

PhD Thesis

Psychological aspects of plastic surgery in particular health state, body image, relationship to the body, symptoms of body-related extremes, and self-esteem

Beáta Krakkóné Szászi
Supervisor: Pál Szabó MD.



UNIVERSITY of DEBRECEN
Doctoral School of Humanities
Debrecen, 2024.

I. The objective of the thesis, the definition of the topic

The popularity of plastic surgery is constantly increasing; besides, the number of patients with external and body-related mental disorders is also rising. 5-32% of plastic surgery patients have a psychiatric diagnosis (Sarwer et al., 2005; 2008; Hayashi et al., 2007; Belli et al., 2013), some of whom seek help to reduce appearance-related anxiety. The most common mental disorders in plastic surgery patients are:

- *body image disorders (body dysmorphic disorder, muscle dysmorphia)* (Hayashi et al., 2007; Dakanalis et al., 2013)
- *eating disorders (AN, BN)* (Zimmer et al., 2022)
- *personality disorders (mainly dramatic group)* (Dakanalis et al., 2013; Loron et al., 2018; Bascarane, Kuppili & Menon, 2021)
- *affective disorders* (Hayashi et al., 2007; Bascarane et al., 2021)
- *anxiety disorders* (Gazize & Gharadaghi, 2013; Kucur, Kuduban, Ozturk, Gozeler, Ozbay, Deveci et al., 2016; Bascarane et al., 2021)

According to Veale (2004), plastic surgery is contraindicated in certain mental disorders (psychosis, bipolar disorder, major depression, eating disorders, and body image disorders). In these cases, the treatment may worsen the mental state of the patient (Mulken et al., 2012). Other mental disorders (mood disorders and anxiety disorders) may reduce the satisfaction associated with the operation; that is why the identification and

follow-up of these patients are important (von Soest et al., 2009).

The doctoral thesis consisted of two significant studies on plastic surgery and psychology. First, the attitudes of Hungarian media users to plastic surgery and the body were analyzed. Then, the patients for plastic surgery were pre-screened and followed up for six months. The objectives were:

1. The assessment of the relationship to plastic surgery (acceptance, past experiences, planning of the operations), body satisfaction, and the prevalence of body dysmorphic disorder (BDD) on a non-clinical sample among social media users, with special attention to the group of adult women.
2. The assessment of the surgical motivations and the mental state of women participating in plastic surgical consultation, with a special focus on physical and mental health, body dysmorphic disorder, eating disorders, the relationship with the body (body satisfaction, body attitudes, body image), the self-esteem and subjective well-being.
3. Comparison of psychological parameters of surgical and non-operative patients, as well as aesthetic surgical and reconstructive surgical patients.
4. Examination of psychological changes following plastic surgery based on of a half-year follow-up, taking into account the surgical area and type of care.
5. Investigation of factors influencing satisfaction: the relationship of satisfaction with age,

postoperative pain, BDD-positivity, severity of anxiety and depressive symptoms.

6. Development of a protocol for measuring mental suitability for aesthetic care specialists.

II. Applied methods

In the first study, I assessed the prevalence of BDD, attitudes, and the experiences related to plastic surgery in a non-clinical group based on convenience sampling among Hungarian adult social media users.

The questionnaire consisted of 4 parts:

1. Demographic data: gender, age, education
2. Body data:
 - a. anthropometric data (weight, height)
 - b. body satisfaction (5-degree Likert scale)
 - c. assessment of health status with the first item of Health Survey (Health Survey, hereafter and briefly: SF-36, Ware & Sherbourne, 1992; Hungarian: Czimbalmos, Nagy, Varga & Husztik, 1999)
3. assessment of BDD using the Body Dysmorphic Disorder Questionnaire (hereafter and briefly: BDDQ; Phillips, 2005, Hungarian: Szabó, 2010)
4. Information about plastic surgery:
 - a. type and number of interventions performed
 - b. future planning of the operations
 - c. measuring acceptance using Acceptance of Cosmetic Surgery Scale (hereafter and briefly: ACSS, Henderson-King &

Henderson-King, 2005; Hungarian: Szászi & Szabó, 2024)

The follow-up study contained a 7-part self-reported questionnaire and two structured interviews. Parts of the questionnaire:

1. Demographic data: gender, age, education
2. Anthropometric data: current and desirable weight values, height, breast size, waist size, and hip size.
3. Assessment of health status:
 - a. *Health Survey* (SF-36) first item
 - b. *General Health Questionnaire* (hereafter and briefly GHQ-28, Goldberg, 1978; Hungarian: Karczag, 1988),
 - c. *WHO Well-Being Scale* (Bech et al., 1996, Hungarian: Susánszky, Konkoly-Thege, Stauder & Kopp, 2006)
 - d. *Brief Symptom Inventory* (hereafter and briefly: BSI, Derogatis & Melisaratos, 1983)
4. *Body Dysmorphic Disorder Questionnaire* (BDDQ, Phillips, 2005; Szabó, 2010)
5. Examination of the relationship with the body:
 - a. *Body Satisfaction Questionnaire* (hereafter and briefly: BSQ, Folk, Pedersen & Cullary, 1993, Hungarian: Szabó, 2003)
 - b. *Human Figure Drawing Test* (hereafter and briefly: HFDT, Fallon & Rozin, 1987, Hungarian: Szabó, 1996)
 - c. *Body Investment Scale*, (hereafter and briefly: BIS, Orbach & Mikulincer, 1998,

Hungarian: Lukács-Márton & Szabó, 2013)

6. *Eating Attitudes Test* (hereafter and briefly: EAT-12, Garner & Garfinkel, 1979, Hungarian: Túry, Szabó & Szendrey, 1990)
7. *Rosenberg Self-Esteem Scale* (hereafter and briefly: R-SES, Rosenberg, 1965; Hungarian: Sallay, Martos, Földvári, Szabó & Ittész, 2014)

The topics of the preoperative interview:

- a. indication of the surgical area and problem (e.g., somatic, behavioral, dressing, psychological)
- b. motivation for surgery
- c. people who play a critical role in motivation (Bascarane et al., 2021)
- d. description of the postoperative condition
- e. previous aesthetic surgical procedures and their effectiveness (past rejection and inflammation)
- f. further planned interventions in the future
- g. duration of the planning of the operation
- h. surgical expectation
- i. body satisfaction
- j. the use and frequency of beauty and the psychological treatments

The topics of postoperative interview:

- a. satisfaction with surgery
- b. satisfaction with the doctor
- c. post-operative psychological symptoms (anxiety, lethargy, insomnia, disillusionment)
- d. pain assessment
- e. effect on the surgical area

- f. effect on the quality of life
- g. new concerns about appearance
- h. repetition of operation
- i. planning of the further operation

III. Thesis-like list of results

III./1. Examination of the relationship of media users to the body

- ❖ Nearly half (48.3%) of women who use Facebook (n = 567) are interested in plastic surgery: 11.6% have already had surgery, and 36.7% plan to have surgery in the future.
- ❖ The body satisfaction of the women surveyed is unrelated to the number and type of operations performed.
- ❖ Women who have lower BMI ($p < 0,001$) and fewer BDD symptoms ($p < 0,001$) are more satisfied with their bodies.
- ❖ The acceptance of cosmetic surgery is associated with the planning of surgeries ($p < 0,001$), the number of blepharoplasties ($p = 0,005$), and the BDD-positivity ($p = 0,011$).
- ❖ The point-prevalence of BDD is 8.1% (male 8.1%, female 8.3%).
- ❖ Psychological suffering due to real or perceived physical defects ($p = 0.041$) is more intense in women; avoidance behavior ($p = 0.033$) is more common than in men.
- ❖ BDD-positivity is highest (15,2%) in the youngest (18-25 year olds).

- ❖ The appearance of BDD goes hand in hand with lower education ($p = 0.031$), planning of plastic surgeries ($p = 0.027$), body dissatisfaction ($p < 0.001$), and higher acceptance of cosmetic surgery ($p = 0.025$).
- ❖ BDD-positivity is higher in operated women than non-operated women (15.2% vs.7.2%).

III./2. Preoperative examination

- Women preparing for surgery vs. control group:
 - The fitness ($p = 0.011$) and health state ($p = 0.007$) including mental state ($p = 0.037$) of those preparing for surgery is better than control women.
 - Those preparing for surgery have a more positive relationship with the body, with more excellent body care ($p = 0.010$) and body protection ($p = 0.019$).
 - Eating disorder symptoms ($p = 0.006$) are more common in those preparing for surgery, especially dieting ($p < 0,001$).
 - The prevalence of BDD in the surgical group was 9.4% vs. 0.9% (control group). In the aesthetic surgery group, the prevalence is 1.9%, in the reconstructive surgery group, it is 21.9%.
 - The surgical group is more anxious due to external physical defects ($p = 0.005$), avoidant behaviour ($p = 0.028$) is more pronounced, and the daily amount of time devoted to the defect ($p = 0.005$) is greater.
- Characteristics of women preparing for aesthetic surgery:

- The body image is more positive ($p < 0.001$) compared to the control and reconstructive group.
- Body care ($p = 0.007$), and body ($p = 0.025$), waist ($p = 0.006$), fitness ($p < 0.001$) satisfaction are higher compared to the control group.
- Women undergoing aesthetic surgery have had more plastic surgery procedures ($p = 0.003$) in the past compared to the reconstructive surgery and the control group.
- They are more anxious than the control group because their actual or perceived physical defects ($p = 0.018$), which confuses their social relations and daily tasks performance ($p = 0.026$). It is accompanied by more frequent avoidance behavior ($p = 0.026$).
- The reconstructive and aesthetic surgical patients were compared with the control group before surgery:
 - The reconstructive surgical group has the most unfavorable anthropometric indicators (body weight, $p < 0.001$; BMI, $p < 0.001$; planned weight, loss $p = 0.001$; current waist size, $p = 0.001$; desirable waist size, $p = 0.002$) compared to the aesthetic surgical and control group.
 - Compared to the aesthetic surgical group, the reconstructive surgical group has higher dissatisfaction with the body ($p = 0.001$), their skin ($p = 0.035$), arms ($p = 0.017$), waist ($p = 0.006$), body weight ($p = 0.006$) and fitness state ($p = 0.038$).

- The reconstructive group has a more negative body image (current body figure, $p < 0.001$; ideal body figure, $p = 0.012$; female ideal body figure, $p = 0.005$; the difference between current and ideal body figure, $p < 0.001$; the difference between current and attractive body figure, $p < 0.001$) and lower body-related investments (feelings and attitudes about the body are more negative, $p < 0.001$) than the aesthetic and control group.
- More frequent eating disorder symptoms ($p = 0.001$) in the reconstructive surgery group, mainly dieting ($p < 0.001$).
- Based on the results of the structured interview:
 - Patients have planned the operation for on average of 6.4 years (range: 0-60 years).
 - The reason for choosing surgery is mainly somatic (35.5%) secondary psychological (18.9%). The decision also involves improving health state (15.8%), satisfaction with appearance (7.9%), abstract concepts (e.g., beauty, femininity enhancement, attractiveness; 5.3%), dress (7.9%) and interpersonal functions (4.2%).
 - The causes of the surgery are predictability (31.1%), finding the right specialist (18.9%), collecting funds (12.1%), celebrating an anniversary (7.9%), and achieving the target weight (5.8%).
 - Media impact on motivations (1.1%), and causes (0.5%) are also low.

- Psychological factors (43.7%) are primary in terms of expectations, followed by somatic factors (34.7%), health state (11.1%), dressing (8.4%), and improving interpersonal factors (3.2%). Unrealistic expectations were expressed by 5.8% of patients.

III./3. Results of postoperative examination (half a year after the operation):

- Changes in operated women:
 - Symptoms of anxiety and insomnia are reduced (GHQ Anxiety/insomnia subscale, $p = 0.008$; BSI Anxiety, subscale $p = 0.024$),
 - decreased social dysfunction (GHQ Social Dysfunction subscale, $p = 0.024$),
 - improved perception of general health (GHQ Total score, $p = 0.004$),
 - More positive relationship with the body: improved perception of body image (HFDT, reduced the difference between the current and ideal body, $p = 0.024$; reduced the difference between the present and the attractive body, $p = 0.022$), feelings and attitudes towards the body are more positive (BIS Feeling and attitudes towards the body scale, $p = 0.031$)
- Changes in the subgroup of women operated for aesthetic reasons:
 - Symptoms of anxiety and insomnia are reduced (GHQ Anxiety/insomnia subscale, $p = 0.011$; BSI anxiety Subscale, $p = 0.014$), the perception of general health is improved (GHQ Total score, $p = 0.011$),

- social functions were improved (GHQ Social dysfunction subscale, $p = 0.018$),
- decreased hostility (BSI Hostility subscale, $p = 0.024$)
- Changes in reconstructive surgical groups:
 - improved the perception of body image: decreased the difference between the present and the ideal body figure ($p = 0.046$)
 - Decreased frequency of eating disorder symptoms (EAT-12 Total score, $p = 0.027$)
 - The abdominoplasty group increased somatization symptoms (BSI Somatization subscale, $p = 0.042$) and decreased body protection (BSI Protection subscale, $p = 0.027$).
- Changes in the breast surgery group:
 - General health improved (GHQ Total score, $p = 0.039$), and anxiety/insomnia symptoms decreased (GHQ Anxiety/insomnia subscale, $p = 0.018$; BSI Anxiety subscale, $p = 0.024$)
 - Body satisfaction increased (BSQ Body satisfaction, $p = 0.044$), and body care was more pronounced (BIS Body care subscale, $p = 0.020$).
 - decreased the difference between the present and the ideal figure (HFDT, $p = 0.012$)
- Changes in the blepharoplasty group:
 - increased general health (GHQ Total score, $p = 0.024$),
 - reduced some psychiatric symptoms (BSI, Anxiety subscale, $p = 0.040$; BSI Somatization subscale, $p = 0.039$)
- Examination variables related to surgical satisfaction is impossible in this sample due to high satisfaction.

- 95.8% of the patients are satisfied with the specialist and surgical team.
- 84.7% of the patients said the surgery positively affected the operated part of the body.
- According to 64.4% of the patients, the operation also positively impacted their quality of life (14.1% of them, this effect is minor),
- 5.6% of the patients want to repeat the operation.
- Increased frequency of psychiatric symptoms in patients with lower psychological status identified in the preoperative period increased by half a year after surgery (GHQ Anxiety/insomnia subscale, $p = 0.008$; GHQ Somatic symptoms subscale, $p = 0.044$; BSI Somatization subscale, $p = 0.042$; BSI Obsession-Compulsion subscale, $p = 0.037$; BSI Hostility subscale, $p = 0.003$; BSI Phobic anxiety subscale, $p = 0.002$; BSI Paranoid ideation and subscale, $p = 0.046$; BSI Psychoticism subscale, $p = 0.007$).

IV. Consequences

Plastic surgery services are popular among Hungarian women: 11.6% were operated, and 36.7% plan these intervention. However, *the number and type of surgeries performed do not affect the physical satisfaction of the women surveyed. Women with lower BMI and fewer BDD symptoms are more satisfied with their bodies.* The acceptance of cosmetic surgery has shown a positive relationship with operations planning, the number of blepharoplasties, and BDD-positivity.

The *point prevalence of BDD* among media users is 8.1% (women 8.3%, men 8.1%). *BDD-positivity* is highest in the *younger group* (18-25 years old), and the prevalence is also *higher in the operated group* (16.5%).

Women are more anxious because of actual or perceived physical defects. They have more avoidable behaviors than men. It may be the reason for their higher interest in plastic surgery. *BDD* is more likely to appear in women with *low education*, who *plan to undergo more plastic surgery*, who are *more dissatisfied with their bodies* and *accept more cosmetic surgery*.

There is a higher frequency of *BDD* among women interested in cosmetic surgery and also among women undergoing plastic surgery. *BDD* has an *explanatory role* in the attitude towards the *acceptance of cosmetic surgery*. The risk of *BDD* is also higher among those planning surgery. The examination of the relationship to the body and the presence of mental disorders related to the body of candidates for plastic surgery was suggested, which was carried out in the following study.

Plastic surgery patients were divided into aesthetic and reconstructive surgical subgroups. I examined the psychological parameters compared to the control group and assessed the surgical motivations.

The fitness status, the physical and mental health of the plastic surgery group are better than of the control women. They have higher self-care and more positive relationships with the body (more intensive body care and protection). The positive pole of all these results is the aesthetic surgical group, and the negative pole is the reconstructive surgical group. *The body image* of

aesthetic surgical patients is *the most positive: body care* is more *intensive*, and they are more satisfied with their body, waist, and fitness status. The *plastic surgical group* has had the *most operations* in the past, showing that they invest the most in their bodies.

The *reconstructive surgical group* has the *most unfavorable anthropometric indicators* (body weight, BMI, planned weight loss, current and desirable waist size). In the reconstruction group, the frequency of *dissatisfaction with the whole body* is higher, as they are more dissatisfied with their skin, arm, waist, body weight, and fitness status, compared to the aesthetic surgical and the control group. Their *body image* (present body figure, ideal body figure, female ideal body figure, difference of the present and ideal body figure) and their *investments related to the body* (feelings and attitudes about the body) are also more *negative*.

The *frequency of eating disorder symptoms* in the *plastic surgery group* is *highest* among the three groups due to reconstructive surgery patients. There is *more intense dieting*, probably due to *achieving the target weight*. Based on anthropometric data, the reconstructive surgical group is the furthest away from its ideal body weight; therefore, due to the intended weight loss, their diet is more intense before surgery.

The prevalence of BDD is 9.4% in the plastic surgery group, 1.9% in the aesthetic surgery group, and 0.9% in the control group. Compared to control group, aesthetic surgical patients have more intense anxiety due to perceived or real physical defects, more frequent avoidance behaviors and more daily time for physical

defects. The external defects inhibit social relations and also the performance of daily tasks.

Somatic and psychological factors are the most common *surgical motivations*, as are improving health state, dressing, and interpersonal functions, increasing external satisfaction, and achieving certain abstract concepts (beauty, femininity, attractiveness).

The cause of the operation is mainly the ability to plan, choose the right doctor, collect the cost of the operation, reach the target weight, and celebrate significant life events. The effect of media on both issues (motivation and cause of operation) was low.

Expectations related to the operation are primarily related to psychological factors. Besides, patients expect improved somatic causes, health, and clothing after the operation. Unrealistic expectations appeared in 5.8% of women preparing for surgery, which can reduce satisfaction in the postoperative phase.

Operated patients were examined in a six-month follow-up, which covered the remeasurement of psychometric factors and satisfaction assessment. The plastic surgery group was divided the plastic surgery group into subgroups based on a body part (breast, abdomen and eyelid) and form of care (aesthetic, reconstructive).

The *general health state* of the women *undergoing surgery improved* the symptoms of *anxiety/insomnia*, and *social dysfunctions* were also *reduced*. The *relationship with the body* (more positive feelings and attitudes toward the body) and the *perception of the body image* have also *improved*: decreased differences between

present and ideal body figures and between present and attractive body figures.

Most positive changes occurred in breast plastic surgery groups, where health state (decreased anxiety and insomnia symptoms), body satisfaction improved, and the intensity of body care. Further positive changes in women undergoing aesthetic surgery are that body-related investments increase, and in case of psychiatric symptoms, hostility decreases.

After the operation, in the *blepharoplasty group, the general health state improved, and specific psychiatric symptoms reduced (anxiety, somatization)* were also measured in patients with eyelid surgery after surgery.

Two significant positive changes were in the *reconstruction groups: improved assessment of body image and decreased frequency of eating disorder symptoms. Somatization increased in patients with abdominal surgery, but at the same time the protection of the body decreased six months after surgery.*

The testing of variables related to surgical satisfaction did not yield any results, as largely dissatisfied responses did not appear in the sample. *Younger women are more satisfied* with the results of the operation. Most of the patients (95.8%) were satisfied: the surgery had a positive effect on the operated body part (84.7%), and 64.4% of patients said it also positively impacted their quality of life. 5.6% of the patients wanted to repeat the operation.

Patients with worse psychological status (who had more psychological psychiatric symptoms, diagnoses, or had worse mental physical health in the preoperative phase) had more psychiatric symptoms

(anxiety/insomnia, somatic symptoms, somatization, compulsive obsession, hostility, phobic anxiety, paranoia, psychoticism) *after surgery*.

Knowing the psychological status, the plastic surgeon can develop a more favourable surgical plan and aftercare for the patient. According to the results, *mental suitability examination and selection are necessary* for the health care professionals (plastic surgeons, dermatologists, dentists, and makeup tattoo specialists) before minimally invasive and invasive aesthetic procedures. Chapter 5 details data to develop their protocol (Figure 1).

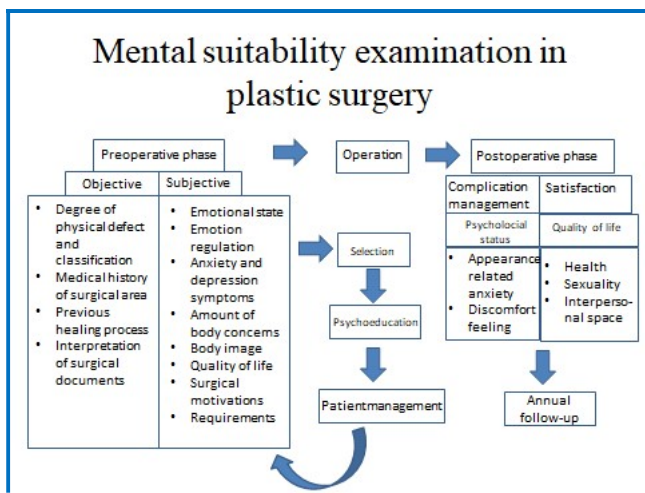


Figure 1: Summary of mental suitability test

References:

- Bascarane, S., Kuppili, P. P., Menon, V. (2021). Psychiatric Assessment and Management of Clients Undergoing Cosmetic Surgery: Overview and Need for an Integrated Approach. *Indian Journal of Plastic Surgery: official publication of the Association of Plastic Surgeons of India*, 54(1), 8–19. <https://doi.org/10.1055/s-0040-1721868>
- Bech, P., Gudex, C., Johansen, K. S. (1996). The WHO (Ten) well-being index: validation in diabetes. *Psychotherapy and Psychosomatics*, 65, 183–190. <https://doi.org/10.1159/000289073>
- Czimbalmos, Á., Nagy, Zs., Varga, Z., Husztik, P. (1999). Páciens megelégedettségi vizsgálat SF-36 kérdőívvel, a magyarországi normálértékek meghatározása. *Népegészségügy*, 80(1), 4-19.
- Dakanalis A, Di Matetti, V., E., Zanetti, A., M., Clerici, M., Madeddu, F., Riva, G, & et al. (2013). Personality and body image disorders in cosmetic surgery settings: prevalence, comorbidity and evaluation of their impact on post-operative patient's satisfaction. *European Psychiatry*, 28(1), 1. [https://doi.org/10.1016/S0924-9338\(13\)77397-8](https://doi.org/10.1016/S0924-9338(13)77397-8).
- Derogatis, L., & Melisaratos, N. (1983). The Brief Symptom Inventory: An introductory report. *Psychological Medicine*, 13(3), 595-605. <https://doi.org/10.1017/S0033291700048017>
- Fallon, A., Rozin, P. (1985). Sex differences in perception of desirable body shapes. *Journal of Abnormal Psychology*, 94, 102-105. <https://doi.org/10.1037//0021-843x.94.1.102>
- Folk, L., Pedersen, J., Cullari, S. (1993). Body satisfaction and self-concept of third-and sixth-grade students. *Perceptual and Motor Skills*, 76(2), 547-553. <https://doi.org/10.2466/pms.1993.76.2.547>

- Garner, D. M., Garfinkel, P. E. (1979). The eating attitudes test: an index of the symptoms of anorexia nervosa. *Psychological Medicine*, 9(2), 273-279. <https://doi.org/10.1017/S0033291700030762>
- Gazize, S., Gharadaghi, A. (2013). Comparing Pathological Symptoms of Mental Disorder, Personality Disorder of Clusters B and C, and Body Image in Cosmetic Surgery Applicants with Those in Non-Applicants. *Asian Journal of Medical and Pharmaceutical Researches*, 3, 139-147.
- Goldberg, D. P. (1978). *Manual of the General Health Questionnaire*. (8-12.). Windsor: NFER-NELSON.
- Hayashi, K., Miyachi, H., Nakakita, N., Akimoto, M., Aoyagi, K., Miyaoka, H., & Uchinuma, E. (2007). Importance of a psychiatric approach in cosmetic surgery. *Aesthetic surgery journal*, 27(4), 396–401. <https://doi.org/10.1016/j.asj.2007.05.010>
- Henderson–King, D., & Henderson–King, E. (2005). Acceptance of cosmetic surgery: Scale development and validation. *Body Image*, 2, 137–149. <https://doi.org/10.1016/j.bodyim.2005.03.003>
- Karczag, J. (1988) A Goldberg-féle Általános Egészség Kérdőív. In: Mérei, F., & Szakács, F. (szerk.): *Pszichodiagnosztikai vademecum I/2*. (76-101.), Budapest,: Tankönyv Kiadó.
- Kucur, C., Kuduban, O., Ozturk, A., Gozeler, M. S., Ozbay, I., Deveci, E., Simsek, E., & Kaya, Z. (2016). Psychological Evaluation of Patients Seeking Rhinoplasty. *The Eurasian Journal of Medicine*, 48(2), 102–106. <https://doi.org/10.5152/eurasianjmed.2015.103>
- Loron, A. M., Ghaffari, A., Poursafarholi, N. (2018). Personality Disorders among Individuals Seeking Cosmetic Botulinum Toxin Type A (BoNTA) Injection, a Cross-Sectional Study. *The Eurasian Journal of Medicine*, 50(3), 164–167. <https://doi.org/10.5152/eurasianjmed.2018.17373>

- Lukács-Márton, R., Vásárhelyi, E., Szabó, P. (2008). A szépségipar csapdájában: szépségiparban dolgozók evési és testi attitűdjei. *Psychiatria Hungarica*, 23(6), 455–463.
- Mulkens, S., Bos, A. E., Uleman, R., Muris, P., Mayer, B., Velthuis, P. (2012). Psychopathology symptoms in a sample of female cosmetic surgery patients. *Journal of Plastic, Reconstructive & Aesthetic Surgery: JPRAS*, 65(3), 321–327.
<https://doi.org/10.1016/j.bjps.2011.09.038>
- Orbach, I., Mikulincer, M. (1998). The Body Investment Scale: construction and validation of a body experience scale. *Psychological Assessment*, 10(4), 415-425.
<https://doi.org/10.1037/1040-3590.10.4.415>
- Phillips, K. A. (2005). *The broken mirror: Understanding and treating body dysmorphic disorder* (40-43). New York: Oxford University Press
- Rosenberg, M. (1965). *Society and the adolescent self-image*. Princeton, NJ: Princeton University Press.
- Sallay, V., Martos, T., Földvári, M., Szabó, T., & Ittész, A. (2014). A Rosenberg önértékelés skála (RSES-H): alternatív fordítás, strukturális invariancia és validitás. *Mentálhigiéné és Pszichoszomatika*, 15(3), 259-275.
<https://doi.org/10.1556/Mental.15.2014.3.7>
- Susánszky, É., Konkoly-Thege, B., Stauder, A., Kopp, M. (2006). A WHO jól-lét kérdőív rövidített (WBI-5) magyar változatának validálása a Hungarostudy 2002 országos lakossági egészségfelmérés alapján. *Mentálhigiéné és Pszichoszomatika*, 7(3), 247-255.
- Szabó P., Túry F. (1996): Testkép és testképzavar fiatal felnőttek között. In: Pető Z. (szerk.) *Deviancia-jelenségek serdülőkorban*. 51-67. Sopron, Edutech Kiadó.
- Szabó, P. (2000). Testkép és testvázlat. In: Túry F., Szabó, P. (eds.): *A táplálkozási magatartás zavarai: az anorexia nervosa és a bulimia nervosa*. (59-76.), Budapest: Medicina Könyvkiadó.

- Szabó, P. (2008). A testképzavarok néhány speciális vonatkozása: Testdiszmorfiás zavar, plasztikai sebészet és apotemnofília. In: Túry F, Pászthy B. (szerk.) *Evészavarok és testképzavarok*. 93-107. Budapest: Pro Die Kiadó.
- Szabó, K., Túry, F., Czeglédi, E. (2011) *Evészavarok és a média - a magazinolvasási szokások és az evészavarok lehetséges kapcsolata = Eating disorders and the media — magazine reading habits and their possible relationship to eating disorders. Mentálhigiéné és Pszichoszomatika*, 12(4), 353-374.
- Szászi, B., Szabó, P. (2024). The prevalence of body dysmorphic disorder and the acceptance of cosmetic surgery in a nonclinical sample of Hungarian adults. *Mentálhigiéné és Pszichoszomatika*. 25 1, 69-84. DOI: <https://doi.org/10.1556/0406.2024.00052>
- Túry, F., Szabó, P., Szendrey, G. (1990). Evészavarok prevalenciája egyetemista populációban. *Ideggyógyászati Szemle*, 43, 409-418.
- Veale D. (2004). Advances in a cognitive behavioural model of body dysmorphic disorder. *Body Image*, 1(1), 113-125.
- von Soest, T., Kvale, I. L., Roald, H. E., Skolleborg, K. C. (2009). The effects of cosmetic surgery on body image, self-esteem, and psychological problems. *Journal of Plastic, Reconstructive & Aesthetic Surgery: JPRAS*, 62(10), 1238–1244. <https://doi.org/10.1016/j.bjps.2007.12.093>
- Ware, J.E., Sherbourne, C.D. (1992). The MOS 36–item short–form health survey (SF–36). I. Conceptual framework and item selection. *Medical Care*, 30(6), 473–483.
- Zimmer, R., Methfessel, I., Heiss, L., Kovacs, L., Papadopoulos, N. A. (2022). Eating disorders: A neglected group of mental disorders in patients requesting aesthetic surgery. *Journal of Plastic, Reconstructive & Aesthetic*

V. List of own publication



**UNIVERSITY of
DEBRECEN**

**UNIVERSITY AND NATIONAL LIBRARY
UNIVERSITY OF DEBRECEN**

H-4002 Egyetem tér 1, Debrecen
Phone: +3652/410-443, email: publikaciok@lib.unideb.hu

Registry number: DEENK/208/2024.PL
Subject: PhD Publication List

Candidate: Beáta Szászi
Doctoral School: Doctoral School of Human Sciences
MTMT ID: 10066416

List of publications related to the dissertation

Hungarian book chapters (1)

1. Szászi, B., Szabó, P.: Esztétikai sebészeti beteganyag pszichológiai vizsgálata magyar mintán.
In: *Pszichológiai Kutatások*. Szerk.: Münnich Ákos, Debreceni Egyetemi Kiadó, Debrecen, 73-84, 2014. ISBN: 978963184158

Hungarian scientific articles in Hungarian journals (3)

2. Szászi, B., Szabó, P.: A testdiszmorfiás zavar pszichológiai vonatkozásai.
Magyar Pszichológiai Szemle. 78 (3), 409-435, 2023. ISSN: 0025-0279.
DOI: <http://dx.doi.org/10.1556/0016.2023.00042>
3. Szabó, P., Szászi, B.: Testdiszmorfiás zavar: száz év magány.
Psychiatr Hung. 36 (2), 143-161, 2021. ISSN: 0237-7896.
4. Tamás, R., Szászi, B.: Szexuális motivációk a plasztikai sebészetben.
Magy. Tud. 181 (3), 293-302, 2020. ISSN: 0025-0325.
DOI: <http://dx.doi.org/10.1556/2065.181.2020.3.2>

Foreign language scientific articles in Hungarian journals (1)

5. Szászi, B., Szabó, P.: The prevalence of body dysmorphic disorder and the acceptance of cosmetic surgery in a nonclinical sample of Hungarian adults.
Mentálhigiéné és Pszichoszomatika. 25 (1), 69-84, 2024. ISSN: 1419-8126.
DOI: <https://doi.org/10.1556/0406.2024.00052>

Hungarian conference proceedings (1)

6. Szászi, B., Szabó, P.: Az esztétikai sebészet pszichológiai vonatkozásai.
In: "Hiteles(ebb) tudományos prezentációk" PEME VIII. Ph.D. - Konferencia. Szerk.: Kóncz István, Szova Ilona, Professzorok az Európai Magyarországi Egyesület, Budapest, 38-45, 2014. ISBN: 9789638991522





Hungarian abstracts (6)

7. **Szászi, B., Szabó, P.:** Plasztikai sebészeti páciensek pszichológiai rizikóbecslése.
In: Változás az állandóságban: A Magyar Pszichológiai Társaság XXVII. Országos Tudományos Nagygyűlése : Kivonatkötet. Szerk.: Lippai Edit, Magyar Pszichológiai Társaság, Budapest, 200, 2018. ISBN: 9786158024174
8. **Szászi, B., Szabó, P.:** Az esztétikai sebészeti páciensek műtéti motivációi - "Ifjúság, gyönyökoszorú, ki elveszti be szomorú".
In: Magyar Pszichológiai Társaság (MPT) XX. Nagygyűlése: Hagyomány és megújulás. Szerk.: Vargha András, Semmelweis Egyetem Testnevelési és Sporttudományi Kar, Budapest, 209-210, 2011.
9. **Szászi, B., Szabó, P.:** Az öngyilkosság vizsgálata esztétikai sebészeti páciensek körében.
Psychiatr Hung. 26 (1), 120, 2011. ISSN: 0237-7896.
10. **Szászi, B., Szabó, P.:** "Nem csinos akarok lenni..., tőkéletes!": A testdizmorfiás zavar és az evészavarok kapcsolata.
In: Evészavarok - az epidemiológiától a pszichoterápiáig" 3. magyar evészavar kongresszus : absztraktok. Szerk.: Pászthy Bea, Túry Ferenc, Magyar Evészavar Társaság, Budapest, 1, 2010.
11. **Szászi, B., Szabó, P.:** A plasztikai sebészet pszichológiai vonatkozásai.
In: Egyén és Kultúra - A pszichológia válasza napjaink társadalmi kihívásaira a Magyar Pszichológiai Társaság XIX. Országos tudományos nagygyűlése: Kivonatkötet : programfüzet melléklettel. Szerk.: Vargha András, Magyar Pszichológiai Társaság, Pécs, 203-204, 2010. ISBN: 9789638791535
12. Szabó, P., **Szászi, B.:** A testdizmorfiás zavar neurobiológiai és kognitív vonatkozásai.
In: Egyén és Kultúra - A pszichológia válasza napjaink társadalmi kihívásaira Kivonatkötet : programfüzet melléklettel. Szerk.: Vargha András, Magyar Pszichológiai Társaság, Pécs, 129, 2010. ISBN: 9789638791535

Foreign language abstracts (2)

13. **Szászi, B., Szabó, P.:** The motivation for operation in aesthetical surgery: An interview study.
In: 19. International Wissenschaftliche Tagung, Kongress Essstörungen Alpbach, 2011 October 20-22. Alpbach, Tyrol, Austria : Programm and Abstracts / Günther Rathner, Österreichische Gesellschaft für Essstörungen, Alpbach, 49, 2011.
14. **Szászi, B., Szabó, P.:** To Be Tailor-Made: The prevalence of body dysmorphic disorder among aesthetic surgical patients.
In: Kongress Essstörungen 2010 : 18. Internationale Wissenschaftliche Tagung, Kongress Essstörungen, Alpbach, Tirol, Österreich : Programm and Abstracts / Günther Rathner, Österreichische Gesellschaft für Essstörungen, Alpbach, 90-91, 2010.





List of other publications

Hungarian scientific articles in Hungarian journals (2)

15. Grecsó, Z., **Szászi, B.**: A Franklin módszer mentális gyakorlatainak alkalmazása a táncoktatásban.
Tánc és Nevelés. 3 (1), 83-92, 2022. ISSN: 2732-1002.
DOI: <http://dx.doi.org/10.46819/TN.3.1.83-92>
16. **Szászi, B.**, Szabó, P.: A táncos test: egészség, testi elégedettség, testhez való viszony, evési attitűdök és önértékelés vizsgálata táncosok körében.
Tánc és Nevelés. 2 (1), 4-29, 2021. ISSN: 2732-1002.
DOI: <http://dx.doi.org/10.46819/TN.2.1.4-29>

Foreign language scientific articles in Hungarian journals (1)

17. Grecsó, Z., **Szászi, B.**: Application of Mental Practices of the Franklin Method in Dance Education. Utánközlés nyelvi változat,
Tánc és Nevelés. 3 (1), 93-101, 2022. ISSN: 2732-1002.
DOI: <http://dx.doi.org/10.46819/TN.3.1.93-101>

Other journal articles (1)

18. **Szászi, B.**, Szabó, P.: Dancers' Body: The Examination of Health, Body Satisfaction, Body Attitudes, Eating Attitudes, and Self-Esteem among Dancers. Utánközlés nyelvi változat,
Tánc és Nevelés. 2 (1), 30-54, 2021. ISSN: 2732-1002.
DOI: <http://dx.doi.org/10.46819/TN.2.1.30-54>

Hungarian abstracts (1)

19. **Szászi, B.**: A táplálkozástudomány helye a táncpedagógus képzésben.
In: VII. Nemzetközi Táncudományi Konferencia: Tánc és Kulturális Örökség : Absztraktkötet.
Szerk.: Lanszki Anita, Egey Emese, Magyar Táncművészeti Egyetem, Budapest, 66, 2019.
ISBN: 9786155852077

The Candidate's publication data submitted to the iDEa Tudóster have been validated by DEENK on the basis of the Journal Citation Report (Impact Factor) database.



02 May, 2024