SOCIAL MEDIA ADDICTION AND BODY DYSMORPHIC DISORDER AMONG YOUNG FEMALE ADULTS

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Abstract

The purpose of this research is to study the relationship of social media addiction on body dysmorphic disorder among young adults. Body dysmorphic disorder (BDD), or body dysmorphia, is a mental health condition where a person spends a lot of time worrying about flaws in their appearance. These flaws are often unnoticeable to others. Social media addiction includes defining characteristics such as being concerned about social media, having a strong motivation to use social media, and to devote so much time to social media it impairs other activities, jobs, studies, relationships, and psychological health and well-being (Andreassen, 2015). The objective of this study is to analyze the relationship between social media addiction and Body Dysmorphic Disorder. The range for this research would be 18 to 26 also known as young adults. Two different tests would be used in order to measure the score. The Bergen Social Media Scale developed by Dr. Cecilie Andraessen and his colleagues in the year 2016 will be used in the screening of social media addiction and non-social media addiction and the Body Dysmorphic Disorder Questionnaire developed by Sabina Brohede and her colleagues in the year 2013 will be used for the screening of Body Dysmorphic Disorder. In the following study it was found that there is positive correlation between social media addiction as there is a significantly positive correlation between the two variables.

Keywords – Body Dysmorphic Disorder, Social Media Addiction, Young Female Adults

Introductions

Body Dysmorphic Disorder

Here is the DSM-IV definition of BDD, along with a brief explanation of each diagnostic criterion.

A) "Preoccupation with a fictitious flaw in the physical appearance. If a minor physical deformity is evident, the person's concern is significantly elevated." The most common preoccupations involve the skin (e.g., scarring, acne, colour), hair (e.g., balding, excessive facial or body hair), or nose (e.g., size or form), however any bodily part might be the subject of attention. 13 "Preoccupation" is not operationalized in criteria A; nonetheless, it is commonly described as thinking about the perceived appearance defect(s) for at least one hour per day (akin to obsessive-compulsive disorder [OCD]).

B) "The preoccupation produces clinically considerable suffering or impairment in major social, occupational, or other functioning domains." As with other diseases, the severity of distress and impairment in functioning varies. As will be detailed later in this review, however, patients often suffer from significant impairments in social, occupational, and academic functioning.

C) "The fixation is not better explained by another mental disease (such as body dissatisfaction in anorexia nervosa)" This criterion suggests that if a person's primary appearance worry is that he or she is overweight or obese, and the person satisfies diagnostic criteria for anorexia nervosa or bulimia nervosa, then the eating disorder is diagnosed rather than BDD. However, BDD and eating disorders are commonly co-occurring, requiring the diagnosis of both conditions.

In the third edition of the DSM (DSM-III), BDD was referred to as "dysmorphophobia."

In DSM-III, it was classified as an unusual somatoform disorder, and diagnostic criteria were not supplied. Body dysmorphic disorder was given diagnostic criteria and defined as a separate condition (a somatoform disorder) for the first time in DSM-III-R, where it was referred to as "body dysmorphic disorder." BDD is also classed as a somatoform disorder in the current edition of DSM (DSM-IV-TR). Along with hypochondriasis, ICD-10 classifies BDD as a "hypochondriacal disorder" in the somatoform section. During the preparation of DSM-IV, it was considered to move BDD to the anxiety disorders section, but there were insufficient data to establish if this movement was justified. BDD inclusion in a section of "Anxiety and Obsessive-Compulsive Spectrum Disorders" is being considered for DSM-5, although it is not yet clear whether such a section will be included.

How the delusional variety of BDD (in which patients are entirely convinced that they appear unattractive or abnormal) should be diagnosed is a therapeutically significant issue. In DSM-IV, the delusional variation of BDD is defined as a sort of somatic delusional illness within the psychosis section. However, DSM-IV permits BDD and its delusional disorder variation to be double-coded; patients with delusional BDD can be diagnosed with both BDD and delusional disorder. 15 This double coding indicates that the delusional and no delusional varieties of BDD may in reality be subtypes of the same condition. Importantly, the delusional variety of BDD appears to respond to treatment with serotonin reuptake inhibitor (SRI) alone, and, despite preliminary evidence, neuroleptics do not appear to be a promising treatment option. During the DSM-5 development process, it is being considered to

combine BDD's delusional version with its no delusional variation into one disorder (BDD), while specifying degree of insight (with good or fair insight, poor insight, or with delusional BDD beliefs).

2) Social Media Addiction

Social media addiction - social media addiction refers to social media use which causes significant impairment in an individual's life the extent that they are unable to control their behaviour which in turn interferes significantly with everyday life tasks (Ryan et al., 2014).

Humans have intrinsic wants to belong and to interact, and interpersonal contact is the key to satisfying these demands (Baumeister& Leary, 1995; Wang, 2013). With the advent of information technology and the quick expansion of Internet-based social media (e.g., Facebook, WeChat, and Instagram) during the past few decades, interpersonal communication has altered dramatically (Smith & Anderson, 2018; Stone, & Wang, 2018). The prevalence of social media platforms and the ease of Internet access provide the possibility for social media addiction, defined as the unreasonable and excessive use of social media to the point where it interferes with other parts of everyday life (Griffiths, 2000, 2012). Numerous emotional, relationship, health, and performance issues have been discovered to be related with social media addiction (e.g., Echeburua & de Corral, 2010; Kuss & Griffiths, 2011; Marino, Finos, Vieno, Lenzi, & Spada, 2017; Marino, Gini, Vieno, & Spada, 2018). Understanding the causes, effects, and treatments of social media addiction is so crucial.

Statement of Problem

To study the correlation between Body Dysmorphic Disorder and Social Media Addiction among

Objective of the Study

The study is intented to find out the relationship between Social Media Addiction and Body Dysmorphic Disorder among young female adults. Given the above-mentioned statement of the problem following objectives of the study have been made:

1.   To study the inter-relations of Social Media Addiction and Body Dysmorphic Disorder among young female adults.

2.   To access whether young female adults with Social Media Addiction have high chances being diagnosed with Body Dysmorphic Disorder.

Hypothesis

There is a positive correlation between body dysmorphic disorder and social media addiction among young female adults.

Selection of Sample

The present study examines the correlation between Body Dysmorphic Disorder and Social Media addiction on young female adults. The research was conducted with the sample size of 99. The sampling was conducted in Pune. Samples were collected using google forms. Samples were collected from females from variety domains of educational qualification like HSC students, undergraduates, postgraduates, engineering and BDS students. The sample included females within the age range of 18 – 26. The method used for sampling was accidental method and snowball sampling method.

Variables

1. Body Dysmorphic Disorder

2. Social Media Addiction

Research Tools

Body Dysmorphic Disorder Questionnaire

Body dysmorphic disorder questionnaire was developed by Sabina Brohede and her collegues The BDDQ was translated into Swedish and filled out by 2891 women from a randomly selected community sample. The questionnaire was validated in a subsample of 88 women, using the Structured Clinical Interview for DSM-IV (SCID) together with clinical assessment as the gold standard. In the validation subsample, the BDDQ showed good concurrent validity, with a sensitivity of 94%, a specificity of 90% and a likelihood ratio of 9.4. The questionnaire can therefore be of value when screening for BDD in female populations. The questionnaire was validated in a subsample of 88 women, using the Structured Clinical Interview for DSM-IV (SCID) together with clinical assessment as the gold standard. In the validation subsample, the BDDQ showed good concurrent validity, with a sensitivity of 94%, a specificity of 90% and a likelihood ratio of 9.4. The questionnaire can therefore be of value when screening for BDD in female populations.

The risk of the BDDQ influencing the respondents' answers in the SCID interview (or vice versa, depending on which was first) was presumed to be considerable and not worth taking, if it would impair the validation accuracy. The diagnostic interview using the SCID was carried out by a clinician, who had some experience in diagnosing BDD using a structured interview manual, but was nevertheless not a psychiatrist.

Involving instead at least two assessors, preferably experienced psychiatrists, would have allowed us to evaluate interrater reliability. BDDQ displayed high rates of sensitivity (94%) and specificity (90%) in the community-based sample of women. The obtained (positive) likelihood ratio was 9.4. The positive predictive value in this sample was 71% and the negative predictive value 98%.

Bergen Social Media Scale

The Bergen Social Media Addiction Scale the BSMAS was developed by Andreassen and his colleagues in the year 2016. It consists of six items, each representing core elements of addiction (i.e., salience, tolerance, mood modification, conflict, withdrawal, and relapse). The BSMAS has been used in several recent studies because of its simplicity, suitability for large-scale studies, widespread international acceptance, and sound rationale. The BSMAS was made by modifying the items of the well-validated Bergen Facebook Addiction Scale (BFAS) that was developed to measure Facebook addiction . The BSMAS consisted of the same items as the BFAS except that the term "Facebook" was changed into "social media". The unidimensional structure was confirmed for the BSMAS the four-factor structure was confirmed for NMPQ. All instruments showed good internal consistency reliability. Promising validity and reliability were confirmed for BSMAS. The test-retest reliability for the BSMAS total score was acceptable, with Pearson's correlation coefficient of 0.75 at the mean days of the interval of 21.9 ± 1.9. The paired t-test displayed the BSMAS total score was significantly lower at the retest (mean $\pm$ SD=12.90 ± 5.74) than the baseline (15.03 ± 5.86).

Result and Discussion

Descriptive Statistics

The table shows mean and standard deviation of Social Media Addiction and Body Dysmorphic Disorder.

Variables	No. of Sample	Mean	Std. Deviation
Social media Addiction	99	19.1313	4.04224
Body Dysmorphic Disorder	99	2.5253	1.48697

The above graph shows the descriptive statistics of the samples on the Body Dysmorphic Disorder and Social Media Addiction

The above table shows the mean score and standard deviation of Social Media Addiction and body Dysmorphic Disorder women of age group, 18 to 26. The means score of the social media addiction is 19.1313. According the scale used in this study the mean score of 19 indicates that the individual has high chances of having Social Media Addiction. The mean score of Body Dysmorphic Disorder is 2.5253 according to the body dysmorphic disorder questionnaire mean score of 2 have a moderate chance of being diagnosed with body dysmorphic disorder. The standard deviation of Social Media addiction is 4.04224 and of BDD is 1.48697

Pearson's correlational

Table. Correlation between Body Dysmorphic Disorder and Social Media Addiction.

		BODY DYSMORPHIC DISORDER	SOCIAL MEDIA ADDICTION
BODY DISMORPHIC DISORDER	Pearson Correlation	1	.600**
	Sig. (2 tailed)		<.001
	N	99	99
SOCIAL MEDIA ADDICTION	Pearson Correlation	.600**	1
	Sig. (2- Tailed)	<.001	
	N	99	99

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

According to the table ** correlation is significant at the 0.01 level (2- tailed). there is a significant positive correlation between social media addiction and Body Dysmorphic Disorder as The Pearson's correlation value is .600** with the significance value of p = 0.01 which indicates that the correlation is significant at the 0.01 level.

This obviously means that there is Therefore it can be concluded that the mentioned hypothesis has been supported.

Discussion The purpose of the study was to find the correlation between social media addiction and Body Dysmorphic Disorder among college students. On the basis of the data mentioned earlier it can be concluded that the hypothesis has been supported.

A study on similar basis was conducted in Indonesia by Eladia, Raini Diah Susanti and Theresia Eriyani. It was published in Malaysian Journal of Medicine and Health Sciences in February (2022) This study investigated the direction and strength of the association between Instagram usage and body dysmorphic disorder to determine the direction and strength of the relationship between the two variables. The degree of Instagram users also played a role in predicting the risk level of body dysmorphic disorder or body dissatisfaction, even if the association was modest. Using Instagram intensely increased the potential of body dysmorphic tendency.

Conclusion of Study

In this study it was found that there is positive correlation between social media addiction as there is a significantly positive correlation between the two variables.

Limitations

1. It becomes difficult to know whether the responses of the participants are honest or not.

2. the socioeconomic environment of the participants wasn't taken into consideration unknown.

3. there was difficulty to know whether the participant have any prior mental or physical health condition.

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