



DO PERSONALITY TRAITS AND PSYCHOLOGICAL MALTREATMENT PREDICT BODY DYSMORPHIA AMONG EMERGING ADULTS IN OWERRI?

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ABSTRACT

This study investigated Personality Traits and Psychological Maltreatment as factors predicting Body Dysmorphia (BD) among Emerging Adults in Owerri. Nine hundred and nineteen (914) respondents comprising 447 males and 467 females were sampled from Owerri, using cluster sampling and random sampling technique. Respondents were aged 18 to 25 years with a mean age of 20.77 years and Standard Deviation of 2.18. Three hypotheses guided this study and three instruments were used for data collection. Data was analyzed using descriptive statistics and multiple regression analysis via SPSS. The results of the study showed that personality traits predicted BD among emerging adults. Psychological Maltreatment is also a predictor factor of BD. Personality Traits and Psychological Maltreatment together, predicted BD among emerging adults in Owerri. Discussion was made based on the findings of the current study and existing literature. A critical recommendation of this work is that Health Practitioners; Clinical Psychologists, Counselors and Plastic/Cosmetic Surgeons should consider these predictive factors (Personality traits and psychological maltreatment) in their clinical assessment of emerging adults. This will help in early identification of these predictive factors when handling emerging adults presenting BD symptoms and planning suitable and best treatments to administer with the aim of achieving a positive result (reducing the prevalence of this condition) especially among emerging adults.

Keywords: *Emerging Adults, Personality Traits, Body Dysmorphia (BD), Psychological Maltreatment*

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Introduction

Dissatisfaction with one or more body part (s) or body image seem to be so common in our society that it may have been confused with a totally normal attitude. Most people have something they do not like about their appearance like a crooked nose, an uneven smile, legs with 'yams' (too much muscles at the calf), etc. Though these may cause worry, the worrying is normal when it does not interfere with daily living activities, as it does for people living with the condition of body dysmorphia. Body dysmorphia (BD) is common yet very under-recognized and understudied. To the DSM V, it is a condition marked by excessive fixation with perceived flaws that prompts recurrent behaviors or thoughts in reaction to the worrisome concerns and leads to clinically significant reduction in functioning in the life of the individual. The sufferer may be in severe anguish due to the imagined faults whereas, the fault(s) may not be visible or may be barely noticeable to others (Nezgovorova & Hollander, 2018). Any aspect of the body may be the focus of these preoccupations and the obsessions with appearance lead to repetitive compulsive behaviours aimed to alleviate emotional distress, which in turn lead to feelings of shame, hopelessness, concern, sorrow or

other unpleasant emotions (Malik et al., 2021). Checking mirrors, avoiding mirrors, getting surgery, over-grooming, over-exercising, changing clothing excessively, skin plucking (to try to lessen perceived imperfections), tanning (e.g., to darken 'pale' skin) and looking for validation for the perceived imperfections are examples of frequent excessive behaviours (Malik et al., 2021). Currently, it seems that the use of body and facial remodeling apps is growing among emerging adults in our culture right now. Also, the rate at which people especially emerging adults seek and use cosmetics (e.g. body and facial creams, soaps, scrubs, etc.) and cosmetic surgeries and drugs in order to tone or change their original skin color or body seem to be on the increase. With turn of the century, artificial techno-medical assisted changes in body features seem to be common and may have been the accepted norm in the entertainment world. The repetitive behaviors are difficult to control and occur on average, for 3 to 8 hours a day and must produce substantial clinical distress or impairment in social, vocational, or other critical areas of functioning in order to fulfil DSM-V BD criteria (Collison & Harrison, 2020). Studies have shown that BD is common yet under studied and is more common in older teenagers (Enander et al.,

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2018; Mataix-Cols et al., 2015; Jassi & Krebs, 2021; Thungana et al., 2018). Thus, the decision to carry out this study.

Just as most mental disorders, BD's cause is likely complex. According to a diathesis stress model of BD, the disorder results from interplay between biological predisposing factors and environmental stressors. According to the results of the twin studies, non-shared environmental influences make up the remaining variation in BD-like side effects, while genetic factors account for between 42% and 44% of the total (Enander et al., 2018, Monzani et al., 2014; Lopez-Sola et al., 2014). While the specific environmental variables that contribute to the onset and maintenance of BD are unknown, a number of environmental factors, including maltreatment, peer teasing, peer victimization and bullying have been hypothesized (Weingarden & Renshaw, 2016). Other risk factors include adverse childhood environments, psychological trauma, personality traits, neglect, a dysfunctional family history, etc. (Ormel et al., 2013). Thus, this study is focused on Personality Traits and Psychological Maltreatment as risk factors predicting BD among emerging adults in Owerri.

People may react in different ways when they are confronted with similar situations because no two human beings have exactly the same personality; people differ in the way they react and interact with others and the environment; some are quiet and unsociable, others are loud and more sociable and yet others are combinations of the two. Personality is very important when explaining how a person thinks, speaks or reacts in most situations and conditions such as BD (Uwaoma, 2005) because it contains qualities and features that define our expectations, self-perceptions, beliefs, and attitudes, as well as forecasts our reactions to other people. No matter how personality is defined, two things remain true: it is a dynamic and ordered set of traits that a person possesses, and it determines how that person thinks, feels, and behaves in a variety of contexts (BD inclusive). Larsen and Buss (2002) are of the view that traits are of two types; extraversion and introversion. Extraversion often manifests itself as social, talkative, and active behaviours, in contrast to introversion, which is characterized by more solitary and quiet habits. Any location along the continuum that a person occupies may influence his/her behaviour, including how he/she respond to BD events. Studies have been done on the connection between

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personality and psychopathology since the advent of medicine (Takett & Mullins-Sweatt, 2021, Fariba et al., 2022), however, data on personality traits and BD, especially in Nigeria are limited. Therefore, by recognizing, examining and understanding the role of personality traits and how it is related to BD, the relationship between personality and BD would become clearer thereby adding to the existing knowledge of BD. Thus the need for this study.

Studies show that maltreatment of any form has negative impacts on an individual and could lead to a range of serious disorders (Johnson & James, 2016; Whittle et al., 2013) and anyone at any stage of life, can be a victim of psychological maltreatment. Psychological maltreatment is defined as any act including confinement, isolation, verbal assault, humiliation, intimidation or any other treatment which may diminish the sense of identity, dignity, and self-worth of an individual (Tracy, 2012). It lessens the individual's perception of value and as such, could result to psychological or mental disorders including BD. Thus, this study aims to find out if being psychologically maltreated would predict BD among emerging adults in Owerri.

Research have noticed some adverse consequence of BD on victims, for example, low confidence, tension, self-loathing, fits of anxiety, social withdrawal, dietary issues like anorexia or bulimia and so on (Kuck et al., 2021; Trott et al., 2020; Alsaidan et al., 2020), however, studies on environmental risks factors in BD is scanty. Again, the review of literature showed that it has been widely described in the western world but rarely in Africa and Nigeria. To the best knowledge of the present author, no study has also been carried out among emerging adults in Owerri that focused on BD. The few studies on BD in Nigeria focused on its association with other psychopathologies or studied BD amongst inpatients (Soler et al. 2018). Thus, the present study would fill the knowledge gap in this area by providing empirical information on the prevalence of BD in Owerri society and its link to personality traits and psychological maltreatment. This will create awareness to the general and scientific public, help in early identification of these predictive factors and lead to suitable intervention plans when dealing with emerging adults with BD.

Review of Related Literature

The Cognitive-behavioral theory of BD by Beck (1975); Greenberg and Wilhelm

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(2011) and Veale (2004) provides a framework for this study because it highlighted mechanisms and potential etiological factors involved in both the development and maintenance of BD symptoms. Originally, Beck (1975) used it to explain the psychological processes in depression, proposing that the way an individual feels and behaves is as a result of how they perceive and structure their experiences and believes that our behaviors are not determined by events or situations rather, by how we perceive these events or situations. According to Greenberg and Wilhelm (2011) and Veale (2004), people with BD selectively pay attention to minute details in their appearance, place a high value on appearance, experience strong negative emotions in response to perceived flaws, avoid social situations, and engage in ritualistic behaviours in an effort to numb unpleasant feelings. Cognitively, people with BD selectively attend to their perceived defect and that is a maintaining factor in their condition. This heightened representation of those parts of their body as defective is likely to have a negative influence over any judgment about their body appearance. Affectively, they frequently feel a variety of emotions which they may find challenging to unravel. When exposed to stimuli that serve as a reminder

of their perceived flaw, they may experience disgust with their bodies, which grows worse over time. The behavior component in BD are either excessive or consist of a range of avoidance behaviors in order to conceal the imagined flaws. Therefore, it is pertinent for clinicians to target dysfunctional BD-related thoughts and behavior patterns when dealing with individuals with BD.

Cerea et al., (2017) studied body dysmorphic disorder and its associated psychological and psychopathological features in an Italian community sample using 650 respondents. The result showed that 10 individuals met the criteria for BD and these individuals reported amongst others, lower levels of self-esteem, general distress and depression than people without BD. This confirms that psychological traits and body dysmorphia are connected. Soler et al., (2018) researched on the characteristics, psychopathology, clinical associations and influencing factors of body dysmorphic disorder using a clinical experience with a detailed description of a clinical case in Brazil and the study concluded that many psychological factors including Personality traits and abuse influences body dysmorphic disorder. Fang et al., (2019) researched on Personality as a

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Predictor of Treatment Response to Escitalopram in 65 Adults with Body Dysmorphic Disorder at the Massachusetts General Hospital. They completed the NEO Personality Inventory-Revised (NEO PI-R) before starting treatment and 42 participants completed same after treatment. The result showed that at baseline, participants displayed lower levels of extraversion and conscientiousness and higher levels of neuroticism. Grant et al., (2019) examined the prevalence of probable body dysmorphic disorder and its associated physical and mental health correlates at a large public university in Minnesota using 3,459 participants. All participants completed the Body Dysmorphic Disorder Questionnaire and result showed that in terms of psychological traits, those with BDD reported significantly greater scores of impulsivity on the attentional and non-planning subscales. The study concluded that BDD is associated with higher levels of both compulsivity and impulsivity traits. Ahmadpanah et al., (2019) in their study in Iran tested whether higher body-dysmorphic disorder (BDD) scores were associated with sociocultural attitudes towards appearance using 50 young adults. Participants were rated by experts for symptoms of BDD and the results showed

that higher BDD scores were associated with higher scores for sociocultural attitudes towards appearance and SE was not associated with BDD or sociocultural attitudes towards appearance. Malcolm et al., (2021)'s study assessed the prevalence and severity of childhood maltreatment and other traumatic events in 109 female BDD participants with no history of mental illness, using the Childhood Trauma Questionnaire, a checklist assessing broader traumatic events and the 12-item Yale Brown Obsessive-Compulsive Scale modified for BDD. The result showed that participants with BDD showed a higher prevalence of emotional abuse and physical neglect, as well as more severe overall maltreatment, emotional abuse, and emotional and physical neglect. Increasingly severe maltreatment was correlated with greater severity of BDD symptoms. These data suggest that childhood maltreatment and exposure to other traumatic events are severe in BDD.

The theoretical framework and empirical works reviewed in this work supports the fact that personality and maltreatment influences BD. Most of these works in this area studied BD in various locations and groups, used different age range, with other variables and different sample sizes. This

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work intends to investigate personality traits and psychological maltreatment to find out if they will predict BD amongst emerging adults in Owerri. This would contribute to the already existing knowledge on BD and help in the planning and implementation of policies, treatment and strategies to reduce the incidents of BD amongst these groups.

Purpose of Study

- 1) To ascertain if Personality traits would predict BD among emerging adults in Owerri
- 2) To investigate if psychological maltreatment would predict BD among emerging adults in Owerri
- 3) To ascertain if personality traits and psychological maltreatment together will significantly predict BD among emerging adults in Owerri.

Hypotheses

- 1) Personality Traits will significantly predict BD among emerging adults in Owerri
- 2) Psychological Maltreatment will significantly predict BD among emerging adults in Owerri.
- 3) Personality Traits and Psychological Maltreatment

together will significantly predict BD among emerging adults in Owerri

METHOD

Participants

Nine hundred and Fourteen (914) participants (447 males and 467 females) within the age range of 18-25 years, mean age of 20.77 and standard deviation of 2.18 were selected through cluster sampling and random sampling from Owerri metropolis. The inclusion criteria included individuals who were unmarried, presented the symptoms of BD and are able to read and understand while the exclusion criteria includes individuals hospitalized and those diagnosed with an eating disorder anorexia nervosa or bulimia nervosa.

Instruments

Three instruments were used for data collections; Eysenck Personality Questionnaire for Adult (EPQ Adult), Body Dysmorphia Questionnaire (BDQ) and Psychological Maltreatment Experience Scale (PMES). Pilot study was conducted to revalidate and modify these instruments and the study reported a Cronbach Alpha reliability index of $P=.65$, $E=.85$ and $N=.80$, norms of $P=2.94$, $E=15.78$ and $N=12.84$ for both genders and a concurrent

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validity index of $P=.36$, $E=.52$ and $N=.62$ for EPQ Adult; those with scores higher than the norms in scale P and N manifest the typical personality characteristics while in scale E, scores higher than the norm indicates extraversion while scores lower indicates introversion. For BDQ, an inter-item reliability index of $.86$, concurrent validity index of $.48$ and a norm of 2.18 for both gender was established; a score equal to or higher than the norm is equal to the establishment of the BD criteria and thus will be considered a positive BDD-screening. For PMES, a reliability index of $.97$ using inter-item correlations, a concurrent validity index of $-.53$ and a norm of 49.73 for both gender were gotten; those with scores higher than the norm denote greater frequency of psychological maltreatment. All subscales are valid at $p = .01$.

Ethical approval for this study was gotten from the university ethical committee. The researcher used cluster sampling technique to select the participants for the study. The city (Owerri) used for the study was divided into 3 clusters based on their LGAs; Owerri North, Owerri West and Owerri Municipal while the respondents were drawn from three subgroups; Higher Institution, Senior

Secondary School and market. The researcher used random sampling technique to select respondents from each subgroup in each of the 3 LGAs used by distributing the questionnaires to every 2nd person from the population of interest. Using random sampling, 350 respondents were selected from each LGA; 50 from Markets, 200 from higher institutions and 100 Senior Secondary Schools respectively. The instrument (s) was administered to those who satisfied the inclusion criteria and were willing to participate. Out of the 1050 questionnaire distributed and returned, 914 were completely and accurately filled and thus was used for data analysis. Ethical considerations such as debriefing, Informed consent, confidentiality, Non-maleficence and beneficence were observed.

Design and Statistics

This study used a survey research design and descriptive statistics was also employed to describe the participants. Multiple Regression Analysis was used to test for prediction of the criterion variable (BD) using the predictor variables (Personality traits and Psychological Maltreatment). All analysis was carried out using the Statistical Package for the Social Sciences Software (SPSS Version 21.0).

Result

Table I: Summary Table of Descriptive Statistics showing the Frequency and Percentage of Participants across the Study Variable

			N	Percent (%)
Gender	Male		447	48.9
	Female		467	51.1
	Total		914	100.0
Occupation	Senior Secondary		267	29.2
	Tertiary Institution		527	57.7
	Traders		120	13.1
	Total		914	100.0
Dependent Variable	Body Dysmorphia	Absent	400	43.8
		Present	514	56.5
		Total	914	100.0
Psychoticism		Not Indicated	428	46.8
		Indicated	486	53.2
		Total	914	100.0
Extraversion		Introverted	674	73.7
		Extroverted	240	26.3
		Total	914	100.0
Factor	Neuroticism	Not Indicated	495	54.2
		Indicated	419	45.8
		Total	914	100.0
Psychological Maltreatment		Not Maltreated	559	61.2
		Maltreated	355	38.8
		Total	914	100.0

Table I above shows that majority of the participants 467 (51.1%) were females, 527 (57.7%) from the tertiary institutions, 514 (56.2%) had Body Dysmorphia present; 486 (53.2%) were indicative of

Psychoticism, 240 (26.3%) were extroverted, 419 (45.8%) were indicative of Neuroticism and 355 (38.8%) reported being maltreated.

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Table II: Summary of Multiple Regression Analysis Showing the Predictive Strength of the Independent Variables (Personality traits and Psychological Maltreatment) and their joint Impact on the Dependent Variable (BD)

Model	Beta	R	R ²	R ² Change	T	Sig
• Personality Traits	.12	.38	.14	.14	3.72	.000
• Psychological Maltreatment	.37				12.01	.000

[F (2,911) =75.06, p <.05]

Following the result presented in table II above, personality traits, [B = .12, t (2,911) = 3.72, p <.05] is a significant predictor of Body Dysmorphia as the higher the personality score, the higher the BD condition and also for every unit of increase in the score of personality traits, there would be a .12 increase of BD condition. Therefore, the first alternate hypothesis that personality traits will predict BD is accepted. Similarly, psychological maltreatment [B = .37, t (2,911) = 12.01, p <.05] significantly predicted BD as BD increases as psychological maltreatment increases. Thus, the second alternate hypothesis that states that Psychological Maltreatment will predict BD is accepted. The overall fit as indicated by R² value in the table above, shows that 14% of the variance in BD condition is accounted for by the predictor variables. Generally, this result showed that Personality traits and Psychological Maltreatment explained a significant proportion of the variation in predicting BD condition [R² = .14, F

(2,911) =75.06, p <.05]. Therefore, the third alternate hypothesis that personality traits and psychological maltreatment will predict BD is accepted. The summary of the results show that personality traits and psychological abuse are associated with BD amongst emerging adults in Owerri.

Discussion

This study proves that personality traits and psychological maltreatment independently and together, predict BD amongst emerging adults in Owerri. The first hypothesis that personality traits will predict BD among emerging adults in Owerri was accepted. This finding is supported by Fang et al., (2019) study that showed that at baseline, participants with BDD displayed higher levels of neuroticism, a personality dimension linked to adverse public health outcomes, such as mental and physical disorders and Cerea et al., (2017) study that concluded that the criteria for BD include lower levels of self-esteem, more severe social anxiety symptoms, general distress, depression and obsessive compulsive

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features. Explanations to this finding cannot be farfetched! Social media influence on individual's personality: We are in era of technology where most of the information available to us is gotten from the social media. Although, social media does not cause BD, it can amplify the condition by reinforcing the person's flawed belief that there is something wrong with them. Our social media feeds are filled with images of "perfect" celebrities and influencers with botoxed skin, augmented breasts and backsides etc. Many of these pictures are digitally altered creating looks that are unattainable in reality, but that nonetheless defines the standard of beauty that both young males and females measure themselves against. Unfortunately, this pressure to look flawless on social media drives more and more emerging adults to alter their actual appearances. Constant exposure to altered pictures and images can lead to unhealthy pressure to achieve unrealistic body types; thereby either pushing them into developing this condition or sustaining and amplifying the condition.

The second finding that Psychological Maltreatment predicts BD among emerging adults in Owerri is supported by Ahmadpanah et al., (2019)'s study that showed that higher BDD scores were

associated with higher scores for sociocultural attitudes towards appearance and Malcolm et al., (2021)'s study that showed that BDD showed a higher prevalence of emotional abuse and physical neglect as well as more severe overall maltreatment, emotional abuse, and emotional and physical neglect. In the researcher's opinion, one of the reasons for the present finding of this study is ignorance and/or lack of awareness. Most parents/guardians/loved ones are not aware that abuse (in whatever form) does not only cause immediate negative wounds to its victims, but those wounds endure and manifest in often unexpected ways in years and even decades later. Abuse especially from the hands of a trusted loved one (s) or caregiver, telegraphs a message to the victim about their own value. Little wonder an abused person would, internalize that abuse and if help is not gotten, that internalization of abuse easily mutates into a form of self-approach, even self-hate that manifests in BD. Another reason is impact of negative life experiences. Most families/significant others/societies see teasing, neglect, etc. as normal; children are easily teased with their appearances for every little mistake they make at home. They are called derogatory names without considering the long term impact on these

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children. They compare their child with other kids. When BD is associated with a maltreatment history, it is possible that BD becomes a way of coping with the unhealed wounds of the past or an unconscious effort to distract, deny and deflect from the true source of the pain; the unresolved trauma as a result of the maltreatment.

The third finding showed that personality trait and psychological maltreatment jointly predicted BD among emerging adults in Owerri. The finding was in line with Alomari and Makhdoom (2019)'s study that concluded that BD was a common and difficult-to-recognize disorder associated with marked changes in social interactions, self-esteem and quality of life and Soler et al. (2018)'s study that many psychological factors including Personality traits and abuse can influence BD. The reason for the present finding is simple! Lack or inadequate knowledge about the condition: The general public especially emerging adults are ignorant of this condition (BD) and its impact to daily living. It is also possible that BD knowledge amongst emerging adults in Owerri is very low considering the fact that the condition is unrecognized and often not diagnosed in our society. They may be experiencing the signs and symptoms but do not see it as a serious issue that requires help since they

are ignorant of the condition. The few that are aware of this condition lack adequate information about it. Therefore, it is difficult to seek help for a condition one knows nothing about or even have little information about. It is also possible that this condition is not something that most' clinicians always think of when dealing with their patients. Fear of being stigmatized, labeled or tagged abnormal is another reason for the findings of this study. This fear can cause them to become secretive about the issue, thereby hindering them from seeking help.

Implications of the Findings

The implication of the findings of this study cannot be overemphasized. It is vital for future research and clinical practice, as predictors of BD, personality traits and psychological maltreatment may present important treatment targets for emerging adults experiencing BD. This will definitely go a long way to preventing and/or impeding the development of not just BD but also more unrelenting conditions similar to BD e.g. Body image concerns. Clinicians can utilize similar diagnostic features of BD in their practice in order to identify young people with the condition for early intervention to avoid or mitigate

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the impairment that comes with the condition.

Conclusion

This study noted that an overall model of personality traits and psychological maltreatment were significantly associated with BD. Intervention should therefore, be directed towards emerging adults who meet

the criteria for any form of BD especially if reporting any form of abuse, increased stress, low self-esteem, depression, unnecessary worry etc. Researchers are encouraged to continue to carry out diverse investigations on BD in order to help increase awareness of this condition.

DECLARATIONS:

Declaration of Originality: "I declare that this manuscript is my original work and has not been submitted or published elsewhere. I have reviewed and approved the final version of the manuscript".

Conflict of Interest: "I declare that there are no conflicts of interest regarding the publication of this paper."

Acknowledgements: "I acknowledge the contributions of Prof. Nkwam .C. Uwaoma and Dr. Chamaka Rose Nwaoru for their support and assistance in this research."

Informed Consent: "Informed consent was obtained from all individual participants included in the study"

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