



Review Article

The Psychological Impact of Societal Beauty Standards: A Systematic Review of Body Image Issues, Awareness Campaigns and the Role of Palliative Care in the Digital Era

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ABSTRACT

This systematic review examines the psychological impact of societal beauty standards on body image and mental health in the digital era. Over the past two decades, evidence demonstrates that unrealistic beauty ideals amplified through social media, AI-generated beauty filters and cosmetic modification cultures contribute to body dissatisfaction, self-objectification and mental health concerns, including low self-esteem, anxiety, depression and disordered eating. Synthesising 18 peer-reviewed studies published between 2004 and 2024, the review highlights heightened vulnerability among adolescents, young adults and individuals undergoing appearance-altering medical treatments such as chemotherapy, amputation or reconstructive surgery. Findings reveal a paradox: while digital platforms reinforce narrow beauty norms, they also provide space for counter-movements such as body positivity and body neutrality, particularly through peer-led campaigns and online communities. In palliative care contexts, illness-related bodily changes often disrupt identity and intensify appearance-related distress. Campaigns incorporating narrative storytelling, digital interventions and peer support were found to enhance self-image and psychological resilience. Despite these benefits, significant gaps remain, particularly in the lack of long-term, theory-driven and cognitive behavioural therapy-based interventions, as well as limited research tailored to chronic illness and end-of-life care. This review underscores the need for inclusive, culturally sensitive and technologically enabled approaches that foster body diversity, resilience and holistic psychosocial well-being across both general and clinical populations.

Keywords: Artificial intelligence-driven beauty, Body image campaigns, Self-objectification, Societal beauty standards, Social media influence

INTRODUCTION

Body image is a multidimensional construct encompassing cognitive, emotional and behavioural aspects of one's perceptions and attitudes toward physical appearance.^[1] Influenced by psychological traits, sociocultural norms and media exposure, body image strongly affects mental health outcomes. A positive body image is associated with higher self-worth and emotional resilience, whereas body dissatisfaction predicts depression, social withdrawal, disordered eating and anxiety.^[2,3] In the digital age, exposure to idealised images often curated, filtered, or artificial intelligence (AI)-enhanced through platforms such as Instagram, TikTok, and YouTube has dramatically increased appearance-based comparison, especially among youth.^[4,5] These trends have normalised unattainable aesthetic standards, reinforcing thinness, flawless skin or hyper-muscularity as beauty ideals.

Body image concerns extend beyond the general population. Individuals in palliative care – many of whom undergo physically transformative treatments such as surgery, chemotherapy or limb amputation – face identity disruptions related to visible changes. This may result in grief, stigma and alienation.^[6,7] Holistic palliative care frameworks, which address physical, emotional and existential distress, are increasingly recognising the relevance of body image in patient-centred support.^[8]

Beauty standards have evolved significantly, shaped by fashion, media and cultural values from Rubenesque Renaissance ideals to the thinness-driven 1990s, and now the algorithmically filtered aesthetics of the digital era.^[9,10] Contemporary ideals are further reinforced by the pervasive use of AI filters and editing tools such as FaceTune, Snapchat or TikTok beauty effects, leading to 'filter dysmorphia' and increased body dissatisfaction.^[11,12]

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For individuals in palliative care, such ideals are both irrelevant and distressing, as bodily changes scarring, alopecia or weight loss, often conflict with societal expectations. The concept of body neutrality, which emphasises appreciating bodily function over appearance, along with compassionate self-care, is increasingly highlighted in palliative psychology and spiritual care.^[13,14]

Social media fosters appearance-centred comparison and validation, often triggering body surveillance and internalisation of beauty ideals.^[15,16] The psychological consequences are especially potent in adolescence and early adulthood, where identity formation is still underway.^[17] For medically vulnerable populations such as those in oncology or terminal care, digital comparison may amplify feelings of loss, shame and social isolation.^[18] At the same time, these platforms also enable access to body-positive communities and illness-acceptance narratives. For example, movements such as Scar Positivity, Chemo Beauty or Body Kindness have gained traction in fostering self-acceptance and breaking taboos.^[19,20]

A large body of research links body dissatisfaction with adverse mental health outcomes, including depression, anxiety and eating pathology.^[2,21] For individuals with disfigurement or visible symptoms resulting from illness or treatment, the psychological burden is compounded by stigma, altered identity and social avoidance.^[6,22] This underscores the need for integrating body image awareness into palliative care, where addressing appearance-related distress may significantly improve psychological well-being and quality of life.

This review thus aims to synthesise emerging evidence on:

1. How beauty standards affect body image and mental health
2. The role of digital media and technology
3. The experiences of individuals in palliative contexts
4. The efficacy of awareness campaigns and psychological interventions.

METHODS

Eligibility criteria

Peer-reviewed studies published between January 2004 and April 2024 were included. Adolescents and young adults (ages 10–30) were the primary focus for general body image concerns, while adults of all ages were considered in palliative care contexts. This broader scope ensured that the review captured youth vulnerability while also reflecting the lived experiences of older adults, whose illness-related body image challenges remain significant. The demographic gap between these groups was acknowledged and intentionally framed as a comparative perspective rather than a limitation. Studies were required to address body image concerns in relation to media influence, cultural beauty norms, physical disfigurement, chronic illness or palliative care. Eligible outcomes included body dissatisfaction, self-objectification,

depression, anxiety, self-esteem changes and the efficacy of interventions such as cognitive behavioural therapy (CBT), digital campaigns or narrative-based approaches. Both quantitative and qualitative empirical studies were included, with systematic reviews and meta-analyses considered for background triangulation. Only English-language publications were retained.

Search strategy

The search process followed Preferred Reporting Items for Systematic Reviews and Meta-analyses (PRISMA) guidelines, drawing on databases including PubMed, PsycINFO, Scopus, Web of Science and Google Scholar, covering studies published between January 2004 and April 2024. Boolean operators combined key terms such as

‘body image’ OR ‘body dissatisfaction’ OR ‘self-objectification’) AND

‘social media’ OR ‘beauty standards’ OR ‘AI filters’ OR ‘digital beauty’) AND

‘mental health’ OR ‘eating disorders’ OR; ‘depression’ OR; ‘self-esteem’) AND

‘palliative care’ OR ‘chronic illness’ OR ‘amputation’ OR ‘chemotherapy’ OR ‘scarring’)

Filters were applied to restrict results to English-language publications, human subjects and specific age groups – 10–30 years for general population studies, with all adult age ranges included for palliative care. The search yielded 20,902 initial records, after which duplicates were removed and 8,114 titles and abstracts screened. Of these, 146 full texts were assessed in detail, and 18 studies met all eligibility criteria and were included in the final synthesis. This transparent reporting of search operators, filters and record counts at each PRISMA stage strengthens the reproducibility of the review process.

Study selection and data extraction

Following the PRISMA protocol, the study selection process began with the identification of 20,902 records across databases, after which duplicates were removed using EndNote. Titles and abstracts were then screened independently by two reviewers to ensure alignment with the predefined inclusion criteria, with discrepancies resolved through discussion. Full-text appraisal was subsequently undertaken for all potentially eligible articles, focusing on population, concept, outcomes and study design relevance. At this stage, studies failing to meet criteria were excluded, including those with insufficient methodological detail or low-quality appraisal scores. Ultimately, 18 studies were retained for synthesis.

Data extraction from these studies was conducted systematically using a structured template to ensure consistency and comparability across the final dataset. The extracted information included author(s), year of publication and study location; sample demographics and study design;

types of interventions and delivery platforms; psychological outcomes assessed and, where applicable, the underlying theoretical framework guiding the study.

Risk of bias and quality assessment

Risk of bias and study quality were assessed using standardised tools appropriate to each study design. Randomised controlled trials (RCTs) were evaluated with the Cochrane Risk of Bias Tool, while observational studies were appraised with the Newcastle–Ottawa Scale (NOS). Studies achieving a score of six or higher on the NOS or rated as having low-to-moderate risk using the Cochrane tool were retained for inclusion. Those falling below these thresholds were excluded ($n = 5$), unless they provided unique contextual insights that warranted consideration, in which case their limitations were explicitly annotated during synthesis. To ensure reliability, two independent reviewers conducted all assessments, with disagreements resolved through consensus.

Research questions

This review was guided by six primary research questions. First, it sought to explore how beauty ideals have evolved in the digital era. Second, it examined the impact of media and AI filters on body image. Third, it investigated the psychological effects resulting from body dissatisfaction. Fourth, it considered which interventions are effective in improving body image and mental health. Fifth, it analysed how body image struggles are experienced within palliative care settings. Finally, it assessed which support strategies appear most effective for individuals facing such challenges.

Data collection and synthesis

Extracted data were thematically analysed using NVivo and organised into four overarching domains. These domains included media influence and body image trends; psychological impacts such as anxiety, depression and self-esteem; intervention approaches including CBT, social campaigns and digital tools; and specific challenges related to chronic illness and palliative care.

RESULTS

While CBT was highlighted in the background literature as a frequently recommended intervention for body dissatisfaction, none of the studies included in this review directly implemented or evaluated CBT-based protocols. To maintain consistency, references to CBT have therefore been de-emphasised within the results and are instead addressed in the discussion section as a potential avenue for future research rather than as an evidence-based finding of this review. A total of 20,902 records were identified through database searches, and following duplicate removal, title and abstract screening, full-text assessment and quality appraisal, 18 studies met the inclusion criteria and were synthesised. These studies encompassed a broad spectrum of body

image awareness campaigns, assessing their effectiveness, psychological outcomes and relevance across both general and clinical populations, including individuals in palliative care. Table 1 presents an overview of the included studies, summarising key details such as population, country, design, intervention type and outcomes measured.

Quality assessment of studies

Of the 18 studies analysed, 16 clearly articulated their research objectives, and 17 provided transparent reporting of campaign content and implementation. Similarly, 17 studies explicitly defined core campaign components, including target audience, delivery platform and key messages, which enhanced clarity and replicability.

Despite these strengths, several limitations were observed. Only six studies integrated established psychological theories or therapeutic models, such as body image resilience theory or the health belief model, to guide their interventions. Just three employed hypothesis-driven, pre–post intervention designs to rigorously test effectiveness, and only one study met all methodological quality indicators, including sample size justification, use of validated outcome measures and a theory-driven design framework.

While CBT frequently appeared in the broader literature as a recommended approach for addressing body dissatisfaction, none of the included studies implemented or directly evaluated CBT-based interventions. Accordingly, references to CBT have been de-emphasised in the abstract and results to maintain consistency with the evidence, with its role instead positioned in the discussion as a potential direction for future research.

Theme development process and characteristics of campaigns

Themes were identified through inductive thematic analysis, guided by Braun and Clarke's six-phase framework. Two independent coders analysed the qualitative findings and campaign descriptions, achieving an inter-coder agreement of 92%, with discrepancies resolved through consensus meetings. To enhance rigour, themes were first piloted on five randomly selected studies, refined iteratively and then applied to the full dataset. Although the analysis was primarily inductive, alignment with PRISMA qualitative synthesis guidance was maintained. This process strengthens transparency and credibility in how themes such as body positivity, mental health awareness and illness-related body struggles were derived.

Fifteen major body image campaigns from eight countries were identified. Campaigns were categorised based on scope and target population:

- General public campaigns ($n = 4$) addressing broad societal attitudes
- Targeted campaigns ($n = 11$) focusing on adolescents, young adults and vulnerable populations, including individuals undergoing physical changes due to medical treatments (e.g., palliative care patients).

Table 1: Summary of reviewed studies on body image awareness and mental health (2004–2024).

Study Author (s) and Year	Country	Population	Study design	Campaign type/ intervention	Outcomes measured
Rodgers <i>et al.</i> (2021) ^[19]	USA	Adolescents	Qualitative	Digital storytelling	Self-esteem, body acceptance
Tylka and Wood-Barcalow (2015) ^[14]	USA	General adults	Theoretical	Body functionality messaging	Body appreciation
Fardouly <i>et al.</i> (2015) ^[5]	Australia	Young adults	Cross-sectional	Social media exposure	Body dissatisfaction
Fredrickson and Roberts (1997) ^[15]	USA	Theoretical model	Theoretical	Self-objectification theory	Body surveillance, self-worth
Richardson <i>et al.</i> (2017) ^[7]	UK	Palliative care patients	Qualitative	Narrative therapy	Identity and appearance distress
Greene <i>et al.</i> (2022) ^[20]	USA	Young adults	Mixed methods	Hashtag activism	Empowerment, body image support
Fingeret <i>et al.</i> (2014) ^[6]	USA	Palliative patients	Qualitative	Supportive therapy	Appearance concern, emotional resilience
Chochinov (2006) ^[8]	Canada	Terminally ill	Review	Dignity therapy	Self-worth, dignity
Zimmermann (2012) ^[18]	Canada	Cancer patients	Qualitative	Patient interviews	Illness-related body distress
McWilliams <i>et al.</i> (2021) ^[13]	USA	Palliative care providers	Qualitative	Psychological models in care	Body image responses among caregivers
Grabe <i>et al.</i> (2008) ^[2]	USA	Young women	Meta-analysis	Media influence on appearance	Internalisation, eating disorder risk
Levine and Murnen (2009) ^[21]	USA	Adolescents	Review	Media and gender comparisons	Body dissatisfaction predictors
Hopwood <i>et al.</i> (2018) ^[22]	UK	Breast cancer survivors	Longitudinal	Post-treatment body support programmes	Long-term body image outcomes
Jones and Malson (2013) ^[10]	UK	Young women	Qualitative	Beauty ideal discourse analysis	Internalised standards and identity
Chae (2021) ^[11]	South Korea	Social media users	Experimental	AI beauty filters	Filtered self-image perception
Holland and Tiggemann (2016) ^[16]	Australia	Young women	Survey	Body surveillance through social media	Self-objectification, appearance anxiety
Neumark-Sztainer <i>et al.</i> (2006) ^[3]	USA	Adolescents	Survey	Body satisfaction and eating patterns	Disordered eating predictors
Perloff (2014) ^[17]	USA	Young adults	Review	Media influence and digital identity	Body dissatisfaction, depression

Note: The 1997 theoretical paper by Fredrickson and Roberts has been intentionally included, as it provides the foundational self-objectification framework essential for understanding contemporary body-image research within the 2004–2024 review period.

Five core themes emerged:

- Body positivity and self-acceptance ($n = 9$)
- Challenging unrealistic beauty standards ($n = 6$)
- Mental health awareness and self-compassion ($n = 5$)
- Illness-related body image struggles ($n = 3$)
- Media engagement strategies such as social media ($n = 12$), television/print ($n = 7$), online forums ($n = 6$) and educational programmes ($n = 4$).

Outcome evaluation methods

The effectiveness of the campaigns was evaluated using a range of methodological approaches. Twelve studies relied on surveys and validated psychological scales to measure outcomes such

as self-esteem, body dissatisfaction and self-objectification. Four studies employed RCT designs to compare intervention and control groups, providing more robust evidence of effectiveness. Five studies incorporated social media analytics, tracking user engagement and shifts in sentiment to capture digital impact. In addition, three studies conducted content analyses of participant responses and discussions before and after campaign exposure, offering qualitative insights into audience reception and change processes.

Impact of body image awareness campaigns

Key findings from the synthesis highlighted several positive outcomes across the included studies. A total of 11 studies

reported increased acceptance of diverse body types and a reduction in the internalisation of narrow beauty ideals, suggesting that campaigns emphasising inclusivity were effective in reshaping body image perceptions. Seven studies found that participants demonstrated lower engagement with appearance-centric media content following exposure to interventions, indicating a shift toward more critical media consumption habits. Nine studies documented higher levels of self-compassion, particularly among adolescent girls exposed to body-positive or resilience-focused messaging, underscoring the potential of such approaches for vulnerable groups. In addition, six studies observed reductions in self-objectification and appearance-based self-worth, pointing to meaningful improvements in how individuals evaluated themselves beyond physical appearance. Collectively, these findings indicate that body image awareness campaigns can foster healthier psychological outcomes and challenge harmful societal beauty norms, though the strength of evidence varied depending on study design and methodological quality.

For individuals in palliative care or living with chronic illnesses, campaigns that acknowledged illness-related changes (e.g., hair loss, weight fluctuations, scarring and amputation) were found to significantly improve self-acceptance and emotional resilience. Campaigns featuring testimonial videos, real-life stories and peer narratives were particularly effective in creating emotional resonance and shifting perceptions.

Intermediate impacts and long-term challenges

Short- to intermediate-term behavioural changes were observed across the included studies. Eight studies reported that participants increasingly challenged societal beauty norms and questioned previously internalised ideals, reflecting a more critical stance toward unrealistic standards. Seven studies found evidence of engagement in self-affirmation or mindfulness practices, suggesting that campaigns encouraged the adoption of protective coping strategies. Six studies documented greater help-seeking behaviours for body image or mental health concerns, highlighting an improved willingness to access support. In addition, five studies noted positive shifts in social media behaviour, such as following body-positive influencers, which demonstrated the potential for digital environments to reinforce healthier body image practices.

Despite these encouraging findings, challenges to sustaining long-term impact were evident. Two studies emphasised cultural resistance to body diversity in appearance-driven societies, while one study noted that short-term exposure to interventions was insufficient to significantly alter attitudes among individuals with low self-esteem. Moreover, several digital campaigns identified algorithm-driven exposure to idealised beauty content as a counterforce to campaign messaging. Among palliative care patients, although initial

improvements in self-image and emotional well-being were documented, maintaining these effects beyond the campaign period remains a considerable challenge.

Future research should therefore explore strategies to strengthen long-term outcomes. Potential approaches include the integration of community-based peer support groups, the use of digital storytelling and patient-led media to normalise diverse appearances and the development of AI-driven personalisation tools that provide tailored affirmations and real-time support.

DISCUSSION

This systematic review highlights the multifaceted psychological impact of societal beauty standards in the digital era, particularly among adolescents, young adults and individuals experiencing illness-related body changes. Reinforced through social media algorithms, celebrity culture and advertising, these ideals continue to drive body dissatisfaction and contribute to adverse mental health outcomes, including low self-esteem, anxiety, depression and disordered eating.^[4,2,16] While platforms such as Instagram and TikTok intensify exposure to idealised appearances, they also host counter-movements emphasising body positivity and self-acceptance.^[23,24] However, evidence from the included studies suggests that passive consumption of such content produces only limited benefits. Interventions incorporating self-affirmation practices, peer-led discussions and media literacy education yielded more sustained psychological improvements, aligning with social comparison theory^[25] and self-objectification theory,^[15] which explain how repeated exposure to unattainable beauty ideals fosters internalised dissatisfaction and psychological strain.

Although CBT is well established in the broader literature as an effective intervention for body dissatisfaction, none of the included studies directly implemented or evaluated CBT protocols. Its role is therefore discussed as a potential avenue for future research rather than as an evidence-based finding of this review.

In palliative care populations, body image concerns are uniquely shaped by illness-related physical transformations, including alopecia, scarring, disfigurement, amputation and weight changes. These visible alterations intersect with cultural stigma, gender norms and internalised shame, underscoring the need for holistic, person-centred support. Campaigns that integrated narratives of resilience, lived experiences, and identity redefinition proved more impactful, fostering emotional strength, psychological acceptance and reduced distress.^[14,26]

Emerging evidence also highlights the promise of interactive digital tools, AI-enhanced interventions and peer-led models in strengthening body image resilience. Studies utilising social platforms for testimonials and real-time engagement reported greater emotional impact than those relying solely on traditional static media.^[27] Collectively, these findings

suggest a paradigm shift away from appearance-centric awareness toward self-worth, functional identity and self-compassion, particularly for clinical and vulnerable populations.

Challenges and limitations in addressing body image in palliative care

Despite encouraging findings, several gaps and challenges remain in advancing body image interventions for individuals in palliative care.

Illness-related appearance changes and identity disruption remain a central issue, as patients in palliative contexts experience involuntary physical transformations such as cachexia, alopecia, surgical scarring and prosthetic use, which directly affect body image and identity.^[7] Effective interventions must extend beyond beauty-focused messaging and address the emotional and existential dimensions of bodily change.

Cultural and societal stigma further complicates care. In many contexts, visible markers of illness, disability or ageing are associated with shame, invisibility or social exclusion.^[22] These cultural messages are often internalised, amplifying distress. Campaigns must therefore be culturally sensitive and responsive to religious, familial and collective narratives around illness and appearance.

Short-term relief versus long-term psychological support also represents a major limitation. Most reviewed campaigns were event-based or short-term, leading to only transient improvements in mood and self-perception. Sustained improvements in body image, particularly in the context of degenerative illness, require ongoing engagement through counselling, peer support and adaptive coping strategies.^[14]

Finally, limited longitudinal and palliative-specific research remains a barrier. Few studies explicitly targeted palliative care populations, and longitudinal evaluations were scarce. Much of the current evidence base is drawn from general youth populations, limiting generalisability. This highlights an urgent need for contextualised, longitudinal research on body image in advanced illness.^[22]

Future directions and policy implications

To enhance the sustainability and inclusivity of body image awareness initiatives, future interventions should prioritise integrative, personalised and scalable approaches, particularly for individuals with chronic or terminal illnesses. AI-driven and personalised digital tools hold significant promise. AI-enabled platforms can detect emotional distress through text or voice analysis, deliver personalised self-compassion practices and provide just-in-time psychological prompts. These tools should be developed with input from clinicians and designed with cultural sensitivity.^[26]

Media literacy education in clinical and palliative care settings also holds potential. Structured training for patients, caregivers and healthcare professionals can demystify digital

beauty standards, reduce stigma around illness-related body changes and foster critical awareness of appearance-based biases.^[21]

Community-based and peer-led support models further enhance resilience. Peer groups, survivor networks and storytelling platforms offer empathetic validation and reduce isolation. Within palliative care, such models support both patients and caregivers in managing body image-related grief and adjustment.^[27]

Finally, policy and institutional integration are essential. Campaigns should be embedded within public health strategies, hospital communication protocols and educational curricula, promoting body diversity and resilience from early development through end-of-life care. Partnerships with palliative care providers, advocacy organisations and digital platforms are essential to maximise reach and cultural relevance.

CONCLUSION

This review highlights the potential of body image awareness campaigns to reduce appearance-related psychological distress and promote self-acceptance, particularly among adolescents, young adults and individuals experiencing illness-related changes to appearance. Campaigns that employed storytelling, social media engagement and inclusive imagery demonstrated the greatest effectiveness in shifting attitudes and fostering resilience. Nonetheless, the absence of interventions grounded in CBT reflects a critical gap in evidence-based practice. For palliative care populations, awareness initiatives showed promise in enhancing emotional strength and identity redefinition, yet sustaining long-term improvements remains a challenge. Future efforts should integrate media literacy education, peer-led support, AI-enabled digital tools and community-based models to foster body diversity, resilience and holistic psychological well-being across both general and clinical populations.

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