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Analysing the Impact of Body Dysmorphia on Emotional Regulation

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Abstract: Body dysmorphia is a psychological condition characterized by persistent and intrusive preoccupations with perceived flaws in one's appearance, often leading to significant emotional distress and functional impairment. Emotional regulation, the ability to manage and respond to emotional experiences appropriately, plays a crucial role in psychological well-being, especially during young adulthood, a period marked by identity formation and heightened sensitivity to self-image. The present study investigates the impact of body dysmorphia on emotional regulation in young adults. Using a quantitative research design, data were collected from 104 participants aged 18 to 26 using the Dysmorphic Concern Questionnaire (DCQ) and the Difficulties in Emotion Regulation Scale (DERS). The results revealed a significant negative correlation between body dysmorphia and emotional regulation ($r = -0.725$, $p < .001$), indicating that individuals with higher dysmorphic concerns tend to have greater difficulties in regulating emotions. These findings support the hypotheses that body dysmorphia is both significantly associated with and negatively impacts emotional regulation. The study underscores the importance of integrating emotional regulation strategies in interventions for individuals struggling with body image concerns. This research adds to the growing literature emphasizing the psychological implications of body dysmorphia and offers valuable insights for clinical and therapeutic practices.

Keywords: *Body dysmorphia, emotional regulation, young adults, body image, emotion dysregulation, DCQ, DERS*

1. Introduction

Body dysmorphia is a complex psychological condition characterized by persistent and intrusive thoughts about one's perceived physical flaws or defects, which are either minor or entirely unobservable to others. Individuals who struggle with body dysmorphia often experience intense dissatisfaction with their appearance, which can manifest through compulsive behaviours such as mirror checking, excessive grooming, comparing oneself with others, or seeking constant reassurance about their looks. Despite its increasing prevalence, body dysmorphia remains widely misunderstood and frequently underdiagnosed, particularly among young adults. This stage of life is marked by identity formation, heightened sensitivity to social comparison, and increased exposure to societal beauty standards, all of which can exacerbate concerns related to body image. Research has shown that body dysmorphia significantly impairs daily functioning, contributes to academic and occupational disruptions, and increases the risk of social withdrawal, depression, and suicidal ideation (He, Gaillard, & Rossell, 2021; Couper et al., 2021).

Emotional regulation refers to the capacity to manage and respond to an emotional experience in a way that is socially appropriate and psychologically adaptive. It involves the awareness, understanding, and acceptance of emotions, as well as the ability to control impulsive behaviours and engage in goal-directed actions when experiencing intense feelings. Effective emotional regulation is essential for mental health, enabling individuals to cope with stress, maintain relationships, and achieve personal goals. Conversely, emotional regulation difficulties are linked to a broad spectrum of psychological disorders, including anxiety, depression, eating disorders, and body image disturbances. These difficulties are particularly salient during young adulthood, a developmental period often characterized by emotional volatility and heightened vulnerability to external stressors.

The intersection between body dysmorphia and emotional regulation has become a focal point of contemporary psychological research. Empirical studies increasingly suggest that individuals with body dysmorphia often exhibit significant deficits in emotional regulation, which may serve as both a contributing factor and a consequence of the disorder. For example, individuals with body dysmorphia are more likely to experience intense shame, self-criticism, and distress following exposure to social and media-based standards of appearance (Matos et al., 2023). These emotional responses are frequently exacerbated by an inability to engage in adaptive regulation strategies such as cognitive reappraisal or emotional acceptance. Instead, maladaptive coping mechanisms, such as avoidance, rumination, and emotional suppression,

are commonly observed. These strategies may provide temporary relief but ultimately reinforce negative self-perceptions and emotional instability.

Several theoretical models have emphasized the mediating role of emotional regulation in the development and maintenance of body dysmorphia. Research by Cunningham and Rodgers (2020) highlighted that among men, distress related to deviations from perceived masculine ideals was strongly associated with symptoms of muscle dysmorphia, with emotion dysregulation serving as a significant mediator. Similarly, studies conducted on young women have shown that cognitive distortions and maladaptive personality traits—such as high levels of neuroticism—predict symptoms of body dysmorphia through the intervening influence of poor emotional regulation abilities (Dastbaz et al., 2024). These findings are further supported by clinical assessments which indicate that individuals with more severe body image concerns exhibit lower tolerance for distressing emotional states, such as sadness, anger, and anxiety, compared to healthy controls (Matheny et al., 2017).

2. Review of Literature

Rashidifar and Karami (2025) explored the psychological underpinnings of cosmetic surgery applicants, focusing on how early maladaptive schemas contribute to body dysmorphic disorder (BDD), with rumination and emotional cognitive regulation serving as mediators. Their study identified a notable indirect association between entrenched cognitive patterns and the development of BDD, indicating that unresolved emotional vulnerabilities may give rise to distorted perceptions of self and dysfunctional coping behaviour's. The research emphasized that individuals struggling with maladaptive cognitive-emotional processes are more prone to experiencing BDD and related psychological issues. Overall, the findings highlight the critical need to address core cognitive and emotional factors when designing preventative and therapeutic strategies for vulnerable groups.

Samela et al. (2025) explored the psychological dimensions affecting patients with chronic disfiguring skin conditions, focusing particularly on emotional dysregulation, dysmorphophobia concerns, and hopelessness. Their cross-sectional analysis involving 120 hospitalized dermatological patients showed a significant correlation between heightened dysmorphophobia concerns and increased emotional dysregulation and hopelessness. Notably, emotional dysregulation was found to act as a partial mediator between dysmorphophobic concerns and hopelessness, implying that difficulties in emotional management may intensify feelings of despair among patients grappling with body image disturbances. These insights reveal the complex interplay of emotional and cognitive factors in the psychological struggles

of individuals with visible skin conditions and advocate for the incorporation of emotional regulation techniques into treatment approaches.

Zhao et al. (2024) conducted a comprehensive meta-analysis to evaluate the effectiveness of cognitive-behavioural therapy (CBT) in treating body dysmorphic disorder (BDD) using data from 11 randomized controlled trials (RCTs) involving 667 patients. Their analysis showed that CBT led to significant reductions in the severity of BDD symptoms, as well as associated depression and anxiety, while enhancing overall quality of life. Moreover, CBT was linked with greater remission and response rates, alongside improvements in dysfunctional belief systems, as assessed by the Brown Assessment of Beliefs Scale (BABS). The meta-regression findings indicated that factors such as participant age and sample size influenced the success of treatment. Collectively, these results reinforce CBT's status as a highly effective first-line therapy for BDD, advocating for its continued endorsement in clinical practice despite the previous scarcity of large-scale RCT validation.

Dastbaz et al. (2024) explored the predictive factors contributing to body dysmorphic disorder (BDD) in adolescent girls, with a focus on personality traits, cognitive distortions, and emotional regulation difficulty. Using structural equation modelling on a sample of 210 female students aged 14 to 18, they determined that cognitive distortions, high levels of neuroticism, and challenges in emotional regulation were directly and positively associated with BDD symptoms. Conversely, traits like extraversion and conscientiousness showed significant protective effects. Emotional regulation difficulty also acted as a key mediator between cognitive-personality factors and BDD symptoms. The research emphasizes the need for school-based counselling programs that nurture emotional regulation skills, promote cognitive restructuring, and address personality-driven risks for distorted body image in adolescents.

Oliveira, Coimbra and Ferreira (2024) investigated the emotional mechanisms underlying the relationship between shame and body dysmorphia-related symptoms, focusing particularly on mindfulness and body image-related cognitive fusion. In a cross-sectional sample of 327 adults, participants self-reported their experiences of shame, mindfulness levels, cognitive fusion, and dysmorphic symptoms. Findings revealed that women exhibited significantly greater dysmorphia-related symptomatology compared to men. Path analysis showed that shame influenced body dysmorphia symptoms both directly and indirectly—through decreased mindfulness and heightened cognitive fusion—even after accounting for age and BMI. The proposed model explained 56% of the variance in dysmorphia symptoms and demonstrated consistency across genders. These results point to the therapeutic potential of incorporating

mindfulness-based practices and cognitive defusion techniques in interventions for individuals struggling with body dysmorphia.

3. Methodology

3.1 *Aim*

The aim of this research is to investigate the impact of body dysmorphia on emotional regulation in young adults.

3.2 *Research Objectives*

a) To study the association between body dysmorphia and emotional regulation.

b) To study the effects of body dysmorphia on emotional regulation in young adults.

3.3 *Hypotheses*

H1. There will be a significant negative association between body dysmorphia and emotional regulation among young adults.

H2. Body dysmorphia will have a significant negative impact on emotional regulation among young adults.

3.4 *Variables*

a) *Predictor Variable (Independent):* Body Dysmorphia

b) *Criterion Variable (Dependent):* Emotional Regulation.

3.5 *Research Design*

This study adopts a quantitative research design, which allows for the use of statistical tools to analyse the relationship and impact between the identified variables. The research specifically aims to determine whether body dysmorphia significantly affects emotional regulation in young adults. A total of 26 empirical studies were reviewed—13 on body dysmorphia and 13 on emotional regulation—from credible academic databases to build the foundation for the current study. Data was collected using standardized self-report questionnaires. Purposive sampling was employed to ensure relevance to the research objectives. The data was analysed using correlation and regression analysis to assess both association and predictive impact. The final report was compiled based on these statistical findings.

3.6 *Sample*

The study included a sample of 100 participants, comprising 55 males and 45 females, aged between 18 and 26 years. The participants were selected using a non-probability purposive sampling method. Participants were recruited from the Delhi-NCR region, and all of them were college-going young adults.

a) *Inclusion Criteria*: Individuals within the age group of 18–26 years who identify as young adults were included in the study.

b) *Exclusion Criteria*: Individuals outside the specified age group and those who did not express interest or consent in participating were excluded to ensure data accuracy and reliability.

3.7 *Measures*

Difficulties in Emotion Regulation Scale (DERS): The Difficulties in Emotion Regulation Scale (DERS), developed by Gratz and Roemer (2004), is a widely used self-report instrument designed to assess multiple dimensions of emotional regulation difficulties. It consists of 36 items rated on a 5-point Likert scale, ranging from 1 (almost never) to 5 (almost always). The scale measures six key facets of emotion regulation; non-acceptance of emotional responses, Difficulties engaging in goal-directed behaviour, Impulse control difficulties, Lack of emotional awareness, Limited access to emotion regulation strategies, Lack of emotional clarity. A higher total score indicates greater difficulties in regulating emotions. The DERS has demonstrated high internal consistency, test-retest reliability, and strong construct validity, making it a reliable tool for assessing emotional regulation in both clinical and non-clinical populations."

Dysmorphic Concern Questionnaire (DCQ): The Dysmorphic Concern Questionnaire (DCQ), developed by Oosthuizen, Lambert, and Castle (1998), is a brief screening tool used to assess preoccupations with perceived defects or flaws in physical appearance, characteristic of body dysmorphic concerns. The DCQ consists of 7 items, with responses rated on a 4-point Likert scale ranging from 0 (not at all) to 3 (much more than most people). Sample items include concerns about specific body parts, excessive checking, and comparing one's appearance to others. The DCQ is not a diagnostic tool for Body Dysmorphic Disorder (BDD) but is used to measure the severity of dysmorphic concerns. It has demonstrated good psychometric properties, including internal consistency and convergent validity with clinical diagnoses and related symptomatology."

3.8 *Procedures*

A structured survey was created using Google Forms, comprising three sections corresponding to the questionnaires used in the study. Prior to responding to any items, participants were required to read an informed consent form and provide their agreement to participate voluntarily. Once consent was obtained, the survey was distributed to the selected participants. Data collection was carried out using a purposive sampling technique, which allowed the researcher to target individuals who fit the study's inclusion criteria. Upon

completion of data collection, responses were scored according to the official scoring guidelines provided with each questionnaire, ensuring accuracy and consistency in data handling.

3.9 *Statistical Analysis*

The data collected were subjected to various statistical analyses to derive meaningful interpretations. Measures of central tendency and dispersion, including the mean and standard deviation, were calculated to understand the average scores and variability in participants' responses. A Pearson correlation analysis was conducted to examine the strength and direction of the relationship between body dysmorphia and emotional regulation. This analysis allowed for the assessment of whether the two variables were significantly associated and whether the correlation was positive or negative. In addition, a regression analysis was performed to determine the predictive relationship between body dysmorphia and emotional regulation, providing insight into the extent to which one variable influenced the other. These statistical procedures enabled a comprehensive understanding of the data and facilitated the testing of the study's hypotheses.

3.10 *Ethical Considerations*

All participants were fully informed about the nature and purpose of the study, including any potential risks or benefits associated with participation. Participation was entirely voluntary, and informed consent was obtained before any data were collected. The consent form was written in clear and understandable language to ensure that participants were fully aware of their rights. Additionally, the privacy and confidentiality of participants were maintained throughout the study. All collected data were anonymized and securely stored, and no personal identifying information was disclosed. Results were reported in aggregate form to prevent the identification of individual participants, thereby ensuring their confidentiality and data protection.

4. Results

Table 1: *Descriptive Statistics*

	Mean	Std. Deviation	N
Body Dysmorphia	10.76	7.958	104
Emotional Regulation	72.03	30.953	104

Body Dysmorphia Mean = 10.76: On average, participants reported relatively low levels of body dysmorphia (depending on the scale used).

Emotional Regulation Mean = 72.03: This suggests a moderate ability to regulate emotions on average, again depending on the scale used.

The standard deviations (7.96 and 30.95) indicate variability in the responses — emotional regulation in particular varies quite a bit among participants.

Table 2: *Correlations*

		Body Dysmorphia	Emotional Regulation
Body Dysmorphia	**Pearson Correlation**	1	-.725**
	Sig. (2-tailed)		<.001
	N	104	104
Emotional Regulation	**Pearson Correlation**	-.725**	1
	Sig. (2-tailed)	<.001	
	N	104	104

**. Correlation is significant at the 0.01 level (2-tailed).

Pearson Correlation (r= -0.725); there is a strong, negative correlation between body dysmorphia and emotional regulation. This means as body dysmorphia increases, emotional regulation tends to decrease. Significance Level ($p < .001$): The correlation is statistically significant, meaning this is very unlikely to be due to chance. The results of the study demonstrate a significant relationship between body dysmorphia and emotional regulation among young adults. The descriptive statistics indicate a relatively low average score of body dysmorphia ($M = 10.76$, $SD = 7.958$) and a moderately high average level of emotional regulation difficulties ($M = 72.03$, $SD = 30.953$), suggesting a wide range of responses across participants. The correlation analysis reveals a strong negative relationship ($r = –0.725$, $p < 0.01$) between body dysmorphia and emotional regulation, indicating that higher levels of body dysmorphia are associated with greater difficulties in regulating emotions. This inverse relationship suggests that as concerns related to body image increase, emotional regulation becomes increasingly impaired. These findings highlight the significant role of body dysmorphia in affecting young adults' emotional functioning and emphasize the need for targeted psychological interventions that address body image concerns to improve emotional regulation capacities in this population.

5. Discussions

The current study sought to examine the impact of body dysmorphia on emotional regulation among young adults, a topic that has gained increasing attention in recent psychological literature. Body dysmorphia, characterized by excessive concern with perceived flaws in appearance, often triggers psychological distress, while emotional regulation refers to the ability to manage and respond to emotional experiences in a flexible and adaptive manner. The present findings revealed a strong negative correlation ($r = –0.725$, $p < 0.01$) between body dysmorphia and emotional regulation, confirming both the stated hypotheses: that there would be a significant association between the two variables and that body dysmorphia would significantly and negatively impact emotional regulation among young adults.

The current study also echoes the findings of Matheny et al. (2017), who found that individuals with higher body dysmorphia scores had lower distress tolerance, a construct closely related to emotional regulation. These individuals showed reduced capacity to handle negative emotions like anger and sadness, which aligns with the DERS scores in the current research. The finding that those who scored higher on the DCQ also showed greater difficulty in emotional regulation suggests a broad vulnerability toward emotional instability in this population.

5.1 *Limitations*

While this study offers valuable insights into the relationship between body dysmorphia and emotional regulation among young adults, several limitations must be acknowledged to provide context for interpreting the findings and to guide future research efforts.

Firstly, the study utilized a cross-sectional design, which inherently limits the ability to infer causality. Although a significant negative relationship was found between body dysmorphia and emotional regulation, the directionality of this association remains unclear. It is possible that body dysmorphia leads to poor emotional regulation, but it is equally plausible that difficulties in regulating emotions contribute to the development or exacerbation of body dysmorphic symptoms. A longitudinal design would be better suited to assess causality and the temporal sequence of these variables.

Secondly, the sample size and sampling method pose limitations to the generalizability of the results. The study included a sample of 104 college-aged individuals from the Delhi-NCR region, recruited through purposive sampling. While purposive sampling allows for targeted data collection from a specific population, it does not provide a representative sample of the wider young adult population. Consequently, the findings may not be applicable to individuals from different geographic locations, socioeconomic backgrounds, or cultural

contexts. Future studies should consider using randomized or stratified sampling techniques and include participants from diverse regions and backgrounds to enhance external validity. In conclusion, while the study makes a meaningful contribution to the understanding of body dysmorphia and emotional regulation in young adults, addressing these limitations in future research would strengthen the reliability, validity, and applicability of the findings.

5.2 *Implications*

The findings of this study hold several significant implications for clinical practice, mental health interventions, educational settings, and future research. By establishing a strong negative relationship between body dysmorphia and emotional regulation among young adults, this research offers valuable insight into a growing concern in youth mental health and points to actionable pathways for prevention, early identification, and targeted intervention.

One of the most notable implications is the importance of early screening and identification of body image concerns in young adults, especially in educational institutions like colleges and universities. Given the study's findings that increased dysmorphic concerns are associated with poorer emotional regulation, it becomes crucial for mental health professionals working with young populations to incorporate routine screening for body dysmorphia-related symptoms during psychological assessments. This can help in the early detection of individuals who may be at risk of emotional dysregulation, anxiety, depression, and related maladaptive coping mechanisms.

In conclusion, the study's implications are broad and impactful, pointing not only to individual-level interventions but also to systemic changes in mental health services, education, and societal awareness. By addressing body dysmorphia and emotional regulation in tandem, stakeholders can make meaningful strides in improving the overall psychological well-being of young adults.

6. Conclusion

This study aimed to examine the impact of body dysmorphia on emotional regulation in young adults, a subject of growing concern in the context of increasing societal and media-driven pressures surrounding appearance. The findings reveal a significant negative correlation between body dysmorphia and emotional regulation, suggesting that individuals who experience higher levels of body dysmorphic concerns tend to have greater difficulties in regulating their emotions effectively. These results are consistent with existing literature, which indicates that distorted body image perceptions are not only associated with emotional distress but also with impaired coping strategies and psychological dysfunction.

These insights underscore the need for clinicians, educators, and mental health professionals to consider emotional regulation as a central focus when working with individuals experiencing body image disturbances. Tailored interventions that incorporate emotion regulation training and body image therapy could provide more comprehensive support and improve psychological outcomes.

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