



The Impact of Distorted Body Image on Psychological Disorders and Quality of Life: A Narrative Review

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Abstract

Background: Distorted body image is a multidimensional psychological phenomenon strongly associated with mental health disorders and impaired quality of life. It contributes to eating disorders, depression, anxiety, and low self-esteem, influenced by sociocultural, familial, and individual factors.

Objective: This narrative review examines how distorted body image contributes to the onset of psychological disorders and affects quality of life, while discussing the role of multidisciplinary interventions.

Methods: A structured search was conducted in PubMed, SciELO, Google Scholar, and specialized journals. Publications between 2010 and 2024, in English and Portuguese, were included if they directly addressed the relationship between body image distortion, psychological disorders, and quality of life. Eligible studies were critically appraised and synthesized into thematic categories.

Results: Evidence demonstrates that unrealistic beauty standards, amplified by social media, intensify body dissatisfaction and maladaptive behaviors such as restrictive dieting, binge eating, and compulsive exercise. Distorted body image is consistently linked to depression, anxiety, disordered eating, and reduced self-esteem, which in turn compromise interpersonal relationships, academic and professional performance, and overall health. Interventions such as cognitive-behavioral therapy, nutritional counseling, and educational programs that promote body acceptance have shown positive outcomes.

Conclusion: Body image distortion is a complex and clinically significant phenomenon with profound implications for psychological well-being and quality of life. Effective prevention and treatment require multidisciplinary strategies that integrate clinical care, education, and public health initiatives, with particular emphasis on early detection and body diversity promotion.

Keywords: Body Image Distortion; Eating Disorders; Mental Health; Quality of Life; Cognitive-Behavioral Therapy; Social Media.

INTRODUCTION

Background and Significance

Distorted body image is a psychological construct that profoundly affects emotional well-being and mental health. It is closely linked to the development of eating disorders, anxiety, depression, and body dysmorphic disorder (Gaudio, Brooks, & Riva, 2014). Body image encompasses cognitive, emotional, and behavioral dimensions of how individuals

perceive their own bodies (Cash & Pruzinsky, 2002). When perception diverges significantly from reality, the psychological consequences can be severe, impairing self-esteem, interpersonal relationships, and overall functioning (Grogan, 2016).

This distortion is often reinforced by unrealistic beauty standards propagated through mass media and social networks, which promote unattainable ideals and foster

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negative self-evaluation (Perloff, 2014). These cultural pressures exacerbate vulnerabilities, leading not only to emotional distress but also to measurable declines in quality of life across personal, social, academic, and occupational domains (WHO, 1995; Tiggemann, 2004).

Recent studies confirm these associations. High levels of body dissatisfaction are strongly correlated with poorer psychological well-being and reduced quality of life (Mental Health Foundation, 2019). In Brazil, contemporary research shows that aesthetic pressure from social media and family contexts intensifies non-acceptance of body image and contributes to the onset of psychological disorders (Siqueira, Santos, & Leonidas, 2020). Similarly, Mariano and Soeiro (2019) observed that constant exposure to idealized body standards through digital platforms fosters dysfunctional eating behaviors and exacerbates negative self-perception. These findings highlight not only the persistence but also the aggravation of the problem in the last decade (2015–2025).

Aim of the Study

This narrative review investigates the impact of distorted body image on the development of psychological disorders and its influence on quality of life. By consolidating recent findings, it aims to provide a contemporary and critical understanding of this phenomenon and to support multidisciplinary approaches for prevention and intervention.

METHODS

Search Strategy and Data Sources

This narrative literature review was conducted using systematic selection criteria, although it did not strictly follow PRISMA guidelines. Searches were carried out in PubMed, SciELO, Google Scholar, and selected peer-reviewed journals. Search terms in Portuguese included “*imagem corporal*”, “*transtornos psicológicos*”, “*qualidade de vida*”, “*autoestima*”, “*estética*”, and “*distúrbios da imagem corporal*”. For PubMed, equivalent English terms were used, such as “*body image*”, “*mental disorders*”, “*quality of life*”, and “*self-esteem*”.

Eligibility Criteria

Studies published between 2010 and 2024 were considered if available in full text and written in English or Portuguese. Eligible studies were required to directly investigate the relationship between body image distortion, psychological disorders, and quality of life.

Exclusion criteria comprised duplicate records, previous systematic reviews, inaccessible full texts, and publications not aligned with the review objectives.

Study Selection and Data Extraction

Titles and abstracts were screened for relevance. Full texts of potentially eligible studies were then retrieved and assessed against inclusion criteria. Studies meeting the criteria were included in the final synthesis.

Review Approach

Although categorized as a narrative review, the analysis was guided by systematic principles of study selection and critical appraisal. The included studies provided the foundation for thematic synthesis and for developing the discussion on body image distortion, related psychological disorders, and implications for quality of life.

BODY IMAGE DISTORTION

Conceptual Dimensions

Body image distortion is a multidimensional construct encompassing perceptual, cognitive, and affective components. The perceptual dimension reflects accuracy in estimating one's body size, weight, and shape relative to reality. The cognitive dimension refers to beliefs and assumptions about body appearance, while the affective dimension involves emotional responses such as satisfaction or dissatisfaction with one's body (Gaudio et al., 2014). Distortion occurs when these dimensions are altered, leading individuals to perceive themselves as overweight or inadequate even when their proportions are within normal ranges.

Contributing Factors

Distorted body image emerges from the interaction of sociocultural, familial, and individual influences. Among sociocultural determinants, mass media and particularly social media platforms intensify exposure to unrealistic beauty standards, encouraging constant social comparison and dissatisfaction, especially among adolescents and young adults (Almeida & Martins, 2024).

Family environment also plays a crucial role. Excessive criticism, rigid expectations, and parental conflict have been shown to worsen self-esteem and fuel disordered eating patterns. Supportive family involvement, in contrast, has protective effects (Silva & Cunha, 2020). Adolescence is a particularly vulnerable stage, marked by heightened sensitivity to peer norms and cultural ideals of thinness (Oliveira, 2021).

Individual factors, including age, gender, socioeconomic status, educational background, and personality traits such as perfectionism and low self-esteem, further mediate vulnerability (Rezende et al., 2022). Importantly, negative body image can emerge in childhood and serve as a predictor of later psychopathology.

Impact on Self-Perception and Behavior

Distorted self-perception frequently leads to maladaptive behaviors such as restrictive dieting, prolonged fasting, compulsive exercise, or self-induced vomiting—all strongly associated with eating disorders (Silva et al., 2015). These strategies reflect attempts to align with unattainable standards of thinness or muscularity. The discrepancy between real and perceived body image creates a cycle of

negative reinforcement, sustaining psychological distress and worsening health outcomes.

PSYCHOLOGICAL DISORDERS ASSOCIATED WITH BODY IMAGE DISTORTION

Eating Disorders: Anorexia, Bulimia, and Binge Eating Disorder

Eating disorders are severe psychiatric conditions characterized by persistent disturbances in eating behaviors, with significant effects on physical and psychological health. Global estimates suggest that millions are affected by anorexia nervosa, bulimia nervosa, binge eating disorder, and related conditions.

Anorexia nervosa (AN) involves extreme food restriction and an intense fear of weight gain, even among underweight individuals. Body image distortion is central, with patients perceiving themselves as overweight despite emaciation. Traits such as perfectionism, low self-esteem, and social pressure to maintain thinness are well-established risk factors.

Bulimia nervosa (BN) is defined by recurrent binge-eating episodes followed by compensatory behaviors, including self-induced vomiting, laxative misuse, fasting, or excessive exercise. Although patients often maintain normal weight, guilt and shame are pervasive, and impulsivity exacerbates the disorder.

Binge Eating Disorder (BED) consists of recurrent binge episodes without compensatory behaviors, often leading to obesity and associated comorbidities. BED is more prevalent in adolescence and frequently follows cycles of restrictive dieting.

Anxiety and Depression

Body image distortion is strongly associated with anxiety, manifested as persistent preoccupation with weight and shape. Depression is also common, contributing to low motivation, poor self-worth, and reduced treatment adherence. Together, anxiety and depression create a cycle of distress and dysfunctional eating behaviors, further impairing quality of life.

Self-Esteem and Identity

Low self-esteem and fragile identity formation are frequently reported among individuals with eating disorders. Cognitive rigidity, hypersensitivity to criticism, and reliance on external validation reinforce negative self-perception and perpetuate maladaptive behaviors.

Psychological and Neurological Mechanisms

The pathophysiology of body image distortion involves cognitive, emotional, and neural dysregulation. Cognitive-behavioral therapy (CBT) targets maladaptive beliefs and helps realign perceived and actual body size. Neuroimaging studies indicate hyperactivity in the medial prefrontal

cortex, reflecting overvaluation of appearance, and altered functioning of the amygdala and anterior cingulate cortex, linked to emotional dysregulation.

CBT has been shown to promote neuroplastic changes in prefrontal regions, improving cognitive control and emotional regulation, thus reinforcing its role as the gold-standard intervention.

QUALITY OF LIFE

Definition and Domains

Quality of life (QoL) is a multidimensional construct reflecting individuals' perception of their position in life within cultural, social, and personal contexts. It extends beyond physical health or financial status, encompassing a holistic view of well-being. According to the World Health Organization (WHOQOL Group, 1995; 1998), QoL includes physical, psychological, social, economic, environmental, cultural, spiritual, and occupational domains.

This framework highlights that QoL is directly shaped by both objective conditions and subjective perceptions, making it a valuable indicator of overall well-being and a critical outcome measure in health research.

Impact of Psychological Disorders on QoL

Psychological disorders negatively affect QoL by disrupting self-perception, emotional stability, and social functioning. Distorted body image, in particular, is strongly associated with depression, anxiety, and low self-esteem, which collectively reduce interpersonal relationships, productivity, and overall life satisfaction. Furthermore, depression and anxiety influence biological systems—including the endocrine, nervous, and immune systems—amplifying the deterioration of health and well-being (Barbosa et al., 2024).

Empirical Evidence

Epidemiological studies confirm the scope of the problem. In Rio Grande do Sul, Brazil, 60.4% of female adolescents aged 15–19 reported body image distortion, including 62.5% of those with normal weight (Mecca Chagas et al., 2019). Among university students, approximately 40% experienced high body dissatisfaction, associated with age, body mass index, and socioeconomic status (Mendes, 2023).

In clinical settings, a study of 223 dermatology patients found that 38% had significant body dissatisfaction and 48% met criteria for body dysmorphic disorder, underscoring the clinical relevance of body image concerns (Morita et al., 2021). National surveys further indicate a rise in adolescents perceiving themselves as overweight, increasing from 22.1% in 2009 to 28.6% in 2019, with higher prevalence among girls (Antunes & Lisboa, 2024).

These findings demonstrate that body image distortion not only fuels psychological disorders but also undermines quality of life across multiple domains.

INTERVENTIONS AND TREATMENTS

Psychotherapeutic Approaches

Cognitive-behavioral therapy (CBT) remains the most effective intervention for body image distortion and eating disorders. For bulimia nervosa, CBT protocols typically extend over 18–20 sessions, targeting dysfunctional beliefs about food, weight, and self-worth, while addressing maladaptive compensatory behaviors (Fairburn, 2008). Although CBT also demonstrates efficacy in anorexia nervosa, adherence is often hindered by patients' resistance to weight restoration (American Psychiatric Association, 2022).

Acceptance and Commitment Therapy (ACT) has also shown promise, emphasizing acceptance of internal experiences while fostering commitment to behaviors aligned with personal values. Evidence suggests that ACT enhances psychological flexibility and reduces avoidance behaviors in individuals with body dissatisfaction (Hay, 2020).

Nutritional and Physical Interventions

Nutritional counseling is a cornerstone of treatment, especially in anorexia and bulimia nervosa, where restrictive or purging behaviors lead to nutrient deficiencies. Counseling focuses on re-establishing balanced eating patterns, preventing relapse, and educating patients about the link between emotions, eating, and body image.

In anorexia nervosa, empathetic engagement and realistic goal-setting are critical to ensure adherence. In bulimia nervosa, nutritional interventions address electrolyte imbalances, nutrient loss, and consequences of laxative and diuretic misuse. Physical activity is also carefully managed: emphasis is placed on safe, balanced exercise rather than compulsive or compensatory activity.

Prevention and Educational Strategies

Preventive measures prioritize body acceptance and the deconstruction of unrealistic beauty standards. School-based and community programs that promote critical media literacy and foster discussion about body diversity have shown effectiveness. Interdisciplinary collaboration is essential: psychologists provide emotional support, nutritionists guide healthy eating, and educators foster protective environments against distorted self-perception.

Evidence from Case Studies

Case studies illustrate the importance of integrated care. For example, Broering and Scherer (2022) reported clinical improvement in a patient with anorexia nervosa following combined CBT, nutritional support, and psychiatric management. Similarly, studies of patients with severe obesity indicate that CBT-based multidisciplinary approaches improve health outcomes while reducing body dissatisfaction (Pinheiro et al., 2019).

Overall, the evidence supports early intervention, multidisciplinary collaboration, and long-term follow-up as

essential components for sustainable recovery and improved quality of life.

DISCUSSION

Sociocultural Pressures and Media Influence

The findings consistently highlight sociocultural pressures—particularly media exposure—as central to body image distortion. Social networks intensify this influence by reinforcing unattainable ideals and encouraging continuous social comparison, particularly among adolescents and young adults (Perloff, 2014). Digital validation mechanisms, such as “likes” and comments, reinforce internalization of these standards and contribute to dissatisfaction (Silva, 2021).

Psychological Consequences and Quality of Life

Distorted body image extends beyond aesthetic concerns, directly impairing mental health. Evidence shows strong associations with depression, anxiety, low self-esteem, and social withdrawal (Costa et al., 2021). These effects reduce academic performance, workplace productivity, and relationship quality. The cycle of self-criticism and maladaptive behaviors perpetuates emotional distress and further diminishes quality of life (Pereira, 2020).

Emerging Disorders: Muscle Dysmorphia

Beyond eating disorders, muscle dysmorphia (vigorexia) has emerged as a relevant manifestation of distorted self-perception, particularly among men. This disorder is characterized by compulsive exercise, restrictive dieting, and a persistent belief of insufficient muscularity. Research indicates that muscle dysmorphia results in anxiety, social isolation, and functional impairment, broadening the clinical scope of body image distortion (Oliveira et al., 2023).

Therapeutic and Multidisciplinary Approaches

Evidence supports the effectiveness of multidisciplinary strategies, with CBT as the gold-standard intervention. CBT restructures dysfunctional beliefs and strengthens neurocognitive control, contributing to lasting behavioral change (Fairburn, 2008). However, education-based interventions are also essential to prevent internalization of unrealistic beauty standards. School programs, family engagement, and media literacy initiatives help create resilience against cultural pressures.

An integrative model involving psychologists, nutritionists, psychiatrists, and educators is crucial. This holistic approach not only addresses clinical symptoms but also targets broader cultural determinants, increasing the likelihood of sustainable improvement in both mental health and quality of life.

INTEGRATION OF FINDINGS, CLINICAL IMPLICATIONS, AND FUTURE RESEARCH

Integration of Findings

The evidence synthesized in this review demonstrates that

body image distortion is a multifactorial phenomenon with significant clinical and social consequences. It is strongly associated with depression, anxiety, eating disorders, and diminished self-esteem. Sociocultural influences, especially media exposure, emerge as dominant drivers, while family dynamics and individual psychological traits act as reinforcing factors. Importantly, effective prevention and treatment require multidisciplinary approaches that integrate psychological, nutritional, psychiatric, and educational perspectives.

Clinical Implications

Clinicians must be equipped to identify early signs of body dissatisfaction, even when subtle, as early intervention is critical for prognosis. Empathy and active listening are central to fostering trust and patient engagement. Preventive efforts should be embedded in schools, communities, and digital environments to counter unrealistic aesthetic standards. Interventions must also embrace inclusivity, recognizing diversity across gender, age, and cultural backgrounds to ensure that underrepresented populations—such as men, older adults, and non-binary individuals—are not neglected.

Limitations

This review has some limitations. Many included studies were cross-sectional, limiting causal inference. In addition, most research has focused on adolescents and young women, while evidence concerning men, older adults, and minority groups remains scarce. The predominance of Western perspectives also constrains the generalizability of findings to diverse cultural contexts.

Future Research

Future investigations should prioritize longitudinal studies to track the evolution of body image distortion and its long-term psychological impact. Randomized controlled trials are necessary to assess the comparative effectiveness of different therapeutic modalities, including novel approaches such as ACT and technology-assisted interventions. Qualitative research exploring lived experiences of underrepresented groups would provide richer insights into cultural and contextual determinants of body image perception.

CONCLUSION

This narrative review demonstrates that body image distortion is a complex, multidimensional phenomenon with profound implications for psychological well-being and quality of life. It contributes directly to the development of eating disorders, depression, anxiety, and diminished self-esteem, while also impairing academic, occupational, and social functioning.

Prevention and treatment require early detection and integrated, multidisciplinary strategies. Clinical interventions such as cognitive-behavioral therapy remain the most

effective, but must be combined with nutritional counseling, psychiatric support, and educational initiatives that promote media literacy and body diversity.

Future research should prioritize longitudinal designs, randomized controlled trials, and qualitative approaches to expand understanding of cultural, gender, and age-related differences in body image distortion. Addressing these gaps will strengthen prevention and treatment, while fostering inclusive health policies and public awareness strategies.

Ultimately, building resilience against unrealistic aesthetic standards and promoting acceptance of body diversity are critical steps toward improving mental health and enhancing quality of life across populations.

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