Social media pressure and the body dysmorphic disorder tendency in women: The mediating role of perfectionism

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Abstract: The ideal body image displayed in social media often makes women vulnerable to body image issues, one of which is body dysmorphic disorder (BDD). This study aims to examine the role of social media pressure in predicting the tendency towards such a disorder in emerging adult women, with each of three dimensions of perfectionism as a mediator. The participants were 385 women aged 18-25 years who used social media and were selected using the convenience sampling technique. Data were collected using the Body Dysmorphic Disorder Screening Scale, Social Media Pressure Scale, Almost Perfect Scale-Revised (APS-R), and some open-ended questions distributed online through various social media. The BDD tendency model tested using structural equation modeling has a good fit with the data (χ^2/df = .019, RMSEA = .001, CFI = 1.00) and shows that the role of social media pressure in women's BDD tendency was fully mediated through the discrepancy dimension of perfectionism. The findings indicate that a program is needed to develop media literacy and promote positive body images for women who use social media to prevent body image issues.

Keywords: body image; emerging adulthood; Indonesian women; perfectionism; social media

Abstrak: Citra tubuh ideal yang ditampilkan di media sosial seringkali membuat perempuan rentan terhadap masalah citra tubuh, salah satunya adalah body dysmorphic disorder (BDD). Penelitian ini bertujuan untuk mengetahui peranan tekanan media sosial dalam memprediksi kecenderungan gangguan tersebut pada perempuan emerging adulthood dengan masing-masing dari ketiga dimensi perfeksionisme sebagai mediator. Partisipan adalah 385 perempuan usia 18-25 tahun pengguna media sosial yang dipilih menggunakan teknik convenience sampling. Pengumpulan data dilakukan menggunakan Skala Deteksi Dini Body Dysmorphic Disorder, Skala Tekanan Media Sosial, Almost Perfect Scale-Revised (APS-R), dan beberapa pertanyaan terbuka yang disebarkan secara daring melalui berbagai media sosial. Model kecenderungan BDD yang diuji dengan menggunakan pemodelan persamaan struktural memiliki kesesuaian yang baik dengan data (χ^2/df = 0,019, RMSEA = 0,001, CFI = 1,00) dan menunjukkan bahwa peran tekanan media sosial terhadap kecenderungan BDD perempuan sepenuhnya dimediasi melalui dimensi perfeksionisme *discrepancy*. Temuan ini menunjukkan bahwa diperlukan program untuk mengembangkan literasi media dan mempromosikan citra tubuh yang positif bagi perempuan pengguna media sosial untuk mencegah permasalahan citra tubuh.

Kata Kunci: citra tubuh; *emerging adulthood*; perempuan Indonesia; perfeksionisme; media sosial

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Introduction

Physical appearance is considered a powerful tool in personal branding (K. M. Johnson, 2017). Both men and women are willing to make various efforts to have a physical appearance that borders on perfection. The importance of such appearance can also be seen in emerging adulthood, the age of transition from adolescence to adulthood, which ranges from 18 to 25 years of age (Arnett, 2000). Emerging adults have great concern for their appearance, which is often associated with attractiveness and success, so they pay great attention to body size and weight status (Gillen, 2006). The perception of physical appearance in emerging adulthood has also been found to influence individuals' desire to date and build long-term romantic relationships (Finchman & Cui, 2011).

Women generally tend to focus more on their social appearance than men (Davison, 2012). This makes them often compare their appearance and be very sensitive to negative judgments from others. Women have also been found to associate their body appearance with self-esteem more than men (Murnen & Don, 2012). Hence, low self-esteem related to appearance experienced by women causes many bodies image-related issues, such as body dissatisfaction.

Body image dissatisfaction is a person's subjective dissatisfaction with their body or a part of it, which arises because of a gap in the desired body expectation (Negrin et al., 2018). According to a study conducted by Sukamto et al. (2013) on female college students in Indonesia and China, the body parts most frequently associated with body dissatisfaction were the abdomen, thighs, arms, buttocks, legs, height, and hips. This dissatisfaction can certainly affect an individual's attention to aspects of their body, thus fostering feelings of excessive anxiety about their appearance. These feelings of excessive anxiety can develop to extremes and make individuals experience chronic body image disorders, one of which is body dysmorphic disorder (BDD).

BDD is a type of body image problem marked by preoccupation or excessive anxiety over body flaws or limitations that are not visible or look insignificant to others (American Psychiatric Association, 2013). This disorder is also accompanied by repetitive behaviors that stem from anxiety about one's appearance, such as frequent mirror viewing; repeated touching of areas of the body that are considered disabled; the wearing of excessive make-up; or engaging in certain cognitive thoughts, such as comparing one's appearance to that of others (American Psychiatric Association, 2013). BDD has a significant impact on sufferers as it causes clinical distress, which can have an impact on social quality, job, education, and other important aspects of life (American Psychiatric Association, 2013).

BDD appears to be experienced by many women in emerging adulthood. Tandy and Sukamto's (2013) research on female college students in Surabaya, Indonesia showed that 52.5% of 80 female students were found to have BDD in the moderate to high category. According to Rosen and Reiter (1996), the tendency towards BDD is a preoccupation or excessive focus experienced by normal individuals on minimal or lack of physical disability. In short, people with BDD tendencies will focus on the shortcomings they believe exist in their appearance, but the distress experienced is at a mild level and interferes little with their daily social life.

The tendency towards BDD in women has also increased during the COVID-19 pandemic. For example, Aviles (2020) reported on *www.nbcnews.com* about a 22 years old Pakistani student who had experienced an increase in BDD symptoms due to the use of social media during the pandemic. Such use has increased exposure to notions of ideal appearance and appearance

comparison behaviors, thereby increasing individuals' urge to undergo plastic surgery or unnatural excessive self-care (Aviles, 2020).

Sociocultural factors in the form of social media pressure on BDD tendencies are evident in the rapid information transmission processes that have developed recently. Social media is often a unique predictor that can lead to disturbances related to body image. This is because the information it presents, such as photos or videos, easily influences individuals, particularly their perception of appearance. A systematic review of 25 articles from 2014-2021 established that social media had a potentially detrimental effect on youth with respect to body image dissatisfaction and subsequently led to eating disorders and body dysmorphia due to social comparisons with the unrealistic images portrayed (Rizwan et al., 2022). The results of research conducted by Tiggemann and Zaccardo (2015) reveal that exposure to pictures of an ideal and fit body on Instagram increases negative mood and body dissatisfaction in women compared to travel-themed pictures.

Multiple messages about the ideal physical appearance are often displayed repeatedly on social media as a socially accepted standard of appearance. Social media content such as photos of friends, celebrity profiles, and numerous pictures of the ideal appearance often influences how a person perceives their body. According to Minoosepehr al. (2014), exposure to content on social media related to beauty norms can encourage people to accept an almost unattainable body image as part of reality. According to a study by Roberts et al. (2022), social media was the only source of appearance pressure that played a role in predicting the increase in all mediators, namely social body comparison, thin-ideal internalization, and muscular ideal internalization, although, in turn, only thin-ideal internalization and body comparison predicted a decrease in adolescent girls' appearance esteem. Moreover, social media

pressure has also been found to cause body image dissatisfaction and eating disorder (Perloff, 2014; Sukamto et al., 2019). Hence, social media pressure can be a signficant source of body image issues.

According to Tiggemann's (2012) socio-cultural approach, sociocultural transmitters such as the media can influence individuals' sensitivity to body image disorders if they are mediated by other variables such as thin-ideal internalization, body dissatisfaction, or individual vulnerability factors (for example, biological and psychological characteristics). Perloff (2014) developed this viewpoint into a model that shows how social media mediates body image disorders such as eating disorders when used in conjunction with social comparison behavior and is influenced by a number of individual vulnerability characteristics, including perfectionism.

Perfectionism is a personality construct related to the tendency of individuals to strive to achieve high personal standards, accompanied by feelings of concern about their ability to achieve or maintain these (Slaney et al., 2001). Perfectionists will tend to make critical evaluations of their behavior and thoughts, thus giving rise to negative feelings of incompleteness or impreciseness (Arji et al., 2016). Perfectionism is divided into three dimensions: high standard, order, and discrepancy (Slaney et al., 2001). These three dimensions each represent the two higher-order factor structures of perfectionism, namely adaptive (e.g., setting personal standards and the need to be organized) and maladaptive (e.g., excessive concern about making mistakes). These two perfectionism factors are often positively associated with body image issues, such as body dissatisfaction and eating disorders (Luo et al., 2013; Wade & Tiggemann, 2013).

The discrepancy dimension represents the maladaptive perfectionism factor. Discrepancy has been found to play a negative role in body

satisfaction in women (Barnett & Sharp, 2016). It also mediates the relationship between thin-ideal media exposure and social comparison in women (Bessenoff, 2006). This shows that a high level of discrepancy can encourage someone to compare their appearance with others, making them feel pressured to emulate unrealistic appearances in the media. Women are thus prone to negative emotions that lead to body dissatisfaction.

Adaptive perfectionism, such as the high standards or order dimension, has also been found to be associated with body image issues. Wade and Tiggemann (2013) found that personal standards (equivalent to the high standards dimension) were positively correlated with body dissatisfaction. Wade et al. (2008) also found that excessive organization (equivalent to the order dimension) was positively correlated with anorexia nervosa in women. An individual with a personality related to a high standard of perfectionism is more likely to have excessive appearance standards, while someone with an orderly perfectionism personality will be more rigid in matters related to appearance, such as food portions or the way of dressing. Therefore, these two dimensions of adaptive perfectionism can encourage someone to become obsessed with achieving a perfect appearance.

S. Johnson et al. (2020) showed that perfectionism and selective attention can predict dysmorphia concerns in both adult men and women. Perfectionism and body image issues have also been found to be positively related to the appearance of BDD symptoms (Arji et al., 2016). According to the findings of Foroughi et al. (2019), a high level of perfectionism can predict more severe dysmorphia concerns. This is because perfectionist individuals tend to judge their physical appearance in minute detail, so they are prone to experiencing excessive anxiety if there are deficiencies in their appearance. Consequently,

BDD tendencies can clearly be linked to perfectionism.

The literature is lacking in research on the role of social media pressure on BDD tendencies in emerging adult women mediated by perfectionism. Given that social media is widely used by Indonesian women in emerging adulthood, establishing its impact on BDD tendencies would identify any influences. Although previous studies have found an association between social media pressure and body dissatisfaction and eating disorders (Perloff, 2014; Sukamto et al., 2019), no study has been made which links it to BDD. Furthermore, there is a lack of research that examines the relationship between perfectionism and BDD tendencies in Indonesia, even though research has been conducted in several other countries, such as Iran, the US, and Australia (Arji et al., 2016; Foroughi et al., 2019; S. Johnson et al., 2020; Phillips, 2009) shows that perfectionism can play an important role in a person's tendency to experience BDD. Previous research on the role of the perfectionism dimension as a mediator in predicting body image problems has only been found in relation to the discrepancy dimension (Bessenoff, 2006). This study is therefore interested in exploring the role of each dimension of perfectionism, namely high standard, order, and discrepancy, in mediating social media pressure on BDD tendencies, as previous studies have shown that high standards and order dimensions also have a positive effect on body image issues, such as body dissatisfaction and eating disorders (Luo et al., 2013; Wade et al., 2008; Wade & Tiggemann, 2013). The following hypotheses are proposed for the study.

H1: Social media pressure plays an indirect role in the increasing tendency towards body dysmorphic disorder in emerging adult women with the high standards dimension of perfectionism as a mediator.

H2: Social media pressure plays an indirect role in the increasing tendency towards body dysmorphic disorder in emerging adult women with the order dimension of perfectionism as a mediator.

H3: Social media pressure plays an indirect role in the increasing tendency towards body dysmorphic disorder in emerging adult women with the discrepancy dimension of perfectionism as a mediator.

H4: Social media pressure plays a direct role in the increasing tendency towards body dysmorphic disorder in emerging adult women.

Method

The study used a quantitative research design based on a survey. In addition to using standardized scales, it also used open-ended questions and collected sociodemographic data to determine participants' characteristics and to further explore the research variables. Because the study was conducted during the COVID-19 pandemic, data were collected using Google Forms, which was distributed through various social media.

Participants

Convenience sampling was used to recruit participants. To reach them, social media sites including Instagram, Twitter, Facebook, Line, and WhatsApp were used to distribute the research questionnaires. The study involved 385 women between the ages of 18 and 25 who were actively using social media. The characteristics of the participants are shown in Table 1.

Scale

BDD tendency. This variable was measured using the Body Dysmorphic Disorder Screening Scale developed by Tandy and Sukamto (2013). The scale refers to the DSM-IV diagnostic criteria for BDD (which also corresponds to the DSM-V diagnostic criteria for BDD) and the six aspects of

Figure 1

Hypothetical Model
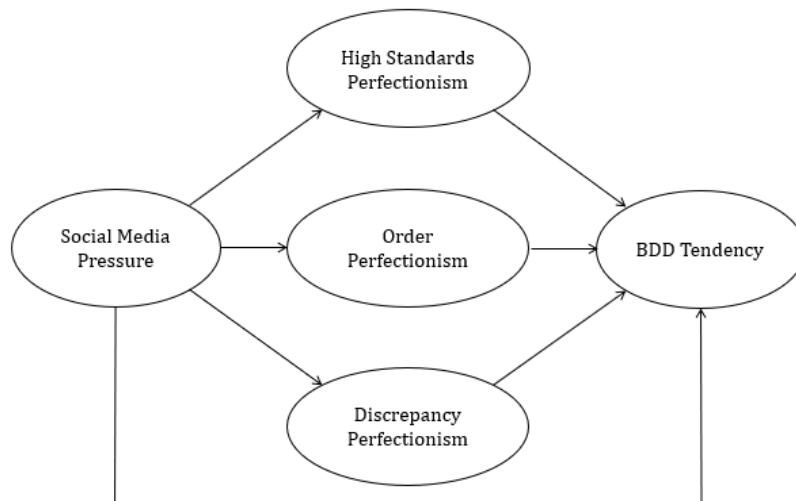
Table 1

Participant Characteristics

Characteristic	Frequency	%	Characteristic	Frequency	%
Age (years)			*Domicile*		
18	47	12.2	Java	322	83.6
19	78	20.3	Sumatra	30	7.8
20	87	22.6	Borneo	15	3.9
21	87	22.6	Bali	8	2.1
22	50	13.0	Sulawesi	7	1.8
23	17	4.4	NTB	2	.5
24	10	2.6	Papua	1	.3
25	9	2.3			
BMI			*Romantic Relationship Status*		
Underweight (< 18.5)	95	24.7	Single	294	76.4
Normal weight (18.5-22.9)	179	46.5	Dating	87	22.6
Overweight (23-24.9)	49	12.7	Married	4	1.0
Obese I (25-29.9)	40	10.4			
Obese II (≥ 30)	22	5.7			

BDD of Rosen and Reiter (1996), namely: a) negative evaluation of body shape or face; b) feelings of shame about body shape or face in a social environment; c) excessive importance given to appearance in self-evaluation; d) avoidance of social activities and physical contact with others; e) body camouflage; and f) body checking. The scale consists of 42 items. For this study, three items (16, 26, and 28) were deleted due to an item discrimination index of below .250.

Each item is rated on a Likert scale ranging from 1 to 4 (1 = Strongly Disagree, 4 = Strongly Agree). Examples of items are *"I am worried that I will look ugly, so I repeatedly check my appearance in the mirror"* and *"I feel anxious when other people notice my appearance in public"*. The reliability coefficient for the sample was .944, with the item discrimination index ranging from .261 to .707.

Social Media Pressure. This variable was measured using the Social Media Pressure Scale adapted and modified by Sukamto (2020) based on the Media Pressures subscale of the Sociocultural Attitudes Towards Appearance Questionnaire-4/4-Revised (SATAQ-4; SATAQ-4R; (Schaefer et al., 2015, 2017). It is a unidimensional scale and has no negatively scored items. It consists of four items. Each item is rated on a Likert scale in the range from 1 to 5 (1 = Very Inappropriate, 5 = Very Appropriate). An example item is *"I feel pressure from social media to improve my appearance"*. The reliability coefficient for the sample was .809, with the item discrimination index ranging from .498 to .757.

Perfectionism. This variable was measured using the Almost Perfect Scale-Revised (APS-R) developed by Slaney et al. (2001) and translated into Indonesian. This scale consists of 23 items. Each item is rated on a Likert scale in the range from 1 to 7 (1 = Strongly Disagree, 7 = Strongly Agree). The scale measures the three dimensions

of perfectionism. First, the high standards dimension, which consists of seven items. A sample item is *"I try to do my best at everything I do".* The reliability coefficient for this dimension was .767. Second, the order dimension, consisting of four items. An example item is *"I like to always be organized and disciplined".* The reliability coefficient for this sample was .752. Third, the discrepancy dimension, which consists of 12 items. A sample item is "*I am hardly ever satisfied with my performance".* The reliability coefficient for this sample was .895.

Data Analysis

The hypothetical study model was tested using the Structural Equation Modeling (SEM) analysis technique to test the fit of the model to the data and the strength of direct and indirect effects between variables included in the model; specifically, social media pressure, the three dimensions of perfectionism, and BDD tendency. The analysis process was conducted using Lisrel 8.80 software (Jöreskog & Sörbom, 2006).

Multiple fit indices were used to evaluate the overall model fit to the data. A good model fit is indicated by the following criteria: a χ2/df ratio below 3.0 (Hair et al., 2010); a root-mean-square error of approximation (RMSEA) value of .08 or less (Browne & Cudeck, 1992); a comparative fit index (CFI) value of .90 or higher (Bentler, 1990); or a CFI value of .95 for excellent model fit (Hu & Bentler, 1999). The modification index and theory were used to guide model improvement.

Results

Table 2 shows the results from the open-ended questions regarding participants' dislike of body parts, together with the perceived pressure on appearance from social media content.

Structural Equation Modeling (SEM) was used to test the hypothetical model (Figure 1). All hypothesized pathways in the study were examined to prove their statistical significance.

The testing of hypothesis 1 showed that social media pressure had a statistically significant direct effect on high standard perfectionism (unstandardized estimates = .13, t = 2.08, $p < .05$). However, the path between high standards perfectionism and BDD tendency was not statistically significant (unstandardized estimates = -.024, t = -.014, $p > .05$). These results indicate that the hypothesis, which posits that the role of social media pressure in increasing BDD tendency in emerging adult women is mediated by the high standards dimension of perfectionism, is not supported.

Testing of hypothesis 2 showed that there was no direct effect of social media pressure on order perfectionism (unstandardized estimates = .067, t = 1.48, $p > .05$) and between order perfectionism and BDD tendency (unstandardized estimates = -.050, t = -1.15, $p > .05$) which proved to be statistically not significant. These results therefore indicate that the hypothesis, which proposes that the order dimension of perfectionism could mediate the role of social media pressure on the increasing tendency of BDD in emerging adult women, is also not supported.

Testing of hypothesis 3 showed that social media pressure had a statistically significant direct effect on discrepancy perfectionism (unstandardized estimates = .28, t = 4.20, $p < .05$). Furthermore, the direct effect of discrepancy perfectionism on BDD tendency was also statistically significant (unstandardized estimates = .34, t = 4.70, $p < .05$). Therefore, the hypothesis, which posits that social media pressure plays a role in increasing the tendency towards BDD in emerging adult women through the mediation of the discrepancy dimension of perfectionism, is supported.

Table 2

Participants' Body Evaluations and Perceived Pressure from Social Media Content

Question	Frequency	%	Question	Frequency	%
Most Disliked Body Part			*Most Frequent Pressure Content on Social Media about Weight or Appearance*		
Weight	147	38.2	Upload of photos of peers	256	63.9
Teeth	126	37.2	Upload of photos of celebrities (actresses, Insta-celebs, models)	243	63.1
Thighs	113	29.4	Ads related to weight or body shape	101	26.2
Stomach	97	25.2	Comments (criticism, ridicule, praise, or likes) from peers on uploaded photos of yourself	81	21.0
Nose	76	19.7	Blog or vlog related to weight or body shape	76	19.7
Height	69	17.9	Comments (criticism, ridicule, praise, or likes) from unknown people about your uploaded photos	38	9.9
Skin	55	14.3			
Buttocks	52	13.5			
Arms	50	13.0			
Lips	47	12.2			
Social Media Apps with the Most Pressure Regarding Weight or Appearance			*Participants' Responses to Other People's Responses to the Most Disliked Body Part*		
Instagram	367	95.3	Make certain efforts to improve	198	51.4
TikTok	101	26.2	Think about it constantly	146	37.9
YouTube	55	14.3	Accept or approve but do not make certain efforts	124	32.2
Twitter	52	13.5	Do not think or worry about it	120	31.2
Participant's Feelings about their Most Disliked Body or Face Part			*Activities that Tend to be Avoided Because of Dislike for Certain Body or Face Parts*		
Embarrassed	288	74.8	Meeting other people	162	42.1
Worried	123	31.9	Not avoiding any activity	152	39.5
Anxious	118	30.6	Attending parties	122	31.7
Disappointed	76	19.7	Going out with friends	57	14.8
Afraid	73	19.0	Studying or working	17	4.4
Hateful	56	14.5			

Participants could choose more than one answer

Testing of hypothesis 4 showed that the direct effect of social media pressure on BDD tendency was not statistically significant (unstandardized estimates = .42, t = 1.54, p > .05). Therefore, the hypothesis, which proposes that social media pressure plays a direct role in increasing the BDD

tendency in emerging adult women, is also not supported.

The final model (see Figure 2) shows that the BDD tendency model was an excellent fit to the data (χ^2 = 8.61, df = 449, χ^2/df = .019 (cut-off ≤ 3), RMSEA = .001 (cut-off ≤ .08), and CFI = 1.00 (cut-off ≥ .95)). The model explains .4% of the variance in order perfectionism, 1.7% in high standards perfectionism, 7.1% in discrepancy perfectionism, and 27% in BDD tendency. The model demonstrates that the role of social media pressure in increasing BDD tendency in emerging adult women was fully mediated by the discrepancy dimension of perfectionism.

Discussion

The study aims to examine the role of social media pressure in predicting the increasing

tendency towards body dysmorphic disorder (BDD) in emerging adult women, with each dimension of perfectionism as a mediator. The BDD tendency model shows that social media pressure plays an indirect role in predicting BDD tendency in emerging adult women, mediated by the discrepancy dimension of perfectionism.

Discrepancy is a maladaptive dimension of perfectionism that involves feelings of excessive dissatisfaction that arise from unrealistic self-standards (Slaney et al., 2001). The discrepancy dimension trait is in accordance with people who have a BDD tendency, namely those who feel very anxious or disturbed by one or more minor flaws in their appearance which others cannot actually see. They therefore engage in various obsessive

Figure 2

Final Model
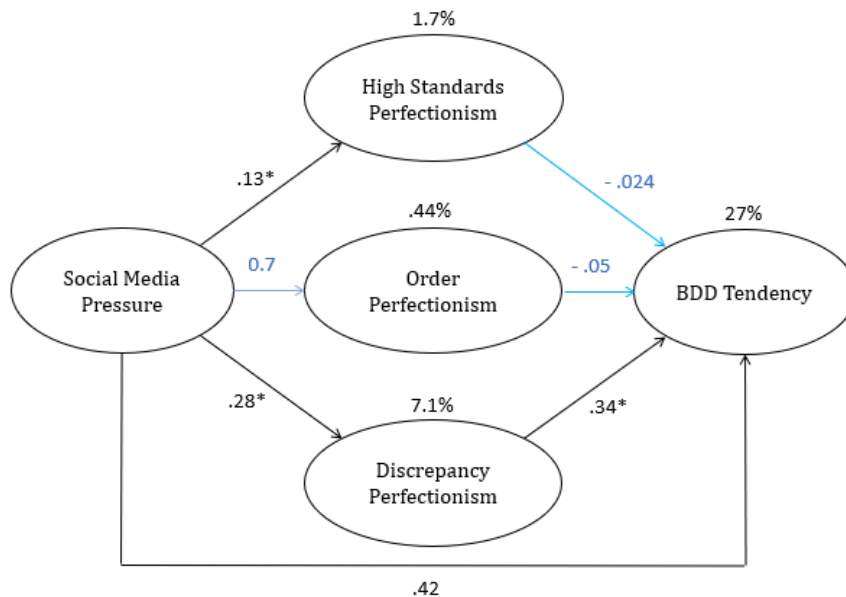
Note. Numbers in bold and the black arrows indicate significant unstandardized path coefficients, while the numbers not in bold and the grey arrows indicate nonsignificant path coefficients. The percentages indicate the amount of variance that can be explained for each variable.

efforts to overcome their appearance anxiety, such as excessive grooming and body checking (American Psychiatric Association, 2013; Rosen & Reiter, 1996). The findings indicate that social media pressure might play an indirect role in increasing the tendency towards BDD in emerging adult women if they have a discrepancy perfectionist personality.

Maladaptive perfectionism is positively associated with various psychological problems, such as anxiety and depression (Slaney et al., 2001); body dissatisfaction and eating disorders (Barnett & Sharp, 2016); and obsessive-compulsive disorder (Soreni et al., 2014). Barnett and Sharp (2016) found that discrepancy negatively affects body satisfaction in women, while Bessenoff (2006) also found that discrepancy mediates the relationship between thin-ideal media exposure and social comparison in women. Therefore, the results of this study are in line with those of previous studies regarding the role of the discrepancy dimension as a mediator between social media pressure and BDD tendency.

The study findings also indicate that high standards and order dimensions of perfectionism are not significant in mediating the indirect role of social media pressure on BDD tendency. The high standards dimension was found to be insignificant as a mediator because the direct effect of high standards perfectionism on BDD tendency was not significant, although social media pressure showed a significant direct effect on it. As an adaptive dimension of perfectionism, high standards are more likely to lead individuals to strive to achieve their standards in positive ways (Slaney et al., 2001). In terms of appearance, people with the high standards dimension tend to make more adaptive efforts to improve this than in engaging in the obsessive behaviors displayed by those with BDD tendencies.

The findings of previous research, that personal standards (equivalent to the high standards dimension) was positively correlated with body dissatisfaction (Wade & Tiggemann, 2013), do not contradict the results of this study, instead illustrating that body dissatisfaction and BDD tendency are different body image issues in terms of severity. Body dissatisfaction can range from a mild preference for having different body characteristics, to severe feelings of distress and extreme behaviors to change one's body or avoid criticism from others (Wertheim & Paxton, 2012). People who experience body dissatisfaction, therefore, can make various efforts, ranging from the mild to the extreme, or from the healthy to the unhealthy, to improve their body or certain parts of it, which do not always lead to BDD tendencies.

The order dimension was found to be insignificant as a mediator because none of the direct effects, from social media pressure on order perfectionism and from order perfectionism on BDD tendency, was found to be significant. Order is an adaptive dimension of perfectionism that directs a person to achieve order, neatness, and organization in everything he/she does (Slaney et al., 2001). The order dimension makes individuals focus more on aspects of themselves that are not yet organized or neat but do not involve excessive feelings of anxiety, as in maladaptive perfec-tionism (Slaney et al., 2001). Consequently, people with the order dimension of perfectionism only try to improve the aspects of themselves that are not organized and do not change other aspects that they think are already orderly.

Previous research has found that excessive organization (equivalent to order dimension) is positively correlated with anorexia nervosa in women (Wade et al., 2008). People with anorexia nervosa have an intense fear of gaining weight or becoming fat. They strictly control their energy intake and tend to ignore the body's nutritional needs, so they have very low body weight and endanger their physical health (American Psychiatric Association, 2013). These character-

istics can explain the positive correlation between excessive organization and anorexia nervosa. Women with a BDD tendency have different characteristics from those with anorexia nervosa, who focus more on their intense fear of becoming fat. The findings from this study that showed that the order dimension of perfectionism does not mediate the role of social media pressure on BDD tendency might broaden understanding of the role of order perfectionism on other body image issues.

The results of this study also show that social media pressure does not play a direct role in increasing BDD tendency. BDD is a chronic mental disorder related to body image that may not be apparent if it is only caused by environmental (socio-cultural) factors. Phillips (2009) highlighted that the risk factors for BDD, such as biological/genetic, psychological, and socio-cultural ones, cannot be considered separately in the occurrence of the disorder. Therefore, the contribution of each risk factor will further increase the development of BDD in individuals, as in the final model of this study, which showed that 27% of the variance in BDD tendency in emerging adult women was explained by the contribution of social media pressure (an environmental factor) and the dimensions of perfectionism (a personality factor), particularly the discrepancy dimension. This result is consistent with previous research (e.g., Senín-Calderóna et al., 2020), which found that Instagram use was associated with a person's susceptibility to dysmorphic anxiety if it was followed by appearance comparison behavior, emotional regulation problems, and the thought that they would be criticized or ridiculed by others for their imperfect appearance.

Social media can create pressure that may have an impact on the way individuals perceive their bodies (Tiggemann & Zaccardo, 2015). This is because the content on social media about appearance and ideal body shape encourages women to improve their appearance and compare it with that of others. Data from one of the open-ended questions showed that the social media content that places the greatest pressure on women's appearance is in the form of photos uploaded by peers and photos of celebrities (Table 2). This finding concurs with the research results of Sukamto et al. (2019), that such content can encourage women to make upward appearance comparisons on social media, which ultimately lead to an increasingly negative body image.

Almost all (95.3%) of the participants in this study reported feeling pressure related to their weight or appearance from the social media application Instagram (Table 2), a visual-based social medium that is widely associated with body image issues (Tiggemann et al., 2018). This is because Instagram creates a situation (e.g., the use of filters) that promotes individuals to look as attractive as possible, thus making them feel pressurized to alter their appearance.

Data from one of the open-ended questions (Table 2) showed that most of the participants did not like their body weight (38.2%) or body parts, such as teeth (32.7%), thighs (29.4%), stomach (25.2%), and nose (19.7%), which are often ideally displayed in social media content. This indirectly encourages individuals to compare their appearance and set high and unrealistic standards related to such body parts. This is in line with the findings of this study, which demonstrate the role of social media pressure in increasing the high standards and discrepancy dimensions of perfectionism. Tiggemann et al. (2018) found that the number of 'likes' on photos displayed on Instagram also had a positive effect on the comparison of appearance and facial dissatisfaction.

In this study, most of the participants' feelings about their face or body parts they least liked (Table 2) were associated with shame (74.8%), worry (31.9%), and anxiety (30.6%). There is a possibility that the participants felt that those around them also paid attention to these body

parts, so they perceived that there was something wrong with their appearance, consequently leading to these three feelings. Furthermore, the feelings may cause participants in the study to avoid certain activities (Table 2), such as meeting other people (42.1%), attending parties (31.7%), or going out with friends (14.8%), which can cause problems in their daily life. This is in accordance with one of the characteristics of BDD tendencies, namely avoiding physical contact with other people because people are afraid of being rejected or ridiculed by others because of their appearance (Phillips, 2009).

People with BDD tendencies tend to seek reassurance from others about the effects that body parts with minor flaws have on their appearance (Phillips, 2009). The impact of other people's responses to the participants' reactions to body parts they did not like (Table 2) included making certain efforts to improve those parts (51.4%) and continuously thinking about the responses given (37.9%). This is indeed in accordance with the characteristics of people who experience BDD, as they tend to feel excessive anxiety about their appearance, thus experiencing preoccupation, overthinking, and overreaction to the body parts they consider to be flawed. Forms of improvement efforts that are usually made by those with BDD include body camouflage, skin picking, excessive self-care, diet, and plastic surgery (Phillips, 2009).

Conclusion

The role of social media pressure in predicting the increasing tendency towards BDD in emerging adult women was exclusively mediated by the discrepancy dimension of perfectionism. This dimension is a category of maladaptive perfectionism that leads individuals to excessive feelings of dissatisfaction that arise because of unrealistic self-standards. This is in accordance with the characteristics of people with a tendency towards BDD, who also emphasize unrealistic ideal standards of appearance, making them continue to feel anxious about minor flaws in their appearance.

One of the limitations of this study is that participants were not asked why they did not like certain body parts. This information could help explain the possibility of participants experiencing certain cognitive distortions regarding normal body parts, such as is found amongst those with BDD.

Although social media pressure does not directly contribute to the increasing tendency towards BDD, the role of social media pressure still needs to be considered, given that it can play a direct role in increasing the high standards and discrepancy dimensions of perfectionism, which in turn raises various body image issues, especially in women. Social media also creates space for individuals to engage in unhelpful activities, such as comparing appearances, that makes them more prone to experiencing body dissatisfaction. There-fore, it is recommended that women who use social media should evaluate the information contained in it more critically to avoid body image issues.

The findings of the study provide empirical evidence of how the maladaptive dimension of perfectionism gives rise to dissatisfaction and unrealistic self-standards that contribute to body image issues. Therefore, the findings could raise awareness about the importance of campaigns to develop positive body images through social media. If women have a positive body image, they will be more able to accept and appreciate their bodies as well as creating more realistic appearance standards for themselves. In addition, women also need to improve their media literacy to filter any information related to appearance standards on social media so that they are not susceptible to various body image issues, including BDD.[]

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