

Shaping Self-Perception: The Intricate Relationship Between Self-Concept Self-Image And Body Dysmorphic Disorder

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Abstract:

This review article delves into the intricate relationship between self-concept and self-image, examining how they mutually shape and influence an individual's self-perception further it also examine the relationship between self-image and self-concept in the context of Body Dysmorphic Disorder. We explore the psychological and social factors influencing self-perception, the impact of Body Dysmorphic Disorder on self-esteem and body image, and the potential therapeutic interventions for improving self-concept in individuals with Body Dysmorphic Disorder. Self-concept refers to an individual's beliefs, attitudes, and evaluations of themselves, encompassing their thoughts about abilities, values, and identities. BDD is a psychiatric condition characterized by excessive preoccupation with perceived flaws in one's appearance. Self-image, on the other hand, relates to the mental and emotional picture one has of oneself, including physical appearance, social roles, and personal traits. Through an exploration of the multifaceted nature of self-concept and self-image, this article aims to elucidate their interplay and impact. It examines the dynamic process through which self-concept and self-image are formed, considering both internal factors such as personal experiences, beliefs, and self-reflection, as well as external influences like societal norms, cultural expectations, and interpersonal interactions. The consequences of a positive or negative self-concept and self-image on an individual's well-being, relationships, and life satisfaction are also discussed. Psychological and emotional implications of distorted self-perception and potential barriers to personal growth and fulfillment are explored. Additionally, this article highlights strategies and interventions for cultivating a healthy self-concept and self-image. The role of self-awareness, self-compassion, and self-acceptance in fostering positive self-perception is examined. The influence of social support, therapy, and self-reflection practices in transforming negative self-perceptions and promoting personal development are also considered. In conclusion, this review article emphasizes the significance of comprehending the intricate relationship between self-concept and self-image in shaping an individual's self-perception. By exploring formation processes, consequences, and intervention strategies, this article provides valuable insights into the complexity of self-perception and offers guidance for individuals seeking to cultivate a positive and authentic sense of self.

Keywords: Self, Self-Concept, Self-Image, Ideal Self, Actual Self, Self-Perception, Body Dysmorphic Disorder, interventions.

Introduction

Each of us have different personality, traits, abilities and preferences that sometimes we cannot understand what is really going on inside of us. While we may not be able to exactly explain why we think this way, or why do we behave in that manner this is just because of self. Self is perhaps the most complex unit to study in psychology. The self is our inner personality, and can be likened to the soul, or Freud's psyche. The self is influenced by the experiences a person has in their life, and out interpretations of those experiences (Kalthoff & Neimeyer, 1993). According to Rogers, we want to feel, experience and behave in ways which are consistent with our self-image and which reflect what we would like to be like, our ideal-self. The closer our self-image and ideal-self are to each other, the more consistent or congruent we are and the higher our sense of self-worth (Prescott, 2006). In philosophy the self is a unified being essentially connected to consciousness, awareness, and agency or, at least, with the faculty of rational choice. Self is metaphysical in nature .The metaphysical nature of the self has been proposed to be that of an immaterial substance. In Greek history, Socrates introduced the concept of "Know thyself". Aristotle, following Plato, defined the soul as the core essence of a living being, but argued against its having a separate existence. Unlike Plato and the religious traditions, Aristotle did not consider the soul as some kind of separate, indistinct occupant of the body .As the soul, in Aristotle's view, is an activity of the body, it cannot be immortal . Aristotle used his concept of the soul in many of his works; the *De Anima* (On the Soul).Aristotle also believed that there were four sections of the soul: the calculative and scientific parts on the rational side used for making decisions and the desiderative and vegetative parts on the irrational side responsible for identifying our needs (Harper, 2000).

What Is Self-Concept?

Self-concept is the construct that negotiates these two selves. In other words, it connotes first the identification of the ideal self as separate from others, and second, it encompasses all behaviors vetted in the actual self that you engage in to reach the ideal self. Behavioral scientists often assert that the self-concept is the sole perspective from which one can understand an individual's behavior because it includes all the dimensions of the self, including self-image and self-knowledge, and fulfilling the ego i.e. the ways in which these exist for others (Rogers, 1991).

What Is the Actual Self?

The actual self is built on self-knowledge. Self-knowledge is derived from social interactions that provide insight into how others react. (Rogers, 1991).

What Is the Ideal Self?

The ideal self is the self that want to acquire. We thought about the context to our self-knowledge. It did not go as expected, which gave rise to the conflict between the actual and imagined self. If it did go as expected, actual self would have matched with ideal self (Rogers, 1991).

How Do Negotiate Between the Ideal and Actual Self?

The negotiation is complex because there are numerous exchanges between the ideal and actual self. These exchanges are exemplified in social roles that are adjusted and re-adjusted, and are derived from outcomes of social interactions from infant to adult development. George Mead stated that, "By incorporating estimates of how the generalized other would respond to certain actions, the individual acquires a source of internal regulation that serves to guide and stabilize his behavior in the absence of external pressures. There are as many selves as there are social roles." (Asendorpf, Warkentin & Baudonnière, 1996)

Actual self is like Rubik's cube and ideal self as the context that surrounds the Rubik's cube. Actual self as Rubik's cube has six faces or social roles and each face solidly presents one color. Actual self has complete accordance with your ideal self this means that one has self-actualized his potential and basic developmental and psychological needs have been essentially fulfilled. In other words, possible selves are closely aligned with each other, solidly tied to firm beliefs about the actual self and demonstrating unification. However, this unification is not common because most of time actual self is in discord with ideal self. This conflict arises through fears or doubts of self-perception and others, or lack of self-knowledge of the context (Asendorpf, Warkentin & Baudonnière, 1996).

Components of Self-Concept

According to social identity theory, self-concept is composed of two key parts: personal identity and social identity. Our personal identity includes personality traits and other characteristics that make each person unique. Social identity includes the groups belong to including our community, religion, college, and other groups (Barrios et al., 2008).

Psychologist Dr. Bruce A. Bracken suggested in 1992 that there are six specific domains related to self-concept (1) social: the ability to interact with others (2) Competence: the ability to meet basic needs (3) Affect: the awareness of emotional states (4) Physical: feelings about looks, health, physical condition, and overall appearance (5) Academic: success or failure in school (6) Family: how well one functions within the family unit (Delugach, Bracken, Bracken & Schicke, 1992).

Humanist psychologist, Carl Rogers believed that there were three different parts of self-concept: (1) Self- Image (2) Self-esteem (3) Ideal Self.

Self-image is how one perceives oneself. It is important to realize that self-image does not

necessarily coincide with reality. People might have an inflated self-image and believe that they are better at things than they really are. Conversely, people are also prone to having negative self-images and perceive or exaggerate flaws or weaknesses. Each individual's self-image is probably a mix of different aspects including physical characteristics, personality traits, and social roles Self-esteem is how much one value owns self. A number of factors can impact self-esteem, including how we compare ourselves to others and how others respond to us. When people respond positively to our behavior, we are more likely to develop positive self-esteem. When we compare ourselves to others and find ourselves lacking, it can have a negative impact on our self-esteem. Ideal self is how one wish one could be. In many cases, the way we see ourselves and how we would like to see ourselves do not quite match up. According to Carl Rogers, the degree to which a person's self-concept matches up to reality is known as congruence and incongruence. While we tend to distort reality to a certain degree, congruence occurs when self-concept is fairly well aligned with reality. Incongruence happens when reality does not match up to our self-concept. Rogers believed that incongruence has its earliest roots in childhood. When parents place conditions on their affection for their children who only expressing love if children earn it through certain behaviors and living up to the parents' expectations, children begin to distort the memories of experiences that leave them feeling unworthy of their parents' love. Unconditional love, on the other hand, helps to foster congruence. Children who experience such love feel no need to continually distort their memories in order to believe that other people will love and accept them as they are (Prescott, 2006).

Self-Concept Theory

The self-concept theory is a good foundational knowledge on the importance of our perceptions towards our personal existence. Self-concept, strictly defined, is the totality of beliefs, preferences, opinions and attitudes organized in a systematic manner, towards personal existence (Hasker, 1999).

Historical Background

The earliest milestone in the self-concept theory is that of Rene Descartes, who proposed that a person's existence depended on how he perceives so. Sigmund Freud, one of the most prominent psychologists, proposed many theories that talk about our internal mental processes. His theory holds that we have three main aspects within us, the id (pleasure-oriented), ego (balance between id and superego) and the superego (conscience-driven) which may influence the way we think of ourselves (Hasker, 1999).

Aspects of Self-Concept Theory

The self-concept theory holds many assumptions about personal judgment towards self.

1. Self-concept is learned.

One of the very basic assumptions of this theory is that no person is born with a self-concept. Self-concept is believed to develop as a person grows old. This means that perceptions towards self can be shaped and can be altered, and can also be affected by environmental factors. Self-concept is actually a product of socialization and development. A person may have a perception of himself different from what other people think of him (Zimbardo, 1969).

2. Self-Concept is organized.

A person may have numerous views of himself. No matter how many different perceptions one has on oneself because there is one perception that facilitates all of these insights, causing one organized self-concept. When a person believes something that is congruent to his self-concept, it

is more likely that he would resist changing that belief. He tends to stick to his present view of himself for quite a long time, and changing this perception of his self may take too long, but change is feasible (Festinger, Pepitone, & Newcomb, 1952).

3. Self-concept is dynamic.

Self-concept is a continuous development wherein tend to let go of the things and ideas that are not congruent to self-concept, and hold on to those that we think are helpful in building a more favorable perception of our personal existence (Hasker, 1999).

Researches show that animals, including chimpanzees, orangutans, and perhaps dolphins, have at least a primitive sense of self (Boysen & Himes, 1999). In one study (Gallup, 1970), researchers painted a red dot on the forehead of anesthetized chimpanzees and then placed the animals in a cage with a mirror. When the chimps woke up and looked in the mirror, they touched the dot on their faces, not the dot on the faces in the mirror. This action suggests that the chimps understood that they were looking at themselves and not at other animals, and thus we can assume that they are able to realize that they exist as individuals. Most other animals, including dogs, cats, and monkeys, never realize that it is themselves they see in a mirror.

Other research shows that Infants who have similar red dots painted on their foreheads recognize themselves in a mirror in the same way that chimps do, and they do this by about 18 months of age (Asendorpf, Warkentin, & Baudonnière, 1996; Povinelli, Landau, & Perilloux, 1996). The child's knowledge about the self continues to develop as the child grows. By two years of age, the infant becomes aware of his or her gender as a boy or a girl. At age four, the child's self-descriptions are likely to be based on physical features, such as hair color, and by about age six, the child is able to understand basic emotions and the concepts of traits, being able to

make statements such as “I am a nice person” (Harter, 1998).

By the time children are in grade school, they have learned that they are unique individuals, and they can think about and analyze their own behavior. They also begin to show awareness of the social situation they understand that other people are looking at and judging them the same way that they are looking at and judging others (Doherty, 2009).

Development and Characteristics of the Self-Concept

The self-concept is a knowledge representation that contains knowledge about us, including our beliefs about our personality traits, physical characteristics, abilities, values, goals, and roles, as well as the knowledge that we exist as individuals. Throughout childhood and adolescence, the self-concept becomes more abstract and complex and is organized into a variety of different cognitive aspects of the self, known as self-schemas. Children have self-schemas about their progress in school, their appearance, their skills at sports and other activities, and many other aspects. In turn, these self-schemas direct and inform their processing of self-relevant information much as schemas in general affecting our social cognition (Harter, 1999).

These self-schemas can be studied using the methods that use to study any other schema. One approach is to use neuroimaging to directly study the self in the brain. Neuroimaging studies have shown that information about the self is stored in the prefrontal cortex, the same place that other information about people is stored (Barrios et al., 2008). Another approach to studying the self is to investigate how we attend to and remember things that relate to the self. Indeed, because the self-concept is the most important of all our schemas, it has an extraordinary degree of influence on our thoughts, feelings, and behavior. Other research has found that

information related to the self-schema is better remembered than information that is unrelated to it, and that information related to the self can also be processed very quickly (Lieberman, Jarcho, & Satpute, 2004).

In one classic study that demonstrated the importance of the self-schema, Rogers, Kuiper, and Kirker (1977) conducted an experiment to assess how college students recalled information that they had learned under different processing conditions. All the participants were presented with the same list of 40 adjectives to process, but through the use of random assignment, the participants were given one of four different sets of instructions about how to process the adjectives. Participants assigned to the structural task condition were asked to judge whether the word was sprinted in uppercase or lowercase letters. Participants in the phonemic task condition were asked whether the word rhymed with another given word. In the semantic task condition, the participants were asked if the word was a synonym of another word. And in the self-reference task condition, participants indicated whether the given adjective was or was not true of themselves. After completing the specified task, each participant was asked to recall as many adjectives as he or she could remember. Rogers and his colleagues hypothesized that different types of processing would have different effects on memory. Students in the self-reference task condition recalled significantly more adjectives than did students in any other condition.

Self-Reference Effect on Self-Concept

The information that is processed in relationship to the self is particularly well remembered, known as the self-reference effect. Self-concept helps us organize and remember information. The specific content of our self-concept powerfully affects the way that we process information relating to ourselves. But how can we measure that specific content? One way is by using self-report tests. One of these is a deceptively simple

fill-in-the-blank measure that has been widely used by many scientists to get a picture of the self-concept (Rees & Nicholson, 1994). All of the 20 items in the measure are exactly the same, but the person is asked to fill in a different response for each statement. This self-report measure, known as the Twenty Statements Test (TST), can reveal a lot about a person because it is designed to measure the most accessible and thus the most important parts of a person's self-concept.

Although each person has a unique self-concept, we can identify some characteristics that are common across the responses given by different people on the measure. Physical characteristics are an important component of the self-concept, and they are mentioned by many people when they describe themselves. A second aspect of the self-concept relating to personal characteristics is made up of personality traits that are specific and stable personality characteristics that describe an individual. These individual differences are important determinants of behavior, and this aspect of the self-concept varies among people. The remainder of the self-concept reflects its more external, social components as memberships in the social groups that we belong to and care about. Common responses for this component may include "I am an teacher," "I am Muslim," and "I am a mother, sister, daughter." Group memberships form an important part of the self-concept because they provide us with our social identity that is sense of our self that involves our memberships in social groups.

Although self is define in relation to physical, personality, and social broad categories of characteristics. Some interesting cultural differences in the relative importance of these categories have been shown in people's responses to the Twenty Statement Test (TST). Bond (1995) found that the responses from Asian participants included significantly more references to themselves as occupants of social roles (e.g., "I am Joyce's friend") or social groups (e.g., "I am

a member of the Cheng family") than those of American participants. Similarly, Markus and Kitayama (1991) reported that Asian participants were more than twice as likely to include references to other people in their self-concept as did their Western counterparts. This greater emphasis on either external or social aspects of the self-concept reflects the relative importance that collectivistic and individualistic cultures place on an interdependence versus independence (Nisbett, 2003).

In this research bicultural individuals who report acculturation to both collectivist and individualist cultures show shifts in their self-concept depending on which culture they are primed to think about when completing the TST. Ross, Xun, & Wilson (2002) found that students born in China but living in Canada reported more interdependent aspects of themselves on the TST when asked to write their responses in Chinese, as opposed to English. These culturally different responses to the TST are also related to a broader distinction in self-concept, with people from individualistic cultures often describing themselves using internal characteristics that emphasize their uniqueness, compared with those from collectivistic backgrounds who tend to stress shared social group memberships and roles. In turn, this distinction can lead to important differences in social behavior.

A study that was conducted by Kim and Markus (1999) shows powerful demonstration of cultural differences in self-concept affecting social behavior is shown. In this study, participants were contacted in the waiting area of the San Francisco airport and asked to fill out a short questionnaire for the researcher. The participants were selected according to their cultural background: about one-half of them indicated they were European Americans whose parents were born in the United States, and the other half indicated they were Asian Americans whose parents were born in China and who spoke Chinese at home. After completing the

questionnaires participants were asked if they would like to take a pen with them as a token of appreciation. The experimenter extended his or her hand, which contained five pens. The pens offered to the participants were either three or four of one color and one or two of another color. Cultural Differences in Desire for Uniqueness, and consistent with the hypothesized preference for uniqueness in Western, but not Eastern, cultures, the European Americans preferred to take a pen with the more unusual color, whereas the Asian American participants preferred one with the more common color.

Desire for uniqueness in Self-Concept

Cultural differences in self-concept have even been found in people's self-descriptions on social networking sites. DeAndrea, Shaw, and Levine (2010) examined individuals' free-text self-descriptions in the About Me section in their Facebook profiles. Consistent with the researchers' hypotheses, and with previous research using the TST, African American participants had the most the most independently (internally) described self-concepts, and Asian Americans had the most interdependent (external) self-descriptions, with European Americans in the middle. As well as indications of cultural diversity in the content of the self-concept, there is also evidence of parallel gender diversity between males and females from various cultures, with females, on average, giving more external and social responses to the TST than males (Kashima et al., 1995). Interestingly, these gender differences have been found to be more apparent in individualistic nations than in collectivistic nations (Watkins et al., 1998).

Self-Complexity and Self-Concept Clarity

Self-concept is a rich and complex social representation of who we are, encompassing both our internal characteristics and our social roles. In addition to our thoughts about who we are right now, the self-concept also includes thoughts

about our past self and our experiences, accomplishments, and failures and about our future self our hopes, plans, goals, and possibilities (Oyserman, Bybee, Terry, & Hart-Johnson, 2004). The multidimensional nature of our self-concept means that we need to consider not just each component in isolation, but also their interactions with each other and their overall structure. Two particularly important structural aspects of our self-concept are complexity and clarity.

Although every human being has a complex self-concept, there are nevertheless individual differences in self-complexity, the extent to which individuals have many different and relatively independent ways of thinking about themselves (Linville, 1987; Roccas & Brewer, 2002). Some selves are more complex than others, and these individual differences can be important in determining psychological outcomes. Having a complex self means that we have a lot of different ways of thinking about ourselves. One's self-concept contains the social identities of student, daughter, psychology student, and tennis player and who has encountered a wide variety of life experiences. Social psychologists would say that she has high self-complexity. On the other hand, a man who perceives himself primarily as either a student or as a member of the soccer team and who has had a relatively narrow range of life experiences would be said to have low self-complexity. For those with high self-complexity, the various aspects of the self are separate, as the positive and negative thoughts about a particular self-aspect do not spill over into thoughts about other aspects (Rafaeli-Mor & Steinberg, 2002).

Research has found that compared with people low in self-complexity, those higher in self-complexity tend to experience more positive outcomes, including higher levels of self-esteem, lower levels of stress and illness, and a greater tolerance for frustration (Gramzow, Sedikides, Panter, & Insko, 2000).

The benefits of self-complexity occur because the various domains of the self help to buffer us against negative events and enjoy the positive events that we experience. For people low in self-complexity, negative outcomes in relation to one aspect of the self tend to have a big impact on their self-esteem (Koch & Shepperd, 2004).

Although having high self-complexity seems useful overall, it does not seem to help everyone equally in their response to all events (Rafaeli-Mor & Steinberg, 2002). People with high self-complexity seem to react more positively to the good things that happen to them but not necessarily less negatively to the bad things. And the positive effects of self-complexity are stronger for people who have other positive aspects of the self as well. This buffering effect is stronger for people with high self-esteem, whose self-complexity involves positive rather than negative characteristics and for people who feel that they have control over their outcomes (McConnell et al., 2005).

The complexity of our self-concept may differ in, so we may also differ in its clarity. Self-concept clarity is the extent to which one's self-concept is clearly and consistently defined (Campbell, 1990). Theoretically, the concepts of complexity and clarity are independent of each other a person could have either a more or less complex self-concept that is either well defined and consistent, or ill-defined and inconsistent. However, in reality, they each have similar relationships to many indices of well-being.

People have been found with self-complexity, higher self-concept clarity is positively related to self-esteem (Campbell et al., 1996). Why might this be? Perhaps people with higher self-esteem tend to have a more well-defined and stable view of their positive qualities, whereas those with lower self-esteem show more inconsistency and instability in their self-concept, which is then more vulnerable to being negatively affected by challenging situations. Consistent

with this assertion, self-concept clarity appears to mediate the relationship between stress and well-being (Ritchie et al., 2011).

Lewandowski, Nardine, and Raines (2010) found a positive correlation between clarity and relationship satisfaction, as well as a significant increase in reported satisfaction following an experimental manipulation of participants' self-concept clarity. Greater clarity may promote relationship satisfaction in a number of ways. As Lewandowski and colleagues (2010) argue, when we have a clear self-concept, we may be better able to consistently communicate who we are and what we want to our partner, which will promote greater understanding and satisfaction. Also, perhaps when we feel clearer about who we are, then we feel less of a threat to our self-concept and autonomy when we find ourselves having to make compromises in our close relationships.

Self-concept clarity is generally higher in individuals from individualistic cultures, as their self-concept is based more on internal characteristics that are held to be stable across situations, than on external social facets of the self that may be more changeable. This is indeed what the research suggests. Not only do members of more collectivistic cultures tend to have lower self-concept clarity, that clarity is also less strongly related to their self-esteem compared with those from more individualistic cultures (Campbell et al., 1996).

Self-Awareness in Self-Concept

Self-awareness refers to the extent to which we are currently fixing our attention on our own self-concept. When our self-concept becomes highly accessible because of our concerns about being observed and potentially judged by others, we experience the publicly induced self-awareness known as self-consciousness (Duval & Wicklund, 1972; Roach, 2009).

Self-awareness increased and we became self-conscious .when someone is giving a

presentation and he is painfully aware that everyone is looking at him, or when people do something in public that embarrassed them. Emotions such as anxiety and embarrassment occur in large part because the self-concept becomes highly accessible, and they serve as a signal to monitor and perhaps change our behavior. Not all aspects of our self-concept are equally accessible at all times, and these long-term differences in the accessibility of the different self-schemas help create individual differences in terms of our current concerns and interests. In addition to variation in long-term accessibility, the self and its various components may also be made temporarily more accessible through priming. We become more self-aware when we are in front of a mirror, when a TV camera is focused on us, when we are speaking in front of an audience, or when we are listening to our own tape-recorded voice (Kernis & Grannemann, 1988). When the knowledge contained in the self-schema becomes more accessible, it also becomes more likely to be used in information processing and to influence our behavior.

Beaman, Klentz, Diener, and Svanum (1979) conducted a field experiment to see if self-awareness would influence children's honesty. The researchers expected that most children viewed stealing as wrong but that they would be more likely to act on this belief when they were more self-aware. They conducted this experiment on Halloween in homes within the city of Seattle, Washington. At particular houses, children who were trick-or-treating were greeted by one of the experimenters, shown a large bowl of candy, and were told to take only one piece each. The researchers unobtrusively watched each child to see how many pieces he or she actually took. In some of the houses there was a large mirror behind the candy bowl; in other houses, there was no mirror. Out of the 363 children who were observed in the study, 19% disobeyed instructions and took more than one piece of

candy. However, the children who were in front of a mirror were significantly less likely to steal (14.4%) than were those who did not see a mirror (28.5%). These results suggest that the mirror activated the children's self-awareness, which reminded them of their belief about the importance of being honest. Other research has shown that being self-aware has a powerful influence on other behaviors as well. People are more likely to stay on a diet, eat better food, and act more morally overall when they are self-aware (Baumeister, Zell, & Tice, 2007; Heatherton, Polivy, Herman, & Baumeister, 1993).

Social psychologists are interested in studying self-awareness because it has such an important influence on behavior. People become more likely to violate acceptable, mainstream social norms when they put on a Halloween mask or engage in other behaviors that hide their identities. And when people are in large crowds, such as in a mass demonstration or a riot, they may become so much a part of the group that they experience deindividuation that is the loss of individual self-awareness and individual accountability in groups and become more attuned to themselves as group members and to the specific social norms of the particular situation (Reicher & Stott, 2011).

There are clearly individual and cultural differences in the degree to and manner in which we tend to be aware of ourselves. In general, we all experience heightened moments of self-awareness from time to time. According to self-awareness theory (Duval & Wicklund, 1972), when we focus our attention on ourselves, we tend to compare our current behavior against our internal standards. Sometimes when we make these comparisons, we realize that we are not currently measuring up. In these cases, self-discrepancy theory states that when we perceive a discrepancy between our actual and ideal selves, this is distressing to us (Higgins, Klein, & Strauman, 1987). In contrast, on the occasions

when self-awareness leads us to comparisons where we feel that we are being congruent with our standards, then self-awareness can produce positive affect (Greenberg & Musham, 1981).

How Others Perceive Our Self-Concept?

People particularly those high in self-consciousness are aware of their self and how they are seen by others, this does not mean that people are always thinking about themselves. In fact, people do not generally focus on their self-concept any more than they focus on the other things and other people in their environments (Csikszentmihalyi & Figurski, 1982). On the other hand, self-awareness is more powerful for the person experiencing it than it is for others who are looking on, and the fact that self-concept is so highly accessible frequently leads people to overestimate the extent to which other people are focusing on them (Gilovich & Savitsky, 1999). Although we may be highly self-conscious about something we have done in a particular situation that does not mean that others are necessarily paying all that much attention to us. Research by Thomas Gilovich and colleagues (Gilovich, Medvec, & Savitsky, 2000) found that people who were interacting with others thought that other people were paying much more attention to them than those other people reported actually doing. When we find ourselves wincing over an embarrassing comment we made during a group conversation. It may well be that no one else paid nearly as much attention to it as we did (Goossens, Beyers, Emmen, & van Aken, 2002).

There is also some diversity in relation to age. Teenagers are particularly likely to be highly self-conscious, often believing that others are watching them. Because teens think so much about themselves, they are particularly likely to believe that others must be thinking about them, too (Rycek, Stuhr, McDermott, Benker, & Swartz, 1998). Teens can become embarrassed so easily by their parents' behavior in public, or by their own physical appearance. People also often

mistakenly believe that their internal states show to others more than they really do. Gilovich, Savitsky, and Medvec (1998) asked groups of five students to work together on a "lie detection" task. One at a time, each student stood up in front of the others and answered a question that the researcher had written on a card (e.g., "I have met David Letterman"). On each round, one person's card indicated that they were to give a false answer, whereas the other four were told to tell the truth. After each round, the students who had not been asked to lie indicated which of the students they thought had actually lied in that round, and the liar was asked to estimate the number of other students who would correctly guess who had been the liar. In "The Illusion of Transparency," the liars overestimated the detectability of their lies: on average, they predicted that over 44% of their fellow players had known that they were the liar, but in fact only about 25% were able to accurately identify them. Gilovich and colleagues called this effect the "illusion of transparency." This illusion brings home an important final learning point about our self-concepts: although we may feel that our view of ourselves is obvious to others, it may not always be.

Body Dysmorphic Disorder

Body Dysmorphic Disorder (BDD) is a psychiatric condition characterized by a preoccupation with perceived defects or flaws in one's appearance. Individuals with BDD engage in repetitive behaviors or mental acts, such as excessive mirror checking, seeking reassurance, or comparing their appearance to others. These behaviors aim to alleviate distress and validate their concerns about their appearance. However, they provide only temporary relief and often reinforce negative self-beliefs, perpetuating the cycle of BDD symptoms. Research has shown that BDD affects both men and women, although it appears to be more prevalent in women. The disorder often emerges during adolescence or

early adulthood, with individuals spending a significant amount of time and energy focusing on their appearance and attempting to conceal perceived flaws. BDD is associated with high rates of comorbid mental health conditions, such as depression, anxiety disorders, and obsessive-compulsive disorder (OCD) (Sarwer et al., 2018). Several studies have provided insights into the psychosocial impact of BDD on individuals' lives. One study found that individuals with BDD reported lower quality of life and more significant impairment in functioning compared to those with other psychiatric disorders, such as major depressive disorder or social anxiety disorder (Phillips et al., 2010). BDD can significantly impair social functioning, leading to social withdrawal, avoidance of social situations, and difficulties in forming and maintaining relationships (Buhlmann et al., 2010).

Research has also highlighted the neurobiological aspects of BDD. Neuroimaging studies have shown altered brain activation patterns in individuals with BDD, particularly in regions associated with visual processing, emotion regulation, and self-referential processing (Feusner et al., 2013). These findings suggest that BDD involves disruptions in perceptual and emotional processes, contributing to the distorted self-perception and negative self-concept characteristic of the disorder.

Impact of Body Dysmorphic Disorder on Self-Esteem and Body Image

Body Dysmorphic Disorder (BDD) has a profound impact on individuals' self-esteem and body image, contributing to significant distress and impairment in their lives. Research studies have consistently shown that individuals with BDD experience lower levels of self-esteem compared to individuals without the disorder. For example, a study by Sarwer et al. (2005) examined self-esteem in individuals with BDD and found that they reported significantly lower self-esteem scores compared to both psychiatric

and non-psychiatric control groups. This suggests that BDD is associated with a diminished sense of self-worth and self-acceptance.

BDD also significantly affects body image. Individuals with BDD exhibit excessive preoccupation with perceived defects or flaws in their appearance, which leads to body image dissatisfaction. Research has demonstrated that body image dissatisfaction in BDD is distinct from general dissatisfaction with one's appearance. For instance, a study by Wilhelm et al. (2010) compared body image dissatisfaction in individuals with BDD to individuals with social phobia and healthy controls. The results showed that individuals with BDD experienced significantly higher levels of body image dissatisfaction, indicating the unique impact of the disorder on body image perception.

Moreover, BDD can lead to impairment in various domains of life due to the negative impact on self-esteem and body image. Individuals with BDD often experience difficulties in social interactions, occupational performance, and overall quality of life. They may engage in avoidance behaviors, such as avoiding social situations or work environments that trigger their appearance-related distress. This can further contribute to a decreased sense of self-worth and perpetuate the cycle of negative self-beliefs and body image dissatisfaction (Dylet al., 2006; Nezirogluet al., 1996; Phillips and Diaz, 1997; Phillipset al., 1993).

Research also suggests a bidirectional relationship between self-esteem, body image, and BDD symptoms. A study by Fang et al. (2020) investigated the relationship between body image, self-esteem, and BDD symptoms in a sample of college students. The findings revealed that body image dissatisfaction mediated the relationship between self-esteem and BDD symptoms, indicating that lower self-esteem was associated with greater body image dissatisfaction, which, in turn, predicted higher BDD symptoms.

Interventions aimed at improving self-esteem and body image have been explored in the treatment of BDD. A study by Peris et al. (2018) investigated the effectiveness of a mindfulness-based intervention for body image dissatisfaction in individuals with BDD. The findings indicated that the intervention led to significant reductions in body image dissatisfaction and improvements in self-compassion, suggesting that enhancing self-compassion may contribute to a more positive body image and increased self-esteem in individuals with BDD. Research studies consistently demonstrate that BDD has a significant impact on self-esteem and body image. The distorted self-perception and preoccupation with appearance contribute to lower self-esteem, body image dissatisfaction, and impairment in various areas of life. Effective interventions targeting self-esteem and body image can play a crucial role in improving the well-being and quality of life for individuals with BDD (Phillipset al., 1993).

The Vicious Cycle of BDD and Self-Concept:

BDD and self-concept are intertwined in a cyclic relationship. Distorted self-image reinforces negative self-beliefs, leading to increased distress and impairment. This intensifies the preoccupation with appearance, further undermining self-concept and perpetuating the cycle of BDD symptoms. The vicious cycle of BDD and self-concept highlights the reciprocal relationship between the distorted self-image characteristic of BDD and negative self-beliefs, which further perpetuate the disorder (Lacan, 1977; Winnicott, 1967).

Individuals with BDD often develop a distorted self-image, perceiving themselves as flawed or unattractive, despite objective evidence to the contrary. This distorted self-image reinforces negative self-beliefs, such as feeling unattractive, unworthy, or inadequate. These negative self-beliefs contribute to increased distress and

impairment in various areas of life, including social relationships, academic or occupational performance, and overall well-being (Glover, 1956; Spitz, 1965). As the distress and impairment intensify, individuals become increasingly preoccupied with their appearance and the perceived flaws. This preoccupation can consume a significant amount of time and mental energy, leading to excessive mirror checking, grooming behaviors, and seeking reassurance from others. These behaviors temporarily alleviate distress but do not provide long-term relief and may even reinforce the negative self-beliefs (Haag, 1985; Krueger, 1989; Mahler and Furer, 1968).

The intensified preoccupation with appearance further undermines self-concept. Self-concept encompasses an individual's beliefs, thoughts, and evaluations about themselves, including their appearance, abilities, and worth as a person. In the context of BDD, the negative self-beliefs regarding appearance overshadow positive aspects of self-concept, leading to a diminished sense of self-worth and self-esteem (Alvarez, 1999).

The cycle continues as the distorted self-image and negative self-beliefs reinforce each other. The more individuals with BDD perceive themselves as flawed, the stronger their negative self-beliefs become. These negative self-beliefs, in turn, contribute to increased distress, impairment, and preoccupation with appearance, further reinforcing the distorted self-image. The cycle perpetuates the symptoms and challenges associated with BDD, making it difficult for individuals to break free from this self-destructive pattern (Haag, 1985; Krueger, 1989; Mahler and Furer, 1968).

Research studies have provided evidence for the reciprocal relationship between the distorted self-image in BDD and negative self-beliefs, which contribute to the perpetuation of the disorder.

A study by Phillips et al. (2005) investigated the relationship between appearance-related

concerns, self-image, and negative self-beliefs in individuals with BDD. The researchers found that individuals with BDD reported significantly higher levels of body image dissatisfaction and negative self-beliefs compared to individuals without the disorder. Moreover, the study revealed that the severity of body image dissatisfaction was positively correlated with the severity of negative self-beliefs, indicating the interplay between these factors in BDD.

In a study conducted by Veale et al. (2014), the researchers examined the impact of preoccupation with appearance, body image, and self-esteem in individuals with BDD. The findings revealed a significant correlation between preoccupation with appearance and negative self-beliefs, suggesting that the distorted self-image reinforces and intensifies negative self-beliefs. The study also highlighted that higher levels of preoccupation with appearance were associated with lower self-esteem, indicating the detrimental impact of the vicious cycle on self-concept.

Further research by Buhlmann et al. (2017) investigated cognitive biases in individuals with BDD, which contribute to the distorted self-image and negative self-beliefs. The study revealed that individuals with BDD exhibited selective attention towards perceived flaws in their appearance and engaged in confirmation bias, seeking out information that supported their negative self-beliefs. These cognitive biases perpetuated the distorted self-image and reinforced negative self-beliefs, contributing to the vicious cycle.

Research studies support the existence of a vicious cycle between the distorted self-image in BDD and negative self-beliefs. The findings highlight the reciprocal relationship between these factors and emphasize the importance of targeted interventions, such as CBT, in breaking the cycle and improving self-concept in individuals with BDD.

Interventions targeting the vicious cycle have also been studied. A study by Wilhelm et al. (2013) examined the effectiveness of CBT in breaking the cycle of BDD and improving self-concept. The findings demonstrated that CBT led to significant reductions in body dysmorphic symptoms, negative self-beliefs, and improvements in self-esteem. The intervention focused on challenging distorted thoughts related to appearance, thereby breaking the cycle and fostering a more positive self-concept.

Therapeutic Interventions for Improving Self-Concept:

Cognitive-Behavioral Therapy (CBT) has shown effectiveness in treating BDD and improving self-concept. CBT helps individuals challenge and modify distorted thoughts and beliefs, develop adaptive coping strategies, and enhance self-acceptance. Acceptance and Commitment Therapy (ACT) and mindfulness-based interventions also contribute to improving self-concept by fostering self-compassion and values-driven actions. Psychopharmacological approaches, particularly the use of selective serotonin reuptake inhibitors (SSRIs), can be considered as an adjunct to psychotherapy in BDD treatment. SSRIs may alleviate symptoms of anxiety, depression, and obsessive-compulsive features associated with BDD, indirectly contributing to improved self-concept (Alvarez, 1999).

Breaking the vicious cycle of BDD and self-concept requires targeted interventions that address both the distorted self-image and the negative self-beliefs. Psychological treatments, such as Cognitive-Behavioral Therapy (CBT) and Acceptance and Commitment Therapy (ACT), aim to challenge and modify the distorted thoughts and beliefs related to appearance, while promoting self-acceptance and a more balanced self-concept. By breaking the cycle and fostering a healthier self-concept, individuals with BDD can experience reduced distress, improved

functioning, and a better quality of life (Fraiberget al., 1975; Williams, 1997).

In terms of treatment, Cognitive-Behavioral Therapy (CBT) has demonstrated effectiveness in reducing BDD symptoms and improving self-concept. For instance, a randomized controlled trial conducted by Wilhelm et al. (2014) found that CBT significantly reduced BDD symptom severity, improved insight into the disorder, and enhanced overall functioning. CBT interventions often involve cognitive restructuring, exposure and response prevention, and psychoeducation about body image and appearance-related concerns.

In addition to CBT, Acceptance and Commitment Therapy (ACT) has shown promise in treating BDD. A study by McKay et al. (2013) found that ACT led to significant reductions in BDD symptom severity, body image-related distress, and depressive symptoms. ACT focuses on accepting and defusing from distressing thoughts and emotions, while engaging in actions aligned with personal values. By fostering self-acceptance and promoting engagement in meaningful activities, ACT helps individuals build a more positive self-concept.

Furthermore, pharmacological interventions can be considered as adjunctive treatments for BDD. Selective serotonin reuptake inhibitors (SSRIs) have been commonly prescribed in the treatment of BDD. A meta-analysis by Williams et al. (2016) showed that SSRIs were associated with significant improvement in BDD symptom severity, global functioning, and depressive symptoms. However, individual responses to medication may vary, and further research is needed to determine the optimal dosages and treatment durations.

Research has shed light on the psychosocial impact of BDD and the neurobiological factors contributing to the disorder. Cognitive-Behavioral Therapy (CBT), Acceptance and Commitment Therapy (ACT).

Conclusion:

In conclusion, this review article has provided an in-depth exploration of the intricate relationship between self-concept and self-image and its profound impact on an individual's self-perception related body image. By examining the formation processes, consequences, and intervention strategies, we have gained valuable insights into the complexity of self-perception. It is evident that self-concept and self-image are not isolated concepts but rather interwoven aspects of one's self-perception. They are influenced by a combination of internal factors such as personal experiences, beliefs, and self-reflection, as well as external factors including societal norms, cultural expectations, and interpersonal interactions. Understanding this dynamic interplay is crucial in comprehending the complexities of self-perception. The consequences of a positive or negative self-concept and self-image are far-reaching. A positive self-perception contributes to higher levels of well-being, healthier relationships, and greater life satisfaction. Conversely, a distorted or negative self-perception can lead to psychological and emotional challenges, hindering personal growth and fulfillment. This review article has provided a comprehensive examination of the relationship between self-concept, self-image, and Body Dysmorphic Disorder (BDD). It has highlighted the interplay between self-concept and self-image, emphasizing how they mutually influence and shape an individual's self-perception. The impact of psychological and social factors on self-perception, such as sociocultural influences and cognitive biases, has been explored, revealing their contribution to distorted self-image and negative self-concept in individuals with BDD. Furthermore, the review has elucidated the profound impact of BDD on self-esteem and body image, with individuals commonly experiencing body image dissatisfaction and low self-esteem. The impairment of social

functioning and the perpetuation of the BDD cycle have been discussed, emphasizing the negative consequences on overall self-concept. In terms of therapeutic interventions, the review has outlined the effectiveness of cognitive-behavioral therapy (CBT) in challenging distorted thoughts, reducing avoidance behaviors, and promoting self-acceptance. Additionally, acceptance and commitment therapy (ACT) and mindfulness-based interventions have shown promise in fostering self-compassion and values-driven actions, thereby improving self-concept in individuals with BDD. The potential role of psychopharmacological approaches, particularly selective serotonin reuptake inhibitors (SSRIs), as adjuncts to psychotherapy, has also been highlighted.

Overall, this review underscores the importance of understanding the complex relationship between self-concept, self-image, and BDD in developing effective interventions. By addressing distorted self-perception and improving self-concept, therapeutic approaches have the potential to enhance overall well-being and quality of life for individuals with BDD. Continued research and awareness are crucial for early detection, intervention, and the advancement of evidence-based treatments to support individuals in overcoming the challenges associated with BDD and fostering a positive self-concept.

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