

The Psychological Impact of Self-Perceived Malocclusion on Adolescent Body Image and the Need for Integrated Care

Yu Wu

School of Medicine, Hainan Vocational University of Science and Technology, Haikou, 571126, Hainan, China

Keywords: Self-perceived malocclusion; Adolescent; Body image disturbance; Social anxiety; Integrated care

Abstract: During adolescence, the subjective perception of one's own dental appearance often carries more significant psychological weight than the objective severity of malocclusion. This paper explores the psychological mechanisms by which self-perceived malocclusion triggers body image disturbance, leading to social interaction impairments, low self-esteem, and distorted self-evaluation among adolescents. Unlike mere physiological deformity, this condition frequently results in a preoccupation with appearance that interferes with daily functioning and emotional stability. To address this growing concern, this paper advocates for an integrated care model that combines orthodontic treatment with early psychological screening and intervention, aiming to foster a healthier developmental trajectory for adolescents.

1. Introduction

Adolescence marks a critical period for identity formation, during which physical appearance becomes a central component of self-worth and social evaluation. With the proliferation of social media and idealized beauty standards, adolescents are increasingly susceptible to dissatisfaction with their physical features. Malocclusion, or dental misalignment, is a common oral condition that significantly affects facial aesthetics. However, the psychological distress associated with malocclusion is not solely determined by its clinical severity but is heavily mediated by the individual's subjective perception of their condition^[1]. For many adolescents, even mild misalignment can lead to profound body image disturbance, characterized by excessive preoccupation with dental defects and a persistent belief that they are unattractive to others^[2].

From a biopsychosocial perspective, the impact of self-perceived malocclusion transcends oral function and extends into crucial psychological and social domains^[3]. If left unaddressed, this perceived flaw can become a source of chronic stress, negatively affecting academic performance, peer relationships, and overall emotional well-being. Unlike traditional approaches that focus solely on correcting the physical deformity, a holistic understanding requires attention to the cognitive and emotional processes that amplify the psychological burden. Therefore, this paper aims to delineate the manifestations of psychological distress stemming from self-perceived malocclusion and to

propose comprehensive intervention strategies that bridge dentistry and mental health care.

2. The Psychological Impact of Self-Perceived Malocclusion and Its Manifestations

The psychological repercussions of self-perceived malocclusion primarily manifest in two interconnected dimensions: persistent social interaction disorders and profound negative internal self-cognition, with body image disturbance serving as the core mediator.

2.1 Social Interaction Disorders

When adolescents perceive their teeth as a significant aesthetic flaw, it fundamentally alters their approach to social engagement, often leading to self-imposed isolation.

2.1.1 Social Avoidance and Withdrawal

Adolescents with heightened self-awareness regarding their dental appearance frequently engage in avoidance behaviors to evade potential scrutiny. This includes suppressing natural facial expressions, such as smiling or laughing, in social settings to hide their teeth. More severely, they may actively avoid activities that place them in the spotlight, such as public speaking, group photographs, or participating in team sports. This withdrawal not only reduces social opportunities but also deprives them of essential social skill development and peer validation, thereby reinforcing their perceived inadequacy.

2.1.2 Impaired Communication Dynamics

Effective verbal communication is the cornerstone of relationship building. However, adolescents who harbor negative perceptions of their dental alignment often experience heightened self-consciousness during conversations. They may speak softly, cover their mouths, or exhibit nervous speech patterns, fearing that their oral structures appear abnormal to listeners. In some cases, concerns about articulation in conditions like anterior open bite exacerbate this anxiety, leading to fragmented or minimal participation in discussions. Consequently, peers may misinterpret this withdrawal as aloofness or disinterest, perpetuating a cycle of social rejection and decreased self-confidence.

2.2 Negative Internal Self-Cognition and Body Image Disturbance

Internal self-cognition, encompassing an individual's beliefs and attitudes toward their own physical attributes, is profoundly shaped by perceived malocclusion. This dimension is where the most damaging psychological mechanisms operate.

2.2.1 Core Low Self-Esteem

Low self-esteem remains a foundational issue, often triggered by perceived or actual negative comments from peers, such as derogatory nicknames. When adolescents internalize these external judgments, they begin to view themselves as "inferior" or "ugly," which extends beyond appearance to a generalized sense of inadequacy in academic and social competencies. This globalized low self-esteem significantly dampens their motivation and engagement in various life domains.

2.2.2 Body Image Disturbance and Appearance Preoccupation

A defining feature of the psychological impact is the development of body image disturbance. Adolescents may develop an obsessive preoccupation with their dental defects, frequently checking

mirrors, seeking reassurance from others, or comparing their teeth with those of peers^[4]. This cognitive distortion, where minor imperfections are magnified, consumes substantial mental energy and can manifest as social physique anxiety-the fear that others are negatively evaluating their physical appearance^[5]. In extreme cases, this preoccupation aligns with characteristics of body dysmorphic disorder, leading to significant functional impairment.

2.2.3 Emotional Dysregulation: Anxiety and Depression

The cumulative effect of social withdrawal and negative self-cognition often precipitates chronic emotional distress. Adolescents may exhibit heightened trait anxiety, particularly in anticipation of social interactions where their appearance is exposed. Persistent feelings of shame and hopelessness can evolve into depressive symptoms, characterized by anhedonia, fatigue, and social isolation. Without timely intervention, these emotional challenges increase the risk of developing severe mental health disorders.

3. Intervention Strategies and Recommendations

Addressing the psychological distress caused by self-perceived malocclusion necessitates a biopsychosocial approach that integrates clinical correction with targeted psychological and environmental support.

3.1 Integrated Orthodontic and Psychological Care

The most definitive intervention is orthodontic treatment. However, to maximize its psychological benefit, a collaborative model involving orthodontists and psychologists is recommended. Pre-treatment Psychological Assessment: Screening adolescents for body image concerns and anxiety levels can help identify those at risk for persistent dissatisfaction post-treatment^[6]. Realistic Expectation Setting: Healthcare providers should communicate realistic aesthetic and functional outcomes to manage adolescent expectations and prevent post-treatment psychological distress. This combined approach ensures that orthodontic correction effectively alleviates the source of stress.

3.2 Cognitive-Behavioral Interventions

While undergoing or awaiting treatment, cognitive-behavioral strategies are vital for managing emotional distress. Cognitive Restructuring: Adolescents should be guided to challenge maladaptive beliefs that equate dental appearance with self-worth. Therapists can help them differentiate between objective dental health and subjective social value, and broaden their self-concept to include non-appearance-based attributes. Mindfulness and Acceptance: Training adolescents to observe their intrusive appearance-related thoughts without judgment can reduce their emotional reactivity and compulsive checking behaviors.

3.3 Promoting a Supportive and Inclusive Social Environment

The role of families and schools is paramount in mitigating negative self-perception. Parental Education: Parents should be advised to avoid trivializing or overemphasizing their child's dental concerns. Instead, they should provide emotional reassurance, focusing on their child's overall qualities and actively seeking professional help when needed. School-Based Anti-Bullying and Inclusion Programs: Schools should implement policies that promote body diversity and prohibit appearance-based teasing^[7]. Creating a classroom culture that celebrates individual differences can significantly reduce the stigma associated with dental imperfections and foster a sense of belonging

for affected adolescents.

4. Summary and Prospect

The psychological impact of self-perceived malocclusion on adolescents is a significant yet underexplored dimension of oral health. Moving beyond a purely clinical perspective, it is imperative to recognize that the subjective experience of dental appearance can be a powerful determinant of mental health. This paper argues that integrated care, which combines orthodontic treatment with psychological support and environmental modifications, is essential. Future research should focus on developing standardized screening tools for body image disturbance related to oral aesthetics and evaluating the long-term effectiveness of cognitive-behavioral interventions in this population. By adopting a holistic and interdisciplinary approach, healthcare professionals and educators can better support adolescents in achieving not only straight teeth but also robust psychological well-being, ensuring their healthy transition into adulthood.

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