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Commentary

Commentary: Sex differences in perceived stigmatization, body image disturbance, and satisfaction with facial appearance and speech among adolescents with craniofacial conditions

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A commentary on

Sex differences in perceived stigmatization, body image disturbance, and satisfaction with facial appearance and speech among adolescents with craniofacial conditions

by Canice E. Crerand, Nichola Rumseyc, Anne Kazak, Alexandra Clarkec, Joseph Rauschf, David B. Sarwer (2020). *Body Image*, 32, 190-198.
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Crerand and colleagues (2020) analyzed body image in adolescents with craniofacial conditions, with particular reference to gender differences in the perception of stigma, satisfaction with one's appearance and linguistic functionality.

It should be noted that craniofacial conditions represent a series of congenital anomalies that can affect the morphological and functional characteristics of the head and face (Crerand, Sarwer, Kazak, Clarke & Rumsey, 2017; Singh & Moss, 2015). As pointed out by the authors in the introduction, these anomalies can also have an impact on the hearing, speech and respiratory abilities of patients, affecting their quality of life.

Surgical procedures can restore some functions but the facial asymmetries and scars resulting from these interventions affect the perception of body image, satisfaction with one's appearance and psychosocial functioning (Mooney et al., 2015).

In my opinion, the most interesting aspect is the reference to body image, on which discordant theories are based. While in fact in some studies, it emerged that subjects with craniofacial anomalies do not give particular importance to appearance, others have shown a high level of dissatisfaction referring in particular to the facial area (Chetpakdeechit, Hallberg, Hagberg & Mohlin, 2009; Slifer et al., 2003). These discrepancies could derive from the methodological limitations of some tests used, which rely on general measures of satisfaction of appearance and which are not able to capture the complexity of the body image.

In this sense, the authors referred to the Cash model (2011), which describes the body image as the perception and evaluation of the subject towards his physical appearance and body functioning. What is not specified in the article is that this model, of a cognitive-behavioral nature, theorizes the presence of two key components: the "body image evaluation" and the "body image investment" (Cash, 1994). The first refers to the discrepancy between body perception and the aesthetic ideal that determines satisfaction with one's appearance, the second refers to the value that the subject attributes to the body.

I believe that this model should be integrated with others that highlight the complexity of the body image and identify its genesis. Since Husserl (1952), who described the body as "Leib" that is, as a flow of immediate experience that emerges from the contact of the body with the world, we have come to the definition of body image as a result of the mediation between cognition and emotions, modifiable on the basis of subjective experiences (Molinari and Riva, 2004; Posavac & Posavac, 2002).

The result is a construct largely influenced by the internal emotional world, significant relationships, external events and personal history (Merleau-Ponty, 1962).

These components, able to influence the perception of self, can be traced within the article: the authors have in fact found high levels of anxiety and depression, relationship difficulties and negative experiences in subjects with craniofacial conditions, with a high perception of social stigmatization and frequent bullying (Feragen & Stock, 2017). It is known that the existence of facial anomalies or articulatory disorders can lead to linguistic deficits and consequent difficulties in social interaction (Benyamini, Leventhal & Leventhal, 2004; Rumsey & Harcourt, 2007; Watterson et al., 2013), especially between the female gender and adolescents.

In fact, during the adolescent period, the facial features significantly affect the self-perceived aspect (Claudino & Traebert, 2013), with consequences not only on self-esteem but also on the quality of life of the subject (De Paula et al., 2009). Even the existence of dental malocclusions, cited by the authors, or temporomandibular disorders have an impact on the adaptation and determination of a negative body image (Dumitrescu, Toma & Lascu, 2009).

I believe that the analysis of these components is compatible with the need expressed by the authors to find the causes of the psychosocial deficits of these patients, in order to address prevention and possible treatment interventions.

In this sense, the innovation of this study concerns the attempt to overcome the limitations of the existing literature, resulting from the use of tools that did not allow to analyze the factors above mentioned. In particular, the authors set out to analyze the perception of body image in subjects with craniofacial conditions, verifying gender differences, linguistic functionality, the perception of stigmatizing behaviors and satisfaction with their appearance.

The procedure used within the research is consistent with the objectives of the authors, who have dedicated themselves to the evaluation of the aforementioned variables, targeting adolescent subjects. The participants involved in the study were subjects with cleft lip or another congenital craniofacial condition characterized by visible changes in appearance.

The results highlighted a greater vulnerability of girls to concerns inherent not only to the face but also to other parts of the body, making them more exposed to body image disorders.

I believe that this aspect is particularly relevant especially in the clinical setting since, although dissatisfaction with one's own appearance is endemic among young women of Western culture (Thompson & Heinberg, 1999), in its extreme form it can be responsible for the genesis of other problems such as eating disorders and substance addiction (Granner, Black & Abood, 2002; Stice & Shaw, 2002), with the ensuing anxious-depressive implications.

Regardless of gender, all adolescents reported high levels of concern and distress about their appearance, with impaired psychosocial functioning. This data could be interpreted in light of the fact that most of the subjects had cleft lip, a condition that induces an unclear linguistic expression and consequent difficulties of interaction. The same subjects often develop an anomalous and misaligned dentition, which affects not only linguistic functionality but also self-perception (Bickham et al., 2017; Feragen, Stock and Kvalem, 2015).

Importantly, perceived stigmatization was predictive of body image disturbance and dissatisfaction with speech and facial appearance for both males and females, underscoring that stigma experiences can be detrimental for body image among both sexes. Stigmatization has

also been found to be predictive of internalizing problems and health-related quality of life in youth with acquired and congenital facial disfigurements (Masnari et al., 2013).

The results of this study underscore the need for screening and interventions to specifically assess body image and associated dimensions in individuals with craniofacial conditions. These results also highlight the need for prevent development of emotional problems and dissatisfaction with appearance.

In this sense, it is also important to examine in the future how body image and quality of life change in response to surgical interventions and to deepen the analysis of the factors associated with orality and how these contribute to the development of a negative body image, particularly in patients such as those with cleft lip (De Sousa, Devare & Ghanshani, 2009). In this sense, I am not referring only to a functional analysis (as the authors did well in reference to language) but also a psychological one. In fact, anomalies associated with the face but especially with the mouth can lead to problems relating to self-esteem and the onset of maladaptive defensive mechanisms (Merlo et al., 2020a; Militi et al., 2020; Settineri et al., 2019a). For example, undersized, misaligned or discolored teeth or serious pathological intra and extraoral tissues make it difficult to stretch the mouth and smile. This condition can favor the onset of defensive and coping structures that are expressed in behaviors such as avoiding interpersonal relationships or hiding the mouth, to the detriment of the spontaneity of oral experience (Taghavi Bayat et al., 2013). Orality therefore seems to have an important role in these patients, both in reference to the general state of health and to the mental one, even if it is not always possible to highlight the relationships with intuitively connected psychopathologies: in fact, the awareness of the relationships between discomfort and aesthetic alteration is often not detected by the adolescent (Settineri et al., 2015).

These concepts are shown to be salient especially in the clinical setting: clinicians would benefit from a consistent implementation of knowledge about some apparently elusive phenomena (Merlo et al., 2020b, 2020c). This commentary took into account these issues, related to a lack of knowledge in understanding body image related phenomena and psychological maladaptive outcomes (Settineri et al., 2018a, 2018b). This could be referred both for acute and chronic conditions, due to the impact of psychological figures on subjects' adaptation (Merlo, 2019). Clinicians and healthcare professionals, must be aware of the previously suggested issues, in order to be enabled to cope with incoming processes, responsible for the emergence of serious symptomatologic expressions.

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