surgery, providing information about the psycho-social side effects of the surgical intervention before and after the surgery, supporting the patients to cope with the fears and anxieties of the surgery (Borah et al., 1999), as well as providing the psychological counselors with confidence before the surgery. It may be important for them to be able to communicate based on respect and empathy, to be empathetic and to accept patients unconditionally.

### CONCLUSION

In today's world, where physical attractiveness gains importance in every part of the society, it can be seen that the number of people who are not satisfied with their physical appearance is increasing and they apply to plastic surgery. After plastic surgery; while positive results emerge in terms of changes in the body appearance and self-image of the patients, many negative results may occur in terms of psycho-social aspects. These problems can occur before aesthetic surgery as well as during and after aesthetic surgery. It is reported that it can lead to new problems such as adaptation problems, dissatisfaction with the result of the surgery, and the behavior of harming themselves and health personnel. As the demand for plastic surgery increases, choosing the appropriate patient may be more important than the surgical process, and considering that the goals, purposes, reasons for applying to plastic surgery and expectations from plastic surgery of each patient who apply for aesthetic surgery are different from each other, psycho-social evaluation of patients; It can be important in terms of preventing and reducing psycho-social problems and increasing patient satisfaction accordingly. Therefore, it can be said that it is as important as physical care for psychological counselors to be sensitive to the psycho-social problems experienced by the patients who apply for aesthetic surgery, to carefully evaluate the psycho-social problems of the patients and to take an appropriate approach.

### REFERENCES

- American Psychiatric Association (2013). *Diagnostic and Statistical Manual of Mental Disorders*. 5th ed. Arlington: VA American Psychiatric Publishing, 5 (1), 646-79.
- ASAPS (2018). American Society of Plastic Surgeons. Retrieved from. ASAPS. American Society of Plastic Surgeons. Retrieved from.: <https://www.plasticsurgery.org/about-asps/history-of-plastic-surgery>. (Erişim Tarihi: 8.12.2021).
- Bilik, Ö.(2012). Plastik cerrahisi uygulamalarında yaşam kalitesi. Cerrahi Bakım ve Yaşam Kalitesi Sempozyumu, Manisa: CB Ü. Süleyman Demirel Kültür Merkezi, Mayıs, 73-75.
- Borah G, Rankin M, Wey P (1999). Psychological complications in 281 plastic surgery practices. *Journal of American Society of Plastic and Reconstructive Surgery* 104(5), 1241-1246.
- Bruck, J. C. (2006). Ästhetische Chirurgie [Aesthetic surgery]. *Zeitschrift für ärztliche Fortbildung und Qualitätssicherung*, 100 (9-10), 647-724.
- Castle DJ, Honigman RJ, Phillips KA (2002). Does cosmetic surgery improve psychosocial wellbeing? *Medical Journal of Australia* 176, 601-604.
- Crerand CE, Franklin ME, Sarwer DB.(2006). Body dysmorphic disorder and cosmetic surgery. *Plast Reconstr Surg*. 118, 167-80.
- Dean, N. R., Foley, K., & Ward, P.(2018). Defining cosmetic surgery. *Australasian Journal of Plastic Surgery*, 1(1), 95-103,

- Honigman RJ, Phillips KA, Castle DJ (2004). A review of psychosocial outcomes for patients seeking cosmetic surgery. *Plastic and Reconstructive Surgery* 113(4), 1229-1237
- Karakula, S.(1999). Koroner bypass ameliyatı geçiren hastalarda bilgilendirici hemşirelik yaklaşımının ameliyat öncesi ve sonrası anksiyete düzeylerine etkisi. (Yüksek Lisans Tezi), Ege Üniversitesi Sağlık Bilimleri Enstitüsü, İzmir.
- Karayurt Ö (1998). Ameliyat öncesi uygulanan farklı eğitim programlarının hastaların anksiyete ve ağrı düzeylerine etkisi. *Cumhuriyet Üniversitesi Hemşirelik Yüksekokulu Dergisi* 2(1), 20-26
- Kostakoğlu, N.(2019). Postmodern çağda plastik cerrahinin hedef ve vizyonu. *Türkiye Klinikleri Plastic Surgery-Special Topics*, 8(1), 1-4.
- Kulik JA, Shelby D, Cooper RNC (2000). The effects of fellow patients on the emotional well-being and satisfaction with care of postoperative cosmetic surgery patients. *Plastic and Reconstructive Surgery* 106, 1407-1414.
- Krueger, N., Lueberding, S., Sattler, G., Hanke, C. W., Alexiades-Armenakas, M., Sadick, N.(2013). The history of aesthetic medicine and surgery. *Journal of Drugs in Dermatology: JDD*, 12(7), 737-742.
- Petry JJ.(1998). Healing the practice of surgery. *Altern Ther Health Med*, 4, 103-4, 118, 120.
- Rankin M, Borah G (2006). Psychological complications: National plastic surgical nursing survey. *Plastic Surgical Nursing*, 26(4), 178-183.
- Rankin M, Mayers PM (2008) Core curriculum for plastic surgical nursing: Psychosocial care of the plastic surgical patient. *Plastic Surgical Nursing* 28(1), 12-24
- Rankin, M., & Borah, G. (2009). Psychological complications: national plastic surgical Nursing survey. *Plastic Surgical Nursing*, 29(1), 25-30.
- Sclafani AP, Choe KS.(2008). Psychological aspects of plastic surgery.  
<http://emedicine.medscape.com/article/838030-overview> (Erişim tarihi:15 Temmuz, 2021).
- Sungur M.Z.(1999). Beden dismorfik bozukluğu. *Psikiyatri Dünyası*, 1, 19-22.
- Valente, SM. (2009). Visual disfigurement and depression. *Plastic Surgical Nursing*, 29(1), 10-16.