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## Results Of Rational Psychotherapy In Plastic Surgery Practice Of Changing The Appearance

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### ABSTRACT

Rasional psixoterapiya (rpt) is distinguished from other psixoterapetic techniques by its simplicity, no special psychological exercises are required, easy reception by patients and the result is quickly noticeable [1-3]. During psixotic Sessions, psixotic experiments are not conducted, the patient is not encouraged to perform various tasks, giving the House special tasks, the next day his answer is not asked. This means that in rpt the patient is put freely and the existing psychological conflicts in it are easily resolved [6-7].

### KEYWORDS

Rasional psixoterapiya, plastic surgery, Dysmorphophobia, RX

### INTRODUCTION

The outcome of Rpt is of course largely dependent on the type of personality, the type

of disease, the cause of the anxiety-phobic disorders, and the degree of severity [9]. The

role of psychotopia in plastic surgery is very large, and the transfer of psychotektic sessions before and after cosmetological operations have a great positive impact on the dynamics of the operation [4-9].

In plastic surgery practice of changing the appearance, the rpt is tied to the type of person, that is, it has not been studied in extrovert and introverts. Therefore, after physiognomic psychodiagnostic techniques in cosmetological operations, carrying out psychocorrection treatments through rational psychotechnical methods in Extravert and introvert is one of the most pressing problems [6-9].

#### PURPOSE OF THE STUDY

The study of the effectiveness of rational psychotherapy in women who want to change their appearance through plastic surgery has been linked to the type of personality.

#### MATERIAL AND METHODS

83 women who applied to the plastic jarrox on the change of appearance served as research material. Those included in the cohort were divided into 2 Groups: 1-group – extraverts (42

people); 2-Group – introverts (41 people). The average age in both groups is 39,5±4,6 years. The control group was organized by 30 healthy people. The material for the study was collected in the Department of facial-jaw surgery of the Tashkent Medical Academy.

The type of personality was determined by the Ayzenk scale, the medical-psychological status was determined by Ibodullaev Z.R (2009, 2018) studied under the Scheme [1]. Reactive and personal anxiety (RX and shx) was studied on the Spilberger-Khan scale. The level of depression was assessed on the Gamilton scale. Checks were carried out before and after the plastic surgery. When choosing a cohort, it was first noticed that there were no mentally ill people, those who did not stand on the list at PND, those who did not suffer from depression, organic diseases of the MNS.

#### RESULTS OF THE STUDY

The study was carried out on those who voluntarily agreed to these checks. Initially, the family conditions, life Anamnesis and medical-psychological status of those who were included in the cohort were studied, personality types were determined (Table 1).

Table 1

General information about those who applied to plastic

Information	Research groups			P
	1-group (n = 42)	2- group (n = 41)	Control (n = 30)	
Average age	37,5±5,2	38,6±4,9	36,7±4,9	P > 0,05
Higher education	22	21	23	P > 0,05
Secondary education	20	20	7	P > 0,05
Married	26	25	24	P > 0,05
Divorced	16	16	6	P > 0,05
Economically	40	39	29	P < 0,05
Economically unsecured	2	2	1	P > 0,05

*There is no statistically significant difference between groups R – 1 and 2.*

Also, the motivation for applying to the plastic jarrox for changing the appearance was

studied. The types of operations performed are presented in the table below (table 2).

2-table

### Types of plastic surgery performed to change the appearance

Types of operations performed	Research groups		P >
	1-group (n = 42)	2-group (n = 41)	
Upper eyelid plastic	17 (40,5)	19 (46,3)	0.05
Lower eyelid plastic	10 (23,8)	9 (21,9)	0.05
Pull - up	4 (9,52)	4 (9,75)	0.05
Rhinoplasty	6 (14,3)	5 (12,2)	0.05
Changing the shape of the ear	5 (11,9)	4 (9,75)	0.05

1-group-extraverts; 2-Group – introverts.

*R is the statistical difference between groups of interaction.*

Rasional psychoterapiya was conducted before and after the plastic surgery of surgery. The main symptom that prompted women to turn to a plastic surgeon was dysmorphophobia. After Rpt, dysmorphophobia decreased by 3 times in Groups 1 and 2 ( $p < 0.01$ ). In these individuals, the attitude to his appearance changed, they also agreed to the signs on the face, which no longer pay attention to the "defects" of the face that previously disturbed him, were not afraid to go out in front of the team and did not even have to change, his mood rose, interest in life and motivation appeared.

Dysmorphophobia was manifested by a decrease in the incidence of apathy and depression in both groups in a parallel manner. Here, too, the dynamics of psychopathological symptoms has been attributed to personality typology. For example, apathy decreased by 2 times in 1 group ( $p < 0.05$ ), by 2.5 times in 2 Group ( $p < 0.01$ ).

We see that depression decreased by 2,3 times in Group 1 ( $p < 0,05$ ) and by 3 times in Group 2 ( $p < 0,01$ ). The level of depression on

the Gamilton scale was  $14,4 \pm 1,5$  points in RPT at extravertions, after rpt was  $5,5 \pm 2,4$  points ( $p < 0,01$ ). Before rpt in introvert patients decreased by  $15,2 \pm 2,2$  points, after rpt by  $6,3 \pm 2,3$  points ( $r < 0,01$ ).

Since depression in ecstasy and introverts is moderately expressed, the rational psychoterapiya gave a high result in them, and depression was reduced to a mild degree. This is certainly a good indicator, manifested in them not only by a rise in mood, but also by a decrease in motivation for action and the disappearance of inertia of thoughts.

Therefore, it can be seen that dysthymia is reduced in both groups by 2-3 times after rpt. These indicators have changed to a statistically convincing extent, and a regression of other psychopathological symptoms has also been achieved.

The fact that psychopathological symptoms after Rpt were eliminated or manifested in mild clinical manifestations had a huge positive effect on the communication of customers not only with the psychotherapist, but also with the plastic jarrox: in them, the expression of

speech intensified, it was necessary to conduct before the operation to conduct medical examinations and procedures that infected became easier.

It is known that anxious-phobic disorders are among the serious psychopathological syndromes, such as depression, and require continuous psychoterapeutic conversations [2, 4]. Anxiety and phobia after Rpt see a 1.3-fold increase in the 1st Group and a 1.5-fold decrease in the 2nd group. There is no statistical difference between the dynamics of these changes ( $p > 0,05$ ). We will try to analyze this situation by studying the dynamics of RX and shx indicators after rpt on the spilberger-Khan scale.

After rational psychotherapy, the RX decreased from  $31.8 \pm 2.7$  to  $23.4 \pm 2.4$  points ( $r > 0,05$ ) in the 1st Group and from  $32.5 \pm 1.9$  to  $19.4 \pm 2.7$  points ( $r > 0,05$ ) in the 2nd group. So, after the rpt, RX was regressed in both groups. This showed that RX is dependent on the personality type.

Unlike RX, shx indicators did not depend on the type of person, which means that in both groups under study, Almost the same indicators were detected. After Rpt, shx decreased from  $32,4 \pm 3,1$  points ( $r < 16,3$ ) in Group 2, from  $30,4 \pm 2,3$  points ( $r < 0,01$ ) in Group 2, from  $14,6 \pm 2,1$  points ( $r < 0,01$ ). This means that rpt showed a statistically significant positive dynamics in ecstasy and introverts.

So, in women who want to change their appearance by means of plastic surgery, it is necessary to approach after the rpt, taking into account the meeting of anxious-phobic disorders to a different degree of regress. Bunda should not be limited only to RX indicators, zero RX is a psychoemotional condition that changes rapidly depending on the situation than personal anxiety. Therefore,

the second name of reactive anxiety is situational anxiety.

The change in the positive side of shx after rpt, which expressed the positive and negative characteristics of each person, of course, further increased the client's confidence in plastic surgery, and in such individuals, even after the operation, psycho-rehabilitation procedures were completed with high efficiency.

The study of the effects of Rpt on obsessive and compulsive disorders showed the following results. Obsession decreased by 2 and 2,5 times in all groups, regardless of the type of person. Statistical difference in dynamics ( $r < 0,01$ ). Psychotic conversations in these patients showed that the precipitation of thoughts about defects in the appearance of clients preparing for plastic surgery was slowed down, their place was reassured by the operation, and even after 6 women rpt changed their opinion about their appearance and refused to conduct a surgical procedure. These patients were discharged from the cohort.

Compulsive disorders, manifested by stereotyped movements, are really a kind of manifestation of thoughts that have settled in the brain, that is, getting rid of obsession with various actions. Because these stereotyped movements really soften the obsession. As a result of the Rpt, obsessive actions such as brushing and flossing the lips, washing the face-sheet to a degree that dries, scrubbing the eyebrows and hair fibers, excessive processing of the facial skin, touching the face cases, causing a dangerous situation and from this to suffer even more bitterness, rubbing with the lips, getting into a restful shower were reduced. However, these indicators were not statistically significant, and we observed a positive effect associated with the complete

elimination of compulsive movements after a plastic surgery.

The reason why Rpt does not have a statistically significant effect on the reduction in compulsive movements is in our opinion its stagnation compared to other psychopathological symptoms and can be explained by the need for long-term continuation of psychotoxicity and psychopharmacotomy [4, 6, 9].

Sleep disorders manifested in the form of parasomnia, hypersomnia or insomnia decreased from 59,2% in Group 1 to 29,6% ( $r < 0,05$ ), in Group 2 from 68% to 28,3% ( $r < 0,01$ ). It is worth noting that after the Rpt, especially parasomnik violations occurred to the regression.

Prosopalgia, that is, pain in the face, is one of the serious symptoms that can be observed both before and after plastic surgery. These pains, which have a psychogen feature, are characterized by a type of masked depression and, in most cases, a chronic course. Patients feel that "to eliminate any pain, of course, it is necessary to take painkillers, and it can not be eliminated with the help of psychotherapy."

During the conduct of Rpt, we also witnessed that the majority of patients who were in our observation were of such opinion. Therefore, prozopalgia did not decrease statistically significantly in all three groups ( $p > 0,05$ ). However, it was convinced in patients that the cause of the pain in the face appeared, it did not interfere with the operation, neuralgia did not develop, and the face was also absolutely unrelated to the torsion.

Prozopalgia was manifested in most cases with senestopathies. Senestopathies after Rpt decreased to a high level of statistical convincing. For example, in the 1 group, from 44,4% to 14,8% ( $p < 0,001$ ), in the 2 group, from 40% to 20% ( $p < 0,01$ ). We mentioned that the

combined manifestation of obsession, prozopalgia and compulsions necessitates a separate psycho-therapeutic approach. That's exactly what we did during the Rpt Sessions. The result was a sharp decrease after senestopathy rpt, which was formed in obsessive disorders and was manifested almost like organic symptoms, and gave way to psychotic conversations about overcoming other symptoms, and samara was what we expected.

Emotional ambivalence was also characterized by increased sensitivity to psychotherapy, similar to most psychopathological symptoms. Emotional ambivalence, without dependence on the typology of the personality, is fully regressed in all groups. The fact that negative emotions were replaced by positive emotions made it easier to conduct psychotic Sessions.

Negative thoughts about the operation, binaries, symptoms of insecurity to medical personnel due to undesirable reasons, sometimes refusal of medical treatment, the refusal was eliminated after the rpt.

## CONCLUSION

1. In women who want to change their appearance through plastic surgery, rpt should be conducted taking into account the type of personality. Bunda is anxious in all cases-psychopathological symptoms, such as phobias, disorders, obsession and depression, decreased by 2-3 times after rational psychosis, in some cases, for example, depression, dysmorphophobia 3,5-4 times.
2. Compulsive disorders, which caused serious difficulties in carrying out plastic surgery procedures, did not experience a statistically convincing level of dynamics after rational psychotherapy. This is due to the fact that in a short period of time (1 month) before the operation, it is not



possible to eliminate the compulsion through psycho-therapeutic procedures, and we believe that it is necessary to start rpt in such patients 3-4 months before the operation.

3. Rational psychotherapy, conducted after focusing on the typology of the person supporting physiognomic diagnostics, facilitates psychotherapy and psychorehabilitation activities, which are performed after plastic surgery, and provides for social adoration.

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