

From “skinfluencers” to skin fixation: Psychodermatology in a digitally distorted world

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ABSTRACT

The digital age has profoundly reshaped the concepts of beauty, self-image, and skin health. Social media platforms, beauty-enhancing filters, and influencer culture now play pivotal roles in forming public perceptions. This review explores the psychological consequences of digitally distorted skin ideals, the emergence of phenomena such as “Snapchat dysmorphia,” the influence of “skinfluencers,” and the rising relevance of psychodermatology. Additionally, the growing obsession with skincare itself—often leading to harm—is examined. By integrating dermatologic expertise with psychiatric insights, clinicians may better address the evolving needs of patients in a world where the line between real and virtual beauty increasingly blurs.

Key words: Psychodermatology; Social media filters; Body Dysmorphic Disorder

INTRODUCTION

Psychodermatology, an interdisciplinary nexus of dermatology and psychiatry, recognizes the intricate relationship between the skin and mind. Historically, dermatologists have observed the profound impact of psychological stressors on skin disorders and vice versa. In the contemporary digital milieu, social media has introduced novel and pervasive stressors, fueling distorted self-perceptions of skin health and beauty. The curated, often artificially perfected images populating Instagram, TikTok, and other platforms have created unattainable beauty standards, influencing patient behavior, treatment expectations, and mental well-being. Understanding these dynamics is now indispensable for modern dermatologic practice.

SOCIAL MEDIA, FILTERS, AND THE CREATION OF UNREALISTIC BEAUTY NORMS

Social media has become a primary avenue through which individuals encounter and internalize standards

of beauty. Digital filters—tools that smooth skin, refine features, and eliminate perceived flaws—have normalized an artificially flawless aesthetic. Research highlights that frequent exposure to such idealized content correlates with increased body dissatisfaction, reduced self-esteem, and heightened rates of anxiety and depression [1].

These digitally enhanced portrayals not only distort one’s perceptions of others but also recalibrate internalized standards for their own appearance. The emphasis on poreless, radiant skin establishes a near-impossible benchmark, making natural variations such as texture, pigmentation, and scars sources of undue psychological distress.

Adolescents and young adults, whose self-concepts are still developing, are particularly vulnerable. The constant feedback loop of likes, comments, and comparisons reinforces the notion that personal value is inherently tied to physical appearance, magnified through the lens of digital perfection.

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THE EMERGENCE OF “SNAPCHAT DYSMORPHIA”

The phenomenon known as “Snapchat dysmorphia” exemplifies the psychological toll of digital beauty standards. First coined by cosmetic surgeons noting a shift in patient behavior, the term refers to individuals seeking cosmetic procedures with the goal of replicating their filtered images [2].

Unlike traditional cosmetic inspirations—once driven by celebrities or cultural icons—today’s patients increasingly bring their own altered selfies as templates for desired surgical outcomes. These images often portray unattainable ideals, with proportionally impossible facial features and unblemished skin.

This trend raises significant concerns within psychodermatology. Patients driven by filtered images may exhibit features of body dysmorphic disorder (BDD), characterized by an obsessive focus on perceived flaws and frequent seeking of cosmetic interventions. Surgical correction often fails to satisfy these individuals, necessitating psychological rather than procedural intervention.

SKINFLUENCERS: ARCHITECTS OF ASPIRATION AND ANXIETY

Parallel to the rise of digital filters is the emergence of “skinfluencers”—individuals who wield significant influence in the realm of skincare. Platforms such as Instagram and TikTok are saturated with advice ranging from evidence-based dermatologic tips to potentially harmful pseudoscience.

While some skinfluencers promote sound, science-backed skincare regimens, many inadvertently propagate unrealistic standards and misinformation [3]. Sponsorships, brand partnerships, and the pursuit of engagement metrics often incentivize sensational claims over responsible messaging.

Followers—especially those struggling with chronic dermatologic conditions such as acne, rosacea, or eczema—may internalize feelings of inadequacy when their skin fails to align with the seemingly perfect complexions of influencers. Misinformed self-treatment practices can delay appropriate medical intervention, exacerbate underlying conditions, and deepen psychological distress.

SKINCARE OBSESSION: WHEN MORE BECOMES HARM

In addition to a distorted self-image, the digital age has fostered an obsession with skincare itself. Constant exposure to “perfect skin” narratives promotes the belief that with the right products or treatments, flawless skin is universally achievable. This mindset fuels excessive purchasing, multi-step regimens, and frequent use of aggressive actives such as exfoliants, retinoids, and peels—even when unnecessary [4].

Ironically, over-treatment can compromise the skin barrier, leading to issues such as irritant dermatitis, sensitivity, redness, and worsening of pre-existing conditions such as acne or rosacea. The psychological toll is equally significant; individuals may feel trapped in a cycle of dissatisfaction and compulsive correction, contributing to heightened anxiety and emotional distress.

Dermatologists increasingly encounter patients whose primary skin concerns are iatrogenic—caused by inappropriate or excessive product use inspired by online trends. Addressing the underlying psychological need for the “perfect” skin is often key to successful treatment.

PSYCHODERMATOLOGIC MANIFESTATIONS OF DIGITAL DISTORTION

The psychological impact of digitally distorted beauty standards is increasingly evident in a range of psychodermatologic conditions. Individuals with acne excoriée may compulsively pick at minor blemishes in pursuit of flawless, filtered skin, often leading to visible scarring and worsened acne outcomes [5]. Similarly, trichotillomania, a hair-pulling disorder, can be intensified by anxiety and low self-esteem rooted in constant appearance-based comparison on social media [6,7]. Notably, such conditions are frequently misdiagnosed or overlooked in dermatologic settings, delaying appropriate psychiatric care [6].

The internalization of unrealistic aesthetic norms may also contribute to body dysmorphic disorder (BDD), wherein individuals become pathologically preoccupied with perceived skin imperfections, significantly impairing their daily functioning [7]. In some cases, social withdrawal arises from feelings

of embarrassment or stigma surrounding visible skin conditions, further reinforcing cycles of isolation and depressive symptoms [9,10].

Moreover, limited awareness of psychodermatologic disorders among both patients and clinicians can hinder timely diagnosis and treatment, prolonging psychological distress [8]. Encouragingly, research suggests that early intervention in dermatologic conditions such as acne may not only prevent physical scarring but also reduce long-term emotional burden, especially among adolescents, who are highly susceptible to social comparison [5].

Together, these findings underscore the complex and bidirectional relationship between dermatologic conditions and mental health in the age of digital beauty distortion.

CLINICAL IMPLICATIONS AND RECOMMENDATIONS

Recognizing the influence of digital culture on skin perception is critical for dermatologic practice in the 21st century. The key clinical strategies include:

- Routine screening: Incorporate questions about social media habits and self-image perceptions during patient intake assessments.
- Patient education: Discuss the manipulative nature of digital filters and the curated nature of online content, setting realistic treatment goals.
- Interdisciplinary collaboration: Establish pathways for referral to mental health professionals when signs of BDD, anxiety, or depression are evident.
- Promotion of digital literacy: Equip patients with critical thinking tools to navigate the online landscape, fostering resilience against unrealistic beauty ideals.

By addressing both the dermatologic and psychological dimensions of patient concerns, clinicians may offer holistic care that validates emotional experiences while guiding realistic expectations.

CONCLUSION

In an era dominated by digital imagery and influencer culture, the intersection between dermatology and psychology has never been more pronounced. The phenomenon of digitally distorted skin ideals demands a psychodermatologic approach that prioritizes mental well-being alongside physical treatment. By acknowledging the profound psychosocial effects of social media, filters, obsessive skincare behaviors, and influencer culture, dermatologists can better advocate for their patients' comprehensive health. Future research and clinical practice must continue to evolve to meet the challenges posed by an increasingly virtual standard of beauty.

REFERENCES

1. Magavi LR, Howard J, Tausk F. Consequences of social media filters. *InStyle* [Internet]. 2025 [cited 2025 Apr 15].
2. Chang CS, Liotta D. The most popular inspiration for plastic surgery is yourself. *InStyle* [Internet]. 2025 [cited 2025 Apr 15].
3. Ahmed A. Could psychodermatology be the cure for your skin concerns? *The Daily Telegraph* [Internet]. 2025 [cited 2025 Apr 15].
4. Endi E. Side-by-side Instagram photo shows how filters can hide mental health issues. *Teen Vogue* [Internet]. 2025 [cited 2025 Apr 15].
5. Vos A. Does early acne intervention provide more than just a reduction in the incidence of scars? A review of the literature. *Our Dermatol Online*. 2021;12:402-5.
6. Soundarya S, Jayakar T. Trichotillomania: A case report and review of the literature. *Our Dermatol Online*. 2024;15:261-4.
7. Karrakchou B, Fliti A, Hamich S, Ismaili N, Benzekri L, Meziane M, et al. Acquired non-scarring vertex alopecia in three women revealing trichotillomania: Diagnostic accuracy of trichoscopy. *Our Dermatol Online*. 2023;14:228-9.
8. Allure Editors. Should you be seeing a psychodermatologist? *Allure* [Internet]. 2025 [cited 2025 Apr 15].
9. Bienias W, Kaszuba A. Manifestations and intensity of indirect self-destructiveness in patients with psoriasis vulgaris. *Our Dermatol Online*. 2016;7:266-70.
10. Teclessou JN, Akakpo AS, Dokla A, Amoussou DK, Deku K, Limazie A, et al. People living with HIV and stigma in Togo: Key outcomes of the 2020 Stigma Index Survey. *Our Dermatol Online*. 2025;16:125-30.

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