

Conformity, Self-Esteem, and Psychological Well-Being in Adolescents with Body Dysmorphic Disorder Tendencies

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Abstract

This study aims to determine the relationship between conformity, self-esteem, and psychological well-being in adolescents who experience body dysmorphic disorder tendencies. The method used is multiple correlational and bivariate cross-sectional quantitative research. The participants of this study were 315 adolescents who experienced body dysmorphic disorder tendencies using a proportional stratified random sampling technique. Measurements used The Conformity Scale ($\alpha = 0.865$), Rosenberg Self-Esteem Scale ($\alpha = 0.832$), and Ryff Psychological Well-Being Scale ($\alpha = 0.936$). The results prove that conformity and self-esteem are jointly related to psychological well-being in adolescents who experience body dysmorphic disorder tendencies (F change = 44.496 with sig. = 0.000; $p < 0.05$). Partially, conformity is negatively related to psychological well-being ($r = -0.178$ with sig. = 0.001; $p < 0.01$), and self-esteem is positively associated with psychological well-being ($r = 0.426$ with sig. = 0.000; $p < 0.01$). These results indicate that conformity and self-esteem are factors associated with increased or decreased psychological well-being in adolescents who experience body dysmorphic disorder tendencies.

Keywords: conformity, self-esteem, psychological well-being, adolescents, body dysmorphic disorder

Abstrak

Penelitian ini bertujuan untuk mengetahui hubungan antara konformitas, self-esteem, dan kesejahteraan psikologis pada remaja yang mengalami kecenderungan body dysmorphic disorder. Metode yang digunakan adalah penelitian kuantitatif korelasional berganda dan bivariat cross-sectional. Partisipan penelitian ini adalah 315 remaja yang mengalami kecenderungan body dysmorphic disorder dengan menggunakan teknik proportional stratified random sampling. Pengukuran menggunakan The Conformity Scale ($\alpha = 0,865$), Rosenberg Self-Esteem Scale ($\alpha = 0,832$), dan Ryff Psychological Well-Being Scale ($\alpha = 0,936$). Hasil penelitian membuktikan bahwa konformitas dan self-esteem secara bersama-sama berhubungan dengan kesejahteraan psikologis pada remaja yang mengalami kecenderungan body dysmorphic disorder (F change = 44,496 dengan sig. = 0,000; $p < 0,05$). Secara parsial, konformitas berhubungan negatif dengan kesejahteraan psikologis ($r = -0,178$ dengan sig. = 0,001; $p < 0,01$), dan self-esteem berhubungan positif dengan kesejahteraan psikologis ($r = 0,426$ dengan sig. = 0,000; $p < 0,01$). Hasil ini mengindikasikan bahwa konformitas dan self-esteem merupakan faktor yang berhubungan dengan peningkatan maupun penurunan kesejahteraan psikologis pada remaja yang mengalami kecenderungan body dysmorphic disorder.

Kata kunci: konformitas, self-esteem, kesejahteraan psikologis, remaja, body dysmorphic disorder

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INTRODUCTION

Humans tend to be perfectionists, especially in the physical aspect. This usually occurs during adolescence, which starts at 10 to 13 years and ends in the age range of 18 to 21 years (Amrizon, 2022). Adolescence is a stage in the development of individuals who experience rapid changes, one of which is physical change (Ganeswari, 2019). This means that individuals in this transitional period tend to increase their satisfaction with themselves by choosing physical appearance as an identity.

Adolescents today generally understand many things that can encourage the attractiveness of physical appearance from social media or even from the environment where individuals live, which shows modern or contemporary physical appearance trends. An individual's body shape can encourage the attractiveness of one's physical appearance. Most teenagers tend to look for ways to cover up their shortcomings. Indrati and Aprilian (2018) state that the majority of adolescents find it difficult to accept their current state and tend to find ways to cover up parts of their bodies that they consider bad. Excessive body dissatisfaction can lead to a psychological disorder called body dysmorphic disorder (BDD).

Based on the views of Krebs (2024), BDD is rare in children, with a prevalence of 0.1%, and significantly more common in adolescents, with a prevalence of 1.9%. Likewise, stratification by gender shows BDD is considerably more prevalent in females, with a prevalence of 1.8% compared to 0.3% in males. Then, according to Enander (2018), the prevalence of BDD among high school students with an age range of 14-19 years was 2.2% with BDD symptoms more common in girls, with a female-to-male ratio of 1.64. In the non-clinical sample, the prevalence in adolescents and young adults aged 15-21 years was 3.6%, with a higher prevalence of adolescent girls than boys. Then, according to the source of the Family Partner Health institution, data on BDD cases in Indonesia amounted to 150,000 per year. However, the data obtained is limited due to the lack of detailed statistical data on a large scale by reliable sources that raise this disorder (Vivenda, 2019).

Psychological well-being is defined as a person who has a positive attitude towards himself and others, can make decisions and regulate his behavior, create and regulate an environment that suits his needs, has a purpose in life, and strives to explore and develop himself (Ryff, 2013). Those with low psychological well-being will experience difficulties in managing daily life, are unable to take advantage of opportunities, and feel unable to change or improve the quality of their self in the surrounding environment. Meanwhile, a good psychological well-being environment will allow for the choice and creation of an environment that suits the physical condition (Ryff, 2013). Five factors influence psychological well-being: first, demographic factors consisting of age, gender, socioeconomic status, and culture; second, social support; third, evaluation of life experiences; fourth, religiosity; and fifth, personality (Ryff, 2013).

Psychological well-being is supported by conformity and self-esteem in this study because, with conformity, adolescents will feel accepted and noticed in the environment, which will have an impact on psychological well-being in adolescents who experience BDD. Razanah (2023) revealed that conformity can positively and negatively affect adolescents. Adolescents who experience harmful effects from their group tend to imitate the behavior or lifestyle carried out by their group, causing them to lack satisfaction and confidence because they cannot actualize themselves in their environment. Conversely, adolescents who bring positive things to themselves and their environment tend to have strong encouragement from their group to carry out positive activities. This can improve



psychological well-being because adolescents feel well-accepted by their group. A study by Hongfie Du (Hariyono, 2022) revealed that a person's self-esteem can increase their well-being. It significantly improves psychological well-being, especially with support from people close to them.

Conformity is a social influence in which individuals change their attitudes and behavior to conform to existing social norms, accepting ideas or rules. The pressure to conform can be tough to avoid. Individuals will act in ways that are considered reasonable or acceptable by society and their group (Baron & Byrne, 2003). There are two components of conformity: normative social influence (desire to be liked and fear of group rejection) and informational social influence (desire to feel right). The more one believes in the group's information and opinions, the more likely one is to conform to the group (Baron & Byrne, 2003).

In the view of adolescents, appearance is important because it can show their identity, existence, and self-recognition in the environment. Most adolescents consider that those with an attractive appearance will usually be treated better by others than those with a less appealing appearance. This is supported by Hurlock's (1980) opinion that adolescents try to be as attractive as possible because they realize that appearance strongly influences social support. Based on these cases, adolescents will experience conformity to get self-acceptance and attention in their environment. The higher they get attention and acceptance, the higher their psychological well-being will be (Razanah, 2023).

Apart from conformity, another factor examined in this study is self-esteem. Self-esteem is a form of positive or negative evaluation of oneself; in other words, self-esteem is how a person views themselves. Self-esteem globally is a person's positive or negative attitude about themselves (Rosenberg, 2015). Rosenberg (2015) revealed that two things play a role in forming self-esteem: praise from others (reflected appraisals) and social comparisons. Low self-esteem is when a person has too negative feelings towards themselves, resulting in a lack of self-confidence and failure to achieve goals, shown through moderate to severe levels of anxiety (Stuart, 2014). Individuals who have low self-esteem are more prone to depression, drug abuse, and violent relationships (Srisayekti, 2015). Meanwhile, high self-esteem increases initiative, strength, and self-satisfaction.

The relationship between self-esteem and psychological well-being is evidenced by Healey's opinion (Ganeswari, 2019) that good body image is very impactful, which means that individuals with a positive body image have a higher level of physical and psychological health and good individual development. A positive body image influences self-esteem, determining how adolescents feel about themselves. The higher the individual's self-esteem, the easier it is for the individual to get along with himself or herself, which leads to happiness and well-being.

A previous relevant research Angelin (2022) revealed that BDD is characterized by dissatisfaction with appearance and then perceives the wrong one, causing individuals to focus on perceived shortcomings and experience depression in social avoidance. Angelin (2022) also revealed that BDD can be constantly exposed to images of perfection through social media, which tends to result in an emphasis on achieving an unrealistic body type. The body dysmorphic disorder in adolescents can be influenced by conformity, especially to peers, with factors causing conformity when individuals enter the adolescent phase and are in the phase of needing social support from peers (Partosudiro, 2022). Previous research also revealed that BDD in social relationships with self-esteem shows that the



higher the BDD in social relationships, the lower the self-esteem of students (Indrati, 2018).

Based on the identification that has been described above, the hypothesis description proposed by the researcher in this study is, 1) Conformity and self-esteem are significantly related to psychological well-being in adolescents who experience body dysmorphic disorder tendencies, 2) Conformity is significantly related to psychological well-being in adolescents who experience body dysmorphic disorder tendencies., and 3) Self-esteem is significantly related to psychological well-being in adolescents who experience body dysmorphic disorder tendencies.

Based on the description of the phenomenon above, adolescents are expected to love themselves with all their advantages and disadvantages and pay attention to the impact of technological advances, especially the social media used. Therefore, adolescents need to recognize and understand the influence of high conformity and low self-esteem that can trigger psychological well-being, especially in adolescents with body dysmorphic disorder. Researchers chose this topical research because they want to dig deeper into the relationship between conformity, self-esteem, and psychological well-being in adolescents who experience body dysmorphic disorder, which is still poorly understood and has not been studied in Indonesia.

METHOD

Research Participants

The population in this study are adolescents who have dissatisfaction in their appearance and have obsessive behavior towards their physical appearance, such as repeatedly checking their appearance in the mirror and doing a lot of treatments to cover up their dissatisfaction, with an age range that is divided into three, namely: Early adolescence (aged 12-15 years old), middle adolescence (15-18 years old), and late adolescence (18-21 years old). The informed consent contained a statement about the research description and the participants' involvement. Afterward, participants agreed (if willing) and ignored/cleared the form (if refusing participation). If willing, participants were directed to fill in their identity (full name, age, gender, and region of residence).

Table 1.

Demographics of Research Participants

No	Participant Classification	Description	Frequency	Percentage
1	Gender	Female	207	65.7%
		Male	108	34.3%
		Total	315	100%
2	Age Type	Early adolescence (12-15 years old)	107	34%
		Middle adolescence (15-18 years old)	95	30.2%
		Late adolescence (18-21 years old)	113	35.9%
		Total	315	100%
3	Region of Residence	Sumatra	45	14.1%
		Java	57	19%



Bali	31	9.7%
Kalimantan	46	14.4%
Sulawesi	30	9.5%
Nusa Tenggara	46	14.4%
Maluku	29	9.2%
Papua	31	9.7%
Total	315	100%

Research Procedure

Measurements in the study used three psychological scales: the conformity scale, the self-esteem scale, and the psychological well-being scale. Before the scales were distributed, construct validity tests were carried out, and content validity tests were conducted through 3 expert judgments. After that, the scale was tested on 30 adolescents who experienced BDD tendencies outside the research participants. The next stage, licensing and making informed consent sheets, was carried out. The research was conducted using a questionnaire distributed via Google Forms.

Data was collected from November 7, 2024, to January 13, 2025. One of the difficulties encountered was when looking for participants with body dysmorphic disorder tendencies because most adolescents were reluctant to open up. Before filling out the questionnaire, the researcher contacted willing participants according to the informed consent that had been filled in via WhatsApp messages, calls, and manual telephone. The purpose of the researcher doing this is to make it easier to find participants who match the research criteria amid the difficulties experienced. In collecting data, the researcher provided a data package reward of 500 thousand dollars, given to 5 lucky participants who were drawn.

Research Instruments

Conformity Scale

The Conformity Scale will measure conformity in this study from Mehrabian and Stefl (1995), which is composed of forms of conformity, namely emulating dominant others, following group trends, relying on others' advice and suggestions, and being easily persuaded. This scale has 11 items where seven items are favorable and four other items are unfavorable which have nine response options including: Strongly Unsuitable (STSS), Strongly Unsuitable (STS), Unsuitable (TS), Somewhat Unsuitable (ATS), Neutral (N), Somewhat Suitable (AS), Suitable (S), Very Suitable (SS), and Very Suitable (SSS). From the scale trial results, the Cronbach's Alpha value was 0.865.

Self-Esteem Scale

Self-esteem in this study will be measured using Rosenberg's Self-Esteem Scale (RSES) based on self-esteem aspects, including self-acceptance and self-respect. Maroqi (2019) then adapted the scale to Indonesian. This measuring instrument consists of 10 items, consisting of 5 favorable and five unfavorable. This scale has four response options from the Likert scale, namely Very Unsuitable (STS), Unsuitable (TS), Suitable (S), and Very Suitable (SS). This psychological well-being scale was then readjusted by the researcher according to the context of the research participants and validated by expert judgment. From the scale trial results, the Cronbach's Alpha value was 0.832.



Psychological Well-Being Scale

Psychological well-being is measured using the PWBS compiled by Ryff (2013) as a tool for psychological well-being variables. This scale consists of six dimensions: autonomy, environmental mastery, personal growth, positive relations with others, purpose in life, and self-acceptance, which Fadhil (2021) adapted to the Indonesian context. The psychological well-being scale consists of 28 items. This psychological well-being scale was then readjusted by the researcher according to the context of the research participants and validated by expert judgment. From the scale trial results, the Cronbach's Alpha value was 0.936.

Data Analysis

This research's data analysis technique uses multiple correlation tests and simple correlation tests (bivariate) from Karl Pearson. Data testing in this study was carried out using IBM SPSS 25.0 for Windows computers.

RESULT AND DISCUSSION

Descriptive Statistical Analysis

The descriptive statistical data involving 315 participants in Table 2 show a score of 27-95 with a mean of 82.35 and a standard deviation of 10.494. The Self-esteem group has a score of 20-38 with a mean of 30.79 and a standard deviation of 3.679. The psychological well-being group scores 56-127 with a mean of 90.26 and a standard deviation of 13.488.

Table 2.
Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
Conformity	315	27	95	82.35	10.494
Self-Esteem	315	20	38	30.79	3.679
Psychological Wellbeing	315	56	127	90.26	13.488

Research Hypothesis Test

The results of hypothesis testing in Table 3 show an F change value of 44.496 ($p < 0.05$), which means a significant relationship exists between self-esteem and conformity in adolescents who experience body dysmorphic disorder tendencies.

Table 3.

Multiple Correlations Between Conformity, Self-Esteem, and Psychological Well-Being in Adolescents Who Experience BDD Tendencies

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics				
					R Square Change	F Change	df1	df2	Sig. F Change
1	0.471 ^a	0.222	.217	11.936	0.222	44.496	2	312	0.000

Based on the results of correlation testing in Table 4, the correlation coefficient between conformity and psychological well-being is -0.178 with sig=0.001 ($p < 0.01$). This shows that there is a significant negative relationship between conformity and



psychological well-being in adolescents who experience body dysmorphic disorder tendencies.

Table 4.
 Correlation Test Results Between Conformity and Psychological Well-Being in Adolescents Who Experience BDD Tendencies

		Conformity	Psychological Well-Being
Conformity	Pearson Correlation	1	-0.178**
	Sig. (1-tailed)		0.001
	N	315	315
Psychological Wellbeing	Pearson Correlation	-0.178**	1
	Sig. (1-tailed)	0.001	
	N	315	315

Based on the results of correlation testing in Table 5, the correlation coefficient between self-esteem and psychological well-being is 0.426 with sig=0.000 ($p < 0.01$). This shows that there is a significant positive relationship between self-esteem and psychological well-being in adolescents who experience body dysmorphic disorder tendencies.

Table 5.
 Correlation Test Results Between Self-Esteem and Psychological Well-Being in Adolescents Who Experience BDD Tendencies

		Self-esteem	Psychological Well-Being
Self-esteem	Pearson Correlation	1	0.426**
	Sig. (1-tailed)		0.000
	N	315	315
Psychological Wellbeing	Pearson Correlation	0.426**	1
	Sig. (1-tailed)	0.000	
	N	315	315

The results of this study indicate that the central hypothesis proposed is accepted with evidence that conformity and self-esteem are significantly related to psychological well-being in adolescents who experience BDD tendencies. The results of this study are in line with research from Dewi (2019), which states that conformity and self-esteem are negative, meaning that the level of student conformity and self-esteem will decrease when their psychological well-being is high. Vice versa, if their self-esteem is low, then psychological well-being is high. The results of this study also show that conformity and self-esteem are significantly related to psychological well-being.



The findings of this study have a significant meaning for an adolescent who experiences BDD tendencies. Someone who experiences BDD tendencies experiences Distress, which is a negative emotional state in the form of feelings of sadness, anxiety, anger, panic, or stress. This can include emotions such as sadness, depression, worry, fear, thoughts, and other negative feelings (Phillips, 2009). This makes the psychological well-being of adolescents who experience BDD tendencies poor and affects every aspect of their lives. When adolescents who experience BDD tendencies have compassion for themselves and are strong in facing challenges, it can help improve the symptoms of BDD tendencies and their quality of life. Reducing social media play is one of the efforts in cause BDD tendencies. Studies have shown that social media can interfere with psychological health by making unfavorable social comparisons or creating envy (Lee, 2020).

The results of the analysis of the proposed minor hypothesis 1 are negatively related, namely that there is a significant relationship between conformity and psychological well-being in adolescents who experience BDD tendencies. Adolescents with BDD tendencies in an environment that has negative conformity tend to be discriminated against. This agrees with Roswiyani's research (2021), which reveals that adolescents who experience negative conformity tend to encourage their group members to commit evil acts. Conformity is an essential component in understanding human social behavior. This is especially true for adolescents, whose primary goal is to be accepted in their social group. Not conforming to group rules often leads to being ostracized or ignored, and they may not even be considered a group member. This suggests that social acceptance is the main factor driving conformity behavior (Safitri et al., 2022). The impact of negative conformity on adolescents, including adolescents who experience BDD tendencies, is a low level of self-confidence that causes them to constantly compare themselves with their peers in terms of clothing, behavior, and lifestyle. According to Lauster (Roswiyani, 2020), adolescents with low self-confidence will think negatively about themselves, doubt their abilities, depend on others in making decisions, fear expressing their thoughts in public, and fear trying something new.

In addition, BDD tendencies can be caused by maladaptive cognitive processes that overemphasize the importance of perceived attractiveness. With this thinking, they feel that they are disproportionate and thus view themselves negatively. As a result, they experience anxiety, shame, low self-esteem, and sadness. They often use inappropriate coping techniques, such as looking in the mirror or avoiding things that make them aware of their physical shortcomings. Adolescents face challenges in accepting themselves, which causes them to have difficulty feeling happy and self-actualizing and can interfere with healthy mental development (Edmawati et al, 2018). From this case, self-esteem is a factor associated with the psychological well-being of adolescents who experience BDD. According to research from Orth and Robins (2014), self-esteem strongly correlates with various aspects of well-being, including psychological well-being. This is because they can better manage stress and have a more positive perspective on themselves and their environment.

Adolescents with BDD tendencies who have high self-esteem will also have high psychological well-being. Diener (Prakash, 2020) reports that they experience less distress. High self-esteem significantly predicts an individual's subjective well-being. Self-esteem proves vital for adolescents who experience BDD tendencies because it can improve their psychological well-being, as adolescents who experience BDD tend to adapt to sadness, anxiety, anger, panic, and stress.



From the results that have been presented, this study provides new findings in understanding psychological well-being in adolescents who experience BDD tendencies. This novelty lies in the finding that conformity has a negative relationship with psychological well-being in adolescents who experience BDD tendencies. This study found that the higher the conformity of adolescents who experience BDD, the lower their psychological well-being.

Even so, this study has several limitations. First, the limitation of this study lies in the lack of data obtained. There are still very few cases of body dysmorphic disorder in Indonesia, so the data obtained is also minimal. In addition, this study also lacks data on the condition of participants who experience BDD tendencies, due to the distribution of research tools through the G-Form. Second, the rejection of the minor hypothesis regarding the relationship between conformity and psychological well-being in adolescents who experience BDD tendencies shows that there are complex relationships between variables that cannot be fully described in this study.

CONCLUSION

The conclusion of this study is that conformity and self-esteem are simultaneously significantly related to psychological well-being in adolescents who experience BDD tendencies. The findings of this study confirm that it is important for adolescents who experience BDD tendencies to be able to fully accept themselves. Partially, conformity has a significant relationship with psychological well-being. Likewise, self-esteem is significantly related to psychological well-being. Suggestions for adolescents who experience BDD tendencies are to foster a sense of love for themselves and improve their ability to overcome challenges. Second, families of adolescents who experience BDD tendencies are advised to accompany and support adolescents who experience BDD tendencies in their daily lives. Third, the environment needs to realize that it is not easy to be a sufferer of BDD tendencies; therefore, it is important not to stigmatize people with BDD tendencies to maintain the stability of their psychological well-being. Fourth, health professionals and counselors can provide self-esteem interventions for adolescents who experience BDD tendencies to improve psychological well-being. Fourth, future researchers can conduct further research to examine more detail with precise and complete data and research distribution.

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