

**AESTHETIC EDUCATION AND CHANGES IN THE QUALITY OF LIFE**

***EDUCAÇÃO ESTÉTICA E MUDANÇAS NA QUALIDADE DE VIDA***

***EDUCACIÓN ESTÉTICA Y CAMBIOS EN LA CALIDAD DE VIDA***

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Alexander A. KOPYTOV<sup>1</sup>

e-mail: volkovaoa@rambler.ru

Olga A. VOLKOVA<sup>2</sup>

e-mail: volkovaoa@rambler.ru

Oksana V. BESSCHETNOVA<sup>3</sup>

e-mail: oksanabesschetnova@yandex.ru

Shapi I. ALIEV<sup>4</sup>

e-mail: dguizber@mail.ru

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<sup>1</sup> Belgorod State University (BSU), Belgorod – Russia.

<sup>2</sup> Institute of Demographic Research of the Russian Academy of Sciences (ISS RAS), Moscow – Russia.

<sup>3</sup> Moscow State University of Food Production (MSUFP), Moscow – Russia.

<sup>4</sup> Branch of Dagestan State University in Izberbash, Izberbash – Russia.

**ABSTRACT:** Aesthetic education is an approach to teaching and learning that focuses on providing students with hands-on opportunities to inquire, question, write, and create their own artwork in order to learn about works of art. This study aims to identify the relationship between aesthetic education and improvements in patient quality of life. The study involved 120 patients of the dental department of the hospital. Analyzing individual patient records and conducting semi-structured interviews with people who have undergone aesthetic dental prosthetics were the methods used to collect data. Methods of grouping, comparative analysis, synthesis, and computer data processing were used to process the obtained data. In conclusion, people who underwent aesthetic dental prosthetics improved their quality of life, which was confirmed by objective indicators (improved nutrition, more prestigious and highly paid jobs).

**KEYWORDS:** Aesthetic education. Quality of life. Teaching. Learning.

**RESUMO:** *A educação estética é uma abordagem de ensino e aprendizagem que se concentra em fornecer aos alunos oportunidades práticas para questionar, inquirir, escrever e criar suas próprias obras de arte, a fim de aprender sobre essas produções. Este estudo tem como objetivo identificar a relação entre a educação estética e a melhora na qualidade de vida do paciente. O estudo envolveu 120 pacientes do departamento odontológico do hospital. A análise de prontuários individuais e a realização de entrevistas semiestruturadas com pessoas que passaram por colocação de prótese dentária estética foram os métodos utilizados para coletar dados. Métodos de agrupamento, análise comparativa, síntese e processamento de dados computacionais foram usados para processar os dados obtidos. Em conclusão, as pessoas que realizaram próteses dentárias estéticas melhoraram sua qualidade de vida, o que foi confirmado por indicadores objetivos (melhor alimentação, empregos mais prestigiados e bem remunerados).*

**PALAVRAS-CHAVE:** *Educação estética. Qualidade de vida. Ensino. Aprendizagem.*

**RESUMEN:** *La educación estética es un enfoque de enseñanza y aprendizaje que se enfoca en brindar a los estudiantes oportunidades prácticas para investigar, cuestionar, escribir y crear sus propias obras de arte para aprender sobre las obras de arte. Este estudio tiene como objetivo identificar la relación entre la educación estética y las mejoras en la calidad de vida del paciente. El estudio involucró a 120 pacientes del departamento dental del hospital. El análisis de los registros de pacientes individuales y la realización de entrevistas semiestruturadas con personas que se han sometido a prótesis dentales estéticas fueron los métodos utilizados para recopilar datos. Para el procesamiento de los datos obtenidos se utilizaron métodos de agrupación, análisis comparativo, síntesis y procesamiento de datos por computadora. En conclusión, las personas que se realizaron prótesis dentales estéticas mejoraron su calidad de vida, lo que fue confirmado por indicadores objetivos (mejor nutrición, trabajos más prestigiosos y mejor pagados).*

**PALABRAS CLAVE:** *Educación estética. Calidad de vida. Enseñanza. Aprendizaje.*

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## Introduction

Most people suffer from dental pathology in the modern world. Humanity's transition to a high-carbohydrate, highly processed food diet, as well as constant stress, has contributed to its widespread prevalence (COSTA *et al.*, 2021; JINYUAN, 2019). The number of lawsuits regarding the quality of treatment is increasing, amounting to 20-27% despite a steady incidence rate. As a result, it becomes necessary to enhance the quality of dental services as well as take into account the patient's psycho-emotional state (GUO *et al.*, 2020). Despite the court's refusal to recognize health damage, the patient still suffers from moral suffering and psycho-emotional trauma. Resentment, rage, humiliation, and other such emotions are manifested as the result of moral damage, which requires compensation.

The concept of moral suffering refers to or is defined as the emotional reaction individual experiences when they are faced with circumstances they cannot control, prevent, or adapt to these manifestations that manifest on a mental and physical level as neurosis, causing pain on the physical level, and feelings of inferiority on the social and psychological level (KNOCHEL; PATTON, 2015).

In assessing quality of life, the authors note that subjective factors might lead to false conclusions. It is possible for aesthetic prosthetics to produce distortions of reality in an intensely competitive marketplace where positive employment changes cannot always be assumed. When comparing the appearance of a smile before and after a costly procedure, it is possible to mistakenly conclude that high quality of life is possible (LO *et al.*, 2022).

The quality of one's life is determined by a number of factors, including how physically, psychologically, and socially they are able to function (COSTA *et al.*, 2021). The authors note that one of the most important aspects of assessing quality of life is subjective, which might lead to false conclusions. Since aesthetic prosthetics cannot always produce positive employment changes in an environment where there is intense competition among companies, the distortion of reality can occur. It is possible to mistakenly conclude that a high quality of life can be achieved by comparing the look of a smile before and after an expensive procedure.

The author argues that because one's life conditions are subjective, it is impossible for one to objectively appraise the quality of one's life. So, from a personal standpoint, deprived of social confirmation, it is difficult to determine how the quality-of-life changes over time (IKHTIYOROVNA, 2020).

When it comes to the quality of life of a person, psychosomatic health can be correlated with their social status (COSTA *et al.*, 2021). In spite of this, there are some factors that are not

taken into consideration in this study, such as the desire and opportunity to improve the status of society, and to achieve a greater demand for society within an established period of time, which have not been taken into consideration here (BAIJU *et al.*, 2017). After paying for expensive aesthetic prosthetics to enhance their appearance, people from poor social groups may experience a loss of quality of life and negative emotional reactions in the long run (KNOCHEL; PATTON, 2015).

There is evidence that dental health is a major public health issue in England, according to research. A number of changes will be made to the official documents that govern public health in the coming years by Public Health England as part of its review of dental services (XIE, 2022).

In addition to the common organizational problems in the country, there are also private difficulties resulting from the specific circumstances listed above. There is no doubt that the prospects for improving the quality of life of patients are related to these problems (CSIKSZENTMIHALYI, 1997; IKHTIYOROVNA, 2020). Rather than addressing the issue of insurance only with the special services, it is proposed that the employer be included in the discussion as well.

## **Materials and methods**

During the period January 2022 through April 2022, researchers conducted a study at Belgorod and its suburbs in order to examine the issue. Considering the medical services consumption as well as the life quality of the patients, the authors used interdisciplinary medical-social approaches to determine the quality of life among them (AZIMOVNA, 2022; CURTIS, 1981). There is no doubt in my mind that the term "expensive aesthetic prosthetics" was used in the context of dental care in which a patient had to pay at least 150 thousand rubles for the treatment, which corresponded to the average wage of someone employed in Belgorod for a period of six months, according to the results of this study.

In order to find out whether a person's appearance has become more respectable from the viewpoint of other people, a series of questions were raised during the study in order to determine whether there has been an improvement in respectability. Is there any improvement in the patient's professional activity in terms of its economic efficiency? How long did it take for dental services to pay for themselves? In order to answer these questions, it is essential to realize that expensive aesthetic prosthetics can sometimes be a necessary tool, but not a



sufficient one, for improving people's quality of life, if taken into account the questions. In order to improve the quality of life for the rehabilitant, it was essential to understand how expensive prosthetics affected the quality of life.

This study included a sample of 120 dental patients living in Belgorod city (n = 60) as well as the suburbs (n = 60) of Belgorod city. Among the two groups of respondents, there were subgroups of 30-40-year-old men and women and 51-65-year-old women. The informants were selected according to two main criteria: 1) patients who had expensive aesthetic prosthetics (over 150 thousand rubles); 2) those who can take part in the study after treatment had been completed. In Belgorod and its surrounding areas, dental clinics were used for recruitment.

An individual was excluded from the study if he or she was suffering from generalized or severe periodontitis, if he or she was experiencing increased tooth erosion, if there were chronic conditions affecting the temporomandibular joint, or if he or she could not assess the effects of prosthetics on the life quality.

The table 1 illustrates the distribution of the participants in the study, based on a variety of criteria, in terms of their demographic characteristics, based on the types of respondents who took part in the study.

**Table 1** - Respondents distribution considering sex, settlement, and age types

Settlement Type							
Residents of Belgorod				Suburbs Residents			
Ages							
30-40		55-65		30-40		55-65	
Groups							
group I		group II		group III		group IV	
Sex							
Males		Females		Males		Females	
Rehabilitants (people)							
15	15	15	15	15	17	14	14

Source: Developed by the authors

First and foremost, it was necessary to analyze medical records in order to determine the clinical-psychological state of the rehabilitators two months after these expensive aesthetic prosthetics had been introduced, in order to conduct semi-structured interviews and assess their clinical-psychological condition.

## Results and discussion

At the end of the interview, the rehabilitants were asked: “Did your orthopedic doctor mention the possibility of restoring the chewing apparatus at a low cost?”, because orthopedic physicians tend to impose costly aesthetic prosthetics on patients. Participants aged 55-65 from both groups (urban and suburban) answered positively 13.3% and 14.2%, respectively. As a result, a significant number of them pointed out that orthopedic physicians had a negative reaction to low-budget prosthetics, referring to them as “the technology of the stone age”.

It was also noted that the first group had a 53.3% response rate, the second group had a 63.3 % response rate, the third group had a 68% response rate and the fourth group had a 78.6% response rate, and the results indicated that dental care costs were extremely high, and that households needed to reduce household expenditures for the next two to six months as a result. The fact is that all the rehabilitants refused to accept a loan from the rehabilitation center for the needs of dental treatment; 32.8% of them turned to family and friends for help with these needs. There is a significant impact on respondents' quality of life that arises from the cost of expensive aesthetic prosthetics, as shown in Table 2.

**Table 2** - Opinions of respondents regarding the effect of costly aesthetic prosthetics on their life quality

Respondents' opinions	Type of settlement			
	Belgorod residents		Residents of suburbs	
	Group			
	I	II	III	IV
	Age			
	30-40	51-65	30-40	51-65
Score				
Positive expensive aesthetic prosthetics' influence on quality of life	11 (36.6%)	7 (23.3%)	7 (21.9%)	0 (0)
Effect of expensive aesthetic prosthetics on non-employment /employment	7 (23.3%)	0 (0)	3 (9.4%)	0 (0)
	4 (13.3%)	7 (23.3%)	4 (12.5%)	0 (0)
Lack of expensive aesthetic prosthetics' effect on life quality	10 (33.3%)	19 (63.3%)	14 (43.8%)	12 (42.8%)
Adverse costly aesthetic prosthetics' impact on life quality	2 (6.6%)	4 (13.3%)	8 (25.0%)	16 (57.1%)

Source: Devised by the authors

The results that we obtained from patients who were undergoing expensive aesthetic prosthetic procedures regarding their perceptions regarding the quality of their life before and after the procedure were as follows. Using the sample size and the responses of the respondents,

the percentage of positive responses was as follows: 36.6% in the first group; 23.3% reported success in getting a job after dental treatment; 22.3% did not change their social status; 22.9% in the third group, of which 9.4% stated they had been promoted to a more prestigious position; and none of the rehabilitators noted that expensive aesthetic prosthetics had any positive impact on their quality of life in the fourth group. There was an increase in quality of life for 8.3% of patients after receiving treatment as a result of receiving a prestigious job after receiving treatment. This could be evidence that the treatment improved the quality of life for patients.

Among the respondents who had received expensive aesthetic prosthetics, 13.3% subjectively estimated their quality of life had improved after receiving the prosthetics; 23.3% subjectively estimated it to have improved, while 12.5% subjectively estimated it had improved. Also, it is noteworthy that most sample members were unable to express a clear opinion regarding the effect a costly aesthetic prosthesis can have on life quality, implying that such an expensive procedure shouldn't be discounted.

Many respondents expressed concern regarding the adverse effect expensive aesthetic prosthetics have had on their life quality because of the detrimental effect they were experiencing: in the first group it was 6.6%, in the second group it was 13.3%, in the third group it was 25.0%, and in the fourth group it was 57.1%. Furthermore, two members of the fourth group and one member of the second group reported neurological symptoms as well.

## Conclusion

It is believed that each individual's quality of life is measured in two different ways. The first is in terms of his or her ability to attain a higher social and professional status and to get a well-paying job; the second is in terms of gaining approval from the immediate environment.

It is possible for rehabilitation workers of older age groups to experience negative emotional reactions when there is no evidence that aesthetic prosthetics improve their quality of life, especially when they are performed at a satisfactory clinical level, despite the significant financial costs.

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