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A Study on Body Dysmorphia, Appearance Anxiety and Self Compassion among Young Adults

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Abstract

Body dysmorphia is a common issue among young adults these days. Individuals with body dysmorphic disorder may also have strong beliefs about the importance of appearance and anticipate negative consequences for not looking attractive. Relatively, appearance anxiety is the preoccupation with one's physical appearance and a fear of being negatively evaluated by others. When one look into these concepts they may infer that self-compassion which is simply being kind and understanding towards oneself, when experiencing difficulties might be comparatively low among the sample. The research discusses the results of a study conducted on young adults which explored body dysmorphia, appearance anxiety and self-compassion among them. A sample of 35 young adults in the age group of 18-25 years was collected. Standardized scales were used for the measurement. The results found out that individuals who scored more on appearance anxiety scale are more prone to body dysmorphia whereas individuals that scored lesser on appearance anxiety were found to be more compassionate towards themselves. However, the ones who scored more than average on BDD scale were found to be very less self-compassionate. It is important to

Vol. 2, Issue 12 December 2024 ISSN: 2584-0142

consider that we need to promote self-compassion and a positive attitude towards self. Certain interventions should be made on a healthy image of self and encourage feelings of self-worth and enhance positive self-regard.

Keywords: *Body Dysmorphic Disorder, Appearance anxiety, Self compassion, young adults*

Introduction

Body Dysmorphia

Body dysmorphic disorder is a mental health condition in which a person can't stop thinking about one or more perceived defects or their appearance: a flaw that appears to be minor or can't be seen by others. But the person may feel so embarrassed, ashamed and anxious that they may avoid many social situations. It's not known specifically what causes body dysmorphic disorder. Like many other mental health conditions, body dysmorphic disorder may result from a combination of issues, such as a family history of the disorder, negative evaluations or experiences about your body or self-image, and abnormal brain function or abnormal levels of the brain chemical called serotonin. DSM-IV classifies BDD as a somatoform disorder but classifies its delusional variant as a psychotic disorder (a type of delusional disorder, somatic type). However, delusional patients may be diagnosed with both BDD and delusional disorder, reflecting clinical impressions and empirical evidence that delusional and no delusional BDD are probably the same disorder, which spans a spectrum of insight. While most people may feel some degree of dissatisfaction with their appearance at times, individuals with BDD experience persistent and intrusive thoughts about illusory flaws or defects in their appearance.

BDD is listed under obsessive-compulsive and related disorders, and the etiology is probably multifactorial, including cognitive deficits, psychological impairment, and

Vol. 2, Issue 12 December 2024 ISSN: 2584-0142

neurochemical abnormalities. BDD is a relatively common but often underdiagnosed disorder. The prevalence is several folds higher among cosmetic, dermatology, and psychiatric patients compared to the general population. Patients with BDD have a poor quality of life and impaired psychosocial functioning, irrespective of the presence of psychological comorbidity.

Signs and symptoms of body dysmorphic disorder include being extremely preoccupied with a perceived flaw in appearance that to others can't be seen or appears minor. Strong belief that you have a defect in your appearance that makes you ugly or deformed. Belief that others take special notice of your appearance in a negative way or mock you. Engaging in behaviors aimed at fixing or hiding the perceived flaw that are difficult to resist or control, such as frequently checking the mirror, grooming or skin picking. Attempting to hide perceived flaws with styling, makeup or clothes. Constantly comparing your appearance with others. Frequently seeking reassurance about your appearance from others. Having perfectionist tendencies. Seeking cosmetic procedures with little satisfaction. Lastly, avoiding social situations.

Self-Compassion

Self-compassion refers to being kind and understanding toward ourselves when we suffer, fail, or feel inadequate, rather than ignoring our pain or flagellating ourselves with self-criticism. Self-compassion refers to being supportive toward oneself when experiencing suffering or pain-be it caused by personal mistakes and inadequacies or external life challenges. Self-compassion is extending compassion to oneself in instances of perceived inadequacy, failure, or general suffering. Kristin Neff has defined self-compassion as being composed of three main elements – self-kindness, common humanity, and mindfulness.

Vol. 2, Issue 12 December 2024 ISSN: 2584-0142

Self-compassion entails being warm towards oneself when encountering pain and personal shortcomings, rather than ignoring them or hurting oneself with self-criticism. Self-compassion also involves recognizing that suffering and personal failure is part of the shared human experience rather than isolating. Self-compassion requires taking a balanced approach to one's negative emotions so that feelings are neither suppressed nor exaggerated. Negative thoughts and emotions are observed with openness, so that they are held in mindful awareness. Mindfulness is a non-judgmental, receptive mind state in which individuals observe their thoughts and feelings as they are, without trying to suppress or deny them. Conversely, mindfulness requires that one not be "over-identified" with mental or emotional phenomena, so that one suffers aversive reactions. This latter type of response involves narrowly focusing and ruminating on one's negative emotions. Self-compassion is different from self-pity, a state of mind or emotional response of a person believing to be a victim and lacking the confidence and competence to cope with an adverse situation.

Maintaining a self-care routine can also be of benefit, as the meeting of personal needs can increase one's ability to effectively care for and support others. When personal wellness declines, negative feelings might often be directed toward the self, and this can also make it more difficult to feel compassion for others. Some studies on self-compassion that were conducted include Kirby et al. (2017), demonstrated that self-compassion interventions can reduce self-criticism, anxiety, and depression while enhancing mindfulness and subjective well-being in various populations. Serlachius et al. (2021) found that the Whitu app which is a self-compassion-based digital tool for university students, significantly decreased stress and anxiety over six weeks. Andersson et al. (2021) showed large effect sizes in stress reduction and self-compassion improvement through digital interventions for Swedish students. Lastly, Schotanus-Dijkstra et al. (2019) highlighted

Vol. 2, Issue 12 December 2024 ISSN: 2584-0142

self-compassion as a key mediator in reducing anxiety and depression in Positive Psychology interventions.

Appearance Anxiety

Appearance anxiety has been defined as a preoccupation with one's appearance and a fear that one's appearance (body and face shape, height, and weight) may be negatively evaluated by others. Appearance anxiety is one of the subclinical indicators of a body anxiety disorder, an intrusive psychological state characterized by preoccupation with actual or perceived deficits in appearance and repetitive behaviors such as checking, grooming, and comparing oneself to others to cope with these concerns. Appearance anxiety is known to be one of the important factors contributing to social dysfunction, which may lead to severe interpersonal and psychological distress. Appearance anxiety is a subclinical indicator of body dysmorphic disorder, which usually manifests as excessive anxiety about certain physical defects that are often perceived as normal by others. As the main users of various social media, University students are overexposed to excessive attention and comparison of their appearance, thus increasing the risk of appearance anxiety.

Review of Literature

Body Dysmorphic Disorder

The Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) defines BDD as a preoccupation with an imagined defect in appearance; if a slight physical anomaly is present, the patient's concern is markedly excessive. The preoccupation must cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.

Vol. 2, Issue 12 December 2024 ISSN: 2584-0142

In patients with BDD the most common behavior is camouflaging with such things as body position, clothing, makeup, one's hand, one's hair, or a hat. Other common behaviors are comparing the "defective" body areas with the same body areas on other people, checking the perceived defect in mirrors or other reflecting surfaces (e.g., windows, car bumpers, backs of spoons), excessive grooming (e.g., combing one's hair, applying makeup, shaving, removing body hair), seeking reassurance from other people that the BDD sufferer looks acceptable, checking the perceived defects by touching them, frequent clothes changing in an effort to look better, skin picking, excessive tanning (e.g., to minimize perceived acne or darken pale skin), dieting, excessive exercise, and excessive weightlifting.

Impact of social media was a study conducted in Saudi Arabia explored the relationship between social media usage and BDD prevalence. It found that individuals spending significant time on platforms like Instagram and Snapchat were more likely to experience BDD and accept cosmetic surgery. The study revealed a 24.4% prevalence of BDD in the sample, highlighting the role of digital media in body image concerns.

A systematic review of BDD in aesthetic and reconstructive plastic surgery settings estimated the prevalence of BDD at 18.6% among patients seeking cosmetic procedures. The research emphasized the need for proactive screening to prevent unnecessary surgeries that may not address underlying psychological issues.

Assessment in Youth was a review of BDD in young populations examined its early onset and impacts, including social withdrawal and increased suicide risk. The study recommended tailored approaches, including early diagnosis, cognitive-behavioral therapy (CBT), and pharmacological interventions like SSRIs.

Vol. 2, Issue 12 December 2024 ISSN: 2584-0142

A meta-analysis identified significant cultural and gender differences in BDD presentation. For instance, women were more likely to report concerns about weight and skin, while men focused on muscle dysmorphia. These insights help refine treatment strategies for diverse populations. Epidemiological studies indicate a BDD prevalence of 0.5–3.2% in the general population, with many cases remaining undiagnosed. Factors such as stigma and symptom overlap with OCD and depression contribute to it.

Self-Compassion

Self-compassion is the practice of treating oneself with kindness, understanding, and care during times of suffering, failure, or personal inadequacy. It involves acknowledging one's imperfections and humanity without harsh self-judgment or excessive self-criticism. The concept was popularized by Dr. Kristin Neff.

Compassion has been described as an affective state where one is attentive to and emotionally affected by another's suffering, with subsequent motivation to help the person in distress (Goetz et al., 2010). Similarly, rooted in Buddhist tradition, self-compassion is described as treating oneself with care and support during times of difficulty. Neff (2003a) conceptualized self-compassion as a dynamic construct that entails three interrelated aspects. First, self-compassion involves self-kindness, which refers to warm, self-soothing responses to distress, as opposed to self-criticism.

A second element is common humanity, which is described as the recognition that all people encounter hardships and emotional distress at one time or another. This attitude promotes a sense of connection rather than isolation or self-pity amidst difficulty.

Vol. 2, Issue 12 December 2024 ISSN: 2584-0142

Finally, self-compassion includes mindfulness, which refers to a balanced and non-judgmental response to negative emotions, as opposed to avoiding or becoming overwhelmed by them. Evidence suggests self-compassion is both an adaptive emotion regulation strategy and resilience factor (Finlay-Jones, 2017; Trompetter et al., 2017), with meta-analyses demonstrating strong positive associations with well-being in adults (Zessin et al., 2015) and inverse associations with anxiety, depression and stress in adult and adolescent samples (MacBeth & Gumley, 2012; Marsh et al., 2018).

Appearance Anxiety

Appearance anxiety is a form of social evaluative anxiety prevalent in the era of influencer culture. It specifically pertains to an individual's preoccupation with their physical appearance and the possibility of negative social evaluations based on it, leading to persistent negative emotions such as worry, distress, fear, and dissatisfaction. This phenomenon encompasses not only specific physical features related to one's appearance, such as skin color, nose shape, eye shape, and face shape, but also body image characteristics associated with one's outward appearance, such as height, weight, and muscle proportion. A study defines it as a negative emotion that causes individuals to experience anxiety regarding their external appearance, which is broader than just a medical condition.

Recent research on appearance anxiety and social media use primarily focuses on the negative effects of specific social media platforms on appearance anxiety. Steinsbekk et al. (2021) demonstrated that other-oriented social media use can reduce adolescents' self-esteem regarding their appearance, indicating the potential impact of social media usage purposes on appearance anxiety. Additionally, problematic usage behaviors or addiction may also be associated with

Vol. 2, Issue 12 December 2024 ISSN: 2584-0142

individual experience of appearance anxiety. Caner et al. (2022) conducted a web-based survey of Turkish high school students and found that social media usage time, the influence of social media influencer's sharing, and close attention to online gaming were all significant factors leading to appearance anxiety. While these quantitative studies have shown some negative effects of certain motivation and behavioral factors of social media use on appearance anxiety, they lack exploration of interactive relationships between different factors and mechanisms underlying them.

From an individual self-perspective, scholars argue that engaging in more activities related to appearance or body correlates with an increased likelihood of developing psychological problems related to appearance. Jarman et al. (2021) conducted a large-scale survey of Australian adolescents using the Body Image Social-Cultural Attitudes Scale and found that high levels of attention to appearance-related social media use were significantly negatively correlated with body satisfaction and happiness. When individuals engage in more online activities related to selfies, receiving more negative feedback from others could lead to greater appearance anxiety. Seeking social approval during the process of building online intimate relationships is also a crucial factor contributing to appearance anxiety. Moreover, social comparison has a mediating effect on appearance anxiety. In studies on body image, Lonergan et al. (2020) demonstrated that attention to and editing and sharing of selfies could lead to more negative body image and increased body dissatisfaction.

Fadouly et al. (2016) also demonstrated that negative social comparison could result in unpleasant experiences, with users who frequently use social media platforms having more concerns about their bodies and daily diet than other users, leading to more negative emotions. While these studies on body image partially complement the limited perspective of appearance anxiety research on the impact of body dissatisfaction, they lack sufficient attention to other

Vol. 2, Issue 12 December 2024 ISSN: 2584-0142

important influencing factors of appearance anxiety and features of social media use that contribute to appearance anxiety.

Purpose

The purpose is to study body dysmorphic disorder, appearance anxiety and self-compassion among young adults.

Hypothesis

- There will be a negative correlation between body dysmorphia and self-compassion.
- There will be a negative correlation between self-compassion and appearance anxiety.
- There will be a positive correlation between appearance anxiety and body dysmorphia.

Methodology

Sample

A total sample of 35 young adults in the age group of 18-25 years was collected from Ludhiana, Delhi and Chandigarh.

Measures

The following standardized tools were used to measure body dysmorphia, appearance anxiety and self-compassion among young adults.

Body dysmorphic disorder (BDD) Questionnaire: The questionnaire used is a recognised screening questionnaire for Body Dysmorphic Disorder. It is based on the 'Cosmetic Procedure

Vol. 2, Issue 12 December 2024 ISSN: 2584-0142

Screening Questionnaire', or 'Body Image Questionnaire' in non-cosmetic settings and is designed to screen for Body Dysmorphic Disorder. It can also be used as an outcome measure in treating BDD. The questionnaire also measures the severity of your symptoms, so you can use it before and after any treatment and provide feedback on whether your symptoms have improved or not. It comprises just 9 items. The range is 0-72, where 72 is the most severe. The questionnaire was developed by David Veale, Nell Ellison, Tom Werner, Rupa Dodhia, Marc Serfaty and Alex Clarke (2012).

Appearance anxiety inventory (AAI): The Appearance Anxiety Inventory (AAI) is a 10 question self-report scale that measures the cognitive and behavioral aspects of body image anxiety in general, and body dysmorphic disorder (BDD) in particular. The AAI was specifically developed by Veale et al. (2014) to capture typical BDD cognitive processes (e.g., rumination and self-focused attention) and behaviors (e.g., excessive checking or camouflaging, avoidance) that, based on the theoretical model of BDD, arise from the appearance concerns and help maintain BDD symptoms.

Scores consist of a total raw score (0-40), where a higher score is indicative of more severe appearance anxiety, as well as three subscales namely, threat monitoring (1,2,4,6,8), camouflaging (5,9) and avoidance (3,7,10).

Self-Compassion Scale Short Form (SCS-SF): The self-compassion scale was originally developed by Kristin Neff whereas Raes et al. (2011) developed a short form of the SCS containing 12 of the original 26 SCS items. To create the scale, two items from each of the six self-compassion subscales were selected that demonstrated high correlations with the long SCS total score and high

Vol. 2, Issue 12 December 2024 ISSN: 2584-0142

correlations with their intended SCS subscale. There are no clinical norms or scores which indicate that an individual is high or low in self- compassion. Rather, scores are mainly used in a comparative manner to examine outcomes for people scoring higher or lower in self-compassion. The SCS-SF is a reliable alternative to the long form SCS because each subscale only contains two items, however, reliability of the subscales is lower.

The 12 SCS-SF items are taken from the full 26 item SCS. If one would like to use a translation of the SCS-SF, they might try just taking the 12 short form items from a previously translated version of the long form. Because the subscale scores are unreliable in the SCS short form, we recommend using the original SCS rather than the short form when examining subscale scores.

Procedure

The participants were informed the purpose of the research, and the questionnaires were filled through google forms. Each participant was thanked for their cooperation. Standardized psychological tests were administered among participants.

Analysis of data

Results

Table 1: *N, mean, standard deviation of all the variables.*

	BDD	Appearance anxiety	Self-Compassion
N	35	35	35
Mean	26.6	9.74	36.9
Standard deviation	12.6	7.56	8.07

Vol. 2, Issue 12 December 2024 ISSN: 2584-0142

Table 2*: shows the correlation between all three variables.*

	BDD	Appearance anxiety	Self-Compassion
BDD	—		
Appearance anxiety	0.462 **	—	
Self-Compassion	-0.462 **	-0.359 *	—

Note. * p < .05, ** p < .01, *** p < .001

Discussion of Results

The following are the findings of the study,

Appearance anxiety and body dysmorphia have a positive correlation (r= 0.462) which indicates that with an increase in body dysmorphia level the anxiety associated with one's appearance also increases. Self-compassion is seen to have a negative correlation (r= -0.462) with body dysmorphia which depicts those feelings of self-compassion decrease with an increase in body dysmorphia. Self-compassion is also negatively correlated to appearance anxiety (r= -0.359) which gives away the idea that a high score on self-compassion will lead to lesser appearance anxiety.

Vol. 2, Issue 12 December 2024 ISSN: 2584-0142

Social media use is strongly linked to body dysmorphic disorder (BDD) and appearance anxiety, fostering unrealistic body image ideals and increasing preoccupation with perceived flaws. This connection is especially prominent among young adults and women. Appearance anxiety is closely associated with social anxiety.

Conclusion

The research aimed to study body dysmorphia, appearance anxiety and self-compassion among young adults. A sample of 35 young adults in the age group of 18-25 years were taken. Standardized scales were used to measure body dysmorphia, appearance anxiety and self-compassion. Results found out that individuals who scored more on appearance anxiety scale are more prone to be body dysmorphic or were found to be severely or at least moderately body dysmorphic. Whereas individuals who scored lesser on appearance anxiety were found to be more compassionate towards self. The individuals who scored more than average on BDD scale were found to be very less self-compassionate. It is important to consider that we need to promote self-compassion and a positive attitude towards self. Certain interventions should be made on a healthy image of self and encourage feelings of self-worth and enhance positive self-talk while fostering empathy for self to reduce criticism, negative thoughts and appearance anxiety among young adults.

Vol. 2, Issue 12 December 2024 ISSN: 2584-0142

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Vol. 2, Issue 12 December 2024 ISSN: 2584-0142

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