

The Relationship Between Self-Compassion and Symptoms of Physical Deformities in Adolescents

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Abstract

Current-focused detection education Adolescent self-compassion and physical deformity symptoms, and demographic inequalities. The sample included N=293 teenagers. Study goals were met using the self-compassion measure. (Neff et al., 2021) The External Appearance Anxiety Scale (Park, 2007) and external rejection sensitivity meter (Roberts et al., 2018). The study demonstrated a positive link between self-compassion and sensitivity to appearance-based rejection ($R=0.345$) and anxiety about outward appearance ($R=0.553$). Teens with physical abnormalities had an average arithmetic mean of 3.26 self-compassion. Two sections rated very high, four scored about average, and outward appearance concern had an arithmetic mean of 2.63. It was also found that there was a statistically significant difference at the level of statistical significance ($\alpha = 0.05$) according to the gender variable on the scale of rejection sensitivity due to appearance, and there were no differences on the rest of the scales, and there was no difference on anxiety about external appearance according to the school level variable, and there were no differences on the rest of the scales, and there were differences on self-compassion and anxiety about external appearance, and there were no differences on the rejection sensitivity scale due to appearance attributed to the weight variable, and there was a difference in empathy with Self and there are no differences on the rest of the scales according to the variable "Have you performed an operation," and it was found that the differences in the gender variable came in favor of males compared to females, while the differences in weight came between the category "my weight is commensurate with my height and I have excess weight by more than 20%" and the category "my weight is proportional to my height" and the differences were in favor of the first category, and with regard to the variable differences according to the order between my brothers and sisters, the dimensional comparisons show that there are differences between the first or second category and between The latter category and in favor of the first and second, and finally it was found that there is a statistically significant contribution at the level of significance ($\alpha = .05$) for the variables of the study These characteristics account for 4% of self-compassion variance, but they predict plastic surgery exposure greatest, current weight second, and gender least.

Keywords: Self-Compassion, Symptoms of Physical Deformities, Anxiety of Appearance, Sensitivity to Rejection

INTRODUCTION

Require Chronic somatic illness sufferers to adapt. Approximately 30% of persons suffer from persistent physical conditions. Many chronic physical conditions need adaptation to pain, functional constraints, social changes, and the fear of deterioration or disease progression. Therefore, those with chronic physical ailments have higher anxiety rates than their peers of the same age and gender. They develop clinical depression two to three times more often than the general population. (Hughes et al., 2021). As their bodies, minds, and social networks change rapidly, teenagers encounter emotionally challenging conditions as they grow up. Over half of teens describe chronic and stressful factors, including family dysfunction, abuse, or economic problems, in addition to acute daily demands. (Lathren et al., 2019). Higher self-compassion is associated with lower body dysmorphic symptoms in adolescents, and it protects against perfection, negative influence, and external shyness, which are risk factors for body dysmorphic disorder.

Further, self-compassion reduces the link between visual media and the ass. Male adolescents are at risk. (Barry et al., 2015) In self-compassion, failure is seen as a chance to learn and grow, but with limited control. Self-compassion has yet to be thoroughly studied during adolescence when self-perception and self-evaluation regarding success and failure become significant and adaptive ways to talk to oneself about personal flaws or difficult life conditions. (Neff & McGehee, 2010)

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Self-compassion improves mental and physical well-being. Self-empathetic people recognize their suffering and treat themselves, minimizing worry and despair. Some people are naturally compassionate; others must learn it. (Raes, 2011). Research repeatedly links self-compassion to physical wellness. Physically deformed people can improve their mental and physical health by boosting self-esteem. Self-compassion can help those with physical deformities from injuries or accidents. (Herriot & Wrosch, 2022) Self-compassion improves physical health, as previously found. Encouragement to esteem oneself can help people with physical flaws feel better emotionally and physically. Self-compassion can help accident victims with physical defects. (Neff, 2003) Nearly 200 theses and research papers have examined self-compassion as a structure and proposed measures (15). Self-compassion is the ability to treat oneself generously in times of pain and struggle, understand and recognize one's transience, and regard one's experience as part of a broader human experience. Neff introduced three internal components of self-compassion. BDD, which usually develops in childhood, is linked to mental disease and skin operations. Body dysmorphic disorder sufferers have poorer mental health than other mental illness patients. (Cha et al., 2023). An obsession with perceived appearance and reaction faults marks BDD. Patients with appearance concerns often engage in excessive and repetitive behavior and mental actions to reduce discomfort, such as mirror evaluation, frequent comparing looks with others and concealing appearance worry. Body dysmorphic disorder usually starts in adolescence. (McGrath et al., 2023). A severe psychiatric ailment marked by worry over one or more overlooked or minor physical imperfections is body dysmorphic disorder (BDD). Preoccupations with appearance create clinically significant discomfort or impairment of functioning and are sometimes accompanied by recurrent behaviors or mental movements. (American Psychiatric Association & Association, 2013). As such, Body dysmorphic disorder (BDD) is excessive worry over little defects in one's appearance that others don't notice. The global prevalence of body dysmorphic disorder is 0.5%–3.2%, regardless of gender. Medium-aged BDD starts at 16.9 years. (Loewen et al., 2024). One promising protective factor is self-compassion, which entails treating oneself with warmth and care during stressful circumstances. According to Neff (2003), self-compassion requires self-kindness, shared humanity, and mindfulness. Self-kindness is supportive and calming in the face of suffering, shared humanity is the recognition that all humans suffer, and full awareness is the ability to stay balanced, nonjudgmental, and open during negative experiences. In summary, self-employed people are less self-critical, lonely, and emotionally "swept away" by obstacles. These tips may help you overcome obstacles. (Lathren et al., 2019)

Feeling rejected is a feature of body dysmorphic disorder (BDD), and in one of the critical studies (Kelly et al., 2014), 46 BDD individuals diagnosed with published criteria were tested for subjective and appearance-based rejection sensitivity. Other factors affecting rejection sensitivity and BDD severity were examined. Subjective and appearance-based rejection sensitivity ratings exceeded established standards by 0.6 and 1.1 SD units. Sensitivity to personal rejection was connected to severe physical dysfunction disease (BDD), depression, and poor mental, physical, and social health. Higher appearance-based rejection sensitivity was linked to BDD, depression, and ill health. Personal rejection sensitivity affected health more than appearance-based rejection sensitivity affected BDD severity. Because they hurt when others reject them, dysmorphic disorder sufferers may have social and personality challenges. In one study of body dysmorphic disorder (BDD), being quickly exposed to criticism and feeling embarrassed and ashamed by it was a positive personality disorder criterion. BDD sufferers fear rejection and are highly sensitive to criticism. (Phillips & McElroy, 2000).

Studying body dysmorphic disorder prevalence. We used weighted prevalence estimates and 95% CI per research to analyze body dysmorphic disorder prevalence in 56 studies across settings. Body dysmorphic disorder was estimated to be 1.9% (95% CI 1.4-2.7%) in community settings, 3.3% (95% CI 2.0-5.3%) in student settings, 7.4% (95% CI 3.5-15.0) in adult psychiatric inpatient settings, 7.4% (95% CI 4.7-11.6%) in adolescent settings, 5.8% (95% CI 43.2-10.4%) in outpatient settings, and 5.2 to 20.1% (95% CI 9. The study also indicated that women had higher body dysmorphic disorder than men in most situations. (McGrath et al., 2023). He also conducted Böhne et al. (2002) analyzed 101 U.S. students' body image issues, BDD, and mental symptoms. Results were compared to 133 German students. Surveys covered body image, self-esteem, unhappiness, anxiety, OCD, and skin plucking. 74.3% of U.S. students supported body image concerns, 28.7% were concerned, and 4.0% had DSM-IV body dysmorphic disorder. Body esteem is strongly connected with self-esteem, depression, anxiety, and OCD. American students reported more body image issues than German students, although BDD was rarer. The results of a study showed Loewen et al. (2024) Body dysmorphic

disorder (BDD) prevalence in Spain and associated variables: 322 (15.2%) of 2091 respondents met the criteria. BDD prevalence: women 19.9% (284/1421), men 5.2% (34/653), students 25.2% (263/1043). Body dysmorphic disorder patients report 46.6% (150/322) anxiety, depression, and eating disorders. Physical dysmorphic disorder (BDD) is associated with female gender, younger age (18-24 years), students, low monthly income (1 euro = 1.11 USD), skin issues, mental diseases (e.g., sadness, anxiety, burnout), and eating disorders ($P < 0.05$)

Current BDS cognitive and behavioral models link self-compassion to teenage symptoms. 60% of 449 Australian high school students aged 11-17 ($M_{age} = 13.69$, $SD = 1.50$) were female and completed an appearance anxiety evaluation for BDS, SCS-SF, and other measures. Help analyses critical components: Two-part self-centered treatment for SCS-SF and poor self-image. These match self-esteem and self-efficacy. As expected, adolescents with higher total self-esteem have lower BDS. BDS was positively correlated with negative self-compassion but not self-centeredness when considering self-esteem and self-efficacy. The benefits of self-compassion and its protection against BDS and weakness deserve additional study (Allen et al., 2020). The study aimed at Foroughi et al. (2019) examines how self-empathy shields physical deformity fear from perfection, negative influence, and external shyness. In 210 students (103 boys, 107 girls), external shyness, perfection, and adverse effects favorably enhance physical deformity anxiety. Thus, self-compassion decreased body deformity anxiety. The route analysis also showed that self-compassion mediated body deformity anxiety, perfectionism, and negative impact. She had little effect on shyness and deformity fears. Conclusions: Self-compassion reduces perfectionism and harm. Self-compassion and physical deformities in adolescents rely on how they handle their issues. Self-compassion can help teens manage physical abnormalities and mental problems. Thus, improving self-esteem in physically malformed teenagers can aid psychological support and treatment. Answering these questions shows the connection:

How can self-compassion affect symptoms of physical abnormalities in adolescents?

Self-esteem levels in teenagers with physical deformities?

Amount of physical deformity symptoms in adolescents?

What factors affect empathy and physical deformity symptoms in teens, including gender, education, weight, plastic surgery exposure, and family structure?

Can gender, education, weight, plastic surgery, and family arrangement predict adolescent self-compassion?

METHODS

Participants The current study sample of 293 male and female bachelor's students (adolescents) in Riyadh was randomly selected by answering a Google Form and meeting the study's criteria: They struggle with body image, acne, various skin infections, excessive perspiration, and seasonal infections, depending on their appearance. For the demographic study, males were 93 by 34%, females 178 by 66%, and the academic level was 185 by 68.3%, 36 by 13.3%, and 50 by 18.5%, while current weight was 41 by 15.1%. My weight is commensurate with my height, and I have excess weight by 10%, those who are overweight by 20% 7.4%, and Their weight is suitable 156 by 58.7%, followed by those who consider themselves obese and medium 51 by 18.8%, the first and second brothers 104 by 38.4%, the third or fourth, 111 by 41.0%, and the last, 56 by 20.7%.

Instrument

Scale Self-compassion Prepared by Neff et al. (2021) For a component of (14) paragraph distributed in six dimensions: 1. Self-compassion (1-9-15). 2. Self-kindness (3-7-12). 3. Common Humanity (4-8-13). 4. Isolation (2-10-16). 5. Mindfulness (6-17-11). 6. Excessive self-definition (5-14). In the present study, the Pearson correlation coefficient for the dimensions of the study was verified, where the values of the correlation coefficients ranged (from 0.328-0.489), and the Cronbach alpha stability reached the overall score (0.81) appropriate values for the current study.

Exterior Appearance Anxiety Scale Prepared by Park (2007) Component From (10) paragraph. Range Answer options From 1 to 5, In the current study, the Pearson correlation coefficient for the dimensions of the study was verified, where the values of the correlation coefficients ranged from (0.438-0.598). The stability of Cronbach's alpha for the total score was (0.88), which is an appropriate value for the current study.

Rejection sensitivity scale from the external appearance Prepared by .Roberts et al., 2018 one From (paragraph. Answer options range From 1 to 5; in the current study, the Pearson correlation coefficient (10) for the dimensions of the study was verified, where the values of the correlation coefficients ranged (0.229– and the stability of Cronbach alpha for the total score was (0.79), which are appropriate values for ,(0.435 .the current study

RESULTS

The Relationship Between Self-Compassion And Symptoms Of Physical Deformities In Adolescents

TABEL 1 Pearson's association of the relationship between self-compassion and symptoms of physical deformities in adolescents

Sensitivity to rejection due to appearance	Concern for external appearance	Self-compassion	R	1
.345(**)	.553(**)	1	R	Self-compassion
.698(**)	1	.553(**)	R	Concern for external appearance
1	.698(**)	.345(**)	R	Sensitivity to rejection due to appearance

Table 1 shows a positive correlation between self-compassion and sensitivity to rejection due to appearance, where the correlation value was (0.345), and an association between self-compassion and anxiety about external appearance, where the correlation value was (0.553).

Self-Compassion in Adolescents With Physical Deformities.

Table 2 shows the arithmetic averages and standard deviations for each area of self-compassion

Rank	N	field	Mean	standard deviation	the level
1	6	Excessive self-definition	3.58	.842	high
2	3	Common humanity	3.57	.889	high
3	1	Self-compassion	3.24	.716	middle
4	2	Self-kindness	3.11	.858	middle
5	4	isolation	3.05	.847	middle
6	5	Mindfulness	3.03	.670	middle
		Self-compassion	3.26	.445	middle

Table 2 shows that the level of self-compassion among adolescents with physical deformities was at an average level with an arithmetic average (3.26). Two areas came at a significant level, and four areas came at an average level. These are arranged in descending order: excessive self-definition, common humanity, self-compassion, self-kindness, isolation, and mental alertness.

Symptoms of Physical Deformities in Adolescents

Table 2 shows the different aspects of my appearance. symptoms of physical deformities in adolescents in descending order

Rank	N	field	Mean	standard deviation	the level
1	7	I think about past events carefully	3.19	1.248	middle
2	2	Now and then, I compare my internal aspects and my external appearance	3.03	1.342	middle
3	8	I focus on what I'm looking for, which is my physical appearance	2.86	1.342	middle
4	1	I check my appearance; for example (I look in the mirror and touch my face several times with (my fingers	2.81	1.318	middle
5	4	I think about how to camouflage or change my appearance	2.55	1.388	middle
6	5	I avoid reflective surfaces, photos, or videos that relate to my physical appearance	2.53	1.338	middle
7	6	I try to camouflage or change different aspects of my appearance	2.50	1.388	middle
8	9	I discuss my appearance with others	2.49	1.378	middle
9	10	I try to prevent people from seeing certain areas of my physical appearance	2.30	1.323	middle
10	3	I avoid contact with others because of my external appearance	2.08	1.347	middle
		Worrying about outward appearance	2.63	.858	middle

Table 3 shows the level of concern about the external appearance came at an average level, came with an arithmetic average (2.63), where all paragraphs went at an average level, and the section that states "I think about past events accurately" came with the highest average (3.19), and in the last place came the paragraph that states "I avoid contact with others because of my external appearance" with an average of (2.30).

Differences in empathy and symptoms of physical deformities in adolescents according to variables (sex, educational level, current weight, exposure to plastic surgery, family arrangement)

variable	scale	sum Squares	Degrees of freedom	Mean squares	F	sig
Sex	Self-compassion	.005	1	.005	.028	.866
	Worrying about outward appearance	.242	1	.242	.350	.555
	Rejection sensitivity due to appearance	3.116	1	3.116	4.330	.038
Academic level	Self-compassion	.061	2	.030	.162	.850
	Worrying about outward appearance	5.544	2	2.772	4.005	.019
	Rejection sensitivity due to appearance	.058	2	.029	.040	.961
the weight	Self-compassion	1.708	3	.569	3.054	.029
	Worrying about outward appearance	10.035	3	3.345	4.833	.003
	Rejection sensitivity due to appearance	3.815	3	1.272	1.767	.154

Have you	Self-compassion	1.337	1	1.337	7.173	.008
had plastic	Worrying about outward	.441	1	.441	.637	.426
?surgery	appearance					
	Rejection sensitivity due to	.322	1	.322	.448	.504
	appearance					
The	Self-compassion	.330	2	.165	.886	.414
arrangement	Worrying about outward	9.957	2	4.979	7.192	.001
between the	appearance					
brothers	Rejection sensitivity due to	4.819	2	2.409	3.348	.037
	appearance					
The error	Self-compassion	48.647	261	.186		
	Worrying about outward	180.662	261	.692		
	appearance					
	Rejection sensitivity due to	187.832	261	.720		
	appearance					
the total	Self-compassion	2922.953	271			
	Worrying about outward	2091.890	271			
	appearance					
	Rejection sensitivity due to	1637.444	271			
	appearance					
Corrected	Self-compassion	52.204	270			
total	Worrying about outward	204.923	270			
	appearance					
	Rejection sensitivity due to	202.167	270			
	appearance					

* Statistically significant at the level of statistical significance ($\alpha = 0.05$)

Table 4 There is a significant difference ($\alpha = 0.05$) in rejection sensitivity owing to appearance based on gender on the study scales. The rest of the scales were similar, but anxiety about the external appearance of the academic level was different, self-compassion and concern about the external appearance were different, and the rejection sensitivity scale due to weight variable appearance was not different. "Did you conduct an operation, finally the absence of a difference on self-compassion and the presence of differences on the rest of the scales variable" arrangement between the brothers, and to determine the significance of the differences, dimensional comparisons using the test "Shafih" found that gender differences favored males over females. In contrast, weight differences The dimensional comparisons show differences between the first or second category and between the latter category and in favor of the first category for the variable differences according to the order between my brothers and sisters.

Predicting adolescent self-compassion through gender, educational level, current weight, plastic surgery, family arrangement)

Sample	Unstandardized transactions		Beta	T	Significance level	(R)	Explained variance _{2R}	Correlation coefficient
	Regression coefficient	Standard error						
(Constant)	3.108	.193		16.093	.000	.203(a)	.041	.023
Sex	-.013	.056	-.014	-.235	.814			
Academic level	.025	.034	.045	.726	.468			
Current weight	-.044	.029	-.092	-1.513	.132			

Have you undergone previous cosmetic surgeries (including any surgery or cosmetic surgeries performed and reviewed in cosmetic (clinics	.288	.111	.159	2.602	.010
My ranking among my brothers and sisters	-.027	.036	-.047	-.763	.446
F, 2.283 at the sig level of 0.047					

* Statistically significant at the significance level ($\alpha = .05$)

Table 5 shows the existence of a statistically significant contribution at the level of significance ($\alpha = .05$) for the study variables. It is noted that these variables have explained (4%) of the variation in self-compassion. It was found that most variables predicted the effect of exposure to plastic surgery on self-compassion, followed by the current weight variable, and the least of these variables predicted the gender variable.

Limitations

The study's limits are represented by the tools used on undergraduate students in Riyadh: the self-compassion scale, the scale of anxiety about external appearance, and the scale of sensitivity to rejection of external appearance. The generalization of the study's results is related to the category in which the study was conducted.

DISCUSSION

The study found a positive relationship between self-compassion and sensitivity to rejection due to appearance (0.345) and anxiety about external appearance (0.553). The positive association between self-compassion and appearance-sensitive rejection can be counterintuitive, but it can be explained by understanding how both ideas interact in the psychological and social context. The amount to which an individual is impacted by rejection or criticism based on their appearance is called sensitivity to rejection due to appearance. Susceptible people to appearance rejection may feel frightened or distressed when they think they are criticized or rejected. Self-awareness: people with high self-compassion may be more aware of their thoughts and feelings. Because they are more linked to their emotions, this awareness can make them more sensitive to appearance criticism or rejection. Self-compassion means accepting one's flaws as part of humanity. Recognition can increase sensitivity to appearance-based rejection, and persons with self-empathy may respond to criticism differently than those with little empathy. Self-awareness may make them more sensitive to rejection, even though they can handle it better. This matches several studies.(Allen et al., 2020; American Psychiatric Association & Association, 2013; Barry et al., 2015; Bohne et al., 2002; Cha et al., 2023; Foroughi et al., 2019; Herriot & Wrosch, 2022; Hughes et al., 2021).

Adolescents with physical deformities had an average level of self-compassion and an arithmetic average (3.26), with two areas at a significant level and four at an average level. Their anxiety about external appearance was also average (2.63). A complicated interaction of psychological and social factors explains teenagers with physical abnormalities' average self-compassion. Physical malformations' psychological effects Body and self-image: Physically deformed adolescents may struggle to accept themselves, affecting their self-image. Anxiety, humiliation, and shame can lower self-compassion. Bullying and social rejection: Peers may bully or reject these teenagers because of their appearance, which can reduce their self-esteem and make them harsher on themselves, diminishing self-compassion, adaptability, and social support. Adolescence is a time of significant identity and maturity development, so adolescents develop strong adaptive skills to manage their negative feelings, which improves their self-compassion, psychological development, and emotional maturity. Emotional. Teens who learn to manage their emotions and thoughts may have more self-compassion, exceptional experiences, and personal variables. Others may struggle with self-compassion, while others may

improve it. The average self-esteem of teenagers with physical abnormalities reflects multiple problems. Personal support and psychosocial adaptation (Kelly et al., 2014; Lathren et al., 2019; Loewen et al., 2024; McGrath et al., 2023; Neff, 2003; Neff et al., 2021; Neff & McGehee, 2010)

There were significant differences ($\alpha = 0.05$) in sensitivity to rejection due to appearance based on gender, anxiety about external appearance based on academic level, and self-reported differences. Gender differences favored males; weight differences favored the categories "My weight is proportional to my height, and I have excess weight by more than 20%" and "My weight is proportional to my height." The dimensional comparisons show that Due to social and cultural pressures that focus more on female physical appearance, girls are often under greater pressure to comply with societal beauty standards, which increases their sensitivity to rejection if they feel they do not meet these standards. Other considerations include whether self-compassion and concern for beauty are equally shared by men and women or whether the differences are not statistically significant. Other psychological issues may equally impact both men and women. Social pressures and self-awareness may raise physical appearance worry as adolescents advance through school. Higher-level students may feel more pressure to comply with beauty standards, raising their appearance concerns. Self-compassion and rejection sensitivity may be less affected by the school level than appearance anxiety, suggesting that other psychosocial elements are less visible at this stage. Overweight persons may struggle to accept themselves and like their appearance, which impacts anxiety and self-compassion. They may feel more pressure to improve their appearance or face more social criticism, which increases their anxiety. Everyone is sensitive to rejection due to appearance, and surgeries can make people more sensitive. It may improve self-compassion but not appearance anxiety or rejection sensitivity. This matches several important research. (Neff et al., 2021; Neff & McGehee, 2010; Park, 2007; Phillips & McElroy, 2000; Raes, 2011; Roberts et al., 2018)

Finally, at the significance level ($\alpha = .05$), the study variables explain 4% of the self-compassion variation, with plastic surgery exposure predicting the most impact, followed by current weight and gender as the least predictor. Plastic surgery affects self-compassion the most, followed by weight and sex the least. This shows how surgery and weight judgments might affect self-compassion. Many factors affect self-compassion. However, this study indicated that the three components explained a small percentage of variance, suggesting that other factors may have a greater impact. These findings help explain the complicated elements that affect self-esteem and can improve mental health and self-compassion interventions. (Kelly et al., 2014; Lathren et al., 2019; McGrath et al., 2023; Neff & McGehee, 2010; Phillips & McElroy, 2000)

Recommendations

Educating teenagers and carers on self-acceptance and positive ideas

Train teenagers in positive self-values, psychological forces, and individual strengths.

Promote personal interests, beauty awareness, and mental health awareness.

Educating parents and teenagers on healthy mental health and maintaining optimum weight through meetings and workshops in universities, schools, and social care centers.

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Conflict of Interest

The authors declare that the research was conducted without commercial or financial relationships that could be understood as potential conflicts of interest.

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