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Results Of The Study Linking Psychological Factors Of Change Of Appearance In Women By Plastic Surgery To Personality Typology

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ABSTRACT

In Uzbekistan, too, the number of women applying to plastic surgery in connection with the change of appearance is increasing. It is natural that this will certainly give birth to a favorable psychological problem. A special place is occupied by the attitude of a woman to her appearance. The external appearance determines not only the internal psychological sensations of a woman, but also her position in society. Therefore, every woman aspires to the beauty of external appearance and in some cases refers to a plastic surgeon. Recently, such cases have increased.

KEYWORDS

Psychological, Women, Plastic Surgery, Symptoms

INTRODUCTION

The reasons for her appeal to a plastic surgeon in middle-aged women are diverse, among

which are the lack of attention from her husband, the "cessation" of the aging process,

the imitation of famous personalities, the media associated with beauty, including advertising in social networks, trips to the ipohondric Hulk, fitness clubs and beauty salons, the motivation of economic well-being and various[1, 4, 5 – 7, 10].

PURPOSE OF THE STUDY

To examine the psychological factors of change in appearance in women using plastic surgery surgery in relation to personality typology.

MATERIAL AND METHODS

80 women aged 30-50 years (average age 39,5±4,6 years) who applied to plastic jarrox were examined. All of them were completed medical and psychological questionnaire, personality typology according to Ayzenk questionnaire, reactive and personal anxiety on Spilberger-Khan scale (RX and shx) and depression levels on Gamilton scale were studied [2 – 4].

According to the Ayzenk survey, three categories of the individual were distinguished: 1-group – extraverts (27 people, 33.75 %); 2-Group – introverts (25 people, 31.25 %); 3-group – neurotic individuals (28 people, 35 %).

RESULTS OF THE STUDY

In plastic operations, the replacement of the eyebrow and upper eyelid was carried out 86 % (1 group), 92 % (2 Group) and 93 % (3 group), forehead skin grafting 1-group-98 %, 2-Group-97% and finally 3 – group-100%. And changing the shape of the nose is 7 % (1-Group), 10 % (2-Group) and 12 % (3-group).

Those who also applied for changing the corners of the mouth suffered a lot in the 3

groups: 24 (87%) in the 1 Group, 24 (95 %) in the 2 Group and 27 (96%) in the 3 group. There is no statistical difference in groups ($P>0,05$). The operation for correction of the ear and its environs was distributed among the studied groups as follows: in the 1 group-78 %; in the 2 Group – 64%, and in the 3 group-46 %. The statistical difference between Bunda 1 and 3 groups was significant ($P<0.01$).

On the basis of physiognomic diagnostics, the main reasons were distributed as follows: independently he himself came to the same opinion – in the 1 group (42%), in the 2 Group (34%), in the 3 Group (24 %); the opinion of strangers-in the 1 group (22%), in the 2 Group (13%), in the 3 Group (18 %); because of the husband's diet-in the 1 Group (26%), in in Group (4%), in Group 2 (6%), in Group 3 (4%); because of the influence of social networks-in Group 1 (20%), in Group 2 (19%), in Group 3 (21%).

To change the appearance, we noticed another reason why a woman is obsessed with going to bed with a man's anesthesia and tightness. As can be seen from the above figures, almost every fifth woman turned to plastic jarrox under the influence of social networks. If we pay attention to the average age of those who are included in the cohort, we can witness that social networks have a serious impact not only on the psychology of adolescents, but also on the psychology of middle-aged people.

The psychoemocial status of women who want to apply to plastic jarrox on the change of appearance was studied by comparing the physical characteristics of the body with the physical characteristics of the individual (table).

Table

Structure of psychoemotional disorders observed before resorting to plastic surgery to change the appearance, %

| Symptoms | Research groups | | | P ₁ | P ₂ | P ₃ |
|-----------------------------|---------------------|---------------------|---------------------|----------------|----------------|----------------|
| | 1-group (n = 27) | 2-group (n = 25) | 3-group (n = 28) | | | |
| Dysmorphobia | 22/81,5 | 23/92,0 | 25/89,3 | >0.05 | >0.05 | >0.05 |
| Apatia | 13/48,1 | 14/56 | 10/35,7 | >0.05 | >0.05 | >0.05 |
| Depression | 10/37,0 | 9/36 | 13/46,4 | >0.05 | >0.05 | >0.05 |
| Persimmon | 6/22,2 | 8/32 | 5/17,8 | >0.05 | >0.05 | <0.01 |
| Distimia | 7/25,9 | 9/36 | 6/21,4 | >0.05 | >0.05 | >0.05 |
| Anxiety and phobia | 12/44,4 | 12/48 | 11/39,3 | >0.05 | >0.05 | >0.05 |
| Absentia | 14/51,8 | 13/52 | 13/46,4 | >0.05 | >0.05 | >0.05 |
| Compulsion | 8/29,6 | 6/24 | 7/25 | >0.05 | >0.05 | >0.05 |
| Sleep disorders | 16/59,2 | 17/68 | 10/35,7 | >0.05 | <0.05 | <0.01 |
| Headaches | 8/29,6 | 9/36 | 7/25 | >0.05 | >0.05 | >0.05 |
| Emotional ambivalent | 6/22,2 | 4/16 | 3/10,7 | >0.05 | <0.01 | >0.05 |
| Senestopathy | 12/44,4 | 10/40 | 11/39,3 | >0.05 | >0.05 | >0.05 |
| Dysesthesia | 8/29,6 | 7/28 | 9/32,1 | >0.05 | >0.05 | >0.05 |
| Prozopalgia | 12/44,4 | 6/24 | 10/35,7 | <0.05 | >0.05 | >0.05 |
| Anarchy | 4/14,8 | 6/24 | 4/14,2 | <0.05 | >0.05 | >0.05 |
| Psix anorexia of the psyche | 12/44,4 | 13/52 | 10/35,7 | >0.05 | >0.05 | >0.05 |

Изох: 1-group-extraverts; 2-Group – introverts; 3-group – neurotic individuals. Statistical difference between R1 – 1 and 2 Group; statistical difference between R2 – 1 and 3 group; statistical difference between R3 – 2 and 3 group.

As can be seen from the table, the most common symptom in the whole group was dysmorphophobia. This disorder, especially in introverts, was very common, accounting for 92 %. Dysmorphophobia is the living in phobia, concerned about the search for a defect in its appearance [8-10]. The study of personality

typology among plastic jarrox applicants showed that in our data, as in other publications, dysmorphophobia is often encountered [1, 5, 8].

The incidence of dysmorphophobia was sharply different from other psychopathological symptoms ($R < 0,01$). Bunda did not differ statistically between groups belonging to extraversion, introversion and neurotism ($R > 0,05$).

The degree of depression was manifested in the indicators $14,4 \pm 1,5$ ($p < 0,05$) on the Gamyton scale in the ecstasy, $15,2 \pm 2,2$ ($r > 0,05$) on the introvert, that is, at a moderate level. We believe that the moderate expression of depression in Groups 1 and 2 is associated with personality typology, that is, extraversion and intraversion.

We also studied the levels of RX and shx in 3 groups by comparing them among themselves. In persons of the neurotic type, RX was higher: in the 1st group $-31,8 \pm 2,7$; in the 2nd group $-32,5 \pm 1,9$; in the 3rd Group $-51,8 \pm 3,5$. Bunda was distinguished by a 3-Group index, a statistical difference ($p < 0,05$) compared to the 1 and 2-Group. Hence, depression and anxiety are psychopathological symptoms that accompany each other, the degree of their expression depends on the typology of the individual.

Compared to RX, shx indicators were almost identical in all three groups, that is, there was no statistical difference between them: in the 1 group $-32,4 \pm 3,1$; in the 2 Group $-30,4 \pm 2,3$; in the 3 group $-34,1 \pm 2,8$ ($p > 0,05$). Mood disorders at different levels, namely dysthymia, were manifested differently in the studied groups: dysthymia was observed in 1 group $-25,9\%$, in 2 Group -36% , in 3 group $-21,4\%$ of patients.

As is known from the literature, on the basis of prolonged neurotic disorders, obsession develops, and on the basis of prolonged

obsession develops compulsion [2, 4, 5]. If the obsession occurred in 51.8% in the 1st Group, 52% in the 2nd Group and 46.4% in the 3rd Group, the compulsion on the basis of the same obsession was detected in 29.6% in the 1st Group, 24% in the 2nd Group and 25% in the 3rd Group ($P > 0.05$).

Headaches were also formed on the basis of neurosis and depression. Headaches were observed in 1-group 29.6 %, in 2-Group 36% and in 3-group 25% of cases. Prozopalgia was detected in Group 1 by 44.4 %, in Group 2 by 24 % ($r < 0.001$), in Group 3 by 35.7 % ($p > 0.05$), in Group 1 by 44.4 %, in Group 2 by 40% and in Group 3 by 39.3%.

On the basis of chronic ipoxondria, Abulia, that is, willpower loss, was detected in Group 1 by 22.2%, in Group 2 by 32%, in Group 3 by 17.8 % ($r < 0.01$). We explain that Abulia is poorly observed in persons of the neurotic type, when there is a lot of hypersthenic type of neurosis in them. However, in the case of hypersthenic neurosis, hyperphallity in the pathological style slows down the symptoms of Abulia.

CONCLUSION

1. The results of physiognomic psychodiagnostics, conducted taking into account the typology of personality in women who want to change their appearance with the help of plastic surgery, show that they have dysmorphophobia (80-90%), obsessive-compulsive disorders (46-52%), depression (36-46%), anxiety-phobic disorders (39-48%), dysthymia (21-36%), prozopalgia (24-44 %) and emotional ambivalence (10-22%). it has shown that such psychopathological symptoms as) occur, and most of such disorders are manifested depending on the typology of the individual.

2. The original reasons for the appeal of women to plastic jarrox showed that the media, including ads in social networks (45%), trips to the beauty salon (36%), problems with the spouse (10 %) and other reasons (9%). In such women, other features that characterize a person, that is, the principles of scientific thought, spirituality-enlightenment, morality-go to the second level.

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