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Svetlana NIXON, Stefan COJOCARU

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The Impact of the COVID-19 Pandemic on Aesthetic Procedures

Svetlana NIXON[1], Stefan COJOCARU[2]

Abstract

Throughout human history, the appearance of the body has affected the way people perceive themselves and the way they are perceived. Consequently, people have developed ways of changing it to conform to societal standards of beauty. Medical advancements and progress in aesthetic medicine have made beauty more accessible. In modern society, people increasingly think of the body as a "project and process," making it a long-term investment in social status. Various studies on the relationship between individuals' personal social status and external appearance have shown the two to be tightly interconnected. The outbreak of the worldwide COVID-19 pandemic triggered the widespread use of online meeting platforms, e.g., Zoom, Skype, Teams, etc. This has brought about the "Zoom effect," individuals' stronger awareness of their looks, which has raised more interest in aesthetic treatments. Researchers emphasize the positive effect of aesthetic treatments in lifting moods and improving depression. This paper discusses socially-motivated behavior and the effect of individuals' external appearance on their social status.

Keywords: sociology of the body; aesthetic medicine; lifestyle; aesthetics treatments.

Introduction

Physical and mental health are positively matched with the human body image (Zawodny, Kulig, & Sienko, 2021). People strive to connect with each other and compare themselves to a group in society based on their symbols and values, including external appearance (Goffman, 1961). According to Foucault (1979), society strongly influences the standard of physical beauty. These standards, however, are impossible to maintain over the course of a lifetime. Various products diets, and health and sport-oriented lifestyles maintain and cultivate people's

[1] Alexandru Ioan Cuza University from Iasi, Department of Sociology, Social Work and Human Resources, Iasi, ROMANIA. E-mail: svetlana@mediconsult.info

[2] Alexandru Ioan Cuza University from Iasi, Department of Sociology, Social Work and Human Resources, Iasi, ROMANIA. E-mail: contact@stefancojocaru.ro; ORCID: 0000-0003-4873-5340.

appearance, eliminate weight gain, and hide signs of aging. For thousands of years, procedures to transform the human body have existed. In the 6th century B.C., nose, ears, and mouth reconstruction were performed in India. Since the 10th century A.C., women's feet were tied (Wieczorkowska, 2018; Dean, Foley & Ward, 2018; Ward *et al*., 2018; Hammond *et al.,* 2021) to comply with the cultural ideal of beauty. Today, appearance-enhancing surgeries and procedures are becoming more socially acceptable. Studies have illustrated that people who have had cosmetic procedures performed are seen as healthier, younger, more attractive, and of higher social status than their peers (Sarwer, Magee, & Clark, 2003). Aesthetic treatments have the potential to improve not only one's appearance, but also to enhance individuals' psychological wellbeing and social status (Sarwer, Magee, & Clark, 2003). Unsurprisingly, aesthetic procedures and treatments are increasing in popularity.

An aesthetic or cosmetic surgery is a procedure that changes tissues and distorted body organs according to the patients' taste and to mimic a perceived ideal in order to make the person more visually appealing or beautiful. Aesthetic surgery is a subcategory of plastic surgery that includes various procedures including botulinum toxin (Botox) injections, "facial rejuvenation surgery, endoscopic forehead surgery, skin regeneration (mechanical peeling, chemical peeling, laser surgery), filler applications (oil, silicone, Teflon, fascia, etc.), eye surgery, nasal aesthetics, ear aesthetics, jaw aesthetics, breast aesthetics (breast augmentation (silicone), breast reduction or lifting, breast reconstruction, body shaping surgery and tummy tuck, aspiration of fatty tissues (liposuction, lipo-shaping), gynecomastia (large breast in men), genitals aesthetics, and hair restoration" (Musatova, Tsvetkova & Musatov, 2020; Baksi, 2021). The most popular aesthetic surgical operations globally in 2020 were breast augmentation, liposuction and tummy tuck operations, and rhinoplasty. The most operated-on part of the face was the eyelids. The most popular non-surgical procedures for the year 2020 were Botox treatments and hyaluronic acid treatments.

The COVID-19 pandemic and subsequent change in the way people work and live has had a significant affect on people's physical and mental health. Hospitals were re-organized to provide preferential treatment to COVID-19 patients. At the same time, many stopped providing ambulatory aesthetic procedures since most of those procedures did not have a medical "purpose" (Zawodny, Kulig, & Sienko, 2021; Aryanian *et al.*, 2022; Nischwitz *et al.,* 2023). According to the annual statistical reports of the American Society of Plastic Surgeons, 2020 was the first year since the beginning of the 2000s during which the number of plastic procedures declined (Aktas, Balci, & Karacaoglu, 2023). In fact, 70% of plastic surgery practices were temporarily closed, and more than 50% of clinics changed their opening hours. Demand for cosmetic procedures decreased significantly because patients were afraid to leave their homes or had lost jobs or otherwise taken a pay cut as a result of the pandemic. This fact did not change even when

cosmetic procedures were offered at considerable discounts, or even free of charge (Gelidan *et al*., 2020).

Despite this, a recent study conducted in Italy (Melf *et al.,* 2020), found that for many, the COVID-19 pandemic did not reduce people's desire to improve their physical appearance. If anything, it increased it. One study (Rice, 2021) examined surgeons and practitioners who performed cosmetic procedures during the COVID-19 pandemic. A little over 50% of them indicated an increase in the number of patients that were interested in receiving cosmetic consulting since the beginning of the pandemic. More than 80% of the practitioners said that the patients had raised the issue of video conference calls as the main reason for undergoing the treatment. More patients were interested in cosmetic procedures on and above the neck, particularly the forehead, eyes, hair, and dark spots on the skin.

Television, social media, and the internet are full of beauty-related messages and ideas about how ideal beauty can be achieved (Třebický *et al*., 2016; Yoon & Kim, 2020). The extensive use of social media and video calls during forced lockdowns where people viewed edited and polished photos of others resulted in decreased body image, self-perception, and self-esteem among adults and adolescents (Wojtara, 2022). Frequent use of video chats, especially the use of filters that transformed facial features has been associated with a desire to get plastic surgery (Chen, 2021). Public interest in surgical procedures above shoulder height have grown in a statistically significant manner since February 2020 (Aryanian, 2022; Padley & Di Pace, 2021; Thawanyarat *et al.,* 2022). At the same time, technological advancements in aesthetic medicine have decreased costs and shortened recovery times of aesthetic treatments while making procedures safer and less invasive. Some people may have even seen the pandemic as a great opportunity to undergo a surgery, since they would have the opportunity to recover without having to take a vacation from work or suffer the embarrassment of being seen in post-surgery recovery (Sharma & Asaria, 2021).

The current study investigates the way COVID-19 affected males' and females' perceived need to undergo aesthetics procedures, and explores how beauty and aesthetic procedures help people to acquire, develop, and internalize both their social and self-identities. The hypothesis is [H1] There will be a significant difference in the patients' perception of the desire for aesthetic treatments before and during the COVID-19 pandemic.

Methodology

Research Aims

This study aims to answer the questions, "What is the patients' perception of the desire for aesthetic treatments before and during the COVID-19 pandemic? "and to explore patients' perception of the desire for undergoing aesthetic treatments during the COVID-19 pandemic.

Participants

The sample size was determined using the G*power software. For conducting a two-way MANOVA analysis, the total sample size required was 91 participants using the following test parameters: low effect size = 0.10, α error = 0.05, power = 0.90, two independent variables (study group and gender) with two values in each, and 3 response variables. For conducting a linear multiple regression, fixed model, R^2 increased and the total sample size required was 171 participants using the following test parameters: low effect size = 0.10, α error = 0.05, power = 0.90, number of tested predictors = 5, and total number of predictors = 16 –11 demographic characteristics, with 5 tested predictors. In order to increase the power and sensitivity, the present study included 237 participants (85 males and 152 females) between the ages of 15 and 75 (M = 44.90, SD = 11.56).

The 237 participants were divided into two groups. The first group was composed of 149 participants (40 males and 109 females) between the ages of 21 and 75 (M = 46.85, SD = 10.87) who underwent an aesthetic treatment during COVID-19. The second group was composed of 88 participants (45 males and 43 females) between the ages of 15 and 70 (M = 41.59, SD = 12.00) who did not undergo an aesthetic treatment during COVID-19.

As Table 1 shows, participants in the group that underwent aesthetic treatments were significantly older than participants who did not undergo aesthetic treatments, with a t-test result of $t(235) = 3.46$, $p < .001$. The groups also differed in gender distribution, $\chi^2(1) = 14.19$, $p < .001$, in that the group of study participants that had aesthetic treatments performed was made up of a higher percentage of females compared to the group that did not (73.2% compared to 48.9%).

Table 1. Participants' demographic characteristics by study groups (N = 237).

Demographic Characteristics	Values	Study groups				
		Total sample N = 237	Underwent aesthetic treatments n = 149	Did not undergo aesthetic treatments n = 88	χ^2	p
Gender	Male	85 (35.9%)	40 (26.8%)	45 (51.1%)	14.19***	.001
	Female	152 (64.1%)	109 (73.2%)	43 (48.9%)		
Marital status	Not married	95 (40.1%)	57 (38.3%)	38 (43.2%)	.56	.455
	Married/ in a serious relationship	142 (59.9%)	92 (61.7%)	50 (56.8%)		
Have children	No	44 (18.6%)	23 (15.4%)	21 (23.9%)	2.60	.107
	Yes	193 (81.4%)	126 (84.6%)	67 (76.1%)		
Education level1	Elementary school	3 (1.3%)	1 (0.7%)	2 (2.3%)	6325.00	.639
	Highschool	35 (14.8%)	18 (12.1%)	17 (19.3%)		
	Diploma	22 (9.3%)	15 (10.1%)	7 (8.0%)		
	Bachelor's degree	76 (32.1%)	51 (34.2%)	25 (28.4%)		
	Master's degree	71 (30.0%)	48 (32.2%)	23 (26.1%)		
	PhD degree	30 (12.7%)	16 (10.7%)	14 (5.9%)		
Sector	Not Jewish	13 (5.5%)	6 (4.0%)	7 (8.0%)	1.65	.199
	Jewish	224 (94.5%)	143 (96.0%)	81 (92.0%)		

Religiosity1	Atheist	15 (6.3%)	8 (5.4%)	7 (8.0%)	6154.50	.324
	Secular	168 (70.9%)	105 (70.5%)	63 (71.6%)		
	Traditional	46 (19.4%)	29 (19.5%)	17 (19.3%)		
	Religious	4 (1.7%)	4 (2.7%)	0 (0.0%)		
	Ultra-Orthodox	4 (1.7%)	3 (2.0%)	1 (1.1%)		
Self income1	Way below average	22 (9.3%)	7 (4.7%)	15 (17.0%)	6312.00	.622
	A little below average	65 (27.4%)	46 (30.9%)	19 (21.6%)		
	Average	50 (21.1%)	33 (22.1%)	17 (19.3%)		
	A little above average	33 (13.9%)	24 (16.1%)	9 (10.2%)		
	Way above average	67 (28.3%)	38 (26.2%)	28 (31.8%)		
Spouse's income*	Way below average	10 (4.2%)	6 (4.0%)	4 (4.5%)		
	A little below average	15 (6.3%)	7 (4.7%)	8 (9.1%)		
	Average	43 (18.1%)	26 (17.4%)	17 (19.3%)	6047.50	.307
	A little above average	46 (19.4%)	29 (19.5%)	17 (19.3%)		
	Way above average	61 (25.7%)	41 (27.5%)	20 (22.7%)		
	Don't have a spouse	62 (26.2%)	40 (26.8%)	22 (25.0%)		
Professionalism	Blue collar/ Low prestige	33 (36.3%)	28 (40.6%)	5 (22.7%)		
	White collar/ High prestige	58 (63.7%)	41 (59.4%)	17 (77.3%)	2.30	.129

Sexual orientation	Straight	217 (91.6%)	135 (90.6%)	82 (93.2%)	1.33	.514
	Lesbian/ Homosexual	10 (4.2%)	6 (4.0%)	4 (4.5%)		
	Bisexual	10 (4.2%)	8 (5.4%)	2 (2.3%)		

*Note: * Ordinal variable –Mann-Whitney test was conducted.*

The 149 participants from group 1 who underwent aesthetic treatments were asked which aesthetic treatments they underwent with no medical indication to do so. The participants who did have a medical indication for their treatment(s) were asked what their medical diagnoses was (See Table 2). A significantly higher percentage of participants who underwent an aesthetic treatment had a medical indication for an aesthetic treatment compared to study participants who did not undergo a procedure (46.3% compared to 25.0%), $\chi^2(1) = 10.62$, $p < .001$. Nevertheless, no significant differences were found between the two study groups in the distribution of the different medical diagnoses in aesthetics which they indicated.

Table 2: Participants' therapeutic characteristics by study groups (N = 237).

Values	Total sample N = 237	Study groups			
		Underwent aesthetic treatments n = 149	Did not undergo aesthetic treatments n = 88	$_x2$	p
Aesthetic treatment without medical diagnosis (n = 149)					
Botox		106 (71.1%)	---		
Filling materials		86 (57.7%)	---		
Biostimulators		20 (13.4%)	---		
Mesotherapy		31 (20.8%)	---		
Skin boosters		15 (10.1%)	---		
Facial/body treatment with technological equipment		45 (30.2%)	---		

Threads for the face or the body		10 (6.7%)	---		
Lipofilling		3 (2.0%)	---		
Plastic surgery		38 (25.5%)	---		
Medical diagnoses in aesthetics (n = 91)*					
Acne treatment	9 (9.9%)	7 (10.1%)	2 (9.1%)	.02	.885
Post Acne treatments	10 (11.0%)	8 (11.6%)	2 (9.1%)	.11	.744
Psoriasis	3 (3.3%)	3 (4.3%)	0 (0.0%)	.99	.320
Skin lesions removal	19 (20.9%)	14 (20.3%)	5 (22.7%)	.06	.807
Scars	16 (17.6%)	12 (17.4%)	4 (18.2%)	.01	.932
Stretch marks	21 (23.1%)	17 (24.6%)	4 (18.2%)	.39	.531
Asymmetry, congenital defects	2 (2.2%)	2 (2.9%)	0 (0.0%)	.65	.419
Burns treatment	2 (2.2%)	2 (2.9%)	0 (0.0%)	.65	.419
Breast reduction	10 (11.0%)	9 (13.0%)	1 (4.5%)	1.23	.267
Breast reconstruction	1 (1.1%)	1 (1.4%)	0 (0.0%)	.32	.570
Xanthelasma	5 (5.5%)	3 (4.3%)	2 (9.1%)	.72	.395
Upper eyelids dropping	19 (20.9%)	16 (23.2%)	3 (13.6%)	.92	.337
Seborrhea	7 (7.7%)	4 (5.8%)	3 (13.6%)	1.44	.230
Pigmentation	28 (30.8%)	21 (30.4%)	7 (25.0%)	.01	.903
Papilloma	14 (15.4%)	8 (11.6%)	6 (27.3%)	3.15	.076

**n = 91 since only 91 participants indicated that they have medical diagnoses in aesthetics (22 participants who did not undergo aesthetic treatments and 69 participants who underwent aesthetic treatments.*

As can be seen in Table 2, most of the aesthetic treatments performed were Botox and fillers.

Procedure

A majority of the data for this study was collected via an online survey comprised of three short questionnaires covering the topics of physical self-concept, social self-concept, and mental well-being. Five interviews were conducted over Zoom.

Materials

The internal consistency of the 18 items in the self-concept physical health questionnaire was high $\alpha = .83$. The internal consistency of the 19 items in the self-concept social health questionnaire was high $\alpha = .81$. The internal consistency of the 5 items in the well-being questionnaire was high $\alpha = .80$.

Instruments

The qualitative research instruments used include: TSCS (Tennessee Self Concept Scale, 1996) to measure participants' self-concept; the WHO5 (World Health Organization – Five Well-Being Index, 1998) to measure participants' mental well-being; and in depth interviews to conduct qualitative analysis by themes and categories. Also, we use interview guide.

Results

There will be a significant difference in the patients' perception of the desire for aesthetic treatments before and during the COVID-19 pandemic.

In order to examine the research question of whether the COVID-19 pandemic and lockdowns had a significant influence on people's decision to undergo aesthetics treatments, χ^2 analyses were conducted for this answer and for the different ways in which participants indicated that the COVID-19 pandemic influenced their desire to undergo aesthetic treatments (See Table 3).

Table 3. Frequencies of the participants' answer regarding the effect of the COVID-19 pandemic on their decision to refer to aesthetics treatments by research groups (N = 237)

Values	Total sample (*N* = 237)	Underwent aesthetic treatments (*n* = 149)	Did not undergo aesthetic treatments (*n* = 88)	χ^2	p
Has the COVID-19 pandemic affected your decision to refer to aesthetics treatments?					
Did not affect my decision	179 (75.5%)	107 (71.8%)	72 (81.8%)	3.00	.083
Affected my decision	58 (24.5%)	42 (28.2%)	16 (18.2%)		
How did the COVID-19 pandemic impact your wish for aesthetic treatments (n = 58) *					
Desire and mental compensation	36 (62.1%)	27 (64.3%)	9 (56.3%)	.32	.573
Zoom, see yourself on-screen	8 (13.8%)	7 (16.7%)	1 (6.3%)	1.06	.304
COVID masks damage facial skin	1 (1.7%)	0 (0.0%)	1 (6.3%)	2.67	.102
Free time and money	7 (12.1%)	5 (11.9%)	2 (12.5%)	.00	.950
Physical changes during the lockdowns	30 (51.7%)	23 (54.8%)	7 (43.8%)	.56	.453
The need for treatment decreased	2 (3.4%)	2 (4.8%)	0 (0.0%)	.79	.374

** n = 58 since only 58 participants indicated that COVID-19 influenced the decision to refer to aesthetics treatment.*

As shown in Table 3, fifty-eight participants (24.5%) attested that the COVID-19 pandemic affected their decision to have a cosmetic procedure with no significant difference between the two research groups. Moreover, 56 out of the 58 participants indicated that their desire to undergo an aesthetic treatment increased due to the COVID-19 pandemic. More that a half of those 58 study participants indicated that their desire for an aesthetic treatment increased due to the substantial need for mental compensation since they experienced a considerable need for mental compensation during the quarantines and restrictions. Only 2 participants indicated that their desire to undergo an aesthetic treatment decreased due to the COVID-19 pandemic quarantines, restrictions on public gatherings, and the relatively un-importance of physical appearance during this time.

Self-concept and mental well-being by gender and study groups

Participants who underwent aesthetic treatments reported a higher physical and social self-concept as well as higher mental well-being compared to participants who did not undergo an aesthetic treatment. This affect was more pronounced among females

Table 4. Reasons for deciding to undergo aesthetic treatments

A change in the lockdowns	During the COVID-19 pandemic my son was very young and, then, from a person who works a full-time job, I have become a housewife, doing the things that make you fat, inactive physically (interviewee 2)… During the COVID-19 crisis I had a greater need for treatments. I ate constantly, I was concerned about my body, I was afraid of the pandemic (interview 4)… The COVID-19 crisis was terrible (interviewee 5).
Zoom	In the gym, you see yourself every day in the mirror. If you are using the Zoom application, your look has actually changed (interviewee 1)… In fact, when communicating via the Zoom, I was unable to turn on the camera, I was actually ashamed of it… How can it be that before using the Zoom I did not see that I had such a chin. It was simply horrible (interviewee 2)… The Corona crisis was awful, I wanted more lips, and more makeup because I was communicating only via Zoom (interview 5).

Moreover, as in the quantitative part, the interviewees emphasized the effect of the aesthetic treatments during the COVID-19 pandemic in two layers: a change in the lockdowns and the online meetings via Zoom.

> *"You obviously see yourself in the mirror every day. If you communicate via Zoom, your visibility has actually changed" (interviewee 1). "During the COVID-19 pandemic my son was very young and, then, from a person who works a full-time job, I have become a housewife, doing the things that make you fat, inactive physically… I reached a situation that, for example, when I had meetings via Zoom, I could not even turn on the camera, I was really ashamed of it… how it is possible that until the meetings via Zoom I have not seen that I have such a chin… it was simply awful" (interviewee 2). "During the COVID-19 crisis I had a greater need for treatments. I ate constantly, I was concerned about my body, I was afraid of the pandemic" (interview 4). "The COVID-19 crisis was terrible… I wanted more lips, more makeup, because I communicated only via Zoom "(interviewee 5).*

The interviews reveal that the COVID-19 pandemic significantly impacted participants' body image and the desire for aesthetic treatments. The increased use of video conferencing platforms, such as Zoom, played a crucial role in this process.

Discussion

The findings of this research indicated high consistency: more positive personality characteristics are attributed to attractive people, who are more positively related to in diverse social interactions.

The concept of beauty has always been prevalent in people's mind, having deep philosophical roots. Throughout history, many social theories have been conceived by researchers in an attempt to comprehend the external appearance-social status relationship. These theories have explored people's motives for transforming and enhancing their external appearance as a tool for upgrading their mental health, and position in the social and cultural order (Foucault, 1979; Goffman, 1961).

Recent studies (Atiyeh, Chahine, & Abou Ghanem, 2021; Dipaola *et al.*, 2019; Paoli & Procacci, 2019) found that beauty treatments were much more than a tool for enhancing people's appearance and physical health: they were tools to elevate a person socially. Social status is a highly important aspect of life. Consequently, cosmetic procedures have become increasingly popular, mediating between appearance and a perception of socio-personal wellbeing.

The findings obtained from the quantitative part of this research illustrated a positive effect of aesthetic treatments during the COVID-19 pandemic. This finding is in line with Melfa *et al*. (2020), who argued that cosmetic intervention improved the state of depression and prevented its recurrence. Moreover, Dhanda *et al*. (2020) followed up popular search words through Google Trend and found a considerably increased interest in aesthetic surgery.

Only two participants of this research said they were afraid to undergo aesthetic procedures during the COVID-19 pandemic due to the lockdown and restrictions on gatherings. Hence, they considered that their visibility was not so important. Conversely, the study of Rice *et al.* (2021) found that 50% of the patients stopped their aesthetic treatments. Similarly, Gelidan *et al.* (2020) maintained that some patients were reluctant to go out of their house because they were afraid of getting infected or infecting one of their family members. The same applied also to some of the participants of this research. This study investigates how beauty and aesthetics procedures help people in acquiring, developing, and internalizing their self identity and social identity in order to conform to social norms of beauty. This study explores the relationship between individuals' emotional, social, and physical health, and their relationships to aesthetic medicine. This was achieved by trying to find differences in the self-perception of people who had aesthetic surgery and those who had not. The findings obtained from the interviews indicated that the COVID-19 pandemic obliged people to stay at home. This is in line with Sharma and Asaria (2021), who discussed the issue of staying at home due to the COVID-19 pandemic from another angle. They found that people underwent plastic surgery because they had more free time, rather than from a physiological reason. Furthermore, the empirical literature engaged in the issues of mirrors

and Zoom that entailed more online meetings, using software programs such as Zoom. Skype, and others. According to Williams (2007), governments, educational institutions, and employers encouraged their employees to communicate on the computer as a result of lockdowns and social distancing. Similarly, Chen *et al*. (2021) an Lem *et al.* (2022) investigated the impact of video chats via Zoom.

Conclusion

This study explored whether the percentage of participants who indicated that the COVID-19 pandemic had affected their decision to undergo aesthetics procedures significantly differed between those who had aesthetics procedures and those who had not. The conclusions drawn from the data analysis focus mainly on the social aspects of people's need for aesthetic treatments. Social pressure is a factor that affects people's decision to undergo aesthetic treatment, as well as the wish to look good in society. Society plays an important role in people's decision to get aesthetic treatments. People's wish to adapt themselves to the concepts of social beauty constitutes a key factor in the decision to undergo aesthetic surgery.

Aesthetics and beauty are affected by various factors: health, emotions, social factors, and more. It indicates the sensitivity of the aesthetic procedures in people's life and the extent to which they play a role in their sense of wellbeing and personal expression.

The COVID-19 pandemic affected people's choice to have cosmetic treatments. This was caused by being lonely during lockdowns, restrictions and social distancing. Moreover, after seeing themselves on Zoom and on other video-chat platforms, people wished to take measures to improve their looks. People who would normally only see themselves once a day in the mirror were faced with their appearance for hours each day while on video calls. Hence, the wish to look better on video conferences resulted in a decision to undergo aesthetic treatments.

Gender affects choices and aesthetic preferences among both men and women. This effect can be valid also in the field of aesthetic treatments.

Aesthetic clinics and institutes should be prepared for a greater demand for treatments by both men and women. Standards of beauty are determined by social norms. Hence, these norms can be influenced in various ways so that the perception of "beauty" is nuanced and versatile. The perception of beauty is set and changed according to the social norms and, thus, it is susceptible to change.

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