

Social Media Body Image Disorder-A New Diagnosis Facing Surgeons

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Abstract

Body image disorders can have crippling effects on the physical and mental health of a person and their support networks. These disorders are common in younger generations and can lead to serious impact on their daily life. As global communities come together with the internet and social media, we are seeing their impacts on perceptions of appearance and body image. Younger generations are susceptible to these influences from social media, with mental health issues arising from appearance and body dissatisfaction. The Diagnostic and Statistical Manual of Mental Disorders V (DSM-V) assists clinicians with understanding and defining many mental health disorders, however we believe that the influence of social media on body image disorders warrants its own diagnosis. We propose a new disorder termed Social Media Body Image Disorder (SMBID). Awareness of this disorder may help clinicians identify patients that have unrealistic expectations from cosmetic procedures.

Introduction

Body Dysmorphic Disorder (BDD) can have crippling effects on the physical and mental health of a person and their support networks. BDD is a psychological disorder of body image recognised by the Diagnostic and Statistical Manual of Mental Disorders V (DSM-V) [1]. It is as an obsessive-compulsive and related disorder with impairment in a person's thoughts regarding their appearance. To make a diagnosis, a person has (1) a preoccupation with one or more perceived defects or flaws in physical appearance that are not observable or appear slight to others, (2) at some point during the course of the disorder, the individual performs repetitive behaviors (for example, mirror checking, excessive grooming, reassurance seeking) or mental acts (for example, comparing their appearance with that of others) in response to the appearance concerns, (3) the preoccupation causes clinically significant distress or impairment in social, occupation or other areas of functioning and (4) the preoccupation is not better explained by concerns with body fat or weight whose symptoms meet eating disorder diagnostic criteria [1-3]. BDD was first described in 1891 by Italian psychiatrist, Enrico Morselli as dysmorphophobia [2,4]. It was not until 1987 when the term BDD was first used as a diagnosis. The latest edition of the DSM has retained the diagnosis, although variations in the defining features of the disorder have ensued.

BDD is more common in younger generations and can lead to serious impact on their daily life. The disorder affects around 1 in 50 worldwide [2] and is difficult to diagnose because people often do not think what they see is a delusion. The aetiology of BDD is complex and to the most part, unclear. Current theories suggest elements of genetic susceptibility, neurochemical imbalances and development

factors such as sexual, emotional and physical abuse during childhood contribute to the development of BDD [5]. Regardless of the aetiology, it is widely accepted that persistent negative thoughts about physical appearance can lead to depression, self-harm and suicide if not managed promptly. These negative thoughts may be confounded by social media and cultural trends on the expected standards of appearance. The mainstay of treatment for BDD is cognitive behavioural therapy and medications such as antidepressants. These therapies aim to reorganise the thought patterns and neurochemical imbalances [5,6].

An increasing number of people are presenting to cosmetic practices with body dissatisfaction. Many of these presentations are influenced by social media and do not conform to BDD criteria. This review proposes a new disorder termed Social Media Body Image Disorder (SMBID). It aims to provide a framework for clinicians to recognize SMBID and explore factors leading to its development.

Social Media Body Image Disorder

Social media has a profound influence on the mental health of the community. Those most influenced are generation Y and Z. These generations have greater exposure to peer appearance-related feedback from their social media use than the previous generations. With advances in technology and the development of an online global community, it has become easy to post images of oneself, see images of others and compare one's body image through various social media platforms. Studies show that "selfies" can lead to overvaluation of size and shape and body dissatisfaction [7,8]. Those vulnerable to this influence, may not develop true BDD, however may develop a body image disorder.

SMBID is a combination of negative thoughts and feeling about one's own body directly influenced by engagement with social media. We propose signs of SMBID to include:

1. Repetitive, obsessive examination of body areas through zooming in and out on images of self.
2. Taking photos from different angles with the aim to minimize self-perceived "flaws" in appearance.
3. Taking photos from different angles of body areas to assess self-perceived "flaws".
4. Digital modification of the photo taken, for example using filters and editing tools, to improve the "flaw".
5. Publishing photos on social media that have the "flaw" hidden or disguised.
6. Feeling self-conscious, anxious, or depressed about photos which reveal the body area of concern.

Social Media Influence

Pressures from social media influence the signs of SMBID and body dissatisfaction. The consequences of body dissatisfaction can lead to low self-esteem and mental health issues such as anxiety and depression. Holland G, et al. [9] found that the use of social media focusing on body shape and beauty was associated with greater body-image dissatisfaction and more disordered eating behaviors [9]. Furthermore, specific social media activities, for example viewing and uploading photos, seeking feedback *via* status updates, appearance-based social comparison appeared to be associated with body image dissatisfaction and eating-disordered behavior [10].

A Sociocultural Model

A sociocultural model suggests that body dissatisfaction occurs as a response to varying sources influencing the perception of the ideal body. Social media influences social and community norms on how one should look. Subsequently, dissatisfaction occurs when people view themselves not matching the "ideal". This puts further pressure on the individual to make changes to meet the "ideal" body or appearance. Media is a powerful tool which can adjust community and societal norms. Becker found that the introduction of television in Fiji led local adolescents to become preoccupied with weight and body shape, performing purging behaviors to control weight as well as body disparagement. The response to images and values imported with media appeared to be shaped by a desire for competitive social positioning during a period of rapid social transition [11].

Influence of Marketing

The social pressure on the ideal physical appearance sets unrealistic standards that may be exploited by marketing strategies. The use of filters has also been a factor in making people focus on their body image as it conceals perceived "flaws" and allows people to experience "improvements" in appearance. Exposure to these edited images enables people to have an unrealistic expectation of their body to make it "perfect" and increases their focus on their self-perceived "flaws".

Tools to Recognise SMBID

Questionnaires can be used to assess patients that present for cosmetic surgery for signs of SMBID. For example, the Sociocultural Attitudes towards Appearance Questionnaire (SATAQ) is one of the most widely used measures to assess the role of inter- and intra-personal factors in the onset and maintenance of body image disturbance [12].

Although not yet validated, adapting such questionnaires can assist in assessing SMBID by including items such as:

- I regularly use filters or touch up photos prior to publication.
- I feel ashamed or embarrassed when photos of me, which capture my "flaws", are published.
- I often compare my appearance to others on social media.
- I take multiple photos, deleting those that are not "perfect".
- I feel better about myself when I receive "likes" or positive comments on my posted photos.
- I regularly check social media platforms to see if people have commented on or "liked" my photos.

Conclusion

This review highlights the impacts that social media has on body image dissatisfaction. As society becomes more connected *via* social media and the internet, greater pressures are being exerted on adolescents and young adults to appear in a certain way. Unrealistic expectations on appearance and body image are leading to the development of psychological disorders such as BDD. The authors believe that the coupling of the effects of social media and BDD can be made, creating a new diagnosis of SMBID. Although yet to be validated, we propose items which can be incorporated into questionnaires to assist clinicians in the recognition of this diagnosis.

Disclosure

The authors have no financial interest to declare in relation to the content of this article.

References

1. American Psychiatric Association (2013) Diagnostic and statistical manual of mental disorders (5th edition).
2. Bjornsson AS, Didie ER, Phillips KA (2010) Body dysmorphic disorder. *Dialogues Clin Neurosci* 12: 221-232.
3. Phillips KA, Wilhelm S, Koran LM, Didie ER, Fallon BA, et al. (2010) Body dysmorphic disorder: some key issues for DSM-V. *Depress Anxiety* 27: 573-591.
4. Cuzolaro M, Nizzoli U (2018) Enrico Morselli and the intervention of dysmorphobia: A guide to assessment, treatment, and prevention. In: Cuzzolaro M, Fassino S (Ed) *Body Image, Eating and Weight*. Springer International Publishing: 85-95.
5. Singh AR, Veale D (2019) Understanding and treating body dysmorphic disorder. *Indian J Psychiatry* 61: S131-S135.
6. Phillips KA (2004) Body dysmorphic disorder: recognizing and treating imagined ugliness. *World Psychiatry* 3: 12-17.
7. McLean SA, Paxton SJ, Wertheim EH, Masters J (2015) Photoshopping the selfie: Self photo editing and photo investment are associated with body dissatisfaction in adolescent girls. *Int J Eat Disord* 48: 1132-1140.
8. Krämer NC, Feurstein M, Kluck JP, Meier Y, Rother M, et al. (2017) Beware of selfies: The impact of photo type on impression formation based on social networking profiles. *Front Psychol* 8: 188.
9. Holland G, Tiggemann M (2016) A systematic review of the impact of the use of social networking sites on body image and disordered eating outcomes. *Body Image* 17: 100-110.
10. Ahmadpanah M, Arji M, Arji J, Haghighi M, Jahangard L, et al. (2019) Sociocultural attitudes towards appearance, self-esteem and symptoms of body-dysmorphic disorders among young adults. *Int J Environ Res Public Health* 16: 4236.

11. Becker AE (2004) Television, Disordered Eating, and Young Women in Fiji: Negotiating Body Image and Identity during Rapid Social Change. *Cult Med Psychiatry* 28: 533-559.
12. Schaefer LM, Harriger JA, Heinberg LJ, Soderberg T, Kevin Thompson J (2017) Development and validation of the sociocultural attitudes towards appearance questionnaire-4-revised (SATAQ-4R). *Int J Eat Disord* 50: 104-117.