

# A Study On Mental Health Issues Among Young Adults With Body Dysmorphic Disorder

Seethalakshmy.A<sup>1</sup>, Hasena. M. H<sup>2</sup>, Ayisha Shidhika<sup>3</sup>, Swetha.R<sup>4</sup>

<sup>1</sup>Assistant Professor, Department of Psychology, Sri Krishna Arts and Science College, Coimbatore,

<sup>2,3,4</sup>BSc Students, Department of Psychology, Sri Krishna Arts and Science College, Coimbatore, Tamil Nadu.

<sup>1</sup>seethagenuine@gmail.com, <sup>2</sup>ayshanizam0906@gmail.com, <sup>3</sup>hasee1566@gmail.com <sup>4</sup>swetharavi6600@gmail.com

---

## Abstract

The mental illness involving obsessive focus on a perceived flaw in appearance termed as Body Dysmorphic Disorder (BDD) makes the person spend hours a day thinking, and worrying about the same and trying to fix it. These negative thoughts make them feel stressed and trigger their day-to-day functioning. To find out the mental health issues among young adults with BDD, a study was carried out in a sample of 201 young adult population selected by purposive sampling method, from the Coimbatore city Population. The study examined the course of BDD with depression, anxiety and stress among young adults and it helped to develop coping mechanisms and overcome BDD symptoms and even help to control.

**Keywords:** Anxiety, BDD Symptoms, Depression, Stress, Suicide risk

## Introduction

Most of the people in the world have something that they do not like about their appearance thinking that they have a crooked nose, nit having a proper smile, or attractive eyes that they perceive as too large or too small according to them. Even though people may feel stressed about their imperfections, thinking that may interfere in their daily lives. People with Body Dysmorphic Disorder (BDD) spent continuous amount of time about thinking their perceived flaws every day. They won't believe any positive comments that people raise about them.

People with body dysmorphic disorder may tend to miss their scheduled works like going to school, college and work they often tend to have sociophobia as keep themselves isolated from others. They may often undergo surgeries like plastic surgery, cosmetic surgery to fix or correct their imperfections but never gets satisfied with those unnecessary surgeries.

First insight on body dysmorphic disordered patient was reported in 1886 named Enrico Morselli which is first diagnosed and termed as Dysmorphophobia. Later in the period of 1980's the American Psychiatric Association briefly recognized about the disorder, and terming it as an atypical somatoform disorder, in DSM-3. Finally having a clear-cut knowledge about this differentiate somatoform disorder the revised version of DSM-3 mentioned the term Body Dysmorphic Disorder in 1987.

A research on body dysmorphic disorder reveals that the many people with BDD experience high level of mental health issues that can have a significant impact on their quality of life and on relationship [1]. Patients with Body Dysmorphic Disorder have markedly high levels of distress and have poor well-being in the realms of depression, anxiety, anger hostility and somatic symptoms [2].

People with Body Dysmorphic Disorder identified with high rates of suicidal thoughts and ideations and also suicidal attempts [3]. The level of comorbidity of Body dysmorphic disorder (BDD) with anxiety disorders, depression, and social phobia are high. Patients with BDD have poor quality of life and high rates of psychiatric hospitalization and suicidal ideations and attempts [4]. BDD causes the significant impairment of psychosocial functioning and decreased quality of life even in young adults who are identified with BDD. Hence there is a need to understand the impact of BDD on the mental health of young adults and also help them to overcome the distress.

## **aim**

The major objective of the research is to find out Body Dysmorphic Disorder among Young Adults and how Depression, Anxiety and Stress are related to Body Dysmorphic Disorder among Young Adults. The study concentrates on the correlation between Body Dysmorphic Disorder and the Mental Health of Young adults aged 18-30 years.

## **methods**

### **HYPOTHESIS**

H1: Among Young Adults, there exists positive correlation between Body Dysmorphic Disorder and Depression

H2: Among Young Adults, there exists positive correlation between Body Dysmorphic Disorder and Anxiety

H3: Among Young Adults, there exists positive correlation between Body Dysmorphic Disorder and Stress

H4: There exists significant difference between Body Dysmorphic Disorder with Depression, Anxiety and Stress among young adults.

H5: Among Young Adults, there exists significant difference between Body Dysmorphic Disorder and Gender.

## **Sampling**

Participants in this study consists of 201 young adults between 18-30 years. The sample was drawn from Young population of Coimbatore district, TamilNadu, India. Purposive sampling method is used. Both Male and Female gender are included in the sample.

## **Measures**

The following instruments were used to collect data from the sample:

For the purpose of the study, to collect the emotional states of Depression, Anxiety and Stress, Depression Anxiety Stress Scale (DASS-21) proposed by Lovibond and Lovibond (1995) [6]. Each of the DASS scales contains 14 items, divided into subscales of 2-5 items with similar content. The Depression scale helps to assess dysphoria, hopelessness, devaluation of life, self-deprecation, and lack of interest/involvement, anhedonia, and inertia. The Anxiety scale not only assess autonomic arousal and skeletal muscle effects but also situational anxiety, and subjective experience of anxious affect. The Stress scale which is sensitive to levels of chronic non-specific arousal also finds out the difficulty in relaxing, nervous arousal, and being easily upset/agitated, irritable/over-reactive and impatient. Subjects are instructed to use 4-point severity/frequency scales to rate the extent to which they have experienced each state over the past week. Scores for Anxiety, Depression and Stress are calculated by summing the scores for the relevant items.

Body dysmorphic disorder questionnaire by Philips et.al in 2005-Revised [7]. There are five questions that are highly meant to identify the presence and the level of body dysmorphic disorder in individuals. In the third question there are four sub-divisions which addresses about different individuals view over body defects. The options for the first, second, third and fifth question is yes or no where the option of fourth question is greater than equal to one. Total score of the person is calculated by adding the value scored by the person for all the five questions. If the score is less than three then the person is interpreted of not having Body Dysmorphic Disorder. If the score is three then the person is interpreted as having Body Dysmorphic Disorder. If the score is four the level of Body Dysmorphic Disorder is pretended as considerably high. If the score is five the level of BDD in the person is interpreted as very high or excluded.

**Results And Discussion**

Table-I: Correlation between Body Dysmorphic Disorder and Depression among young adults.

		BDD	DEPRESSION
BDD	Pearson Correlation	1	.612**
	Sig. (2-tailed)		.000
	N	201	201
DEPRESSION	Pearson Correlation	.612**	1
	Sig. (2-tailed)	.000	
	N	201	201

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

Table-I indicates young adults have Body Dysmorphic Disorder (BDD) symptoms showing there is a significant relation on certain variables that cause higher level of depression. Any variable correlated with itself have a correlation of 1. When one variable increases in the value, the second variable also increases. This is called positive correlation. From Pearson correlation table young adults with BDD symptoms correlation is 0.612 with depression variables. Hence, we can say that BDD symptoms among young adults is correlated with depression variable. In this case, it concluded that when BDD increases, depression also increases initially. We get the p-value of 0.000 is less than significance level, so we would reject the null hypothesis. Since p-value is < 0.01 there is a statistically significant correlation between the two variables Body Dysmorphic Disorder and Depression.

Table-II: Correlation between Body Dysmorphic Disorder and their Anxiety among young adults.

		BDD	ANXIETY
BDD	Pearson Correlation	1	.604**
	Sig. (2-tailed)		.000
	N	201	201
ANXIETY	Pearson Correlation	.604**	1
	Sig. (2-tailed)	.000	
	N	201	201

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

Table-II indicates young adults have BDD symptoms showing there is a significant relation on certain variables that cause higher level of anxiety. From Pearson correlation table young adults with BDD symptoms correlation is 0.604 with anxiety variable. Hence, we can say that BDD symptoms among young adults is correlated with anxiety variable. In this case, it concluded that when BDD increases, anxiety also increases initially. We get the p-value of 0.000 is less than significance level, so we would reject the null hypothesis. Since p-value is < 0.01 there is a statistically significant correlation between the two variables. We can conclude that there exists no significant difference between young adult with Body Dysmorphic Disorder and Anxiety.

Table-III: Correlation between Body Dysmorphic Disorder and Stress among young adults.

		BDD	STRESS
BDD	Pearson Correlation	1	.576**
	Sig. (2-tailed)		.000
	N	201	201
STRESS	Pearson Correlation	.576**	1
	Sig. (2-tailed)	.000	
	N	201	201

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

Table-III indicates young adults have BDD symptoms showing there is a significant relation on certain variables that cause higher level of stress. From Pearson correlation table young adults with BDD symptoms correlation is 0.576 with stress variables. Hence, we can say that BDD symptoms among young adults is correlated with stress variable. In this case, it concluded that when BDD increases, stress also increases initially. We get the p-value of 0.000 is less than significance level, so we would reject the null hypothesis. Since p-value is < 0.01 there is a statistically significant correlation between the two variables. We can conclude that there exists no significant difference between young adult with Body Dysmorphic Disorder and stress.

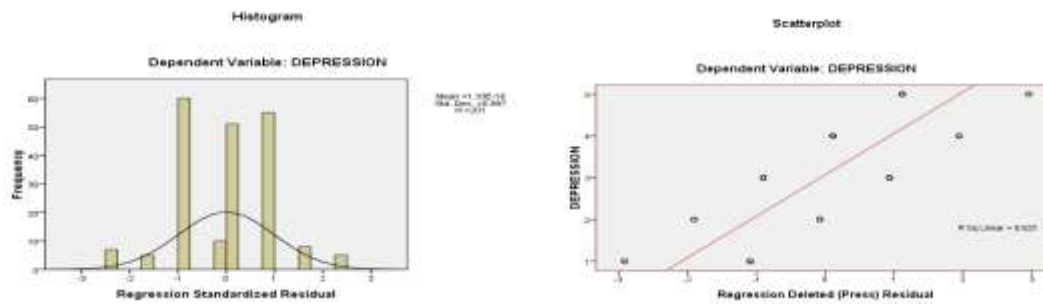
Table – IV: One-way Anova comparison between Body Dysmorphic Disorder with Depression, Anxiety and Stress

		Sum of Squares	df	Mean Square	F	Sig.
DEPRESSION	Between Groups	163.872	1	163.872	119.386	.000
	Within Groups	273.152	199	1.373		
	Total	437.025	200			
ANXIETY	Between Groups	198.488	1	198.488	114.081	.000
	Within Groups	346.238	199	1.740		
	Total	544.726	200			
STRESS	Between Groups	115.314	1	115.314	98.553	.000
	Within Groups	232.845	199	1.170		
	Total	348.159	200			

The table -IV shows that the comparison between the Body Dysmorphic Disorder with Depression, Anxiety and Stress. The df column shows the degree of freedom (between groups 1, and residual 199) for depression, anxiety and stress. The value of f is 119.3 for depression, 114.08 for anxiety and 98.55 for stress. The output of one-way anova analysis shows that there is significant difference between our group means. We can see that the p-value is 0.000 which is less than 0.05. Therefore, there is statistically significant difference between the groups. The comparison between BDD with Anxiety and Stress also has statistically significant result.

Fig 1(a):

Fig 1(b):



In this histogram the one of the regression assumptions is that the residuals are normally distributed. In this histogram mean is 1.33 and standard deviation is 0.997. So, the p-value is less than or equal to the significance level, we can conclude that the model explains variation in the response. The graph represents the linear relationship between the independent variable and dependent variables. The BDD symptoms increases with increase in the level of Depression, Anxiety and Stress

## Discussion

Body Dysmorphic Disorder is a mental illness involving obsessive focus on a perceived flaw in their own appearance. The flaw can be minor or something imagined. But the person may spend maximum amount of time in a day trying to fix it. The person may try many cosmetic approach or exercise to excess. People with this disorder may habitually examine their appearance in a mirror, constantly compare their appearance with that of others and avoid social situations and photography too. This disorder may emerge from puberty and carries out throughout adulthood.

From overall the analysis, among 201 population 55% subjects had Body Dysmorphic Disorder symptoms and 45% had no Body Dysmorphic Disorder symptoms and those who had Body Dysmorphic Disorder symptoms showed major mental health issues. From analysis using correlation test and one-way anova test, Body Dysmorphic Disorder was compared with 3 variables that is, Depression, Anxiety and Stress. In all three variables, it was found that the subjects have severe and extremely severe level of mental health issues those who have Body Dysmorphic Disorder symptoms. Some of them have mild, moderate and normal level of mental health issues those individuals who doesn't have the symptoms of Body Dysmorphic Disorder. This may be due to their personal issues. Based on the evidence reviewed in this research reveals that person with symptoms of Body Dysmorphic Disorder have to reduce their perceiving level of appearance, this may decrease the population having Body Dysmorphic Disorder symptoms. This is may be due to their over imagination of their appearance this leads to the depression also causes suicidal ideation. Suicidal ideation is main causes of Depression, Anxiety and Stress. Moreover, the relationship between Depression, Anxiety and Stress and outcomes symptoms of Body Dysmorphic Disorder were largely consistent. Similarly, they also associated with suicidal risk. Social Anxiety Disorder and Body Dysmorphic Disorder are highly comorbid. Both shows a similar age of onset, share a chronic symptom and shows similar cognitive biases on interpreting the social information in the negative manner [8].

From the current research objectives, it can be accessed that the symptoms of Body Dysmorphic Disorder increases with the increase in level of depression. This shows that when the individual in the population has symptoms of Body Dysmorphic Disorder, they have higher level of depression indicating positive correlation. Focusing on second objective, the symptoms of Body Dysmorphic Disorder increases with the increase in level of anxiety. This shows that when the individual in the population has symptoms of Body Dysmorphic Disorder, they have higher level of Anxiety. There is positive correlation between the Body Dysmorphic Disorder and Anxiety.

The study also points out that the symptoms of Body Dysmorphic Disorder increases with the increase in level of Stress. This shows that when the individual in the population has symptoms of Body Dysmorphic Disorder, they have higher level of stress. There is positive correlation between the Body Dysmorphic Disorder and Stress. From the statistical test done through one-way anova Body Dysmorphic Disorder was compared with all three variables. The result concluded that Body Dysmorphic Disorder symptoms increases the level of all three variables and thus the level of mental health issues increases. Here, also there is significant difference.

The histogram is normally distributed for 201 population among the young adults for Body Dysmorphic Disorder symptoms and level of stress. Form significance value we conclude that there is variation in response. The graph represents the liner relationship between the independent variable and dependent variables. The Body Dysmorphic Disorder symptoms increases with increase in the level of Anxiety, Depression and Stress.

The study results are also supported by research papers on Body Dysmorphic Disorder, which explains that the higher level of comorbidity of body dysmorphic disorder with other psychiatric disorders. Psychiatric disorders such as anxiety disorder and depression [9] are among them along with high rate of suicidal ideations and attempts. All the cases had comorbid depressive disorders, had suicidal ideations and had varied fixed belief with regard to their perceived physical defect. Psychiatrist need to be diligent in evaluating patients especially with BDD for other comorbid psychiatric conditions and an assessment on suicide risk and factors also need to be conducted.

## **Conclusion**

The current study showed that there is correlation between mental health issues and Body Dysmorphic Disorder symptoms among young adults. The research also reported that considerable portion of population is having Body Dysmorphic Disorder symptoms. Body Dysmorphic Disorder causes significantly cause mental health issues and impairment in functioning. Body dysmorphic disorder develops a severe impairment in overall quality of life, making daily activities difficult and also it is associated with an unusually poor quality of life. Because this disorder appears relatively common, most patients are secretive and do not reveal their symptoms unless asked. So, Screening Body Dysmorphic Disorder in clinical setting is important and the body dysmorphic disorder includes both individual and group therapy sometimes medication also may be needed.

## **Implications**

The present study implies that it necessary to know the importance of Body dysmorphic disorder which can dominate one's entire life in a pessimistic way. This study would help to get an idea of how an individual should gain knowledge about BDD symptoms and to gain knowledge about effects of depression, anxiety and stress among BDD individuals and how it distracts them from their normal activity

## **Reference**

1. Kathleen Davis, What's to know about Body Dysmorphic Disorder, Medical News Today, March, 2019.
2. Phillips, K. A., Siniscalchi, J. M., & McElroy, S. L. (2004). Depression, anxiety, anger, and somatic symptoms in patients with body dysmorphic disorder. *The Psychiatric quarterly*, 75(4), 309–320. <https://doi.org/10.1023/b:psaq.0000043507.03596.0d>
3. Phillips, K. A., & Menard, W. (2006). Suicidality in body dysmorphic disorder: a prospective study. *The American journal of psychiatry*, 163(7), 1280–1282. <https://doi.org/10.1176/appi.ajp.163.7.1280>

4. Amir Mufaddel, MD, Ossama T. Osman, MD, DABPN, and Mohammad Jafferany, MD, A Review of Body Dysmorphic Disorder and Its Presentation in Different Clinical Settings, Prim Care Companion CNS Disorder, 15(4),2013 Jul 18.
5. Gupta R, Huynh M, Ginsburg IH. Body Dysmorphic Disorder. Semin Cutan Med Surg. 2013 Jun;32(2):78-82. doi: 10.12788/j.sder.0005. PMID: 24049964.
6. Lovibond, S.H. & Lovibond, P.F. (1995). Manual for the Depression Anxiety Stress Scales. (2nd. Ed.) Sydney: Psychology Foundation.
7. Phillips KA, Coles ME, Menard W, Yen S, Fay C, Weisberg RB. Suicidal ideation and suicide attempts in body dysmorphic disorder. J Clin Psychiatry. 2005 Jun;66(6):717-25. doi: 10.4088/jcp.v66n0607. PMID: 15960564.
8. Angela Fang, Stefan G. Hofmann, relationship between social anxiety disorder and body dysmorphic disorder, clinical psychology review, volume 30, issue 8, 2010,pages 1040-1048.
9. H. Raai, P. Manocha, A. Martin, L. Gonzalez, A. Khadivi,Body Dysmorphic Disorder: A Literature Review And Case Study,2019 Jun 6-9,27th European Congress of Psychiatry.doi:10.26226 / morressier.5c643dc89ae8fb00131f8c0d.

### Authors Profile



Seethalakshmy.A, MSc, MPhil, Ph.D in Psychology. Assistant Professor, Sri Krishna Arts and Science College, Coimbatore. Tamilnadu. APA member C2103391951



Hasena. M. H A young psychologist who completed graduation in psychology from Sri Krishna Arts and Science College, Coimbatore. Tamilnadu



Ayisha Shidhika completed graduation in psychology from Sri Krishna Arts and Science College, Coimbatore. Tamilnadu



Swetha.R an energetic and passionate college student who completed graduation in psychology from Sri Krishna Arts and Science College, Coimbatore. Tamilnadu