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THE IMPACT OF AESTHETIC PROCEDURES ON MENTAL HEALTH: AN APPROACH FOCUSED ON ACNE

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Abstract: Acne is a chronic inflammatory dermatological condition that significantly compromises quality of life. In addition to skin lesions, its emotional impacts are significant, affecting self-esteem, self-image and interpersonal relationships. Studies show that emotional factors such as stress, anxiety and insecurity are directly associated with the appearance and worsening of acne, which requires a broader therapeutic approach that also considers the subjective dimensions of the individual. In this context, aesthetic procedures, when conducted in an ethical, personalized manner and with empathetic acceptance, promote benefits that transcend the physical aspect, favoring emotional well-being and strengthening self-confidence. Active listening and the bond between professional and patient reinforce adherence to treatment and encourage self-care practices. The aesthetician's ethical and technical training is essential for the service to take place in a humanized and integrative way. In this way, aesthetic practice with purpose is established as a complementary therapeutic resource that unites skin health and mental health, promoting biopsychosocial balance. This study highlights the importance of conscious and sensitive aesthetic practice, reaffirming the fundamental role of aesthetic care in promoting quality of life and coping with the psychosocial impacts caused by acne.

Keywords: Aesthetic procedures; Mental health; Acne; Self-esteem; Self-image.

INTRODUCTION

The search for aesthetic procedures has grown significantly in recent decades, driven by cultural, social and emotional factors that value appearance as a determining element of self-esteem and social inclusion. In the field of aesthetics, acne vulgaris stands out as one of the most frequent complaints, especially among adolescents and adult women, and is considered not only a dermatological condition, but also a source of emotional and psychological suffering.

Acne, due to its inflammatory nature and visible manifestations on the skin, directly affects self-image, generating insecurity, shame and low self-esteem. These impacts go beyond the physical sphere, interfering with the quality of life and mental well-being of individuals. In view of this, it is essential to understand the role of aesthetic procedures not only as tools for skin intervention, but also as instruments for promoting emotional health.

This paper aims to analyze the impact of aesthetic procedures on the mental health of individuals affected by acne, considering the psychosocial repercussions of the condition and the importance of a humanized approach to aesthetic care. The choice of this topic was motivated by the practical observation of the recurrence of emotional suffering associated with acne and the need to broaden the understanding of the benefits that aesthetic care can provide, not only in the physical aspect, but also in the recovery of patients' self-esteem and confidence.

By situating the research in the context of the beautician's professional practice, this study aims to contribute to the appreciation of integrative practices that consider the individual as a whole, combining technical knowledge with active listening and emotional acceptance as strategies for promoting well-being and mental health.

METHODOLOGY

This is a qualitative, exploratory study with a bibliographical approach. Its central objective is to analyze the impact of aesthetic procedures on the mental health of individuals affected by acne, with an emphasis on self-esteem, self-image and reception during aesthetic care.

The research was developed through an integrative literature review, carried out between March and May 2025. The SciELO, PubMed, LILACS and Google Scholar databases were

consulted, using the following descriptors: “acne”, “aesthetic procedures”, “mental health”, “self-esteem” and “self-image”, combined with the Boolean operator AND. The time frame of the studies covers the period from 2007 to 2024, with a focus on publications in Portuguese and English.

The inclusion criteria included studies that address the relationship between acne and emotional aspects, as well as research that highlights the role of aesthetic procedures in promoting psychological well-being. Texts that did not deal directly with the psychosocial impacts of acne or that did not present relevant data on humanized aesthetic practice were excluded.

Data collection was carried out through selection, exploratory reading and interpretative analysis of the articles, with the aim of identifying how active listening, empathetic reception and the personalization of protocols contribute to patients’ emotional improvement. The data analysis allowed us to understand aesthetics as an integrative practice that goes beyond skin treatment and promotes biopsychosocial balance.

DEVELOPMENT

ACNE

Acne: Definition, classification and prevalence

Acne is a chronic inflammatory dermatosis that affects the pilosebaceous unit, made up of the hair follicle and sebaceous gland, and is one of the most prevalent skin diseases globally (Azulay, Azulay-Abulafia & Ribeiro, 2006). Its pathogenesis involves follicular hyperkeratinization, increased sebum production mediated by androgens, proliferation of *Cutibacterium acnes* and inflammatory processes (Barros et al., 2020; Kanwar et al., 2018; Silva, Costa and Moreira, 2014). It is estimated that 85% to 100% of the population will be affected at some point, with a higher

prevalence in adolescence, especially between the ages of 14-17 in girls and 16-19 in boys, with the most severe forms being common in males (Silva, Costa and Moreira, 2014).

As for classifications, acne vulgaris is categorized into four grades according to the severity and extent of the lesions, the recognition of which is essential for proper treatment (Barros et al., 2020; Kanwar et al., 2018; Silva, Costa and Moreira, 2014):

Considering that acne is a highly prevalent dermatological condition and one of the most common dermatoses in the global context. Santos et al. (2015) estimate that up to 85% of adolescents experience some degree of acne during puberty, which consolidates the disease as a characteristic milestone of this phase, marked by hormonal changes that raise androgen levels and stimulate sebum production. However, its manifestation is not restricted to adolescence, but is present in other age groups and contexts.

In adulthood, around 12% of women and 3% of men have acne, making up adult female acne (AMA), characterized by inflammatory lesions located on the mandible, neck and chin (Ferreira, Pinto and Moreira, 2014; Knutsen-Larson et al., 2012; Kwon et al., 2011; Zouboulis et al., 2019). AMA has specific clinical and pathophysiological characteristics, associated with hyperandrogenism, insulin resistance, stress, inappropriate use of comedogenic cosmetics and environmental influences (Zouboulis et al., 2019). It significantly impacts self-esteem and can trigger anxiety and depression, requiring individualized treatment that includes topical retinoids, antibiotics, azelaic acid, contraceptives, spironolactone and, in severe cases, oral isotretinoin, as well as empathetic listening for comprehensive care (Thiboutot et al., 2009; Zouboulis et al., 2019; Luís, 2023; Late Female Acne: A Therapeutic Challenge, 2021).

GRADE I	ACNE COMEDONIC (MILD)	It is characterized predominantly by open comedones (blackheads) and closed comedones (whiteheads), with few inflammatory lesions. It is generally limited to the face and does not usually leave scars. Silva, Costa and Moreira (2014) mention that this type of acne responds well to topical treatments and correct skin hygiene.
GRADE II	POPULAR PUSTULOSE (MODERATE)	Presents inflammatory papules and pustules, as well as comedones. It can affect the face, trunk and shoulders. According to Barros et al. (2020), there is already a greater impact on patients' self-esteem and quality of life, especially adolescents.
GRADE III	ACNE NON-CYSTIC (SEVERE)	At this stage, painful, deep and persistent nodular lesions appear, with a high risk of scarring. Kanwar et al. (2018) point out that this form requires more aggressive intervention, such as the use of systemic antibiotics or isotretinoin.
GRADE IV	ACNE CONGLOBATA (VERY SEVERE)	This is a rare and severe form of the disease, with ulcerated, cystic lesions, interconnected by fistulous tracts, which can involve large areas of the body. According to Azulay, Azulay-Abulafia and Ribeiro (2006), this type of acne has a high potential psychosocial impact and risk of permanent sequelae

Source: Own creation (BARRETO, Alessandra; 2025).

During pregnancy, hormonal changes increase progesterone and androgens, favoring the development of mild to moderate inflammatory acne (Sampaio and Rivitti, 2007). Due to the contraindication of many conventional treatments, safe topical therapies and emotional support are prioritized, emphasizing the professional-patient bond (Souza and Santos, 2021).

The Covid-19 pandemic has shown an increase in mechanical acne, popularly known as “maskne”, due to the friction, humidity and heat caused by the prolonged use of masks, especially among healthcare professionals (Mendonça et al., 2023). Management includes non-comedogenic moisturizers, rigorous hygiene and topical treatments, as well as preventive guidance (Mendonça et al., 2023).

Medicated acne is an acne-like condition triggered or aggravated by drugs. According to Pereira (2015), it is an adverse skin reaction characterized by sudden onset, atypical distribution and a temporal relationship with the use or adjustment of medication, although it is clinically similar to acne vulgaris. From this author’s perspective, the main agents implicated include corticosteroids, androgenic anabolic steroids, contraceptives with androgenic action, lithium, phenytoin, isoniazid, cyclosporine and vitamins, especially B12. The mechanisms include increased sebum production, altered keratinization and follicular inflammation. Diagnosis requires an analysis of the pharmacological history and, in most cases, discontinuation or replacement of the drug leads to remission. When this is not feasible, treatment is adapted with topical or systemic options, depending on the severity, always under medical supervision (Pereira, 2015; MSD Manual, 2024).

Severe forms include acne conglobata, with deep, painful lesions, abscesses and extensive scarring, which is more common in young men and has a significant emotional impact

(CRUZ et al., n.d.; Sampaio and Rivitti, 2018; Bagatin and Timpano, 2020). Sampaio and Rivitti (2018) state that early detection of acne conglobata is essential to avoid complications and sequelae, highlighting the importance of training primary care professionals, especially in the context of the Family Health Program (PSF), to identify the initial signs and refer the patient to specialized treatment. Management usually involves the use of high-dose oral isotretinoin, due to its anti-inflammatory efficacy and reduction in sebaceous gland activity. Bagatin and Timpano (2020) corroborate this approach by advocating the need for multidisciplinary support in the most severe cases.

In this sense, understanding acne in different age groups and contexts is essential to personalize care, as it affects self-esteem and social interaction in adolescents and adults (Zaenglein et al., 2016; Dreno et al., 2018).

Psychological and social impacts of acne

Acne has a significant impact on mental health, especially among young people. According to Boa Forma (2021), visible skin changes can generate shame, low self-esteem and anxiety, with an increased risk of depression, especially in the first year after the onset of the condition. According to SCIELO (2012), the severity of acne is directly related to psychological impairment, affecting quality of life, social relationships and self-perception. Thus, treatment should go beyond controlling the lesions, including emotional support (Terra, 2020).

Oliveira et al. (2021) point out that adolescence is especially vulnerable to the impacts of acne on self-esteem and self-image, which can lead to social withdrawal, insecurity and anxious and depressive symptoms. Studies using the Cardiff Acne Disability Index (CADI) show a relationship between the severity of lesions and symptoms such as anxiety, isolation and body dissatisfaction. In addition, data

from Estadão (2022) and a study carried out in 2024 at the dermatology outpatient clinic in Pará confirm high levels of emotional distress in patients with moderate to severe acne, reinforcing the importance of integrated care between dermatology and psychological support.

The condition, especially in moderate and severe forms, is associated with depression, anxiety and low self-esteem (Ferreira; Pinto; Moreira, 2014; Santos et al., 2015). Silva et al. (2020) note that changes in self-image contribute to psychological distress. Although there are old reports of worsening depression with the use of isotretinoin, current studies indicate that clinical improvement contributes to increased self-esteem and reduced suffering (Silva et al., 2020; Fox et al., 2016).

Furthermore, in the workplace, low self-esteem compromises confidence and performance, limiting opportunities (Fox et al., 2016). Santos et al., 2015 point out that the social stigma associated with acne contributes to exclusion and emotional suffering. Individuals with severe forms face discrimination and relevant psychosocial impacts, such as isolation and impaired quality of life (Rodrigues Neto et al., 2015; Santos et al., 2015). According to Fite (2022, apud Estadão, 2022), these people are often judged negatively in social and professional environments.

In view of this, acne treatment should be comprehensive, covering clinical, emotional and social aspects in order to promote well-being and inclusion.

AESTHETICS AS A COMPLEMENTARY THERAPEUTIC RESOURCE

Acne is more than a dermatological condition; it carries stigmas that have a profound impact on self-esteem and social inclusion. Beyond vanity, aesthetic care can act as an integrative therapeutic tool, offering emotional and social benefits.

Aesthetics beyond vanity: emotional impact, the welcoming role of touch and the aesthetic environment and the relevance of the beautician as an agent of well-being

Acne directly interferes with mental health, self-confidence and quality of life (Rodrigues Neto et al., 2015; Santos et al., 2015; Almeida et al., 2022). The presence of visible lesions intensifies emotional suffering, generating shame, stigmatization and exclusion (JAMA Dermatology apud Estadão, 2022).

In this context, skin care, especially in adolescence, represents a gesture of self-care and inclusion (Santos et al., 2021). Even though it is not called “therapeutic touch”, physical contact during aesthetic procedures reveals itself as a language of welcome and affection (Brasil, 2020), promoting well-being and strengthening bonds (Santos, Cunha & Souza, 2018).

Welcoming aesthetic spaces function as therapeutic environments (Rocha, Prado & Cardoso, 2022), where active listening and humanized care (Ferreira, Pinto & Moreira, 2014) reduce psychological suffering (Santos et al., 2015; Silva et al., 2020). The integration of aesthetic care and emotional support is essential for strengthening self-esteem and social inclusion.

Treatments such as skin cleansing, peels, phototherapy and lasers offer clinical and emotional benefits, reducing inflammation and scarring and promoting well-being (Negreiros et al., 2023).

Skin cleansing, for example, removes impurities and improves skin function, while promoting relaxation, self-esteem and stress relief (Silva et al., 2020; RECIMA21, 2023; Santos et al., 2015; Fox et al., 2016).

Technological advances such as LED, ultrasound, high frequency and laser have proven effective in controlling acne and strengthening self-confidence (Andrade & Farias, 2022; Lima et al., 2020; Silva & Rodrigues,

2021). These procedures transform the aesthetic space into an environment of integral and emotional care. In addition to the physical results, the treatments help to alleviate the so-called “aesthetic pain” - subjective suffering generated by the negative perception of image (Santos et al., 2015) - restoring self-care and self-esteem.

The esthetician acts as a comprehensive care professional, combining technique, empathy and acceptance (Machado & Noviello, 2021; Reis, 2024). Their ethical and scientific training expands their role, allowing for qualified listening and action focused on health promotion (Bonacina, 2019).

As emotional factors directly influence acne, requiring empathetic and continuous monitoring (Roieski, 2020; Lacerda et al., 2021; Ribas & Oliveira, 2008), the therapeutic relationship based on trust favors adherence to treatment and emotional communication (Rodrigues Neto et al., 2015).

THE IMPORTANCE OF A HUMANIZED APPROACH TO ACNE TREATMENT, WITH COMPREHENSIVE CARE, SENSITIVE LISTENING AND HUMANIZATION IN AESTHETIC CARE

Because it has multiple co-factors, the analysis of how acne treatment is conducted needs to be comprehensive and humane. Lacerda et al. (2021) point out that empathetic listening is essential to reduce feelings such as shame and isolation. Moraes et al. (2022) point out that the bond between professional and patient improves adherence to treatment and promotes well-being. Thus, a humanized approach is essential for effective and lasting results.

Active listening and understanding subjective suffering are essential for truly humanized care. Oliveira et al. (2018) and Sodré et al. (2011) reinforce the need for a broader view

of the patient, which considers hormonal, emotional and social aspects. The manifestations of acne often reflect deeper issues, such as anxiety, low self-esteem and depression (Rodrigues Neto et al., 2015; Yee et al., 2020). For this reason, aesthetic professionals must adopt a welcoming and empathetic stance, recognizing that many complaints go beyond visible lesions. This sensitive listening legitimizes the patient's suffering and transforms aesthetic care into a therapeutic process.

Humanization involves more than techniques: it's about seeing the patient as a whole. The bond of trust built with the professional favors self-care and extends the emotional benefits of treatment (Bonacina, 2019; Moraes et al., 2022). In addition, aesthetic procedures provide relaxation, stress relief and improve self-image (Machado & Noviello, 2021). Thus, humanization becomes a powerful therapeutic tool, integrating technique, welcoming and professional ethics.

FINAL CONSIDERATIONS

It can be concluded that acne vulgaris, more than a dermatological condition, is a factor of emotional suffering that compromises self-esteem, self-image and quality of life, especially during adolescence and youth. Throughout this study, it became clear that the visible manifestations of acne encourage social stigma, isolation and insecurity, aggravated by aesthetic standards reinforced by social networks. In this sense, aesthetic procedures stand out not just as technical resources, but as integrative practices capable of promoting emotional health, especially when they are carried out with sensitive listening, acceptance and a therapeutic bond. Thus, the professional aesthetician's work must go beyond skin care, incorporating a humanized and interdisciplinary approach that recognizes the patient's subjective dimensions and contributes to physical, mental and social well-being.

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