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Articles

The Psychological perspective of cosmetologist's work

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Abstract

Background: Cosmetic institutions are an important element in human life, providing the opportunity for personal development. The study aims to analyze psychologist's competence of cosmetologists and client self-esteem to establish potential ways of psychological contact between a cosmetologist and his/her client.

Methods: A survey of 156 cosmetologists of Irkutsk city and region was conducted to determine awareness and the need to obtain knowledge in the field of psychology and psychiatry for cosmetologists. A training program has been developed that will allow a cosmetologist to expand his/her knowledge in the field of psychological characteristics of patients with a dermatological profile and improve the quality of cosmetology services. Cosmetologists generally uncertainly assess their abilities in recognizing the psychological status, as well as the needs of a patient. A total of 259 female clients were exposed to a mirror gazing technique for psychological correction.

Results: The psychological task of a cosmetologist is to constantly accompany and advise a client. The self-esteem survey revealed a positive shift towards accepting the presence of other people in one's life and taking a confident and active position in problem-solving.

Conclusions: Systematization of the obtained data will make it possible to distinguish different types of patient characteristics, which is a necessary and indispensable condition for successful correction, not so much cosmetological as psychological. A technique has been developed to deal with a depressive state in patients, including a comprehensive cosmetology-psychological approach divided into 5 stages.

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1. Introduction

At the present stage of society, there is a requirement for the internal and external states of a person to be consistent (Choi, Jang, & Choi, 2014). Holistic perception of oneself favors the harmonization of the personality and the perception of oneself as capable of personal growth, the formation of a normal system of values, an increase in the level of self-esteem, and the development of a relationship "I-other people" reflecting one's personality. In particular, people perceive bodies and objects of extreme sizes differently. For example, the perception of thick bodies induces a clear connection between the "I" of the observer and thin bodies. For observers who perceive "thin" bodies, such a connection with their own "I" is not expressed (Salvato et al., 2019).

Cosmetic institutions today are an important element in human life, providing the opportunity for personal development. Cosmetology is designed to solve three main problems: psychological, therapeutic and aesthetic (Dalgard et al., 2015). Thus, in the results of a large-scale study that covered 13 European countries (250 patients in each clinic, 3635 in the experimental group and 1359 in the control group), it was found that 10% of patients had a depressive disorder, 17% had anxiety disorder, and 12% had ideas of suicide. These indicators exceeded the results in the control group by 1.9-2.4 times. The maximum values were obtained for patients with psoriasis, eczema and atopic dermatitis. Thus, the presence of any kind of skin disease can significantly affect a person's mental health (Dalgard et al., 2015). In the case of contacting a cosmetologist, a therapeutic, psychological and aesthetic effect is possible, since with mild forms of these diseases, through the passage of cosmetic procedures, their external manifestations can be eliminated. It should be remembered that in severe or neglected forms of eczema, dermatitis and psoriasis, not cosmetological, but medical assistance is needed.

A person's idea of his/her body consists of two components - the body schema, or plastic and dynamic perception of the biomechanical properties of the body and the image of the body. The latter already implies a conscious perception of one's body as an integral object, with an understanding of the functions and interrelationships of its parts (Maresca et al., 2020). These authors have shown that the combination of the help of a psychologist and a nutritionist can significantly improve the mood of patients, bringing them out of depression. Body schema and body image are interconnected since the body image can affect the body schema, including with the help of an outsider or intervention (Ataria & Tanaka, 2020; Rogers, Webb, & Jafari, 2018). In this case, a cosmetologist with experience as a psychologist can participate in this process when working with a client. A negative body image, as a rule, is formed in adolescence, while peer ridicule or one's own dissatisfaction with the quality of life play an important role in its formation (Gattario & Frisén, 2019). By the age of 20-22, most people manage to consciously get rid of the negative perception of their body image, as a rule, by changing the characteristics

of the body image towards the "ideal". In general, the concept of body image needs to be popularized for dialogue with a wide range of people (Bailey, Gammage, & van Ingen, 2017). In this case, beauty salons can be an ideal place for such a dialogue.

There is a pronounced relationship between somatic diseases and their consequences in the form of psychological disorders (Gouveia et al., 2015). Among the psychodermal disorders, two large groups are known, namely: mental illness associated with various skin manifestations; skin diseases that can aggravate due to existing mental illness (Menear et al., 2015).

The second group also includes diseases that have arisen in connection with various kinds of psychogenic and situational factors, and those that are manifested in connection with the unfavorable outcome of cosmetic procedures (Deschenes, Burns, & Schmitz, 2015; Menear et al., 2015). This group is called nosogenic reactions. Reactions of this kind exert a traumatic effect on the patient, which often leads to disability, depression, and sociopathy (Basch, 2017). Basically, existing studies are devoted to a cluster of patients who applied for help to dermatological clinics (typically, due to unstable mental conditions, low self-esteem or depression), while the majority still turns to cosmetologists (Basra et al., 2015; Thornicroft et al., 2017). This cluster is practically unexplored. This is also associated with a number of factors, in particular, patients turn to a cosmetologist at the stage of a disease, when there is no serious threat to health and subsequent disability (Deschenes et al., 2015). The second circumstance is the dynamic development of cosmetic services market, which ultimately leads to cheaper and more accessible products for wide layers of society. The problem of insufficient awareness of dermatologists and psychiatrists about the existing direction of "psychodermatology" in different countries of the world remains relevant (Shavlovskaya, 2015; Thornicroft et al., 2017). Jafferany, Vander Stoep, Dumitrescu, and Hornung (2010a) interviewed 237 dermatologists for awareness of the representation of mental disorders among dermatological patients. Only 18% among dermatologists and 21% among psychiatrists have a clear idea of the problems of psychodermatology. Acne, atopic dermatitis, and psoriasis have been reported as the most common diagnoses associated with mental manifestations. Dermatozoic delirium, neurotic excoriation, and trichotillomania are the most common conditions with which dermatologists refer patients to a psychiatrist. In addition, 42% of respondents reported that knowledge of the problem helps in the diagnosis and treatment of these disorders (Jafferany et al., 2010b).

In another study conducted in Turkey, it was found that the most common dermatological disease that is associated with mental disorders is acne (49.1%) (Ocek et al., 2015). This is not surprising, because acne refers to psychosomatic diseases, in the occurrence and exacerbation of which the psychogenic factor plays a leading role.

Eating disorders can lead to bulimia and anorexia, with disturbances in body image being a major symptom (Vocks et al., 2007). The conducted studies of the effectiveness of treatment of body perception showed a significant result in improving the psychological state of patients from the experimental group with eating disorders compared to the control group, where such improvements were not recorded (Artoni et al., 2020). Adequate body image assessment can significantly reduce a patient's mental stress during eating disorders (Pellizzer et al., 2018). Among patients undergoing bariatric surgery, there is dissatisfaction with the body image before surgery and an improvement in these indicators six months after it (Williams et al., 2018). The appearance of the scar after surgery, such as a caesarean section, is also important for the perception of one's body image (Fleisher et al., 2019).

Somatic disorders are those physical illnesses that are clearly associated with the non-psychiatric medical field, often referred to as psychosomatic illnesses or somatoform disorders (Darves-Bornoz, 2018). Somatic disorders, as well as mental disorders, are widespread among people, up to 86%, according to some surveys (Lee et al., 2015). Functional somatic disorders are characterized by persistent and unpleasant physical sensations and, depending on the origin, can be caused by single symptoms, as well as dysfunctions of one or several organ systems (Burton et al., 2020). Somatic disorders are closely related to mental disorders, as they can be present even in the early stages of psychosis. Physical and mental disorders can be exacerbated with such serious illnesses as breast cancer (Leonhart et al., 2017). At the same time, patients with somatic and mental disorders who received qualified help from psychologists noted a significant improvement (Lambert et al., 2018). These findings come in contact with the concept of body imaging, since physical disorders develop a mental disorder, as a result of which there is a low level of self-esteem. Such people often visit beauty salons and need the right approach, not only from the cosmetologist, but also the help of a psychologist.

1.1. Aims

In Russia, until a recent time, little attention has been paid to the psychological aspect of the cosmetologist's work with patients. There is no understanding of patients' requirements or cosmetologist's reaction to these requirements. There is no comprehensive approach to working with patients.

The purpose of this work is to carry out a comparative analysis of the level of competence of cosmetologists as psychologists for clients and to establish possible ways of psychological correction of the depressive state of clients in the event that their appearance does not correspond to their own ideas about themselves.

The research objectives are: (1) to conduct a cosmetologist survey in order to establish the psychologist competence of cosmetologists; (2) to perform a self-esteem survey among clients, and (3) to examine severe cases of anxiety and depression among female clients.

2. Materials and Methods

2.1. Participants

The survey was attended by 156 cosmetologists. The average age of respondents was 38.5 ± 2.7 years; the average experience in the field of cosmetology was 7.8 ± 0.9 years.

Simultaneously, a mirror gazing technique was applied for the psychological correction of 259 patients who visited the same beauty salon. The average age of female clients was 41.2 ± 4.3 years. All the participants gave their consent to participate in this study and were evaluated by the clinical psychologists and physicians.

This research was conducted with respect for the rights of the participants, according to the World Medical Association Declaration of Helsinki and its amendments.

The data were analyzed anonymously. Each participant was properly informed about the research and signed a written consent. All patients gave their consent for participation in the research study.

In this work, the authors used the questionnaire method. In Irkutsk and Irkutsk region, a survey was conducted among cosmetologists from April 1 to June 20, 2018, in order to determine awareness and the need to obtain knowledge in the field of psychology and psychiatry for cosmetologists. Beauticians were presented with a questionnaire consisting of 21 closed-type questions. The questionnaire has required an answer "yes" or "no" (Supplementary Table 1).

2.2. Inclusion and exclusion criteria

The study included cosmetologists working in beauty salons in Irkutsk (Russia). The inclusion criteria were age - 35-42 years and work experience of at least 7 years. The exclusion criteria were inconsistencies in terms of age and length of service. The patients were women aged 39-45 years who visit beauty salons in order to receive cosmetic procedures. Persons mismatched in age and gender were not included in the study.

2.3. Instruments and methods

The studies of the psychological characteristics of patients with a dermatological profile have been conducted starting from 2013 and it has begun clear that a cosmetologist should know patient's psychology and signs of mental disorders. There were cases of patients who complained about dissatisfaction with their appearance, who also suffered from schizophrenia, manic-depressive psychosis, etc. All of them were referred to a psychiatrist. In addition, patients

without mental disorders often talk about their problems in anticipation of support, and psychology knowledge is essential here, which helps to better understand patients and form effective cooperation with them in solving a problem. All this served as an occasion for the creation of a training program allowing a cosmetologist to expand his/her knowledge in the field of psychological characteristics of cosmetology patients and improve the quality of cosmetology services (Table 1). The program includes the most significant topics for a cosmetologist to know. All this is based on the authors' experience working with patients, as well as experience working with psychiatrists.

Table 1. Psychological aspects in cosmetology. Seminar program for cosmetologists

No	Topic	Hours
1.	Effective consultation of a cosmetologist. Seven cosmetologist's mistakes in conducting a consultation. Consultation with a cosmetologist. Elements of psychological counseling. The concept of authenticity, active listening. The attentive and influential parts of effective counseling. Assessment of the psychological state of a patient.	2-4
2.	Fundamentals of constructive communication between cosmetologist and patient. Constructive and destructive conflict. Conflicting habits. "Communicative traps". Manipulation.	2-4
3.	Patient or client. Features of client psychology. Features of patient's psychology. Cosmetologist's tactics.	2-4
4.	What does a patient want? Reasons for contacting a cosmetologist. Motives and needs of a patient. Addictive behavior of a patient.	2-4
5.	Beauty and attractiveness. Aesthetic potential of the face. A personal approach in the work of a cosmetologist. The concept of beauty and attractiveness. Analysis of indications for cosmetology correction. The effect of the "frightening valley". Basics of perception of others.	2-4
6.	Dysmorphophobia. Diagnostics. Tactics of a cosmetologist.	2-4
7.	The reasons for the ineffectiveness of the traditional treatment of acne, rosacea, etc. Psychosomatic aspects of skin diseases (acne, rosacea, alopecia, etc.). Tactics of a cosmetologist.	2-4
8.	Fear of aging (gerontophobia). How to stop being afraid of aging. Diagnostics. Tactics of a cosmetologist. The concept of age crises. The psychological aspects of aging. Ten main mistakes of a cosmetologist while dealing with persons with gerontophobia.	2-4
9.	A cosmetologist as an expert. Clinical thinking as the main tool of a cosmetologist. Principles of objectivity of consideration, comprehensiveness of consideration. The principle of historicism. Cognitive traps.	2-4
10.	Hysteriform syndrome. How to deal with tantrums. Borderline neuropsychiatric disorders as contraindications for cosmetic interventions. The concept of intrapersonal conflict as the basis for the development of borderline neuropsychiatric disorders.	2-4
11.	Dissatisfied patient. Complaints, complications and adverse reactions in the practice of a cosmetologist. The concept of paramimia. The role of distress in the development of complications. Prevention. Cosmetologist's tactics.	2-4
12.	Features of female psychology. The main enemies of femininity. The concept of female beauty. Women's appeal. Signs of female sexuality. The danger of intimate filling.	2-4
13.	When is a psychiatrist consultation needed? The main symptom, syndromes of mental disorders. Tactics of a cosmetologist. When are cosmetic procedures contraindicated?	2-4

The mirror gazing procedure involves sitting in front of the mirror (at home, alone) and simply looking into it. All manipulations should take place in a calm state of mind. Participants were recommended to perform a daily 10-minute mirror gazing for a month in order to seek for positive and negative qualities in their appearances. This study focused more on negative, rather than positive, qualities, as they are normally not recognized or thoroughly suppressed. Female clients were expected to accept themselves. Once any negative quality is accepted, it is no longer concerning. Participants were asked to complete a no/yes questionnaire prior and subsequently to mirror gazing in order to determine if any negative sides of appearance were accepted. The results were evaluated on the scale from 0 to 1, where '0' was 'no' and '1' was 'yes'. This self-esteem questionnaire includes the following statements:

1. The partner's constant inaction annoys me.
2. Relatives constantly spend their time with gadgets but I do not allow myself to be like that.
3. I judge the violation of rules, as I would like to violate them myself but do not dare to because of my fear of disapproval.
4. Others do whatever they want but I can hardly remember myself being like this.
5. I push away people but I would not like to feel pushed away myself.
6. Another woman can be bold and assertive, which cannot be said about me as I suppress behavior after a traumatic experience.
7. I dislike it when my close relative (husband, father, mother, etc.) refuses to call me because he/she is busy. I talk on the phone for a long time.

Respondents who scored 5-7 points were recognized as those in need for psychological correction. They were recommended to devote more time to themselves, rest, and take meditation courses. Clients with 2-4 points were recognized as even-tempered and recommended to continue their mirror gazing sessions. Respondents who scored 2 points or less did not need psychological correction.

To put the above into perspective, a severe case of anxiety and depression in a female client was selected for showcase. Cosmetic correction included the following procedures that improve the quality of the skin (massage, applying masks No. 8) in combination with relaxing techniques, then the procedure of contour plastic surgery using filler based on GC to correct wrinkles. For this, along with cosmetic services, a psychological correction was simultaneously carried out to reduce the depressive state and gain purposefulness as a remedy for depression. The following is a case history. The psychological correction included 5 stages, described in more detail in the "Results" section.

2.3.1. Clinical case

One of the patients (patient L) signed up for consultation with the cosmetologist A. The patient has divorced her husband, has one child, works from morning till night and does not want to change anything in her life, especially since there has been a negative experience visiting a cosmetologist. There is already preliminary information that the patient is in a difficult life situation (the state of emotional stress is important to consider when drawing up a correction plan) (Nikolaeva, 2017a).

At the appointed time, patient L approached. Communication with cosmetologist A began already in the hall, where they met. The patient sat in front of the cosmetologist, hunched over, tense, displeased with something, the patient was looking around and nervously fingering the handle of her bag. Specifying the patient's name, the cosmetologist invited her to go into the office, carefully watching her. The patient got up and hurriedly entered the office, sat on the edge of the chair, put the bag on her knees, continuing to fingering the handle of the bag, her eyes were downcast. The patient's posture, gait and gaze testified to her stress, low mood, as well as self-doubt. Indeed, the patient was in a state of emotional stress.

2.4. Statistical analysis

Statistical data processing was performed in the Statsoft Statistica V.6.0. The significance of differences was at $p \leq 0.05$. The normal distribution of features led to the choice of parametric methods of statistical analysis. Differing levels of significance are specified in the text. Differences between features were checked using the Fisher t-test for independent samples. The symptoms are listed in the category, for a total of 12 symptoms according to a survey of cosmetologists. To establish the similarity between these groups, the method of cluster analysis was used. The attributes were processed using cluster analysis based on similarity.

3. Results

3.1. Questioning

The results of the survey showed various motivations of cosmetologists depending on the goals set (Figure 1).

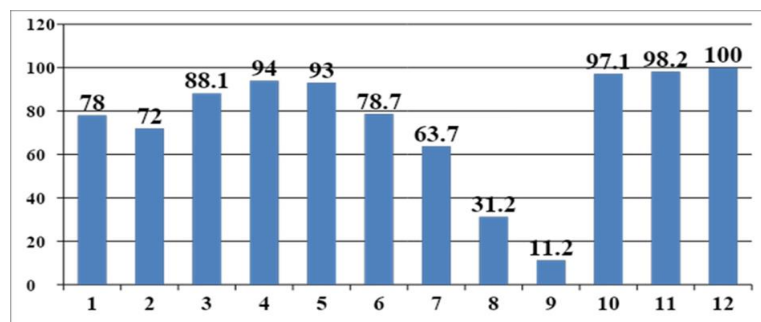


Figure 1. The results of a survey of cosmetologists. Data are displayed in %.

Categories: 1 – cosmetologists are not familiar with the psychological characteristics of patients who turn to them for help; 2 – cosmetologists have difficulty communicating with dissatisfied patients and understanding their needs and motives; 3 – cosmetologists indicate the presence of a relationship between the psychological state of a patient and his/her skin condition; 4 – cosmetologists agree with the influence of the emotional state of a patient on his/her appearance; 5 – cosmetologists have difficulty assessing the psychological state of patients; 6 – cosmetologists have difficulty in predicting a patient's response to the cosmetic procedure; 7 – when choosing drugs, cosmetologists are guided by the opinion of colleagues, and not the results of clinical studies; 8 – cosmetologists are familiar with the basics of evidence-based medicine; 9 – cosmetologists have an idea of clinical thinking; 10 – cosmetologists are not able to diagnose mental disorders in patients who turn to them for help even at the level of a syndromic diagnosis; 11 – cosmetologists note the influence of psychological characteristics of a patient on the risk of adverse events and complications after cosmetic surgery and on the result of the cosmetic procedure as a whole; 12 – cosmetologists desire to obtain relevant knowledge.

The data obtained allowed dividing the categories into several groups. Group 1 (work with a patient) includes the first 6 categories. Group 2 includes categories that are directly related to cosmetologists (7–11).

As can be seen from Figure 1, cosmetologists generally uncertainly assess their abilities in recognizing psychological stress and patient's needs. This also includes indicators of categories 6 and 7. Based on them, cosmetologists do not rely on their own experience, and they also fear a patient's reaction to the corresponding cosmetic procedures. There were no statistically significant differences between the categories of this threshold.

The second group is comprised of a category with indicators with twice lower rates (at $p \leq 0.05$): up to 32%. These numbers reflect the low awareness of interviewed cosmetologists about evidence-based medicine. Minimum values, less than in 1st group by 8 times (at $p \leq 0.01$), relate to the lack of clinical thinking among cosmetologists (threshold up to 15%). The indicators of the second and third groups indicate a low qualification of interviewed cosmetologists. Finally, the maximum indicators, 0.5 times (at $p \leq 0.05$, the threshold is from 95%) also indicate a low qualification of cosmetologists in psychology and psychiatry, but also a desire to increase their level.

This, in turn, explains the presence in all of the respondents of a desire to gain knowledge in the field of a patient's psychology, to master the methods of diagnosing a patient's psychological state, to master the elements of a constructive communication with a patient, and to acquire the skills of psychological correction of a patient's condition. Besides, according to all survey participants, knowledge in the field of patient psychology will help to improve the results of cosmetic procedures.

The results are shown in Figure 2, where a cluster analysis based on the principle of kinship of attributes is presented.

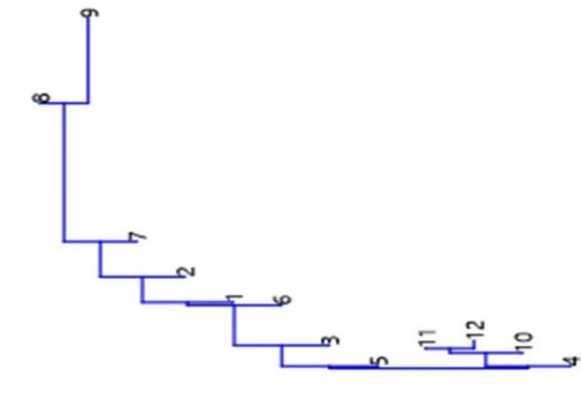


Figure 2. Clustering of signs according to the principle of kinship. Designations of numbers – see Fig. 1

As can be seen, there are two main clusters (Figure 2). The first includes signs 4, 10, 11, 12, the second includes the rest. The first is associated with cosmetological procedures and the consequences expected by cosmetologists, in the second – various psychological characteristics of patients with a dermatological profile and the expectations of cosmetologists related to the psychological aspect.

Thus, there is a dynamic process that can be displayed as: lack of professional thinking in the field of psychology – the desire to eliminate this problem. The presence of motivation among cosmetologists will eventually improve the quality of patient care.

Survey results revealed a significant change of attitude after mirror-gazing sessions.

Table 2. Self-esteem Survey Results Prior and Subsequently to 1-Month Mirror Gazing

No. of Question	Frequency of positives prior to mirror gazing (score, 5 to 7), %	Frequency of positives subsequent to mirror gazing (score, 5 to 7), %
1	85	56*
2	69	42*
3	74	65
4	95	58**
5	35	17**
6	56	34*
7	78	56*

Notes: *- $p \leq 0.05$, ** - $p \leq 0.001$.

A significant change of attitude towards the negative side of appearance was found across all statements with the most notable change in relation to statement 4. That is, the majority of clients took a confident and active position aimed at solving their problems.

3.2. Psychological aspects in the work of a cosmetologist

In the period from 2005-2018, when studying the psychological characteristics of patients with a dermatological profile, there was a need to systematize knowledge about a patient's mental health, as well as the effectiveness of complex therapy for such patients.

As it is known, any theory is meaningless without practice. Therefore, a clinical case from practice is given as an example. The article gives explanations corresponding to each stage. Elements of direct speech were used to better convey the principles of work and the patient's condition at each of the stages of correction.

Stage 1. Gaining Confidence. Sitting calmly across from the patient L, continuing to carefully watch the patient L, the cosmetologist A turned to the patient L by name. The patient L raised her eyes a little in surprise, but she liked it. The cosmetologist A introduced herself and asked the patient to tell about her wishes. Patient L was a little reluctant to say, "My friend appointed me to you. She told me to come to you. I do not know what I need. She says to remove wrinkles". At the same time, her face expressed sadness. The cosmetologist continued calmly, "Well, this is all the opinion of a friend, but what is your opinion?" The patient revived a little, sat comfortably in a chair, picked up a mirror, began to examine herself and said with a fake smile, "I am kind of tired, I do not like the nasolabial folds, and the skin is old. Indeed, I am already old. Will anything help me? I was already at the beautician a year ago, they put botulinum toxin on me, I did not like it, my face looked strange". Then she silently looked at herself for several seconds and asked hopefully, "What do you think I need?" The cosmetologist suggested the patient to take a picture and analyze the photos together. The patient agreed. The cosmetologist and patient looked at photos together, cosmetologist commented, referring to patient by her patronymic: "I do not see the old woman here, I see a woman who is still young and pretty, but sad. Your emotions are reflected on your face. You feel that way, and your appearance expresses it. Look, you have practically no wrinkles" (Figure 3a).



Figure 3. Patient L (39 years old) before the course of complex correction (3a); after facial contouring procedure (3b); one month after the end of the course of complex correction (3c)

The patient was delighted with these words and said, “Yes, you are right. After I divorced my husband, I became kind of sad, even angry. Now I think that I am still kind of pretty, I can still meet a partner!” The patient said it confidently with little joy in her voice. She was already looking at herself and cosmetologist with interest. The cosmetologist continued calmly, “I think that you can find help if you want, of course, and are ready”. The patient is already confident, “Yes, I want and I am ready, where should we start?” The attentive part of the consultation has ended, the purpose of which is to position the patient, the influential part of the consultation has begun (Novitskaya, 2016).

Stage 2. Data Collection. Next, a medical history was collected, additional questions were asked about the patient’s profession, marital status, relationships with colleagues, children, her ex-husband, friends, parents, as well as plans for the future. From the patient’s answers it can be stated that she is aloof, communicates formally, does not communicate with her ex-husband, is wary of people, fears to cause mental pain, keeps herself apart, has not had new acquaintances recently, plans to leave the city someday. The patient is the only daughter in the family. This questioning is not for the sake of idle curiosity, but for the purpose of characterizing patient’s personality, her emotional state at present. The patient was not surprised by these questions, she calmly answered them, there were even more complete answers than required, and she wanted to tell about herself, she gave her trust. The main thing for the specialist here is not to get carried away and not to cross the permissible boundaries; otherwise, the patient will withdraw into oneself and stop trusting. The basic principles of psychological correction were discussed in another article (Nikolaeva, 2017b).

Stage 3. Assessment of the somatic and psychological state of a patient. When assessing the somatic state, deviations were not detected. The anamnesis revealed chronic gastritis. There were no complaints.

The main parameters of the patient’s mental sphere: clear consciousness, low mood, emotionally labile, emotions are adequate. The patient answered briefly at first, then, when the tension was relieved, more willingly. Critical attitude to herself. Self-esteem is reduced. No signs of mental disorders were found. The patient at the time of the consultation was at the stage of aggression, experiencing a difficult life situation, which was accompanied by emotional stress. The mental state of this patient increases the risk of complications; conflicts are possible. At the stage of experiencing difficult life situations, a person accuses him/herself and others of what has happened, this generates aggressive behavior.

Stage 4. Cosmetic and psychological correction. The patient underwent a course of a complex correction. Psychological correction was aimed at helping the patient survive a difficult situation and adapt to new life conditions. A sign of successful correction was the emergence of new interests, acquaintances, joy, etc., that is, the personality development.

Stage 5. Catharsis. As a result, the patient was satisfied. Indeed, the patient had the opportunity to satisfy a need that was significant for her at that moment – the need for love and belonging. The patient became calmer, more self-confident, changed her job, decided not to leave the city, ceased to be afraid of men, and began to get acquainted, communicate. The patient's emotional state improved, which was reflected in her face, gait, and poses. Besides, the results of cosmetic procedures (Figure 3b, 3c) contributed to the improvement of the patient's appearance.

4. Discussion

In addition to the comprehensive approach to the work of a cosmetologist, combining the professionalism of a cosmetologist and a psychologist in one person, there are other approaches. One of them is the presence of a full-time psychologist in a beauty salon (Balieva et al., 2017). However, this is less effective, because there might be an imbalance in a patient's comfort when different people work with him/her.

The task of a cosmetologist in the role of a psychologist is to constantly accompany and advise a client (Hay et al., 2014). The psychologist's task is also to constantly improve his/her knowledge from practical experience. Systematization of the obtained data will make it possible to distinguish different types of patient characteristics, which is a necessary and indispensable condition for successful correction, not so much cosmetological as psychological. Psychological support in some cases may be even more important than cosmetic procedures. This is clearly illustrated by the example of the patient researched in this study. An important element of psychological correction is an individual work with each patient. For the patient, this gives importance to his/her person, provides an opportunity to discuss and adjust the topics, which cannot be discussed with everyone. In other words, a trusting relationship is created, which corresponds to one of the above-mentioned stages of psychological correction. Another important aspect of psychological correction is the systematic work of the cosmetologist and the patient. This is also reflected in the present work when consultations with the patient have been carried out after the end of psychological and cosmetological correction. Such meetings allow a specialist to keep a patient in good shape, especially if he/she has an unstable or too emotional psyche, is a subject to the slightest external influences. The individual approach postulated in the current work is aimed not only at a patient but also at a cosmetologist. They work one on one. This principle increases the possibility of a favorable outcome. The work of

psychiatrists in the United States and other countries is based on this principle (Choi & Jung, 2014). The teamwork method, proposed in other works, involving the psychiatrist, is less effective, since patients are “cranked out” in this case, and this reduces the effectiveness of the results (Choi & Jung, 2014).

The seminar program developed in this study organically reflects the diverse phobias present in patients visiting cosmetology facilities. This is the fear of aging, and the loss of body indices, and some other phobias (Finlay & Salek, 2017; Hay et al., 2015). First of all, the gender of patients is taken into account. About 95% of salon visitors are women. Of these, 60% are people over 45 years old. Thus, there is both gender and age dependence. An additional criterion in favor of an integrated approach can be an example when cosmetic procedures for rejuvenating the skin of the face do not have the desired effect, since the factor of hair aging is not taken into account (Ahluwalia & Fabi, 2019). In children, the presence of skin diseases (stigma) can lead to serious psychosocial health problems. As a rule, such diseases are not given serious importance, and their therapy is reduced to cosmetic procedures (Wu & Cohen, 2019). Cosmetic camouflage can significantly improve the patient's quality of life and perception of the body image (Kornhaber et al., 2018). The word "aesthetic" or "cosmetological" in the mind of a person is associated with positive changes in appearance compared to the words "plastic" and "reconstruction", as shown by the analysis of these keywords from the social network Twitter in a recent study (Chopan et al., 2019). This is confirmed by the results of a survey of patients before and after aesthetic plastic surgery - most of them were satisfied with the image of their body (Asimakopoulou, Zavrvides, & Askitis, 2020). Cosmetology procedures are usually associated with the desire to enhance the uniqueness of the appearance (Vally et al., 2020). At the same time, a high body index may contribute to a greater interest in cosmetic surgery among women (Gillen & Markey, 2020). Patients with a lower quality of life compared to the population average are usually dissatisfied with their appearance, as a result of which they develop body dysmorphic disorder (Kuhn et al., 2018). The latter begins in adolescence and is associated with dermatological problems, and needs not only the help of dermatologists, but also the help of psychologists (Herbst & Jemec, 2020). These results are also displayed in the current article, using the example of a patient with a depressive disorder, and the stages of withdrawal from it. Cosmetology procedures, in terms of the concept of body imaging, provide advantages, improving the body scheme, and therefore the body image (Stolić et al., 2019). The correct use of such an obligatory beautician tool as a mirror can match the patient's expectations and the capabilities of the beautician (Gherghina et al., 2018). This was demonstrated with a specific example in the present article. This indicates that a psychological approach should be developed for people in these gender and age groups. An exacerbation of various phobias is characteristic of pre-climax age, even if there is no reason for their occurrence (Hay et al., 2015).

Working with such patients implies the consistent establishment of trust, and further psychological correction, leading ultimately to catharsis. This is clearly demonstrated by the example of examined patient. Further research will focus on increasing the patient sample for more reliable results.

A person's ideas about his/her appearance have been studied in detail in neuropsychology. It has been established that the main role in self-recognition is played by such brain structures as the primary motor cortex, which receives signals from skeletal facial muscles; the right inferior frontoparietal network plays a key role in the awareness of the body image (Naito, Morita, & Amemiya, 2016). It was also found that the advantage of recognizing one's own body parts is associated with the level of self-esteem. Implicit and explicit self-esteem measures provide different contributions to the ability to recognize one's own body and that these contributions depend on how the recognition of one's own body is assessed (Richetin et al., 2012). Thus, the individual characteristics of the patient's nervous system can be key in his/her awareness of his/her appearance.

In addition to patients, a lot in creating a constructive atmosphere depends on cosmetologists. The results of the survey clearly demonstrated cosmetologists' incompetence in questions devoted to the psychological correction of patients. At the same time, there is a positive trend – the desire of the interviewed specialists to rectify the situation. For this, a seminar program was proposed. The training of cosmetologists, which combines the qualities of a cosmetologist and a psychologist, meets the challenges of modern society. The phobia symptoms detected and stopped in time will reduce the number of mental illnesses among patients (Finlay & Salek, 2017). All this, in the end, can significantly improve society, especially its working part.

As the experiment on one patient has shown, knowledge in the field of a patient's mental state helps the cosmetologist better understand a patient, his/her needs, and psychological correction skills significantly expand the cosmetologist's ability to solve patient's problems, increase his/her expertise and the quality of cosmetic care in general. A technique has been developed to deal with patient's depressive state, including a comprehensive cosmetology-psychological approach divided into 5 stages. A survey of cosmetologists revealed their reactions, grouped into two clusters, associated with a patient's response to cosmetic procedures and the psychological aspects of cosmetic procedures.

5. Conclusions

The present research has shown that not all cosmetologists have the skills of psychologists, while this is a very important point for patients. Timely assistance can stabilize the psyche of a beauty salon's client, and increase his/her self-esteem. From this, it follows that a patient will at

a higher level be aware of his/her body scheme (at the subconscious level), as well as the image of the body (at the level of consciousness). Accordingly, due to high self-esteem, one can expect success in other social spheres of life - at work, in communication with other people. The study has shown that even in case of severe depressive disorder, it is possible to solve the problem by competently provided psychological assistance by a cosmetologist. A decisive, systematic approach on the part of a patient also plays a significant role. This study needs to be continued since, for definitive conclusions, it is necessary to conduct additional studies on patients of beauty salons with a severe form of depressive disorder associated with a low level of assessment of body scheme and body image. In addition, it is necessary to work with cosmetologists, in the form of conferences or trainings to enhance their psychology knowledge.

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