Beauty, Identity, and the Psychology of Perfection in the Age of Digital Influence

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Abstract

Social media, influencers, and commercial marketing have transformed beauty into a relentless pursuit of perfection, increasing pressure on women and, increasingly, men to undergo cosmetic procedures. This paper examines the rapidly changing landscape of beauty standards and cosmetic enhancement in modern society and explores how these influences shape self-image, redefine identity, and impact mental well-being, while encouraging repeated aesthetic enhancement. It also considers the role of appearance-related psychological conditions, including Body Dysmorphic Disorder, in motivating cosmetic intervention for some individuals. The paper advocates for ethical, patient-centred practice that incorporates psychological awareness, informed consent, and realistic expectations, prioritising mental well-being, authenticity, and patient safety over commercial interests and unrealistic beauty ideals.

Keywords: cosmetic procedures, body dysmorphia, influencers, and social media

Synopsis

What was once subtle self-expression has evolved into a highly visible and often extreme culture of bodily modification. Procedures ranging from permanent makeup, fillers, and botulinum toxin to thread lifts, fat transfer, and body sculpting are now widely promoted as quick, normal, and empowering solutions. However, beneath this surface of empowerment lies a complex interplay of psychological vulnerability, social pressure, and ethical concerns that significantly impact mental health, particularly among women, while increasingly affecting men as well.

At the centre of this transformation is the powerful role of social media. Platforms such as Instagram, TikTok, and Snapchat which amplify idealised and often heavily filtered images of beauty. Influencers and marketing campaigns promote "flawless skin," "glow-ups," and "quick fixes," often masking and overlooking the reality of medical risk and long-term consequences. These complicated narratives create unrealistic expectations and normalise constant aesthetic alteration, and call for it pliably. Individuals, particularly younger audiences, are repeatedly exposed to curated perfection, leading to constant comparison, dissatisfaction, and internalised pressure to conform. By then, souls lose their compass, scope, and hearts forget themselves, and only start the haunting process of seeking perfection, which will keep looping like a non-stop cycle.

This competitive bombarding environment contributes significantly to body image disturbances, distortion, and the impending mental health challenges. One of the most important conditions linked to this phenomenon is Body Dysmorphic Disorder (BDD). BDD is a psychiatric condition, often underrecognized, and is defined in the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders as a preoccupation with a perceived defect or flaw in one's physical appearance when, in fact, they appear normal or invisible, and which are often minor or not observable to others. BDD is a prevalent psychiatric condition characterized by an all-consuming focus on perceived physical imperfections, leading to distressing repetitive actions and, at times, suicidal behaviour and ideation. Individuals with BDD often seek unnecessary surgical interventions (1). Usually, the affected patients are engaged in repetitive behaviours like excessive mirror checking, excessive grooming, excessive camouflage, and comparing their own appearance to others, seeking attention and validation from the exterior, which is time-consuming, uncontrollable, frustrating, and ultimately distressing. Such patients are mostly dermatology and plastic surgeons' regular visitors for any flaws, imperfections, and demand repair and correction, even if it is extreme, excessive, or too much, for their perceived defects and flaws.

I once heard of a man who underwent many extensive and expensive transformative surgeries and yet was still not content or satisfied, and declared openly on social media that he would go big and proud to be doing so.

BDD has a complex aetiology because multiple biological, psychological, and socio-environmental factors have been projected as having a part in the development of BDD (1).

The history of BDD goes back in time, when Morselli, Janet, and Freud described body dysmorphia, causing obsessive appearance distress, leading to shame and distress due to their perceived ugliness (2).

Individuals with BDD may experience severe anxiety, depression, social withdrawal, and compulsive behaviours such as repeated cosmetic procedures in pursuit of an unattainable ideal. Even after multiple interventions, satisfaction is rarely achieved because the underlying psychological distress remains unaddressed. Some have gone so far as to request procedures to replicate and mimic their idol celebrities' looks and idolize them. I recall the most heavily copied figures included Angelia Jolie's face, with great emphasis on her jawline and an alluring, seductive, curvy, pillowy volume, distinctive, luxuriously thick voluptuous beauty lip shape; Kim Kardashian's buzzy exaggerated hour glass figure, ultra-curvaceous enhanced backside with curvy butt lift and pronounced hips paired with extremely narrowed cinched waist, slim thick proportions and contours; Kylie Jenner for exaggerated hour glass contours and curved hips; and Megan Fox for siren eyes and a sculpted face, and tailored bones and defined curves. Some have asked for a cat-eye operation. All of this causes them to lose their natural uniqueness and identity, creating a homogenized 'clone' look, like copy-and-paste with the same, more or less, outcome (2).

Those cosmetic procedures are often marketed as solutions to improve confidence and boost self-esteem. However, in many cases, they fail to address the psychological drivers behind the desire for change, the transformation, and the mutation. Instead, some individuals enter cycles of repeated procedures, chasing temporary gratification, to numb those internal urges and calls for perfection and flawlessness. This cycle can deepen emotional distress, reinforce self-criticism, and intensify feelings of inadequacy and insufficiency. In extreme cases, individuals may lose connection with their original identity, forget their original physical look, and constantly seek external validation and approval through physical transformation and makeover.

This brings up a vital concern about the role of medical and aesthetic practitioners within this system. While many clinicians prioritise patient safety and ethics, there is growing concern that some providers focus primarily on profitability rather than psychological assessment and informed consent. Patients are often not adequately questioned about the underlying drive and motivation for seeking those gross procedures. There is insufficient exploration of whether the desire for change is driven by social media pressure to portray perfection, ignore underlying trauma, low self-esteem, or body dysmorphia. Without this thorough understanding, procedures may be performed on vulnerable individuals without addressing the root cause of their distress.

In fact, the hurried commercialisation of aesthetics has led to the rapid expansion of cosmetic industries into nearly every aspect of appearance, and the cycle loops on forever, endlessly, from one aspect to another, nonstop. Hair, nails, skin, body shape, and facial features are all subject to modification and alteration irreversibly. Some even promote a whole package to attract more clients under the so-called alluring sales and savings, which some cannot ignore and will be tempted to have a go. The aesthetic extended to every part of the body, and just to name a few. For instance, eyelash extensions, which involve using glue and or more recently evolving by using magnetism to adhere, forgetting its implications in the long run for eyelashes thinning and falling, besides triggering allergy and sensitivity from the glue's ingredients, microblading and the synthetic sharp intense bold dark eyebrows look where all women nowadays have that dark thick drawn like lines and strokes that mimic the appearance of bird feather and as the face is overly made up, nail sculpting, nail damage from UV-cured gels and glues, skin irritation from adhesives, also long acrylic nails of various forms and recently the trend seems to be with pointed nails ending like a spike with various ornaments placed on the nail surface by gluing, where the wearer can hardly type or pick up things, or just type with the tip of their extended acrylic nail as I have seen some do and this will act as a mechanical leverage from the repetitive trauma and will cause vibration to the nail bed, causing onycholysis (separation), joint strain and weakening of the nail's natural structure, hair extensions which involve clipping and traction leading to traction alopecia, hair entangling and matting from plaiting and braiding. Tattooed makeup is widely accepted, but they are not risk-free either. The long-term dependence on aesthetic maintenance is increasingly observed (3).

Facial procedures such as dermal fillers and botulinum toxin injections have become especially prominent and pronounced. While they are often presented as non-invasive and reversible, repeated use can lead to complications such as tissue distortion, loss of natural facial expression, and long-term structural changes, creating plastic creatures, extra-terrestrials, and 'aliens'. Some individuals develop an overfilled or "puffy" appearance, often referred to in clinical settings as filler-related facial distortion, or overdone faces. In certain cases, permanent fillers or poorly administered products can cause irreversible changes, infections (biofilm), or nodular formations that are difficult or impossible to fully correct, as some harbour certain bacteria, difficult to eradicate (Figure 1).

Mental health consequences across this spectrum are significant. Anxiety, depression, nonstop social comparison stress, and identity disturbance and distortion are commonly observed in individuals heavily exposed to aesthetic pressures. Repeated cosmetic interventions may also reinforce avoidance behaviours, where individuals rely on external modification rather than psychological healing. Over time, this can contribute to emotional dependence on aesthetic procedures as a coping mechanism for deeper psychological distress (4). The question is, do those procedures bring a sense of feeling good and content, or ask for more?

Ethically, the paper raises concerns about informed consent and patient-centred care. True consent requires not only explanation of physical risks but also exploration of psychological readiness and expectations. Without addressing the emotional drivers behind cosmetic desire, medical interventions risk becoming superficial solutions to complex mental health issues. Clinicians are encouraged to prioritise safety, honesty, and psychological screening, ensuring that procedures are not driven solely by commercial demand.

In conclusion, the evolution of beauty has created a complex intersection between culture, commerce, and mental health issues. While cosmetic enhancement can offer confidence and personal satisfaction for some, it also carries significant psychological and physical risks when driven by external pressure or unresolved emotional distress. Thus, a balanced, ethical approach is required, one that prioritises mental health, informed decision-making, and authenticity over profit and idealised perfection.

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Figure 1: Overdone ® by E. Elghblawi

Plastic Mirrors
Frozen borrowed smiles,
Filled lips, curves chase hollow beauty
True selves blur