

Adolescent Body Dysmorphia

As defined in the DSM-5, body dysmorphia (BDD) is “a preoccupation with perceived flaws in physical appearance, which are slight or unobservable to others, leading to repetitive behaviors (like mirror checking, skin picking, reassurance seeking) or mental acts, causing significant distress or impairment, and not better explained by another disorder”(American Psychiatric Association, 2013). Approximately 1 in 50 individuals meet diagnostic criteria, with many more experiencing subclinical symptoms (Enander et al., 2018). Adolescents are particularly vulnerable due to rapid physical changes during puberty, heightened sensitivity to appearance, and increased exposure to social comparison through peers and social media.

Symptoms often include persistent self-scrutiny, distorted perception of body parts, difficulty controlling appearance-focused thoughts, and avoidance of social situations due to shame or fear of judgment (Phillips, nd). Although BDD is a diagnosable mental health condition, many adolescents display body dysmorphic symptoms, with significant impact on mood, social functioning, and self-esteem (Fardouly & Vartanian, 2014).

The high prevalence (BDD) underscores the need to understand it as a complex social and psychological phenomenon with significant mental health and educational implications. This reality calls for schools to carefully consider the role they can and should play in addressing the issue.

Associated Risks

Anxiety and depression (Rautio et al., 2022)
 Social isolation due to appearance-related distress (Rautio et al., 2022)
 Academic withdrawal (Rautio et al., 2022)
 Suicidal ideation (Rautio et al., 2022)

Contributing Factors Among Adolescents

Multiple interacting factors contribute to the prevalence of dysmorphic concerns during adolescence. Environmental, biological, and cultural influences create a heightened risk environment in which both clinically significant BDD and subclinical dysmorphic symptoms can emerge.

Social Media

Social media plays a major role, exposing teens to filtered, idealized images and promoting constant comparison with peers and influencers. Experimental research consistently links social media exposure to increased appearance dissatisfaction, especially when adolescents engage in appearance-based comparison or photo editing behaviors (Fardouly, Willburger, & Vartanian, 2017; Masri-Zada, et al., 2025).

Social media algorithms amplify gender-specific ideals (Gupta et al., 2023). For girls the emphasis is on thinness, facial perfection, and cosmetic trends. For boys, the emphasis is on muscularity, fitness culture, and supplement use. Gender-diverse youth are exposed to binary norms and transphobic content.

*The material in this document builds on work done by Aayush Vemurias a participant with the national Center for MH in Schools & Student/Learning Supports at UCLA in 2025.

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Schooling & Peers

School environments intensify the problem. Adolescents witness peers developing at different biological rates, and many internalize the belief that their growth, musculature, height, or facial maturation is “behind” or “incorrect.” These peer comparisons can transform typical insecurities into dysmorphic ruminations (de Guzman & Nishina 2014).

Hormonal changes compound the problem. Fluctuations during puberty can trigger acne, weight changes, and shifts in body composition, all of which heighten appearance sensitivity and emotional reactivity (Stice, 2009).

Cultural and Societal Norms

Cultural and societal norms shape adolescents’ understanding of what bodies “should” look like, often reinforcing unrealistic gendered ideals such as thinness for girls, muscularity for boys, and culturally specific appearance expectations for youth of other genders (Duchesne et al., 2016).

As a general matter, one’s culture establishes beauty and masculinity norms that play a significant role in shaping self-worth and social acceptance (Nagata et al., 2025). Efforts to meet such norms are reflected in steps taken to “normalize” appearance (e.g., use of cosmetics, photo editing, extreme fitness practices).

Gendered Influences

Research consistently shows that body dysmorphia affects adolescents across genders, but its expression, social meaning, and psychological consequences differ widely due to gendered socialization, cultural expectations, and developmental pressures. These gender-specific patterns shape how adolescents internalize appearance norms, evaluate themselves, and respond to perceived imperfections.

Appearance norms tend to place girls under more intense pressure to conform than boys.

Females are found to have higher rates of body dysmorphia with a strong link to eating disorders. Their focus is on thinness, flawless skin, and facial aesthetics (Schneider et al., 2019). Males often experience strong pressure to achieve muscularity, with a focus on height and leanness. Muscle dysmorphia (“bigorexia”) is common (Nagata et al., 2025).

Transgender/non-binary youth are vulnerable to BDD and their problems are compounded by bullying and societal stigma (Jacobson et al., 2025).

In general, while body dysmorphia is experienced by male, female, and nonbinary adolescents, gendered social pressures, cultural ideals, and coping mechanisms shape individual differences in the disorder’s expression and consequences.

Together, the above factors reveal why adolescence is a particularly fragile period for body image: teens are developing rapidly, interpreting their changing bodies through cultural pressures, and comparing themselves to peers and curated online images with unprecedented engagement.

Examples of What the Literature Recommends for School-Based Interventions

Universal Strategies:

Media Literacy Programs: Teach students to critically evaluate social media imagery and cultural body ideals (Kurz et al., 2021).

Mindfulness and Self-Compassion: Promote body appreciation and reduce appearance-focused anxiety (Allen et al., 2020; Shooroki et al., 2025).

Inclusive School Climate: Diverse representation, teacher training, and peer-led campaigns to shift norms (Jacobson et al., 2025).

Universal Screening: Early identification of at-risk students for timely intervention (Rautio et al., 2022).

Targeted Approaches:

Female Adolescents: Cognitive-dissonance programs challenging thin-ideal internalization (Kurz et al., 2021).

Male Adolescents: Education on risks of excessive exercise, supplement misuse, and muscularity pressures (Nagata et al., 2025).

Transgender/Non-Binary Youth: Gender-affirming support groups, inclusive counseling, and safe spaces (Jacobson et al., 2025).

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Concluding Comments

Ameliorating adolescent body dysmorphia among students requires a range of student/learning supports. An effective approach emphasizes promoting positive development, prevention, responding quickly when symptoms emerge, and playing a role in addressing chronic BDD. It involves fostering resilience and promoting healthy body image among all students and countering gendered pressures and cultural influences.

At the same time, BDD is only one of many challenges that impact students' learning, behavior, and emotional functioning. Schools must therefore address it within the broader context of factors that interfere with teaching and learning. It cannot simply be added as another isolated initiative. Instead, efforts to address BDD should be embedded within a unified, comprehensive, and equitable system of student and learning supports. Such a system is essential not only for enhancing individual well-being but also for creating a positive school climate and laying the foundation for long-term student success – both in and beyond the classroom.

For discussion about integrating interventions into a unified, comprehensive, and equitable system of student/learning supports, see

>*Student/Learning Supports: A Brief Guide for Moving in New Directions*
<https://smhp.psych.ucla.edu/pdfdocs/briefguide.pdf>

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