



## “Beyond Surgical Repair: Self-Esteem, Body Image, and Social Identity Among Adolescents Living with Repaired Cleft Lip and Palate”

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**Abstract:** Cleft lip and palate (CLP) are among the most common congenital craniofacial anomalies worldwide. Advances in surgical and multidisciplinary care have significantly improved functional and aesthetic outcomes for affected individuals. However, for adolescents with repaired cleft lip and palate, challenges often extend beyond physical correction. Adolescence is a critical developmental stage characterized by identity formation, heightened self-awareness, and increased sensitivity to peer perception. Even after successful surgical repair, many adolescents continue to experience psychological and social difficulties related to self-esteem, body image, and social identity. These psychosocial dimensions play a crucial role in overall well-being, social participation, academic performance, and long-term mental health. This review article critically examines existing literature on self-esteem, body image perception, and social identity in adolescents with repaired cleft lip and palate. It explores the influence of facial appearance, speech differences, peer relationships, family support, cultural context, and healthcare interactions on adolescent psychosocial adjustment. The article further highlights the pivotal role of nurses and multidisciplinary healthcare professionals in early identification, psychosocial assessment, counseling, and long-term support. Understanding these interconnected dimensions is essential for delivering holistic, adolescent-centered care that goes beyond surgical success to promote psychological resilience and social integration.

**Keywords:** Adolescents; Cleft Lip and Palate; Self-Esteem; Body Image; Social Identity; Psychosocial Adjustment; Nursing Care; Mental Health

### Introduction

Cleft lip and palate (CLP) represent a significant global public health concern, affecting approximately 1 in 700 live births worldwide. These congenital craniofacial anomalies result from incomplete fusion of the lip and/or palate during early embryonic development. While the physical manifestations of CLP are apparent at birth, the long-term consequences often unfold across childhood and adolescence, particularly in psychosocial domains. With advances in surgical techniques, orthodontic care, and speech therapy, most children with CLP undergo corrective procedures early in life. Nevertheless, surgical repair does not automatically eliminate the psychological and social challenges associated with visible facial differences.

Adolescence is a period marked by rapid physical changes, emotional vulnerability, and intense concern about

appearance and peer acceptance. During this stage, individuals strive to develop a coherent sense of identity while navigating social expectations and relationships. For adolescents with repaired CLP, residual facial scars, speech differences, or dental irregularities may continue to attract attention, potentially leading to self-consciousness, stigmatization, or social withdrawal. These experiences can profoundly influence self-esteem, body image, and social identity formation.

Self-esteem refers to an individual's overall evaluation of self-worth, while body image encompasses perceptions, thoughts, and feelings about one's physical appearance. Social identity involves a sense of belonging and acceptance within social groups. In adolescents with repaired CLP, these constructs are deeply interconnected and shaped by interactions with peers, family members, educators, and



healthcare professionals. Failure to address these psychosocial dimensions may result in long-term emotional distress, anxiety, depression, and impaired social functioning.

This review aims to synthesize current evidence on self-esteem, body image, and social identity in adolescents with repaired cleft lip and palate. It emphasizes the need for holistic, multidisciplinary, and nurse-led psychosocial interventions to support optimal adolescent development.

### **Cleft Lip and Palate: An Overview**

Cleft lip and palate arise due to genetic, environmental, and multifactorial influences, including maternal nutrition, exposure to teratogens, and familial predisposition. The condition may present as cleft lip alone, cleft palate alone, or combined cleft lip and palate, with varying degrees of severity. Management typically involves a series of surgical repairs beginning in infancy, followed by long-term orthodontic, speech, and psychosocial support.

Despite early intervention, adolescents with repaired CLP may experience residual challenges such as facial asymmetry, nasal deformities, speech articulation difficulties, hearing problems, and dental malocclusion. These visible and functional differences can serve as constant reminders of the condition, influencing self-perception and social interactions. Importantly, the psychosocial impact of CLP is not solely determined by clinical severity but also by individual coping styles, family dynamics, cultural attitudes toward facial differences, and the quality of healthcare support received.

### **Adolescence as a Critical Psychosocial Phase**

Adolescence represents a transitional stage between childhood and adulthood, characterized by biological maturation, cognitive development, and evolving social roles. During this period, individuals develop abstract thinking, heightened self-awareness, and a stronger need for peer approval. Physical appearance becomes closely tied to self-worth, making adolescents particularly vulnerable to perceived deviations from societal beauty norms.

For adolescents with repaired CLP, this developmental phase may intensify existing insecurities related to facial appearance or speech. Peer comparison, teasing, or bullying can amplify feelings of difference and social exclusion. Conversely, supportive peer environments and positive social experiences can foster resilience and healthy identity formation. Understanding adolescence as a sensitive period underscores the importance of timely psychosocial assessment and intervention.

### **Self-Esteem in Adolescents with Repaired Cleft Lip and Palate**

Self-esteem plays a foundational role in mental health and adaptive functioning. Research findings on self-esteem in adolescents with repaired CLP are mixed, with some studies reporting comparable levels to unaffected peers, while others document lower self-esteem, particularly in social and appearance-related domains. Variability in outcomes may reflect differences in surgical results, cultural context, family support, and individual coping mechanisms.

Adolescents with repaired CLP often evaluate themselves through the lens of perceived social acceptance. Experiences of staring, insensitive comments, or social rejection can erode self-confidence, even when physical repair is clinically successful. Speech difficulties, in particular, may contribute to communication anxiety and avoidance of social interactions, further impacting self-esteem.

Protective factors such as supportive parenting, positive reinforcement, peer acceptance, and participation in social or extracurricular activities can enhance self-esteem. Nurses and healthcare providers play a vital role in identifying adolescents at risk for low self-esteem and facilitating appropriate referrals for counseling or peer support programs.

### **Body Image Perception and Facial Difference**

Body image is a multidimensional construct encompassing perceptual, cognitive, emotional, and behavioral components. In adolescents with repaired CLP, body image concerns often center on facial appearance, scars, nasal shape, dental alignment, and speech-related facial



movements. Even subtle differences may be magnified during adolescence due to heightened self-scrutiny and comparison with peers.

Negative body image has been associated with social avoidance, decreased participation in group activities, and increased vulnerability to anxiety and depression. Adolescents may engage in behaviors such as avoiding photographs, minimizing eye contact, or concealing scars, reflecting underlying discomfort with appearance.

Conversely, positive body image can be nurtured through realistic expectations, acceptance of physical uniqueness, and reinforcement of strengths beyond appearance. Healthcare professionals, particularly nurses, can support healthy body image by providing age-appropriate education, encouraging open discussions about appearance-related concerns, and promoting self-acceptance.

## Social Identity and Peer Relationships

Social identity development involves integrating personal attributes with social roles and group memberships. For adolescents with repaired CLP, social identity may be influenced by experiences of inclusion or exclusion within peer groups. Peer relationships are central to adolescent life, providing emotional support, validation, and opportunities for social learning.

Adolescents with CLP may face challenges in forming friendships or romantic relationships due to fears of rejection or negative evaluation. Bullying and teasing, whether overt or subtle, can significantly undermine social identity and reinforce feelings of difference. However, positive peer interactions and inclusive school environments can counteract stigma and promote a sense of belonging.

Participation in peer support groups or interactions with others who have experienced CLP can foster shared understanding and identity affirmation. Such connections help adolescents reframe their experiences as part of a broader narrative of resilience rather than deficiency.

## Family Influence on Psychosocial Adjustment

Family plays a critical role in shaping adolescents' self-esteem, body image, and social identity. Parental attitudes

toward CLP, communication patterns, and coping strategies significantly influence how adolescents perceive themselves. Supportive families that emphasize strengths, normalize differences, and advocate for their child's needs contribute to positive psychosocial outcomes.

Overprotectiveness, excessive focus on appearance, or avoidance of discussions about CLP may inadvertently reinforce feelings of vulnerability or shame. Family-centered counseling and education can help parents adopt balanced approaches that encourage independence while providing emotional support.

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## Cultural and Societal Context

Cultural beliefs and societal attitudes toward facial differences shape the experiences of adolescents with repaired CLP. In some cultures, visible differences may be associated with stigma or misconceptions, intensifying social challenges. Media portrayals of beauty standards can further exacerbate body image concerns.

Culturally sensitive care is essential in addressing these influences. Nurses and healthcare providers must recognize cultural contexts when designing psychosocial interventions and advocating for inclusive attitudes within schools and communities.

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## Role of Nursing and Multidisciplinary Care

Nurses occupy a pivotal position in the long-term care of adolescents with repaired CLP. Their role extends beyond physical assessment to include psychosocial screening, health education, counseling, and advocacy. Regular assessment of self-esteem, body image, and social functioning should be integrated into routine follow-up care. School health nurses and community health nurses are uniquely positioned to identify early signs of psychosocial distress and collaborate with educators, families, and mental health professionals. Multidisciplinary teams involving surgeons, orthodontists, speech therapists, psychologists, and nurses provide comprehensive care that addresses both physical and emotional needs.

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## Psychosocial Interventions and Support Strategies



Effective psychosocial interventions for adolescents with repaired CLP include individual counseling, cognitive-behavioral therapy, peer support groups, and social skills training. These approaches aim to enhance coping skills, challenge negative self-perceptions, and promote social confidence.

Educational programs that raise awareness about CLP within schools can reduce stigma and foster empathy among peers. Empowering adolescents to participate actively in healthcare decisions also strengthens autonomy and self-efficacy.

### **Implications for Nursing Practice, Education, and Research**

Nursing practice must adopt a holistic, adolescent-centered approach that recognizes the interplay between physical appearance, psychological well-being, and social identity. Nursing education should emphasize psychosocial aspects of congenital conditions and equip nurses with skills for sensitive communication and counseling.

Future research should explore longitudinal psychosocial outcomes, culturally tailored interventions, and the effectiveness of nurse-led support programs. Qualitative studies capturing adolescents' lived experiences can provide valuable insights for improving care delivery.

### **Conclusion**

Adolescents with repaired cleft lip and palate navigate complex psychosocial challenges that extend beyond surgical outcomes. Self-esteem, body image, and social identity are deeply interconnected and influenced by individual, familial, cultural, and healthcare-related factors. While many adolescents demonstrate remarkable resilience, others remain vulnerable to emotional distress and social difficulties.

Addressing these dimensions requires a comprehensive, multidisciplinary approach with nurses playing a central role in assessment, support, and advocacy. By integrating psychosocial care into routine follow-up and promoting inclusive environments, healthcare professionals can help adolescents with repaired CLP develop positive self-

concepts, meaningful social identities, and improved quality of life.

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