

**BODY DYSMORPHIC DISORDER FEATURES AND REJECTION SENSITIVITY:
ATTITUDE TOWARDS COSMETIC SURGERY ACCEPTANCE AMONG
UNIVERSITY STUDENTS**



Submitted to

DR. KEHKASHAN AROUJ

Submitted by

Saima

Registration No

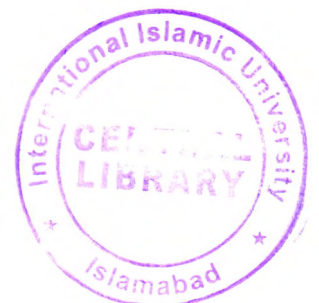
88FSS/MS-PSY/F12

MS Scholar

DEPARTMENT OF PSYCHOLOGY

Faculty of Social Sciences

International Islamic University, Islamabad



TH
Accession No 16864



MS
617.95
SAB

Cosmetic surgery
Surgery, Plastic



**BODY DYSMORPHIC DISORDER FEATURES AND PERSONAL REJECTION
SENSITIVITY: ATTITUDE TOWARDS COSMETIC SURGERY ACCEPTANCE
AMONG UNIVERSITY AMONG UNIVERSITY STUDENTS**

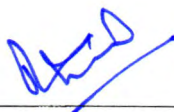
BY

Saima

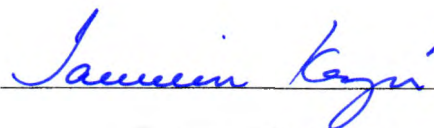
Approved by



Supervisor



Internal Examiner



External Examiner



Dean Faculty of Social Sciences

DEDICATION

I would like to dedicate my thesis to my parents Mr. & Mrs. Islam Gul, who supported me in every walk of life. Their sacrifices can never be denied, as they faced a lot of hurdles throughout my academic life but they made me stand here that I can say with all the proud that I am their daughter and all I have, is just because of their struggle and unconditional love. I also want to dedicate this effort to my beloved friend who encouraged me on every single step. I wish all the best to my belongings.

CONTENTS

Titles	Page No.
List of Tables	I
List of Appendix	Ii
Acknowledgment	iii
Abstract	Iv
Chapter-I: INTRODUCTION	1
Rationale of study	23
Chapter II: METHOD	26
Objectives	26
Hypotheses	26
Operational definitions	27
Instruments	28
Participants	30
Procedure	30
Chapter III: Results	31
Chapter IV: Discussion	39
Conclusion	49
Recommendations	52
Limitations	54
References	57

List of Tables

Table 1	Cronbach alpha reliability coefficients of the Yale Brown Obsessive Compulsive Scale modified for BDD(BDD-YBOCS), Rejection Sensitivity Questionnaire and Acceptance of Cosmetic Surgery Scale (ACSC) (N = 300)	29
Table 2	Descriptive statistics for the Yale Brown Obsessive Compulsive Scale, Rejection Sensitivity Questionnaire and Acceptance of Cosmetic Surgery Scale (N = 300)	30
Table 3	Correlation analysis among personal rejection sensitivity, body dysmorphic features and cosmetic surgery acceptance (N = 300)	31
Table 4	Multiple regression analysis among personal rejection sensitivity, body dysmorphic features and cosmetic surgery acceptance (N=300)	32
Table 5	Gender differences among personal rejection sensitivity, body dysmorphic features and cosmetic surgery acceptance (N = 300)	33
Table 6	Socio Economic Status wise Differences among personal rejection sensitivity, body dysmorphic features and cosmetic surgery acceptance (N = 300)	34
Table 7	Post hoc test (Tukey HSD Method) for seeing multiple comparisons of Socio Economic Status with respect to variables	35

List of Appendix

- Appendix A** Informed consent and Demographic sheet
- Appendix B** Yale Brown Obsessive Compulsive Scale modified for BDD (BDD-YBOCS)
- Appendix C** Rejection Sensitivity Questionnaire
- Appendix D** Acceptance of Cosmetic Surgery Scale
- Appendix E** Permission letter by the respective authors

ACKNOWLEDGMENT

First of all my humblest thanks to *Almighty Allah – the most Beneficial, graceful, and merciful* – without his bounteous blessings it was not possible to achieve this goal.

Words are too debilitating to express my thanks to my supervisor, *Dr. KehkashanArouj*, Department Of Psychology, International Islamic University Islamabad. I am deeply indebted to her valuable, commendable, cooperative, encouraging, inspiring and considering supervision. I found her feedback and unfailing enthusiastic guidance during every step of my works.

Words are too short to express my thanks to *my great parents*, my brothers, and my sister and my friends, who always are a source of affection, love and inspiration for me. I must say thanks for their contribution.

In the last, I would pay my cordially affectionate thanks to all my loving ones, especially my honorable *Dr. SeemaGul*, HOD, department of psychology IIUI, who enabled me to accomplish this task with their affectionate and inspiring attitudes and taught me so much which is still beneficial for me in field of research.

SAIMA

ABSTRACT

People around the world are getting more appearance conscious rather than working on their internal beauty that is leading to the preoccupations with their looks. They develop features of body dysmorphic disorder and get into personal rejection sensitivity. To avoid the rejection from the society, they undergo cosmetic treatments. The present research was conducted to identify the relationship between Body dysmorphic disorder features and rejection sensitivity: attitude of university students towards cosmetic surgery acceptance. The study also found the relationship between body dysmorphic disorders features and rejection sensitivity. For the present research Yale Brown Obsessive Compulsive Scale modified for BDD (BDD-YBOCS) was used to measure the body dysmorphic disorder features. It is an observer rated scale that was developed by Phillips et al., (1997). Rejection Sensitivity Questionnaire (Downey & Feldman, 1996) is an individual's levels of personal rejection sensitivity was used to measure rejection sensitivity. Acceptance of Cosmetic Surgery Scale (ACSS; Henderson-King & Henderson-King, 2005) was used to measure the attitude of students towards cosmetic surgery. Sample was comprised of 300 students from government and private universities of two cities Islamabad and Rawalpindi. Analysis showed that girls were higher on personal rejection sensitivity, body dysmorphic disorder features and cosmetic surgery acceptance as compared to the male students. The correlation was also found between all the variables i.e., gender socio economic status. The findings indicated that features of BDD and Rejection sensitivity are correlated with each other and cause acceptance of cosmetic surgery among university students.

INTRODUCTION

Chapter-I**INTRODUCTION**

People around the world are getting more concerned about their appearance rather than to work on their internal capabilities. The preoccupations with their physical appearance can make them isolated and bring negativity into their thoughts. After which they wish to change their appearance to gain appreciation and social acceptance from the people around them. In this regard body dysmorphic disorder can be developed by more apprehensive people. The opinion and concerns about criticism from people makes them undergo cosmetic surgeries to enhance their appearance.

Body dysmorphic disorder (BDD), also called dysmorphophobia, is a severe psychological disorder or discomfort which exists all over the world. People are suffering from it because of their preoccupations with their life. It is essential to identify and precisely diagnose BDD, for the reason that BDD is very common and causes significant distress and impairment in functioning. Body dysmorphic disorder can cause severe disturbance in a person's daily life, thus it is an imagined flaw in his or her physical appearance (Crerand, Phillips, Menard, & Fay, 2005).

The causes of these features are not very clear, although it is supposed that clients are categorized by an increased self-focused consideration. Since patients spend a lot of time

investigating their 'flaw' in reflecting shells, it the most important maintaining factor for BDD might well be that mirror staring itself, as it may cause a loss of sense of extents. When a normal individual gets his mirror image, it doesn't affect him while a person with BDD features can experience rejection (Fang & Hofmann, 2010). BDD is a concern with a fictional flaw in appearance; the person gets highly concerned when he finds even a minor defect in his appearance. This concern causes a remarkable discomfort in social life and impairs individual's daily functioning too (Hofmann, 2007).

According to Phillips, Kim, and Hudson (1995), BDD is a type of somatoform disorder, in which individual credence in the fault is not like delusional disorder and its intensity. In delusional disorder, individual can accept the possibility that he or she may be overstating the level of the deficiency or no deficiency at all. This disorder can be diagnosed with comorbidity of Body dysmorphic disorder.

It is seen that males are mostly conscious about their height, muscles, genitals, and hair styles etc., while females can be focusing on hair, nose, face, skin, hips and breasts etc. intrusive thoughts regarding appearance can also be a salient feature of people with BDD (Wilhelm, 2006). The person with BDD become conscious about these thoughts and thinks that other people are going to judge him by his appearance, this fear makes him feel low. It makes the person isolated and feel being rejected by the society. Such people spend hours in modifying their personalities in terms of dressing in a different style, compulsive behaviors like changing

clothes frequently and combing hair again and again, watching mirror every other moment, and making snap shots for personal approval (Cororve&Gleaves, 2001).

Phillips, Dufresne, Wilkel, and Vittorio (2000) found that 12% patients had significant features of BDD in the dermatological treatments. A European study testified 9.1% prevalence rate for BDD in patients in a cosmetic surgery setting (Aouizerate et al., 2003). 3 to 8% of the patients to be suffering from BDD were found in dermatology and plastic surgery hospital by a recent Dutch study (Vulink et al., 2006).

The identity of human beings is always influenced by social approval. Freud (1901) stated the significance of relational contact, which fixated on the gratification of erotic needs as main intention of pursuing interactive connection. Maslow (1968) in his hierarchy of needs clearly defines the need of “love and belongingness” as a basic need like food and safety. The attachment theory of Bowlby’s (1969) clearly describes the adult social behavior is markedly influenced by the early maternal intimate experiences. These early experiences lead the person adapting such relationships later in their lives.

A person with BDD features feels himself to be rejected by people in his surroundings that make him rejection sensitive, and isolated. Rejection sensitivity and BDD are associated with each other (Coles et al., 2006). Rejection sensitivity is one latent contrivance by

which bodily concerns may be linked. According to Harb et al (2002), rejection sensitivity is a sense of false judgment and misinterpretation of others point of views, which lead to lack of self-confidence to interact with people.

Rejection sensitivity is conceptual defined by Downey and Feldman as a cognitive-affective dispensation or character to anxiously imagine, readily perceive and react in an over exaggerated way to signals of refusal in the behavior of others. It is the extreme reaction to a critical view of other people in terms of a lack in one's personality. Rejection is a mutual and theoretically worrying human experience, though people react differently to it due to their individual differences. There are a few persons who react normally to rejection, as if it doesn't bother them they remain calm and face it like a challenge. On the other hand there are some who take rejection as a threat to their dignity and wellbeing e.g., they turn out to be annoyed, disconsolate, or inhibited. In this condition the person gets over sensitive to rejection as if it's a challenge for his self-esteem.

It is generally common in the people having neurotic issues, and it can be awfully incapacitating for people who are going through it. A few people can take it on their nerves and it cannot bearable for such people if they get to know about its existence e.g., if a girl gets to know that her friends are gone out for some work and they did not inform her, if she is rejection sensitive, she will think that she is being disliked by the friends thought it's not true.

This perception can put her into a deep stress and makes her feel angry on her friends and also leads her to aggression. Individuals who are going through this issue can be fearful of such situation where rejection can be possible, such as family gatherings, parties and field trips etc. they might get annoyed on meeting new people that can put him into anxiety. This anticipated anxiety can develop a self-fulfilling prophecy, in which a person behaves like a stranger and acts differently because he expects to be rejected every single moment, as he has been experiencing it previously (Feldman & Downey, 1994). It is also based on early experiences that may cause the individual developing learned helplessness on facing expected rejection from people in general. Rejection from custodians can be a root cause of expecting rejection from others in surroundings. Abusive language used by parents can generally cause it, brutality, anger, physical and emotional abandonment and exploitation, all of which transmit an emotional memo of rejection.

Feldman & Downey (1994) and Downey, Freitas, Michaelis, & Khouri, (1998) included that this perception can make an individual destroy his closed interpersonal relationships because the anticipated fear can take him away from people in his circle that may carry him to isolation and practically challenging life. When the bequest of refutation is assumed, it makes the person expect unwanted occurrence of rejection and fear of facing it. So the person anxiously experiences rejection. This expectation lies in the core of the rejection sensitivity dynamics.

Feelings of anger, hostility and rejection are common negative perceptions in everybody's life that can happen anytime anywhere to the people who misinterprets the responses of other people, when he makes new friends, goes to a party, job interview, rejection of some proposal etc. the coping strategies of individuals depend on the intra and interpersonal factors. One's viewpoint on facing rejection and the understanding of the experience of rejection differ to an inordinate amount. The concept of rejection sensitivity can help in understanding the differences in perception of reaction to the rejection. Rejection sensitive knows the signals of rejection and when they face it; they behave in a very inappropriate way (Feldman & Downey, 1994).

Earlier literature has constantly found that (Calogero, Park, Rahemtulla, & Williams, 2010; Harb et al., 2002; Phillips, Nierenberg, Brendel, & Fava, 1996) BDD and RS are closely associated with each other because of the shared features of anxiety of undesirable appraisal by other and discomfiture. Rejection sensitivity is the anxious apprehension of others evaluation so it can easily be distinguishable from the negative feelings about other people (Watson & Friend, 1969) rather than explicit anxiety about expecting rejection from others, which better exemplifies the previous. Although both the concepts are interlinked with each other because a person perceiving an imagined defect in his personality will avoid going to the gathering because of the fear for being rejected or disliked.

Rejection sensitivity is closely linked with BDD features in terms of hiding, cobbering up, modifying appearance, camouflaging the defected parts, mirror gazing, avoiding gatherings and targeting highly concerned areas for being rejected such over/under weight, shape, skin scratching or picking, hair pulling, seeking cosmetic surgery. This illustrate that individuals have issues in their thought patterns related to body image creating person fearful of facing rejection by other that develops a closed relationship between BDD and RS. It's our instinct as human beings that we need a social approval and we want to live in communities as we are social animals, we need social approval and feedback for our does and don'ts and looks as well. Our natural state since birth is to live among people like us.

Belonging to a community pays to a sense of individuality and single-mindedness. Rejection sensitive always receive rejection in form of a statement said by others that they are unacceptable for the people. They take it as a judgment, in which they lose their worth for being a part of the community. Unfortunately, having rejection sensitivity by an individual can simply mean a self-fulfilling prophecy. When a person is rejected once, he is unable to develop new relationships and proceed with the previous ones in an appropriate way, as it being seen frequently by the person it can break his confidence into pieces. When he does not perceive to be rejected he can easily face it. Thus it depends on how individual takes it (Fang, Asnaani, & Hofmann, 2007).

In the general population, it's common among people that they are more concerned about how people think of them. They are extremely conscious in to body language and image, facial expressions and gestures, rhythm of words, and concluding concealed meanings. This tendency to be cautious can be applied in a healthy way but people apply they negatively as they are unlike those who channels such things for improvement not to satisfy their so called desires. To proof self-worthiness one should find actual clusters to cope with the rejection. These individuals try to get rid of the feeling of being rejected, for the reason the go under variety of techniques to modify their personalities and get the social approval. These ways can be make up, dressing, cosmetic treatments and so on (Schreiner, 2012).

Prior studies (Downey & Feldman, 1996; Downey et al., 1998; Ayduk et al., 2000) intended that a person with BDD features gets hyper vigilant to hide his lacking that may be observable for other people. He is over smarter at times that he uses multiple ways to cover-up his perceived ugliness. As being a part of society he needs a perfect output from the people, with whom he is going to meet. When he finds cues of rejection he starts perceiving the comments negatively though they are not. As people say everything what they feel so one should not take it on nerves, but the person having RS is helpless in understanding this point of view and feels being ejected that are probably to incite an emotionally overreaction, for instance aggression downheartedness, or socially inappropriate forces to inhibit the refusal. People can also get violent most of the time because they are hostile at the moment. This anger shows the self-fulfilling prophecy because people will learn that this person is sensitive so he is unsuitable for the environment so he will be rejected again and again for the rest of his life.

Researchers (Crandall, 1994; Puhl & Brownell, 2001) found that regardless of the communal proverb, "It's what's on the inside that counts," personality play a vital role in one's daily life because physically attractive people are always considered to be likeable, reasonable, successful, suitable and well-mannered while unappealing individuals are frequently harassed, intimidated, and distinguished due to their unpleasant appearances. Most of the individuals highly emphasize attractiveness that has led to the rejection sensitivity for the less attracted people because in a group of people only those are considered to be worthy who have good looks and appealing personalities and people don't bother about unappealing ones in an inappropriate way such as prospects of appearance based rejection.

Park (2007) examined that these factors are associated with angsts related to rejection that make strengthen thoughts, and beliefs of BDD individuals. Leary, Koch, and Hechenbleikner (2001) found that perception of rejection can also related to low self-esteem, loneliness, and worthlessness, personalities fluctuate in the degree of caring about others' endorsement and in their replies to rejecting interactive response (Park & Crocker, 2008). Ayduk et al., (1999); Downey and Feldman (1996), individuals with high level of sensitive to rejection are more notice rejection cues from others.

People under go various techniques to become socially acceptable for the people in his community and to get rid of this rejection and the top most way out is cosmetic surgery. Cosmetic surgery rises to an advanced method of changing appearance with operational methods

and clinically approved methods that is concerned mainly with an individual's physical look through surgical and medical methods improve and enhance their beauty. Cosmetic surgery is a surgical method to change the unattractive part of the body. It can change the color, shape, structure of the unsatisfied part of the body with surgery and medications. There are various methods other than surgery that can change the functioning of the tissues without putting any cuts on the skin, called non-surgical cosmetic treatment (Sperry, Thompson, Sarwer, & Cash, 2009).

In the Western society the quantity of cosmetic surgeries has been raised up to an unpredictable degree. Cosmetic surgery gives a complete look to a person and is highly famous among people. It changes the shape of nose lips, hair transplantation, contouring of body to give an attractive look, laser treatments for hair removal, Botox, skin treatments (Davis, 2003; Rohrich, 2003).

Women have generally crazy to attain physical and sexual attractiveness, and they are always been focused in social settings to look perfect and appealing so they have a higher rate to undergo cosmetic surgery as compare to men. It is also said women are mainly fanatic in respect of appearance and they pay much attention on their outlook to attain perfection and get a suitable feedback from the people they meet (Swami, 2007; Swami & Furnham, 2008).

The imagined imperfections in look roots individual experience hurtful cosmetic surgery measures e.g. liposuction, breast enlargement, adolescent expansion and laser treatments etc.

Breast enlargement is done under arterial anesthesia, generally on an outpatient basis. An envelope filled with soft tissues called saline or silicon is put under the breast tissues. After surgery the discomfort lasts for about 6 to 8 weeks, in which she has to wear surgical bra and avoid the regular one. Liposuction is a process in which the unwanted fats of the body are removed from one or more areas of the body. A narrow cannula is inserted in the skin to cut down fats from the specific area by a tiny notch; it makes a tunnel that contracts with the passage of time under the skin which results in a perfect contouring reduction. In small procedures general anesthesia is given to the patient while general anesthesia is given in prolonged procedures, in which the patient has to stay unconscious overnight. The adverse reactions after surgery can be itching, bruising, and swelling. The patient has to wear a surgical garment for about 1 month to avoid any kind of reaction by fabric or allergies and infections (Diana, Zuckerman & Abraham, 2008).

Adolescents are likely to have dissatisfaction with their specific body parts that may lead them to develop some features of body dysmorphic disorders. 30 to 50 percent of teenagers mainly go for cosmetic surgery and most of them opt for plastic surgery. The critical role of plastic surgery is to give a quality life to the patient by altering his defected body parts. Another term used for this purpose is reshaping, that includes the contouring of the body to give it a best shape, including implantation and removal of reshaping bones (Diana, Zuckerman & Abraham, 2008).

Canice et al., (2006) examined that people with BDD features can get advantage of cosmetic surgery. Edgerton et al. suggested that the people who receive proper and desirable

cosmetic treatments are satisfied with their appearance that may help them overcome with their psychological distress. The combination of cosmetic surgery and psychiatric treatment can give better results in coping with significant distress, minor lacking can be covered through less hurtful surgeries.

From 15 years, cosmetic surgery has become gradually widespread among the people and a huge number of people are getting advantage from it. Actually people want greater self-esteem by altering their body with a quick solution. Slight defects in body or physical disturbances of a person with BDD features lead the person face anticipated anxiety to be rejected by the community. So the patients go for straight, direct and quick procedure of cosmetic surgery rather than undergo prolonged cognitive behavior therapy. Cosmetic surgery is generally related with BDD as it is followed by such people having an imagined defect in their appearance (Swami & Furnham, 2008).

Body dysmorphic disorder (BDD) is a slight physical anomaly (DSM-IV; American Psychiatric Association, 1994). The patients opt for cosmetic surgery because they want to get rid of this physical anomaly. A study in UK reported that 26 out of 50 patients with BDD experienced cosmetic surgery (Veale et al, 1996). BDD is very common in the cosmetic surgery clinics in USA, where 5 percent patients were first diagnosed with body dysmorphic features (Sarwer et al, 1998). People with BDD features crave for cosmetic surgery because they need a short cut (Veale, 2000).

Cosmetic surgery is relatively affordable, accessible and easy way to alter the features and get attractiveness, so it's becoming famous in the society. 12.1 million Cosmetic surgery techniques were applied in 2008, a 63% growth since 2000 (ASPS, 2009). The increase is due to its effective results to the people with a little effort such as Botox, the claim for cosmetic surgery is undeniable. Gender biasness is a factor that incorporates with the cosmetic surgery clinics, as 91% females undergo this painful procedure, so this issue has become internationally popular (International Society for Aesthetic Plastic Surgery, 2008).

Leary (2001) found that rejection sensitivity can be increase anxiety and overreact to signs of rejection based on one's physical appearance. Park (2007) examined that individual differences in Appearance-RS are allied with extreme and disorderly body image apprehensions. Park and Pinkus (2009) found that American college students with high level of Appearance-RS are more related to avoid social situations and students more anxious with their physical appearance and experience greater symptoms of body dysmorphic disorder (BDD) and exist comorbidity of eating disorder and more interested in cosmetic surgery.

Calogero (2009) suggested that people who are more concerned with their appearance they are sensitive to rejection by others and those who are less sensitive, they have no fear of facing rejection. Sensitive people may be vulnerable to the negative and sarcastic remarks by other people. As said "rejection sensitivity regarding appearance is a key factor to receive hurtful cosmetic treatments, that can make the person suitable for the society".

Agreeing to Phillips (2005), BDD often causes rejection sensitivity but it's also true that when a person is being commented on some body part he feels rejected and can adopt BDD features. Cash, Theriault, and Annis (2004) originated that bodily dissatisfaction may bring a great change in the personalities of people with BDD features and make them consider cosmetic surgery.

Henderson-King (2005) suggested that fear of becoming unappealing can trigger individuals undergo cosmetic surgery, and this appearance related teasing is closely linked with cosmetic surgery acceptance. Park (2007) reported that rejection sensitivity anticipated both cosmetic surgery acceptance and features of body dysmorphic, after governing for individual alterations in rejection sensitivity, fear of negative assessment, look approval, and depressing indications (Sarwer et al., 2005).

Fredrickson and Roberts (1997) have found that the growing acquaintance to messages about the significance of attraction leads an individual's concern about becoming appealing for others. Media is playing a vital role in upgrading the desire to look attractive and appealing for the society. Media is focusing on beauty glamour and attraction that tempts the common people, they want to look like the people come in dramas and movies (Crockett, Pruzinsky, & Persing, 2007; Markey & Markey, 2009).

A large number of people seek cosmetic treatments and majority of them are having BDD features, because their anxious perception of appearance sadden them to opt for a change. People

are often unclear about the unpredictable effectiveness of the treatment. (Phillips et al, 2001) suggested that non-psychiatric medicinal conducts seldom enhanced BDD symptoms. When they got the treatment and looked at the effectiveness of one body part alteration, they became curious about another body part (Phillips et al., 2001).

People who received Mammoplasty (plastic surgery of the breasts) and pinna plastic (plastic surgery of the ears, were highly satisfied with the results (Veale, 2000). When people at high risk of being unlike by others, they find different kinds of cosmetic treatments in their surroundings. People with BDD features agonize from a unfair body image for which they consider cosmetic surgery as an appropriate treatment. An effort should be made by the cosmetic surgeons to treat their patients physically as well as satisfy them psychologically so that they will not be appearance conscious anymore. They should encourage their patients regarding their outlooks (Sandra, Mulken, & Jansen, 2006).

Rejection Sensitivity mirrors people's thoughtfulness to rejection, based on their presence within relational settings. Rejection Sensitivity is particularly related for accepting the relational extents of these appearance grounded phenomena. It is interplay between the anticipated anxiety and rejection fear that predicts disruptive and excessive appearance apprehensions among individuals (Swami, Chamorro-Premuzic, Bridges, & Furnham 2008).

Various studies suggest that there is a closed combination between BDD and Cosmetic surgery acceptance. People with BDD features finds cosmetic surgery to be the best ever remedy

from appearance based ugliness. They think that cosmetic surgery will minimize their anxiousness regarding appearance, and they would be able to survive like other normal people. Unlike normal individuals, people with BDD features can never be satisfied by any encouragement as his own perception is negative about his personality. The phenomena of dissatisfaction can make the person experience multiple surgeries, as he wants to look perfect, he just tries to find lacking in him. He points out the negative aspects of his personality which provokes him to stay away from social settings and adopt harmful procedures for altering the personality or appearance (Nugent, 2009).

Even if modifications of hair, skin color, diet, dress, and physical accessories have always occurred in terms of reaching the beauty ideals propagated by leading groups, the augmented strictness, "hiddenness," and durability of cosmetic surgery has altered the nature, stresses, and outcomes of bodily alteration unlike it spread all over the world before. The acceptance of cosmetic surgery can also be highly connected to preoccupation of becoming unappealing rather than becoming active and work on other capabilities. Cosmetic surgery tends to a subspecialty that is fretful mainly with the preservation, renovation, or augmentation of an individual's bodily appearance with the help of surgical and medical techniques (Swami, Chamorro-Premuzic, Bridges, & Furnham, 2008).

BDD features are definitely related with seeing cosmetic surgery. BDD features are also positively linked with motives for cosmetic surgery, emphasizing the significance of perceived social feedbacks in understanding the link between BDD symptoms and cosmetic surgery.

Furthermore these are closely linked with weight concern and BDD features were positively correlated to social causes but interpersonal claims for cosmetic surgery. The results revealed that excessive body image concerns are debilitating factors of developing BDD symptoms (Crerand et al., 2005).

Individuals are supposed to contest intra sexually largely on the basis of physical desirability. They are striving to attain unrealistic, prolonged and harmful procedures for cultural acceptance and avoiding negative evaluations of others. Negative implications such as BDD, eating disorders, and cosmetic surgery are the influences affecting ones personality and make him or her rejection sensitive (Thornton, Richard, Ryckman, & Gold, 2013).

Even if BDD features are found in a person and he learns that cosmetic surgery is the best solution, he is still in a state of confusion about the acceptance of alteration by the society. Although this matter has become a great focus of scientific attention (Phillips, Grant, Siniscalchi, & Albertini, 2001).

BDD is prolonged and continuing in nature and it linger on, however the impairment can vary from person to person depending upon the severity of symptoms. A few persons can experience it normally that they can be east bothered for whatever people comment about their appearance, while those who are sensitive, they are hostile, aggressive and angry most of the time. Their prognosis is poor because they often have poor insight that may lead them to commit

suicide because it is harder for them to face such challenges and they don't have the courage to improve. They prefer being hidden from the social settings (Cororve&Gleaves, 2001).

It has become a controversial issue in United States because cosmetic surgery is highly advertised and marketed. The excessive commercialism and exhibitionism has made the society appearance conscious, they have become more attraction lovers rather than focusing on their internal capabilities. Surgeons Practice antagonistic advertising tactics for anticipatory measures and prey on uncertainties. Furthermore, the propagation of cosmetic surgery on media in relation with ambiguous marketing has formed an environment where customers have wrong and idealistic anticipations and sensitivities of cosmetic surgery. The ethical issues are never kept under strong consideration before marketing against cosmetic surgery. The goal is to get desirable feedback by the concerned people (Katelyn, Christine, & Nelson, 2010).

Individuals who are more industriousness, fewer amenable, not as much of exposed and more passionately constant personalities are more likely to reflect cosmetic surgery. Particularly strong negative reason of receiving cosmetic surgery is the feature of openness to experiences. People who are less open they experience rejection more than those who are open and confident. If a person is physically attractive and acceptable by the environment, he will be highly confident and will become the most successful person in the society. Unlike attractive people, unappealing individuals are facing a lot of trouble; he is less confident, markedly isolated and aggressive. The aggression sometimes leads to severe emotional outcomes (Kvalem et al., 2006).

Cognitive errors are found in people with body dysmorphic disorder features because they think negative. The suitable solution for such individuals can be a thought errors removal by the surgeons who are going to alter his appearance so that he or she can be discouraged to undergo more painful procedures. Rejection Sensitivity is an emotional state in which a person over reacts against the minor comments given by others or the sake of improvement. Individual takes it negatively and presumes himself to be a loser and never acceptable and suitable for gatherings. There are relations between RS, features of BDD, and motivations underlying acceptance of cosmetic surgery among a students. Rejection Sensitivity predicted greater self-reported BDD symptoms and certification of cosmetic surgery for both intrapersonal and social reasons. This clarifies that cosmetic surgery acceptance is also depending upon individual differences, as women are more concerned than men, young people are more likely to go under it as compare to old ones, educated people will go for it but not the illiterate ones, people of villages will be less concerned than the urban population. So people act and react differently to situations (Veale, 2001, 2002; Veale et al., 1996).

BDD patients are difficult to be treated. They are highly obsessed with their body image and difficult to treat them since they are not satisfied from one surgery. They repeatedly cosmetic surgeries and it is one of the most terrible conditions where surgeons are facing a lot of difficulty in treating or satisfying their clients, as the patients can't help their obsessions regarding physical appearance.

Mariana (2011) examined that BDD patients complaining about dermatological issues. A comparison was done between the individuals seeking cosmetic surgery or procedure and dermatological patients. The results showed that 6.7% of patients are preferred dermatology care and 14% of patients used cosmetic techniques. On the contrary, 2% of BDD patients were not seeking dermatological treatment. A large number of individuals with BDD features seek out medical explanations to their physical preoccupations, thus cosmetic surgery is a viable mean of getting freedom of negative thoughts.

BDD is associated with negative affect caused by imagined defect in appearance and distress because of refusal by others. Studies put forward that 5 to 15% of cosmetic treatments receiving patients have the disorder. People who are affected by BDD receives cosmetic treatments but still they are dissatisfied by the findings and results, as they frequently changes their body parts one by one. Inappropriate treatment procedure makes the person violent towards himself and the treatment providers as well. BDD causes impairment in the social and occupational life of the individual he/she is unable to perform his/her duties in a logical and appropriate manner. Relationship between the terminologies is strong (Crerand et al., 2008).

It was found in a study that rejection sensitivity is interlinked with severe BDD while rejection sensitivity is related with BDD and depressive symptoms, and poor health. Rejection sensitivity is well-defined as the predisposition by an individual to be hostile to those who reject him on the basis of appearance. It is clinically proven that rejection is common in person with

BDD features. Interpersonal relationships are greatly affected by these features and the closed belongings of the individual isolate him because they are always being victimized by the abusive and violent behavior of the person with BDD-related rejection sensitivity (Megan Kelly, Elizabeth Didie & Katharine Phillips, 2014).

Rationale of the study

In the present time period people are appearance conscious and they focus more on their physical outlook rather than to keep their internal abilities into consideration. People, who are less attractive, feel offensive and anxious. When they see others having attractive features, they start thinking about being attractive or day dreaming. They opt for such unhealthy activities that can change their outlook and make them look beautiful to get the social approval. Such people can get into psychological problems related to their body image. That can be called as a feature of body dysmorphic disorder.

According to Phillips, McElroy, Keck, Pope, and Hudson (1993) body dysmorphic disorder (BDD) is a persistent mental disorder, in which individual is uneasy with body image, faced an extreme obsession and apprehension with a fictional fault of their physical look. Person with BDD symptoms has obsessed for their physical appearance and unable to control negative thoughts about it. Most of the patients suffering from Body Dysmorphic Disorder are obsessive with an illusory fault. Their negative thought patterns create psychological and clinical issues which also impairs their occupational and social life. It also occurs with unhappiness, nervousness, social withdrawal, and loneliness.

Harb et al., (2002) examined that rejection sensitivity has a possible link with BDD. Rejection sensitivity refers to a sense of personal inadequacy and misapprehension of the behavior of others, which underwrites to fear and uneasiness when rejection is perceived.

Patients habitually pursue cosmetic surgery to increase physical look. Prior studies also showed that BDD patients are unable to satisfy from cosmetic surgeries and disappointment with their treatments (Canice et al., 2006). Researchers found that patients have unhappiness with their physical image, nervousness, social withdrawal, and loneliness (Sarwer, Whitaker, Pertschuk, & Wadden, 1998).

Though many researches has been conducted on BDD, personal rejection sensitivity and cosmetic surgery acceptance, but the present study is being carried out to determine BDD features and personal rejection sensitivity as a conjecturers of cosmetic surgery acceptance. Even if rejection sensitivity may be an important feature of body dysmorphic disorder (BDD), no studies have examined rejection sensitivity in individuals with features of BDD, because a person having fear of being rejected due to his or her physical appearance can opt for cosmetic surgery. In Pakistani culture there is a limited work done on the BDD with other variables like body image, social anxiety, depression, Obsessive Compulsive disorder and quality of life etc. this study will help people know about, how an individual gets frustrated of his surroundings when he has some minor defect in his appearance. The present study will help to understand the attitudes of people towards changing their appearance and the behavior they show in result of being rejected due to the imagined defect in their appearance.

Rejection Sensitivity is the dispositional inclination to anxiously assume, willingly identify, and exaggerate a rejection based on one's bodily appearance. There are correlations

among rejection sensitivity, Body Dysmorphic Disorder (BDD) features, and inspirations fundamental acceptance of cosmetic surgery among university students. Rejection Sensitivity predicts countless BDD features and confirmation of cosmetic surgery for both intrapersonal and social reasons. It climaxes the importance of seeing individual differences in sensitivity to rejection when probing physical disturbances, such as features of BDD, and reasons for endorsing cosmetic surgery.

METHOD

METHOD

Objectives

1. To determine the relationship between personal rejection sensitivity, BDD features and cosmetic surgery acceptance among university students.
2. To find the relationship between BDD features and cosmetic surgery acceptance among university students.
3. To examine the relationship between personal rejection sensitivity and cosmetic surgery acceptance among university students.
4. To study the effects of different variables on BDD features, rejection sensitivity and cosmetic surgery acceptance among university students.
5. To find out BDD related obsessions and compulsion among university students.
6. To examine the relationship between demographic variables e.g., socio economic status and gender and all the study variables among university students.

Hypotheses

1. Personal rejection sensitivity is related with cosmetic surgery among university students.
2. BDD features are a cause of cosmetic surgery acceptance among university students.
3. BDD features and Personal rejection sensitivity leads to cosmetic surgery acceptance among university students.

4. BDD features and personal rejection sensitivity are related to each other.
5. There exists a relationship among BDD related obsessions, compulsions, personal rejection sensitivity and cosmetic surgery acceptance.

Operational Definitions

Body dysmorphic disorder features. Body dysmorphic disorder can be operationally defined as having features of discomfort in a severe form, causing problems in daily functioning, e.g, cosmetic surgery but not causing enough impairments of diagnosis of this disorder, where in the suffering individual is concerned with body image and excessively preoccupied with an ostensible flaw in physical appearance. People with BDD have negative thoughts about their appearance and feel that they have major flaws in body parts. These negative thoughts about own self, individual is unable to behave normal in occupational life. Individual with BDD faced psychological problems such as anxiety, low self-esteem, lack of confidence, fear of being noticed, and ignominy. The thoughts can range from compulsive thinking to misinterpret own self, social withdrawal, repetitive rituals, somatic preoccupation. In this situation, individual go towards medical and cosmetic treatments and identified by the scores obtained on the scale (Wilhelm, 2006).

Personal rejection sensitivity. Rejection sensitivity can be operationally defined as a tendency to eagerly assume, readily notice, and intensely react to rejection. A person who is personally rejected has a fear of getting into social gatherings. They react with aggression and hostility beside those who instigated the perceived rejection and their close relationships are challenging. The feelings of hurt, anger, and self-blame may evolve into dejection, aggression,

4. BDD features and personal rejection sensitivity are related to each other.
5. There exists a relationship among BDD related obsessions, compulsions, personal rejection sensitivity and cosmetic surgery acceptance.

Operational Definitions

Body dysmorphic disorder features. Body dysmorphic disorder can be operationally defined as having features of discomfort in a severe form, causing problems in daily functioning, e.g, cosmetic surgery but not causing enough impairments of diagnosis of this disorder, where in the suffering individual is concerned with body image and excessively preoccupied with an ostensible flaw in physical appearance. People with BDD have negative thoughts about their appearance and feel that they have major flaws in body parts. These negative thoughts about own self, individual is unable to behave normal in occupational life. Individual with BDD faced psychological problems such as anxiety, low self-esteem, lack of confidence, fear of being noticed, and ignominy. The thoughts can range from compulsive thinking to misinterpret own self, social withdrawal, repetitive rituals, somatic preoccupation. In this situation, individual go towards medical and cosmetic treatments and identified by the scores obtained on the scale (Wilhelm, 2006).

Personal rejection sensitivity. Rejection sensitivity can be operationally defined as a tendency to eagerly assume, readily notice, and intensely react to rejection. A person who is personally rejected has a fear of getting into social gatherings. They react with aggression and hostility beside those who instigated the perceived rejection and their close relationships are challenging. The feelings of hurt, anger, and self-blame may evolve into dejection, aggression,

and withdrawal. As a result of social-cognitive responses, people who experience rejection sensitivity have altered expectations, perceptual biases, and encoding strategies. In this study it is defined by the scores obtained on the scale (Cororve&Gleaves, 2001).

Cosmetic surgery acceptance. Cosmetic surgery can be operationally defined as an inimitable discipline of medicine concentrated on improving appearance through surgical and other medical procedures. Cosmetic surgery can be applied on entire body and after treatments, body parts function properly. Person faced fears of becoming unattractive than to hopes of becoming more attractive. It also states that is concerned primarily with the maintenance, renewal, or improvement of an individual's physical appearance through surgical and medical methods. In this study it is defined by the scores obtained on the scale (Swami et al, 2008).

Instruments

Following four instruments were used in the present study.

Yale Brown Obsessive Compulsive Scale modified for BDD (BDD-YBOCS).

This scale was used to assess BDD symptoms. It is an observer rated scale that was developed by Phillips et al., (1997). BDD is measured by 12 items and its ranges from 0 to 48. It is excessively used in clinical settings. This is a reliable and valid 12-item semi-structured clinician administered instrument that evaluates current BDD severity. It assesses BDD-related preoccupations, repetitive behaviors, insight, and avoidance (3). The reliability of the BDD-YBOCS is .78 alpha coefficients, the subscales (preoccupations, repetitive behaviors) was used in present study to assess BDD.

Rejection Sensitivity Questionnaire (Downey & Feldman, 1996). The RSQ measures an individual's levels of personal rejection sensitivity with 18 questions. The RSQ presented a series of interpersonal situations in which the participant is asked to think of a hypothetical situation where he or she makes some sort of request of someone who matters to her or him. This request leaves the participant vulnerable to possible rejection from that valued other. For each RSQ situation presented, respondents made two ratings, one that assessed expectations of rejection in the situation and one that assesses the level of anxiety they would feel in the situation. The response is on a Likert scale of 1 (very unconcerned) to 6 (very concerned). The next item of the questionnaire is followed by another Likert scale of 1 (very unlikely) to 6 (very likely). A total RSQ score is computed by obtaining the mean scores across the various rejection situations. The test-retest reliability of the RSQ is 0.83 and the internal consistency is 0.81.

Acceptance of Cosmetic Surgery Scale (ACSS; Henderson-King & Henderson-King, 2005). This scale has 15-items to measure multiple facets of an individual's attitudes about cosmetic surgery. It was 7-point rating scale ranging from (1 = "strongly disagree", 7 = "strongly agree"). This scale was measured three dimensions attitudes which were (1) Intrapersonal (five items) (2) Social (five items) measuring social motivations and (3) Consider (five items assessing individual would consider having cosmetic surgery. Alpha Coefficients were .86, .77, and .81 for intrapersonal, social and individual would consider having cosmetic surgery (Henderson-King & Henderson-King, 2005).

Sample

In the present for the study, a sample of 500 students was approached from different universities of Rawalpindi and Islamabad, out of which, a sample of 300 students were having BDD features. Both male ($n = 150$) and female students ($n = 150$) were included in the sample. Purposive convenient sampling technique was used to collect the data. University students with no psychological problems were selected. Minimum education of the students was BSc and BA. Students elder then 40 years were not taken.

Demographic sheet

Demographic information will includee.g., name, age, gender, socio economic status. education and parental professional information.

Procedure

TH-16864 . Permission was taken from different universities for data collection. Informed consent was taken from all participants. Demographic information sheet and the scales, (as mentioned above) were applied on the participants. The ethical standards of research were taken into consideration as the participants were given brief explanation related to purpose of the study and will be insured that information will be kept confidential. The participants were requested to read all statements and answer those according to their feelings. Results were analyzed by applying different statistical techniques.

RESULTS

RESULT

Table 1

Cronbach alpha reliability coefficients of the Yale Brown Obsessive Compulsive Scale modified for BDD(BDD-YBOCS), Rejection Sensitivity Questionnaire and Acceptance of Cosmetic Surgery Scale (ACSS) (N = 300)

Scales/subscales	No of Items	Cronbach's alpha coefficients
BDD-YBOCS	12	.76
Obsessions	8	.81
Compulsions	4	.72
Rejection Sensitivity Questionnaire	18	.62
ACSS	15	.72
Intrapersonal	5	.69
Social	5	.75
Consider	5	.72

* $p < .01$

Table 1 indicates the alpha reliability for all scales. The reliability coefficient for Yale Brown Obsessive Compulsive Scale, Rejection Sensitivity Questionnaire, and Acceptance of Cosmetic Surgery Scale were .76, .62, and .72, respectively, satisfactory for the present sample.

Table 2

Descriptive statistics for the Yale Brown Obsessive Compulsive Scale, Rejection Sensitivity Questionnaire and Acceptance of Cosmetic Surgery Scale (N = 300)

Variables	<i>N</i>	<i>M</i>	<i>SD</i>	Skewness	Kurtosis
Personal rejection sensitivity	300	45.22	12.90	.33	.20
Body dysmorphic disorder features	300	28.18	9.25	.39	.86
Cosmetic surgery acceptance	300	42.45	11.96	.45	.62

Table 2 shows psychometric properties among study variables. All variables have normally distributed data and they were reliable for use.

Table 3

Correlation analysis among personal rejection sensitivity, body dysmorphic features and cosmetic surgery acceptance (N = 300)

Variables	1	2	3
1. Personal rejection sensitivity	--	.32**	.56**
2. Body dysmorphic features		--	.34**
3. Cosmetic surgery acceptance			--

** $p < .01$ $df=2,298$

Table 3 shows correlation analysis among study variables. Results showed that personal rejection sensitivity has significant positive correlation with body dimorphic features $r(298) = .32, p < .01$, and cosmetic surgery acceptance $r(298) = .56, p < .01$. Body dimorphic features has significant positive correlation with cosmetic surgery acceptance $r(298) = .34, p < .01$.

Table 4

Multiple regression analysis among personal rejection sensitivity, body dysmorphic features and cosmetic surgery acceptance (N=300)

Model	Dependent variable: Cosmetic surgery acceptance		
	B	95%CI	
		LL	UL
(Constant)	3.22**	.34	3.25
Personal rejection sensitivity	.55**	.32	.76
Body dysmorphic features	.34**	.21	.82
R^2	.421		
F	3.22**		

** $p < .01$

Table 4 shows personal rejection sensitivity and body dysmorphic features as predictors of cosmetic surgery acceptance among university students. Results indicated that personal rejection sensitivity and body dysmorphic features significantly predicted cosmetic surgery acceptance $F(2, 298) = 3.22, p < .01$. The variance explained by model was 42.1%.

DICUSSION

Table 4

Multiple regression analysis among personal rejection sensitivity, body dysmorphic features and cosmetic surgery acceptance (N=300)

Model	Dependent variable: Cosmetic surgery acceptance		
	B	95%CI	
		LL	UL
(Constant)	3.22**	.34	3.25
Personal rejection sensitivity	.55**	.32	.76
Body dysmorphic features	.34**	.21	.82
R^2	.421		
F	3.22**		

** $p < .01$

Table 4 shows personal rejection sensitivity and body dysmorphic features as predictors of cosmetic surgery acceptance among university students. Results indicated that personal rejection sensitivity and body dysmorphic features significantly predicted cosmetic surgery acceptance $F(2, 298) = 3.22, p < .01$. The variance explained by model was 42.1%.

Table 5

Gender differences among personal rejection sensitivity, body dysmorphic features and cosmetic surgery acceptance (N = 300)

Variables	Boys (n = 150)		Girls (n = 150)		t(298)	p	95% CI		Cohen's d
	M	SD	M	SD			LL	UL	
Personal rejection sensitivity	42.12	11.23	46.19	12.11	2.85	.03	.24	.63	.78
Body dysmorphic features	27.31	6.13	30.22	8.23	2.00	.04	.45	.34	.56
Cosmetic surgery acceptance	40.10	10.56	44.56	13.21	1.96	.04	.32	1.22	1.32

** $p < .05$, $df 2, 298$

Table 5 shows gender differences among study variable. Results showed that girls were higher on personal rejection sensitivity $t(298) = 2.85$, $p < .05$, body dysmorphic features $t(298) = 2.00$, $p < .05$ and cosmetic surgery acceptance $t(298) = 1.96$, $p < .05$.

Table 6

Socio Economic Status wise Differences among personal rejection sensitivity, body dysmorphic features and cosmetic surgery acceptance (N = 300)

Variables	Low SES (n = 52)		Middle SES (n = 198)		High SES (n = 50)		F	p
	M	SD	M	SD	M	SD		
Personal rejection sensitivity	45.33	13.23	43.22	11.34	40.78	12.56	5.22	.00
BDD features	33.61	9.90	39.58	13.93	38.37	11.25	7.20	.00
Cosmetic surgery acceptance	34.24	6.78	38.34	5.66	40.11	7.14	3.56	.00

df = 2, 297

Table 6 shows socio economic status wise differences among study variable. Results showed that participants with low socio economic status were higher on personal rejection sensitivity $F(2, 297) = 5.22, p < .00$ whereas individuals with higher socio economic status were higher on body dysmorphic features $F(2, 297) = 7.20, p < .00$, and cosmetic surgery acceptance $F(2, 297) = 3.56, p < .00$.

Table 7

Post hoc test (Tukey HSD Method) for seeing multiple comparisons of Socio Economic Status with respect to variables

		Personal rejection sensitivity				
(I) Age	(J) Age	Mean Difference (I-J)	SE	p	95%CI	
					LL	LL
Low SES	Low SES	-4.72*	1.26	.001	-7.70	-1.75
	High SES	-5.47*	1.54	.001	-9.12	-1.84
Middle SES	Low SES	4.72*	1.26	.001	1.75	7.70
	High SES	-.75	1.64	.891	-4.62	3.12
High SES	Low SES	5.47*	1.54	.001	1.84	9.12
	Middle SES	.75	1.64	.891	-3.12	4.62
		BDD features				
Low SES	Middle SES	-2.22*	1.21	.000	-1.23	-5.64
	High SES	-2.32*	1.23	.001	-2.12	-5.23
Middle SES	Low SES	3.21*	1.32	.001	3.23	7.12
	High SES	-5.21*	1.56	.001	-1.12	-7.45
High SES	Low SES	3.88*	1.24	.023	4.11	6.23
	Middle SES	5.32*	1.38	.001	4.13	5.21
		Cosmetic surgery acceptance				
Low SES	Middle SES	-4.21*	1.21	.012	-4.11	-5.20
	High SES	-1.44*	1.23	.021	-2.12	-2.12
Middle SES	Low SES	1.32*	1.32	.001	1.25	4.65
	High SES	3.12*	1.56	.001	2.21	4.32
High SES	Low SES	1.45*	1.24	.045	1.12	3.78
	Middle SES	3.11*	1.38	.020	2.11	4.35

Table 7 shows Post hoc test (Tukey HSD Method) for seeing multiple comparison of SES with respect to variables. Results showed that participants with low to high socio economic

status were higher on personal rejection sensitivity whereas individuals with middle to higher socio economic status were higher on body dysmorphic features and cosmetic surgery acceptance.

DICUSSION

Chapter-IV**DISCUSSION**

The present findings contribute to the increasing degree of research examining the appearance based lacking's that caused significant impairment in one's life and makes him less confident so that he/she can't not face the people around him. People who have features of BDD are comparatively less confident and they have low self-esteem because they think that the defect or flaw in their personality may be embarrassing for him. Notably, the present study is the first to demonstrate that sensitivity to rejection account for exclusive alteration in BDD symptoms and confirmation of cosmetic surgery for numerous reasons.

The factors that play a very important role in developing the features of BDD in an individual, are also theorized in the study, such as peer teasing due to a minor defect in nose, hair, skin, etc. teasing from the closed family members are imagined to be associated with BDD features. So if a person has some lacking in his appearance, society plays a very important role in creating sensitivity in that person against rejection. Media is also playing a very significant role in this regard. As they show attractiveness on the TV channels which are provoking the general population to adopt certain procedures and took perfect, as appealing personalities have become suitable for everyone while people with unreasonable features are considered to be misfit in the society (Phillips & Castle, 2002).

There are a few studies have been published to find out the association between rejection sensitivity and BDD features. Personal rejection sensitivity correlates with cosmetic surgery among university students. One study suggests that appearance based teasing was positively related with the BDD features of a clinical sample (Buhlmann et al., 2007). The other study shows that patients with BDD features showed that they were teased or bullied by others on the basis of their ugly looks that show a positive correlation between rejection sensitivity and BDD features (Osman, Cooper, Hackmann, & Veale, 2004).

The objective of the study was to find a relationship between the two major variables BDD features and RS. Both of them are interrelated with each other because a person who is preoccupied with some imagined defect can be sensitive to rejection if he has already been rejected because of the flawed personality. On the other hand if a person is continuously being rejected or ignored in gatherings will later on adopt BDD features e.g. all the friends are going for a party and they didn't call on person, then later on they had a gathering in which the same person was not invited. If he comes to know it later on he will develop a sense of inferiority and will probe the reasons for being ignored by closed belongings. Individuals with BDD features are likely to be isolated or experience low relationship quality (Phillips, 1996; Phillips, Menard, Fay, & Pagano, 2005).

Table 1 shows all the cronbach alpha reliability coefficients for all the scales used in the study. All variables have satisfactory reliability and they were reliable for use. Table 1 also

shows psychometric properties among study variables. All variables have normally distributed data and they were reliable for use. Table 1 also shows alpha reliability coefficients for all scales used in study. All variables have satisfactory reliability and they were reliable for use.

Table 2 shows that rejection sensitivity and body dysmorphic disorder features are positively skewed, whereas cosmetic surgery acceptance is negatively skewed. Personal rejection sensitivity has been found with the highest variation while body dysmorphic disorder features has the least variation. All the variables are platykurtic distribution because they are less than 3. There is less dispersion among all the variables. Overall distribution of the variables is normal, thus they are reliable, valid and applicable.

Table 3 shows the correlation analysis among the study variables. Personal rejection sensitivity is highly correlated with BDD features and cosmetic surgery acceptance. Similarly BDD features are positively correlated with cosmetic surgery acceptance. The variables are positively correlated with each other and they support the hypothesis.

Girls are high on developing BDD features as compare to boys. The clinical features of BDD in men and women have some interesting and important differences. Men are more to be expected to preoccupy regarding their genitals, extremely weight lifting and have a substance use disorder. In dissimilarity, women are highly obsessed about their skin, stomach, weight,

breasts/chest, buttocks, thighs, legs, hips, toes, and disproportionate hair, and they are unreasonably alarmed with other body areas. Women often perform compulsive behaviors and are more probable to camouflage and use such techniques for the purpose, gaze into the mirrors, change their clothes, pick their skin, and have an eating disorder. Women also have subclinical BDD features (Philips, Menard, & Fay, 2006).

Table 5 shows gender differences among study variables. Girls exhibit more rejection sensitivity as compare to boys. Studies showed that women are highly aggressive and sensitive to rejection that they can develop eating disorders and suicidal ideation. They have maladaptive behaviors in result of confronting ignorance on the basis of appearance (Canetto & Lester, 1995; Cross, 1993; Nolen-Hoeksema, 1987). It is difficult to study the maladjustment and aggressive behavior of women; it has become a main shift to the issue (Ayduk et al., 1999). Women use the strategy of direct aggression to get it of her emotional out bursts; this attitude has been revoked by relevant studies on women aggression against rejection sensitivity mainly verbal aggression and the discouragement of others' societal affairs (Crick & Grotpeter, 1995) to caused deliberate hurt (Ayduk et al., 1999).

BDD is equally common in Pakistani university student population, with a greater dominance in females. Major gender differences in BDD features and reported body emphases of concern were acknowledged which imitated the impact of mass media on physical appearance

perception. The impact of cultural factors on the prevalence as well as gender differences in BDD symptomatology was also established (Taqui, 2008).

The results also show that there are gender differences found in accepting cosmetic surgery acceptance. Women are high on BDD features as compare to men, along with this they are more sensitive to rejection from others because they are always in competition with other women and also eager to look like women present on media. Women are more interested in changing their outlook as compare to men. As in favor of previous researches women are considered to be more concerned with appearance, they want to like by others. That throws a light on the socio cultural aspect of the topic. Women have generally crazy to attain physical and sexual attractiveness, and they are always been focused in social settings to look perfect and appealing so they have a higher rate to undergo cosmetic surgery as compare to men. It is also said women are mainly fanatic in respect of appearance and they pay much attention on their outlook to attain perfection and get a suitable feedback from the people they meet. Women have a socio cultural pressure on their personality to look amazing and perfect in their appearance and get a social approval. The results of the present study are consistent with the previous researches and they suggest that individuals who rated themselves lower in physical attractiveness were more likely to consider cosmetic surgery (Brown et al., 2007; Swami et al., 2008).

Girls show more interest to cosmetic surgery as compare to boys. A study was carried out by the American Society for Aesthetic Plastic Surgery (ASAPS) and accompanied by the

independent research firm Synovate. Out of 87% of total, women had nearly 7.2 million cosmetic techniques and men had nearly 1.1 million treatments out of 87% of total according to ASAPS Cosmetic Surgery Statistics 2003. Thus the overall number of clinical and nonclinical cosmetic procedures augmented 20% from 2002 (ASAPS; 2003).

Cosmetic surgery is highly related with women in society in the US. It is so because women receive most of the cosmetic treatments as compare to men. Appearance consciousness and much focus on alteration of personality is leading the women, taking their gender role for granted, as they are paying more attention on fashion rather than the gender identity functioning.

A chief variance in the classification of operations that are not to expand bodily working is that cosmetic surgeries are labeled as remodeling of usual constructions of the body in order to recover the appearance of the patient and improving their self-esteem. Women are investing more in the alteration of their physical appearance, and they more indulged in surgical procedure to look different and attractive, thus they have paid more attention on appearance.

Women are found to be concerned with appearance, whereas men are considered to be functioning concerned, thus cosmetic treatments are considered to be feminized due to the women interest. Cosmetic treatments also provoke people to precise their gender individualities, as if there is no other possibility of changing appearance, but the very-way of life of these

techniques means that they are the only solutions for the appearance based problems of women. Since it is possible to have cosmetic surgery to look more ideal or to apt in a usual way into the gender dualistic, people are also forced into satisfying these parts that surgical knowledge has made possible for them (Billingham& Sack, 1987; deWeerth&Kalma, 1992).

It is a great dilemma that they mainly objectify women's body that brings extreme consciousness in them because the society has a tendency to do so. It identifies clearly that people are hyper vigilant in noticing ones appearance. As a result of internalizing cultural patterns of attractiveness, women are highly conscious about objectifying their bodily discomfort. Cosmetic surgery enhances youthfulness thus it is viewed to be relatively normal for women, in order to remain attractive for the opposite sex (McKinley & Hyde, 1996).

Hypotheses 1 has been statistically supported because a correlation is present between BDD features and personal rejection sensitivity among university students. Though it is mutual for folks to feel displeased with their appearance with the passage of time, persons who are sensitive to rejection, or have high Appearance-based Rejection Sensitivity (Appearance-RS; Park, 2007), may practice bodily anxieties that edge on unnecessary and lead to misery or intervention with everyday routine. Unambiguously, individuals with high Rejection Sensitivity may be at threat for exhibiting features of more extreme variations of physical appearance anxieties, such as BDD features. Body Dysmorphic Disorder includes an extreme uneasiness with a minor or fictional fault in one's physical look that grounds substantial pain or deficiency

in social, occupational, or other areas of operational interest (American Psychiatric Association, 2000).

It has been proven through results that these variables are associated because people who are rejected on the basis of their appearance will endorse cosmetic surgery or likely to do so, to enhance their outlook and impress people by modifying their flawed body parts (Brown et al., 2007; Delinsky, 2005; Didie&Sarwer, 2003; Sarwer et al., 1998b, 2003, 2005).

Hypotheses 2 is accepted because the results showed that BDD features lead to cosmetic surgery acceptance among university students. Table 3 shows correlation analysis among study variables. Results showed that personal rejection sensitivity has significant positive correlation with body dimorphic features $r(298) = .32, p < .01$, and cosmetic surgery acceptance $r(298) = .56, p < .01$. Body dimorphic features has significant positive correlation with cosmetic surgery acceptance $r(298) = .34, p < .01$. Therefore all the hypotheses of the study were supported. Endorsing cosmetic surgery procedures is one way to get over with the anxieties about appearance in the people facing high rejection sensitivity. There must be multiple social reasons of undergoing cosmetic surgeries e.g. getting a good job, please one's partner, having new relationships or making new friends, getting married to a desired good looking person etc. thus rejection sensitivity is positively correlated with cosmetic surgery acceptance among university students (Park, DiRaddo, & Calogero, 2009).

Hypotheses no. 3 is accepted as personal rejection sensitivity and BDD features lead to cosmetic surgery acceptance among university students because they are often eager to have variety of friends and always want to be accepted by others. For the purpose they always want to be well dressed, attractive, appealing and good looking. They are mostly find making pictures and selfies which is the current trend being followed by the young generation. When they are not satisfied with their photographs they do several attempts to make their photos heart catching. They do a lot of shopping from various places. They visit beauty parlors and clinics multiple times to enhance their outlook. They do all these things to stay away from rejection.

A person with a minor flaw is never liked by them. That person gets sensitive to this rejection and he becomes isolated. To join a company of his age fellows, he visits cosmetic surgery clinics to alter his personality, goes through dangerous treatments to alter his personality and become able to join his friends in parties. he can be denied by a person or a situation, he identifies himself in other ways that e may not get a job of his choice and he cannot make new friends, he thinks that he has been destroyed when people ignored him. He doesn't know that rejection informs a person what he needs to grow better. Rejection can be taken positively as well. But it is also true that rejection doesn't feel nice to a person, it separates a person with his lacking and does not let him go ahead (Emerson, 2013).

The results showed the acceptance of the 5th hypotheses that there exists a relationship among BDD related obsessions, compulsions; personal rejection sensitivity and cosmetic surgery

acceptance. There is a significant positive correlation between all the variables and the entire hypotheses have been supported. BDD include the most significant feature which is preoccupation with an imagined flaw in appearance, is the core reason of causing a person to become rejection sensitive and finally the person opts for cosmetic surgery to alter his personality in terms of being acceptable, suitable and reasonable for the society. It has been found through the results that BDD is closely related with RS and both of them are again related with cosmetic surgery acceptance, thus all the variables are interrelated with each other. Table 4 showed multiple regression analysis among BDD features and rejection sensitivity as predictor and cosmetic surgery acceptance as outcome variable among university students. Results revealed that overall model explained 70% variance. Results revealed that BDD features and rejection sensitivity significantly predicted cosmetic surgery acceptance among university students. Individuals with BDD features presume anticipated self-judgments that people are going to notice their flaw and they are going to point out their defects in personality that may cause a moment of embarrassment for him so that he always perceives information processing biases regarding their imagined defect in looks. They assume that the rejection of people will fuel their increased shame and decreased self-confidence. Their socially avoidant tendencies can be provoked of the high degree of rejection (Buhlmann& Wilhelm, 2004).

Conclusion

People with BDD features can be suffered by significant distress that may cause severe depression and anxiety, which often leads to anger and hostility. These unpleasant feelings can lead them to commit suicide. It is also found in some studies that these people can be violent and aggressive to other people while some of them put efforts to undergo cosmetic treatments. They find cosmetic surgery to be the ultimate and quick solution to get rid of this unpleasant feeling of being rejected because of the defect in their appearance. Body dysmorphic disorder (BDD) can be a long-lasting, weakening condition in which the person can have a markedly excessive concern about his/her appearance that he or she is very ugly or flawed; however he/she is physically normal (American Psychiatric Association, 2000).

The present study extends this literature by adding minor modifications that BDD features can occur through any reason and when they expand in an individual, they make the person appearance conscious that doesn't let him get in gatherings. They are eager to get a social approval that make their life miserable because later on they are in search of tactics that can modify their personality and brings him to the reasonable life. For achieving this purpose they accept and receive harmful cosmetic surgeries that may be of minor and major level. The association between BDD, RS and cosmetic surgery acceptance was seen in a non-clinical sample of university students.

BDD prevails in general population and is relatively common among societies (Albertini & Phillips, 1999). Though reliable information about its prevalence is still not enough, but it is significant in men or women equally and the mean age for its occurrence is late adolescence (Phillips, Kim, & Hudson, 1995). People with BDD features, spend 3 to 8 hours in thinking about their defect in appearance and tries to find out ways to camouflage their deformity by gazing in the mirror for hours (Veale, 2000; Veale & Riley, 2001).

People with this disorder consider themselves to be very ugly and flawed, though there is no abnormality or significant deformity in their appearance (Phillips, 2005). Such people are always in struggle to hide their minor deficits in personality which manifests a persistent thought pattern about unreasonable logics regarding defected personality (Phillips, Menard, Fay, & Weisberg, 2005). For a remarkable improvement in their personality they frequently consult medical officers, cosmetic surgeons, psychiatrists, psychologists, and health practitioners to find some solution to camouflage their so called deformities (Crerand, Phillips, Menard, & Fay, 2005).

Phillips, Grant, Siniscalchi, and Albertini (2001) explicated that individual with BDD features manifest that the solution of their problem lies in modifying their physical appearance, so they visit the medical practitioners for treatments, where they spend hours just to satisfy their obsessive thoughts.

Prior studies intended that individuals with BDD have more tendencies to go for dermatological treatment than other types of treatments. Phillips et al., (2001) conducted survey in hospitals to examine that the ratio of BDD's adults who are more concerned with dermatological treatment. The treatment included dermatological, surgical and other medical treatment. Phillips et al., (2001) found that 250 individuals received treatments. In which, 45.2% adults took dermatological treatment and 23.2% followed surgery. Veale et al. (1996); Hollander, Cohen, & Simeon, (1993) also found same results in their studies. In the United States the projected percentage of patients with BDD within cosmetic medical settings diverges from 5% to 15% (Ishigooka et al., 1998; Sarwer et al., 1998a; Veale et al., 2003).

The findings of the current study suggest that socio economic status has significant effects on all the variables body dysmorphic disorder features, rejection sensitivity and cosmetic surgery acceptance. Table 6 shows that cosmetic surgery is now mainly paid out not by the rich, but by the working and lower-middle classes, sometimes even by the poor. Results showed that participants with low socio economic status were higher on personal rejection sensitivity whereas individuals with high socio economic status were high on body dysmorphic disorder features and cosmetic surgery acceptance. On the other hand they have a lot of resources to receive cosmetic treatments and alter their personalities through expensive hurtful procedures. People low socio economic statuses were high on rejection sensitivity, as they feel low when they are in some gatherings (Vulink et al., 2006).

About 1/3 of cosmetic surgery is consumed by people who make less than \$30,000 a year. About 70% of it is consumed by people who make less than \$60,000 a year. It is mostly women (90%) and mostly white, middle-aged women (80% and between 35-55 years old). It was found that people with high socio economic status live in such a society where gatherings matter a lot, and they are eager to look perfect because they want to be a center of attention for others and stimulate them to point them out. Comparatively, poor people are not very much appearance conscious. Individuals who belong to high socio economic status are high on cosmetic surgery acceptance, the reason must be to look perfect and been loved by others (Cowen, 2009).

Recommendations

The current research is based on the relationship of three variables, body dysmorphic disorder features, rejection sensitivity and cosmetic surgery acceptance, which were found to be positively correlated with each other. The study was done to find this phenomenon in Pakistani students and non-clinical population. The research can be useful in future to examine more variables with these variables, such as BDD can be studied with borderline personality disorder due to a minor comorbidity. Many researchers have found that patients of BDD are highly aggressive and can be violent and harmful to others and self if their defective personality is critically objectified by his belongings and other people.

There is also comorbidity between BDD and OCD. The compulsive behavior is very common in both the disorders so they can be studies together in relation with cosmetic surgery

acceptance. It can be linked in a way that a BDD patient has compulsive behavior of doing multiple attempts to change the personality, so that they develop OCD symptoms by having anxious experience along with perceived defect in personality, and later on they undergo cosmetic surgery acceptance. The association between obsessive-compulsive disorder (OCD) and body dysmorphic disorder (BDD) is uncertain. BDD has been anticipated to be an OCD-spectrum disorder or even a type of OCD. However, few studies have directly compared these disorders' clinical features.

Body dysmorphic disorder (BDD) segments numerous features with social phobia, with high levels of social anxiety and anticipation, but to our information no studies have directly compared these disorders' demographic and clinical features. The two variables have poles apart comorbidity configurations that involved high possibility for BDD patients to have comorbid obsessive-compulsive disorder (OCD) or an eating disorder and a higher possibility for Social Phobia patients to have a comorbid non-OCD anxiety disorder. The comorbid BDD/SP has suggestively greater indisposition across several, but not the BDD. Although BDD and SP are alike at many demographic and clinical features, they have important modifications. Future studies are needed to confirm these findings and address similarities and differences between these disorders across a broader range of variables.

BDD can also be studied by categorizing it as delusional or non-delusional types of BDD, though the delusions in this disorder are not bizarre. Another attractive way to carry out research

is to study BDD in clinical population who meet the full-fledged criteria or BDD but are surely overstated beliefs about their bodily appearance and the persuasion about unpleasantness or irregularity in presence roots extreme suffering and obsession. There is also evidence to suggest that those BDD patients with delusional beliefs show greater morbidity, which are linked with more suicidal attempts, more drug abuse or dependence and less likelihood of receiving treatment.

Rejection sensitivity can be correlated with some more somatoform disorders having fear of being ugly. It can also be studies with different demographic details such as gender and socio economic differences. Similarly cosmetic surgery acceptance can be linked with gender differences as well as socio economic status and age differences as well. Cosmetic surgery acceptance can be further studied with body image, self-esteem and conformity. Personality and individual difference predictors can be a latest modification to the topic. Socio cultural difference can also be a focus of attention with rejection sensitivity. Visible and non-visible rejection can be compared together and also correlated with BDD features.

Psychologists should try to root out such issues from the society to overcome rejection sensitivity. They should also work on the confidence building and promoting awareness about real beauty of inner self. It should also be kept into consideration that physical beautification is not the only and necessary element for social approval. One should make himself better in other areas of life so that their qualities can personify their physical defect.

Limitations

A few limitations of the current study justify to be mentioned. First, the quite small sample size and reliance on university students inhibits from making generalities to wider society. It is noted, however, the relatively even distribution of men and women in the sample, which allowed us to test for gender differences. Nonetheless, future studies would benefit from assessing a community sample that included a wider range of ages and occupational backgrounds, as well as recruiting more participants from underrepresented ethnic groups.

A second limitation of this study was its focus on selected covariates. Although unique effects of personal rejection sensitivity were found even after controlling for individual differences in BDD features, personal-RS, cosmetic surgery acceptance, and self-perceived attractiveness, it was not controlled for other covariates that have been linked to cosmetic surgery interest, such as body image dissatisfaction, attachment anxiety, or past experience with cosmetic surgery. In addition, it was not controlled for various sociocultural factors, such as a history of appearance-related teasing, media internalization of appearance ideals, or vicarious experiences of cosmetic surgery. Future research could assess these and other personality and appearance-related constructs to establish further the unique validity of Appearance-RS in predicting cosmetic surgery interest.

A final limitation of this study is that it did not measure whether or not participants' reported interest in cosmetic surgery actually translated into them engaging in this behavior. Future research could address this gap by examining whether having high personal rejection

sensitivity leads to greater likelihood of getting cosmetic surgery, and what the long-term consequences for psychological adjustment and well-being are for those with high personal rejection sensitivity.

Overall, the present findings underscore the importance of examining the person in the situation when predicting feelings of rejection and interest in cosmetic surgery. Individuals who experience anxiety and expect to be rejected based on their appearance are especially vulnerable to the impact of negative appearance commentary, creating a context for feeling rejected and desiring cosmetic surgery. Future research could assess the impact of high personal rejection sensitivity in other social contexts in predicting cosmetic surgery intentions and behaviors.

REFERENCES

References

- Albertini, R. S., Phillips, K. A. (1999). Thirty-three cases of body dysmorphic disorder in children and adolescents. *Journal of the American Academy of Child and Adolescent Psychiatry*, 38(1), 453–459.
- Allport, G. W. (1961). *Pattern and growth in personality*. New York: Holt, Rinehart & Winston.
- American Psychiatric Association (1994) *Diagnostic and Statistical Manual of Mental Disorders (4th edition) (DSM– IV)*. Washington, DC: APA.
- American Society of Plastic Surgeons (2011). *Plastic surgery statistics report*.
<http://www.plasticsurgery.org/News-and-Resources/2011-Statistics.html>
- Aouizerate, B., Pujol, H., Grabot, D., Faytout, M., Suire, K., Braud, C., Auriacombe, M., Martin, D., Baudet, J., & Tignol, J. (2003). Body dysmorphic disorder in a sample of cosmetic surgery applicants. *European Psychiatry*, 18, 365-368.
- Bessenoff, G. R. (2006). Can the media affect us? Social comparison, self-discrepancy, and the thin ideal. *Psychology of Women Quarterly*, 30(1), 239-251.
- Bollen J. S. (1999). *Testing structural equation models*. Newbury Park, CA: Sage.
- Bollen, K. A. (1989). *Structural equations with latent variables*. New York, NY: Wiley
- Bowlby, J. (1969). *Attachment and loss, Vol. 1: Attachment*. New York: Basic Books.
- Brown, A., Furnham, A., Glanville, L., & Swami, V. (2007). Factors that affect the likelihood of undergoing cosmetic surgery. *Aesthetic Surgery Journal*, 27, 501–508.
- Browne, M. W., & Cudeck, R. (1993). Alternative ways of assessing model fit. In K. A.

- Brownmiller, S. (1984). *Femininity*. New York: Simon & Schuster.
- Byrne, B. (2001). *Structural equation modeling using AMOS: Basic concepts, applications, and programming*. Mahwah, NJ: *Lawrence Erlbaum Associates*.
- Claiborn, J., & Pedrick, C. (2002). *The BDD Workbook: Overcome body dysmorphic disorder and end body image obsessions*. New Harbinger Publications.
- Cororve, M. B., Gleaves, D. H. (2001). Body dysmorphic disorder: A review of conceptualizations, assessment, and treatment strategies. *Clinical Psychology Review*, 21(1), 949-970.
- Cotterill, J. (1981). Dermatological non-disease: A common and potentially fatal disturbance of cutaneous body image. *Br. J. Dermatol*, 104(3), 611-761.
- Crerand, C. E., Cash, T. F., & Whitaker, L. A. (2006). Cosmetic surgery of the face. In D. B. Sarwer, T. Pruzinsky, T. F. Cash, R. M. Goldwyn, J. A. Persing, and L. A. Whitaker (Eds.), *Psychological Aspects of Reconstructive and Cosmetic Plastic Surgery: Clinical, Empirical and Ethical Perspectives*. Philadelphia: Lippincott Williams & Wilkins, 12(4), 233-249
- Crerand, C. E., Phillips, K. A., Menard, W., Fay, C. (2005). Nonpsychiatric medical treatment of body dysmorphic disorder. *Psychosomatics: Journal of Consultation Liaison Psychiatry*, 46(2), 549-555.
- Edgerton, M. T., Jacobson, W. E., and Meyer, E. (1960). Surgical-psychiatric study of patients seeking plastic (cosmetic) surgery: Ninety-eight consecutive patients with minimal deformity. *Br. J. Plast. Surg*, 13(1), 136-178.
- Fang, A., & Hofmann, S. G. (2010). Relationship between social anxiety disorder and body dysmorphic disorder. *Clinical Psychology Review*, 30(1), 1040-1048.

References

- Albertini, R. S., Phillips, K. A. (1999). Thirty-three cases of body dysmorphic disorder in children and adolescents. *Journal of the American Academy of Child and Adolescent Psychiatry*, 38(1), 453–459.
- Allport, G. W. (1961). *Pattern and growth in personality*. New York: Holt, Rinehart & Winston.
- American Psychiatric Association (1994) *Diagnostic and Statistical Manual of Mental Disorders (4th edition) (DSM– IV)*. Washington, DC: APA.
- American Society of Plastic Surgeons (2011). *Plastic surgery statistics report*.
<http://www.plasticsurgery.org/News-and-Resources/2011-Statistics.html>
- Aouizerate, B., Pujol, H., Grabot, D., Faytout, M., Suire, K., Braud, C., Auriacombe, M., Martin, D., Baudet, J., & Tignol, J. (2003). Body dysmorphic disorder in a sample of cosmetic surgery applicants. *European Psychiatry*, 18, 365-368.
- Bessenoff, G. R. (2006). Can the media affect us? Social comparison, self-discrepancy, and the thin ideal. *Psychology of Women Quarterly*, 30(1), 239-251.
- Bollen J. S. (1999). *Testing structural equation models*. Newbury Park, CA: Sage.
- Bollen, K. A. (1989). *Structural equations with latent variables*. New York, NY: Wiley
- Bowlby, J. (1969). *Attachment and loss, Vol. 1: Attachment*. New York: Basic Books.
- Brown, A., Furnham, A., Glanville, L., & Swami, V. (2007). Factors that affect the likelihood of undergoing cosmetic surgery. *Aesthetic Surgery Journal*, 27, 501–508.
- Browne, M. W., & Cudeck, R. (1993). Alternative ways of assessing model fit. In K. A.

- Brownmiller, S. (1984). *Femininity*. New York: Simon & Schuster.
- Byrne, B. (2001). *Structural equation modeling using AMOS: Basic concepts, applications, and programming*. Mahwah, NJ: *Lawrence Erlbaum Associates*.
- Claiborn, J., & Pedrick, C. (2002). *The BDD Workbook: Overcome body dysmorphic disorder and end body image obsessions*. New Harbinger Publications.
- Cororve, M. B., Gleaves, D. H. (2001). Body dysmorphic disorder: A review of conceptualizations, assessment, and treatment strategies. *Clinical Psychology Review*, 21(1), 949-970.
- Cotterill, J. (1981). Dermatological non-disease: A common and potentially fatal disturbance of cutaneous body image. *Br. J. Dermatol*, 104(3), 611-761.
- Crerand, C. E., Cash, T. F., & Whitaker, L. A. (2006). Cosmetic surgery of the face. In D. B. Sarwer, T. Pruzinsky, T. F. Cash, R. M. Goldwyn, J. A. Persing, and L. A. Whitaker (Eds.), *Psychological Aspects of Reconstructive and Cosmetic Plastic Surgery: Clinical, Empirical and Ethical Perspectives*. Philadelphia: Lippincott Williams & Wilkins, 12(4), 233-249
- Crerand, C. E., Phillips, K. A., Menard, W., Fay, C. (2005). Nonpsychiatric medical treatment of body dysmorphic disorder. *Psychosomatics: Journal of Consultation Liaison Psychiatry*, 46(2), 549-555.
- Edgerton, M. T., Jacobson, W. E., and Meyer, E. (1960). Surgical-psychiatric study of patients seeking plastic (cosmetic) surgery: Ninety-eight consecutive patients with minimal deformity. *Br. J. Plast. Surg*, 13(1), 136-178.
- Fang, A., & Hofmann, S. G. (2010). Relationship between social anxiety disorder and body dysmorphic disorder. *Clinical Psychology Review*, 30(1), 1040-1048.

REFERENCES

Freud, S. (1901). *The Psychopathology of Everyday Life*, S.E., vol.VI, 1966.

Hofmann, S. G. (2007). Cognitive factors that maintain social anxiety disorder: A comprehensive model and its treatment implications. *Cognitive Behaviour Therapy*, 36(1), 193–209.

Ishigooka, J., Iwao, M., Suzuki, M., Fukuyama, Y., Murasaki, M., & Miura, S. (1998). Demographic features of patients seeking cosmetic surgery. *Psychiatry and Clinical Neurosciences*, 52, 283-287.

Janet, P. (1903). *Les obsessions et la psych asthenie*. Paris: Felix Alcan.

Knorr, N. J., Edgerton, M. T., and Hoopes, J. E. (1967).The “in-satiable” cosmetic surgery patient.*Plast.Reconstruct Surg*, 40(1), 285-367.

Kraepelin, E. (1909). *Psychiatrie*, 8th Ed. Leipzig: J. A. Barth.

Leary, M. R., & Downs, D. L. (1995).*Interpersonal functions of the self-esteem motive: The self-esteem system as a sociometer*.In M. Kernis (Ed.), *Efficacy, agency, and self-esteem* (123–144). New York, NY: Plenum Press.

Levy, S. R., Ayduk, O., & Downey, G. (2001).*The role of rejection sensitivity in people’s relationships with significant others and valued social groups*.In M. R. Leary (Ed.), *Interpersonal rejection*, (251–289). New York, NY: Oxford University Press.

Maslow, A. H. (1968). *Toward a Psychology of Being*. New York: D. Van No strand Company.

Meyer, E., Jacobson, W. E., Edgerton, M. T. (1960). Motivational patterns in patients seeking elective plastic surgery. *Psychosomatic Med*, 22(1), 193-245.

National Clearinghouse of Plastic Surgery Statistics. (2006). Arlington Heights, Ill.: American Society of Plastic Surgeons.

- Phillips, K. A., Hollander, E., Rasmussen, S. A., Aronowitz, B. R., DeCaria, C., Goodman, W. K. (1997). A severity rating scale for body dysmorphic disorder: development, reliability, and validity of a modified version of the Yale-Brown Obsessive Compulsive Scale. *Psychopharmacol Bull*, 33(1), 17-22.
- Phillips, K. A., Menard, W., Fay, C., Weisberg, R. (2005). Demographic characteristics, phenomenology, comorbidity, and family history in 200 individuals with body dysmorphic disorder. *Psychosomatics*, 46(3), 317-325.
- Phillips, K.A., Dufresne, R.G., Jr., Wilkel, C.S., & Vittorio, C.C. (2000). Rate of body dysmorphic disorder in dermatology patients. *Journal of the American Academy of Dermatology*, 42, 436-441.
- Phillips, K.A., Grant, J.D., Siniscalchi, J., & Albertini, R.S. (2001). Surgical and nonpsychiatric treatment of patients with body dysmorphic disorder. *Psychosomatics*, 42, 504-510.
- Rosen, J. C., Reiter, J. & Orosan, P. (1995) Cognitive-behavioral body image therapy for body dysmorphic disorder. *Journal of Consulting & Clinical Psychology*, 63, 263-269.
- Sarwer, D.B., Whitaker, L.A., Pertschuk, M. J., & Wadden, T.A. (1998a). Body image concerns of reconstructive surgery patients: an under recognized problem. *Annals of Plastic Surgery*, 40, 403-407.
- Swami, V. (2007). *The missing arms of Ve'nusdeMilo: Reflections on the science of physical attractiveness*. Brighton: Book Guild.
- Swami, V., Arteche, A., Chamorro-Premuzic, T., Furnham, A., Stieger, S., Haubner, T., et al. (2008). Looking good: Factors affecting the likelihood of having cosmetic surgery. *European Journal of Plastic Surgery*, 30, 211-218.

- Swami, V., Arteché, A., Chamorro-Premuzic, T., Furnham, A., Stieger, S., Haubner, T., et al. (2008). Looking good: Factors affecting the likelihood of having cosmetic surgery. *European Journal of Plastic Surgery*, 30, 211–218.
- Veale, D. (2000). Outcome of cosmetic surgery and 'DIY' surgery in patients with body dysmorphic disorder. *Psychiatric Bulletin*, 24, 218-221.
- Webb, W. L., Slaughter, R., Meyer, E. (1995). Mechanisms of psychosocial adjustment in patients seeking "face-lift" operation. *Psychosomatic Med*, 27(3), 183-234.
- Wilhelm S. (2006). *Feeling good about the way you look: A program for overcoming body image problems*. New York: Guilford Press.

ANNEXURES OF INSTRUMENTS

ANNEXURES A

Chapter V**DEPARTMENT OF PSYCHOLOGY****INTERNATIONAL ISLAMIC UNIVERSITY ISLAMABAD****Informed Consent Form**

I am MS scholar conducting a thesis to investigate body dysmorphic disorders features and rejection sensitivity: attitude towards cosmetic surgery acceptance among university students. All information will be used purely for purpose of the scientific research and your support will help us to understand the phenomenon. I assure you that information given by you will be treated as strictly confidential and will be used only for research purpose. Your help/ support and honest participation will highly be appreciated.

Thank you for your participation in the research.

Demographic Information Sheet**Name:****Gender: Male/ Female****Age:****Program:****Education:****Socio-Economic Status: Low/Middle/High****Parental professional information:**

ANNEXURES B

Scale 1

For each item circle the number identifying the response which best characterizes the patient during the **past week**.

1. TIME OCCUPIED BY THOUGHTS ABOUT BODY DEFECT

How much of your time is occupied by THOUGHTS about a defect or flaw in your appearance
[list body parts of concern]

0 = None

1 = Mild (less than 1 hr/day)

2 = Moderate (1-3 hrs/day)

3 = Severe (greater than 3 and up to 8 hrs/day)

4 = Extreme (greater than 8 hrs/day)

2. INTERFERENCE DUE TO THOUGHTS ABOUT BODY DEFECT

How much do your THOUGHTS about your body defect(s) interfere with your social or work
(role) functioning? (Is there anything you aren't doing or can't do because of them?)

0 = None

1 = Mild, slight interference with social, occupational, or role activities, but overall performance
not impaired

2 = Moderate, definite interference with social, occupational, or role performance, but still
manageable.

3 = Severe, causes substantial impairment

4 = Extreme, incapacitating

Y/N Spending time with friends in social, occupational, or role performance

Y/N Dating

Y/N Attending social functions

Y/N Doing things w/family in and outside of home

Y/N Going to school/work each day

Y/N Being on time for or missing school/work

Y/N Focusing at school/work

Y/N Productivity at school/work

Y/N Doing homework or maintaining grades

Y/N Daily activities

3. DISTRESS ASSOCIATED WITH THOUGHTS ABOUT BODY DEFECT

How much distress do your THOUGHTS about your body defect(s) cause you?

0 = None

1 = Mild, not too disturbing.

2 = Moderate, disturbing.

3 = Severe, very disturbing.

4 = Extreme, disabling distress.

4. RESISTANCE AGAINST THOUGHTS OF BODY DEFECT

How much of an effort do you make to resist these THOUGHTS? How often do you try to disregard them or turn your attention away from these thoughts attempting to control them but yields as they enter your mind?

0 = Makes an effort to always resist, or symptoms so minimal doesn't need to actively resist.

1 = Tries to resist most of time.

2 = Makes some effort to resist.

3 = Yields to all such thoughts without

4 = completely and willingly yields to all

5. DEGREE OF CONTROL OVER THOUGHTS ABOUT BODY DEFECT

How much control do you have over your THOUGHTS about your body defect(s)? How successful are you in stopping or diverting these thoughts?

0 = Complete control, or no need for control because thoughts are so minimal.

1 = Much control, usually able to stop or divert

2 = Moderate control, sometimes able to stop or diverting these thoughts.

3 = little control, rarely successful in stopping thoughts, can only divert attention with difficulty.

4 = No control, experienced as completely involuntary, rarely able to even momentarily divert attention.

6. TIME SPENT IN ACTIVITIES RELATED TO BODY DEFECT

The next several questions are about the activities/behaviors you do in relation to your body defects

0 = None

1 = Mild (spends less than 1 hr/day)

2 = Moderate (1-3 hrs/day)

3 = Severe (spends more than 3 and up to) 8 hours/day

4 = Extreme (spends more than 8 hrs/day in

Read list of activities below to determine these activities)which ones the patient engages in.

How much time do you spend in ACTIVITIES related to your concern over your appearance

[read activities patient engages in]?

Read list of activities (check all that apply)

Checking mirrors/other surfaces, grooming activities, applying makeup, excessive Exercise (time beyond 1 hr. a day), Camouflaging with clothing/other cover (rate time spent selecting/changing clothes, not time wearing them), Scrutinizing others' appearance (comparing), questioning others about/discussing your appearance, picking at skin, other.

7. INTERFERENCE DUE TO ACTIVITIES RELATED TO BODY DEFECT

Overall how much do these ACTIVITIES interfere with your social or work(role) functioning?

(Is there any- performance, thing you don't do because of them?)

0 = None

1 = Mild, slight interference with social, occupational, or role activities, but performance not impaired.

2 = Moderate, definite interference with social, occupational, or role but still manageable.

3 = Severe, causes substantial impairment in social, occupational, or role performance.

4 = Extreme, incapacitating.

8. DISTRESS ASSOCIATED WITH ACTIVITIES RELATED TO BODY DEFECT

How would you feel if you were prevented from performing these ACTIVITIES? How anxious would you become?

0 = None

1 = Mild, only slightly anxious if behavior prevented.

2 = Moderate, reports that anxiety would mount but remain manageable if behavior is prevented.

3 = Severe, prominent and very disturbing increase in anxiety if behavior is interrupted.

4 = Extreme, incapacitating anxiety from any

9. RESISTANCE AGAINST COMPULSIONS

How much of an effort do you make to resist these ACTIVITIES?

0 = Makes an effort to always resist, or symptoms so minimal doesn't need to actively resist.

1 = Tries to resist most of the time.

2 = Makes some effort to resist.

3 = Yields to almost all of these behaviors without

10. DEGREE OF CONTROL OVER COMPULSIVE BEHAVIOR

How strong is the drive to perform these behaviors? How much control do you have over them?

0 = Complete control, or control is unnecessary because symptoms are mild.

1 = Much control, experiences pressure to perform the behavior, but usually able to exercise voluntary control over it.

2 = Moderate control, strong pressure to perform behavior, can control it only with difficulty.

3 = little control, very strong drive to perform behavior, must be carried to completion, can delay only with difficulty.

4 = No control, drive to perform behavior experienced as completely involuntary and overpowering, rarely able to even momentarily delay activity.

11. INSIGHT

Is it possible that your defect might be less noticeable or less unattractive than you think it is? .

How convinced are you that [fill in body part] is as unattractive as you think it is? Can anyone convince you that it doesn't look so bad?

0 = Excellent insight, fully rational

1 = Good insight. Readily acknowledges absurdity of thoughts (but doesn't seem completely convinced that there isn't something besides anxiety to be concerned about).

2 = Fair insight. Reluctantly admits that thoughts seem unreasonable but wavers.

3 = Poor insight. Maintains that thoughts are not unreasonable.

4 = Lacks insight, delusional. Definitely convinced that concerns are reasonable, unresponsive to contrary evidence.

12. AVOIDANCE

Have you been avoiding doing anything, going any place, or being with anyone because of your thoughts or behaviors related to your body defects?

0 = No deliberate avoidance.

1 = Mild, minimal avoidance.

2 = Moderate, some avoidance clearly present.

3 = Severe, much avoidance; avoidance prominent.

4 = Extreme, very extensive avoidance; patient avoids almost all activities.

ANNEXURES C

Scale 2

Please indicate how much you agree or disagree with the following statements using the scale below.

1 = Disagree a lot, 2 = Disagree somewhat, 3 = Disagree a little, 4 = Neutral, 5 = Agree a little
6 = Agree somewhat, 7 = Agree a lot

1. It makes sense to have minor cosmetic surgery rather than spending years feeling bad about way you look.
2. Cosmetic surgery is a good thing because it can help people feel better about them.
3. In the future, I could end up having some kind of cosmetic surgery.
4. People who are very unhappy with their physical appearance should consider cosmetic surgery as one option.
5. If cosmetic surgery can make someone happier with the way they look, then they should try it.
6. If I could have a surgical procedure done for free I would consider trying cosmetic surgery.
7. If I knew there would be no negative side effects or pain, I would like to try cosmetic surgery.
8. I have sometimes thought about having cosmetic surgery.
9. I would seriously consider having cosmetic surgery if my partner thought it was a good idea.
10. I would never have any kind of plastic surgery.
11. I would think about having cosmetic surgery in order to keep looking young.
12. If it would benefit my career I would think about having plastic surgery.
13. I would seriously consider having cosmetic surgery if I thought my partner would find me more attractive.
14. Cosmetic surgery can be a big benefit to people's self-image.

15. If a simple cosmetic surgery procedure would make me more attractive to others, I would think about trying it.

ANNEXURES D

Scale 3

Each of the items below describes things college students sometimes ask of other people. Please imagine that you are in each situation. You will be asked to answer the following questions:

- 1) How concerned or anxious would you be about how the other person would respond?
- 2) How do you think the other person would be likely to respond?

1. You ask someone in class if you can borrow his/her notes.

How Concerned or anxious would you be over whether or not the person would want to lend you his/her notes?

Very unconcerned 1 2 3 4 5 6 very concerned

I would expect that the person would willingly give me his/her notes?

Very unconcerned 1 2 3 4 5 6 very concerned

2. You ask your boyfriend/girlfriend to move in with you.

How concerned and anxious would you be over whether or not the person would want to move in with you?

Very unconcerned 1 2 3 4 5 6 very concerned

I would expect that he/she would want to move in with me.

Very unconcerned 1 2 3 4 5 6 very concerned

3. You ask your parents for help in deciding what programs to apply to.

How concerned or anxious would you be over whether or not your parents would want to help you?

Very unconcerned 1 2 3 4 5 6 very concerned

I would expect that they would want to help me.

Very unconcerned 1 2 3 4 5 6 very concerned

4. You ask someone you don't know well out on a date.

How concerned and anxious would you be over whether or not the person would want to move in with you?

Very unconcerned 1 2 3 4 5 6 very concerned

I would expect that he/she would want to move in with me.

Very unconcerned 1 2 3 4 5 6 very concerned

5. Your boyfriend/girlfriend has plans to go out with friends tonight, but you really want to spend the evening with him/her, and you tell him/her so.

How concerned and anxious would you be over whether or not the person would want to move in with you?

Very unconcerned 1 2 3 4 5 6 very concerned

I would expect that he/she would willingly choose to stay in.

Very unconcerned 1 2 3 4 5 6 very concerned

6. You ask your parents for extra money to cover living expenses.

How concerned or anxious would you be over whether or not your parents would want to help you?

Very unconcerned 1 2 3 4 5 6 very concerned

I would expect that my parents won't mind helping me out.

Very unconcerned 1 2 3 4 5 6 very concerned

7. After class, you tell your professor that you have been having some trouble with a section of the course and ask if he/she can give you some extra help.

How concerned or anxious would you be over whether or not your professor would want to help you?

Very unconcerned 1 2 3 4 5 6 very concerned

I would expect that my professor would want to help me out.

Very unconcerned 1 2 3 4 5 6 very concerned

8. You approach a close friend to talk after doing or saying something that seriously upset him/her.

How concerned or anxious would you be over whether or not your friend would want to help you?

Very unconcerned 1 2 3 4 5 6 very concerned

I would expect that my friend would willingly help me.

Very unconcerned 1 2 3 4 5 6 very concerned

9. You ask someone in one of your classes for coffee.

How concerned or anxious would you be over whether or not the person would want to go?

Very unconcerned 1 2 3 4 5 6 very concerned

I would expect that the person would want to go with me.

Very unconcerned 1 2 3 4 5 6 very concerned

10. After graduation, you can't find a job and ask your parents if you can live at home for a while.

How concerned or anxious would you be over whether or not your parents would want you to come home?

Very unconcerned 1 2 3 4 5 6 very concerned

I expect that I would be welcome at home.

Very unconcerned 1 2 3 4 5 6 very concerned

11. You ask you friend to go on a vacation with you over spring break.

How concerned or anxious would you be over whether or not your friend would want to go with you?

Very unconcerned 1 2 3 4 5 6 very concerned

I expect that he/she would want to go with me.

Very unconcerned 1 2 3 4 5 6 very concerned

12. You call your boyfriend/girlfriend after a bitter argument and tell him/her you want to see him/her.

How concerned or anxious would you be over whether or not your boyfriend/girlfriend would want to see you?

Very unconcerned 1 2 3 4 5 6 very concerned

I expect that he/she would want to see me.

Very unconcerned 1 2 3 4 5 6 very concerned

13. You ask your friend if you can borrow something of his/her.

How concerned or anxious would you be over whether or not your friend would loan it to you.

Very unconcerned 1 2 3 4 5 6 very concerned

I expect that he/she would willingly loan it to me.

Very unconcerned 1 2 3 4 5 6 very concerned

14. You ask your parents to come to an occasion important to you.

How concerned or anxious would you be over whether or not your parents would want to come?

Very unconcerned 1 2 3 4 5 6 very concerned

I expect that my parents would want to come.

Very unconcerned 1 2 3 4 5 6 very concerned

15. You ask your friends to do you a big favor.

How concerned or anxious would you be over whether or not your friend would do this favor?

Very unconcerned 1 2 3 4 5 6 very concerned

I expect that he/she would willingly do this favor for me.

Very unconcerned 1 2 3 4 5 6 very concerned

16. You ask your girlfriend/boyfriend if he/she really loves you.

How concerned or anxious would you be over whether or not your girlfriend/boyfriend would say yes?

Very unconcerned 1 2 3 4 5 6 very concerned

I expect that he/she would answer yes sincerely.

Very unconcerned 1 2 3 4 5 6 very concerned

17. You go to a party and notice someone on the other side of the room and then you ask them to dance.

How concerned or anxious would you be over whether or not the person would want to dance with you?

Very unconcerned 1 2 3 4 5 6 very concerned

I would expect that he/she would want to dance with me.

Very unconcerned 1 2 3 4 5 6 very concerned

18. You ask you boyfriend/girlfriend to come home to meet your parents.

How concerned or anxious would you be over whether or not your girlfriend/boyfriend would want to meet your parents?

Very unconcerned 1 2 3 4 5 6 very concerned

I would expect that he/she would want to meet my parents.

Very unconcerned 1 2 3 4 5 6 very concerned

ANNEXURES OF PERMISSION LETTER

ANNEXURES E

Gmail

More

COMPOSE

Inbox (7)

Starred

Important

Sent Mail

Drafts (1)

Circles

More



Adnan

to me

On Thursday, June 16, 2016 9:08 AM, "yalebrown.yale@yahoo.com" <yalebrown.yale@yahoo.com> wrote:

dear saima
pleasure is mine. you can surely use my scale. wish u luck for accomplishment.

Wayne K. Goodman

On Thursday, June 16, 2016 8:55 AM, Saimagul Khattak <saimagul.khattak@yahoo.com> wrote:

Hello Sir,

this is saima and i am doing MS in clinical psychology from IIUI. currently i am working on my thesis on the topic of **BDD FEATURES AND PERSONAL REJECTION SENSITIVITY: ATTITUDE TOWARDS COSMETIC SURGERY ACCEPTANCE AMONG UNIVERSITY STUDENTS.** for the purpose i need BDD-YBOCS to measure BDD features. i need your kind permission to use this scale. i shall be obliged for your kindness.

MS scholar
regards
saima
MS scholar
ilui

[Click here to Reply or Forward](#)

[Click here to Reply or Forward](#)

No recent chats
Start a new one



5afafbac06

ANNEXURES F

ANNEXURES G

