



Self-Esteem and Social Comparison: A Study of Body Dysmorphic Symptoms among Private University Students in Nigeria

TOLULOPE EVELYN ALUKO

Chrisland University, Abeokuta, Ogun State, Nigeria

OLABODE OLALEKAN DARAMOLA

University of Lagos, Nigeria

Abstract. Body Dysmorphic Disorder (BDD) is a growing concern globally, particularly among university students. In Nigeria, there is a need for further investigation into how self-esteem and social comparison specifically contribute to BDD symptoms in private universities that face unique social and cultural pressures. This study adopted a cross-sectional design involving 222 participants selected through convenience sampling. Data collection utilized standardized questionnaires that covered demographic details, the Body Image Survey by Lindgren & Pauly (1975), Rosenberg's Self-Esteem Scale by Morris Rosenberg (1965), and the Social Comparison Scale by Allen & Gilbert (1995). Descriptive statistics, independent t-tests, and multiple regression analyses were employed to analyze the data, indicating that 47.7% of participants exhibited high tendencies toward body dysmorphia (BD), slightly more prevalent in males than in females. Furthermore, the study identified a positive correlation between self-esteem and tendencies toward body dysmorphia ($r = .32, p < .05$). The results indicated that self-esteem and social comparison significantly influence tendencies toward body dysmorphia, with self-esteem emerging as a robust predictor ($R^2 = .11, F(1, 219) = 13.47, p < .05, \beta = 1.58, p < .05$). There were no significant differences based on gender in the study ($t(219) = -0.43, p > .05$). The findings suggest that BD in this group may not be specific to any gender, indicating a potential gender-neutral nature. Additionally, students with higher self-esteem may significantly impact body image concerns through self-perception. Furthermore, the absence of strong social comparison underscores the critical role of factors such as media literacy and resilience. Programs promoting authentic self-worth through mindfulness and self-comparison, as well as teaching media literacy, are recommended. Subsequent studies should investigate the

components of self-esteem and how they contribute to addressing body image challenges.

Keywords: Self-esteem, social comparison, body dysmorphic disorder, body image, gender, undergraduate.

1. Introduction

Body Dysmorphic Disorder (BDD) is a serious mental health condition characterized by an excessive preoccupation with perceived imperfections in one's physical appearance, even if these flaws are deemed trivial or unnoticeable by others (Center for Behavioral Health Statistics and Quality, 2016; Mancuso et al., 2022). This obsession can cause emotional turmoil and disrupt routine activities (Grant et al., 2016). People with BDD exhibit compulsive behaviors such as constantly touching their skin to check for imperfections, spending hours grooming to achieve perceived perfection, and meticulously comparing their appearance to others (Phillips & Menard, 2011) and meticulously analyzing every detail, leading them to withdraw from social settings and avoid specific scenarios (Hartmann, 2014).

They often feel unattractive, ugly, or hideous due to minor flaws in different body parts, perceived facial abnormalities, asymmetries, hair loss, skin creases, scars, prominent veins, and changes in skin colour (Mancuso et al., 2022). Some individuals with BDD resort to undergoing multiple cosmetic surgeries in pursuit of an ideal appearance (Sarwer, 2002; Salari et al., 2022). If individuals with BDD do not receive appropriate intervention, they may also exhibit signs of depression, substance abuse, or social anxiety and experience feelings of shame when sharing their body image concerns, apprehensive that others might trivialize their struggles as superficial.

1.1 The Etiology of Body Dysmorphia Disorder

The etiology of BDD is multifaceted, involving psychological, sociocultural, and biological factors. The sociocultural landscape significantly influences individuals' perception of themselves, leading to dissatisfaction and internalized pressure (Grogan, 2008). Social media and societal expectations, especially those related to beauty standards and body image for women, can intensify this cycle of comparison, causing individuals to feel inadequacy. The advent of social media has intensified these dynamics. Platforms such as Instagram and Snapchat are predominantly image-based and often showcase idealized and edited representations of beauty. Research indicates that frequent use of these platforms correlates with heightened body dissatisfaction and BDD symptoms among young people. A study found that the frequency of image-based social media use is significantly associated with body dysmorphic symptoms, particularly when individuals are motivated by appearance-related reasons (Gupta et al, 2023). Moreover, the pervasive use of photo-editing applications and filters has led to phenomena like "Snapchat dysmorphia," where individuals seek cosmetic procedures to emulate their filtered images. This trend underscores the role of social media in shaping unrealistic beauty standards and its impact on body image concerns (Ateq et al., 2024).

Furthermore, social media perpetuates unrealistic beauty standards by presenting unattainable ideals through meticulously crafted images, contributing to feelings of inadequacy. Additionally, studies among young adults in Nigeria have found that social media use is a significant positive predictor of body image dissatisfaction, suggesting that increased exposure to idealized images may exacerbate negative self-perception (Nnamchi, et al, 2024). These societal expectations can create internalized pressure, leading individuals to constantly feel the need to meet unrealistic standards and fostering feelings of vulnerability (Feusner et al., 2010).

Recent studies also suggest a possible biological basis for these issues, linked to imbalances in neurotransmitters like serotonin and dopamine. Among the biological contributors, imbalances in neurotransmitters - chemical messengers in the brain - have been implicated in the development and maintenance of BDD symptoms. Serotonin, a neurotransmitter integral to mood regulation and behavioral processes, has been particularly associated with BDD. Abnormalities in serotonin levels may contribute to the obsessive thoughts and compulsive behaviors observed in individuals with BDD. This is supported by the therapeutic efficacy of selective serotonin reuptake inhibitors (SSRIs), which are commonly used to treat BDD, suggesting

a serotonergic involvement in the disorder (Phillips et al., 2008). Dopamine, another critical neurotransmitter associated with reward processing and cognitive functions, has also been examined in the context of BDD. Although direct evidence linking dopaminergic dysfunction to BDD is limited, studies on related disorders, such as obsessive-compulsive disorder (OCD), indicate that abnormalities in both serotonin and dopamine systems may influence stereotypic behaviors observed in these conditions (Phillips et al., 2008). These imbalances may contribute to negative thoughts and compulsive behaviors (Feusner et al., 2010; Nienke et al, 2016). The cognitive-behavioral model, a widely used therapeutic approach, aims to address these issues through structured therapy sessions (Harrison et al., 2016).

2. Literature Review

Research has highlighted two major psychological factors that influence body dysmorphia: self-esteem and social comparison, both of which significantly shape body image (Turner & Lefevre, 2017). Adolescence and young adulthood are crucial developmental periods marked by body image concerns and self-identification formation.

2.1 Exploring the Link Between Body Dysmorphic Symptoms and Self-Esteem

Self-esteem, the evaluation of one's worth and abilities, significantly impacts self-concept and beliefs about capabilities (Rosenberg, 1965). Additionally, self-esteem is influenced by one's self-perceptions, self-judgments, and feelings about personal identity, significantly impacting psychological development (Beauregard & Dunning, 2001). Several studies have investigated how self-esteem is linked to BDD, emphasizing the importance of recognizing and dealing with these issues early in life (Phillips et al., 2005; Kuck et al., 2021; Tros et al., 2023; Narang & Kaushik, 2024).

Phillips et al. (2005) found that individuals with BDD exhibited significantly lower self-esteem levels than those in non-clinical control groups in their study. Even after adjusting for comorbid depressive symptoms, the inverse relationship between BDD and self-esteem remained evident. Bartsch (2007) identified that diminished self-esteem, elevated depression levels, and perfectionistic tendencies are predictors of dysmorphic concerns in Australian university students. Kuck et al. (2021) conducted a meta-analysis revealing a moderately negative correlation between BDD symptoms and self-esteem, suggesting that increased BDD symptomatology correlates with decreased self-esteem. However, even after adjusting for depressive symptoms, the

correlation remained statistically significant but weakened, showing that while depression has an impact, BDD independently affects self-esteem.

Tros et al. (2023) conducted a study investigating the relationship between BDD and self-esteem in young individuals with acne vulgaris. The study aimed to determine the prevalence of Body Dysmorphic Disorder (BDD) and evaluate self-esteem in adolescents and young adults undergoing treatment for acne vulgaris. Out of the total 105 participants in the study, 13 individuals (12.4%) met the DSM-5 criteria for BDD. Individuals diagnosed with BDD exhibited significantly lower self-esteem levels compared to those without the disorder, highlighting a significant disparity in self-perception. This finding highlights the need for collaborative efforts among dermatologists and healthcare professionals to address the multifaceted nature of BDD conditions and improve patient outcomes.

Additionally, in a related study by Narang & Kaushik (2024), the researchers examined the correlation between body dysmorphia and self-esteem in young adults aged 18–26, focusing on the influence of social media on self-perception. The researchers found a significant negative correlation, indicating that higher levels of body dysmorphia were associated with lower self-esteem. This study underscores the importance of early identification and intervention initiatives in improving self-esteem and potentially preventing the onset or advancement of BDD symptoms in this population.

2.2 The Impact of Social Comparison on Body Image and Mental Health

Social comparison is a fundamental human behavior that involves assessing oneself in relation to others, deeply intertwined with self-worth, motivation, and well-being (Vogel et al., 2014). It can motivate individuals to strive for improvement by observing successful people, setting ambitious goals, and harnessing competitive spirit (Mussweiler, 2003). However, comparisons can also exacerbate social inequalities by amplifying feelings of powerlessness and resentment among disadvantaged groups. Individual susceptibility to comparison's sting depends on personal characteristics like self-esteem and anxiety, as well as cultural norms around success, beauty, and social hierarchies (Buunk et al., 2012).

Individuals with body Dysmorphia (BD), compare themselves to others and becomes a cruel and manipulative game played out in a distorted mirror (Feusner et al., 2010; Wilhelm et al., 2010). Already fixated on perceived flaws in their appearance, they are particularly vulnerable to the negative impacts of social comparison, which fuels their insecurities and

exacerbates their struggles (Veale, 2021). Upward comparisons, where individuals with BD focus on the perceived superiorities of others, are especially harmful. Bombarded with seemingly perfect images on social media and in everyday life, they magnify these perceived flaws in themselves, intensifying feelings of inadequacy and worthlessness (Grogan, 2008). While downward comparisons, focusing on perceived flaws in others, might offer temporary relief, they create a false sense of validation followed by guilt and reinforce the underlying belief that everyone is judging their own perceived flaws (Nie et al., 2024). Even lateral comparisons within social circles and close relationships can trigger anxiety and dissatisfaction, fueling the relentless pursuit of unattainable beauty standards (Phillips et al., 2008).

Jiotsa et al. (2021) explored how comparing one's appearance to social media figures affects body dissatisfaction and the drive for thinness. Using a cross-sectional analysis with questionnaires, the study examined social media usage, comparison frequency, and body image measures. Findings revealed a strong link between frequent appearance-based comparisons and heightened body dissatisfaction and drive for thinness. Education level influenced this relationship, while Body mass index showed no significant effect. The study underscores the need for interventions targeting social comparison behaviors, particularly in individuals with lower education levels. Promoting media literacy and raising awareness about the curated nature of social media could help reduce its harmful impact on body image. These strategies are crucial for mitigating body image disturbances.

Thomson et al. (2024) conducted a systematic review and thematic synthesis to explore the lived experiences of individuals with Body Dysmorphic Disorder (BDD). The study aimed to consolidate qualitative findings to better understand the personal and social challenges faced by those with BDD. Using thematic synthesis, the researchers identified key themes, including distorted self-image, which leads to distress and preoccupation with flaws, and difficulties in social interactions, such as avoidance and strained relationships. Participants also reported significant emotional distress, including anxiety, depression, and low self-esteem. Many faced barriers in accessing appropriate healthcare, often due to stigma or lack of understanding. The study recommends that healthcare professionals receive specialized training to better recognize and address the needs of BDD patients. It also emphasizes the importance of raising public awareness to reduce stigma, encouraging individuals to seek help, and suggests further research to develop targeted interventions that address both psychological and social aspects of BDD.

The study by Marengo et al. (2018) highlighted that constant exposure to these unrealistic beauty standards often leads to feelings of body dissatisfaction and lower self-esteem, as individuals compare themselves to unattainable ideals. This influence extends beyond individual feelings and behaviors, shaping societal perceptions and norms by endorsing unattainable beauty standards and distorting social norms. Social media amplifies this comparison cycle by exposing individuals to curated online personas that heighten feelings of inadequacy and perpetuate beauty standards (Feusner et al., 2010).

2.3 Prevalence and Gender Differences in Body Dysmorphic Disorder Among University Students

Research indicates that Body Dysmorphic Disorder (BDD) is a common issue among university students, although its prevalence varies across different studies and populations. For instance, Alam et al. (2022) found a prevalence between 1.5% (severe symptoms) and 11.0% (mild to moderate BDD symptoms); Saab et al. (2023) discovered 6.4 %, and Mohanty et al. (2014) revealed 6.9 %. A study by Taqui et al. (2008) found that 5.8% of medical students in Pakistan met the diagnostic criteria for BDD, with females exhibiting a significantly higher presence of the disorder than males. Similarly, Alam et al. (2022) reported that 6.9% of Indian university students were diagnosed with BDD, with women being diagnosed at a significantly higher rate than men. Another study conducted in New York by Malcolm et al. (2021) estimated a BDD prevalence of 12.5%, with higher rates observed among female students and those attending private universities, highlighting the disorder's varying impact on different student demographics.

Research suggests that female students are more vulnerable to developing Body Dysmorphic Disorder (BDD), emphasizing the necessity for universities to implement gender-sensitive approaches to address body image issues and promote students' mental well-being. Gender differences in body dissatisfaction are evident in the specific body areas that individuals obsessively focus on. Men often focus on muscularity and physique, whereas women may have concerns about multiple aspects of their appearance, including weight, skin, teeth, and legs. Studies by Malcolm et al. (2021) demonstrate that societal expectations and cultural norms significantly influence concerns related to body image issues, shaping individuals' perceptions of themselves. Moreover, women with BDD often experience heightened psychological distress, such as depression and anxiety (Raghad et al., 2021), and have a lower understanding of their

condition compared to men. Women with BDD often engage in harmful behaviors, such as skin picking, excessive grooming, and using makeup to conceal perceived flaws.

This study investigates the link between self-esteem, social comparison, and body dysmorphia tendencies among Nigerian undergraduate students in private university settings. Low self-esteem is a significant risk factor for body dissatisfaction, which can negatively impact mental well-being (Kuck et al., 2021). Social media exposure to idealized beauty standards can trigger comparisons, increasing body dissatisfaction. The study emphasizes the need to investigate this under-researched population to develop tailored interventions addressing the mental health needs of Nigerian private university students. Recognizing the influence of cultural norms, media representations, and societal expectations on body image perceptions is crucial for designing interventions. The lack of research on Nigerian private university populations limits the understanding of body dysmorphia tendencies in this cultural and educational setting. While some studies have observed gender differences in BDD prevalence and symptomatology, there is a lack of comprehensive research on how self-esteem and social comparison manifest differently in males and females with BDD in this population.

In addition, most studies on Body Dysmorphic Disorder (BDD), self-esteem, and social comparison focus on general populations or clinical settings, potentially overlooking unique challenges faced by university students in private educational institutions. Further research is needed to develop targeted interventions for young adults in African and Asian contexts.

Based on a review of relevant literature, we proposed the following research hypotheses:

- There will be a joint contribution of self-esteem and social comparison to body dysmorphia among university undergraduates.
- There will be a significant difference between male and female undergraduate students in terms of body dysmorphia.

This study will provide insights into the psychological factors influencing body image perceptions and inform the development of effective strategies to enhance mental health and well-being in Nigeria.

3. Research Methodology

3.1 Research Setting

The research was carried out at Chrisland University in Abeokuta, Ogun State, which is situated in the

southwestern region of Nigeria. Established in 2015, Chrisland University, a private institution, was selected as the research site due to its accessibility and suitability for conducting the study. The university has a religious orientation that incorporates elements of Christianity and is privately owned and operated. As a coeducational institution, it serves a student population exceeding 1,500. Chrisland University consists of four colleges: the College of Arts, Management, and Social Sciences (CAMASS), the College of Natural and Applied Sciences (CONAS), the Basic Medical School (BMS), and the College of Law (COLAW).

3.2 Research Design

The study employed a cross-sectional design and gathered data through a survey of undergraduate students at Chrisland University in Abeokuta, Ogun State, Nigeria. The researchers opted for purposive sampling to specifically target participants with in-depth knowledge and experiences related to the research topic. Also, by utilizing purposive sampling, the study ensured that participants with relevant experiences and perspectives were included in the research. The study centered on body dysmorphic disorder as the dependent variable due to its significant impact on self-perception, while investigating self-esteem and social comparison as independent variables to understand their relationships with the disorder.

3.3 Participants and Sampling Techniques

A total of 222 undergraduate students from the university were selected for the study using a convenience sampling method, with 97 (43.7%) males and 125 (56.3%) females. The sample size for the survey was determined using Slovin's formula, a statistical method specifically designed for estimating sample sizes in large populations. This technique was employed to select a subset of the population that mirrors the characteristics of the larger group, thereby improving the study's validity by ensuring a diverse and comprehensive sample. Three colleges, CAMASS, CONAS, and COLAW, were randomly chosen from the four colleges in the institution as part of the sampling process to ensure diversity.

3.4 Research Instruments

A. Self-developed Questionnaire by the Researchers to obtain the sociodemographic variables such as age, gender and level.

B. Researchers used a modified BIS (Body Image survey), Rosenberg's Self-Esteem Scale and the social comparison scale to gather information from the respondents on the body dysmorphia tendencies, self-esteem and social comparison.

The modified Body Image Survey (BIS), developed by Lindgren & Pauly in 1975, is a comprehensive tool designed to assess an individual's perceptions, thoughts, and feelings regarding their physical appearance. Initially intended for evaluating body image disturbances in clinical contexts, the BIS has been adapted for use in non-clinical environments, such as with university students. Responses to the items are rated on a 5-point scale ranging from very dissatisfied (5) to very satisfied (1). The total score ranges from 26 to 130, with higher scores indicating greater levels of dissatisfaction with body image. The scale exhibits high internal consistency, with Cronbach's alpha coefficients exceeding 0.80.

The Rosenberg Self-Esteem Scale (RSES), developed in 1979 by Morris Rosenberg, is a self-report questionnaire designed to assess self-esteem levels in individuals. This 10-item self-report questionnaire measures levels of self-esteem in individuals. Participants evaluate their self-esteem by responding to each item on the scale. In scoring the RSES, items 1, 2, 4, 6, and 7 are scored directly from strongly agree (3), agree (2), disagree (1), to strongly disagree (0), while items 3, 5, 8, 9, and 10 are reverse scored from strongly agree (0), agree (1), disagree (2), to strongly disagree (3). The scale ranges from 0 to 30. Scores between 15 and 25 indicate a typical self-esteem range, while scores below 15 indicate low self-esteem. It demonstrates robust internal consistency, with a value of .92, and exhibits high test-retest reliability, showing stable correlations of .85 and .88 over repeated assessments.

The social comparison scale, a tool designed by Allan and Gilbert (1995), assesses how individuals perceive their social rank and relative social standing. This scale utilizes a method of using opposite pairs and includes 11 bipolar constructs, such as self-esteem, social comparison, and achievement, to measure different aspects of social perception. Participants are required to compare their social standing to others and rate themselves on a ten-point scale to evaluate their perception of social rank. The scale has been found to have good reliability, with reliability coefficients of .88 and .96 for clinical populations and .91 and .90 for student populations (Allen and Gilbert, 1995).

3.5 Ethical Approval

Ethical approval was obtained from the university research ethics committee, while consent was obtained from the participants. The researcher approached the participants in locations such as classrooms, hallways, and the cafeteria within the school premises to seek their consent for participation in the study. Participants who agreed to take part after rapport-building were provided with questionnaires. Prior to collecting the

questionnaires, the researcher ensured that participants comprehended the contents thoroughly and completed them accurately. Participants were provided with ample time to read the questionnaire and encouraged to ask clarifying questions if they had any uncertainties about any section. The filled questionnaires were collected and scored based on the manual of the scales.

3.6 Data Analysis and Interpretation

The researcher performed data entry into Statistical Package of Social Science-25 (SPSS-25) after validation procedures. Statistical analysis included descriptive statistics (mean, standard deviation) and inferential statistics (multiple regression, independent t-tests) to draw valid conclusions.

4. Results

4.1 Socio-demographic Characteristics of the Respondents.

Table 1: Summary of data showing demographic characteristics of respondents in the study

Demographic Profile	Items	Frequency	Percentage
Age	≤ 20 years old	154	69.4%
	≥ 20 years old	68	30.6%
	Total	222	100%
Gender	Male	97	43.7%
	Female	125	56.3%
	Total	222	100%
Level	100	89	40.1%
	200	41	18.5%
	300	42	18.9%
	400	37	16.6%
	500	13	5.9%
	Total	222	100%

The majority of respondents, approximately 154 (69.4%), were aged 20 years old or younger, while 68 (30.6%) were above 20 years of age. Females comprised the majority of the study, with 125 individuals representing 56.3% of the total sample, indicating a higher presence of females. In contrast, males, totaling 97 individuals, accounted for the remaining 43.7% of the total sample, showing a lower male representation. The data shows that 89 participants from the 100-level made up 40.1% of the total sample, whereas only 13 participants from the 500-level represented 5.9% of the total sample.

4.2 Prevalence and Patterns of Socio -Demographic Variables on Body Dysmorphia

Table 2: Sociodemographic characteristics of age, gender and body dysmorphia

Variable	Low		High	
	N	%	N	%
Body Dysmorphia	116	52.3%	106	47.7%
Gender				
Male	52	23.4	45	20.3
Female	64	28.8	61	27.5

The results in Table 2 indicate the prevalence of body dysmorphia among the participants. 52.3% of participants reported low body dysmorphia symptoms, indicating that they were content with their body image. In contrast, 47.7% of participants reported high body dysmorphia tendency, indicating dissatisfaction with their bodies. 23.4% of male participants reported low body dysmorphia, a percentage lower than the 20.3% who reported high body dysmorphia. 28.8% of female participants reported low body dysmorphia, whereas 27.5% reported high body dysmorphia. Interestingly, the data indicates that male participants have a slightly higher proportion of high body dysmorphia symptoms compared to females. This challenges the common perception that body image issues predominantly affect females.

4.3 Zero Order Correlation showing Relationships among Gender, Self- esteem, Social comparison and Body dysmorphia.

Table 3: Means, Standard Deviations, and Intercorrelations among Variables in the study

Variable	X̄	SD	Range	1	2	3	4	5
Gender	.56	.50	0 – 1	-.05	-			
Self Esteem	13.9	3.77	10 – 30	-.08	-.03	-		
Social Comparison	38.1	6.81	11 – 110	-.014	.07	.10	-	
Body Dysmorphia	56.5	19.39	26 – 130	-.11	.03	.32*	.13	-

Table 3 presents mean, standard deviations and intercorrelations between the independent and dependent variables. The result revealed that only self-esteem was significantly moderately correlated with body dysmorphia while gender and social comparison were not correlated with body dysmorphia. The result show that self-esteem had a significant positive relationship with body dysmorphia ($r = .32, p < .05$), implying that higher self-esteem increases high body dysmorphia. However, gender ($r = .03, p > .05$), and social comparison ($r = .13, p > .05$) were not significantly correlated with body dysmorphia. Gender, self-esteem and social comparison were also not significantly correlated with each other.

4.4 Analysis of Research Hypothesis

Hypothesis One: There will be a joint contribution of self-esteem and social comparison to body dysmorphia among undergraduate students in private university.

Table 4: Multiple Regression Analysis Showing Influence Social Comparison and Self-esteem as joint predictors of Body Dysmorphia

Predictor	B	t	P	R	R ²	F	P
Social Comparison	.27	1.49	>.05	.33	.11	13.47	< .05
Self Esteem	1.58	4.80	< .05				

The result revealed that social comparison and self-esteem significantly jointly predicted body dysmorphia among the university undergraduates ($F_{(1, 219)} = 13.47, R^2 = .11, p < .05$). A close appraisal of the variance reveals that social comparison and self-esteem jointly accounted for a significant 33% variance in body dysmorphia among participants. This result implies that as unit standard deviation increase in social comparison and self-esteem jointly increases body dysmorphia by 0.33 among the undergraduates’ students. An assessment of the independent influence of social comparison and self-esteem shows that only self-esteem ($\beta = 1.58, t = 4.80, p < .05$) significantly independently predicted body dysmorphia among the university undergraduates’ students in private university while social comparison ($\beta = 0.27, t = 1.49, p > .05$) was not a significant independent predictor of body dysmorphia.

Hypothesis Two: Gender will significantly influence Body dysmorphia among Undergraduates students.

Table 5: Summary of Independent T-test of the difference in Body dysmorphia based on participants' Gender.

Outcome	Male				Female				t	df	Sig
	N	x̄	SD		N	X̄	SD				
Body Dysmorphia	98	55.86	20.72		124	56.99	18.41		-43	219	>.05

The result revealed that there was no significant difference in body dysmorphia between male and female participants $t(219) = -43, p > .05$. This result implies that female undergraduate students ($x = 56.99, SD = 18.41$) did not report a higher body dysmorphia than their male counterparts ($x = 55.86, SD = 20.72$). This indicate that gender did not significantly influence body dysmorphia, and females were not more likely to have high body dysmorphia than their male counterparts.

5. Discussion, Conclusions and Recommendations

5.1 Discussion

The findings from this study suggests that higher levels of self-esteem are associated with increased body dysmorphic symptoms, implying that as self-esteem rises, so do concerns and dissatisfaction with one's body. This result contrasts with existing literature, including studies by Chutani et al. (2022)

and Kuck et al. (2021), which predominantly report a negative correlation between self-esteem and body dysmorphia. For instance, a study examining young adults found a significant negative relationship between self-esteem and body dysmorphic disorder (BDD), indicating that as self-esteem decreases, the likelihood of developing BDD increases (Chutani et al., 2022). Similarly, a meta-analysis demonstrated that low self-esteem is a significant hallmark of BDD, persisting beyond the influence of depressive symptoms (Kuck et al., 2021). One possible explanation for the positive association observed in the current study is the presence of inflated or defensive self-esteem, where individuals may outwardly report high self-esteem that masks underlying insecurities or vulnerabilities. This defensive posture might lead to an increased focus on perceived bodily imperfections, thereby elevating body dysmorphic symptoms.

In addition, social comparison is not a significant predictor of body dysmorphic symptoms within this sample. This finding diverges from previous research, as indicated by the systematic review and meta-analysis by Khalil et al. (2024), which consistently highlights relevant associations. Bonfanti et al. (2025) discovered a moderate connection between increased online social comparison and heightened concerns about body image and symptoms of eating disorders. This indicates that individuals who frequently engage in social comparisons, especially on social media, are more likely to experience increased body dissatisfaction and associated concerns, underscoring the potential negative impact of social media on body image and mental health. Although the current study did not establish a significant link between social comparison and body dysmorphia among undergraduates at a private university, this divergence from broader research that suggests a moderate association emphasizes the need for further investigation into the specific factors that may contribute to body dysmorphia in this particular population. This variation could stem from the diverse nature and context of social comparisons among the participants, indicating that individual experiences and perceptions of social media may significantly influence how it affects body image and mental health outcomes. While some students may compare themselves in ways that harm their body image, others may not be as affected, potentially due to variations in personal resilience, self-esteem, or critical thinking skills in evaluating idealized images. Furthermore, the platforms and types of content where social comparisons occur, such as academic settings and social media known for curated and often unrealistic portrayals of beauty standards, could significantly influence their impact.

Furthermore, the joint influence of self-esteem and social comparison on BDD symptoms suggests that both factors contribute to the development of body dysmorphia, reinforcing the idea that self-perception and social influences play a crucial role in body image concerns. However, when examined independently, only self-esteem emerged as a significant predictor, while social comparison did not. This implies that self-esteem has a stronger and more direct impact on body dysmorphic symptoms than social comparison, at least within the sample studied.

There was no significant difference in body dysmorphia between male and female undergraduate students - adds to the ongoing discourse on gender-related prevalence of Body Dysmorphic Disorder (BDD). Within this specific sample, there is no indication that gender plays a significant role in the manifestation of BDD symptoms. This finding was supported by a study conducted by Schneider et al. (2019), which demonstrated that there were no significant differences between males and females in terms of the severity of BDD symptoms, depressive symptoms, or frequency of appearance concerns across different body areas. Additionally, a study by Park et al. (2022) revealed that gender was not a significant predictor of BD symptoms when considering appearance-based rejection sensitivity. In contrast to previous literature, Malcolm et al. (2021) revealed that women exhibited notably higher distress related to BDD behaviors and lacked insight into their condition compared to men. This difference may be explained by the elevated levels of body dissatisfaction and the typically more severe BD symptoms that female experience compared to male. This influence could be attributed to societal expectations that dictate female to conform to narrow beauty standards, leading to increased pressure and dissatisfaction with their appearance, ultimately contributing to the prevalence and severity of BD among females.

5.2 Conclusions and Recommendations

This study challenges the existing literature on (BDD) by revealing a lack of significant gender differences in symptoms, suggesting that both male and female undergraduate students may experience similar body-related concerns. The positive relationship between self-esteem and BDD undermines the belief that low self-esteem predisposes individuals to BDD. This may be due to individuals maintaining overly positive or protective self-perceptions, which lead them to assert high self-esteem despite underlying insecurities. Further research is needed to explore specific components of self-esteem, such as self-worth, self-efficacy, and self-acceptance, and their connections to body

image concerns. Social comparison was not found to be a significant independent predictor of BDD symptoms, indicating that individual differences in resilience, media literacy, and self-perception can greatly influence this relationship. The combined impact of self-esteem and social comparison on BDD symptoms suggests that body image worries arise from a complex interplay of individual and social factors. The stronger independent influence of self-esteem emphasizes the need for targeted interventions that prioritize enhancing positive self-perception and addressing external factors like media portrayals of beauty.

On the basis of the present study, the following recommendations were made:

School counsellors in collaboration with other mental health practitioners should implement programs that promote genuine self-worth rather than surface-level or defensive self-esteem. Activities such as mindfulness-based interventions and self-compassion training can help students develop a healthier and more stable self-concept.

Educational institutions should introduce media literacy programs. These programs should teach students how to critically analyze and deconstruct unrealistic beauty standards in social and digital media to reduce the negative impact of comparison-based body dissatisfaction.

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