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# Negotiating Beauty in Aesthetic Medicine: A Symbolic Interaction Study of Doctor–Patient Communication in Endolift Procedures

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**ABSTRACT:**

The meaning of beauty in medical aesthetics is not determined solely by physical or clinical standards but is continuously constructed through communication, social interaction, and individual interpretation. This study explores how doctor–patient communication and interaction during Endolift procedures at Medikpro Clinic construct the meanings of beauty and anti-aging. Grounded in a constructivist paradigm, the study employed a qualitative approach informed by symbolic interactionism. The study collected data through in-depth interviews, participant and non-participant observations, focus group discussions, and document and literature reviews. Nine informants participated, comprising four aesthetic physicians as key informants and five supporting informants: a beauty consultant, a front-desk staff member, a nurse, and two patients. We analysed data inductively through coding, categorization, theme identification, and triangulation. The findings show that beauty and anti-aging are dynamically negotiated, multidimensional constructs that emerge from interactions among medical expertise, aesthetic expectations, clinical communication, and patients' subjective, social, and spiritual values. Beauty is primarily understood as holistic harmony involving balanced facial proportions, healthy and youthful skin, and a natural appearance rather than conformity to a standardized facial ideal. Doctor–patient interaction facilitates shared meaning-making by reconciling patients' expectations with medical possibilities and limitations, while communication with clinic staff shifts patients' focus from immediate aesthetic results to sustainable skincare. Moreover, patients internalize physical improvements as enhanced self-confidence and social and spiritual well-being. The study extends symbolic interactionism into aesthetic health communication by conceptualizing doctor–patient communication

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as a process of symbolic negotiation and equilibrium communication, in which clinical knowledge and patients' subjective meanings are collaboratively negotiated to produce realistic, ethical, and patient-centered aesthetic decisions.

## 1. INTRODUCTION

Medical aesthetic procedures have become routine across various segments of Indonesian society, particularly in major cities like Jakarta. People of all ages and social backgrounds, young and old, men and women, are accustomed to undergoing, or at least are familiar with, aesthetic procedures designed to enhance the body's appearance. These treatments address not only the face but also other areas of the body to create a more attractive look.

Health encompasses more than the absence of disease; it also includes an attractive, aesthetic appearance. Beauty treatments are no longer viewed merely as a lifestyle choice but as an essential daily need. Physical appearance is the most tangible manifestation of identity; both men and women strive to improve features they see as imperfect, aiming to boost self-confidence and overall quality of life (1).

Endolift is an innovative non-surgical procedure that utilizes fiber-optic laser technology for skin rejuvenation. By focusing on tightening and remodelling skin tissue, the procedure stimulates natural collagen production, a vital factor in maintaining skin elasticity and firmness as one age. Beyond skin tightening, Endolift effectively reduces excess fat in areas such as the chin, cheeks, abdomen, and thighs, resulting in sharper, more proportional contours.

Endolift is an ideal choice for those seeking optimal aesthetic results without traditional surgery, as it is a non-surgical, minimally invasive procedure. In addition to delivering long-lasting effects, it is safe, quick, and offers immediate results with minimal risk. Endolift does not require the large incisions associated with traditional surgery; instead, an ultra-thin optical fiber delivers laser energy into the skin layers painlessly and with minimal risk of infection. Its minimally invasive nature ensures a short recovery time, allowing patients to resume daily activities promptly without prolonged downtime. Naturally, a patient considering the Endolift procedure may face various internal and external challenges. The first challenge arises from evaluating the benefits of the proposed procedure. Aesthetic procedures, whether invasive, minimally invasive, or non-invasive, involve high costs and entail varying post-procedure implications. Patient expectations must be weighed against potential risks—including economic, social, religious, and interpersonal consequences, as well as possible stigmas and medical side effects. These side effects can range from minor wounds or post-procedure pain to complications affecting organ function, which may occur because of invasive interventions.

Scientific evidence demonstrates that Endolift is safe and effective for skin rejuvenation by stimulating collagen production. Clinical studies support the claim that Endolift's laser technology significantly improves skin firmness and texture, enhancing elasticity and reducing signs of aging such as wrinkles and fine lines over the long term (2). Given these benefits, Endolift has increasingly emerged as a minimally invasive option for individuals seeking aesthetic facial rejuvenation without conventional surgery. The 1470-nm diode laser used in Endolift enables controlled photothermal interaction with subdermal tissue, promoting skin tightening, tissue remodelling, and deep collagen restructuring with relatively limited recovery time (3). Because aging is associated with progressive changes in collagen and dermal structure, stimulating collagen remodelling is a key mechanism underlying skin rejuvenation. Endolift delivers laser energy through an optical fiber into the subdermal tissue, where the resulting thermal effect can stimulate collagen contraction and neocollagenesis, contributing to improved skin firmness and rejuvenation (3).

Endolift offers minimally invasive skin rejuvenation through collagen remodelling, while effective physician–patient communication is essential for managing expectations and treatment risks (3–5). MedikPro presents EndoliftX as a minimally invasive laser procedure designed to tighten the skin, reduce localized fat, and stimulate collagen through a 1470-nm diode laser delivered beneath the skin. Because this procedure may be unfamiliar to patients, the consultation process becomes an important space for physicians to explain the treatment in clear and accessible terms. Effective communication can help patients understand the expected benefits, limitations, and potential risks while developing more realistic expectations about the outcome (5). In healthcare services, understanding patient expectations is crucial, as patient satisfaction often hinges on how well those expectations are met. By addressing patient expectations, medical professionals can devise more effective approaches and improve both the patient experience and the outcomes of medical interventions (6).

The role of social media and visual culture in the phenomenon of "surgery addiction" is inextricably linked to social pressures and digital media; research indicates a correlation between intensive social media use and negative body image, which can drive individuals to seek cosmetic procedures to meet unrealistic beauty standards (7). Trending phenomena such as "Snapchat dysmorphia," the desire to resemble one's filtered photo, provide concrete examples of how digital media imagery can influence decisions to undergo aesthetic procedures. Psychosocial reasons behind the demand for aesthetic procedures include several factors frequently associated with this behaviour in research and scientific literature: Insecurity and social anxiety feelings of being insufficiently attractive due to external beauty standards (social media/environment) (7); the desire to be liked or socially accepted; studies show a link between the desire for social approval and the acceptance of aesthetic procedures (8); and the influence of media and visual culture beauty standards on social media heighten body image frustration, driving an increase in aesthetic procedures (7). In the context of beauty clinics, communication between doctors and patients goes beyond the delivery of medical information; it also plays an important role in creating comfort, building trust, and maintaining an ongoing relationship. Rachmat and Ganiem found that therapeutic communication involves four stages: preparation, introduction, working, and termination. Although the initial stages were generally implemented well, the application of therapeutic communication during the working stage was not always optimal. Interestingly, the doctor–patient relationship may continue beyond the consultation through WhatsApp communication, allowing doctors to provide guidance and monitor patients' conditions. These findings suggest that digital communication can support continuity in doctor–patient relationships, while also potentially fostering patient dependency when interactions become overly intensive (9).

To analyze and discuss the study's findings, the researcher uses symbolic interactionism. Symbolic interactionism is heavily influenced by the works of George Herbert Mead (1934) and Herbert Blumer (1969). Mead explained that social meaning is constructed through social interaction, encompassing how individuals think, act, and interact with others within their social contexts. He argued that social meaning does not emerge in isolation from social life but forms through the relationships and interactions within society. Herbert Blumer, a student of Mead, further developed the theory by coining the term "symbolic interactionism" to describe an approach that integrated Mead's ideas with other contemporary thought. Blumer formulated three fundamental principles that serve as the foundation of symbolic interactionism: meaning, language, and thought. These principles emphasize that meaning in social life is not fixed; rather, it evolves and is shaped through dynamic social interaction. Language, as the primary tool of symbolic interaction, serves as the medium through which people construct and communicate these meanings. Thought involves an internal reflective process in which individuals interpret symbols from their own viewpoints, drawing on their social experiences and their capacity to understand others' perspectives. Symbolic interactionism also emphasizes that meaning in social interaction is not static; instead, it is shaped through continuous, dynamic interaction. As individuals interact with others, they constantly update and modify the meanings they attribute to the symbols or objects involved. In doctor-patient communication, meanings associated with diagnoses or treatments often depend not only on medical terminology or the objective information conveyed, but also on the patient's social experiences, understanding of the illness, and the nature of their interaction with the physician. Applying the symbolic interactionist approach to doctor-patient communication requires attention to ethical and spiritual dimensions, with honesty and transparency as key principles. Doctors must provide honest information about the benefits, risks, and limitations of procedures without making exaggerated promises. This aligns with Islamic values that advocate for justice and truthfulness in all aspects of life. An approach grounded in Islamic values reinforces the ethical dimension of aesthetic medical practice. Integrating expert perspectives with Islamic values establishes a solid foundation for doctor-patient communication that is more humane, transparent, and ethical in aesthetic medical procedures.

Researchers also utilize Berger and Luckmann's theory of the *Social Construction of Reality*, which posits that "Society is a human product. Society is an objective reality. Man is a social product," unfolding through three dialectical moments: externalization, objectification, and internalization (10). This theory argues that reality and the meaning of things are socially constructed through ongoing interaction and communication. Berger and Luckmann's theory explain that social reality is shaped by human interaction and communication; in this process, individuals exchange meanings, interpret experiences, and build a shared understanding of their social world. In a medical context, knowledge, the meaning of illness, and doctor-patient roles are not viewed as "given" entities but are shaped through communication between the two parties. Applying social construction theory to doctor-patient communication is evident in how meanings about health and illness are negotiated through conversation.

The Coordinated Management of Meaning (CMM) theory views communication as a process through which people create and manage meaning in their everyday social interactions. Communication is therefore not simply a way of delivering information about an existing reality; it is also a means through which people actively construct the social reality that shapes their actions and relationships. CMM describes people as "persons-in-conversation," emphasizing that individuals develop their understanding of themselves, others, and their social world through interaction. From this perspective, conversation is more than an exchange of words; it is a space where people continuously create meaning, shape identities, build relationships, and guide their actions (11). Pearce and Pearce (12) further developed this concept by positioning communication as a process that allows humans to simultaneously create social reality and be influenced by the reality they have created through that communication. This study makes a significant theoretical contribution to health communication theory by highlighting the importance of communication strategies in improving the quality of medical decision-making, patient satisfaction, and understanding of the risks and benefits of procedures. It also extends Symbolic Interaction theory, supported by Social Construction theory and Coordinated Management of Meaning (CMM) theory, to the context of health communication. Consequently, the findings are expected to enrich the practice of effective and ethical health communication within symbolic interaction-based anti-aging consultations.

Although previous studies have examined the clinical effectiveness of minimally invasive aesthetic procedures, patient expectations, social-media influences on body image, and therapeutic communication in aesthetic healthcare, they have paid limited attention to how physicians and patients actively construct the meaning of beauty and anti-aging through communication during aesthetic consultations. Existing research has largely approached beauty from clinical, psychological, or sociocultural perspectives, often treating patient expectations and aesthetic outcomes as relatively predetermined variables. Consequently, we still have insufficient understanding of the communicative process through which medical knowledge, aesthetic ideals, patients' subjective expectations, social perceptions, and personal values are interpreted, negotiated, and transformed into a shared meaning of beauty within clinical encounters.

This gap is particularly important in minimally invasive procedures such as Endolift, where treatment decisions involve more than transmitting technical information about benefits, risks, and expected outcomes. The consultation represents an interactive space in which physicians introduce clinical meanings of facial harmony, skin quality, and healthy aging, while patients bring their own meanings shaped by self-perception, social expectations, previous experiences, and personal values. How these symbolic perspectives converge, conflict, and are renegotiated through doctor–patient interaction remains underexplored in health communication research.

This study's novelty lies in conceptualizing beauty and anti-aging not as fixed aesthetic or biomedical standards, but as dynamic meanings co-constructed through symbolic interaction among physicians, patients, and supporting clinical staff. Using Symbolic Interactionism as the primary theoretical framework, supported by the Social Construction of Reality perspective, this study demonstrates how clinical symbols of facial proportion, skin health, rejuvenation, and natural appearance interact with patients' psychosocial and personal interpretations to produce a negotiated understanding of beauty.

More specifically, this study introduces symbolic negotiation of beauty as a communicative process through which medical expertise and patients' subjective meanings are continuously aligned during aesthetic consultation. The findings further suggest the concept of equilibrium communication, in which successful aesthetic communication seeks a balance between clinical possibilities, natural facial harmony, realistic expectations, and patients' psychosocial well-being rather than simply pursuing standardized physical perfection. This perspective extends health communication research beyond conventional disease-centered and curative contexts by positioning aesthetic and anti-aging consultations as sites of meaning construction, negotiation, and shared decision-making. Furthermore, the researcher formulated the study titled "The Construction of the Meaning of Beauty Through Doctor-Patient Communication and Interaction in Endolift Anti-Aging Procedures: A Symbolic Interaction Study on Doctor-Patient Health Communication Dynamics at Medikpro Clinic" to address these themes.

## 2. RESEARCH METHODS

### 2.1 Research Design and Paradigm

This study used a qualitative research design within a constructivist paradigm to explore how physicians and patients construct meanings of beauty and anti-aging through communication and interaction during Endolift consultations at Medikpro Clinic. The constructivist paradigm was selected because the study assumes that meanings related to beauty, aging, aesthetic

expectations, and treatment outcomes are not fixed or objectively predetermined but are developed and negotiated through social interaction.

Symbolic Interactionism served as the primary analytical framework. This perspective was considered appropriate because it emphasizes how individuals interpret objects, experiences, actions, and social situations through meanings generated and modified during interaction. In this study, Endolift was therefore examined not merely as a minimally invasive aesthetic procedure but as a symbolic object whose meaning physicians, clinic staff, and patients interpret differently.

The study specifically examined how verbal and non-verbal communication, medical explanations, aesthetic concepts, visual representations, personal expectations, and interpersonal interactions contribute to the construction and negotiation of meanings concerning beauty and anti-aging. Particular attention was given to how medical perspectives and patients' subjective interpretations interact during aesthetic consultations.

**2.2 Research Setting and Participants**

The study was conducted at Medikpro Clinic, where Endolift procedures are provided as part of aesthetic medical services. The research involved nine informants representing different roles within the aesthetic consultation and treatment process.

Four practicing aesthetic physicians served as the key informants because of their direct involvement in clinical assessment, consultation, communication of treatment options, and decision-making concerning Endolift procedures. Five supporting informants provided complementary perspectives: one beauty consultant, one front-desk staff member, one nurse, and two patients.

Including participants in different positions within the clinical interaction enabled the study to examine the construction of beauty from multiple perspectives. Physicians represented the clinical and aesthetic perspective; clinic staff represented the educational and service-related perspective; and patients represented subjective, psychosocial, and personal interpretations of beauty and anti-aging.

**2.3 Data Collection**

Data were collected through multiple qualitative techniques, including in-depth interviews, participant and non-participant observation, Focus Group Discussions (FGDs), and document and literature reviews. Using multiple sources was intended to capture the complexity of communication and meaning-making within aesthetic clinical encounters.

In-depth interviews were conducted with the four key informants and the supporting informants to explore their interpretations of beauty, anti-aging, facial harmony, skin health, aesthetic expectations, and Endolift procedures. The interviews also explored how participants understood communication's role in shaping expectations and treatment-related decisions.

Participant and non-participant observations examined communication and interaction in the clinical setting, including verbal expressions, non-verbal communication, interpersonal responses, and the contextual dynamics surrounding aesthetic consultations. These observations complemented the interview data by providing context on how communication occurred within the clinical environment.

An FGD involving the four aesthetic physicians was conducted to further explore professional perspectives regarding beauty, anti-aging, facial proportion, skin quality, and communication with patients. The FGD also provided an opportunity to identify areas of shared understanding and variation among physicians concerning aesthetic communication and the meanings attributed to Endolift.

Document and literature reviews were used as supplementary sources to contextualize the empirical findings within existing knowledge on aesthetic medicine, health communication, doctor–patient interaction, and symbolic meaning-making.

**2.4 Data Analysis**

The qualitative data were analyzed inductively through coding, categorization, and thematic interpretation. The analysis began by examining the collected data to identify meaningful units related to communication, interaction, symbols, interpretations of beauty, anti-aging, patient expectations, and aesthetic treatment.

The analysis then coded and grouped recurring meanings and communication patterns into broader categories. These categories were compared across physicians, clinic staff, and patients to identify similarities, differences, and the processes through which participants negotiated meanings.

The analysis focused on how participants attributed meaning to recurring concepts and symbols, including facial balance and proportion, skin health, youthfulness, natural appearance, technological treatment, sustained skincare, self-confidence, social acceptance, and personal or spiritual well-being.

The categories were then interpreted using Symbolic Interactionism as the principal analytical framework. The analysis examined how meanings were generated through interaction, how participants interpreted symbols according to their respective social and professional positions, and how these meanings were modified through communication. The Social Construction of Reality perspective was used as a supporting framework to explain how individual interpretations could develop into shared understandings within the clinical setting.

Through this process, the analysis moved from individual participant statements to categories and broader themes describing the symbolic negotiation of beauty and anti-aging in aesthetic healthcare communication.

### 2.5 Data Credibility and Triangulation

The credibility of the findings was strengthened through triangulation of informants, data sources, and data-collection techniques. The researchers conducted informant triangulation by comparing the perspectives of four physicians with those of the beauty consultant, front-desk staff member, nurse, and two patients. This comparison enabled the researchers to identify areas of convergence and divergence in the meanings attributed to beauty and anti-aging.

The researchers achieved methodological triangulation by comparing information from in-depth interviews, observations, FGDs, and documentary sources. Rather than relying on a single form of evidence, the study developed interpretations by examining recurring meanings and patterns across these sources.

Triangulation was particularly important because the study sought to understand beauty as a negotiated meaning rather than a predetermined concept. Differences among medical, service-related, and patient perspectives were therefore treated as analytically meaningful and were examined as part of the process through which shared meanings emerged.

### 2.6 Ethical Considerations

The study involved healthcare professionals, clinic staff, and patients; therefore, it addressed ethical requirements related to participant privacy, confidentiality, and the responsible use of qualitative data. The manuscript states that the study met applicable ethical clearance requirements. The authors used informant codes in the presentation and analysis of the findings to minimize disclosure of personally identifiable information.

Because qualitative interview data may contain information that could enable participant identification, the raw interview data are not publicly available. Data may be made available by the corresponding author upon reasonable request, subject to appropriate ethical and privacy considerations.

## 3. RESULTS AND DISCUSSION

### 3.1 Research Findings on the Meaning of Beauty and Anti-Aging Constructed Through Doctor-Patient Communication and Interaction at Medikpro Clinic

Research findings show how the doctors, as the primary informants in this study, construct the concepts of beauty and anti-aging through doctor-patient interactions at Medikpro Clinic, as described during interviews. dr. RR states that the ideal concept of beauty is one of holistic harmony. This means that facial beauty cannot be judged by a single feature alone, such as the nose or chin, but must be viewed comprehensively, ensuring a balance between bone structure, fat distribution, and skin firmness. If a single feature is excessively emphasized, for instance, creating a high-bridged nose on a face with a short forehead and chin, the result appears unnatural and odd. Much like the Eastern philosophy of Yin and Yang, true beauty lies in balance; facial features should complement one another, with no single feature dominating or appearing jarringly conspicuous. According to Dr. RR, beauty is a quality that feels comfortable to the individual and is perceived as pleasing by others, especially through appreciation of a balanced or well-proportioned face. Beauty requires proportionality; if a face has a short forehead and a short

chin but a highly prominent nose, it looks unnatural because one specific feature stands out too starkly or appears disproportionately dominant.

Regarding the concepts of beauty and anti-aging, dr. AH, drawing on doctor-patient interactions at Medikpro Clinic, explains that within the framework of the Endolift procedure, beauty is defined holistically as harmony. This means achieving the right proportions across the face by considering bone structure, fat positioning, and skin placement, while ensuring all elements work in balance; no single feature should stand out disproportionately compared to the others. One cannot assess facial beauty by focusing on just one point, such as the chin, jawline, or nose, because doing so creates an unnatural look due to a lack of harmony among the various focal points of beauty. In the practical context of Endolift, the focus is on the positioning of the skin in areas such as the mid-cheek and the jowls (the area beside the mouth), addressing the sagging that occurs as the aging process causes the skin to descend.

Furthermore, a dermatologist (skin and venereology specialist) explains beauty from a dermatological perspective, noting that it can be viewed from two angles: the medical and the visual. These perspectives the medical view and the general public's visual perception are interconnected. What a doctor observes medically often aligns with what the public sees, since beauty is directly perceptible to the naked eye. This statement clarifies that, from a medical standpoint, beauty is linked to aging. Consequently, "medical beauty" is measured by skin health characterized by adequate hydration, minimal wrinkles, and firmness. Therefore, the essence of anti-aging treatment lies in maintaining these three qualities so that the skin consistently appears younger than one's actual age.

A dermatologist and venereologist dr. ISS explains the meaning of beauty from a dermatological perspective, noting that it can be viewed from two angles: the medical and the visual. These two perspectives the medical and the visual (or public perception) are interconnected. From a medical standpoint, what a doctor observes is also visible to the public; beauty is something the naked eye can directly perceive. The statement clarifies that, from a medical perspective, beauty is linked to the aging process. Thus, medical beauty is measured by skin health characterized by adequate moisture, minimal wrinkles, and firmness. The essence of anti-aging treatment lies in maintaining these three qualities so that the skin consistently appears younger than one's actual age.

This aligns with the views of dr. JA, a practicing physician at Medikpro Clinic, on the meaning of beauty: the concept, or artistic definition, of beauty is rooted in a sense of balance. It is about the impression a face conveys; when someone looks at it and feels a sense of comfort, they perceive it as beautiful. Consequently, when a patient is described as beautiful, a subjective element must be explored: identifying the features they like and wish to preserve versus those they feel are not quite right and wish to correct. Balance is thus defined by the interplay between what is retained and what is adjusted, ensuring that both elements contribute to a harmonious, proportional appearance.

Based on the views of the study's key informants, the researcher developed a typology of how beauty and anti-aging are conceptualized as a process involving the interpretation of symbols such as "a balanced, well-proportioned face, holistic harmony, and yin-yang philosophy," alongside "a pleasing appearance and high-quality skin that is hydrated, youthful, elastic, and shows minimal wrinkling." The perspectives of the key informants (the doctors) are further illustrated in the following Table 1 below:

**Table 1.** Research Findings on the Meaning of Beauty and Anti-Aging Constructed Through Doctor-Patient Communication and Interaction (Key Informant Perspective)

| Key informant | Aspect<br>The Construction of Meanings of Beauty and Anti-Aging Through Doctor-Patient Communication and Interaction | Description<br>Shared Meaning-Making |
|---|---|---|
| **dr-RR** | Beauty is something that feels pleasant to experience or behold, involving the perception of a face as superior, balanced, and well-proportioned. | Beauty is defined by a balanced, well-proportioned face, holistic |

| | | |
|---|---|---|
| **dr-AH** | Beauty is holistic harmony and precise proportion (the yin-yang philosophy)—not merely a set of mathematical parameters, but a sense of comfort when viewed. | harmony, and the yin-yang philosophy; it is pleasing to the eye and characterized by high-quality skin that is hydrated, youthful, with minimal wrinkles, and elastic. |
| **dr-ISS** | From a medical perspective, beauty is defined by hydrated skin, minimal wrinkles, and good elasticity; anti-aging aims to maintain a youthful skin appearance despite advancing age. | |
| **dr-JA** | Beauty is a balance between facial proportions and excellent skin quality; Endolift is best understood as an aesthetic procedure rather than an anti-aging treatment. | |

Table Source: Research Compilation

To supplement the field research data and address the study's first research question, the researcher interviewed several supporting informants at the Medikpro clinic. The study's findings on beauty and anti-aging—constructed through doctor-patient communication and interaction at the clinic and as perceived and described by the informants — are evident in their views. A Beauty Consultant explained the significance of the Endolift procedure, noting that beauty is reflected in the condition of one's skin, which requires care because aging affects skin firmness. Issues such as sagging skin and displaced facial fat require treatments that correct these changes to maintain firmness. Thus, beauty is linked to rectifying sagging skin and eliminating misplaced fat through machine-based technological treatments. Aging causes skin to lose elasticity and facial fat to shift; addressing this requires modern aesthetic treatments utilizing specialized technology to tighten the skin and remove fat that detracts from one's appearance.

In line with the views expressed above, Frontliner defines beauty and anti-aging as follows: modern beauty must be viewed from a balanced, realistic perspective. By acknowledging that beauty is subjective, this approach respects individual diversity. It shifts the focus from "meeting others' standards of beauty" to "becoming the best version of oneself through healthy skin and the appropriate use of technology," viewing technology as a tool whose effectiveness remains bound by natural laws (genetics) and personal discipline (lifestyle).

Furthermore, nurses at the Medikpro Clinic define beauty and anti-aging as follows: beauty is viewed through the lens of physical standards that prioritize facial perfection characterized by skin that is healthy, radiant ("glowing"), and completely flawless, free from any blemishes or acne marks. Thus, beauty is interpreted as physical facial perfection, assessed by the quality of the skin, specifically its healthy, glowing appearance and a completely smooth texture and contour, devoid of acne marks or pitted scars.

Furthermore, nurses at the Medikpro Clinic interpret beauty and anti-aging in terms of physical standards that prioritize facial perfection characterized by skin that is healthy, radiant ("glowing"), and completely flawless, free from any blemishes or acne scars. Thus, beauty is defined as physical facial perfection, assessed through skin quality that is glowing and healthy, and a texture and contour that are completely smooth, devoid of acne marks or pitting scars.

Meanwhile, Patient (Ps1-AT) from the Medikpro clinic defines beauty and anti-aging as follows: simply put, beauty is relative, yet its core essence lies in a blend of a healthy, fresh physical appearance, a spiritually devout inner self, and a personality that benefits others. In other words, beauty is relative and radiates from a healthy, fresh physique (pleasing to the eye), a close spiritual connection with God through worship, and personal value that benefits others. Finally, the patient (Ps2-ML) from the Medikpro clinic defines beauty and anti-aging as follows: Simply put, in this patient's view, beauty is an outward appearance that is attractive and stands out from others, with the key lying in having a clean, healthy, and problem-free complexion (clear skin). Thus, in essence, beauty for this patient is defined by an attractive and pleasing appearance, particularly when compared to others, complemented by facial skin that is clean, healthy, and free from skin issues.

The meanings of beauty and anti-aging constructed through doctor-patient communication and interaction at the Medikpro clinic, based on the views of the study's informants, are as follows: beauty is perceived as relative, with a focus on consistent treatment for sagging skin and the removal of misplaced fat, alongside skin that is smooth, glowing, clean, and healthy, free from acne marks or pitting (scars), as well as an appearance that is healthy, fresh, attractive, and pleasing to the eye, and a sense of closeness to God through worship. Furthermore, the researcher has developed categories or a typology regarding the meanings of beauty and anti-aging, as presented in Table 2 below:

**Table 2:** Research Findings on the Meaning of Beauty and Anti-Aging Constructed Through Doctor-Patient Communication and Interaction (Perspective of Supporting Informants)

| Supporting Informant | Aspect<br>The Construction of Meanings of Beauty and Anti-Aging Through Doctor-Patient Communication and Interaction | Description<br>Shared Meaning-Making |
|---|---|---|
| **BC-ES** | Beauty treatments using machine-based technology address sagging skin and eliminate misplaced fat. | The definition of beauty is relative; the focus lies on consistent care for sagging skin and the removal of misplaced fat, resulting in skin that is smooth, glowing, clean, and healthy, free from acne marks or pitting scars, as well as an appearance that is fresh, attractive, and pleasing to the eye, alongside a closeness to God through acts of worship. |
| **FL-DCW** | Beauty is seen as more than an instant result; it is a long-term process. It views the skin as something that requires consistent care. | |
| **Prw-WDP** | Beauty is defined as physical facial perfection, characterized by excellent, glowing, and healthy skin, as well as a truly smooth texture and contour free from acne marks or pitting (scars). | |
| **Ps1-AT** | Beauty is relative, radiating from a healthy, fresh physical appearance, a pleasing sight, and an inner closeness to God through worship and a sense of self-worth that benefits others. | |
| **Ps2-ML** | Beauty is measured by an attractive, pleasing appearance—especially when compared to others — complemented by clean, healthy facial skin free from skin problems. | |

Table Source: Research Compilation

**3.2 An analysis of the meanings of beauty and anti-aging constructed through doctor-patient communication and interaction at Medikpro Clinic.**

The analysis of research findings regarding the conceptualization of beauty and anti-aging constructed through doctor-patient communication at Medikpro Clinic and based on interviews with nine informants encompasses the following:

**3.2.1 Analysis of the Meaning of Beauty from the Doctor's Perspective**

**1) Beauty as Facial Balance and Proportion**

In this context, the doctor communicates by explaining Chinese philosophical concepts, specifically the "Yin-Yang" principle (Eastern aesthetic balance). The doctor employs this "Yin-Yang" philosophy to define beauty as a state of precise balance among bone structure, fat distribution, and skin positioning. The doctor conveys that beauty does not lie in the perfection of a single feature (such as an exceptionally high-bridged nose or a very sharp chin), but in how these elements harmonize without any single part dominating excessively. Beauty is explained not as the result of imposing the "golden ratio" (a mathematical standard), but as achieving a balance point ("Yin-Yang") that prioritizes the patient's internal sense of comfort and natural appreciation from their social environment. The doctor interprets true beauty as something natural. If a specific facial feature is emphasized disproportionately or defies anatomical harmony, such as a patient requesting a highly prominent nose despite having a short forehead, it disrupts the observer's perspective, triggering a visual perception of strangeness or unnaturalness. A successful outcome of the doctor's communication and aesthetic/anti-aging procedures is achieved when those around the patient perceive them as looking better and fresher, rather than commenting that the patient has transformed into a different person or appears alien and strange.

**2) Beauty is Facial Harmony and Anti-Aging**

An in-depth analysis of the meanings of beauty and anti-aging, constructed through doctor-patient communication and interaction, reveals a shift from mathematical parameters to harmony. Doctors communicate to patients that the new paradigm in aesthetic medicine, beauty, and true anti-aging is defined as the triumph of harmony over numbers. Through interpersonal communication and interactions with patients, doctors argue that forcibly altering the face to meet certain numerical standards

does not guarantee good results. Successful doctor communication about anti-aging procedures relies on persuasive interpersonal communication that preserves the patient's authentic identity, making them appear fresher and healthier without turning them into a stranger who has lost their identity. If a medical procedure drastically alters facial structure to the point that the patient feels alienated from themselves, the doctor's communication about the procedure fails to define beauty. The Social Appreciation (External) factor shows that beauty also depends on how the social environment values these changes. Relating to the Meaning of Anti-Aging (Harmonious Aging), although the term "anti-aging" is not explicitly mentioned, the concept of proper fat and skin positioning in this statement is closely related to the philosophy of graceful aging. Communicating to patients about the aging process essentially repositions sagging facial fat and sagging skin. The doctor's communication emphasizes that anti-aging measures are not about excessively increasing facial volume (such as obsessively injecting fillers until the face is puffy/unnatural), but about returning (repositioning) fat and skin to their original positions to achieve harmony and youthful proportions. Psychologically, through intrapersonal communication, beauty brings a sense of comfort to the patient; this statement shifts the definition of beauty from the physical-objective realm (what is seen in the mirror) to the emotional-subjective realm (what is felt internally and in the social environment), namely the internal Self-Comfort Factor, where beauty is about the patient's sense of comfort when looking at themselves.

**3) Beauty is Anti-Aging (moist skin, minimal wrinkles, and elasticity)**

An in-depth analysis of medical communication interprets beauty as anti-aging. This can be seen from two perspectives in medical aesthetics, which explain that the field no longer views beauty solely in surface terms but divides it into two broad paradigms or approaches. First, the external/physical beauty approach, which is measured geometrically. Its main symbols are the golden proportion, bone structure size, and facial symmetry. This approach defines beauty based on visual standardization that is mathematically and anatomically ideal. Second, the cellular beauty approach shifts the definition of beauty from physical form to biological qualities, with main indicators being the health, vitality, and regeneration of skin cells from within.

In communicating with patients from a medical aesthetic perspective, a paradox emerges between the golden proportion and cellular health, where beauty is often defined as reconstructing facial architecture. However, doctors use persuasive interpersonal communication to convince patients that, as medical professionals, they should not overlook cellular health. A face with a proportional or balanced structure will not radiate true beauty if its skin cells are damaged, dull, or unhealthy. Therefore, doctors need to explain to patients, through interpersonal communication, that the modern medical aesthetic perspective emphasizes that ideal external beauty must be supported by a foundation of excellent cellular health in the lower layers of the skin. Anti-aging communication with patients emphasizes that, from a skin-care perspective, beauty means youthful, moist skin, minimal wrinkles, and maintained elasticity. Doctors need to communicate that the true meaning of anti-aging lies in the second approach: caring for and restoring skin health at the cellular level. Furthermore, doctor communication provides confidence to patients that the goal of anti-aging measures, such as stimulating new collagen growth, repairing connective tissue, and increasing cell metabolism, is to improve skin functionality.

**3.2.2 Analysis of Beauty from the Perspectives of Beauty Consultants, Frontliners, and Nurses**

**1) Beauty Defined as Skin Without Sagging or Fat Accumulation**

Beauty consultants communicate interpersonally with patients to explain their perspective on beauty, specifically addressing the impact of aging on the skin and how modern technology offers solutions to manage it. They emphasize that as one ages, skin naturally faces challenges regarding beauty standards. Beauty consultants identify that aging leads to a decline in skin quality, characterized by two main issues: sagging and fat displacement (misplaced fat). Sagging refers to the loss of the skin's natural firmness and elasticity, while fat displacement involves the accumulation or shifting of facial fat into undesirable areas (such as eye bags or a double chin). In health communication, the solution lies in medical treatments that define beauty as skin free from sagging and fat accumulation. Therefore, restoring beauty and skin youthfulness requires specific interventions focused on two goals: tightening sagging skin and eliminating or repositioning misplaced facial fat. Health communication highlights the crucial role of technology-driven medical equipment in these treatments. These procedures cannot be performed manually or with standard creams alone; they require advanced medical devices (such as Laser, Ultrasound/HIFU, or Radiofrequency) to ensure results are effective, safe, and precisely targeted to deeper skin layers.

**2) Beauty Defined as a Commitment to Consistent Skincare**

Frontliners communicate interpersonally with patients to frame beauty not merely as an instant result, but as the outcome of a long-term skincare process. They emphasize that skin is a biological asset that requires consistent care, rather than something to address only after damage occurs. Thus, beauty is a commitment to consistent skincare. Through interpersonal communication, frontline staff explain and emphasize to patients that machine-based technologies represent a health-conscious approach to medical aesthetics. While machines (such as lasers, Ultrasound/HIFU, or Radiofrequency) can achieve results beyond standard skincare products, they serve as technical aids for meeting skin health standards rather than standalone miracle workers. Internal factors (genetics and lifestyle) are crucial; genetics largely determine how quickly an individual's collagen depletes, while lifestyle choices dictate how long treatment results last. Without adequate sleep, hydration, and UV protection, even the most sophisticated technology will fail to yield meaningful outcomes.

**3) Beauty as Visual Appeal, Ideal Skin, and Flawless Skin Texture**

From the perspective of the nurses, beauty is defined through interpersonal communication with patients based on physical facial perfection, specifically, exceptional skin quality. To clarify, Medikpro clinic nurses assess beauty against specific physical standards: Visual Appeal (beauty is interpreted as a face that is pleasing to the eye and creates an impression of perfection); Ideal Skin Condition (the primary criterion being skin that is healthy, radiant, and "glowing"); and Flawless Skin Texture (nurses emphasize the importance of perfectly smooth skin texture and contours, free from blemishes, acne marks, or pitted scars).

**3.3 Analysis of the Meaning of Beauty from the Patient's Perspective**

**1) Beauty encompasses physical health, inner beauty (spiritual), beauty of the soul, and social beauty (attitude).**

From the patient's perspective, beauty lacks a fixed standard; it is highly relative, as individual assessments vary. To simplify this concept, patients categorize the meaning of beauty into three main dimensions: Physical Health, where beauty does not imply perfection, but rather a body that is healthy, fresh, and pleasing to the eye; Inner Beauty, where beauty stems from spiritual and emotional tranquillity, radiating from a person’s diligence in worship and their maintenance of a good relationship with Allah SWT; and Social Beauty (Attitude) where beauty is also judged by how a person strives to become a better individual and provides benefit or utility to those around them.

**2) Beauty is visual appeal, skin health, and physical health.**

Beauty combines striking visual appeal, healthy skin, and physical health. To clarify this, patients break down their views on beauty into the following key points: First, Visual Appeal (Initial Charm): beauty is primarily defined as being pleasing to the eye and attractive, especially when compared to prevailing standards or the people around them. Second, Skin Health (Clear Skin): When assessing themselves, patients express deep gratitude (Alhamdulillah) for having a clear complexion free from skin issues; for them, healthy skin is the foundation of an attractive appearance. Third, Physical Health is Key: patient informants repeatedly emphasized the word "healthy." This indicates that health is the fundamental principle of physical beauty; it is not merely a matter of cosmetics but is rooted in a well-cared-for body and skin. Based on the various perspectives of the research informants, the researcher subsequently developed a circular model regarding the conceptualization of beauty and anti-aging, constructed through doctor-patient communication and interaction, as follows:

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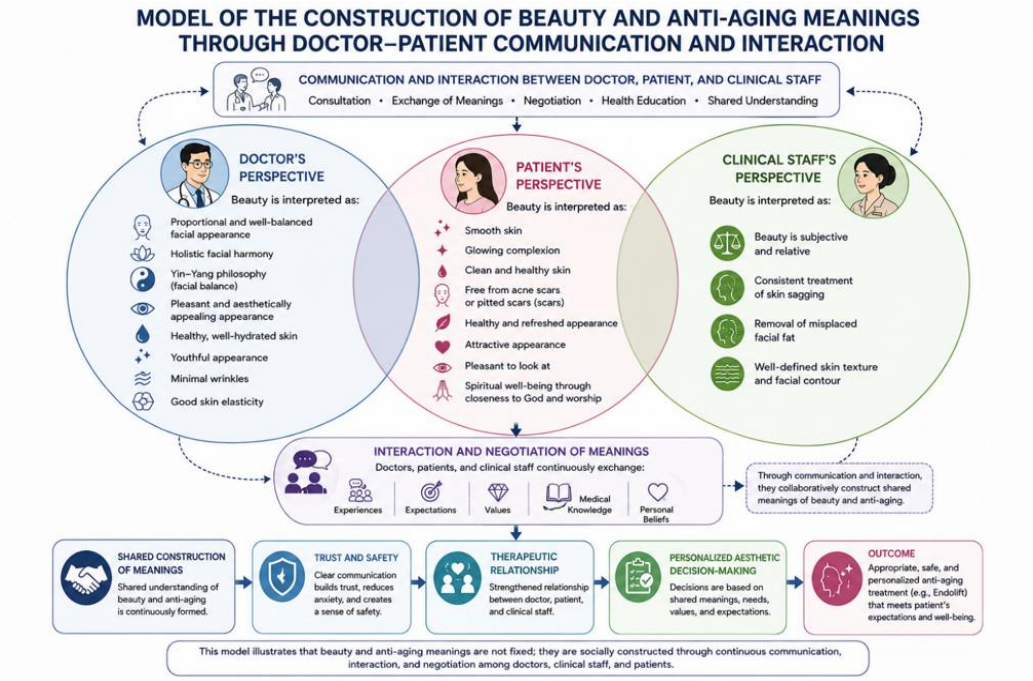


**3.4 Discussion on the Construction of Meanings of Beauty and Anti-Aging through Doctor-Patient Communication at Medikpro Clinic**

In this section, the researcher discusses the phenomenon of the construction of meanings surrounding beauty and anti-aging by linking it to specific communication science concepts and theories consistent with the previously presented analysis and model, where the circular communication model explicitly adopts the circular structure of the Osgood and Schramm/Dance models, positioning "Interaction and Meaning Construction" at the core. As stated, “In fact, it is misleading to think of the communication process as starting somewhere and ending somewhere. It is endless. We are little switchboards functioning continuously as more or less automatically receiving and transmitting messages"(13). This statement shows that communication within a circular framework is dynamic, lacks a linear stopping point, and places "Interaction and Meaning Construction" at the center, where feedback circulates reciprocally between the clinical team and the patient. In communication theory, the circular model emphasizes that communication is not a linear, one-way process (sender to receiver) but rather a dynamic, reciprocal process (two-way communication) in which participants alternate between being message senders and receivers; both parties are actively involved in both roles. In an aesthetic clinic, the doctor does not dictate the meaning of beauty to the patient; instead, they negotiate it. This communicative construction process shows that a shared understanding of beauty and youthfulness emerges through dialogue, education, feedback, and aligned expectations among medical personnel (doctors/nurses), staff (consultants/frontline personnel), and patients.

Furthermore, the Social Construction of Reality theory proposed by Peter L. Berger and Thomas Luckmann states that "'reality' and 'knowledge' are thus initially justified by the fact of their social relativity... what is 'real' to a Tibetan monk may not be 'real' to an American businessman" (10). It further asserts that "Society is a human product. Society is an objective reality. Man is a social product," occurring through three dialectical moments: externalization, objectivation, and internalization (10). The theory holds that a phenomenon's reality and meaning are socially constructed through ongoing interaction and communication. Beauty and anti-aging are not rigid biological realities or absolute objective facts; rather, they are social constructs. Doctors and nurses externalize the meaning of beauty based on clinical indicators (hydration, anatomical structure, and the absence of pockmarks or scars). Beauty consultants and frontline staff construct meaning through operational aspects, education, processes, and medical technology. Patients internalize these aspects and integrate them with their own subjective realities (social factors, self-confidence, and spiritual or religious values). This clinical interaction creates a new reality: beauty as a blend of physical harmony and inner peace. Based on social construction theory, the meaning of beauty is relative. The process involves doctors and nurses externalizing meaning through clinical indicators; the clinic's operational systems then objectify it, and patients internalize it as a new subjective reality: a synthesis of physical and inner harmony.

On the other hand, Leon Festinger's Social Comparison Theory ("A Theory of Social Comparison Processes", "Human Relations") posits that: "There exists a drive on the human organism to evaluate his opinions and his abilities... To the extent that objective, non-social means are not available, people evaluate their opinions and abilities by comparison respectively with the opinions and abilities of others"(14). This theory explains that individuals possess an innate drive to evaluate their opinions and abilities by comparing themselves to others. This is closely linked to the patient's perspective regarding visual and comparative aspects. Patients view beauty through a social lens that involves comparing themselves to others. A patient's self-confidence is heavily influenced by the condition of their facial skin (e.g., clear, clean, acne-free) when situated within their social environment. Media messages and the physical appearance of those around them serve as reference points for their interpersonal communication. Thus, the patient's visual and comparative outlook is highly relevant. When objective medical standards of beauty seem abstract to the layperson, patients rely on social comparisons, such as clear skin versus acne, with others in their social circle as a reference for gauging their own self-confidence.

Blumer was a student of Mead; in his book, he codified the theory of Symbolic Interactionism. Within this theory, George Herbert Mead and Herbert Blumer posited that: "The first premise is that human beings act toward things based on the meanings that the things have for them... The second premise is that the meaning of such things is derived from, or arises out of, the social interaction that one has with one's fellows"(15). Symbolic Interactionism emphasizes that humans act toward objects based on the meaning those objects hold for them meanings that emerge from social interaction. The various visual icons in the chart, such as the scales/Yin-Yang, skin structure, the staircase of progress, and the heart/meditation icon, serve as symbols whose meanings are interpreted differently by each person in the context of defining beauty and the Endolift symbol. For doctors, the Endolift symbol and facial anatomy represent pure aesthetics (beautification) aimed at achieving harmony. For beauty consultants, the symbol of the beauty device or machine represents "physical correction" for issues like sagging or fat. For frontline staff, the staircase and clock symbolize an educational message: beauty requires time, a process, and consistency, not instant results. The theory relates to the meaning of beauty through the interpretive justification of the symbol's scales, skin structure, staircase, and heart icon in the chart. All parties' doctors, beauty consultants, frontline staff, and nurses act and communicate educational information based on the distinct meanings they attribute to these visual symbols of beauty.

In modern aesthetic practice, facial assessment no longer relies solely on visual observation but is increasingly supported by anthropometric measurements, three-dimensional imaging, and digital analysis. These approaches enable practitioners to objectively understand facial proportions, volume, contours, and the relationships between various facial features. Consequently, aesthetic procedures (such as dermal fillers) can be tailored to each patient's specific characteristics and needs, ensuring the resulting changes remain harmonious and preserve the face's natural appearance (16,17).

Facial harmony arises from the interplay between bone structure and various soft tissue layers, including deep fat, superficial fat, and the skin. Changes in these layers can influence the face's overall projection, volume, and contours. An aesthetic approach that simultaneously considers multiple facial layers can help achieve more harmonious results while preserving natural expressions. Therefore, aesthetic treatment planning must be tailored to each patient's specific anatomy, characteristics, goals, and expectations, rather than focusing solely on adding volume to a single facial area (17,18).

Health communication is not limited to conveying medical information; it also involves building shared understanding between healthcare professionals and patients. In this relationship, doctors, nurses, and patients have complementary roles. Doctors provide clinical explanations, nurses help bridge patients' needs and concerns, while patients express their expectations, worries, and personal values (19). In aesthetic care, communication matters because patients' expectations about their appearance may not always match medical realities. Empathetic communication helps healthcare professionals explain realistic outcomes while also addressing patients' psychosocial needs. Thus, beauty can be understood not only as physical change but also as comfort, self-confidence, and personal values.

In East Asian aesthetic medicine, facial beauty is often understood in terms of harmony, balance, and preserving individual characteristics rather than strict adherence to mathematical ideals such as the Golden Ratio. Because perceptions of attractive facial proportions can vary across ethnic and cultural groups, Western aesthetic standards should not be applied universally. Instead, aesthetic treatment should consider the overall relationship among facial features and be tailored to each patient's anatomy, cultural background, and personal preferences. The aim is to enhance facial appearance while preserving the patient's natural character and ethnic identity (20). For East Asian patients, facial attractiveness may also depend on the proportion and harmonious relationship among individual features rather than on the prominence of a single feature. Clinicians should

therefore consider differences in facial structure, aesthetic preferences, and cultural perceptions when planning aesthetic treatments. A balanced approach seeks to enhance facial features while maintaining the patient's original identity and natural appearance (20,21).

From a communication perspective, the circular diagram above reflects the Communication Convergence Model developed by Rogers and Kincaid. The model views communication as a reciprocal and cyclical process in which participants exchange information and gradually move toward mutual understanding (22). In doctor–patient interactions, this process emerges when medical perspectives and patients' personal and psychosocial expectations come together through dialogue. Rather than simply transferring medical information, communication becomes a process of negotiating meaning, clarifying expectations, and building shared understanding. Ultimately, this convergence can help connect clinical considerations with the patient's emotional needs, expectations, and sense of well-being.

The conceptualization of beauty and anti-aging within Endolift consultations does not emerge from a one-way transmission of medical information; rather, it arises through a circular, dialogic, and negotiative communicative process. The communication model from this study shows that doctors, beauty consultants, frontline staff, nurses, and patients alternately act as both providers and receivers of meaning, allowing clinical communication to become a space for co-constructing reality around beauty and aesthetic procedures. Consequently, the meaning of Endolift does not exist as a static, finalized body of knowledge but is continuously reconstructed through interactions spanning the entire process, from the initial consultation to the post-procedure evaluation. These findings reinforce Schramm's (1954) view that communication is a process lacking a definitive starting or ending point. As Schramm stated: "In fact, it is misleading to think of the communication process as starting somewhere and ending somewhere. It is endless" (13). This circular process further shows that meaning is constructed in society, a concept explained by George Herbert Mead's theory of Symbolic Interactionism. From Mead's perspective, society serves as the primary source of the symbols individuals use to comprehend the social world. The study's findings indicate that all communication participants enter the consultation space carrying symbols shaped by society. Patients arrive with beauty standards shaped by social media, friends' and family's experiences, and the prevailing anti-aging culture. Beauty consultants bring symbols associated with technology-driven aesthetic services, while doctors contribute scientific symbols regarding facial anatomy, the collagenization process, and facial structural harmony. Thus, the consultation does not begin in a vacuum but emerges from the convergence of various symbol systems already present in society.

In this study, communication about Endolift does not end when the doctor explains the procedure. Patients' responses may raise new questions, and each explanation can shape a new understanding of the treatment. Follow-up experiences also give patients and doctors opportunities to revisit expectations and discuss results. Thus, the circular model developed in this study illustrates that the meaning of beauty is continuously shaped through ongoing communication and shared interpretation. This finding is consistent with Fabi et al. (20), who emphasize the importance of patient communication, individualized treatment, and realistic expectations in achieving natural-looking aesthetic outcomes. The goal is not simply to make a procedure noticeable, but to enhance the patient's appearance while preserving individual characteristics and creating a healthy, refreshed look. At the same time, contemporary aesthetic medicine is increasingly exploring regenerative approaches that focus on improving skin quality and biological processes rather than relying solely on structural correction. Fabi and Sundaram (23), for example, discuss the potential role of growth factors and cytokines in skin rejuvenation and regeneration, including their relationship with cellular activity and collagen production.

Furthermore, aesthetic rejuvenation is not only about changing facial shape or volume but also about improving skin quality and its biological condition. Processes such as fibroblast activity, collagen production, and cellular regeneration contribute to skin elasticity and texture (24). Therefore, doctor–patient communication helps patients understand that natural-looking results require a balance among facial structure, skin quality, and individual characteristics. Excessive structural changes may reduce facial harmony and natural expression, making individualized treatment and realistic expectations essential (25).

This phenomenon also demonstrates the relevance of Berger and Luckmann's (1966) theory regarding *The Social Construction of Reality*. Berger and Luckmann posit that reality is constructed through externalization, objectivation, and internalization. In this study, externalization is evident when doctors and healthcare professionals express medical knowledge through professional language, anatomical illustrations, analogies, and visual media. This knowledge then undergoes objectivation when symbols such as Endolift, fiber optics, collagenization, skin tightening, and facial harmonization become shared knowledge during the consultation process. Furthermore, patients internalize this information by linking these symbols to their life experiences,

psychological states, aesthetic needs, and personal expectations. Consequently, Endolift is no longer perceived merely as a laser technology but as a symbol of self-transformation that acquires meaning through communication. However, this study shows that reality construction does not occur automatically. New meanings emerge through symbolic negotiation, consistent with Blumer's (1969) explanation that people act based on the meanings they attribute to objects, and that these meanings arise through social interaction.

Beauty is not only about facial shape but also about firm and healthy skin. As the face ages, changes in fat compartments, ligaments, muscles, and skin can contribute to sagging and changes in facial contour (26). Therefore, beauty consultants need to explain these changes clearly and help patients understand that aesthetic rejuvenation may require treatments targeting different layers of facial tissue. Technology-based procedures such as ultrasound, radiofrequency, and laser can complement treatment by addressing skin tightening and tissue remodeling. Effective doctor–patient communication helps ensure patients have realistic expectations and understand that achieving a natural appearance involves both facial structure and skin quality.

Beauty can be understood as a long-term commitment to maintaining healthy skin. Aesthetic treatment results depend not only on medical procedures but also on daily habits such as sun protection, nutrition, sleep, stress management, and regular skincare. Therefore, beauty consultants play an important role in helping patients understand that aesthetic care is a continuous process rather than an instant solution. Recent recommendations also emphasize combining medical aesthetic procedures with appropriate skincare and realistic expectations to achieve sustainable and natural-looking results (25,27).

Beauty is often associated with healthy, smooth, and well-maintained skin. Skin quality includes hydration, firmness, texture, and overall appearance, which together contribute to how healthy and youthful skin looks (28). At the same time, facial aging involves changes in the skin and underlying tissues that can affect facial balance and appearance. Therefore, aesthetic care should not focus solely on achieving flawless skin, but also on maintaining skin health and creating a natural and harmonious appearance. Furthermore, research by Tan et al. (29) confirms that flawless skin texture is a primary indicator dominating the public's ideal visual perception of facial attractiveness.

From the patient's perspective, beauty can be understood more broadly than physical appearance alone. It may include healthy skin and physical well-being, as well as inner confidence, emotional comfort, and positive social relationships. This perspective moves away from rigid standards of physical perfection and views beauty as a multidimensional experience shaped by how individuals feel about themselves and interact with others. In aesthetic care, skin quality is also an important part of perceived attractiveness. Healthy-looking skin is characterized by firmness, even texture and tone, and a natural glow, which are associated with health and overall well-being (28). Therefore, patients may value a fresh, healthy appearance over dramatic changes in facial shape. Aesthetic care should consequently consider not only physical appearance but also the patient's well-being, expectations, and sense of confidence.

In this study, each actor understands Endolift differently. Physicians see it as a minimally invasive procedure aimed at improving facial harmony, while beauty consultants emphasize its role in skin tightening and tissue improvement. Nurses focus more on observable clinical changes, such as skin texture, elasticity, and healing. For patients, however, Endolift may mean more than that, including greater self-confidence, a younger appearance, social acceptance, and, for some, a sense of personal or spiritual comfort. These different meanings show that doctor–patient communication is not simply about delivering medical information. It is also a process of sharing experiences, negotiating meanings, and developing a common understanding. This reflects the Communication Convergence Model of Rogers and Kincaid, which views communication as a reciprocal process in which participants create and share information to achieve mutual understanding (22). Thus, a consultation's success depends not only on how much information the doctor provides, but on how well medical explanations relate to the patient's experiences, expectations, and needs.

Research findings also indicate that this negotiation of meaning changes the patient's self. According to Mead, the self develops through social interaction, meaning that individual identity is inherently dynamic. In this study, such changes were evident when consultations not only increased patients' knowledge about Endolift but also altered how they perceived themselves. Prior to the consultation, some patients viewed aging as a loss of beauty or a threat to their self-confidence. Following the dialogue with the doctor, this perspective shifted toward an understanding that aesthetic procedures aim to maintain skin health, improve facial proportions, and naturally slow the aging process, rather than alter a person's identity.

This shift in self-concept can be understood through the dynamics of the "I" and the "Me" in Mead's theory. The "I" dimension emerges when the patient expresses a personal desire to look fresher, improve facial contours, or boost self-confidence. Conversely, the "Me" dimension arises when the patient considers how they will be perceived by their partner, family, workplace, or society at large. Concerns about maintaining a natural appearance, avoiding an exaggerated look, or losing personal identity reflect the influence of the "generalized other," which represents social norms internalized by the individual. In this context, the physician acts as a mediator, bridging the patient's subjective desires with biological limitations and social norms to foster a more realistic self-concept.

These findings also reveal a link to Festinger's (1954) Social Comparison Theory. Patients do not evaluate a procedure's success solely through clinical indicators but also through social comparison with their surroundings. Perceptions of a more youthful appearance, clearer skin, or improved facial contours are often shaped by comparisons with others and the beauty standards prevalent on social media. Consequently, a patient's pre-consultation expectations are, in fact, products of social constructs formed long before they ever step into the doctor's office.

The entire process ultimately culminates in the formation of "joint action," a concept proposed by Blumer. Once the doctor and patient align their understandings of beauty, risks, benefits, and the limitations of Endolift, communication becomes concrete action: consenting to the procedure, following post-treatment instructions, attending follow-up appointments, and evaluating clinical outcomes. In this study, joint action is not interpreted as mere patient compliance with medical authority, but rather as a collaborative practice established through a shared understanding of meaning.

This process conceptually resembles the concepts of health communication and therapeutic communication proposed by Northouse, particularly the view that health communication is a symbolic process aimed at the mutual construction of health-related meanings. In this study, physicians do not merely convey clinical information; they also integrate medical knowledge with the patient's experiences, values, anxieties, and expectations, resulting in clinical decisions that emerge from a participatory communication process.

## 4. CONCLUSION

This study examines how doctor-patient communication and interaction at Medikpro Clinic construct the meanings of beauty and anti-aging. The results indicate that beauty and anti-aging are no longer interpreted in a singular sense or merely as medical-mathematical calculations; rather, they represent a dynamic, multidimensional construct. This meaning emerges from the intersection of three perspectives: medical ideals and visual harmony (Doctors), treatment techniques and physical refinement (Clinic Staff), and personal subjectivity and spiritual values (Patients). Through communication and interaction at Medikpro Clinic, these meanings coalesce around several key points: Doctor-patient interaction fosters a shared understanding that the ultimate goal of aesthetic procedures (such as endolift) is not to create a uniform face, but to achieve a balance of proportions akin to the yin-yang philosophy that allows patients to feel comfortable with themselves and valued by their social circles; interactions with clinic staff shift the patient's perspective from a desire for "instant results" to an understanding of the importance of investing in sustainable skincare; and the doctor-patient interaction involves a process of negotiating meaning, wherein doctors provide physical solutions (improving skin quality and anti-aging effects for a youthful appearance) while patients internalize these to fully bolster their self-confidence (across social and spiritual dimensions).

Consequently, this study proposes that Communication Science expand the scope of Health Communication—traditionally dominated by curative (disease-focused) aspects — to encompass aesthetics and anti-aging. The findings recommend a new conceptualization: doctor-patient communication in aesthetics is not merely a transfer of clinical information, but a form of therapeutic "equilibrium communication" and rehabilitative dialogue that is relevant to aesthetic medical procedures. This study contributes to the field of medical aesthetic services as mandated by Law of the Republic of Indonesia Number 36 of 2009 concerning Health, encompassing promotive and preventive aspects of care. This legal framework underscores the importance of professional and ethical standards in performing medical aesthetic procedures to ensure patient safety and satisfaction.

This study has limitations. The qualitative findings enrich Symbolic Interaction Theory within the context of a "middle ground" approach; therefore, the concept of "Symbolic Negotiation" requires further development. Additionally, Symbolic Interaction Theory needs further enrichment, particularly regarding the construction of "symbols of comfort."

Future research is encouraged to explore the "Two-Way Transparency Model" to strengthen the impression management perspective in aesthetic communication. This involves examining how two-way openness regarding expectations, benefits, risks, limitations, and potential outcomes can foster a sense of security and build trust in the doctor-patient relationship.

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**AUTHOR CONTRIBUTIONS**

**Adhika Putra Rakhmatullah:** Conceptualization & Theoretical, Investigation, Methodology, Analysis & Discussion, Conclusion

**Ike Junita Triwardhani:** Conceptualization &Theoretics, Methodology, Analysis & Discussion

**Ani Yuningsih:** Methodology, Data Curation, Supervision, Formal Analysis

**Kiki Zakiah:** Supervision, Analysis & Discussion, Writing-Review & Editing.

**Neni Yulianita:** Data Curation, Supervision, Writing-Review & Editing.

**CONFLICT OF INTEREST**

The authors declare no conflicts of interest regarding the research, writing, or publication of this article.

**ETHICS STATEMENT**

This study has met the ethical clearance requirements in accordance with applicable regulations.

**DATA AVAILABILITY STATEMENT**

The data supporting this study's findings are available from the corresponding author upon reasonable request. Due to the qualitative nature of the study and the potential identifiability of participants' responses, the interview data are not publicly available. Requests for access to the data will be considered subject to appropriate ethical and privacy requirements.

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