



# L7 BULLETIN

## NO.12

December 2024  
*Psychological Aspects of  
Aesthetic Treatments*

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### ACADEMIC

Understand strategies to identify and respond to patients needing emotional or psychological support

### JOURNAL CLUB

"Body image and cosmetic medical treatments"

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Shape the Future of Aesthetic Medicine



# ***Psychological Aspects of Aesthetic Treatments***

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# **CLINICAL**

## **PYSCHOLOGY IN AESTHETICS**

While technical skills and an understanding of anatomy are crucial for a successful career in aesthetics, the psychological aspect of aesthetics is just as important when it comes to achieving successful outcomes.

Understanding a patient's motivations, expectations, and mental health can significantly impact the results of a procedure—not just in terms of physical transformation but also in terms of patient satisfaction and overall well-being.

### **Why Psychology Matters in Aesthetic Medicine**

When patients seek aesthetic treatments, they often do so to address a gap between how they feel internally and how they perceive themselves externally. This decision can stem from a variety of psychological factors, including self-esteem issues, social pressures, or major life changes. By exploring the psychological drivers behind a patient's desire for treatment, we as practitioners can ensure that our interventions not only enhance their appearance but also promote their mental and emotional well-being.

For instance, a patient with realistic expectations and a clear understanding of the procedure is more likely to be satisfied with the outcome. On the other hand, patients with distorted self-perception or unattainable goals may struggle to appreciate even the most technically perfect results. This makes understanding a patient's mindset a critical aspect of any consultation.



# CLINICAL

## Structuring Your Consultation with Psychology in Mind

An effective consultation is one that balances aesthetic assessment with psychological evaluation.

Here's a structured approach to achieve this:

1. **Build Rapport:** Begin by creating a comfortable environment where the patient feels heard and respected. Use open-ended questions like, "What motivated you to seek this treatment?" or "How do you feel about your appearance?" These questions not only open the door to understanding their goals but also provide insight into their mental and emotional state.
2. **Assess Motivations:** Explore the underlying reasons for seeking treatment. Are they hoping to boost self-confidence? Are they addressing a specific concern, or are they seeking validation from others? Patients motivated by personal reasons generally have healthier expectations than those driven by external pressures, such as social media trends or relationship conflicts.
3. **Evaluate Expectations:** It's crucial to establish what the patient considers a "successful" outcome. Unrealistic expectations, such as wanting to look like a specific celebrity or achieving perfection, can be red flags. Be honest about what is achievable and explain any limitations of the procedure.

# CLINICAL

4. Screen for Psychological Health: During the conversation, remain attentive to signs of body image disorders or mental health issues. Subtle indicators might include obsessive focus on perceived flaws, dissatisfaction with previous procedures despite good results, or a history of frequent aesthetic treatments.

Recognising Red Flags: Is It Body Dysmorphic Disorder (BDD)?

Body dysmorphic disorder (BDD) is a psychiatric condition characterised by an obsessive preoccupation with perceived flaws in one's appearance, often to the extent that it disrupts daily life. Identifying patients with BDD is critical, as aesthetic treatments are unlikely to alleviate their distress and may even exacerbate it.

Here are some red flags to watch for during consultations:

- Excessive focus on minor imperfections: Patients may describe small or unnoticeable flaws with disproportionate distress.
- Repeated procedures: A history of frequent, varied, or unnecessary aesthetic interventions can indicate underlying dissatisfaction.
- Emotional reactions: Extreme anxiety, frustration, or unhappiness when discussing their appearance or previous treatments may signal deeper psychological issues.
- Social and functional impairment: Patients with BDD often avoid social situations or have difficulty maintaining relationships because of their perceived flaws.
- Reluctance to accept professional advice: They may insist on specific, often extreme treatments, regardless of professional guidance or safety concerns.

# CLINICAL

## Responding to Potential Red Flags

If you suspect BDD or other psychological concerns, handle the situation with empathy and care. Avoid dismissing their concerns, as this may damage trust.

Referring the patient to a qualified psychologist or psychiatrist is often the best course of action. It demonstrates that you prioritise their overall health and well-being rather than simply focusing on delivering a procedure.

## Conclusion

Incorporating psychology into your consultation process is not only ethical but also beneficial for both patient and practitioner. By addressing the emotional and mental dimensions of a patient's concerns, you can foster better outcomes, build stronger patient relationships, and maintain the integrity of your practice.

## Further reading

Psychology In Aesthetics: Beauty, Social Media and Body Dysmorphic Disorder  
<https://www.sciencedirect.com/science/article/abs/pii/S0738081X23000299?via%3Dihub>

Psychosocial issues and body dysmorphic disorder in aesthetics: Review and Debate  
<https://www.sciencedirect.com/science/article/abs/pii/S0738081X21001644?via%3Dihub>

Implementing the Medical Model into Aesthetic Consultation  
<https://www.sciencedirect.com/science/article/abs/pii/S0738081X21001644?via%3Dihub>

# ACADEMIC

## Learning Outcome 2:

### **Understand strategies to identify and respond to patients needing emotional or psychological support**

To effectively demonstrate an understanding of strategies to identify and respond to patients needing emotional or psychological support for Learning Outcome 2, consider the following academic hints:

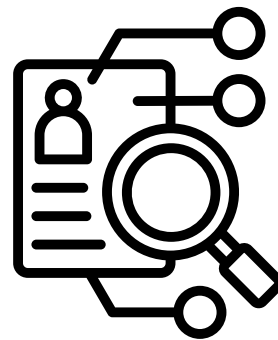
#### Look at NICE Guidelines

- Review relevant sections of NICE guidelines on mental health, such as those addressing common mental health problems (e.g., CG123) . These provide a framework for identifying and managing psychological concerns.
- Explore NICE resources on patient-centred care and effective communication to build trust and identify emotional needs.
- Consult NICE guideline CG31: Obsessive-Compulsive Disorder and Body Dysmorphic Disorder. This outlines screening, identification, and management of BDD, including cognitive-behavioural therapy (CBT) as a first-line treatment.
- Review recommendations for recognising BDD symptoms in patients seeking aesthetic treatments, such as preoccupation with perceived flaws and impairment in daily functioning.

# ACADEMIC

## Screening Tools

- Search for evidence supporting the use of tools like DASS-21 (Depression Anxiety Stress Scales) in healthcare settings.
- Identify guidelines for when and how these tools should be applied in practice, e.g., during initial consultations or when a patient exhibits emotional distress.
- Body Dysmorphia:
  - Use validated tools like the BDD-YBOCS (Yale-Brown Obsessive-Compulsive Scale Modified for BDD) or the Appearance Anxiety Inventory to screen for symptoms.
  - Research how tools like the Dysmorphic Concern Questionnaire (DCQ) can be integrated into consultations.



## Red Flags in Consultations:

- Patients fixating on minor or imagined physical flaws (BDD).
- Low mood, anhedonia (depression), or excessive worry (anxiety).
- Requests for repeated aesthetic interventions despite satisfactory outcomes.





# ACADEMIC

## Communication Frameworks

- Investigate communication techniques like active listening for recognising emotional cues.
- NICE guidelines on shared decision-making emphasise understanding patient concerns holistically, including their emotional well-being.

## Signposting to Resources

- Psychological Support Pathways:
  - Look for clinical pathways in local health systems that detail referral criteria for mental health services (e.g., IAPT in the UK).
  - Familiarise yourself with guidelines on referring patients to specialised psychological therapies or support groups.
- Peer-reviewed Articles:
  - Search databases like PubMed for studies on integrating mental health support into clinical care.
  - Your SAQs **require** that you demonstrate outside knowledge and reading in answering them.
- Educational Resources:
  - Access educational content from organisations such as the Royal College of Psychiatrists or Mind, which offer toolkits and case studies on recognising and managing psychological needs.



## Body image and cosmetic medical treatments

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### Overview

This seminal paper by Sarwer and Crerand explores the psychological aspects of cosmetic medical treatments, focusing on the relationship between body image and the decision to pursue such procedures. The authors discuss how advancements in safer, minimally invasive treatments and increased media visibility have contributed to the popularity of cosmetic interventions. The study examines motivations behind cosmetic procedures, the role of body image dissatisfaction, and the prevalence of psychological conditions such as body dysmorphic disorder (BDD) and eating disorders among patients.

Through a historical analysis of research, spanning early psychodynamic interpretations to recent empirical studies, the paper underscores the need for methodologically rigorous investigations to assess both pre- and postoperative psychological outcomes, highlighting that while many patients report satisfaction and body image improvements, individuals with severe body image disturbances may experience exacerbation of symptoms rather than relief

### **The Increasing Popularity of Cosmetic Surgery and Cosmetic Medical Treatments**

The surge in cosmetic procedures over recent decades is attributed to technological advancements, reduced invasiveness, and societal shifts in attitudes toward aesthetic enhancement. Sarwer and Crerand discuss how the media and celebrity influence shape public perceptions, contributing to a 1600% increase in both surgical and non-surgical procedures from 1992 to 2002. This section underscores the expanded demographics now seeking cosmetic interventions, including younger individuals and men, and situates the trend within evolutionary and social psychology perspectives on the importance of appearance.



### **Psychological Investigations of Persons Who Undergo Cosmetic Medical Treatments: A Brief History**

Sarwer and Crerand trace the psychological assessment of cosmetic surgery patients through three research generations. Early studies (1950s-60s) interpreted high psychopathology rates through a psychodynamic lens, viewing cosmetic desires as symbolic of internal conflicts. In the 1970s-80s, psychometric tools revealed lower psychopathology rates but had methodological limitations, such as lack of controls. By the 1990s, third-generation studies combined clinical interviews and psychometric assessments, showing mixed results regarding postoperative psychological improvement, which highlighted the need for further research.





### The Theoretical Relationship Between Body Image and Cosmetic Medical Treatments



Body image theory has become central to understanding motivations for cosmetic procedures, with Sarwer et al. proposing a model where dissatisfaction with specific features motivates surgical intervention. The model identifies factors like physical appearance, perceptual biases, developmental experiences, and cultural ideals as key influences. Patients with high body image investment and dissatisfaction are more likely to seek cosmetic treatments, suggesting a nuanced psychological motivation for appearance-altering interventions beyond surface-level aesthetics.



### **Body Image and Facial Procedures**

Despite the popularity of facial procedures, limited research has focused on body image in these patients. Preliminary findings suggest that patients often seek improvements in specific features rather than an overall body image change. Notably, surgeries like rhytidectomy and blepharoplasty attract older patients with unique body image concerns, indicating a distinct psychological profile compared to younger rhinoplasty patients who may attach different importance to facial appearance.



### Body Image and Body Contouring Procedures

Cosmetic procedures focused on body contouring, such as breast augmentation, reduction, and abdominoplasty, are deeply intertwined with body image dissatisfaction. Studies show that augmentation patients often seek surgery due to dissatisfaction with breast size, while reduction candidates are typically motivated by physical discomfort.

Positive postoperative outcomes in body image are common, but preexisting issues like low self-esteem or appearance-related anxiety may persist, particularly in patients with severe dissatisfaction.



### Extreme Body Image Dissatisfaction and Cosmetic Medical Treatments

Severe body image disorders, like body dysmorphic disorder (BDD) and eating disorders, are relatively common among cosmetic patients and pose complex treatment challenges. BDD patients often experience minimal relief or worsening symptoms post-procedure and may even resort to self-harm if unsatisfied with outcomes. Although eating disorders have been less studied, anecdotal evidence suggests they may complicate cosmetic treatment results, especially in body contouring cases where body weight is a focus.







### Conclusions and Future Directions

Sarwer and Crerand conclude that while many patients experience positive psychological outcomes from cosmetic treatments, individuals with serious body image disturbances may not benefit as expected, sometimes experiencing worsened symptoms. They emphasize the need for more rigorous studies to identify the psychological factors that contribute to cosmetic treatment success and suggest a greater focus on understanding sociocultural, developmental, and perceptual influences. This research could help determine when cosmetic interventions may or may not be appropriate, ultimately supporting safer, more effective patient outcomes.

# CHANGES TO THE DIPLOMA COURSEWORK

Dear Level 7 Delegates,

We would like to inform you about upcoming changes to the diploma requirements. This has come from our awarding body OTHM. Please note that for anyone who has completed or is nearing completion of their coursework, we have negotiated with OTHM for the minimum amount of additional work so you will not be disadvantaged.

## Beginning in March 2025:

- Change in the Unit 7 current assignment format from a critical appraisal of an assigned paper to a **systematic literature review**. This is to align with new requirements of our awarding body.
- **New Unit 3 Assignment** comprising of **four written tasks**.
- A **comprehensive reflective essay**/log will have to be completed for **20** of your logbook cases (10 toxin and 10 filler)
- There will be a **new logbook format**, which - in addition to the reflective logs - will require additional trainer input.

## What does this mean for you?

- *For those nearing completion of the diploma/in informal or formal marking already:*
  - You do not need to change any of your current work.
  - We have negotiated with OTHM that you only need to complete **one reflective essay** that encompasses your whole learning journey.
  - There is a template for this which will be sent to you.

# CHANGES TO THE DIPLOMA COURSEWORK

## What does this mean for you?

- *For those still in the midst of the coursework:*
  - If you have already started the critical appraisal assignment: Please continue with your work as planned. You will not be affected by the changes as we have negotiated an allowance during this transition period.
    - If you have have not yet started the assignment and will likely submit after March 2024: ***We recommend taking this upcoming change into account when planning your work.***
  - *Changes to the logbook and extra reflections will not apply to any of your mentoring days until March 2025. If the bulk of your logbook is completed before then, you will only need to do the single reflective essay assignment.*

## Resources and Support:

We are preparing detailed guidance and resources to support you in the transition to the new format. These will be made available soon via eLearning and extra Diploma Sessions to ensure you have the tools and knowledge needed to succeed.

We aim to make this transition as smooth as possible and will provide ample notice and support leading up to March 2025. If you have any questions or concerns, please don't hesitate to reach out to the academic team.

Warm regards,

*Your Level 7 Team*

# REFLECTIVE LOG

Dear Level 7 Delegates,

After a recent discussion with OTHM, all delegates submitting **before March 2025 will have to do one additional assignment, a reflective log.** Please find confirmed details below:

- Candidates are required to submit a reflective piece centered on the cases in their logbook or presented case, with a focus on patient safety and professional development.
- Key areas to address include toxin use, dermal fillers, complication management, ethics, legislation, and your personal and professional journey.
- The recommended word count is 800 - 1000 words. Please use the reflective log template provided by OTHM.
- This reflection should cover your entire learning experience.
- Once completed, trainers will add their feedback, and the process will proceed according to the timeline below.

If you have any questions or need assistance, please don't hesitate to reach out to our support team.



# PARTICIPATION IN ACQUISITION AESTHETICS RESEARCH & DEVELOPMENT

Please help us by filling out a short survey about your experience on the diploma. This should take no more than 3-5 minutes.

Answers are confidential and will be anonymised.

Participants will be entered into a draw for a chance to win a £100 Amazon voucher.



## How to Participate

Access the Questionnaire: Link - <https://forms.gle/GpCr8NqtWrTtbPwo6> click the link to access the online survey.

Thank you for your participation and for contributing to the future of aesthetic medicine. We look forward to your valuable insights!