

ORIGINAL

## Psycho-Emotional Outcomes of Aesthetic Interventions on Women's Self-Perception in Urban Societies

### Resultados psicoemocionales de las intervenciones estéticas en la autopercepción de las mujeres en las sociedades urbanas

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#### ABSTRACT

**Introduction:** the objectification of the body today increases psychological pressure on women through the visual culture of the urban concept of self-knowledge. Modern research indicates that the urban environment contributes to the fragmentation of female identity.

**Method:** the paper uses a phenomenological approach based on the methodology of Hubertus van Manen, implementing in-depth semi-structured interviews with 15 women aged 25-45. The data were processed using MaxQDA.

**Results:** the results indicated an increase in self-esteem due to aesthetic interventions. At the same time, most respondents demonstrated the development of internal conflict, dependence on appearance and a sense of duality. The main psycho-emotional consequences were social pressure, cognitive dissonance and weakening of bodily boundaries. The results of the Rorschach test revealed a reduced ability to symbolize and emotional vulnerability.

**Conclusions:** thus, aesthetic interventions radically change women's self-perception. They form new identity strategies. At the same time, this is accompanied by increased emotional instability. To maintain the integrity of self-perception, there is a need for psychological support for women after interventions.

**Keywords:** Ideal of Femininity; Social Networks; Showcase; Self-Perception; New Self.

#### RESUMEN

**Introducción:** la cosificación del cuerpo en la actualidad incrementa la presión psicológica sobre las mujeres a través de la cultura visual del concepto urbano del autoconocimiento. Investigaciones modernas indican que el entorno urbano contribuye a la fragmentación de la identidad femenina.

**Método:** se utilizó un enfoque fenomenológico basado en la metodología de Hubertus van Manen, mediante entrevistas semiestructuradas en profundidad con 15 mujeres de entre 25 y 45 años. Los datos fueron procesados con el software MaxQDA.

**Resultados:** los resultados indicaron un aumento de la autoestima como resultado de las intervenciones estéticas. Al mismo tiempo, la mayoría de las entrevistadas manifestó el desarrollo de un conflicto interno, dependencia de la apariencia y una sensación de dualidad. Las principales consecuencias psicoemocionales fueron la presión social, la disonancia cognitiva y el debilitamiento de los límites corporales. Los resultados del test de Rorschach revelaron una capacidad reducida para simbolizar y una mayor vulnerabilidad emocional.

**Conclusiones:** las intervenciones estéticas transforman radicalmente la autopercepción de las mujeres y configuran nuevas estrategias de identidad. Sin embargo, este proceso se acompaña de una mayor

inestabilidad emocional. Para preservar la integridad de la autopercepción, se requiere apoyo psicológico para las mujeres tras las intervenciones.

**Palabras clave:** Ideal de Feminidad; Redes Sociales; Escaparate; Autopercepción; Nuevo Yo.

## INTRODUCTION

The socially constructed ideal of femininity has shaped the epochal image of women throughout human civilization, but it has also put considerable pressure on women. The stereotypes formed by society affect the mental health and well-being of women around the world. The relentless pursuit of conformity to often quite restrictive norms becomes a burden, causing pressure, anxiety and psychological stress.<sup>(1,2)</sup> As a social construct, femininity is far from being an innate and universal concept. According to scholars, femininity is a social construct. It is constantly evolving over time and cultures and is shaped by social norms, values, and expectations.<sup>(3,4)</sup> To a certain extent, it is men who define what it means to be a woman in the context of a particular era.<sup>(5)</sup> Today, the media, advertising, fashion, and interpersonal relationships also convey norms and force us to conform to often unrealistic and restrictive standards. These factors have a great impact on women's self-perception and identity, leading to pressure for conformity, which in modern society has increasingly pronounced psychological consequences.

Social pressure can limit the freedom of expression of femininity, reducing women's needs to fixed standards.<sup>(6,7)</sup> However, it is important to understand that femininity has a wide and diverse spectrum, it is a separate experience, inner aspirations and value of each woman.

Many scientific works are devoted to this problem. The authors understand the essence of the construct of femininity. However, there is a lack of research on the pressure from the established norms of femininity, on the feelings of stress, anxiety and psychological breakdowns in some women. This problem is especially acute in modern urbanized societies, where appearance plays an increasingly important role in personal and social identity.<sup>(8)</sup> Interest in the aesthetic aspects of body care and modern trends in appearance is growing steadily. Sociocultural processes shape standards of beauty, reflecting deep processes of self-perception.<sup>(9)</sup> Turning to aesthetic interventions, women are looking for ways to change their appearance to enhance their internal confidence and social acceptability.

Researchers are actively discussing the physical results of physiological transformations after aesthetic procedures. However, the psychological dimension remains out of the limelight.

In this context, there is a need to analyze the inner experience of women, to study the psycho-emotional state of women who have undergone aesthetic changes. In order to identify subtle psycho-emotional shifts that occur after interventions, it is possible to record external effects and delve into the subjective world of women using a phenomenological approach.

This need outlined the purpose of the study - to analyze the experiences and psycho-emotional changes after aesthetic interventions of women living in urbanized societies, to highlight the changes and impact of aesthetic interventions on their self-perception and self-identity.

The purpose of the study allowed us to formulate research questions:

1. What internal experiences do women have after undergoing aesthetic interventions?
2. How do aesthetic changes affect women's perception of their own identity in the urban social context?
3. How does the social environment of the city shape expectations and influence women's post-intervention self-esteem?

This work will reveal the deep psycho-emotional processes experienced by modern women. After all, it is the psycho-emotional experience after aesthetic interventions that plays a key role in the formation of a renewed self-image and self-perception. to influence the level of self-esteem, emotional well-being and perception of personal integrity in the context of the urban environment.

## Hypotheses of the study

*Hypothesis 1:* established social norms and the so-called window dressing syndrome put pressure on women and influence their psycho-emotional state, encouraging them to make aesthetic changes.

*Hypothesis 2:* in the absence of compliance of new external changes with internal expectations after aesthetic procedures, a woman may experience stress, anxiety, or disappointment.

## Literature review

In the urban concept of self-knowledge and self-identification, it is visual culture that plays a leading role. The constant comparison of oneself with others is constantly increasing psychological pressure. Modern

research proves that the urban environment contributes to the increased objectification of the female body. This leads to significant psychological fragmentation and self-objectification.<sup>(10)</sup>

In this context, Merleau-Ponty's concept of understanding the body as a primary condition of cognition and experience reveals the phenomenology of perceiving the body not only as a set of organs, but as an ontological *a priori*.<sup>(11)</sup> In the light of Husserl's concept, the female body acts as a structure that is both a prerequisite and a way of organizing civilizational experience.<sup>(12)</sup> The body structures the world, gives it meaning and makes it accessible to the subject.

According to Merleau-Ponty's theory, the concept of the body schema is an integrative unity. According to the authors, the body encompasses sensorimotor functions, intentional action vectors, and the spatial and temporal position of an individual in the world. It is not a purely neutral scheme of the bodily background, but a fundamental mechanism for comprehending the world of conscious reflection of the individual.<sup>(13)</sup> According to Merleau-Ponty, the body is like a heart in the body, it keeps the world alive, revitalizes it from the inside.<sup>(14)</sup> Emphasizing the centrality of the body in phenomenology, Merleau-Ponty departs from the principles of Kantian formalism. He redefines the notion of the *a priori*, presenting the body as existential and corporeal (*simpliciter prius*), preceding learning, enabling experience, and being always already present.

The body's operational intentionality does not merely reflect the world but co-constitutes its structure through habits, gestures, and spatial orientation. It is not an object but a mediator of meaning. The body imparts significance to the objects it engages with. Merleau-Ponty's philosophical perspective thus leads to the recognition of the anthropomorphic symbolism of the world, in which reality is always already "charged" with anthropological predicates.

This approach is relevant to the proposed work, as it makes it possible to consider the body as a structure. This structure connects with reality and gives meaning to the perception of the world around us. Today we are witnessing a transition from classical *a priori* to a bodily, existential *a priori*. This transition, based on Gestalt, habit, intentional action, and rootedness in the world, opens up the possibility of rethinking subjectivity.<sup>(15)</sup> Followers of Merleau-Ponty's phenomenology do not perceive the body as a sovereign mind, but as an incorporated subject. The bodily structure is a condition for the possibility of the world. The next problem of women's self-perception in urban societies is the topic of social pressure and normative femininity in urban societies. In urbanized environments, women increasingly face increased social pressure. Media, social networks, advertising, family attitudes and cultural expectations impose the need to conform to norms of femininity.<sup>(16)</sup> Today's norms and standards of the "ideal" woman are often based on aesthetic, behavioral and emotional parameters, such as thinness, youth, softness, submissiveness, and maternal attitudes.<sup>(17)</sup> In this context, related works emphasize the influence of social pressure on women's bodily identity and body image.<sup>(18)</sup> In the same vein, the authors add that women's bodily identity is largely mediated by external narratives.<sup>(19)</sup> Guided by the theory of bodily capitalization, Brace-Govan & Ferguson emphasize women's socialization in the system. In the urban environment, their bodies are used as a tool of self-expression and capital that determines their social value.<sup>(20)</sup> However, being subjected to established social norms of physicality, women internalize cultural ideals of beauty. This is inherently correlated with negative body self-esteem, eating disorders, and depressive symptoms.<sup>(21)</sup> Psychologists have found a proportional relationship between body dissatisfaction and overall psychoemotional distress in women.<sup>(22)</sup> This is especially evident in highly competitive urban environments.

Contemporary researchers also describe the impact on self-perception and psychological processes after aesthetic interventions.<sup>(23)</sup>

Aesthetic interventions, cosmetic surgery, Botox, and non-invasive procedures are massively promoted today to achieve the ideal of femininity. They are becoming a widespread means of motivating women and causing them to want to improve themselves in an effort to meet socially imposed standards.<sup>(24)</sup>

In this context, researchers are investigating the impact of these procedures on mental health. Research findings have been controversial, with slight short-term improvements in self-esteem.<sup>(25)</sup> However, studies have not shown long-term effects. On the contrary, the focus group experienced increased anxiety, dependence on external evaluations, and repeated use of interventions due to increased feelings of inadequacy.

The psychological consequences of internalized sexism are manifested in women's acceptance of discriminatory social attitudes as the norm.<sup>(26)</sup> In a related study, internalized sexism is positioned as a key predictor of depression, low self-esteem, and identity conflict, especially in urbanized societies.<sup>(27)</sup> This phenomenon becomes especially relevant when competition for "attractiveness" is constantly reinforced by visual excess and hyper-estheticization of the female image. In an interdisciplinary approach, the development of body dysmorphia is facilitated by patriarchal control over the body. Thus, we can say that social expectations are always associated with a psychological struggle between the expectation and the need for authenticity.<sup>(28,29)</sup> This creates an internal conflict that often cannot be resolved even through cosmetic interventions. The authors analyze women's emancipation as a profound process of returning to oneself and finding one's own self, separating it from external narratives.<sup>(30)</sup> They also address the issues of maintaining authenticity and self-acceptance. According to the authors, these are effective factors in improving mental well-being.

<sup>(31)</sup> Thus, the analysis of related literature has demonstrated complex processes of interaction between social pressure, body identity, and women's psycho-emotional health. In an urbanized environment, the ideals of femininity established by society contribute to the formation of unhealthy models of self-perception. This, in turn, increases anxiety and the risk of depression, and in this sense, aesthetic intervention creates a temporary illusion of control over the body, but leaves unresolved deep conflicts of self-identity. Interdisciplinary research is needed to address the deep psycho-emotional processes that take place in the mind of an urbanized woman.

## **METHOD**

The phenomenological approach was chosen as a methodology in accordance with the methodological guidelines of Hubertus van Manen. The choice of this approach made it possible to use the methodological guidelines of scientists on the phenomenology of pedagogical experience on the experience of the research subjects - women. The phenomenological approach made it possible to reveal the essence of the personal experiences of women who have experienced aesthetic interventions. The aim of the study was to identify their psycho-emotional experiences. The chosen phenomenology is appropriate because it focuses on the study of the respondents' life experience. The approach allowed for a deep understanding of external transformations and their impact on internal self-perception, self-esteem, and sense of identity in the context of urbanized social space.

Fifteen women were selected for the study. The age range was 25 to 45 years. All participants live in large cities of Ukraine (including Kyiv, Lviv, Kharkiv, and Dnipro). Each of the selected respondents had experience with at least one aesthetic procedure. These included plastic surgery, Botox or filler injections, laser correction, and more. The sample was based on the principle of purposive sampling. This ensured the relevance of the participants' experience in the proposed study.

In-depth semi-structured interviews lasting 45 to 60 minutes ensured data collection. Since the geography of the participants is quite wide, all interviews were conducted online. This also ensured the safety of the respondents. The interviews were conducted with the consent of the participants. In addition, the participants were offered a Rorschach test.

Participants were recruited using the Instagram and Facebook platforms of the cosmetology clinics with which the authors collaborated. Participants were given an informed consent to sign. The agreement contained information about the purpose of the study, confidentiality conditions, and the right to withdraw at any stage.

Thematic analysis was used to analyze the data. The data were coded and interpreted. Recurring themes and patterns in the participants' statements were systematized and processed using software. MaxQDA was chosen because it is fully localized in many languages, including Ukrainian, and has a user-friendly interface.

The stages of work included:

1. Previewing the data;
2. Open coding with the formation of categories;
3. Combining topics into broader semantic clusters.

The study complied with ethical aspects and standards. The study was conducted with the consent of the participants, voluntarily, confidentially, with the right to refuse further participation without giving reasons. The interview data is available from the author upon request.

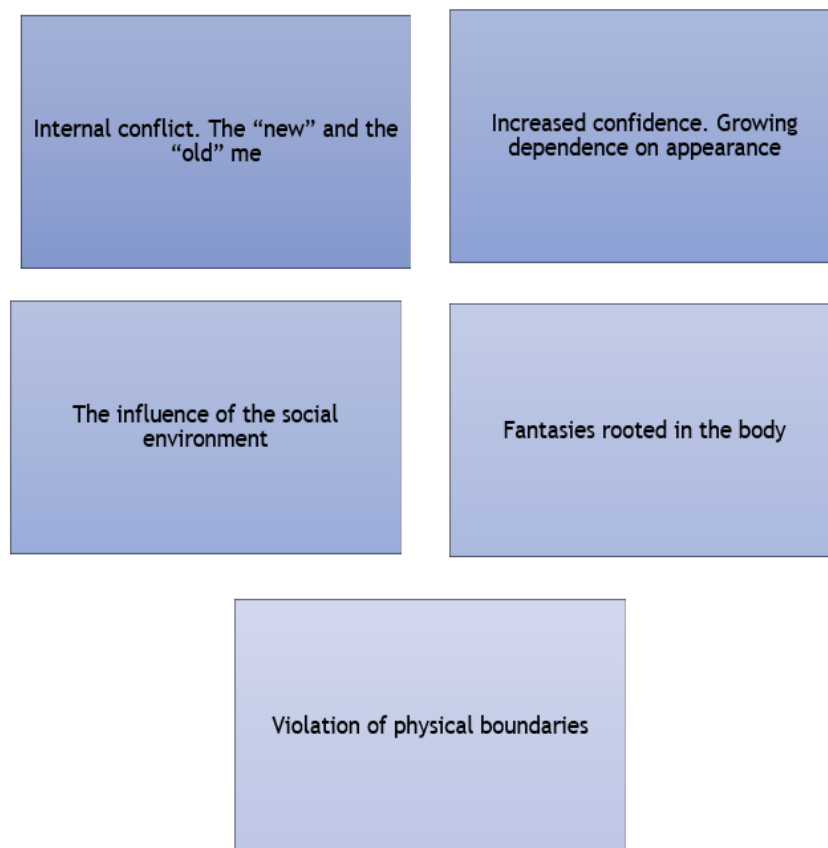
## **RESULTS**

Aesthetic medicine, which is often perceived only in terms of aesthetic improvement, plays a significant role in people's psychological well-being. The connection between aesthetic interventions and self-esteem seems undeniable. At the heart of this dynamic is self-perception, a psychological aspect that is deeply influenced by our appearance. Cosmetic procedures are not limited to superficial enhancements. They can lead to significant changes in how people perceive and feel about themselves on a daily basis.

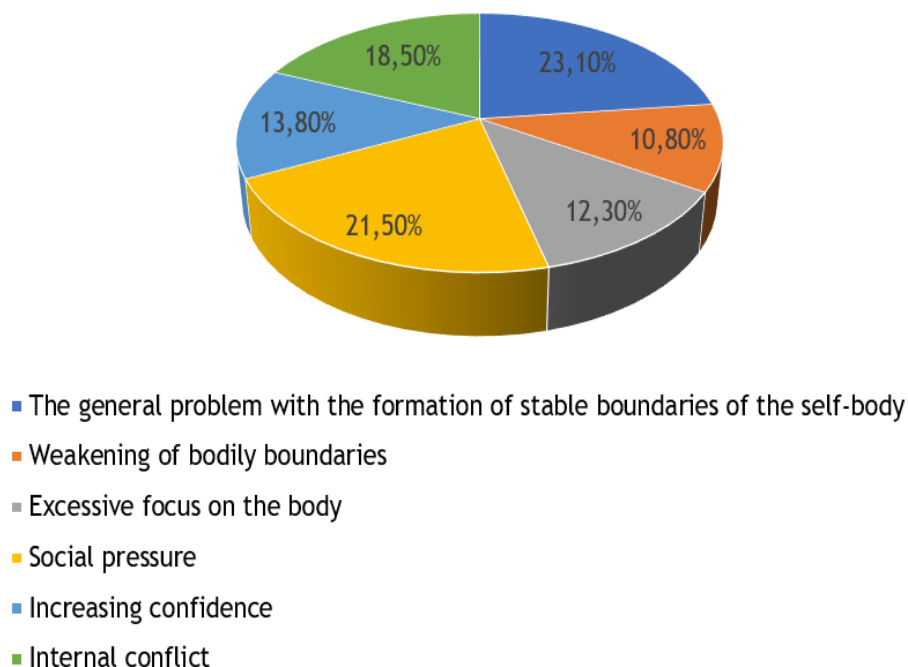
Psychological studies of aesthetic procedures show a positive correlation between improved appearance and increased self-esteem. However, the present study proves that satisfaction from aesthetic procedures is not only a matter of physical improvement, but also of self-acceptance. Based on the analysis of in-depth interviews, the following key themes were identified.

Thus, the results showed that one of the greatest psycho-emotional consequences of aesthetic interventions on women's self-perception in urban societies is internal conflict, which is a highly complex and multiplicative phenomenon.

After aesthetic interventions, women show a depressed state caused by the clash of opposing beliefs, thoughts, and desires. In psychology, this is a phenomenon of cognitive dissonance. The rejection of the "new" self, the desire to return to the «old» self was systematically repeated in the statements of the respondents. This desire is subconsciously connected with women's desire to return to time and their former appearance and the realization that aesthetic intervention cannot restore the inner content of an individual.



**Figure 1.** Psycho-emotional effects of aesthetic interventions



**Figure 2.** The main vectors of psycho-emotional changes due to aesthetic

The results of the interviews revealed a complex dynamic of changes in self-perception after aesthetic interventions. It fluctuated between strengthening confidence and increasing internal vulnerability, causing a sense of ambivalence (table 1).



Table 1. Dynamics of changes in self-perception after aesthetic interventions

Topics	Mention (n)	Percentage (%)
Internal conflict between the “new” and “old” image of oneself	12	80 %
Increased confidence + dependence on appearance	9	60 %
Social pressure and expectations from the environment (partners, media)	14	93 %
Excessive focus on the physical body (group 1, high barrier)	8	53 %
Weakening of bodily boundaries (group 2, high penetration rate)	7	47 %
The general problem with the formation of stable boundaries of the self-body	15	100 %

Respondents did note that the external changes that occurred to them after the interventions had a positive impact on self-esteem. However, they felt an irreversible sense of loss, the so-called alienation from the “real” self.<sup>(32)</sup>

*A participant, 33 years old, said: “When I look in the mirror I am happy because I like the reflection. I see a beautiful woman. But sometimes I have a feeling that it is a stranger, I feel like I am being replaced...”*

This internal conflict was accompanied by emotional instability and was caused by a dependence on personality functions. This is the so-called identity dependence, which is accompanied by the need to rethink one’s own identity, which is consistent with the phenomena identified in the proposed phenomenological study. The main axes of internal dissonance were manifested in women in the dominance of fragmentary images, in body symbolism, and in a high penetration index with a low barrier.<sup>(33)</sup>

The next psycho-emotional consequence of aesthetic interventions on women’s self-perception in urban societies was an increase in confidence with a proportional increase in dependence on appearance.

Most respondents recognized a significant improvement in emotional well-being after aesthetic intervention. Women began to feel more confident in social functions. Aesthetic interventions improved their sense of self in the professional and social spheres. Among the disadvantages, the participants noted an increase in anxiety about maintaining the achieved appearance.

*The participant is 29 years old: “My field of activity is related to constant contact and acquaintances. It has become easier for me to meet people, easier to speak in front of people. However, I am always afraid that everyone will notice if the effect of the procedure wears off, if I am without makeup or if I gain weight again...”*

Psychologists comment on this condition as a manifestation of a mental defense structure. It compensates for vulnerability by conforming to social expectations.<sup>(33)</sup> These statements correlate with the observed tendency to reduce creative imagination in the interview protocols and the tendency to stereotypical responses among the participants. Expectations after the intervention, which were conditioned by the standards of the social environment, have a great impact on women. Almost all respondents emphasized the pressure from the environment. Partners, colleagues, and social networks were the main triggers of motivation to seek aesthetic changes (figure 3).

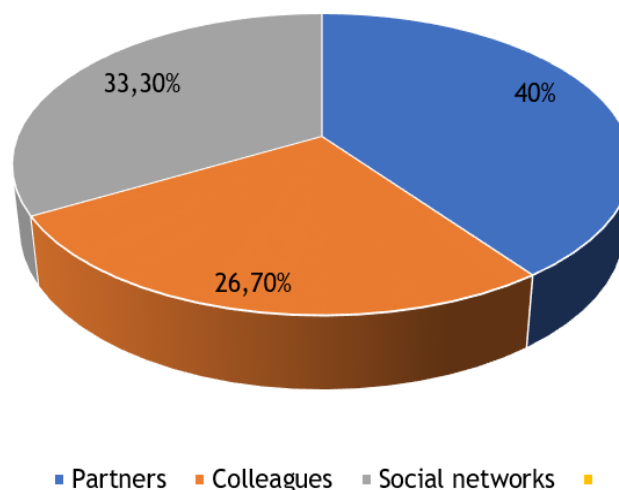


Figure 3. The main triggers for motivation to seek aesthetic changes

Many women operate in a maladaptive pattern that develops in childhood and influences the way they contribute to and interact with the world. Gradually, this pattern becomes inseparable from their personality

*Participant, 38 years old: «After the divorce I was disgusted, I just couldn't look at myself in the mirror. My husband, who used to compliment me, told me that I had 'spoiled' after giving birth... Now, after the aesthetic intervention, I feel desirable again.»*

In-depth interviews also revealed the dominance of body-related content. According to observations, women's fantasies are destructive or fragmentary. Hypothetically, this may indicate the transfer of aggressive and libidinous attitudes to their own bodies.<sup>(34,35)</sup>

Thus, research shows that body boundaries are a psychological construct. The results of the Rorschach test revealed the unconscious manifestation of deep aspects of the participants' personalities. The interpretation of the test identified two distinctly different profiles among the women. The main criterion among the participants who underwent aesthetic interventions was the index of bodily boundaries - the Barrier and Deepening index.

Most women demonstrated high values of the Barrier Index. At the same time, with an almost complete absence of penetration, an excessive focus on the physical shell was revealed. This was accompanied by emotional freezing within the body and low openness to bodily experience. It can be said that their responses were inhibited and their statements were cautious and controlled.

*Participant, 35 years old: "My body is my temple and protection. I did not decide to have surgery for a long time. I didn't want anyone to "penetrate" me. And when I finally decided to have the intervention, the feeling of myself became unbearable..."*

In this case, we can talk about a reduced ability to symbolize and mentalize one's own bodily experience. This, in turn, is a manifestation of psycho-emotional vulnerability. Fantasies rooted in the body indicate a low Barrier index and a high Deepening index. In such cases, there was a weakening of psychological boundaries. The self-perception of such participants is not controlled. Fantasies are more pronounced and often have a destructive or body-fixated character.

*Participant, 28 years old: "Before the intervention, I imagined how I would look. But after each intervention, I feel addicted to the procedures. It becomes my obsession."*

The respondents with signs of body dysmorphism had difficulty forming a stable bodily identity. This was accompanied by disturbing fantasies, fragmented images, and insufficient integration of the experience of change into their own bodies.

Finally, the general trend among the respondents was the violation of bodily boundaries. All women demonstrated difficulties in forming stable but flexible boundaries of the self-body. This was manifested either by excessively rigid boundaries. This was mostly manifested in the fear of change. Or vice versa, the boundaries were too permeable. Both conditions lead to emotional instability after the intervention.

*Participant, 40 years old: "After the intervention, I lost myself. I felt like I had betrayed myself. I saw a new face, and I could not get used to the new me. It seemed that my body no longer belonged to me..."*

Thus, the results of phenomenological interviews most often included the theme of internal disorder, disorientation, or alienation after external changes.

## DISCUSSION

The results of the in-depth interviews, combined with the results of the projective methodology (Rorschach test), demonstrated a clear link between the type of body dissatisfaction and the personality's defense strategies. The data obtained through qualitative empirical material and analysis of psychological changes that occur with women after aesthetic interventions in urban societies confirm the working hypotheses.

According to the first hypothesis about the established social norms that influence the psycho-emotional state of women and encourage aesthetic changes, the results of the in-depth interviews confirm it. Most women confirmed the traumatic impact of the social environment. Their decision to change their appearance was conditioned by the expectations of others. This phenomenon is explained in psychology by the concept of "window dressing". Women begin to perceive themselves through the prism of external evaluation, and their appearance becomes less an element of self-expression and more a tool for achieving social acceptance. All the participants felt a sense of responsibility for conforming to beauty standards. The narratives of modern media that convey an idealized image of a woman cause anxiety and fear of losing the achieved result. Norms and the role of an external evaluative view as a source of psycho-emotional stress play an important role.

According to the second working hypothesis, that in the absence of compliance of new external changes with internal expectations after aesthetic procedures, a woman may experience stress, anxiety, or disappointment, it was confirmed by the phenomenological analysis. It has been proven that changes in appearance are often

accompanied by cognitive dissonance. In women's perception, there is a clash between the old and new selves. Almost all participants described an internal conflict between the perception of a new appearance and a sense of identity. This is evidence of a fragmented perception of the self. It is a loss of integrity that causes emotional alienation. Aesthetic changes can activate unconscious conflicts related to body image. Therefore, they do not always bring inner relief. The participants showed signs of dependence on changes in appearance and fear of losing it, which in turn creates an emotional burden. There is a decrease in mental stability and a need for constant confirmation of the "new self".

A separate conclusion was made about body dysmorphia. It was found that women with body dysmorphia or fragmented body identity demonstrated a violation of bodily boundaries. This was manifested in the form of excessive closeness, or vice versa, abnormal openness, which manifested itself in a low ability to symbolize experience, a condition that gives rise to a sense of loss of self, betrayal of one's own essence, or emotional alienation. Thus, the results confirm the hypothesis that external changes do not coincide with internal expectations. Aesthetic interventions are still associated with negative emotional consequences, including.

Thus, both hypotheses are confirmed by the results of the phenomenological study. In conclusion, social pressure and the gap between the expected and achieved self-image cause complex psycho-emotional reactions in women after aesthetic interventions. This has both positive and potentially traumatic consequences for their identity and psychological well-being.

In a related study, he explains that a typical high Barrier Index is typical for participants with a localized image of deficit. In the authors' study, the women demonstrated a rigid but coherent body image. This fully correlates with the concept of a stable self.<sup>(36)</sup> Similarly, the results of the present study are consistent with the interpretation of other authors who analyze the facial expressions and mental state of patients undergoing cosmetic treatment. The study revealed bodily fixation as a defense mechanism for avoiding mental pain by transferring the conflict to the physical level.<sup>(37)</sup>

The cases of women with diffuse body dissatisfaction are interesting. In the Altman study, the authors also find that body dissatisfaction is associated with weight fluctuations or eating disorders. Such women typically demonstrate an elevated Deepening Index.<sup>(38)</sup> This in turn indicates a lack of self-integration and difficulty in establishing stable bodily boundaries. In the same vein, other scholars have noted that in cases of an elevated Deepening Index, corporeality becomes a place of "mental rupture." In such a psycho-emotional state, internal affects do not receive symbolic processing.<sup>(39)</sup>

The urban context of the problem is considered in terms of the concept of showcasing, competition, and social expectations in the interpretation of psycho-emotional processes in the context of aesthetic interventions.

<sup>(40)</sup> In a related study, the survey participants described the pressure of appearance as a component of social capitalization.<sup>(41)</sup> In an urbanized society, success, dignity, and female value are increasingly positioned through.<sup>(42,43)</sup> The showcasing effect enters the public subconscious. Appearance in urbanized society becomes a wrapper for social status, intensifying competition, especially among women aged 25-45.

Similarly to the results of the proposed work, related work has identified the impact of social media as a tool for standardizing the body and canonizing the "successful" image. The results of this study correlate with ours, and also show that social media increases mental vulnerability and identity fragmentation.

In the context of the described problems, even the classics emphasized the importance of body control as a form of self regulation in the post-intervention period.<sup>(44)</sup>

Thus, the idea of control is a priority way to psycho-emotionally restore inner power over oneself.<sup>(45,46)</sup> In this sense, aesthetic interventions perform not only a decorative but also a psychotherapeutic function. They act as a point of stabilization for the self. This is especially important after losses, relationship crises, or transitions into new life phases.

However, research shows that such stabilization is often temporary and superficial. Internal conflicts are not resolved, but only focused on the body.

Aesthetic interventions gave rise to a new identity. Very often, it does not correspond to the deepest idea of oneself. Only with corporeality, authenticity, and an idea of the "real me" is it possible to get rid of the contradictions between the "old" and "new" image of oneself.

Despite the full disclosure of the topic, there are certain limitations in the work. In our opinion, the study does not include men's experience of aesthetic interventions and focuses only on women. The aspect of men's vision of the problem also needs to be studied separately.

### Limitations of the study

The results of the analysis showed positive results, but this study also has a number of limitations. When interpreting the results, it is worth considering the limited sample size of only 15 participants. Of course, this is a typical number for a phenomenological approach, but at the same time, this limitation may reduce the generalizability of the results to a wider population. The next limitation is geographical and cultural limitations. Of course, the study focused on urbanized standards, and all respondents live in large cities of



Ukraine. However, this context of experience may differ from the experience of women living in rural or small towns. A final limitation is the lack of a broader psychodiagnostic toolkit. Using only the Rorschach projective test limits the ability to accurately identify pathological manifestations, such as body dysmorphic disorder or deep affective disorders.

Thus, the results of this paper should be viewed in light of these limitations. It should be realized that the findings reveal deeply individual life experiences, but do not claim to be statistically generalizable.

### Practical recommendations

In light of these negative effects on women's psycho-emotional state and in order to identify potential psycho-emotional risks, adjust unrealistic expectations, and reduce the likelihood of post-procedural stress or cognitive dissonance after aesthetic interventions, there is a need to include a psychological assessment and support phase in aesthetic medicine protocols. Such recommendations will help to increase the effectiveness of aesthetic services and create a safer, more humane, and more conscious space in the field of aesthetic medicine, which should take into account not only the physical but also the psychological aspects of women's experience.

### CONCLUSIONS

This study analyzes the psycho-emotional effects of aesthetic interventions on women's self-perception in urban societies. Phenomenological research with the implication of in-depth interviews demonstrated that aesthetic interventions have a complex and multidimensional impact on women's self-perception in urbanized societies. Aesthetic interventions contribute to self-esteem and emotional well-being. They facilitate social adaptation and professional fulfillment. However, as the results of our work have shown, external changes usually cause internal conflict, cognitive dissonance, and emotional instability. This is especially critical in the context of dependence on appearance and violation of bodily boundaries.

The results of the study made it possible to identify the main psycho-emotional consequences after aesthetic interventions. They included an internal conflict between the «new» and «old» self-image, increased dependence on physical appearance, social pressure from the environment, weakening of bodily boundaries, and difficulties in forming a stable bodily identity. Among the respondents, there was a tendency to form fragmented and bodily fixed images of the self. They were mostly accompanied by a decrease in creative imagination and an increase in anxiety among women. The postoperative or post-procedural state is not neutral for psychological health. Changing one's appearance triggers complex processes of identification and redefinition of the self. Aesthetic changes can improve and complicate women's emotional well-being, and in this sense, an important and promising task for future research is to develop psychological support programs for people planning or undergoing aesthetic procedures. Such programs will be effective in minimizing the risks of emotional destabilization and maintaining a holistic self-perception.

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