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Social Media Body Image Disorder – A New Diagnosis Facing Surgeons

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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 worldwide² 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 BDD⁵. 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 selfperceived "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 behaviors⁹. Furthermore, specific social media activities, for example viewing and uploading photos, seeking feedback via status updates, appearancebased social comparison appeared to be associated with body image dissatisfaction and eating-disordered behavior¹⁰.



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 transition¹¹.

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 disturbance¹².

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.



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Dr Barnouti is a Plastic Surgeon with an interest in cosmetic surgery that emphasises the natural beauty of the face, breast and body.

He has over thirteen years of experience performing several thousand procedures. He is recognised for his contributions to media and literature. The goal of a plastic surgeon is to improve a patient’s self-image and Dr Barnouti takes that responsibility very seriously.

Dr Barnouti possesses a diverse skill set and offers a wide range of surgical and non-surgical procedures,

including but not limited to:

1. **Breast Enhancement:** Breast Augmentation, Breast Lift, Breast Reduction
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