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## **Aesthetic medicine as a tool for improving well-being, body image perception, and social functioning from a psychosocial perspective - review**

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### **Abstract**

Aesthetic medicine is one of the fastest-growing areas of contemporary medicine and lies at the intersection of medical sciences, psychology, sociology, and cultural studies. The increasing popularity of aesthetic procedures results not only from technological progress and greater accessibility of treatments, but also from changing social expectations regarding physical appearance. The aim of this study is to analyze aesthetic medicine as a tool influencing psychological well-being, self-image perception, and the social functioning of individuals, taking into account psychological, cultural, generational, and ethical aspects.

The article discusses the significance of aesthetic procedures in the context of patients' self-esteem and quality of life, as well as the influence of cultural norms and mass media on the formation of contemporary standards of beauty. Particular attention is devoted to generational differences in attitudes toward aesthetic procedures and to the role of digital media in shaping expectations regarding appearance. The article also emphasizes the importance of ethical principles in aesthetic medicine practice, including respect for patient autonomy, the necessity of obtaining informed consent, and the physician's responsibility for ensuring patient safety and maintaining realistic expectations regarding treatment outcomes.

Furthermore, the relationship between the use of aesthetic procedures and mental health is examined, with particular emphasis on body dysmorphic disorder (BDD) and other psychological conditions that may influence patients' motivations. The results of the analysis indicate the need for careful patient selection and the implementation of an interdisciplinary approach involving collaboration between aesthetic medicine specialists, psychologists, and psychiatrists. Such an approach may facilitate the achievement of positive therapeutic outcomes while reducing the risk of unjustified or potentially harmful interventions.

**Keywords:** aesthetic medicine; body image; psychological well-being; body dysmorphic disorder (BDD); aesthetic procedures; medical ethics; beauty standards; generational trends; mental health

## **Introduction**

In recent decades, aesthetic medicine has become one of the fastest-growing areas of contemporary medicine, situated at the intersection of medical sciences, psychology, culture, and ethics. Within plastic surgery, aesthetic procedures are most commonly understood

as interventions aimed at improving external appearance. At the same time, plastic surgery encompasses a much broader scope of activities, combining both reconstructive and aesthetic components. Its purpose is not only to enhance physical attractiveness but also to restore function and appearance following trauma, disease, or congenital defects. In this context, cosmetic surgery constitutes one component of plastic surgery and involves invasive procedures intended to increase the patient's perceived physical attractiveness.

When analyzing the concept of aesthetic medicine, it is also important to consider its etymological roots. The word "medicine" derives from the Latin *medeor*, meaning "to heal" or "to restore," whereas the term "aesthetics" originates from the ancient Greek *aísthēsis*, referring to perception through the senses and the cognition of everything that can be experienced - both what is considered beautiful and what is perceived as unattractive [1]. This perspective indicates that aesthetic medicine concerns not only the physical modification of the body but also the way individuals perceive themselves and how they are perceived by others.

The growing interest in aesthetic procedures is reflected in statistical data. According to a report by the International Society of Aesthetic Plastic Surgery, approximately 10.6 million surgical aesthetic procedures and 12.7 million non-surgical cosmetic procedures were performed worldwide in 2018. Compared with 2014, the number of these procedures increased by 15% and 25%, respectively [2]. This trend highlights the increasing role of aesthetic medicine in contemporary societies and the growing importance of physical appearance in relation to psychological well-being, self-esteem, and social functioning.

Consequently, aesthetic medicine is increasingly analyzed not only from a medical perspective but also from psychological, cultural, generational, and ethical viewpoints.

Procedures that alter appearance may influence the way individuals perceive their own bodies, their level of life satisfaction, their social relationships, and the mechanisms involved in shaping personal identity. For this reason, an interdisciplinary approach to this phenomenon is essential, taking into account both the potential benefits for individual well-being and the possible social or moral consequences.

The aim of this study is to analyze aesthetic medicine as a tool influencing psychological well-being, self-image perception, and the social functioning of individuals, taking into account psychological, cultural, generational, and ethical contexts.

### **BDD and other mental disorders in the context of aesthetic medicine procedures**

A patient's mental health status constitutes one of the key factors that should be considered in the qualification process for aesthetic medicine procedures. Studies indicate that a significant proportion of individuals seeking appearance-enhancing interventions meet the diagnostic criteria for various mental disorders. It is estimated that up to approximately half of patients seeking aesthetic interventions may exhibit symptoms of psychiatric conditions. Moreover, individuals undergoing aesthetic surgical procedures often demonstrate higher levels of dissatisfaction with their appearance and a greater prevalence of psychological problems compared with the general population [3]. In many cases, the motivation for undergoing a procedure is not solely an objective need to correct physical appearance, but also reduced self-esteem, depressive symptoms, or other psychological difficulties [4].

At the same time, it should be emphasized that appropriately performed aesthetic procedures may positively influence a patient's psychological well-being, increase satisfaction with personal appearance, and improve social functioning and quality of life [2]. However, achieving such outcomes requires appropriate patient selection and realistic expectations regarding treatment results. When a patient remains dissatisfied with the outcome of a procedure, this may lead to a worsening of existing psychological difficulties, conflicts between the physician and the patient, and even legal disputes. For this reason, the importance of a comprehensive psychological assessment prior to making the decision to perform an aesthetic procedure is increasingly emphasized.

Particular attention in the context of aesthetic medicine is given to Body Dysmorphic Disorder (BDD). This mental disorder involves excessive preoccupation with perceived or minimal defects in appearance that are difficult for others to notice or are entirely

insignificant [5].

In the DSM-5 classification, BDD is categorized among obsessive–compulsive and related disorders. Individuals affected by this condition often experience intense dissatisfaction with their appearance, which may lead to anxiety, depression, social isolation, and a significant reduction in quality of life. In the general population, the prevalence of BDD is estimated at approximately 1-2%, whereas among individuals seeking aesthetic procedures this percentage is considerably higher and in some studies exceeds 10% [6].

Patients with BDD frequently request multiple aesthetic interventions; however, even after procedures are performed, they rarely achieve satisfaction with the results obtained [5-6].

In extreme cases, this may lead to intensified conflicts with physicians and even aggressive behavior. For this reason, many specialists emphasize that individuals suspected of having BDD should primarily receive psychological or psychiatric support rather than being directed toward aesthetic procedures.

Among patients presenting to aesthetic medicine specialists, other mental disorders may also occur, such as anxiety disorders, depression, or obsessive–compulsive disorder (OCD).

OCD is characterized by intrusive thoughts and repetitive behaviors performed to reduce tension and anxiety. In contrast to patients with BDD, individuals with OCD more often demonstrate insight into their condition and are more willing to accept referral for psychological or psychiatric treatment [7]. At the same time, studies indicate that BDD frequently co-occurs with other mental disorders such as anxiety disorders, social phobia, depressive disorders, or substance abuse, and is also associated with an increased risk of suicidal ideation [8].

Due to the high prevalence of psychological problems among individuals interested in aesthetic procedures, the need for an interdisciplinary approach is increasingly emphasized. Collaboration between aesthetic medicine physicians, plastic surgeons, and mental health specialists may enable proper identification of patients who may truly benefit from a procedure and those who primarily require psychological or psychiatric support. Such an approach helps reduce the risk of unjustified interventions and promotes more comprehensive patient care.

## **Cultural Aspects**

The perception of beauty and decisions regarding the use of aesthetic medicine procedures are strongly influenced by cultural context. In contemporary society, a steady increase can be observed in the number of individuals choosing appearance-enhancing procedures.

For a long time, global aesthetic discourse was dominated by beauty standards based on features typical of the Caucasian population. However, it is now increasingly emphasized that standards of attractiveness are diverse and depend on ethnic, social, and cultural determinants, and that Western aesthetic ideals are not universal [8].

The assessment of facial attractiveness is shaped by both biological and social factors. Individual morphological elements of the face - such as the proportions of the lips, nose, chin, or eyebrows - are interpreted differently across cultures. For example, among young individuals of European descent, specific proportions between the upper and lower lip are often considered aesthetically pleasing, whereas in African populations naturally fuller lips may be regarded as a characteristic feature of attractiveness. In Chinese culture, full lips with a pronounced Cupid's bow are highly valued, while in regions of the Middle East more prominent lips are also preferred [9-10]. Cultural differences also concern the shape of the nose - in some Latin American countries smaller and narrower noses with a more defined tip are preferred, whereas in certain South Asian or Middle Eastern societies straight noses that remain proportional to other facial features are more widely accepted [11].

When analyzing regional trends in aesthetic medicine, clear differences can be observed that result from the history and social values of particular cultures. In many East Asian countries, such as South Korea, Japan, and China, there is a strong preference for achieving the so-called V-shaped face, which is associated with youth, delicacy, and femininity [12]. This effect is often achieved through procedures such as jawline contouring or chin augmentation [13].

In this region, skin-lightening procedures are also popular and have historical roots - lighter skin was historically associated with higher social status and a lifestyle not related to physical labor under the sun [14].

On the American continent, particularly in the United States and Brazil, aesthetic trends are strongly influenced by an emphasis on body contouring. Procedures aimed at shaping the body, including buttock augmentation, are among the most frequently chosen interventions

[15].

In Europe, by contrast, a tendency toward so-called “natural rejuvenation” can be observed, which involves preserving natural facial features while reducing visible signs of aging. Less invasive procedures - such as the use of dermal fillers or botulinum toxin - are popular, as they allow for subtle rejuvenation effects. Skin care also plays a significant role, along with procedures aimed at improving skin condition and radiance [16].

Globalization and the development of social media have contributed to an intensive exchange of aesthetic trends between different regions of the world. Beauty practices and aesthetic ideals that were previously limited to specific geographic areas are now becoming widely disseminated and commercialized. An example of this phenomenon is the growing popularity of the South Korean cosmetic industry and the so-called “K-beauty”, whose multi-step skincare routines and products have gained global recognition, offering an alternative to previously dominant Western beauty standards [17]. At the same time, this process operates in both directions - trends originating in Western culture, such as the popularity of fuller lips or tanned skin, are also gaining followers in societies where lighter skin tones were traditionally preferred [14].

However, the global circulation of aesthetic ideals has also raised critical reflections. It has been suggested that the widespread dissemination of standardized beauty norms may lead to the marginalization of local aesthetic standards and reinforce stereotypes based on dominant cultural patterns. This phenomenon illustrates how strongly ideals of beauty are influenced by social and economic forces [8].

Despite cultural differences, one of the most commonly cited motivations for undergoing aesthetic procedures remains the desire to improve physical appearance, as well as to increase self-confidence, satisfaction with one’s self-image, and overall psychological well-being.

### **Generational trends and the influence of mass media**

The perception of beauty and attitudes toward modifying physical appearance have evolved throughout history alongside social, religious, and cultural transformations. During the Middle Ages, the dominant influence of the Church promoted modesty and emphasized spiritual values; therefore, greater importance was attached to so-called inner beauty rather than external attractiveness. Fair, flawless skin was then considered a symbol of high social status and a life free from physical labor in the sun, while the use of cosmetics was sometimes

criticized as a sign of vanity [18]. The Renaissance, in contrast, brought a return to classical ideals in which proportion, symmetry, and harmony played a central role. The works of Renaissance artists such as Leonardo da Vinci and Sandro Botticelli not only reflected contemporary beauty standards but also significantly contributed to shaping them [17].

In modern times, generational differences have become an important factor influencing interest in aesthetic medicine procedures. Individuals belonging to the Baby Boomer generation (born between 1946 and 1964) often possess greater financial resources and are more inclined to invest in procedures that provide long-lasting results. Representatives of the Millennial generation, on the other hand, tend to make decisions more cautiously - they often try individual procedures first and only decide on additional treatments after evaluating their outcomes [19]. The youngest generation, known as Generation Z, has grown up in a digital environment and relies to a much greater extent on the internet and social media as sources of information about skincare and aging. Among this group, the concept of preventive aesthetic medicine (“prejuvenation”) has gained popularity, referring to early interventions aimed at preventing visible signs of aging, often using minimally invasive technologies [20].

Over the past two decades, a clear shift has been observed in aesthetic dermatology - from procedures aimed at correcting or reversing signs of aging, typically associated with older age groups, toward preventive approaches that are particularly popular among younger patients. This change is closely related to advances in medical technologies as well as the widespread accessibility of information in digital environments [21].

Mass media, particularly social media, play a crucial role in shaping contemporary ideals of beauty. Platforms such as Instagram, Facebook, and Snapchat have become spaces for intensive exchange of information regarding skincare, aesthetic procedures, and lifestyle. Studies indicate that individuals who undergo aesthetic procedures are more likely to actively use social media, follow specialists in aesthetic dermatology, and observe influencers associated with the beauty industry. These platforms not only provide information but also increase interest in aesthetic treatments through advertisements, recommendations, and the presentation of procedure outcomes [19-21].

The COVID-19 pandemic also significantly influenced the perception of personal appearance. The widespread use of video conferencing led many individuals to observe their own image on screen more frequently, which in some cases resulted in increased self-criticism regarding

appearance and greater interest in aesthetic procedures. This phenomenon is sometimes referred to as the “zoom boom” and is associated with the growing popularity of treatments aimed at improving facial appearance [22].

Traditional visual media, such as television, film, and streaming platforms, also influence the formation of beauty standards. In the entertainment industry, individuals who meet specific standards of physical attractiveness are often preferred, which may reinforce the belief that appearance is an important factor in achieving social and professional success. Fashion and lifestyle magazines have played a similar role for many years by promoting specific body types and facial features as ideals of appearance. Studies suggest that frequent exposure to such images may negatively affect self-esteem and body satisfaction, particularly among women, and in extreme cases may contribute to increased social pressure or eating disorders [23].

As a result, contemporary generational trends and the strong influence of mass media significantly shape the perception of physical attractiveness and influence decisions regarding the use of aesthetic medicine procedures.

### **Aesthetic medicine and ethics**

Ethical considerations constitute an integral element of medical practice and refer to the principles governing appropriate physician conduct toward patients, regardless of time, place, or the type of procedures performed. The foundations of contemporary medical ethics originate in ancient Greece and are associated with Hippocrates of Kos, who formulated principles regulating the physician-patient relationship. The Hippocratic Oath emphasized the obligation to act in accordance with the best knowledge and skills available, to maintain confidentiality, and to follow the principles of non-maleficence and acting for the benefit of the patient [24].

Over the centuries, along with the development of medicine and social changes, these principles have undergone modifications. This process led, in the 1980s, to the formulation of the concept of the four fundamental principles of bioethics. These include respect for patient autonomy, the principle of beneficence, the principle of non-maleficence, and the principle of justice, understood as equality in access to healthcare [25]. In the context of aesthetic medicine, the scope of the procedures performed also becomes particularly significant, as

their primary goal is to improve physical appearance and increase the patient's satisfaction with their self-image.

Contemporary aesthetic medicine operates in a reality significantly different from that in which the original ethical principles were formulated. The rapid development of technology, the emergence of new procedural techniques, and the increasing availability of aesthetic treatments have led to a growing number of individuals deciding to undergo such procedures. The decreasing cost of many treatments has further increased their accessibility, which simultaneously raises new ethical challenges related to the physician's responsibility and the proper qualification of patients for procedures.

One of the key elements of ethical practice in aesthetic medicine is obtaining informed consent from the patient. This process should involve a thorough explanation of the planned procedure, its potential outcomes, possible complications, and realistic expectations regarding results. An important component of preparation for the procedure is also a detailed medical history, including comorbidities, medications taken, and possible allergies, as these factors may influence both the safety of the procedure and the final therapeutic outcome [19].

Although the principle of autonomy assumes that patients have the right to make decisions regarding their own bodies, physicians are not obligated to perform a procedure if they consider it medically unjustified or potentially harmful. According to the position of medical organizations, a patient cannot require a physician to undertake actions that are contrary to the law, professional ethical standards, or good clinical practice. In such cases, the specialist has the right to refuse to perform the procedure [25].

Informed consent should meet specific criteria, including the patient's capacity to understand the information provided, the voluntariness of the decision, full disclosure of relevant information concerning the procedure, comprehension of the proposed treatment plan, and formal acceptance of the recommended intervention. Particular ethical challenges arise when the patient is a minor [26]. In such situations, the decision to perform a procedure requires the consent of a parent or legal guardian, which may lead to conflicts between the needs and expectations of the young person and the assessment of the situation by their guardians.

In aesthetic medicine, a realistic assessment of the possibility of achieving the desired outcomes is also an important aspect. Although many procedures have a preventive character

- especially in the context of skin aging processes - the final result depends on numerous individual factors such as genetic predisposition, age, and the patient's lifestyle. Therefore, the physician's role involves not only performing the procedure but also providing responsible guidance and building a relationship based on trust, reliable information, and concern for the patient's well-being [25–26].

## **Discussion**

The conducted analysis indicates that aesthetic medicine constitutes a complex phenomenon situated at the intersection of medicine, psychology, culture, and social change. Contemporary interest in aesthetic procedures results not only from technological progress and the increased availability of treatments, but also from evolving cultural norms, social pressure, and the influence of mass media. Physical appearance is increasingly becoming an element of individual identity formation, as well as a factor affecting social and professional functioning. For this reason, decisions to undergo aesthetic procedures often stem from the need to improve self-esteem, enhance the sense of attractiveness, and achieve better psychological well-being.

At the same time, the literature indicates that a significant proportion of patients seeking aesthetic procedures may experience various psychological difficulties, such as low self-esteem, anxiety disorders, or body dysmorphic disorder (BDD). In such cases, aesthetic interventions do not always lead to the expected improvement in well-being and may sometimes even exacerbate existing psychological problems [27-28]. Therefore, appropriate patient qualification and the inclusion of psychological aspects in the decision-making process are of key importance. A comprehensive assessment of mental health allows differentiation between individuals who may genuinely benefit from aesthetic procedures and those who primarily require psychological or psychiatric support.

An important aspect of the discussed issue also involves cultural and generational determinants. Standards of beauty are not universal and are subject to continuous change resulting from social context and the global circulation of aesthetic trends. Mass media, particularly social media, currently play a significant role in shaping expectations regarding appearance, often promoting specific patterns of attractiveness. At the same time, they may contribute to increased dissatisfaction with one's own appearance and intensify social pressure related to meeting certain aesthetic standards.

In this context, ethical issues related to the practice of aesthetic medicine gain particular importance. Physicians performing such procedures should follow the principles of bioethics, including respect for patient autonomy, beneficence, non-maleficence, and justice. It is also essential to provide patients with reliable information about the possible outcomes and limitations of procedures, as well as to build realistic expectations regarding treatment results. Contemporary aesthetic medicine therefore requires an interdisciplinary approach that takes into account medical, psychological, and social aspects.

### **Conclusions**

Aesthetic medicine plays an increasingly important role in modern society, influencing not only external appearance but also psychological well-being and social functioning. Aesthetic procedures may contribute to improved self-esteem, greater satisfaction with one's appearance, and an overall enhancement in quality of life. At the same time, the decision to undergo such procedures should be preceded by a thorough assessment of both medical indications and psychological conditions.

Analysis of available data indicates that mental health disorders occur relatively frequently among individuals seeking aesthetic treatments, particularly body dysmorphic disorder. Therefore, proper patient qualification and cooperation between aesthetic medicine specialists, psychologists, and psychiatrists are essential. Such an approach helps reduce the risk of unjustified interventions and ensures more comprehensive patient care.

At the same time, the influence of cultural, generational, and media-related factors on the perception of physical attractiveness and decisions regarding appearance modification should be taken into account. These phenomena demonstrate that aesthetic medicine is not solely a medical field, but also an important element of contemporary social and cultural processes.

In the future, further research on the psychological and social consequences of aesthetic procedures will be necessary, as well as the development of ethical and diagnostic standards that will allow for more responsible and informed use of aesthetic medicine procedures.

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In preparing this manuscript, the authors used ChatGPT for language improvement, text formatting, and verification of bibliographic consistency. Following the use of this tool, all content was critically reviewed and edited by the authors, who take full responsibility for the scientific integrity and originality of the manuscript.

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