

Education, Body Dysmorphia, and Adolescents

Abstract:

There has been sufficient research done on the effects, treatment, and general body dysmorphia, but research lacks in addressing the levels of awareness and education on the disorder. Body dysmorphia is overlooked and not given enough acknowledgment leading to the lack of education on the disorder. This aim is to address the level of education among high school students relating to body dysmorphia. Adolescents are at high risk for body dysmorphic disorder (BDD), yet very few are aware of the disorder, leaving those with body dysmorphia feeling isolated and confused about their experiences (what they are experiencing). Methods conducted were surveying 15 students from each grade level at Thousand Oaks High School, in order to have an array of data from all high school ages. This study found that from the sample of students, half of the student body was unaware of body dysmorphia. Furthermore, data showed that students lack education on the type, symptoms, and severity of the disorder. This built the conclusion that body dysmorphia education needs to be implemented into the high school curriculum in order to increase awareness, which in turn will aid adolescents who struggle with the disorder. The results showed a need to boost body dysmorphic disorder education in order to better treat and support those suffering from BDD. By doing this, the adverse effects of BDD--including anxiety, depression, and suicide rates--will drastically decrease among the population with body dysmorphia, along with improving mental health states and quality of life.

1. Introduction

Interest in body dysmorphic disorder (BDD) started by first learning about the disorder at a new image, fitness, and self-confidence summer camp. Having struggled with body image and self-esteem at the age of 13; which through research, learned is the average age adolescents start dealing with body image issues, BDD awareness came to mind. Sadly the truth is many adolescents deal with mental health and body image disorders and do not receive proper help, and this is what makes it a prominent issue that needs to be addressed. Body dysmorphia is a mental illness where a person has obsessive focus on a perceived flaw in appearance, and in some cases, such flaw could be non-existent. Body dysmorphic disorder is categorized as a form of the obsessive-compulsive disorder (OCD). Around 1% of the general U.S. population suffers from BDD. The common onset of this disorder is during adolescence, putting high schoolers at high risk. While males and females suffer from BDD, symptoms among both genders are very different. It is common for males to develop muscle dysmorphia as a form of BDD, but it's seen rarely among females. Muscle dysmorphia as described by a form of body dysmorphia where a person obsesses about muscle mass on their body, and is afraid or feels too small, fragile, and weak. This project addresses the education and awareness of BDD among high school students as it is an overlooked disorder that causes many adolescents to suffer from depression, loneliness, low self-esteem and confidence, isolation, and in suicidal thoughts. The lack of support, treatment, and education that adolescents need in order to deal or help others with this mental health disorder is what's missing within schools today.

At the start of the project, research was done to determine whether or not body dysmorphia had a connection to academic success but soon realized that body dysmorphic

disorder is not even addressed within my school. This led to the change of the focus to drawing attention to the need to educate adolescents on BDD, using a small suburban high school as a sample study. The hope is to draw attention to BDD and the effect it has on adolescents lives, along with proposing a call for implementing education on body dysmorphia within school districts throughout the country. The statistics show that more people suffer from body dysmorphia in the U.S. and other countries than bulimia or anorexia, yet BDD is not addressed in education as commonly as these eating disorders (Schneider, 2017). It is a mystery why susceptible teens would only be educated on the media exploited eating disorders and not the mental disorder that looms over many adolescents lives. Media today plays a major role in most teenagers lives, and this is what leads them to be most educated on what media platforms highlight. This study aimed to find the level of education students have about BDD at Thousand Oaks High School and use this data to show whether or not there is a need to increase awareness and education relating to body dysmorphia. From the hypothesis underlying this project and results, one can assume that students currently are unaware of BDD and ways to help others with BDD. Students most likely are unaware of the symptoms and effect the disorder has on a person due to lack of education on body dysmorphia within school. Eating disorders such and anorexia and bulimia are covered within health classes taken during high school throughout the country. For example, as stated by Mr. Veres, the Thousand Oaks High School Health Teacher, education about anorexia and bulimia is presented to the students for a week, while body dysmorphic disorder is clumped under the umbrella of mental disorders. This means students learn about mental disorders and maybe are taught that body dysmorphia is an example. Body dysmorphic disorder is not given the same attention as anorexia and bulimia within school education. The

hypothesis is students are unaware of body dysmorphic disorder, and its effect on a person. I also conclude from personal observation that students are more aware of eating disorders such as bulimia and anorexia due to media exploitation and the fact that it is addressed in education. If the hypothesis proves true then this will show that BDD needs to be covered within high school education in order to boost awareness among adolescents.

The gap within the current field of knowledge is students are educated on anorexia and bulimia because teens are at high risk of these eating disorders, but students are also at high risk of body dysmorphic disorder which is a mental disorder affecting body image and students are uneducated on this disorder within the school. This lack of education is what hinders peers from helping and understanding a person with BDD.

2. Lit Review

2-1 Academics:

In the study “University courses, eating problems and muscle dysmorphia: are there any associations?” from the Journal of Translational Medicine (2014), Bo.S and his team of researchers observed students attending University of Turin enrolled in 4 different courses: Dietetics, Exercise and Sport Sciences, and Biology as the control group, to see if a student's course had an effect on their dietary lifestyle and mental health. These researchers found that preexisting eating disorders may influence which university courses one chooses to take. They also found that individuals within the School of Dietetics showed a higher prevalence of dieting and eating disorders, while the students attending the Sports Science and Exercise schools showed a higher prevalence of males with muscle dysmorphia and/or using dietary supplements. Lastly, they gathered that eating disorders were more common among females while muscle

dysmorphia was more prevalent among males. In relation, this study gave background information on both BDD and MDD, along with factors that influence mental health disorders relating to body image. It also defined the common misconceptions between muscle dysmorphic disorder and body dysmorphic disorder as they are relatively similar. Lastly, it showed how body dysmorphic disorder can alter the lives of those who suffer from their lifestyle, education, and mental health.

Marika Tiggemann in her study “Effect of Gender Composition of School on Body Concerns in Adolescent Women” from *International Journal of Eating Disorders* (2001), Comparing single-sex and coed schools and its effect on body image among young women is what the researchers of this study examined. They found that girls from both single-sex and coed schools viewed their bodies as unideal in relation to body fat. Most girls reported feeling larger than they wanted. The study found no difference between girls among the two different schools but identified that adolescent girls want to be thinner than they are and that school environment, in general, has an effect on attitudes towards their bodies. In relation to research done that also examines high school students, the effect that school has on the attitude towards one's body could play a part in how students suffering from body dysmorphia may experience further struggles within this environment. It also establishes how an open and educated school environment on BDD will allow students to become aware of body dysmorphia, and allow them to help others who suffer. This leads to a call to improve school environment in relation to adolescents and mental health so those suffering can feel safe and others can feel confident in helping others.

Dr. Mary Larson from North Dakota State University (2016) and her team of researchers conducted the study “Using Student Health Data to Understand and Promote Academic Success,” where researchers conducted this study to find out what factors affect academic success including SAT scores and GPA. The specifically targeted physical and mental health and predicted that poor health leads to poor academics. They found that a student's health, both physical and mental, is intertwined with academic performance. The researchers also concluded that there is not one factor that directly affects academic success, but that is it multiple combined. In relation to the current study, students will perform lower academically if the school environment hinders mental health education because those suffering will feel trapped and their peers will be unaware of how to help them.

Ryan J. Watson from the Journal of Research on Adolescence (Wiley-Blackwell 2016) and his team of researchers addressed the sexual minority youth and their success in the study “Disengaged or Bookworm: Academics, Mental Health, and Success for Sexual Minority Youth”. It looked at their mental health, social life, and academics. The group found a link between poor mental health and poor academics, along with connections between being a sexual minority, not feeling apart of their school, loneliness, and mental health. In relation to this project, this study used survey and tools to gather data that apply to the same needs of this project. While the content of the study is not beneficial to a definite conclusion for this paper, besides information on mental health, the survey measures relate to this research as they can be manipulated to fit. This study is planned to reuse some of the surveys, tools, and questions they asked in their study.

2-2 Emotion, Writing, and Failure:

Included in the British Journal of Health Psychology (2011), “Effects of Written Emotional Disclosure on Implicit Self-Esteem and Body Image by Daryl B. O’Connor and his team of researchers, is a study that addressed whether writing about emotional disclosure, body image success stories, or no emotional writing had an effect on implicit self-esteem and body image. The study connected negative body images to eating disorders, low self-esteem, and poor general health. By conducting a study that altered different types of emotional writing relating to body dysmorphia, they found that expressive emotional writing generates beneficial effects on implicit self-esteem. Using this study, its results point to a possible solution to helping students with body dysmorphia as addressed within this current study. Students suffering from BDD could take part in therapeutic sessions of writing where they could express their feelings and struggles, ultimately leading to a better view of themselves and their issues. Using expressive writing students could cope with their disorder instead of falling into a circle of anxiety and depression.

Kathleen Eldredge and her team of researchers included in the International Journal of Eating Disorders (1990), their study “ Failure, Self-evaluation, and Feeling Fat in Women” looked at how failure affects self-evaluation and its effect on women. Throughout this study, the researchers found that failure leads to poor self-evaluation among women, which leads them to reflect negatively on self-esteem. They found that failure triggers self-evaluation that reflects on negative beliefs that these women had already put on themselves. In all failure heightens the negative feelings one has about themselves. In relation to adolescents within the current study, those with body dysmorphia when they fail may further stress and focus on their body, further self-evaluating themselves poorly. This indicates that people suffering from low self-esteem and

body image need ways to cope with failure to prevent triggering low self-evaluation. Those suffering from BDD must not blame their appearance for failure socially, academically, or economically, but rather find a healthy way to deal with the failure to prevent further negative self-evaluation of their appearance.

2-3 Carriers and Economics:

Loh, Eng Seng in his study from the *Social Science Quarterly* (University of Texas Press 1993) “The Economic Effects of Physical Appearance” looked at the effects of physical appearance and its effect on wage earnings. This study found that if a person is deemed attractive based on perceived ideal weight and height in relation to gender than that person would make more money and have higher economic success than someone deemed unattractive. In relation to body dysmorphia in this study, students with the disorder deem themselves as unattractive, which can lead to less favorable economic standings as their self-esteem is commonly very low, which affects how others treat them as found in this study. Students who believe they are unattractive based on how society has deemed their looks not only affects their mental health but later their financial standings. This shows how body dysmorphia can have a severe and long-term effect on a person.

Looking at physical attractiveness and its relation to career success, Patrick D. Converse from *Journal of Occupational & Organizational Psychology* (2016) found in the study “Integrating Self-Control with Physical Attractiveness and Cognitive Ability to Examine Pathways to Career Success” that people who are physically attractive have a key to success within careers, education, and personal relations. Those who are attractive were found to have access to better treatment and help among employers, coworkers, and in educational settings.

This is consistent with the findings in the study above as those who were deemed attractive were also found to have higher pay. This points to people with body dysmorphia, addressed in the study, who ultimately would face unfavorable situations and treatment due to their own belief of unsatisfactory physical attributes, which leads to lower self-esteem and success. It is society that has placed the standard between attractive and unattractive and this line has a deeper effect than just how someone is seen by others. This line is what people who suffer from BDD struggle with every day. The fact that society favors those who are attractive socially, educationally, and economically hinders those from suffering from BDD to live as close to a normal life as possible.

2-4 Prevalence:

Sophie C Schneider (2017) from the Centre for Emotional Health, Department of Psychology, Macquarie University, and her team of researchers in their study “Prevalence and correlates of body dysmorphic disorder in a community sample of adolescents” hypothesized that prevalence of BDD would be higher among teens ages 15-18 compared to 12-14, and that symptoms of anxiety, OCD, depression, and eating disorders would be elevated among those suffering from BDD. Out of 3149 participants, they identified 55 with body dysmorphia between the ages of 15-18 and 16 out of 1512 between the ages of 12-14 supporting their initial hypothesis. This study found that the most common areas of dislike among BDD patients were skin, nose, hair, stomach, weight, height, and legs. Lastly, the identified that teens suffering from BDD reported suffering from distress, avoidance, social and dating interferences, school and work interference and preoccupation from 1-3 hours a day with appearance. This shows how body dysmorphia can truly affect every aspect of life leading to a downward spiral of mental health among those who suffer. In relation to this study, students being aware of BDD can allow

those who suffer in the future to have an effective support network, enabling the effects of BDD on one's life to be less detrimental.

3. Methods

3-1 Participants:

This study surveyed 15 students from each 9th, 10th, 11th, and 12th grade in order to have a range of responses from ages 13-18. All students returned a signed parent consent form that described this study before taking part.

3-2 Measurements:

Students were surveyed to analyze their current awareness on body dysmorphia. They were asked questions that compare anorexia, bulimia, and other disorders with BDD. To answer correctly, the students must identify which option is part of body dysmorphia. Any other responses indicate a lack of knowledge on BDD for that student. Later questions asked the students to identify what type of disorder BDD is, symptoms of the disorder, the prevalence of the disorder, and how willing they would be in helping their peers who suffer from BDD. These questions further identify how aware students are on BDD and steps they are willing to take to help others who are suffering.

3-3 Procedure:

Methods were reviewed and approved by the local International Review Board (IRB). IRB looked at this project and reviewed it to make sure all participants would be safe, and that the project was realistic and knowledgeable. They also deemed whether or not the project was viable and feasible within the allotted time frame. Lastly, they looked to ensure the project would produce educational results applicable to real-world concepts. This project demonstrates this

through results and conclusions that add to the educational field relating to teens with body dysmorphic disorder.

3-4 Statistical Analysis:

The data was analyzed using numerical statistics. Percentages showed how educated and/or their willingness to help other students with body dysmorphia. This study used Microsoft Excel for countifs, sorting, tables, and graphs.

4. Results

4-1 Defining and Prevalence:

When students were asked about being aware of body dysmorphia 54.7% responded saying they were aware while 46.3% said they were unaware (see figure 1 in the appendix). Students were then asked which description best fit body dysmorphia, with only one definition matching BDD and the others relating to other eating and mental disorders. 47.2% defined BDD as excessive preoccupation with imagined defects in physical appearance, which is the simplified definition of the disorder, showing that more than half of the students incorrectly defined body dysmorphia, pointing to a lack of knowledge among adolescents (see figure 2 in the appendix). The remaining students incorrectly defined BDD with the definition for anorexia at 15.1% (abnormally low body weight, poor nutrition, intense fear of gaining weight, and a distorted perception of body weight), Bulimia at 22.6% (episodes of secretive excessive eating (binge-eating) followed by inappropriate methods of weight control, such as self-induced vomiting (purging), abuse of laxatives and diuretics, or excessive exercise), and Muscle Dysmorphia also at 15.1% (pathological preoccupation with the perceived smallness or weakness of one's body and musculature often leading to excessive exercise (such as bodybuilding), steroid

abuse, or eating disorders). Students who identified not knowing about BDD classified it as 5.7% mental disorder (behavioral or psychological syndrome or pattern that occurs in an individual), 3.8% eating disorder (focusing too much on your weight, body shape, and food, leading to dangerous eating behaviors), and 40% body image disorder (how someone perceives their appearance). In relation to the students who said yes to knowing about BDD, 9.4% identified it as a mental disorder, 3.7% eating disorder, and 41.5% body image disorder. When asked about prevalence students responded with 1% of people affected at 11.3%, 1.5% of people affected at 5.7%, 2% affected at 24.5%, 2.5% affected at 13.2%, and 3% affected at 43.4% (see figure 3 in appendix).

4-2 Susceptibility, Symptoms, and Education:

Students then were asked if they thought there peers were susceptible to BDD and 13.4% said no and 86.8% said yes. Most students were able to recognize that BDD effects their age group. Participants were asked to identify out of a list of symptoms which pertained to BDD. Of the symptoms relating to body dysmorphia 56.6% stated that constant mirror checking and severe dieting were both symptoms. While severe dieting is often classified as an eating disorder BDD causes some to turn to severe dieting to fix there perceived flaw. Furthermore 84.4% of students identified low self esteem and confidence. This shows that most students could see how body dysmorphia would affect the self esteem of the individual with the disorder; 28.3 % of students identified issues building relationship as a symptom. Building relationships with others is a huge challenge for those with BDD and this data shows that many are unaware of this. 75.5% students identified depression as a symptom of BDD. This could be because students classify disorders with the onset of depression despite knowing about BDD. 79.2% of students

identified distress about appearance as a symptom, and 64.2% of participants responded that emotional stability would be a symptom of the disorder. For the symptoms that were unrelated to body dysmorphic disorder, 22.6% identified skin pulling as a symptom. 13.2% identified hair loss as a symptom, and 15.1% identified hair pulling also as a symptoms. All 3 of these symptoms do not relate to BDD and the data shows that there are some who are unsure about the signs and symptoms of body dysmorphia. Students were then asked to identify how educated they felt about body dysmorphia. 37.7% responded feeling uneducated, 35.8% feeling slightly educated, 20.8% feeling moderately educated, and 5.7% feeling decently educated (see figure 4 in appendix). This data shows that more than half of participants had little to no education on body dysmorphia, and that only a handful of students felt substantially educated.

4-3 Boosting Awareness and Offering Help:

Students then were asked what ways they felt would be most effective in educating and boosting awareness about BDD. 34 students (62.4%) said that implementing body dysmorphia into high school curriculum will be advantageous in boosting awareness of body dysmorphia. Including education on body dysmorphia within school was identified by students as the most effective form of boosting awareness. 31 students (58.5%) responded saying boosting awareness on social media would increase awareness of BDD. Social media awareness was identified as the second most effective based on students' responses. 30.2% of students identified attending a class or speech on body dysmorphia as an effective way in spreading education on BDD. This option was not as favorable among students compared to the other two. This could be due to reasons such as students don't want to be lectured at but taught in an educational yet engaging way. When students were asked how willing they would be to help a peer suffering from BDD, 56.6%,

which is more than half of the participants, responded very willing to help. 26.4%. Of students responded they would be decently willing to help, 15.1% of participants responded saying they would be moderately willing to help a peer with body dysmorphia, and no students responded saying they would be unwilling to help and provide support, but 1.9% responded saying they would only be slightly willing to help. There are several explanations for why a person would be hesitant to help a peer with BDD including lack of education on the disorder. Lastly students were asked what steps they would take in order to help a peer with body dysmorphia. 69.8% of students said they would be willing to talk to their peer about getting professional help, 50.9% of participants said they would inform a parent, teacher, or professional, and 34% said they would attend counseling with their peer. 71.7% identified building a strong support system for their peers who are suffering as a way they would help, and 66% said they would further educate themselves on the disorder. Lastly 24.5% of participants responded willing to attend some type of group therapy or session with the person suffering from BDD. It seems that therapy and counseling were the 2 most unpopular ways students would help their peers struggling with body dysmorphia.

5. Discussion:

Data from this study proved the hypothesis true in that only a little over half of the students identified being aware of what body dysmorphia is. Comparing this to a full student body around half could be expected to not know about BDD. This data is consistent with the hypothesis that a large number of students are uneducated on body dysmorphia. Furthermore less than half of the participants were able to define body dysmorphia correctly. This means that more than half of participants confused either bulimia or anorexia definitions with the definition

of BDD. This further proves the hypothesis as aware students should be able to correctly define the disorder. Among students who were aware of BDD and also unaware, most identified body dysmorphia as a body image disorder. This answer is neither right or wrong. Body dysmorphic disorder is a form of obsessive-compulsive disorder (OCD), as this with the disorder will obsess over a perceived defect or flaw. Body dysmorphia while affecting body image is actually classified as a mental disorder. Most students did not know this showing that education must be implemented, but the majority classifying BDD as a body image disorder shows that most were aware that the disorder relates directly to body image. In relation to prevalence of body dysmorphia, students over or underestimated the total U.S. population that is affected. Only 24.5% of participants were able to identify that 2% of the U.S. population is affected. This shows students lack of awareness of the disorder as very few could identify its true prevalence. Most students were able to identify that their age group is susceptible to body dysmorphia as only 13.2% of students thought their peers were not. The majority of students identified low self esteem and confidence, depression, and distress about appearance as symptoms of BDD. While these weren't the only symptoms identified, they were the most popular responses. These symptoms are also the most popular among the population suffering from body dysmorphic disorder. More than half of students identified feeling uneducated to slightly educated on body dysmorphia showing that a large portion of students need to be informed on the disorder. The two most effective ways students identified boosting body dysmorphia awareness were implementing body dysmorphia education within school curriculum and boosting awareness on social media. Social media today is a part of almost all teenagers lives and as adolescents are the most susceptible to the disorder, social media platforms are the easiest ways to reach the majority

of teens. Attending a class or speech was the least popular answer. This could be because students would have to find extra time to do such things which could be impossible or undesired for some. Also students may not have identified this option as effective as students would be less likely to retain information as they would feel talked at instead of educated. Most students identified being more than willing to help their peers with body dysmorphia. Those who identified being less willing could be scared to try and help due to lack of education and information. The students who are uneducated would have a hard time helping their peers and may just avoid the subject as a whole to avoid any issues. The most popular ways students said they would help their peers with body dysmorphia were talking to them about getting professional help, building a strong and secure support system, and further educating themselves on the condition. The least popular was attending any type of counseling or therapy. This could be due to the fact that it would be a waste of time for them as they aren't the ones with the disorder. Lastly around half of students said they would inform a parents, teacher, or professional on their peers condition. Some students may be hesitant to take this step as they wouldn't want that friend getting mad for exploiting their condition to other people.

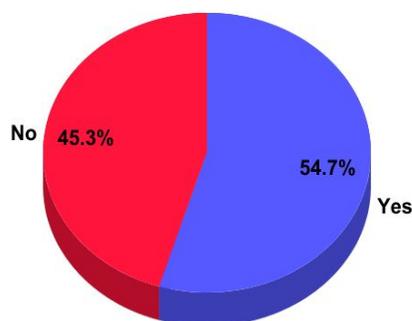
6. Conclusion:

It is shocking to most that more people in the U.S. suffer from body dysmorphic disorder compared to anorexia and bulimia. Around 2% of people in the U.S. have BDD while 1% suffer from anorexia and 1.5% have bulimia. This fact is what drove me to pursue this research. Through surveying, research, and data collection, the initial hypothesis has proven true. There is a need to call for implementation of body dysmorphic disorder education within school curriculum in order to boost awareness and help those who are suffering. Students are unaware

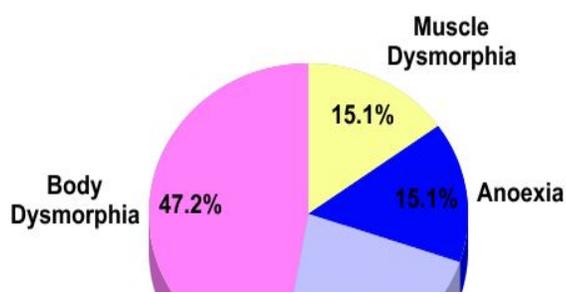
and uneducated on body dysmorphia; symptoms, effects, prevalence, and ways to help. By boosting awareness and education those suffering from BDD will be able to turn to those around them for help instead of feeling trapped, alone, and isolated. This could lead to better mental health conditions, and quality of life among those with body dysmorphia. If this was true than one could reasonably assume that depression, anxiety, and depression rates rates would drastically be lowered. Furthermore as found in a study by R. J Watson (2016), body dysmorphia hinder learning among those who suffer. Body dysmorphia also leads to weaker financial stability as it negatively affects career success based on appearance and the personal perceived appearance of those with BDD (P. D Converse, 2016; E. S. Loh, 1993) . All and all, education falls short when it comes to mental health disorders like body dysmorphia and that is why so many students are forced to struggle and deal with the condition themselves. Body dysmorphia must be given the same time and respect within education as anorexia and bulimia as it is not only more prevalent but overlooked. Until this happens adolescents with body dysmorphic disorder will struggle in overcoming the disorder.

7. Appendix

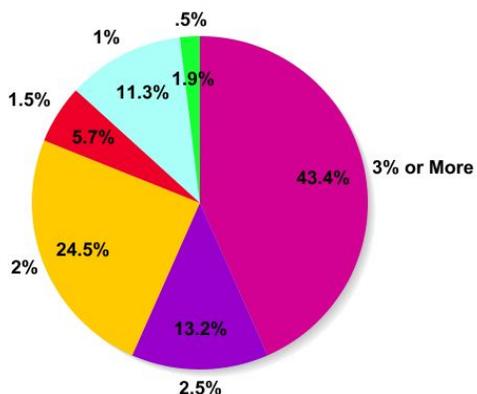
1. Are you aware of the disorder Body Dysmorphia?



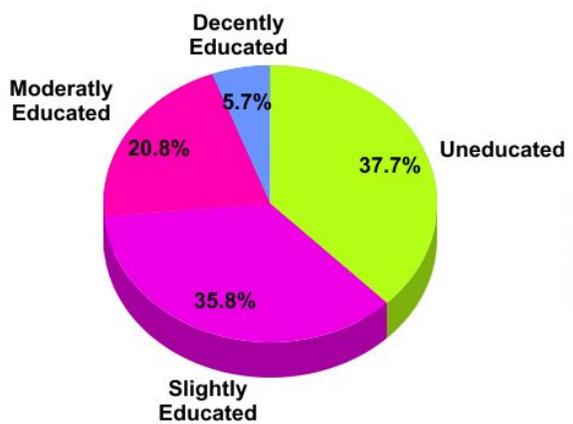
2. Which description do you believe best defines Body Dysmorphia?



3. Based off the definition you identified in the previous question, what percentage of people do you estimate to be affected by Body Dysmorphia?



4. How educated do you feel you are about Body Dysmorphia?



5. Survey: <https://goo.gl/forms/cG16fijzvHIJFmrv2>

6. Parent Consent Form:

[https://docs.google.com/document/d/1vLGTC1hDZgE9GcNELITCSXxkNSKf0E](https://docs.google.com/document/d/1vLGTC1hDZgE9GcNELITCSXxkNSKf0ERioAnMRg4MzLM/edit)

[RioAnMRg4MzLM/edit](https://docs.google.com/document/d/1vLGTC1hDZgE9GcNELITCSXxkNSKf0ERioAnMRg4MzLM/edit)

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