



Review article

Factors affecting subjective appearance evaluations among patients with congenital craniofacial conditions: An application of Cash's cognitive-behavioural model of body image development

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ABSTRACT

Satisfaction with appearance is of central importance for psychological well-being and health. For individuals with an unusual appearance, such as congenital craniofacial anomalies (CFA), appearance evaluations could be especially important. However, few, if any papers have presented a comprehensive synthesis of the factors found to affect subjective satisfaction with appearance among children, adolescents, and adults born with a CFA. Further, only a handful of craniofacial studies have applied psychological theories or models to their findings, resulting in an overall lack of guidance for researchers in the field. This paper summarises the literature pertaining to satisfaction with appearance among those affected by CFAs, and examines the extent to which Cash's cognitive-behavioural model of body image development (2012) fits with this literature. Given the overlap between factors of interest in the field of CFAs, and in the area of body image more broadly, a closer collaboration between the two research fields is suggested.

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1. Introduction

Satisfaction with appearance is of central importance for individuals' psychological well-being and health (Cash & Pruzinsky, 2002; Rumsey & Harcourt, 2004). Consequently, psychological research has investigated a range of factors thought to affect the development of self-perceptions of appearance. In addition to empirical research, theoretical approaches have also been described when exploring the development of subjective appearance evaluations. One comprehensive attempt to capture the broad range of factors and processes potentially involved in the development of subjective satisfaction with appearance is Cash's cognitive-behavioural model of body image development (2012; see Fig. 1). The model includes (a) predisposing and social learning experiences that affect how people think, feel, and act in relation to their body, and (b) current or proximal factors that precipitate or maintain subjective evaluations of body image. Predisposing factors consist of cultural socialisation, interpersonal experiences, physical characteristics, and personality attributes. Proximal factors consist of appearance-schematic processing, activating events, internal dialogues, body image emotions, and self-regulatory actions. Additionally, satisfaction with body image is influenced by appearance investment and evaluations. Cash's cognitive-behavioural model is a guide to understanding satisfaction with appearance from a multidimensional perspective, with an additional emphasis on the complex interactions between external events and internal factors (Cash, 2012).

The centrality of subjective appearance evaluations is illustrated by the range of emotional, social, and behavioural factors that have been found to be associated with appearance, both within the general population (Cash & Pruzinsky, 2002; Rumsey & Harcourt, 2012) and among clinical samples (Feragen & Stock, 2017; Hunt, Burden, Hepper, & Johnston, 2005; Muftin & Thompson, 2013; Rumsey, 2012; Stock & Feragen, 2016; Thompson & Kent, 2001).

One group thought to be particularly vulnerable to dissatisfaction with appearance is individuals who are affected by a visible

difference, such as a congenital craniofacial anomaly (CFA). CFA is a broad term used to describe a wide range of conditions affecting the head and neck (Holmbeck & Aspinall, 2015), with prevalence rates and characteristics varying widely across conditions (Buchanan, Xue, & Hollier, 2014). This includes the most common CFA, cleft lip and/or palate (CL/P), in addition to rarer conditions, such as craniosynostoses and Treacher Collins syndrome, among many others. In spite of surgical and other interventional procedures from birth through to adulthood, it is unlikely that the visible difference will be removed entirely, and people with a CFA may therefore feel that they differ from their peers in terms of facial appearance. Many studies have explored professional and lay evaluations of patients' appearance and treatment outcomes (e.g. Collett et al., 2013; Meyer-Marcotty, Gerdes, Stellzig-Eisenhauer, & Alpers, 2011; Meyer-Marcotty & Stellzig-Eisenhauer, 2009), while others have focused on patients' subjective perceptions (e.g. Plomp, Versnel, van Lieshout, Poublon, & Mathijssen, 2013; van Lierde et al., 2012; Wehby et al., 2012).

Research within the CFA field has also investigated associations between satisfaction with appearance and other psychological variables, such as overall quality of life (Crerand, Sarwer, Kazak, Clarke, & Rumsey, 2017; Mani, Reiser, Andlin-Sobocki, Skoog, & Holmström, 2013; Marcusson, Paulin, & Ostrup, 2002; Oosterkamp et al., 2007; Roberts & Mathias, 2013), in addition to social, emotional, and psychosocial adjustment (Bilboul, Pope, & Snyder, 2006; Marcusson et al., 2002; Roberts & Mathias, 2013). Nonetheless, knowledge about specific factors thought to affect the development of subjective appearance evaluations among those with CFAs is sparse, and the lack of longitudinal studies complicates our full understanding of the development of self-evaluations of appearance. Further, the application of appropriate models and theories is significantly lacking within craniofacial research (Baker, Owens, Stern, & Willmot, 2009; Stock, Feragen, Moss, & Rumsey, in press). Few, if any recent papers, have presented a comprehensive synthesis of the factors found to affect subjective satisfaction with appearance among children, adolescents, and adults born with a CFA, or considered the degree to which the craniofacial literature

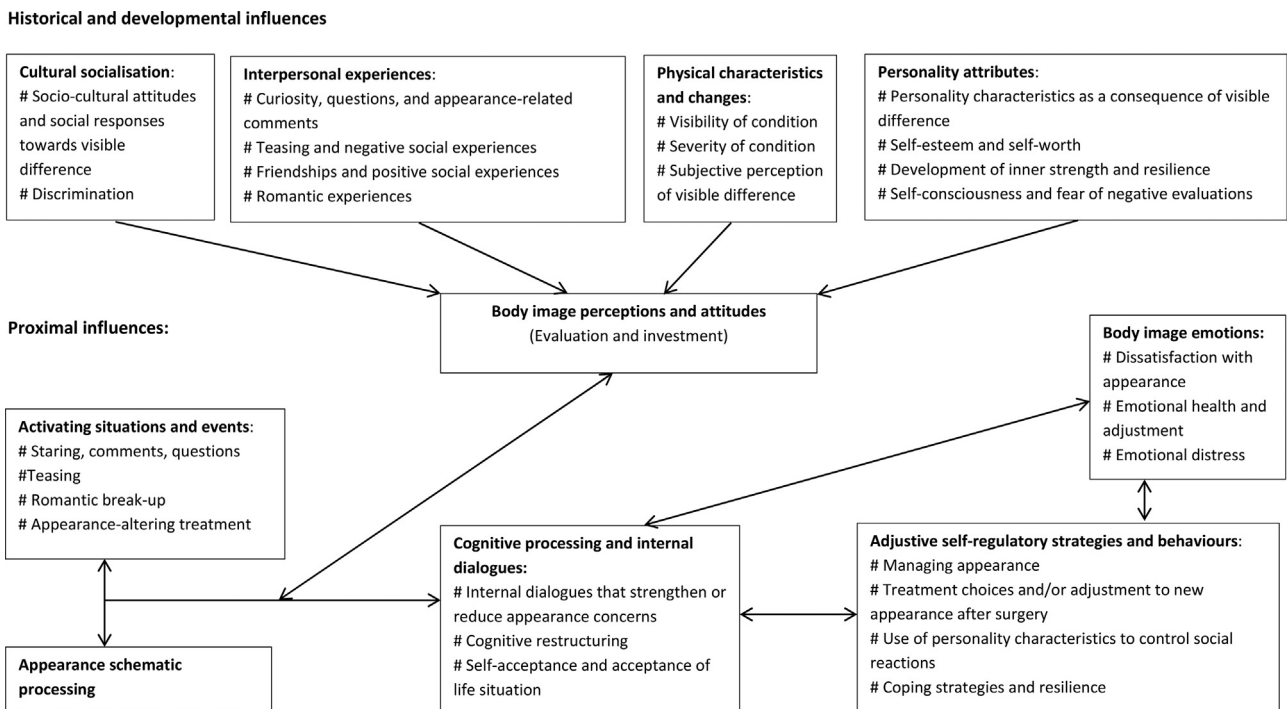


Fig. 1. The craniofacial literature: Factors found to affect subjective satisfaction with appearance.

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