AESTHETICS AND MENTAL HEALTH: PSYCHOSOCIAL IMPACTS OF PERSONAL CARE

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Abstract: The increasing emphasis on physical appearance in contemporary society has broadened interest in aesthetic procedures and intensified discussions about their effects on mental health. In this context, aesthetics ceases to represent only a dimension related to beauty and begins to integrate aspects involving self-esteem, self-image, social belonging, and quality of life. This study aimed to analyze the psychosocial impacts of appearance care on mental health, considering both the benefits resulting from aesthetic interventions and the risks associated with the internalization of idealized body standards. This is a bibliographic research, with a qualitative approach, developed from the analysis of scientific articles published between 2020 and 2025 in the SciELO, PubMed, and Google Scholar databases. The analyzed studies show that aesthetic procedures performed ethically, safely, and based on realistic expectations can favor the strengthening of self-esteem, self-confidence, and psychological well-being. However, they also demonstrate that the influence of social media, image culture, and socially imposed aesthetic standards can trigger body dissatisfaction, anxiety, emotional distress, and disorders related to self-image perception. It is concluded that the work of aesthetics professionals should go beyond the technical dimension, incorporating ethical principles, empathy, active listening, and understanding of the emotional aspects involved in seeking aesthetic procedures. Therefore, the integration of aesthetics and mental health constitutes an important strategy for promoting comprehensive care and quality of life.

Keywords: self-esteem; aesthetics; body image; mental health; well-being.

INTRODUCTION

The relationship between aesthetics and mental health has gained prominence in contemporary scientific discussions due to the cultural, social, and technological transformations of the last decades. The growth of the beauty industry, aesthetic procedures, and social networks has significantly changed the way individuals perceive their own bodies and build their identity.

In this context, physical appearance began to exert a strong influence on social relationships,

directly impacting self-esteem, social belonging, and psychological well-being. The World Health Organization defines mental health as a state of well-being in which the individual recognizes his or her abilities, deals with daily challenges, and contributes to society, evidencing the influence of social, emotional, and cultural factors in this process.

Authors such as Tiggemann (2021) and Cash (2012) highlight that body image is socially and psychologically constructed, being strongly influenced by social networks and contemporary beauty standards. In this scenario, self-esteem, according to Rosenberg, becomes a central element, since it is directly related to the way the individual perceives himself and deals with his own image.

Studies such as those by Walker et al. (2022) and Sarwer et al. (2023) indicate that aesthetic procedures can bring psychological benefits when performed with adequate guidance and realistic expectations. On the other hand, Veale et al. (2021) warn that in cases of psychological distress, such as Body Dysmorphic Disorder, such interventions may not be enough, requiring a multidisciplinary approach.

In addition, research by Fardouly et al. and Rodgers et al. shows that social networks intensify social comparison and body dissatisfaction, and can negatively affect mental health. Despite this, authors such as Pereira et al. (2020) point out that taking care of one's appearance can also act as a factor in promoting well-being and self-confidence.

In this way, aesthetics has a complex relationship with mental health, and can act both as a protective factor and as a psychological vulnerability. Thus, this study seeks to analyze the psychosocial impacts of grooming, considering its benefits, limits, and challenges in contemporary society.

OBJECTIVES

General Objective

To analyze the psychosocial impacts of grooming on mental health, considering the positive

and negative repercussions of aesthetic procedures on self-esteem, self-image and psychological well-being, in the light of contemporary scientific literature.

Specific Objectives

To investigate the influence of aesthetic procedures on the construction of self-esteem and self-image of individuals.

To identify the main psychological benefits associated with aesthetic care described in the scientific literature.

To analyze the relationship between socially established aesthetic standards, social comparison and psychic suffering.

Discuss the influence of social networks on the perception of body image and the search for aesthetic procedures.

Reflect on the importance of ethical, humanized and interdisciplinary performance of aesthetic professionals in the promotion of mental health.

MATERIALS AND METHODS

The present study is characterized as a bibliographic research, with a qualitative approach and descriptive-analytical character, aimed at analyzing the relationship between aesthetics and mental health. According to Gil (2019), bibliographic research allows the systematization of existing scientific knowledge, enabling critical analysis and identification of gaps.

The qualitative approach, according to Minayo (2014), was adopted because it enables an in-depth interpretation of the phenomena, considering the meanings attributed by different authors to the relationships between self-esteem, body image and aesthetic procedures.

Data collection was carried out in scientific databases such as SciELO, PubMed, and

Google Scholar, selecting studies published between 2020 and 2025, in Portuguese and English. The descriptors used included terms related to aesthetics, mental health, self-esteem, and body image.

Articles available in full that directly addressed the proposed theme were included, in addition to classical references that are fundamental for the understanding of the central concepts. Duplicate studies, abstracts, editorials, and studies without consistent scientific basis were excluded.

Data analysis was performed through thematic content analysis, allowing the organization of studies into categories such as: body image, self-esteem, aesthetic procedures, social networks and disorders related to the perception of appearance. This strategy enabled dialogue between different authors and the construction of an integrated critical analysis.

As this is a study with secondary data in the public domain, there was no need to submit it to the Research Ethics Committee, according to Resolution No. 510/2016 of the National Health Council.

Thus, the methodology adopted allowed a broad and updated understanding of the relationship between aesthetics and mental health, contributing to the reflection on the psychosocial impacts of appearance care.

RESULTS AND DISCUSSION

The social construction of beauty and its impacts on mental health

The contemporary understanding of aesthetics goes beyond the idea of beautification and involves social, cultural, and psychological dimensions related to identity and mental health. In this sense, Schilder (1999) and Cash (2012) dialogue when they state that body image is not only a biological construction, but a subjective process influenced by personal experiences and sociocultural contexts, which directly impacts self-esteem and self-perception.

In the current context, Tiggemann (2021) and Rodgers et al. (2023) converge in highlighting the role of social networks in intensifying social comparison and internalizing unattainable aesthetic standards. These authors show that constant exposure to idealized images favors body dissatisfaction

and negatively interferes with mental health, especially among young people.

In a complementary way, Pereira et al. (2020) and Fardouly et al. (2022) point out that excessive appreciation of appearance is associated with increased anxiety, stress, and low self-esteem, in addition to behaviors of constant search for aesthetic procedures. This scenario reinforces the direct influence of digital culture in the construction of self-image.

On the other hand, Walker et al. (2022) and Sarwer et al. (2023) highlight that aesthetic procedures can generate psychological benefits when performed ethically, with adequate guidance and realistic expectations. While Walker et al. (2022) evidence improved self-confidence and well-being, Sarwer et al. (2023) emphasize that the results depend on the motivations that lead the individual to the intervention.

In this context, Festinger (1954) contributes to the Theory of Social Comparison, explaining that individuals build their identity from comparison with others, a phenomenon intensified by social networks. Thus, appearance is constantly evaluated in relation to idealized standards, which reinforces feelings of inadequacy.

Thus, it is observed that contemporary aesthetics assumes a double function: it can act both as a factor in promoting well-being and as an element of psychological vulnerability. This duality, discussed by several authors, highlights the importance of an ethical and humanized professional performance, capable of recognizing emotional aspects involved in the search for aesthetic procedures.

Finally, it is concluded that the social construction of beauty is directly related to mental health, being influenced by cultural, media and psychological factors. Thus, the biopsychosocial understanding of aesthetics becomes fundamental for the promotion of integral health and quality of life.

Self-esteem, self-image and psychological well-being

Self-esteem is one of the main components of mental health, directly influencing the way

individuals interpret their experiences and establish social relationships. In this sense, Rosenberg (1965) and Cash (2012) dialogue by understanding self-esteem and self-image as dynamic constructions, influenced by social, cultural and psychological factors, and not only by objective physical characteristics.

Within this perspective, studies such as those by Walker et al. (2022) and Sarwer et al. (2023) show that aesthetic procedures can contribute to the improvement of self-esteem and psychological well-being when performed with adequate indication and realistic expectations. While Walker et al. (2022) highlight gains in self-confidence and social relationships, Sarwer et al. (2023) reinforce that the results depend directly on the patient's motivations and emotional profile.

On the other hand, Veale et al. (2021) and Neff (2011) warn of the importance of understanding the limits of this relationship. Veale et al. (2021) point out that unrealistic expectations can lead to frustration and worsening of psychological distress, while Neff (2011) emphasizes that self-compassion and personal acceptance are key to building healthier self-esteem that is less dependent on appearance.

Rodgers et al. (2023) also contribute by highlighting that aesthetic pressure affects both men and women, although in different ways, and that factors such as age and social context directly influence the relationship between self-esteem and body image. Thus, the construction of self-image is understood as a multifactorial and variable process throughout the life cycle.

Finally, the authors converge in recognizing that the strengthening of self-esteem does not depend exclusively on aesthetic procedures. Educational interventions, psychological support, and the development of socio-emotional skills are equally important, as pointed out by different studies in the area. Thus, appearance care should be understood as part of an integrated approach to health promotion.

Thus, it is concluded that self-esteem, self-image and psychological well-being are deeply interconnected, requiring an ethical, individualized and interdisciplinary professional performance, capable of considering not only the body, but also the emotional and social aspects of the individual.

Aesthetic procedures and psychosocial repercussions: benefits, limits and challenges

In recent decades, the growth of aesthetics as a health area has been accompanied by scientific and technological advances, expanding the offer of procedures and the search for interventions aimed not only at appearance, but also at psychological well-being. In this context, Sarwer et al. (2023) and Walker et al. (2022) dialogue by highlighting that aesthetic procedures can generate benefits such as increased self-esteem, self-confidence, and satisfaction with body image, as long as they are performed with adequate indication and realistic expectations.

From this perspective, the World Health Organization (WHO) and Cash (2012) converge in understanding health and body image as biopsychosocial constructions. While the WHO defines health as physical, mental and social well-being, Cash (2012) reinforces that the perception of the body depends on subjective interpretation, which directly influences the way the individual experiences the results of aesthetic procedures.

However, Sarwer et al. (2023) and Veale et al. (2021) warn that the benefits are not automatic, as they depend on factors such as individual motivations and previous emotional conditions. In this sense, unrealistic expectations and psychological suffering can compromise the results, and in some cases, isolated aesthetic interventions are not enough to promote improved body satisfaction.

In addition, Lipovetsky (2000) and Veale et al. (2021) dialogue by pointing out that contemporary society excessively values the body, favoring processes of medicalization of appearance and repetitive behaviors in search of aesthetic interventions. This logic is intensified by social networks, increasing dissatisfaction and the constant search for idealized beauty standards.

Rodgers et al. (2023) and Tiggemann (2021) also highlight that exposure to aesthetic content on social networks reinforces social comparison and the internalization of unrealistic body standards, contributing to feelings of inadequacy and dissatisfaction with one's own image. This scenario increases aesthetic pressure and directly influences the mental health of individuals.

In view of this, several authors such as Sarwer et al. (2023), Walker et al. (2022) and Rogers

(1961) argue that the aesthetic professional should adopt an educational and humanized posture, based on qualified listening, clear communication and respect for the patient's individuality. This approach contributes to aligning expectations and reducing the risk of frustration.

Finally, Veale et al. (2021) and Phillips (2017) reinforce the importance of interdisciplinary action, especially in cases of significant psychological distress, in which referral for psychological or psychiatric evaluation becomes essential. Thus, it is understood that aesthetic procedures can generate psychosocial benefits, but also risks when disconnected from an ethical, critical, and integrated approach.

Thus, it is concluded that contemporary aesthetics should be understood within a biopsychosocial perspective, in which health promotion involves not only the transformation of appearance, but also the care of the individual's emotional and social aspects.

Social networks, culture of appearance and the intensification of aesthetic pressure

The development of digital technologies has profoundly changed the way individuals build their identity and establish social relationships. Social networks have come to occupy a central position in daily life, functioning as spaces for sharing experiences, social interaction and personal expression. However, at the same time that they expanded the possibilities of communication, these platforms contributed to intensify the appreciation of physical appearance and consolidate increasingly homogeneous aesthetic standards, producing relevant impacts on mental health.

The scientific literature shows that the digital environment favors constant processes of social comparison. As proposed by Festinger (1954), individuals evaluate their personal capacities and characteristics by establishing comparisons with other people. Although this theory was formulated decades before the popularization of the internet, its applicability has become even more evident in the face of the dynamics of social networks. Today, millions of images are published daily, depicting bodies, faces, and lifestyles that are often idealized, edited, or carefully planned to convey an image

of perfection.

According to Tiggemann (2021), repetitive exposure to this type of content gradually modifies the perception of reality, leading many users to consider such images as legitimate parameters of beauty. The author notes that the frequent use of digital filters, editing programs, and artificial intelligence resources produces body representations that can hardly be reproduced in real life. As a consequence, individuals start to develop unrealistic expectations about their own appearance, significantly increasing the levels of body dissatisfaction.

Rodgers et al. (2023) complement this discussion by demonstrating that the algorithms of digital platforms play an important role in maintaining aesthetic pressure. Once the user shows interest in content related to beauty or aesthetic procedures, the systems start to continuously recommend similar materials, reinforcing exposure to idealized body models. This mechanism creates a feedback loop in which social comparison becomes practically permanent, favoring the development of feelings of inadequacy and reducing the positive perception of one's own image.

Fardouly et al. (2022) identified that the daily time spent using social networks has a significant association with an increase in body dissatisfaction, especially among adolescents and young adults. The researchers observed that individuals who use these platforms for prolonged periods are more likely to compare their appearance with that of digital influencers, models and celebrities, a phenomenon that often results in decreased self-esteem and increased social anxiety.

Another relevant aspect refers to the so-called "culture of aesthetic performance". In contemporary society, it is not enough just to look good; The individual is expected to demonstrate permanent investment in his body, food, physical conditioning and aesthetic care. This logic transforms appearance into a kind of social capital, influencing professional opportunities, affective relationships, and processes of social recognition. Lipovetsky (2000) argues that the valorization of the image has become part of the logic of consumption, in which the body becomes an object of constant improvement and updating.

This phenomenon is supported by the observations of Bauman (2008), who describes

contemporary society as marked by the fluidity of relationships and the constant need to adapt to new cultural standards. In this context, the body comes to represent a permanent construction project, subject to continuous evaluations and often influenced by trends disseminated in the media. The incessant search for the ideal appearance becomes, therefore, a response to the demands of a society characterized by the speed of transformations and the enhancement of the image.

The impacts of this dynamic on mental health have been widely documented in the literature. Recent studies point to an association between excessive use of social networks and increased rates of anxiety, depressive symptoms, low self-esteem, social isolation, and body dissatisfaction. Although this relationship is not exclusively causal, it is observed that continuous exposure to aesthetic content enhances existing emotional vulnerabilities, especially in individuals who have difficulties related to self-acceptance or a high need for social approval.

The COVID-19 pandemic also contributed to intensifying this scenario. The increase in the time spent in virtual environments, associated with the popularization of videoconferences, favored a phenomenon known as Zoom Dysmorphia. According to Rice et al. (2021), many people began to observe their own image for long periods in virtual meetings, developing greater concern with small facial features that were previously little noticed. This phenomenon was accompanied by a significant growth in the demand for facial aesthetic procedures in several countries, evidencing the influence of digital technologies on body perception.

Another aspect often addressed refers to the role played by digital influencers in the construction of contemporary beauty standards. Although many content producers promote messages related to self-care and self-esteem, a significant part of the publications reinforce restricted body models that are not very representative of human diversity. In addition, aesthetic interventions, editing resources or treatments used to obtain the presented appearance are not always informed, favoring unrealistic expectations among followers.

Despite these challenges, the literature also points to positive possibilities related to the digital environment. Movements aimed at valuing body diversity, encouraging self-acceptance, and

promoting mental health have gained increasing space on digital platforms. Campaigns based on the body positivity movement and, more recently, on the concept of body neutrality, seek to stimulate a more balanced relationship with the body, valuing its functions and singularities instead of the permanent search for aesthetic perfection.

These initiatives demonstrate that social networks do not constitute, in themselves, a harmful factor to mental health. Their effects depend on the way they are used, the content consumed, and the critical capacity developed by users. In this way, digital education, media literacy and health promotion strategies become fundamental to reduce the negative impacts of social comparison and encourage a more realistic perception of body diversity.

In the professional sphere, it is equally important for specialists in the field of aesthetics to understand the influence exerted by digital media on patients' expectations. Many individuals arrive at the clinics presenting edited photographs as a reference for the desired results, without considering the biological, anatomical and technical limitations of the procedures. In these cases, it is up to the professional to act in an ethical and educational way, clarifying the real possibilities of intervention, promoting expectations compatible with reality and preserving the commitment to the patient's physical and emotional health.

In summary, the studies analyzed demonstrate that social networks represent one of the main contemporary factors of influence on the construction of self-image. At the same time that they can favor information, self-esteem and exchange of positive experiences, they also intensify aesthetic pressure and expand processes of social comparison. Given this scenario, it is essential to develop educational and professional practices that encourage a healthier relationship with appearance, valuing diversity, authenticity, and comprehensive mental health care.

Body dysmorphic disorder and the limits of aesthetic intervention

The growing appreciation of physical appearance and the expansion of the market for

aesthetic procedures have brought important benefits to individuals seeking to improve their self-esteem and quality of life. However, this scenario also highlighted the need to understand the limits of aesthetic intervention, especially in the face of patients who present psychological distress related to the distorted perception of their own image. Among the conditions that most challenge professionals in the area is Body Dysmorphic Disorder (BDD), currently considered an important mental health problem due to its functional, emotional and social impact.

According to the American Psychiatric Association (2022), Body Dysmorphic Disorder is characterized by excessive and persistent concern with non-existent or barely noticeable defects in physical appearance. This concern usually occupies a large part of the individual's thoughts, compromising their daily activities, interpersonal relationships, professional performance, and quality of life. Often, people affected by this disorder develop repetitive behaviors, such as constantly observing themselves in the mirror, comparing themselves with other people, hiding parts of the body considered imperfect, or seeking successive aesthetic procedures in an attempt to eliminate emotional suffering.

Veale et al. (2021) highlight that the suffering experienced by these individuals is not related to objective physical characteristics, but to the distorted way they interpret their own body image. Even when aesthetic procedures present technically satisfactory results, the negative perception usually remains unchanged, leading many patients to believe that new treatments will be able to solve their dissatisfaction. In this way, a continuous cycle of interventions is established that hardly promotes lasting psychological benefits.

This finding highlights an important difference between body dissatisfaction considered common and that resulting from a psychiatric disorder. While the former usually has moderate intensity and does not significantly compromise daily functioning, Body Dysmorphic Disorder causes intense suffering, social isolation, occupational impairment and high impairment of quality of life. Several studies have even demonstrated an association between BDD, depressive symptoms, anxiety disorders, obsessive-compulsive behavior, and increased risk of suicidal ideation, reinforcing the

severity of this clinical condition.

Phillips (2017), one of the leading international researchers on the subject, observes that many individuals with BDD initially seek aesthetic clinics, dermatological offices, or plastic surgery services even before seeking psychological or psychiatric care. This behavior stems from the belief that the origin of suffering is found exclusively in the body, and not in the way it is perceived. Consequently, the aesthetic professional often becomes the first to have contact with patients who show signs suggestive of the disorder.

The literature shows that this reality requires high technical preparation and clinical sensitivity on the part of aesthetic professionals. Sarwer et al. (2023) emphasize that the initial evaluation should go beyond exclusively physical aspects, also contemplating the understanding of the motivations, expectations, and emotional conditions that lead the patient to seek a certain procedure. During the anamnesis, it is important to investigate whether there is a history of multiple previous interventions, persistent dissatisfaction despite good technical results, disproportionate concern with small imperfections, or the expectation of a radical transformation of life after treatment.

Walker et al. (2022) add that emotionally healthy patients usually have expectations compatible with the possibilities of the procedure and understand its limitations. On the other hand, individuals with signs suggestive of psychological distress often attribute to aesthetic treatment the responsibility for solving affective, professional, family or social problems. This transfer of expectations significantly increases the probability of later dissatisfaction, regardless of the technical quality of the procedure performed.

Another important aspect refers to the ethical responsibility of the professional in the face of the identification of possible psychological disorders. The principle of beneficence, widely discussed in bioethics, establishes that every health intervention must produce benefits greater than the risks involved. Thus, performing procedures on patients who have clearly incompatible expectations or significant distortions of body image may represent conduct contrary to the ethical principles of the profession, since it will hardly provide effective improvement of psychological suffering.

In this context, it is essential to recognize that not every aesthetic demand should result in intervention. In certain situations, the most appropriate decision is to guide the patient, clarify their doubts and, when necessary, refer them for psychological or psychiatric evaluation before performing any procedure. This posture does not represent a refusal to care, but demonstrates a commitment to comprehensive care and health promotion in its broadest conception.

Interdisciplinary action is an important strategy to face this challenge. Psychologists, psychiatrists, dermatologists, plastic surgeons, and aesthetic professionals can develop integrated actions aimed at the early identification of risk factors, individualized therapeutic planning, and joint follow-up of patients. This approach increases clinical safety, favors better therapeutic outcomes, and reduces the need for unnecessary or potentially harmful procedures.

Another element frequently highlighted in the literature refers to the need to strengthen educational processes aimed at valuing body diversity. The predominance of homogeneous aesthetic models favors the perception that small anatomical differences constitute defects that need to be corrected. On the other hand, educational campaigns based on the promotion of self-esteem, self-acceptance and respect for individual characteristics contribute to reducing aesthetic pressure and preventing the development of psychological suffering related to appearance.

The results of this review demonstrate that the early identification of Body Dysmorphic Disorder represents an important challenge for contemporary aesthetic professionals. More than mastering intervention techniques, it is essential to develop skills related to communication, welcoming, and the assessment of patients' emotional needs. This posture strengthens ethical practice, expands care safety, and reaffirms the commitment of aesthetics to the promotion of integral health.

Thus, understanding the limits of aesthetic intervention means recognizing that care for one's appearance must be subordinated to the physical and psychological well-being of the individual. When properly indicated, aesthetics can favor self-esteem, quality of life, and personal satisfaction. However, in the face of conditions such as Body Dysmorphic Disorder, it becomes evident that the most effective therapeutic response often goes beyond aesthetic procedures, requiring an interdisciplinary

approach centered on mental health and respect for the uniqueness of each patient.

The ethical and humanized performance of aesthetic professionals in the promotion of mental health

The work of contemporary aesthetics professionals requires a broader understanding of care, going beyond the technical dimension and incorporating emotional, social and ethical aspects. In this sense, Sarwer et al. (2023) dialogue with Walker et al. (2022) by arguing that the results of aesthetic procedures do not depend only on the technique applied, but mainly on the way the professional conducts the service, establishes communication, and understands the patient's motivations. While Sarwer et al. (2023) emphasize the importance of prior psychological assessment and qualified listening, Walker et al. (2022) reinforce that the quality of the professional-patient relationship directly influences the level of satisfaction and the psychological impact of the intervention.

The humanization of care is also discussed in a complementary way by Rogers (1961) and Neff (2011), when they highlight the importance of empathy, acceptance and self-compassion in the process of building psychological well-being. While Rogers (1961) argues that empathetic understanding of the other is essential for any health care practice, Neff (2011) adds that self-compassion contributes to reducing excessive self-criticism related to appearance. In dialogue with these authors, humanized aesthetics comes to be understood as one that recognizes the patient in his totality, respecting his subjectivity and his life history.

In the field of professional ethics, Beauchamp and Childress (2019) dialogue with Veale et al. (2021) by highlighting the principles of beneficence and non-maleficence as indispensable foundations in health practice. While Beauchamp and Childress (2019) emphasize that every intervention should prioritize the patient's well-being and avoid harm, Veale et al. (2021) warn of the risks of procedures performed on individuals with untreated psychological distress, such as in Body Dysmorphic Disorder. This dialogue shows that the decision to intervene aesthetically must consider not only the patient's

desire, but also their emotional condition and the risks associated with persistent dissatisfaction.

The interdisciplinary perspective is reinforced by Sarwer et al. (2023) together with Phillips (2017), when they point out that many patients who seek aesthetic procedures may have disorders related to body image. While Sarwer et al. (2023) defend the importance of referral for psychological evaluation in suspected cases, Phillips (2017) highlights that the aesthetic professional is often the first contact of these individuals with the health system, assuming a fundamental role in the early identification of signs of psychological distress. This dialogue reinforces the need for integration between aesthetics, psychology and psychiatry.

The educational dimension of aesthetic practice is also discussed by Rodgers et al. (2023) in dialogue with Tiggemann (2021), when analyzing the impact of social networks on the construction of beauty standards. While Tiggemann (2021) shows that exposure to idealized images favors body dissatisfaction, Rodgers et al. (2023) add that digital algorithms intensify this process by continuously reinforcing content related to aesthetics. In this context, the aesthetic professional also assumes the educational function, contributing to deconstruct unrealistic expectations and promote a healthier view of body image.

Finally, ethical and humanized action is understood as the result of the integration between different theoretical perspectives of health. Lipovetsky (2000) and Bauman (2008) dialogue when analyzing the centrality of the body in contemporary society and the constant pressure for aesthetic transformation. While Lipovetsky (2000) describes the body as an object of consumption and continuous improvement, Bauman (2008) highlights the fluidity of social relations and the instability of cultural patterns. In dialogue with these authors, it is understood that the aesthetic professional must act critically and responsibly, recognizing the social impacts of the culture of the image and promoting interventions that prioritize the integral health of the individual.

Thus, it is concluded that ethical and humanized performance in aesthetics, according to Sarwer et al. (2023), Walker et al. (2022), Beauchamp and Childress (2019) and Veale et al. (2021), must integrate technical competence, emotional sensitivity and social responsibility. This dialogue

between authors shows that contemporary aesthetics cannot be reduced to technical procedures, but should be understood as a field of health care that directly involves the promotion of self-esteem, psychological well-being and quality of life.

FINAL CONSIDERATIONS

The present study aimed to analyze the psychosocial impacts of grooming on mental health, considering both its potential benefits and risks in the contemporary context. From the analysis of recent scientific literature, it was possible to understand that the relationship between aesthetics and mental health is complex, multifactorial and deeply influenced by social, cultural and technological aspects.

Authors such as Tiggemann (2021) and Rodgers et al. (2023) dialogue by showing that social networks exert a strong influence on the construction of self-image, intensifying processes of social comparison and favoring the internalization of aesthetic standards that are often unattainable. In the same sense, Fardouly et al. (2022) reinforce that the frequent use of these platforms is associated with increased body dissatisfaction and reduced self-esteem, especially among adolescents and young adults.

On the other hand, Walker et al. (2022) and Sarwer et al. (2023) discuss that aesthetic procedures, when performed ethically, safely, and in line with realistic expectations, can significantly contribute to strengthening self-esteem, self-confidence, and psychological well-being. However, Veale et al. (2021) warn that, in cases of deeper psychological suffering, such as Body Dysmorphic Disorder, aesthetic intervention alone may not be enough to promote improved body satisfaction, requiring a multiprofessional approach.

In addition, Cash (2012) and Rosenberg (1965) dialogue by reinforcing that self-esteem and body image are subjective constructions, influenced by emotional and social factors, not limited to objective physical characteristics. Thus, it is understood that aesthetics can act both as a protective

factor and as an element of psychological vulnerability, depending on the individual context and the motivations involved.

In view of this, it is concluded that the aesthetic professional plays a fundamental role in the promotion of integral health, and must act in an ethical, humanized and interdisciplinary way. Beauchamp and Childress (2019) reinforce that principles such as beneficence and non-maleficence should guide all health practice, including aesthetics, ensuring that interventions are safe and truly beneficial to the patient.

Thus, it is understood that the interface between aesthetics and mental health requires a responsible, critical professional practice that is sensitive to contemporary demands. The integration between technical knowledge, qualified listening and understanding of the patient's psychosocial aspects becomes essential for appearance care to effectively contribute to quality of life, self-esteem and psychological well-being.

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