

# Addressing Appearance Anxiety in Dermatology

A Partnership of



# Why is appearance anxiety important?

It is widely prevalent among young people



**Up to 2/3**  
of young people are unhappy with the way they look<sup>1</sup>

Young people can be dissatisfied with many aspects of their appearance, including their **skin, weight, shape, hair and facial appearance**<sup>2</sup>



**Concern about the way their skin looks** can be of particular concern during puberty and adolescence, as you will be familiar with in your practice<sup>3</sup>



### It can impact key areas of young people's lives

Many people struggle with an appearance-altering skin condition (e.g., acne). This is especially the case during adolescence, a critical developmental stage during which young people become acutely aware of their body<sup>4,2</sup>. Appearance can become central to adolescents' self-esteem and their identity<sup>5</sup>. We also live in a culture that values beauty and places a high degree of importance on appearance<sup>6</sup>.



Appearance anxiety is associated with a range of negative outcomes on key areas of young people's lives. These include:

- Difficulty with intimacy and developing relationships<sup>7</sup>.
- Curtailed education aspirations and achievement<sup>8</sup>.
- Negative impacts on physical and psychological health; such as low self-esteem<sup>4</sup>, depression<sup>9</sup>, anxiety<sup>10</sup>, suicidal ideation<sup>11</sup>, unhealthy weight control practices<sup>12</sup>, smoking initiation<sup>13</sup>, substance misuse<sup>14</sup> and self-harm<sup>15</sup>.

On the flip side, we know that people who are satisfied and accepting of the way they look are more likely to:

- Experience greater self-confidence<sup>16</sup>.
- Engage in more life activities across education, work, and social settings<sup>8</sup>.
- Engage in healthful behaviours<sup>12</sup> (e.g., balanced relationship with food, engage in physical activity).
- See their body and appearance as a positive influence on their life<sup>17</sup>.
- Value a diverse range of appearance and beauty ideals<sup>17</sup>.



### 6 out of 10 girls

opt out of important life activities (e.g., putting their hand up in the classroom, attending a doctor's appointment) (Dove White Paper, 2016)



### It can affect healthcare provision

In addition to the broad-ranging impacts listed on the left, appearance anxiety can have implications for how people seek and respond to healthcare. Across a range of health conditions, research shows that people may not attend appointments, disclose their concerns readily, and follow treatment recommendations due to concerns about the way they look and/or the impact of treatment on their appearance<sup>18</sup>.

Health professionals who are aware of the potential impact of appearance anxieties have a vital role to play in validating, de-stigmatising, and reducing appearance anxieties among their patients.

# Addressing appearance anxiety with your patients

By being proactive and providing opportunities to discuss appearance anxiety and referral to other credible sources of support, you can help your patients to reduce their appearance anxiety.

We suggest you provide support for appearance anxiety to all of your patients using the steps below.

## This may benefit your practice by:

- Helping you to sensitively introduce appearance concerns and avoid awkward conversations.
- Helping you to normalize appearance dissatisfaction during adolescence, and situate discussions about appearance concerns as part of treatment.
- Enhancing the likelihood of compliance with treatment regimens by addressing barriers to adherence that are related to appearance.
- Minimizing patient distress associated with appearance concerns.



# 1

## Explore appearance anxiety in your pre-consultation assessment

Research indicates that the appearance of your patient's skin (e.g., severity and extent of acne) does not always predict their level of anxiety about their appearance<sup>19</sup>. For example, a young person with minor skin changes may have high levels of distress; whereas a young person with 'severe looking' acne may be resilient to appearance anxiety. It is therefore important to avoid assumptions based on your patient's physical appearance.

It is also important to remember that young people might feel uncomfortable about raising the subject of appearance anxiety. It can be a highly sensitive and private subject that they might be reluctant to discuss with adults. Therefore, they might not volunteer this information, and/or their parent/guardian might not be aware of their anxieties.

In addition to discussing appearance anxiety during your consultation (see tips for this on page 6 and 7) you could insert the following questions into your pre-consultation assessment to help you gain insights into the issue of appearance anxiety with your patients.

# Pre-assessment questions for patients

How much do you agree or disagree with the following statements:






# 1

## I am satisfied (happy, content, not worried) with the way my skin looks:

|  |  |  |  |  |
|--|--|--|--|--|
| Yes –<br>agree a lot   | Yes –<br>agree a bit   | Neither agree<br>or disagree   | No –<br>disagree a bit   | No –<br>disagree a lot   |
|  |  |  |  |  |

# 2

## In the past month, worrying about the way my skin looks has had a negative effect on my life:

|   |   |   |   |   |
|---|---|---|---|---|
| Yes –<br>agree a lot  | Yes –<br>agree a bit  | Neither agree<br>or disagree  | No –<br>disagree a bit  | No –<br>disagree a lot  |
|  |  |  |  |  |

2

Discuss appearance anxiety during your consultation using the following tips

**Raise the subject**

We suggest you sensitively and routinely ask questions about appearance anxiety. This gives patients permission to share worries without having to overcome their reluctance to initiate conversations.

**You could ask the following questions:**



- "How do you feel about your skin?"
- "Many young people worry about the way they look – is this something which applies to you at all?"
- "Do other people give you a difficult time because of your skin? Have people made comments, or have you been teased?"



1

You may also like to use **the patients' responses to the questions outlined in Step 1** to prompt or facilitate this discussion.

**Look for clues in the way your patient speaks and behaves**

During your consultation you might also notice signs of appearance anxiety.



**Signs to watch for:**

- Avoiding activities that involve seeing or meeting others, or having photos taken.
- Avoiding treatment recommendations due to concerns about consequences for their appearance.
- Social awkwardness such as not looking people in the eye, mumbling in response to questions, head down, hair covering face.
- Repeated mirror checking or mirror avoidance.
- Using clothes or make-up excessively as a 'disguise'.
- Spending excessive amounts time and money on products, treatments, clothing and other 'quick fix' solutions.

**Appearance anxiety might also present in statements like:**

"Oh I never go anywhere without make up....."

"I don't want to see my friends when I look like this"

"Is that cream going to make my skin look worse?"

"I am not going back to work / school until it looks completely normal....."

"I will never wear a swimsuit"

Be aware that some behaviours (e.g., wearing make-up) can provide a 'much-needed' break from unwanted attention in challenging circumstances (e.g. meeting people for the first time, social events). However, they should not be the only strategies available, as distress can be exacerbated if their 'real' appearance must be or is accidentally revealed (e.g., during intimate relations, medical examinations, physical activities).

**Validate their concerns**

If patients share or show signs of appearance anxiety, here are some do's and don'ts on how to respond:

**DO...**



- Reassure that worrying about appearance is common
- Answer questions and provide access to evidence-informed tools (see step 3)

**DON'T...**



- Say that changing or 'improving' their appearance is the only solution to their anxiety
- Say that they look fine to you
- Say that there are lots of people who have 'worse' acne
- Say they are lucky or should be grateful that the treatment is working
- Suggest they are silly or making a fuss about nothing
- Frame your treatment recommendations only in terms of their benefits to their appearance



## Refer your patients to credible online content

Since teens and adolescents seek out online content, a strong opportunity exists to provide high quality, credible information through the digital landscape. Therefore, video content - including real patients who share their stories - has been created to help educate and inspire your patients. You can refer patients to view these videos at

**womensderm.org/confidencetalks.**

## Referral pathway for more distressed clients

When excessive appearance anxiety is suspected (e.g., your patient displays high levels of social anxiety, or is reluctant to go to school, social events, or indicates that they are house bound), you may need to refer them to another professional who can assess their requirements for more in-depth support (e.g., psychologist, counsellor, general practitioner).

### References

- Al Sabbah, H, Vereecken CA, Elgar, FJ, Nansel, T, Aasvee, K, Abdeen, Z et al. (2009). Body weight dissatisfaction and communication with parents among adolescents in 24 countries: international cross-sectional survey. *BMC Public Health*. 9:52w.
- Wertheim, EH, Paxton, SJ & Blaney, S (2009). Body image in girls. In *Body image, eating disorders, and obesity in youth: Assessment, prevention, and treatment*. Smolak L & Thompson JK (Eds). (2nd ed pp. 47-76). American Psychological Association, Washington, DC, US.
- Revol, O, Milliez, N, & Gerard, D (2015). Psychological impact of acne on 21st-century adolescents: decoding for better care. *British Journal of Dermatology*. 172, 52-58.
- Dalgard, F, Gielser, U, Holm J, Bjertness, E & Hauser, S (2008). Self-esteem and body satisfaction among late adolescents with acne: results from a population study. *Journal of American Academy of Dermatology*. 59, 746-51
- Ricciardelli, LA, & Yager, Z (2016). *Adolescence and body image: From development to preventing dissatisfaction*. Routledge: Oxford, UK.
- Frith, H (2012). Appearance and society. In *The Oxford Handbook of the Psychology of Appearance*, Rumsey, N. & Harcourt, D. (Eds). (pp.10-23). Oxford University Press. London, GB.
- Magin, P, Heading, G, Adams, J & Pond, D (2010). Sex and the skin: A qualitative study of patients with acne, psoriasis and atopic eczema. *Psychology, Health & Medicine*. 15 (4), 454-462.
- Halliwel, E, Diedrichs, PC, & Orbach, S (2014). Costing the invisible: A review of the evidence examining the links between body image, aspirations, education and workplace confidence. Retrieved from <http://eprints.uwe.ac.uk/24438/>
- Dunn, LK, O'Neill, JL, & Feldman, SR (2011). Acne in adolescents: Quality of life, self-esteem, mood, and psychological disorders. *Dermatology Online Journal*. 17(1), 1.
- Purvis, D, Robinson, E, Merry, S, & Watson P (2006). Acne, anxiety, depression and suicide in teenagers: a cross-sectional survey of New Zealand secondary school students. *Journal of Paediatrics and Child Health*. 42(12), 793-6
- Kornblau, I, Pearson, H, Breitkopf, CR (2007). Demographic, behavioural and physical correlates of body esteem among low-income female adolescents. *Journal of Adolescent Health*. 41, 566-70
- Neumark-Sztainer D, Paxton SJ, Hannan PJ, Haines J, Story M. (2006). Does Body Satisfaction Matter? Five-year Longitudinal Associations between Body Satisfaction and Health Behaviors in Adolescent Females and Males. *Journal of Adolescent Health*. 39(2), 244-51.
- Stice E & Shaw H (2003). Prospective relations of body image, eating, and affective disturbances to smoking onset in adolescent girls: How Virginia slims. *Journal of Consulting and Clinical Psychology*. 71, 129-135.
- Nelson, MC, Lust, K, Story, M, Ehlinger, E (2009). Alcohol use, eating patterns, and weight behaviours in a university population. *American Journal of Health Behaviour*. 33, 227-237.
- Muehlenkamp J J & Brausch AM (2012) Body regard and non-suicidal self-injury in adolescents. *Journal of Adolescence*. 35,1-9.
- Tiggemann, M (2005). Body dissatisfaction and adolescent self-esteem: Prospective findings. *Body Image: An International Journal of Research*. 2, 129-136.
- Tylka, TL & Wood-Barcalow, NL (2015). What is and what is not positive body image? Conceptual foundations and construct definition. *Body Image*. 14, 118-129.
- Andrew, R, Tiggemann, M, & Clarke, L, (2016). Positive body image and young women's health: Implications for sun protection, cancer screening, weight loss and alcohol consumption behaviours. *Journal of Health Psychology* 21(1) 28-39
- Bundy, C (2012). Visible difference associated with disease: skin conditions. In *The Oxford Handbook of the Psychology of Appearance* Rumsey, N. & Harcourt, D. (Eds). (pp. 398-413). Oxford University Press. London, GB.

A Partnership of



Special thanks to Dr. Philippa Diedrichs and Dr. Heidi Williamson, from the Center for Appearance Research, for their contributions to the development of these materials.