

“IT’S QUICKLY OVER AND EASILY ACCESSIBLE”: SOCIOLOGICAL INSIGHTS INTO NON-INVASIVE AESTHETIC SURGERY AMONG WOMEN IN CROATIA

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ABSTRACT. Aesthetic surgery is a global phenomenon, with millions of users worldwide. This study explores the sociological dimensions of non-invasive aesthetic procedures, based on semi-structured interviews with 18 women in Croatia who have undergone such treatments, primarily dermal fillers and Botox, most commonly applied to the face area. The analysis identified a range of motivations, including dissatisfaction with body image, the desire to reduce visible signs of ageing, enhance appearance, and improve quality of life. For some, exposure to social media, particularly Instagram, and global celebrity culture served as inspiration. However, most participants framed their decisions in terms of personal aspirations for self-enhancement rather than conformity to dominant beauty ideals. Body image prior to the procedures ranged from negative to positive. Most participants reported increased satisfaction following treatment, and many noted that their appearance became a frequent subject of social commentary, revealing the potential for stigma directed at those who engage in aesthetic modification. Nearly all expressed interest in further procedures, whether to maintain current results or pursue new goals. These findings suggest that aesthetic surgery is a complex phenomenon in which the body becomes a site of transformation and potential, shaped by late modernity’s emphasis on self-actualisation and the body as an ongoing identity project.

Keywords: aesthetic surgery; non-invasive procedures; body; modernity; identity.

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Introduction

Aesthetic surgery is associated with plastic, reconstructive, and cosmetic procedures. In this paper, however, we deliberately employ the term aesthetic surgery to move beyond the often superficial and trivialising connotations of cosmetic surgery. Rather than viewing it merely as an external or individualistic practice, we conceptualise aesthetic surgery as a meaningful social phenomenon that underscores the centrality of the body in contemporary processes of identity construction and self-presentation (Holliday and Sanchez Taylor, 2006; Brstilo Lovrić et al., 2023). Our central thesis is that aesthetic surgery, in addition to its established biomedical definition and psychological underpinnings, represents a broader sociological phenomenon. We approach it as a social fact in Durkheimian terms, shaped by collective norms, values, and expectations, and analyse it within the context of late modernity, where body modification practices are increasingly normalised and globally prevalent.

According to data from the International Society of Aesthetic Plastic Surgery (ISAPS, 2023), a total of 15.8 million aesthetic surgical procedures were performed worldwide in 2023. The most common interventions included liposuction (2.2 million), breast augmentation, eyelid surgery (blepharoplasty), abdominoplasty, and rhinoplasty. Non-surgical procedures were even more widespread, with 19.1 million treatments reported. The most popular among these were botulinum toxin injections (commonly referred to as Botox), with 8.8 million procedures, and hyaluronic acid fillers (5.5 million). Notably, Botox was particularly prevalent among individuals aged 35–50, who accounted for 49% of these treatments. Similar trends are evident in reports by the American Society of Plastic Surgeons (ASPS, 2023), which indicate a continuing rise in both surgical and non-surgical procedures, predominantly among women.

The structure of this paper reflects a dual theoretical and empirical orientation. Theoretically, our analysis is situated within contemporary sociological debates on the body and identity in late modernity, while also engaging with classical sociological perspectives and existing empirical research. Empirically, we explore the motivations and social meanings underpinning individuals' decisions to undergo aesthetic procedures. Particular emphasis is placed on the role of beauty norms, the cultural imperative of youthfulness, and the influence of digital media and social networks. Methodologically, the study adopts a qualitative approach, involving interviews with women who have undergone non-invasive aesthetic procedures. We examine their body image before and after the interventions and analyse how these experiences are embedded in broader social narratives and perceived life changes. This approach centres the subjective experiences and interpretations of participants, offering a nuanced and contextually grounded understanding of aesthetic surgery as sociocultural practice.

Theoretical framework

Recognising that aesthetic surgery is an inherently interdisciplinary phenomenon, this paper examines it through the lens of contemporary sociological theory, particularly within the framework of high, late, or reflexive modernity. Within that theoretical perspective, key sociological theorists such as Anthony Giddens (1990, 1991), Ulrich Beck (1992), and Zygmunt Bauman (2000) emphasise a profound transformation in the way the body is conceptualised. No longer perceived as a fixed, natural entity, the body is increasingly framed as a socially constructed and reflexively monitored project. In this paradigm, the body becomes a central site for identity work, where individuals are defined not by what they inherently are, but by what they actively make of themselves through personal choices, lifestyles, and embodied practices.

This bodily shift can be situated within the socio-cultural habitus of late modernity, where consumer culture plays a central role in transforming consumption from a means of satisfying basic existential and functional needs into a symbolic and aesthetic practice through which individuals consciously construct and express their identities, selecting, curating, and displaying goods, including the body itself, as markers of personal distinction and lifestyle-oriented individuality (Featherstone, 2007; Brstilo Lovrić, 2018). In the manner of reflexive modernity, the erosion of traditional identity structures, such as class, religion, or stable social roles, renders identity a reflexive project, shaped through continuous self-monitoring and choice (Giddens, 1991). As Shilling succinctly notes, "there is a tendency for the body to be seen as an entity in the process of becoming; a project to be worked on and accomplished as a part of individual's self-identity" (Shilling, 2012: 6).

Within this framework, aesthetic surgery emerges as a paradigmatic expression of late modern identity practices: a technology of the self through which individuals align their bodies with internalised ideals of beauty and social legitimacy. This process is marked by a high degree of individualisation, secularisation, and commodification, as Turner (2008) argues, positioning the body as a form of capital invested in its own lifestyle project.

Yet, while contemporary theorists emphasise the structural conditions of late modernity that frame the body as a project, the reflexive management of the self is not an entirely new sociological concern. Earlier perspectives, particularly those of symbolic interactionists such as George H. Mead (1934), Erving Goffman (1959), and Herbert Blumer (1969), laid the groundwork for understanding how individuals actively construct, perform, and negotiate self-identity in social interaction. From this viewpoint, aesthetic surgery may be seen not only as a response to broader cultural scripts but also as a personal strategy of impression management and identity anchoring within the microdynamics of everyday life.

The interplay between individual agency and social influence becomes particularly evident when examining the role of cultural institutions, most notably the media, in shaping frameworks of aspiration and dominant aesthetic norms. Through a continuous stream of visual content and normative narratives, media representations construct ideals of beauty and cultivate aspirational desires (Tait, 2007; Crockett et al., 2007; Sarwer et al., 2003). As Adams (2009: 107) notes, media discourses on aesthetic surgery reflect broader logics of capitalist consumption, positioning the body as an open-ended identity project and a site of continuous self-optimisation. Additionally, celebrity culture, mediated through actors, musicians, fashion figures, and increasingly social media influencers, further propagates ideals of beauty and bodily discipline, thereby contributing to the normalisation and cultural legitimisation of aesthetic surgery. Drawing on a UK survey in which over two-thirds of 3,000 women expressed willingness to undergo aesthetic surgery to emulate celebrity features such as the face, bust, or legs, Elliott (2011: 468) argues that this phenomenon should not be understood merely as a top-down imposition of unattainable standards. Celebrities function as public symbols and technologies of embodiment, legitimising self-transformation as a socially validated and desirable life practice. In this sense, the aesthetic surgery industry, shaped by media and celebrity discourses, frames bodily modification less as a medical necessity and more as a lifestyle investment, especially for women, thereby, as Adams notes, “framing a concern with attractiveness and youthfulness as ‘natural’ for women” (Adams, 2009: 107).

As the dominant users of aesthetic surgery globally (ISAPS, 2023; Alotaibi, 2021; Holliday and Cairnie, 2007), women remain at the centre of academic and feminist debates that critically examine their motivations and lived experiences. Feminist scholar Morgan (1991) interprets the popularity of aesthetic surgery as a “paradox of choice,” where women’s apparent autonomy is shaped by patriarchal norms that equate their value with youth and beauty. Drawing on Foucault’s concept of disciplinary power, Morgan (1991) argues that aesthetic surgery exemplifies how power becomes internalised and personalised, operating not through overt coercion, but through individual bodily regulation. In this framework, the body becomes a site of control and modification, producing docile, adaptable bodies in line with cultural ideals. Aesthetic surgeons, as modern agents of this power, facilitate the (re)shaping of women’s bodies according to the technological and aesthetic imperatives of Western societies.

Some feminist perspectives emphasise aesthetic surgery as a form of individual agency and a rational mode of self-expression. Drawing on Bourdieu’s concept of habitus, Holliday and Cairnie (2007) interpret aesthetic surgery as a form of bodily capital. Within this framework, habitus refers to a system of dispositions shaped by the forms of capital one possesses, economic, social,

cultural, and bodily, that influence positioning within specific social fields. Aesthetic surgery, in this view, is not merely a submission to external pressures, but a strategic investment in body capital in order to gain advantages in personal and professional domains in a competitive, appearance-oriented society.

The complexity of women's relationship with aesthetic surgery is further illuminated by Markey and Markey's (2009) study of young American women, which identified four key predictors of interest in surgery: body dissatisfaction, negative appearance-related commentary, media pressure, and the desire to emulate media figures. These findings resonate with the Tripartite Influence Model (Thompson et al., 1999), which posits that beauty ideals are internalised through the combined influences of media, peers, and self-evaluation. As a result, female narratives around aesthetic surgery are diverse and often reflect intersecting motivations, ranging from regaining bodily control and improving romantic or professional prospects to constructing identity through alignment with celebrity norms (Hatef, 2017: 14). Alotaibi (2021) similarly outlines four overarching motivations: beautification (enhancing attractiveness), transformation (social or professional advancement), correction (addressing perceived flaws), and positive ageing (preserving youthfulness). Together, these insights underscore the multifaceted and culturally embedded nature of aesthetic surgery tied to identity construction, belonging, and aspiration in late modernity.

In Croatian sociological literature, aesthetic surgery remains a largely under-researched topic, particularly when it comes to the lived experiences of its actual users. Despite the global expansion of aesthetic procedures and their growing cultural normalisation, there is a notable lack of empirical studies that explore the motivations, meanings, and everyday implications of such interventions from the perspective of those who undergo them. In this context, a recent quantitative study conducted among university students in Croatia aimed to outline the profile of those who express openness toward undergoing aesthetic procedures in the future. Approximately one-third of the surveyed students reported openness to pursuing some form of aesthetic surgery, often citing interest in multiple (non)invasive procedures. This subgroup was labelled as "interested aestheticians." The study found that female students, non-religious individuals, and techno-optimists, especially those endorsing the techno-scientific management of ageing, were more likely to express positive attitudes toward aesthetic surgery (Brstilo Lovrić et al., 2023). However, it is important to note that the participants were not actual users of aesthetic surgery.

This represents a significant methodological limitation, which this study aimed to address through its specific design and analytical approach using in-depth qualitative research focused specifically on users of aesthetic surgery and exploring their motivations, meanings and reflections on aesthetic surgery, particularly

regarding their body image and social factors influencing their decisions to undergo these procedures. By conceptualising aesthetic surgery not merely as a medical intervention but as a socially embedded practice, this paper situates it within the broader processes of identity construction and the negotiation of cultural ideals of beauty in late modernity. More on research methodology and empirical findings in the following chapter.

Research description

In line with the presented sociological theoretical framework, this study examines non-invasive aesthetic surgery through the lens of women's user experiences. The research focuses on understanding the motivations that lead women to undergo such procedures, their perceptions of body image before and after the interventions, the influence of social factors on their decision, and the broader personal and professional implications of these bodily modifications, as well as future planning of aesthetic interventions.

In line with these objectives, the study addresses the following research questions:

- What motivates women to undergo non-invasive aesthetic procedures?
- How do they perceive their body image before and after undergoing such procedures?
- What social influences shape their decisions to pursue aesthetic modifications?
- What personal and professional implications do they associate with these procedures?
- How do they reflect on the possibility of future (non)invasive aesthetic procedures?

Given the relatively under-explored nature of this topic, both within the field and in the Croatian context, a qualitative research design was adopted. Semi-structured individual interviews were used to gain in-depth insights, as this method is particularly effective for exploring sensitive topics and capturing complex motivations and experiences.

Due to the specific nature of the target group, purposive sampling was employed, focusing on adult female participants who had undergone at least one non-invasive aesthetic procedure after the age of 18. This sampling strategy was informed by existing literature and global statistics, which consistently indicate that women constitute the vast majority of aesthetic procedure users

(Holliday and Cairnie, 2007; Tranter and Hanson, 2015; Alotaibi, 2021). In 2023, women accounted for 85.5% of all non-invasive aesthetic procedures globally (ISAPS, 2023), while some reports estimate that up to 93% of surgical aesthetic procedures were performed on women (ASPS, 2023).

The interview guide was developed in alignment with the theoretical framework and covered seven thematic units reflecting the core research questions. Interviews were conducted in Croatia during April and May 2023, with each session lasting approximately 15 minutes. Upon completion of the interviews, audio recordings were securely stored on an external disc with a security password available only to the authors, and transcribed.

Thematic analysis, as defined by Braun and Clarke (2006), is a method for analysing qualitative data by identifying and organising patterns of meaning relevant to the research question. In this study, it was used to interpret the experiences of women who underwent non-invasive aesthetic procedures. The process included familiarisation with the data, coding, theme development, and writing. Thematic units were developed inductively from the data, encompassing key themes and related codes such as motives, body image before and after procedures, reflections, social influences, and future planning (Graph 1). This approach enabled a deeper understanding of how aesthetic practices are embedded in participants' everyday lives and connected to identity, social norms, and cultural expectations.

The study adhered to ethical standards. Participants were informed of their right to voluntary participation and to withdraw at any time without consequences. Written informed consent was obtained, clearly outlining the research objectives, the intended use of the data for scientific purposes, and the requirement to audio-record the interviews for accuracy in analysis. Anonymity was ensured by limiting knowledge of participants' identities to the research team only, and pseudonyms (e.g., "Participant 1-18") were used throughout the analysis.

In addition to the research goal, a brief survey was conducted to collect data on participants' socio-demographic, educational, and religious backgrounds, which were used to construct their sociological profiles. Furthermore, an introductory question within the interview protocol was designed to explore participants' aesthetic profiles, specifically, the types of aesthetic procedures they had undergone, the areas of application, and the frequency of these interventions. Further details are provided in the following table.

Table 1. Profile of the research participants (N = 18)

Participant characteristic		N
Gender	Women	18
Age	18-24	7
	25-35	6
	36-50	3
	51-65	2
Education	High school	4
	Faculty	10
	Master's degree / Doctorate	4
Religiosity	Religious	13
	Atheist	1
	Not specified	4
Perceived Social Status	Lower	1
	Middle	12
	Higher	5
Procedures Performed	Dermal fillers	14
	Dermal fillers and Botox	2
	Botox, PRP	2

The research sample consisted of 18 women who had undergone at least one non-invasive aesthetic procedure. The majority (13) were between 18 and 35 years old, indicating a predominance of younger age groups. Most participants had a high level of education: ten held higher or professional degrees, and four had a master's or doctoral degree, reflecting a highly educated sample. Religious affiliation was also notable, with 13 participants identifying as religious. In terms of self-perceived social status, most positioned themselves within the middle class (12 participants), while a smaller number identified as

upper (5) or lower class (1). These characteristics suggest that the sample was dominated by younger, educated, and religious women from the middle social stratum. Sixteen participants had dermal fillers, mostly hyaluronic acid. Two combined fillers with Botox, while two others used Botox alone or alongside platelet-rich plasma (PRP). Fourteen applied fillers primarily to the oral area, face, eyes, and nasal wrinkles; one used fillers on the chin. Botox treatments targeted the armpits, forehead, eyes, and face. PRP was applied to the scalp, hands, and face. Most of the research participants underwent these procedures multiple times: over four to five years, typically every six to twelve months. This indicates that maintenance is common, with most participants having procedures at least once a year. Based on the above, the participant profile indicates that they are experienced and active users of non-invasive aesthetic surgery, whose repeated and recent interventions provide valuable insights for deeper analytical and sociological understanding.

Interpretation of research findings

The interpretation of findings is structured into seven thematic units exploring participants' experiences with non-invasive forms of aesthetic surgery. These themes include their motivations for undergoing aesthetic procedures, their self-perception of body image before and after the interventions, the influence of social factors on their decision-making, perceived personal and professional changes following the procedures, and intentions regarding future interventions. Each section is supported by original participant quotations, providing depth and authenticity to the analysis, which is further synthesised in the final chapter through a visual representation of the thematic categories.

Motivations for Undergoing Procedure

The section addressing participants' motivations for undergoing non-invasive aesthetic procedures revealed a polarisation of responses into two groups. Nine participants expressed dissatisfaction with their appearance prior to treatment, frequently referring to perceived imperfections such as lips that were flat, small, insufficiently full, thin, asymmetrical, or disproportionate, features most commonly targeted by aesthetic interventions. These motivations were grouped under the code "dissatisfaction with the body prior to aesthetic surgery", as illustrated by the following remarks:

“So, primarily, as far as the lips are concerned, I didn’t have an upper lip at all, it was just a straight line, while the lower lip was, let’s say, quite thicker. Actually, I just made the upper lip equal to the lower lip” (Participant 15).

“The main reason was that when I looked in the mirror, I wouldn’t say I liked how my upper lip looked. It wasn’t as complete as I had imagined” (Participant 11).

“The main reason was that I didn’t feel satisfied with the look of my lips because they were very thin” (Participant 9).

“I wasn’t satisfied with the symmetry of my upper lip, specifically the Cupid’s bow. Each procedure was to reduce this asymmetry, since the effect disappears over time with hyaluronic fillers” (Participant 3).

Other participants were motivated by the desire to enhance their physical appearance, specifically expressing a wish to rejuvenate their look or improve their general appearance, and in some cases, to address issues such as excessive sweating that affected their professional quality of life. These motivations are categorised under the code “rejuvenation and quality of life”.

“Well, there aren’t really any particular reasons except that the years are passing. I mean, I’m definitely not getting any younger, and actually, what I wanted to achieve, and I think I did quite well, was to keep that sort of natural look, or rather, a certain freshness” (Participant 13).

“The main reason was to rejuvenate my skin slightly, actually, my face, because I had a deep wrinkle in the middle of my forehead, my eyelids dropped slightly, and I had big ridges around my lips” (Participant 12).

One participant explicitly emphasised social media as a key source of motivation and inspiration for undergoing the procedure:

“Honestly, I don’t know, it maybe came more from social media. All the girls were doing it, everyone had perfect lips, and somehow, out of curiosity, I just wanted to try it (...) at that point I already had Instagram and Facebook and TikTok, and then literally every other person was doing fillers, and somehow I think social media, um, attracted me the most” (Participant 2).

In summary, while the majority of participants opted for non-invasive aesthetic procedures due to dissatisfaction with their body image, others were driven by aspirational motives, such as the desire to enhance their appearance, delay visible signs of ageing, or align their looks with professional expectations. These findings suggest that motivations are not merely rooted in aesthetic dissatisfaction but reflect broader identity work—ranging from the pursuit of

bodily normalisation to self-enhancement as a means of rejuvenation, well-being, and improved quality of life.

Body Image Before

The following research point focused on participants' perceptions of their bodies prior to undergoing non-invasive aesthetic procedures. The findings revealed a clear pattern across three participant groups. Nine participants reported experiencing negative body image, often describing dissatisfaction, low self-confidence, and discomfort with specific features. Some mentioned actively hiding or camouflaging the areas they perceived as flawed. These experiences strongly influenced their decision to undergo aesthetic procedures, highlighting their role not only in physical transformation but also in emotional and psychological well-being, captured under the code "negative body image before" aesthetic surgery.

"I was insecure because, by nature, I have quite small lips. I had more visible dental meat, and that bothered me a lot. So, I felt a little low self-esteem and insecurity, and now, after the surgery, I feel much better" (Participant 4).

"I felt I had tiny lips and a huge nose. I thought it would help me improve my image of myself, who I am, and my self-esteem" (Participant 8).

"I didn't feel comfortable in my own body. It's just one little thing that shouldn't affect a person so much, but when there's probably nothing else to torture you about your looks, that little thing becomes the problem. That was also a big problem, so I increased my lips" (Participant 9).

Nine participants expressed a positive perception of their bodies prior to undergoing aesthetic procedures, emphasising that their bodies were not sources of dissatisfaction but rather viewed as canvases for aesthetic enhancement. This group reflected on both the physical and psychological benefits they experienced post-procedure. Their narratives were categorised under the code "positive body image before" aesthetic surgery.

"Of course, I feel much better, although I have never had a problem with my perception of my body in the way that I am not satisfied with some part of it" (Participant 17).

"I generally feel good, and I can't say that I used to feel bad or that this is now some reason for my better self-esteem. However, I do feel a heightened sense of self-satisfaction. I now require less time to prepare in the morning, as I have less to adjust" (Participant 13).

“Even before that, I was satisfied with my lips, but I always wanted at least a fuller lips, so I decided to have this surgery” (Participant 10).

“So, neither Botox nor hyaluron affected me, how I perceive my body, and I felt the same way before and after” (Participant 7).

“Before and after, I felt the same way; let’s say I was happy. I wasn’t exaggerating with my lips, so one millilitre didn’t make a big difference. I don’t think many people have noticed it” (Participant 2).

As demonstrated, although the majority of participants reported a negative body image prior to undergoing aesthetic procedures, others described either a neutral or even positive body image. This diversity highlights that aesthetic surgery is not solely a response to dissatisfaction, but part of a broader spectrum of embodied experiences and motivations. From this emerges a sociological understanding of the body as an ongoing project – flexible, modifiable, and continuously shaped in relation to cultural ideals and personal aspirations. Aesthetic surgery aligns with this logic as a normalised and accessible tool for bodily self-management. Whether aimed at normalisation, enhancement, or maintenance, such procedures reflect late-modern processes in which the body becomes a site of continuous self-construction, symbolic investment, and identity work.

Body Image After

This section explores participants’ body image following non-invasive aesthetic procedures. Most responses were distinctly positive, reflecting both personal satisfaction and supportive reactions from others. These findings are organised in continuity with the categories established in the previous section. The first group of nine participants, who had previously reported a negative body image, emphasised increased self-confidence, reduced insecurity, and a greater sense of comfort in their own bodies. They also noted practical changes, such as spending less time concealing perceived flaws or wearing less makeup. This group is categorised under the code “negative body image before and positive body image after” aesthetic surgery.

“I feel much better because I finally resolved my insecurity (...). Everything turned out the way I wanted it to. So, it’s not much of a change (...), I feel much better now. I was able to solve some of the problems that I had as a younger (...) Now, sometimes, when I don’t even put on makeup, I don’t feel insecure because a fuller lips alone makes it feel like I put something on them, and I am getting a lot of compliments” (Participant 4).

"I see it as an advantage. I finally have the lips I've always wanted, which I've dreamed of. Of course, it adds a lot of confidence to me, and I got rid of this feeling that I'm constantly covering something up, trying to make something better" (Participant 6).

"I have much more confidence and look much better to myself. It has helped me a lot, and I am very pleased with the aesthetic surgery. Now, I feel much more satisfied and much more accepted in my body than myself" (Participant 8).

"Well, yeah, I feel better. I feel better and prettier when I don't have makeup, and when I do have makeup (...) I am honestly 100% satisfied. Yes, I should have done that, and I am happy" (Participant 11).

Six participants who reported a positive body image prior to the procedure framed their decision as a strategy of maintenance and enhancement, rather than dramatic transformation. They emphasised continuity in body image investment, with aesthetic interventions positioned as a self-care strategy. These accounts fall under the code "Positive body image before and improved body image after" aesthetic surgery.

"I am delighted with the result and will repeat the surgery" (Participant 10).

"I'm happy with the results and plan to continue" (Participant 13).

"After those surgeries, I feel a little better. I am so glad I invested in myself and thus improved my appearance. These are not significant changes; these little things mean something to me" (Participant 16).

A smaller group of three participants expressed what we categorized as a "neutral body image before and after" aesthetic surgery. However, neutral here refers more to the absence of a profound, identity-level shift rather than a lack of satisfaction. These participants typically described the change as a mild aesthetic improvement or refreshment, which they appreciated, but did not perceive as transformative in terms of self-image or everyday experience.

"So, neither the Botox nor the hyaluronic acid affected how I perceive my body. I felt the same both before and after" (Participant 7).

"Well, regardless of the procedure, I've always felt great in my own body. I never saw my lips as a major issue or anything like that (...) Even though it didn't really change my opinion of myself, I still feel like the same person when it comes to my lips" (Participant 5).

"So before and after getting my lips done, I felt pretty much the same, let's say equally satisfied. I didn't go overboard with the lips, it was just, I don't know, one millilitre, which didn't really make a big difference. I don't think even many people noticed it" (Participant 2).

Taken together, these narratives reaffirm the sociological perspective of the body as an ongoing, managed project shaped by individual aspirations and embedded social norms. Whether framed as correction, enhancement, or maintenance, non-invasive aesthetic surgery appears as a normalised strategy within broader projects of self-construction and self-presentation. For most participants, non-invasive aesthetic surgery marked a significant point of bodily transition, most commonly from dissatisfaction to self-acceptance, or from satisfaction to improvement. Even among those with neutral body image, the procedures were interpreted positively, suggesting a broad cultural legitimisation of aesthetic enhancement. These findings highlight the complex entanglement of body and identity. Aesthetic surgery, as described by participants, extends beyond physical alteration to influence self-image and quality of life. It functions not merely as a medical or purely “cosmetic” act, but as a socially embedded practice through which individuals negotiate personal agency and social projections, as the following section demonstrates.

Social Influences

The next research theme explored social influences shaping participants’ decisions to undergo non-invasive aesthetic surgery. Three distinct categories emerged, the first of which is coded as “social media and celebrities”. Participants highlighted social media platforms like Instagram and celebrity figures such as Kim Kardashian, Kylie Jenner, and Angelina Jolie as key sources of their aesthetic inspiration. However, they emphasised a distinction between direct imitation and aspirational influence. Rather than seeking to replicate specific looks, participants framed these references as part of a broader aesthetic context in which certain features became normalised and desirable. For many, social media such as Instagram served not only as a space of visual influence but also as a channel of access, some even discovered their chosen clinics through these platforms. Moreover, the portrayal of procedures as quick, routine, and accessible contributed to their normalisation and integration into everyday life. In this way, aesthetic surgery is understood as a socially sanctioned and symbolically mediated act, aligned with contemporary values of self-presentation and self-actualisation.

“Well, Instagram influences me, not my decision, but all the pictures and videos I see. I saw the clinic where I performed through Instagram (...) I can’t remember, but I would say Kim Kardashian. She has such beautiful lips” (Participant 11).

"I had a significant impact from social media. By looking at all the famous influencers I was following (...) and what one lip filler could do to my face, I decided that I wanted to do it and did it" (Participant 8).

One participant's description from this section was used as the study's title, as it succinctly encapsulates how non-invasive procedures are experienced as mundane, almost consumerist acts, seamlessly woven into everyday life:

"Since my lips have always been thin and I didn't like them, I wouldn't have had so much courage and motivation if I hadn't seen it all through Instagram, because virtually every other influencer girl on Instagram made lips. It was promoted as something normal, easily accessible - a surgery that lasted about ten minutes. It all seemed very easily accessible, so I think it encouraged me (...) I've seen through the media that it's a speedy process that's easily accessible. It encouraged me. It's quickly over and it's easily accessible. I get there, and I'm done in 10 minutes, so it's nothing. It's like I went shopping" (Participant 9).

The second group, composed of six participants, emphasised that their decisions were driven solely by personal motives, primarily dissatisfaction with specific body parts. Their responses, categorised under the code "lifestyle", reflect aesthetic procedures as part of a broader narrative of self-care, well-being, and bodily autonomy. One participant, who underwent the procedure during the COVID-19 pandemic, highlighted the absence of public exposure:

"I would not say that society had any effect on my desire to put fillers, especially because I went during the coronavirus, so no one but me and the closest ones even looked at my lips... my motive was to have a symmetrical upper lip" (Participant 3). Another participant framed it as part of a personal journey: "I wanted to try something new (...) I don't think specifically of anyone I had as a role model. My expert team adjusted entirely to me and my appearance at that moment" (Participant 16).

The third group also denied broad social influences in their decision to undergo aesthetic procedures, but they emphasised the role of relevant others, such as friends and colleagues who had previously undergone similar interventions. These examples served as motivation, especially because they provided first-hand information and realistic expectations through shared experiences and post-procedure photos. This reflects the nuanced dynamic between personal agency and social context and is categorised under the code "personal networks":

"I agree that society is imposing beauty standards and that we must adapt to keep up with time. I was motivated by suggestions from one of my friends to do it, but I didn't do it just for that. It was more because of my insecurity, not that I resemble a trend or something (...) But again, society plays a role, as I also mentioned that it means a lot to me when someone compliments it" (Participant 4).

"In the last few years, the motive was friends who have done some aesthetic surgery and seem entirely natural, maybe a little rejuvenated, fresh, and healthier" (Participant 14).

"I was inspired by other people who had done this before me because, before the surgery of hyaluronic fillers, I googled online many times, searched thousands of pages, and looked at hundreds of photographs of the surgery. I wanted to ensure that I was going into the hands of a good expert, so everything went well. I was inspired by other people who had been to the surgery, but none was famous" (Participant 18).

The findings underscore the sociological relevance of aesthetic surgery, particularly through participants' accounts of the influence of celebrities and social media. While decisions were framed as personal and rational, they were also shaped by broader cultural narratives and visual economies that define and circulate ideals of the body. This interplay between individual agency and social context was further evident among those who cited personal dissatisfaction as a primary motive, as well as among participants influenced by peers and close networks, whose lived experiences served not as normative models but as trusted, authentic sources of information and encouragement. These insights reveal aesthetic surgery as a socially embedded practice reflecting and reinforcing dominant beauty norms through public figures such as celebrities, while remaining deeply personalised and tied to individual aspirations.

Reflections of changes

The next theme explores participants' reflections on broader personal and professional changes following non-invasive aesthetic surgery. Their reflections were generally positive, but without any indication of major changes. Among the participants who highlighted professional reasons, it was particularly evident that aesthetic surgery can serve as a form of personal empowerment and self-actualization. However, alongside these benefits, participants spontaneously addressed the social reception or comments of their choices and after-looks. While some encountered approval and support, others faced judgment or scepticism, revealing the persistence of social stigma and societal ambivalence surrounding aesthetic surgery.

"The only thing I can say is that personally, this change is big for me, that I feel much more self-confident and happier. I finally did something I've wanted to do for a long time, so there's no more procrastination. I am satisfied because I simply feel better in my body. There will always be people who might say that it wasn't necessary or that I was beautiful before. But the most important thing for me is feeling good in my body" (Participant 4).

"I haven't had much of a change, but it's just that a person feels condemned by some people who disagree with aesthetic surgeries (...) The same kind of corrections can be made for health reasons. It's not like someone made us like that, and now you have to accept it, and you're going to be dissatisfied. You won't do something for reasons other people wouldn't judge you. I know many people who would want lips, but as they're asking how minimal to put it so that someone wouldn't notice, they only know in the subconscious that they did it" (Participant 5).

"I've certainly received all kinds of comments from my work colleagues, which were either good or bad, but that didn't affect my choice" (Participant 1).

Participants did not report major life or professional changes following non-invasive aesthetic procedures, though many emphasized the rationality of their decision, citing improved body image, self-confidence, and quality of life, particularly in professional contexts. More revealing, however, were their spontaneous reflections on social reactions, including frequent comments, unsolicited opinions, and judgment from others. These experiences point to the stigmatization of aesthetic surgery users, despite its growing normalization in media culture.

Future plans

The final section of the study explored participants' plans for future aesthetic procedures, whether in the near or distant future. Nearly all participants expressed openness to undergoing further procedures, either as a continuation of previous treatments or the pursuit of new ones, and only one participant ruled out this possibility.

The largest group of participants was categorised under the code "maintenance and new procedures", indicating plans to continue with existing and new non-invasive treatments such as Botox application, as well as new invasive aesthetic surgeries such as rhinoplasty (nose correction) and blepharoplasty (eyelid correction). Participants demonstrated a high level of awareness regarding available procedures and their effects, reinforcing the initial observation that this is a population of experienced aesthetic consumers.

“In the future, I want to do more Botox. So, for now, it’s just lip fillers, and in time, I think I will make a Botox” (Participant 8).

“I plan to proceed with this now, depending on financial possibilities. The correction of the eyelids that naturally fall as age goes... I believe that sometimes in life, it will be necessary” (Participant 13).

“Right now, the surgery I’m planning is rhinoplasty. I have this surgery in May and can’t wait” (Participant 5).

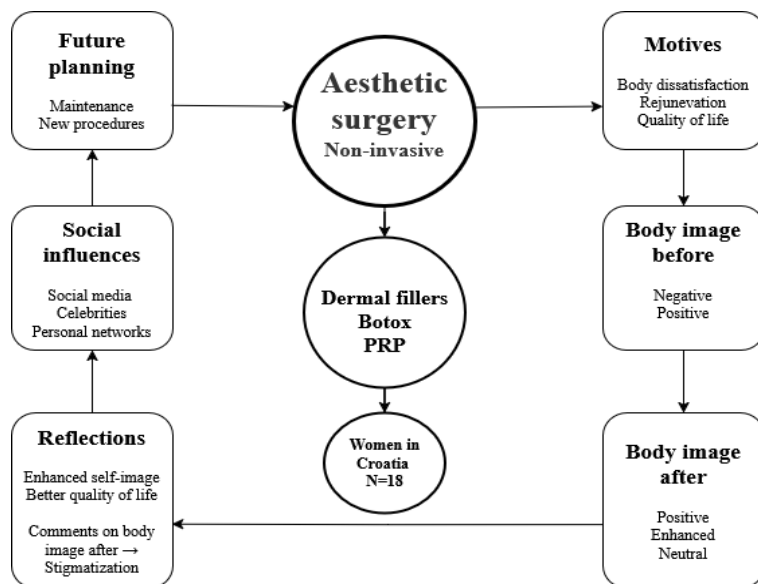
Other participants commonly articulated future intentions, particularly emphasising the repetition of previously undergone procedures, which was categorised under the code “maintenance”. This reflects a practical approach to aesthetic interventions as ongoing care practices, aimed at preserving desired results over time. The need for periodic renewal, especially due to the temporary nature of substances like hyaluronic fillers, was frequently mentioned. At the same time, some participants expressed an open, but non-committal, attitude towards future (non)invasive surgeries, showing flexibility depending on circumstances.

“I plan to continue attending the hyaluronic fillers because I am satisfied with the results, and they need to be renewed occasionally” (Participant 3).

“Well, I’m planning to get hyaluronic acid in my face again, once this wears off” (Participant 18).

As demonstrated by the findings, participants’ openness to both maintaining and expanding their aesthetic procedures reflects a broader orientation in which non-invasive aesthetic interventions are understood not as isolated events, but as part of an ongoing process of self-optimisation. This attitude highlights a mode of bodily engagement rooted in sustained investment, continuous self-monitoring, and aesthetic upkeep. In this light, the body emerges as a dynamic, unfinished project that must be carefully managed and regularly enhanced to align with self-expression. Such a perspective affirms the central thesis of this paper - that the body is no longer a static given but a fluid, reflexive project open to constant redefinition through aesthetic labour. These interrelated themes are visually represented in the thematic map (Graph 1), capturing the complex dynamics underpinning participants’ engagement with aesthetic procedures.

**"IT'S QUICKLY OVER AND EASILY ACCESSIBLE": SOCIOLOGICAL INSIGHTS INTO NON-INVASIVE
AESTHETIC SURGERY AMONG WOMEN IN CROATIA**



Graph 1. Graphical representation of thematic categories

Conclusion

By situating aesthetic surgery within the broader context of high modernity, this study sheds light on a socially significant yet under-researched phenomenon in sociology and Croatian society. Through qualitative interviews with 18 women who had experience with non-invasive procedures, we explored how aesthetic practices are embedded in everyday life, shaped by personal, social, and cultural dimensions. The empirical findings highlight a complex and layered relationship between the body, identity, and late-modern social structures.

Participants in this study were mostly regular users of dermal fillers and Botox, often undergoing procedures annually or more frequently. Their narratives positioned non-invasive aesthetic surgery as a routine practice of bodily maintenance, an expected part of self-care rather than a radical intervention. This normalisation is key to understanding aesthetic surgery not as a medical or cosmetic exception, but as part of a wider cultural logic of continuous self-improvement.

Our findings demonstrate that non-invasive aesthetic procedures are heterogeneous in both motivation and reflection. We identified three dominant participant strategies, each reflecting specific constellations of body image and reasons for undergoing these procedures. The first strategy, normalising, is characteristic of participants who expressed bodily dissatisfaction and a negative body image prior to treatment. The second, enhancing, includes participants with a positive body image who sought aesthetic procedures either to improve their quality of life or professional functioning, as well as those pursuing rejuvenation to mitigate visible signs of ageing. Lastly, the maintaining strategy refers to participants with a neutral body image who underwent procedures primarily to sustain or subtly reinforce an already satisfactory appearance. An indicative finding is that participants generally did not problematise the procedures or mention potential negative consequences.

Participants' experiences were generally focused on positive outcomes: enhanced body image, increased satisfaction, and improved well-being. This aligns with Crook and Dwyer's (2016) observation that non-invasive procedures have shifted from medicalized interventions to normalized lifestyle practices, largely due to their accessibility, speed, and perceived simplicity. Supporting this, participants described these procedures as quick, convenient acts of self-care, as reflected in the study's title: *It's quickly over and easily accessible*.

While media, celebrity culture, and social networks did play a role in shaping participants' decisions for undertaking procedures, these influences were typically framed as autonomous and personally motivated. Notably, the notion of the "influencer" extended beyond digital culture to include close social networks, such as friends, colleagues, and family members, whose experiences offered both practical guidance and emotional affirmation. This underscores the extent to which aesthetic decision-making is embedded in everyday interpersonal relationships, rather than being shaped solely by mass cultural forces.

Crucially, nearly all participants expressed openness to future procedures, both non-invasive and, in some cases, invasive, suggesting a sustained engagement with bodily modification. This supports the central thesis of the study: in late modern societies, the body is no longer biologically determined but is reflexively monitored and shaped through individual agency. Following the logic of high modernity and the ethos of consumer culture, the body emerges as a personal project, initially grounded in individual initiative and responsibility, and subsequently embraced as a lifestyle orientation. Aesthetic surgery, particularly in its non-invasive forms as this study shows, functions as a normalised mechanism through which individuals negotiate visibility, identity, and self-worth within an increasingly image-conscious social environment.

Although the study is limited by its qualitative scope and the use of a convenience sample, thereby precluding generalisations about the broader population of women in Croatia who engage in non-invasive aesthetic procedures, it nevertheless offers a valuable contribution to understanding aesthetic modification as a globalised social phenomenon. It opens space for further sociological inquiry into how the body is shaped by, and responds to, means of contemporary society.

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