Women in search of perfection and achieving a non-existent standard of beauty through plastic surgery

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Abstract

Objective: The study explores the characteristics of women who, in their pursuit of a "non-existent standard of feminine beauty", manage their appearance and body through plastic surgery. The research reveals the internal conflict of beauty perceptions, the gap between the real and ideal self-image, which is manifested in the opposition between imposed external beauty standards and internal dissatisfaction with one's own appearance.

Method: The study involved 106 women aged 18–42, divided into two groups: experimental (who decided to undergo plastic surgery) and control (who had no desire to alter their appearance through surgery). The Freiburg Personality Inventory (FPI), Hospital Anxiety and Depression Scale (HADS), Body Image Quality of Life Inventory (BIQLI), Life Satisfaction Index (LSI) test, Multidimensional Self-Esteem Inventory (MSI), and Dembo-Rubinstein "Self-Esteem" method were used.

Results: Women who choose plastic surgery exhibit a defensive reaction, a rigid ego image, unconscious emotional reactions, and a tendency to control emotions from the outside, characterised by vindictiveness and an alienated attitude towards their appearance. The lack of feeling that their inner world is of interest to others leads these women to concentrate on improving their outer appearance, depressive manifestations mediated by compensatory attachments to feelings of unacknowledged and incomprehension, and the desire to be the "mistress of one's own life".

Conclusions: Women's desire to achieve a non-existent standard of feminine beauty serves as an illusory solution to problems of inner dissatisfaction, reflecting the deep contradiction between the real and ideal self-image, which requires special attention in psychological practice.

Keywords: non-existent standard; plastic surgery; attitudes about beauty; women's body; self-concept; fear of rejection.

Introduction

What makes a woman decide to take a step that will change her appearance forever? Plastic surgery, one of the most dynamically developing areas of medicine, is no longer just a tool for correcting defects. Many plastic surgeons and psychologists are increasingly asking the question: What motivates women who are willing to go under the scalpel in search of change?

Women's motivation to undergo surgical changes to their appearance often has deep psychological roots, linked to internal conflicts and the desire to restore or change the situation in the best possible way for themselves, with the help of a non-existent standard of feminine beauty. It has been noted that almost every potential and actual female plastic surgeon patient has a history of unrequited love, suffering, and agonising answers to the question of why she was rejected and/or preferred over another [1]. The surgical route becomes a way for them to not only change their appearance but also to replay the script, take control of their story, and create a new, more confident version of themselves. For

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many women, plastic surgery becomes an instrument of 'revenge' or 'restorative justice' to regain their lost sense of self-worth and attractiveness after suffering emotional trauma. According to surveys conducted in surgical clinics, a significant proportion of plastic surgeons' patients are divorced women [2], for whom plastic surgery becomes a symbol of a new life.

Aesthetic medicine is a developing field that amalgamates expertise from diverse medical specialties to enhance physical appearance, elevate self-esteem, and improve quality of life. The integration of innovative technologies and techniques has led to a paradigm shift in procedures for facial and body contouring, offering patients safer, more effective, and minimally invasive options [3]. *Emerging technologies in face and body contouring*, written by world-renowned experts, details new state-of-the-art technologies in body contouring. This resource fills a gap in the literature by providing plastic, aesthetic and dermatological surgeons with clinical information on the latest proven techniques and technologies [4].

Modern technologies for three-dimensional visualisation of the body and face (real and desired) are also becoming available to a certain category of women, which are spreading to plastic surgery and the field of body contouring. These systems create pre-, intra- and post-operative benefits, facilitating a more objective conversation between surgeon and patient about pre-operative expectations, possible complications, personalized limitations, and allowing plastic surgeons to more accurately assess their results during surgery and over time [5].

Over the past decade, there has been a significant rise in interest in corrective and aesthetic plastic surgery, transcending age-related boundaries. The motivations for pursuing such procedures are multifaceted, encompassing both aesthetic aspirations and practical considerations. Key drivers behind the growing popularity of cosmetic surgery include rapid advancements in medical technologies, enhanced procedural safety, and reduced recovery periods, all of which have contributed to its increased accessibility and appeal among diverse patient demographics [6]. It should be emphasised that in recent years, the modern plastic surgery industry has become massive and accessible. According to the study of the International Society for Aesthetic Plastic Surgery (ISAPS), the total number of surgical interventions in the world increased by 7.4% in 2019, compared to 4% in 2017. The most recent survey of the ISAPS global aesthetic statistics has reported a global increase of 3.4%, including 34.9 million surgical and non-surgical aesthetic procedures performed by plastic surgeons [7]. The Russian plastic surgery market ranks among the top ten in terms of the volume of surgeries performed [8]. Plastic surgery is particularly popular among women, who account for approximately 87% of all cases [9].

What is the main trigger that triggers the mechanism of a woman's striving for a non-existent standard of feminine beauty the preservation of 'eternal youth' and 'eternal beauty'? Is there an alternative tool (way, path, mechanism) to plastic surgery for providing psychological help? This study aims to find answers to these questions.

An important aspect is the participation of a large staff of "assistants" for this category of women-attractive stories from glossy magazines, cosmetologists, stylists, image makers, coaches, consultants, and psychologists who recommend women change their image (hairstyle, hair color, style of clothing, etc.) to overcome depression and increase self-esteem. The main motto of such approaches is "Change yourself!". However, for many women, such changes are not enough to satisfy the inner need for transformation, and women go for more radical measures-plastic surgeries.

It is challenging to disagree with the assertion that by modifying one's attitude towards oneself, elevating self-esteem and confidence, and exuding positive energy and emotions, any woman can attract the interest and attention of men. The main reason is not only how you look but also how you feel about yourself: psychological attitude, self-relationship, positive emotions-all the things that are broadcast outwardly and read from the outside. However, only a small fraction of 'lucky' women who have undergone plastic surgery can boast of such a state. Many become regular clients of plastic clinics, continuously undergoing surgeries in search of achieving the pursuit of an elusive non-existent standard of feminine beauty and striving to become happy, successful, and the most beautiful in one day.

The average psychological portrait of a plastic surgeon's patient is as follows: she is an affiuent, independent, active woman who spends a lot of time on her appearance. These women can be very socially successful and adaptable. At the same time, they are characterised by high levels of anxiety, depressive symptoms, neurotic and dysmorphophobic disorders. It is noteworthy that plastic surgery can be used as a means to combat anxiety. It has been found that repeated use of aesthetic medical services correlates with a decrease in anxiety levels [2]. In the structure of these women's self-concept, the physical component of appearance is most pronounced, and they often have a discrepancy between the real and ideal images in the 'physical self' and the 'social self' [10]. According to their own

estimates, sexual dissatisfaction and a hard-to-bear feeling of loneliness occupy a leading place among the motivational factors that encourage women to seek surgery [2]. The evidence that the predominant accentuations of these women are hysteroid or sensitized types suggests that the deeper motives are the need for attention (in the hysteroid type) and social recognition (in the sensitized type). For both of these types, it is extremely unbearable to feel rejection. But while in the hysterical type this is associated with a pronounced egoism and narcissism, in the sensitive type it is associated with deep insecurity and feelings of inferiority and abandonment.

Given these features, the question remains open: to what extent does plastic surgery contribute to the improvement of the mental state of the individual and increase professional and social success? These questions are studied by such domestic and foreign researchers as V. V. Anikina [11], L. T. Baranskaya [12], A. G. Leonov [13], V. E. Medvedev [9], K. F. Mirakyan [14], A. A. Osminina [15], N. N. Petrova [16], N. A. Polskaya [17], G. Cafri [18], D. B. Sarwer [1], C. Shilling [19], J. K. Thompson [20], and others.

Numerous attempts to determine the main focus in understanding the essence of this problem are based on the following: lack of self-satisfaction and active aspiration for a happy and prosperous life. For this reason, we decided to approach the issue of ways to improve the psychological health of women who decide to undergo plastic surgery from the perspective of the construct of subjective well-being.

In scientific social-psychological literature, there are different approaches to conceptualisation of this concept. It is considered a complex, multilevel, socio-psychological phenomenon, which includes the assessment and attitude of a person to life and self (E. Diener, A. Yang, R. M. Shamionov, E. F. Yashchenko [21–24]); as an integral indicator that combines life satisfaction and the feeling of happiness (G. A. Monusova [25]); as an active position of the individual (A. A. Lebedeva [26]); as a developing network of positive social ties of the individual (S. A. Druzhilov [27]).

Based on the model proposed by E. Diner, we decided to conduct a comprehensive socio-psychological survey of women who decided to go to a plastic surgeon and compare their performance with women who do not feel the need to change anything in their appearance in such a radical way. Such a research design, in our opinion, will help to present more clearly the 'targets' of psychological care and support for aesthetic surgery patients.

Method

The initial hypothesis of this study was the assumption that women who have made a decision about the need for plastic surgery have a set of traits that mask their fear of being rejected (whether by a real person or by life). At the same time, a maladaptive, compensatory character will be observed in the structure of qualities mediating a decrease or increase in anxiety and depressive manifestations of these women.

Sample

Ethical issues were carefully considered: participants were informed about the nature of the study as well as its anonymity and confidentiality; informed consent to participate in the study was obtained from each respondent; every questionnaire was coded; and personal information was deleted.

The total sample of respondents was 106 women aged between 18 and 42 years. The whole sample was divided into two groups:

- Group 1, experimental—women who made a decision about plastic surgery (n=54);
- Group 2, control group—women who had no desire to change anything in their appearance through surgery (n=52).

The sociodemographic characteristics of the sample are presented in Table 1. The main age of respondents in Group 1 is over 35 years old; most of the women have higher education, are married, and are employed. The main age of women in Group 2 is from 26 to 35 years old; most of the women have higher

	Age, years			Education			Marital status			Employment	
Group	18-25	26-35	> 35	higher	specialised secondary	secondary	married	single	divorced	works	doesn't work
Group 1	20.4	33.3	46.3	70.4	24.1	1.9	63.0	18.5	18.5	72.2	27.8
Group 2	19.2	50.0	30.8	67.3	19.2	5.8	57.7	26.9	15.4	65.4	34.6

Table 1. Sociodemographic characteristics of the sample (%)

education, are married, and are employed. Thus, the sample is sufficiently balanced by sociodemographic characteristics. Despite the broadly balanced sociodemographic characteristics of the sample, there are differences in the age distribution between the groups, underscoring the necessity for additional research employing a more age-balanced sample.

Measures

1. The Freiburg Personality Inventory (FPI), adapted by A. A. Krylov and T. I. Roginsky, was used to study women's personality profiles [28];

2. The Hospital Anxiety and Depression Scale (HADS) by A. S. Zigmond and R. P. Snaith was used to assess women's levels of anxiety and depression [29];

3. The T. F. Cash Body Image Quality of Life Inventory (BIQLI) was used to quantify the impact of body image on women's quality of life [30];

4. The "Life Satisfaction Index" (LSI) test by B.L. Neugarten was used was used to assess women's overall psychological state [28];

5. S.R. Pantileev's multidimensional self-attitude research questionnaire was used to assess women's overall self-esteem levels [31];

6. "Self-assessment" modified Dembo-Rubinstein technique for measuring the level of self-esteem and subjective perception of one's own qualities.

Statistical data processing was performed using the Mann-Whitney U test for comparison of independent samples and correlation analysis using the Spearman's Rank Correlation Coefficient. Software IBM SPSS Statistics 22.0.

Results and discussion

Table 2 presents the results of a comparative analysis of personality profile indicators of the respondents of the first and second groups (Freiburg Personality Inventory (FPI)) using the Mann-Whitney U test.

Table 2 shows that there are statistically significant differences in the personality profile of the respondents of the first and second groups, which indicate the following: Women who decided to undergo plastic surgery are more prone to spontaneous manifestations of aggression (i.e., unaccountable manifestations of hostility, vindictiveness, and cruelty); they have a higher level of depression (lowered mood, motivation, and feeling of their own failure); they are more irritable (more susceptible to affective reactions). At the same time, in comparison with the control group, they are less shy, more withdrawn, inclined to introversion, and emotionally stable (i.e., they do not have strong mood swings). These features are consistent with the data of other authors [32].

The results of the comparative analysis of the emotional-value components of the self-concept of two groups of women (Table 2) show the presence of statistically significant differences in the closedness and reflected self-concept. This suggests that women from the experimental group are less inclined to realise and reflect on their own self-concept. At the same time, they are more predisposed to believe that they are respected and liked by others.

At first glance, the differences in the scales 'internal conflict' and 'self-accusation' may seem unexpected. However, given the previous findings, we can conclude that the greater internal freedom from conflict of women who chose to have plastic surgery, as reported by themselves, is consistent with a more pronounced tendency to reject information about themselves that could undermine their positive self-image. Consequently, self-blame, as a form of self-criticism, is also lower for them. In other words, internal contradictions are more strongly displaced by aesthetic surgery patients.

Let us present the results of a comparative analysis of anxiety and depression levels in women who decided to undergo plastic surgery (Table 3).

Thus, the levels of anxiety and depression are significantly higher in the experimental group. In addition, the level of anxiety has subclinical expression. In other words, women who have decided to undergo plastic surgery are characterised by a high level of anxiety with a predominance of negative emotions and moods, which is not inconsistent with the data in the scientific literature [33–35].

A comparative analysis of the quantitative assessment of the impact of body image on quality of life (Table 3) showed that women who had decided to undergo plastic surgery had a more negative perception of the impact of body image on quality of life compared to women who did not feel the desire to change something about their appearance.

The results of the comparative analysis of the indicators of the general psychological state of women (LSI) did not reveal significant differences, but it is worth noting that it is low in both groups (Table 3).

In the general level of self-esteem and life claims, we did not find any significant differences, while in such a parameter as 'appearance,' it was revealed at the level of statistical tendency ($p < 0.07$) that the assessment of the desired appearance of women who decided to undergo plastic surgery is higher than that of women from the control group. In other words, they are less satisfied with their current state of appearance.

In view of the evidence indicating that a significant proportion of the women seeking plastic surgeons are experiencing some critical events in

Characteristic	Mean value		Mann-Whitney U	p
	Group 1 (n = 54)	Group 2 (n = 52)		
Personality Profile Indicators				
Neuroticism	4.41	3.58	1282.0	0.411
Spontaneous aggression	5.46	4.21	871.0	0.001
Depressiveness	5.52	4.75	1035.0	0.018
Irritability	5.78	4.31	882.0	0.001
Sociability	5.98	5.46	1237.0	0.285
Poise	6.37	5.81	1210.0	0.216
Reactive aggression	5.93	5.48	1218.0	0.233
Shyness	3.76	5.90	616.5	0.000
Openness	4.50	6.21	671.5	0.000
Extraversion-Introversion	5.02	6.00	1028.5	0.017
Emotional lability	4.44	5.33	916.5	0.002
Masculinism-feminism	5.39	6.12	1105.0	0.056
Emotional-Value Components of Self-awareness				
Closed-mindedness	7.15	5.08	381.0	0.000
Self-confidence	8.67	8.69	1318.5	0.570
Self-management	7.59	7.60	1355.0	0.754
Reflective self-attitude	5.96	4.96	1028.0	0.016
Self-value	9.20	8.63	1116.0	0.051
Self-acceptance	8.26	7.79	1107.0	0.054
Self-attachment	5.13	4.83	1255.5	0.344
Internal conflict	4.80	6.04	1078.0	0.038
Self-accusation	3.61	5.10	956.5	0.004

Table 2. Results of the comparative analysis of the personality profile indicators (FPI) and emotional-value component of self-awareness of the respondents from the first and second groups

Characteristic	Mean value		Mann-Whitney U	p
	Group 1 (n = 54)	Group 2 (n = 52)		
Anxiety	9.07	4.15	221.0	0.000
Depression	7.20	3.52	347.5	0.000
BIQLI[a]	0.61	1.85	576.0	0.000
LSI[b]	17.52	19.46	1244.0	0.311

[a] *BIQLI — Body Image Quality of Life Inventory.*
[b] *LSI — Life Satisfaction Index.*

Table 3. Results of the comparative analysis of anxiety and depression level indicators, the Body Image Quality of Life Inventory (BIQLI), and the Life Satisfaction Index (LSI) of the respondents from the first and second groups

their personal lives, a decision was taken to separate and compare subsamples of married and unmarried women within the experimental and control groups (Fig. 1).

Using the Mann-Whitney U criterion, statistically significant differences in the indices of emotional lability and depression were found. Thus, the highest level of depression is in the group of married women who are willing to undergo plastic surgery. It is the lowest among married women from the control group. At the same time, the highest level of emotional lability (i.e., tendency to emotional state fluctuations) was among unmarried women from the control group, and the lowest was among unmarried women in the experimental group. These results can be interpreted in such a way that plastic surgery for married women is seen as a means of resolving an emerging crisis in interpersonal relationships or an opportunity to avoid it. Whereas for unmarried women, it is more an attempt to compensate for repressed internal contradictions and to assert themselves by changing their appearance. Women from the control group generally allow themselves to be more emotionally free.

Correlation analysis showed the following interesting data. As expected, the structure of correlations in the experimental group of women (women who made a decision about plastic surgery) differs from that in the control group (women who had no desire to change anything in their appearance through surgery) (Table 4).

Higher levels of personality depressiveness (FPI) in the experimental group of women are mediated by higher levels of self-management and spontaneous aggression and lower levels of positive evaluation of their own qualities. In other words, these women's depression grows along with the realisation that they are not perfect and that they themselves must be the source of their own activity and effectiveness. This state is also accompanied by manifestations of aggression that are irrational in nature. The presence of situational depression in these women is associated with a sense of self-worth that reflects attention and care for their inner world (love, spirituality). The more a woman values herself and her inner world, the stronger the manifestations of situational depression will be. It is possible that feeling unrecognized and unappreciated reinforces this state. As far as anxiety is concerned, we see that the increase in situational anxiety among women in the experimental group is curiously accompanied by an increase in mood and a desire to cooperate.

The same parameters in women from the control group have a different relationship (Table 4). Thus, personal depression is inversely related to neuroticism and sociability and directly related to reactive aggression and openness. It turns out that the lower the mood background and depression in these women, the higher the lower their desire for contacts with a simultaneously growing need for trusting relationships. At the same time,

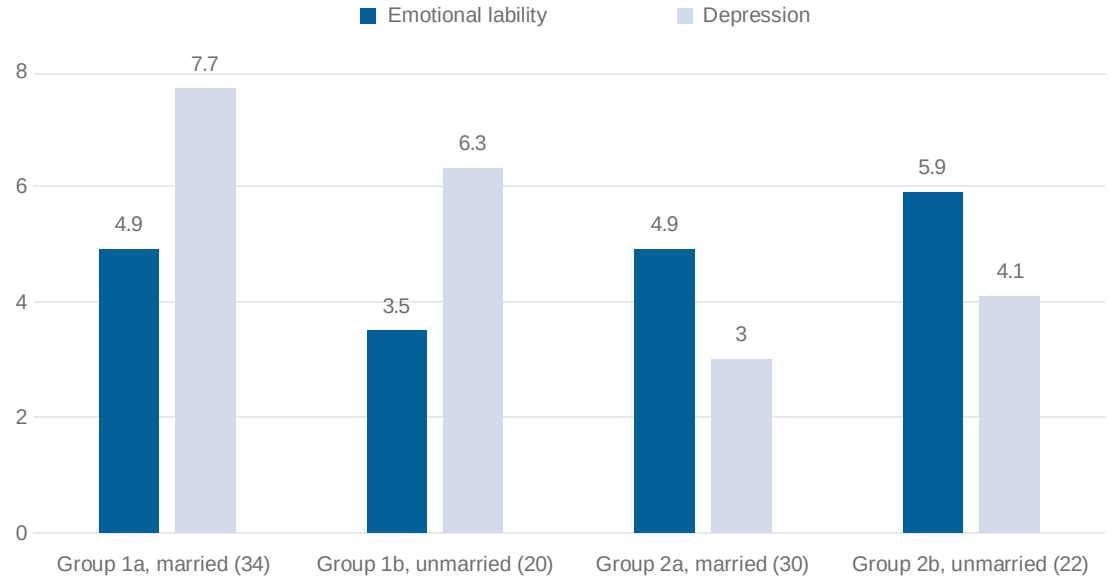

Figure 1. **Comparison of the level of depression and emotional stability in the experimental and control groups of women depending on marital status**

aggression in response to any irritating factors increases. That is, aggression in these women has a rational character.

Situational depression is also related to self-value, but with the opposite sign, i.e., the growth of depression is accompanied by a woman's dissatisfaction with the degree of richness and diversity of her inner world. This is consistent with an increase in internal conflict and mistrust with a decrease in the level of anxiety.

An increase in anxiety in the control group of women is accompanied by the experience of life failures and demonstrative behavior (a negative relationship with shyness).

Thus, the structure of relationships in the group of women who decided to have plastic surgery is largely compensatory in nature. The feeling of being unrecognized and misunderstood 'freezes' their inner pain. The need to be the 'mistress of their lives' contributes to the growth of depression. At the same time, in a situation when they feel the fullness of life and communication, irrational anxiety about the transience of this state grows. We can assume that these tendencies conceal a deep need for care, recognition, and emotional closeness.

Conclusions

The findings of the present study allow the following conclusions to be formulated.

Women who opt for plastic surgery are characterised by a complex of traits that mask a fear of social rejection and the fear of coming 'face to face' with themselves. The second fear is so strong that women choose to undergo plastic surgery as a quick, albeit illusory, solution to the problem, rather than consulting a psychologist and working towards building better interpersonal relationships and self-reflection. These women prefer to preserve their unchanged 'I' by any means, regardless of all the side effects and negative health consequences of plastic surgeries.

We have found data that give reason to speak to women's characteristics who desire to achieve a non-existent standard of feminine beauty through plastic surgery to demonstrate that they want and can be successful, beautiful, and loved.

This phenomenon is characterised by a complex of features, namely: powerful protective reactions (isolation); greater rigidity of the self-image; displacement of emotional, irrational reactions into an unconscious layer of the psyche; and external

Group	Characteristic	Correlative parameters	Spearman's ρ	p-value
Experi	Depressiveness (personality)	Self-guidance	0.312	p < 0.05
		Positive evaluation	-0.367	p < 0.01
		Spontaneous aggression	0.292	p < 0,05
	Depression (situational)	Self-value	0.282	p < 0.05
	Anxiety	General mood background	0.425	p < 0.01
		Cooperation	0.281	p < 0.05
Control	Depressiveness (personality)	Neuroticism	-0.515	p < 0.01
		Sociability	-0.446	p < 0.01
		Reactive aggression	0.328	p < 0.05
		Openness	0.302	p < 0.05
	Depression (situational)	Self-value	-0.373	p < 0.01
		Untrustworthiness	0.345	p < 0.05
		Anxiety	-0.340	p < 0.05
		Internal conflict	0.297	p < 0.05
	Anxiety	Consistency	-0.373	p < 0.01
		Goal achievement	-0.340	p < 0.05
		Depression	-0.300	p < 0.05

Table 4. C

control of emotions. In addition, there is a desire to achieve the desired result quickly and now. Life in such a state requires great mental and psychological tension.

Furthermore, the non-acceptance of one's natural appearance, coupled with the pursuit of transformation and modification through plastic surgery can lead to feelings of alienation and detachment, whereby the body is perceived as a mere instrument in achieving one's desired outcomes. The process of self-improvement is often intricate, protracted, and can be more distressing and paradoxical than undergoing surgery. Furthermore, if an individual perceives their natural appearance to be of minimal interest or value in the eyes of others, a well-known and expeditious method is available: altering one's physical appearance. This thesis is consistent with data from other studies [36].

It is also hypothesised that the decision to undergo plastic surgery may be driven by at least two motivational factors. Firstly, the desire for achievement, particularly among women whose professions are associated with beauty standards, such as dancers, aesthetic medicine practitioners, and models. Secondly, the fear of rejection, which can be considered the inverse of the affiliation motive. This tendency is particularly evident among women who have previously experienced rejection or who harbor a fear of facing such situations. These assumptions are planned to be developed in subsequent studies.

The implications of these findings suggest the need for a more holistic approach to addressing the motivations behind plastic surgery, emphasising psychological support and self-acceptance over physical alterations. Incorporating a more diverse sample and exploring additional variables has the potential to significantly advance our understanding of the psychological, social and cultural factors driving the decision to undergo plastic surgery. Future research should explore these dynamics further to develop more targeted interventions that foster healthier relationships with oneself and one's body. Interventions should be developed to promote healthier relationships with oneself and one's body, with the ultimate aim of reducing reliance on physical alterations as a solution to deeper psychological and emotional challenges.

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Declaration of interests

The authors declare that there is no conflict of interest.

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