

BODY IMAGE, FEAR OF REJECTION AND SELF-ESTEEM AMONG PERSONS WITH CLEFT LIP AND PALATE

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ABSTRACT

The objective of the present was investigated the relationship between body image, fear of rejection and self-esteem among persons with cleft lip and palate. Once the review of the literature following hypotheses were formulated 1). There would be significant relationship between Body image, fear of rejection and self-esteem among persons with cleft lip and palate 2). Body image would predict fear of rejection and self-esteem among persons with cleft lip and palate 3) Gender would exhibit significant differences on Body image, fear of rejection and self-esteem among persons with cleft lip and palate. Total 75 persons with cleft lip and palate (35 male and 40 female) were selected through snow ball sampling method. In order to calculate results t-test, person correlation and regression analysis and independent sample t-test would use. Findings of the present study have shown that 1st 2nd hypotheses have approved $P < .05$ while 3rd hypothesis was rejected $P > .05$. At the end of thesis implication, suggestion of the present study and recommendation for the future studies was discussed in details.

Keyword: cleft lip and palate, body image, fear of rejection, self esteem

INTRODUCTION

Clefts of the lip and palate are congenital birth defects caused by the imperfect fusion of the lip and/or palate during fetal development. . An estimated 1.7 out of every 1000 live births are anticipated to have cleft lip and palate, yet there are ethnic and regional variances in this number. The prevalence rates vary throughout various groups, with some experiencing higher or lower incidences of these illnesses due to genetic and environmental effects (Ngai et al., 2005). Cleft lip and palate have an impact on many facets of a person's life in addition to their outward appearance. Speech problems resulting from structural abnormalities in the mouth cavity can cause problems with articulation and intelligibility. It can be difficult for those who are impacted by these speech-related problems to communicate effectively (Christensen et al., 2004). Individuals with cleft lip and palate may experience body image issues as a result of social stigma and unwanted reactions from others. Misconceptions and a lack of awareness of these disorders, unfortunately,

can lead to misunderstandings and prejudice. This can obligate a damaging influence on a person's self-esteem and body image. It is essential to remember that body image is a complicated issue that is influenced by variables other than physical appearance (Crerand et al., 2017).

Although orofacial clefts impair the facial look of many teenagers and adolescents, no specific research conducted to investigate the effect of orofacial clefts on increasing body image. The evolution of body image within the broader population typically demonstrates a pattern where adolescence is marked by a more unfavorable body image compared to prepubescent individuals. In contrast, children born with orofacial clefts exhibit distinctive facial features from birth, potentially leading to differences in their body image compared to the overall population. This research aims to investigate the correlation among orofacial clefts and body image across the stages of childhood and adolescence (Komachi, 2015; Feragen & Stock, 2014).

People with cleft lip and palate (CLP) frequently face a deep fear of rejection because of their appearance and speech difficulties. They may withdraw socially and isolate themselves due to concerns about being judged or ridiculed. This fear of rejection can gradually affect their emotional health and self-esteem (Costa et al., 2022). Fears of not being accepted or respected because of one's appearance might give rise to this phobia. The definition of rejection is both the act of rejecting and the state of being rejected (Dictionary, 1989). The fear of rejection can frequently be strongly influenced by one's body image. When someone has a poor perception of their appearance, they could feel insecure or unsatisfied with how they look. They can feel that their physical appearance doesn't measure up to standard ideals of attractiveness or beauty (Brekalo, 2022).

Individuals with cleft lip and palate (CLP) frequently face self-esteem issues because of noticeable facial differences, communication challenges, and societal stigma (Aljohani et al., 2021). William James (1890) defined self-esteem as "the sense of positive self-regard that develops when individuals repeatedly attain or surpass the important aims in their lives." Self-esteem is significantly impacted by one's body image. People who feel unsatisfied with their appearance due to a negative body image may have low self-esteem.

Appearance and "visible differences" have a profound impact on the complex interactions between people, which include communication, self-perception, and how others see you. Since clefts involving the lip and nose result in noticeable facial differences, it is reasonable to assume that these cosmetic differences will have a significant effect on patients' quality of life (QOL) and social interactions. The Satisfaction with Appearance Questionnaire, a standardized tool, was used in two studies to quantify appearance. In one study, CLP patients reported being happier with their whole facial appearance—aside from their lips—than the demographic norms. In the other study, factors influencing appearance satisfaction were examined in relation to age and gender. The researchers discovered that with non-visible clefts teenage girls reported higher levels of appearance satisfaction than girls with visible clefts (cleft type did not differ in the satisfaction of younger female patients or younger and teenage male patients). The scientists also noted that compared to teenage boys, teenage girls expressed lower levels of

satisfaction with their appearance. According to a different study, CLP patients with comorbidities (such as ADHD, autism, or dyslexia) scored higher on the Personality Inventory for Children when it came to psychological distress levels (Klassen et al., 2012). This study acknowledges the complex relationship among body image, rejection anxiety, and self-esteem, noting that these psychological factors can have a substantial impact on a person with cleft lip and palate's general well-being of life.

Hypotheses

- There would be significant relationship between Body image, fear of rejection and self-esteem among persons with cleft lip and palate.
- Body image would predict fear of rejection and self-esteem among persons with cleft lip and palate.

RESEARCH METHADODOLOGY

Within this section (methodology), the current research's procedure is outlined, providing a comprehensive guide to how data was collected, analyzed, and results were formulated. This chapter encompasses detailed information on data, participants, purpose, and all ethical considerations. Furthermore, ethical issues, considerations on trust and rapport with participants, as well as descriptions of measures, operational definitions of variables and terms, the process, and statistical analysis are incorporated.

Research Method

Research Design

A correlational design was employed to investigate the current study.

Sampling Technique

Snow ball sampling technique was used for data collection.

Participants

Participants were selected using a random sampling technique. Participants in this study were chosen from cleft lip and palate hospitals, plastic surgery departments, maxillofacial departments, and orthodontist departments that specialize in treating patients with cleft lip and palate. Additionally, some were chosen by applying the snowball sampling method. Using this approach, a limited group of

people who met the requirements for participation in the study were first identified, and they were then asked to recommend other potential participants who also fit the criteria for participating. This method was repeated until the required sample size was reached, with each new participant referring more people. The technique of snowball sampling allowed the participation of individuals from a wide range of backgrounds and geographical areas, as it did not restrict participants to anyone cleft hospital or geographic area. This strategy made sure that a wider range of viewpoints and experiences with cleft lip and palate were represented. There were 75 volunteers in all, ages 15 and older, who took part in the study. The research participants were chosen on the basis of their willingness and availability to take part in the study.

Inclusion Criteria

The criteria for inclusion and exclusion were predefined before conducting the study, along with the research requirements and procedures. Inclusion criteria encompassed the subject's structures essential to the current study design. To minimize sampling error, individuals meeting the specified study criteria were selected.

- The participants of this study were diagnosed with cleft lip and/or palate, either currently undergoing treatment or with completed treatment.
- Only individuals holding Pakistani citizenship took part in the current study
- Respondents were chosen from diverse economic backgrounds.
- This specific investigation involved participants with varying marital statuses, including married, single, and engaged respondents.
- Only those individuals with cleft lip and/or palate were selected who have no neurodevelopmental problems.

Exclusion Criteria

To avoid errors and address sampling-related issues, as well as to control for potential factors affecting outcomes, several participants were excluded from the present study based on specific criteria.

- Those participants having any of other psychological problems were not included in this study.

- Participants less than 15 years of age were not part of this study.
- Participants with the age range of more-than 45 were also not part of this study.
- Participants with other physical disability were not part of this study.

Ethical Consideration

Throughout the course of the study, the focus remained exclusively on the undertaken actions, maintaining a reserved approach prior to the review's preparation. Initially, the governing body branch of psychology endorsed the study's subject, and subsequently, the BOS and BASR approved the topic, granting the author the necessary permissions. The ongoing review was conducted with utmost attention to ensuring the respect and dignity of the participants. The researcher took measures to protect the rights and welfare of the exploration's participants, clarifying the purpose and confidentiality of the study for them. Participants were informed that their involvement was voluntary, with the right to withdraw at any time, and were assured that their interests were prioritized. Upholding ethical standards related to intellectual property rights, all psychological measures employed in the study received approval from their respective

Scoring

After gathering information, scoring was carried out according to the instructions outlined in the handbook of psychological measurements.

Statistical Analysis

After the evaluation of metrics was completed in accordance with their manual's standards, an Excel file was created and afterwards findings were computed using SPSS 23. For the entire sample, descriptive and inferential statistics were computed. To compute the results and assess the assumptions, the independent sample t-test person correlation and linear regression analysis were used.

Measures

Personal Information Form Demographics form

For the purpose of the collecting the personal information form was developed by examiner which comprises the items includes; age, gender, education, marital status, residential, siblings, birth order and

weather there treatment is completed or ongoing(listed in appendix).

Body Image Satisfaction Rating Scale

This scale was taken from the BIQ, or body image questionnaire. It is composed of an 18-item scale. The highest score is 36, while the lowest is 0. The dimensionality of views, emotions, and attitudes toward one's body is investigated using this 18-item measure (Koleck et al., 2002).

Rejection Sensitivity Questionnaire

Rejection sensitivity (RS) is a cognitive and emotional tendency to nervously anticipate rejection, influenced by one's history of cognitive social learning. It becomes activated in situations where either rejection or acceptance is a possibility. The RS-Adult questionnaire (A-RSQ) is a modified version of the RSQ (Downey & Feldman, 1996) designed to evaluate RS in adult research participants. This scale comprises 9 items and includes two subscales: rejection expectancy and rejection sensitivity (Berenson, 2018).

Rosenberg Self Esteem Scale

The Rosenberg Self-Esteem Scale is a 10-item questionnaire created to measure global self-esteem. It utilizes a 4-point Likert scale for responses, with each item having four possible responses. Scores on the scale range from 0 to 30, where higher scores indicate a high level of self-esteem, while lower scores suggest a low level of self-esteem. (Rosenberg, 1965).

Procedure

To obtain approval, all official papers and instruments pertinent to the existing study, such as the permission letter for data collection issued by the department of psychology to its students, the consent form signed by participants, and the psychological measures, including all study scales, The collected data were submitted to the heads and in-charges of the hospitals where the information was gathered. Following approval from the higher authorities of these hospitals, the scales were administered to the participants on-site, and contact numbers were retrieved from hospital records. Subsequently, participants were contacted, and they completed online forms. The research also employed the snowball sampling technique. The overall duration of research was 6 months including thesis writing, data collection and data analysis.

RESULTS AND DISCUSSION

The section on outcomes and discussion presents interpretations of data collected from students studying at various private and public hospitals within the Faisalabad, Lahore, Toba Tek Singh division via Scales to assess the, body image, fear of rejection and self-esteem among persons with cleft lip and palate. The researcher used correlational statistics to assess the replies to the review's objectives.

Table 4.1: Demographic Characteristics of Variables (N=75)

		N	%
Gender			
Male		35	46
Female		40	54
Age	Minimum	Maximum	Mean age
15 years		45 years	24.16
Education			
Middle	4		5.4
Matric	8		10.8
Intermediate	25		33.8
Undergraduate	7		9.5
Graduate	24		32.4
Postgraduate	2		2.7

In table no. 4.1 demographic characteristics of variables is described. Numbers of participants were 75, including 35 male and 40 female, with minimum age 15 years and maximum 45 years. The mean of the age is 24.16.

Table 4.2: Reliability table (N=75)

Scale Name	Items	Alpha
Body image scale	18	.56
Rejection expectancy	9	.854
Rejection sensitivity	9	.727
Self-esteem	10	.603

In the table no 4.2, Reliability of the scales is described including the body image scale which has scale having 18 items with .56 alphas. Rejection sensitivity scale having 9 items has 2 sub scales, rejection expectancy is with .854 and rejection sensitivity is with .727 alphas. The Self-esteem scale which has scale having 10 items with .603 alphas.

Table 4.3: Correlation among body image, fear of rejection and self-esteem among persons with cleft lip and palate (N=75)

Variable	M	SD	1	2	3	4
Body image	52.09	4.211		.007	.299**	-.204
Rejection expectancy	34.58	8.388			-.094	.016
Rejection sensitivity	27.04	6.572				-.153
Self-esteem	17.26	3.088				

** $p < .05$

The table no 4.3 shows that there is a significant relationship between the variables including body image, fear of rejection and self-esteem among persons with cleft lip and palate. Have a significant relationship with body image while P is .299** with mean 52.09 and standard deviation 6.40. In the same table this is also showed that there is no significant relationship between rejection expectancy p is -.094 and rejection sensitivity .016 with mean 34.58 and standard deviation 8.388. this table also shows relationship between rejection sensitivity p is -.153 with mean 27.04 standard deviation 6.572. The findings of current study showed positive and significant relationship between above mentioned variables (Body image, Rejection expectancy, Rejection sensitivity, Self-esteem) which will be discussed in discussion chapter.

Table 4.4: Summary of Linear Regression Analysis with Body image, fear of rejection and self-esteem among persons with cleft lip and palate (N= 75)

Predictor	R	R ²	Adj-R ²	F	Df	P
Body image	.341	.033	.116	.078	.070	.03

$P < .05$

In the table no 4.4, the findings shows that body image is a significant predictor of fear of rejection and self-esteem among persons with cleft lip and palate. The P value is .033 which less than the $>.05$. The R value is .341 and predictor R² .116 and Adjusted R .078 of the body image frequency value is 3.070 and DF is 3.

Model	Sum of square	Df	Mean Square	F	P
Regression	150.500	3	50.167	3.070	.033
Residual	1143.838	70	16.341		
Total	1294.388	73			

a. Dependent Variable: scores

b. Predictors: (Constant), scores, scores

Table 4.5: Coefficients Summary of Linear Regression Analysis with body image, fear of rejection and self-esteem among persons with cleft lip and palate (N=75)

Model	Unstandardized Coefficients		Standardized Coefficients	T	P
	B	SE	B		
Constant	50.488	4.176		12.089	.000
Rejection expectancy	.018	.057	.036	.316	.753
Rejection sensitivity	.178	.073	.277	2.429	.018
Self-esteem	-.221	.155	-.162	-1.427	.158

Independent variable is body image. The dependent variables are fear of rejection and self-esteem. Coefficient summary of Linear Regression analysis shows that body image, fear of rejection and self-esteem among persons with cleft lip and palate. On the both variables it has been show that fear of rejection and self-esteem is a partial significant while the t value is 12.089and p value is .000. While on the same line with fear of rejection and self-esteem with the t value is -1.427 and p value is 158.

DISCUSSION

In this section (Discussion) of the present research, a comprehensive exploration of the results and their underlying reasons will be undertaken. The analysis of the results aims to elucidate and identify the key factors responsible for these noteworthy findings. The outcomes align with findings from previous research studies. The following section will investigate how body image led to persons with cleft lip and palate fear of rejection and self-esteem.

When dealing with a visible difference, the medical procedures required to treat the condition, and other people's social reactions, people who have cleft lip and/or palate (CL/P) may experience low frame of mind, feelings of remorse or inadequacy, depression, anxiety, low self-esteem, dissatisfaction with appearance, and behavioral concerns like aggression and social evasion (Thompson & Kent, 2001; Rumsey & Harcourt, 2005; Appearance Research Collaboration, 2009). Thus far, studies examining the psychological effects of CL/P on individuals impacted have yielded inconsistent findings. There are mixed results on the differences between individuals with CL/P and population-based control groups. Some research suggest that those born with a cleft face greater psychological challenges than their peers without CL/P (Turner et al., 1998; Hunt et al., 2005; Rumsey & Stock, 2013).

Based on the results obtained from this research, hypothesis I of this present study is accepted. That stated “There would be significant relationship between body image, fear of rejection and self-esteem among persons with cleft lip and palate”.

According to previous researches, Body image can be significantly impacted by the obvious facial difference linked to cleft lip and palate. People might worry more about how they look, which could raise issues with acceptance and rejection in society. The complex relationship between body image and rejection anxiety may be exacerbated by this increased visibility. People who have cleft lip and palate face psychological difficulties, such as bullying or hurtful remarks, which can affect how they feel about their bodies and increase their fear of being rejected. These difficulties can have an impact on one's sense of self-worth, especially if people internalize unfavorable experiences or views from society. Self-esteem, body image, and rejection anxiety are essential elements of a person's psychological health. The difficulties related to cleft lip and palate can impact an individual's self-perception, social interaction expectations, and, ultimately, their sense of self-worth.

The outcomes of the present study validate the acceptance of our hypothesis II. This stated that, “Body image would predict fear of rejection, self-esteem among cleft lip and palate patients”. There are various ways in which issues with one's body image might exacerbate a fear of rejection. People who have a poor body image could be socially anxious about how they look. They could experience an increased fear of rejection in social settings if they believe that people will make immediate assumptions about them based just on how they look. Visible defects in face features can arise from cleft problems, particularly if surgical procedures have left scars. Those who fear

rejection may do so because they think others will see their differences and evaluate them unfavorably.

Hypothesis I

“There would be significant relationship between body image, fear of rejection and self-esteem among persons with cleft lip and palate”.

The 1st hypothesis of the present study is approved and the $P < .05$ which shows that there is significant relationship existed between body image, fear of rejection and self-esteem among persons with cleft lip and palate. The finding of the first hypothesis indicate that there are significant relationship prevailed between body image, fear of rejection, self-esteem and these variables have significant relationship among persons with cleft lip and palate.

The findings of the present study are constant with the previous researches (Havstam & Ringsberg, 2011; Rumsey & Harcourt, 2012; Sharratt et al., 2018; Kimotho & Macharia, 2020). The deep influence that body satisfaction can have on a person's mental health and general well-being is highlighted by research findings that show a strong correlation between depression and bad body image. Developing solutions and support networks to address body image concerns and their possible repercussions requires an awareness of these concepts. Healthcare providers and support groups can help individuals who may be impacted by these issues by promoting healthy body image and self-esteem and by acknowledging the negative impacts of body dissatisfaction. This will ultimately lead to improved psychological health for these individuals. This information can help guide holistic treatment plans that address both mental and physical health (Hosseini & Padhy 2023). The complex interaction between an individual's opinion of their physical appearance and their feeling of general self-worth is highlighted by the strong relationship between body image, self-esteem, and self-concept.

Comprehending this correlation is essential, as it emphasizes the possible influence of a positive self-image as a safeguard. In fact, a higher sense of self-worth may act as a buffer, possibly lessening the unfavorable correlation between body mass index (BMI), body image, and the anxiety associated with receiving a poor assessment. The mental and emotional well-being of people navigating these complicated dynamics can eventually be enhanced by using this information to direct interventions and support techniques targeted at encouraging a

healthier body image and boosting self-esteem (Ahadzadeh et al., 2018). Furthermore, scars from surgeries might pose serious social and psychological problems that could affect a person's self-esteem and physical image. These obvious reminders of medical procedures have the power to change people's perceptions of both themselves and other people. It is imperative that healthcare professionals and support networks comprehend the potential effects of surgical scars on an individual's body image and self-esteem. This is because it highlights the significance of attending to an individual's emotional and psychological well-being in addition to their physical recovery (Willemse et al., 2023).

Scientific research indicates that there could be a considerable correlation among individuals with cleft lip and palate with regards to their self-esteem, fear of rejection, and body image. This implies that their self-worth as a whole, their thoughts about how they look, and their fears of rejection are all related. According to the research, these people frequently struggle with psychological issues like low self-esteem, increased anxiety about being judged negatively for their looks, and a generally lower level of body pleasure. Developing therapies and support systems to address the psychological well-being of people with cleft lip and palate may benefit from an awareness of this (Costa B, 2022).

Hypothesis II

“Body image would predict fear of rejection and self-esteem among persons with cleft lip and palate” The 2nd hypothesis of the present study is approved and the $P < .05$ which shows that body image would predict fear of rejection, self-esteem among cleft lip and palate patients will be differing significantly among persons with cleft lip and palate” The finding of the first hypothesis indicate that there are significant relationship prevailed between body image, fear of rejection and self-esteem and these variables have significant relationship among persons with cleft lip and palate.

The findings of the present study are constant with the previous study (Hawes et al., 2020; Mu et al., 2019; Mellor et al., 2010). Research findings indicate that teenagers who have a negative perception of their bodies are more prone to social anxiety and dread of receiving unfavorable feedback. It basically means that teenagers who are unhappy with their bodies will probably be nervous and afraid

of other people. On the other hand, adolescents who show signs of social anxiety subsequently experience issues with body image in mid-adolescence. These correlations show the detrimental effects that negative body image can have on social interactions and mental health (Gerada, 2020; Glaeser et al., 2023). The research findings shed important light on the psychological dynamics at work, particularly with regard to women, by demonstrating the impact of pressure to be attractive on the fear of rejection because of looks. It is clear how deeply ingrained cultural expectations are in people's lives that those who feel under pressure to meet specific beauty standards are more fearful of being rejected because of how they look. The gender-specific subtleties of these pressures are highlighted by the study's finding of women who demonstrate greater sensitivity to appearance rejection, particularly those who feel that they must adhere to society standards of attractiveness in order to be accepted. It is essential to comprehend these dynamics in order to create support networks and therapies that deal with the psychological and social effects of these demands, especially for women (Park et al., 2009).

The study's conclusions provided intriguing new insights into the intricate links between self-esteem, appearance-related social comparisons, thin-ideal internalization, and negative body image. Social comparisons and societal norms have a significant impact on people's perceptions of their bodies, as seen by the clear association found amid body image dissatisfaction as well as variables like thin-ideal internalization and appearance-related social comparisons. Moreover, the inverse relationship amid body image dissatisfaction and low self-esteem emphasizes how important self-esteem is to how people see their bodies. The study's finding that self-esteem explains 19% of the variation in body image dissatisfaction highlights how important self-esteem is for identifying and comprehending these dynamics. It is important to address body image issues in interventions aiming at boosting general psychological well-being, as these findings imply that body image plays a significant role in predicting self-esteem. Health practitioners can create focused interventions and preventive strategies that emphasize improving body image and self-esteem by acknowledging the significant influence of body image on self-esteem (Shahyad et al., 2015).

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