



THE RELATIONSHIP BETWEEN BODY DYSMORPHIC DISORDER WITH ADOLESCENTS PHYSICAL AND BIOLOGICAL DEVELOPMENT IN WARRI SOUTH LOCAL GOVERNMENT AREA OF DELTA STATE.

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ABSTRACT: This study investigated on body dysmorphic disorder as a correlate of physical and biological development among adolescents Warri South Local Government Areas Delta State. Three research questions were developed to guide the study. The study adopted the correlational research design with a sample of 106 secondary school students drawn through convenience sampling technique. Two instruments were used for data collection which were the Perceived Body Dysmorphic Disorder Scale (PBDDS) and the Adolescent's Physical and Biological Development Questionnaire (APBDQ) developed by the researcher. Validity and reliability of the instruments were established. Data analysis was done using Pearson Product Moment Correlation to answer the research questions, while t-test was used to test the corresponding null hypotheses. Result revealed that body dysmorphic disorder has a negative relationship with the physical and biological development of male and female adolescent students. On the basis of these results, it was recommended that effort should be made to ensure the adolescents receive proper awareness on the dangers of BDD so that they can take up appropriate intervention and assistance from relevant authorities.

INTRODUCTION

For the past few decades, the issue surrounding adolescents' physical and biological health has taken the center stage within the global discourse of health problems. Researchers such as Briggs(2001) and Onuzulike (2003) have shows that teenage become sexually active at an early age with corresponding high rate of fertility due to immense physical and biological development they experience.

In the literature, the term 'adolescents' has been used synonymously with 'teenagers'. Irrespective of the longstanding investigation into adolescents' optimal development, there is no universal definition of what it means due to differing cultural, legal, temporal and political differences of nations as well as scholars (Ozomena,2008). World Health Organisation (WHO,1997) posited that, adolescence or teenage years corresponds to the period between 10 and 19 years when secondary sex

characteristics appear. According to Turner and Helms cited in Ozeomena (2008) the adolescents' years fall between the ages of 13 and 19 years. According to Nwosu (2005), adolescents include all persons aged 13 and 19 years who constitute about 20 percent of the world population. Melgosa (2001) and a host of others developmental scholars agree that the adolescent years span from the 13th to the 19th years of life.

Eriega (2010) described the teen years as a period of transition from childhood to adulthood , characterized by increased social awareness and an even greater physical growth. This period, he argued ,marked the onsets of puberty and biological maturity which is a virtual period in the life of an individual because many important social, economic landmarks which sets the stage for meaningful adult life. According Ukekwe (2001), it is the most important period in human life, which if not properly

British International Journal of Education and Social Sciences

An official Publication of Center for International Research Development

Double Blind Peer and Editorial Review International Referred Journal; Globally index

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handled, could result in disastrous consequences in later life, especially among females.

Albeit the varied positions on the onset and end of the adolescents years, numbers authors, researchers and policy makers, as stated previously indicated that adolescence span from the 13th to the 19th year of life. It is against this background that this study see adolescence as the period between the 13th and 19th years from the day of birth, characterized by the onset of puberty, appearance of secondary sexual characteristics, increased social awareness and improved emotional and mental functioning.

A fundamental consensus among researchers concerning the teenage years in that it is characterized by identify confusion and role ambiguity(Eriega,2001).This has led many to take decision and actions that have inhibited their optimal development and resulted in excruciating outcomes. One of such outcome is Body Dysmorphic Disorder (BDD). According to Singh and Veale (2019), Concerns about one's appearance are recognized and accepted inmost cultures as an aspect of normal human behaviour. However, if these concerns are excessive and are either significantly distressing or having an impact on the individual's quality of life, the person may be suffering from BDD.

Although BDD was first described over 100 years ago by Italian Psychiatrist Enrico Morselli who coined the term "dysmorphophobia," from the Greek "dysmorphia" which refers to ugliness, the evidence suggests it is still underdiagnosed (Veale, Gledhill, Christodoulou & Horsefall, 2016). Failure to recognize BDD can lead to poor physical and psychiatric outcomes for patients (Thompson & Durrani, 2007) and without treatment BDD appears to have a chronic course especially for adolescents. From this early background, effort has been made to empirically understand what body dysmorphic disorder. According to Traynor (2017), body dysmorphic disorder, also known as BDD, is defined in the Merriam-Webster dictionary as a pathological preoccupation with an imagined or slight physical defect of one's body to the point of causing significant stress or behavioural impairment in several areas (as work and personal relationships). This definition recognizes that individuals

may experience BDD due to an actual or imagined physical defect. However, the danger comes the experienced stress which results in behavioural impairment and other challenges in physical and social functioning of the individuals.

Considering the above definitions, some scholars have provided a robust clinical characteristics of body dysmorphic disorder. According to the American Psychiatric Association (2000), the criteria for the diagnosis of BDD includes the defects or flaws in appearance that are either unnoticeable or only slightly noticeable to others. Individuals experience excessive self consciousness, often with ideas of reference (i.e., the conviction that people are taking notice, judging, or talking about the perceived defect or flaw. Also, at some point during the course of illness, the individual will have performed repetitive behaviors (e.g., mirror checking, excessive grooming, skin picking, and reassurance seeking) or mental acts (e.g., comparing his or her appearance with that of others) in response to their appearance concerns and painful resulting emotions. These repetitive behaviors and mental acts are not pleasurable and are hard to control/resist.

Considering the characteristics above, it has been shown empirically that BDD typically begins during adolescence, most commonly by 12-13 years. It is therefore on this basis that the present study seeks to investigate the relationship between body dysmorphic disorder to the physical and biological development of adolescents in Delta State.

Statement of the Problem

The future of every nation lies in its ability to provide opportunities for its citizens, especially the younger generation to prepare themselves for the tasks of adulthood and nation building. It is therefore on this premise that all nations Nigeria included, has fashioned out policy for it her citizen to develop optimally. Sadly, issues like BDD poses significant risk and challenge to the optimal development of adolescents. BDD can significantly affect academic performance. Time consuming thoughts about appearance make it difficult to focus on schoolwork, and it can lead to students failing tests and having trouble concentrating in class. Furthermore, BDD can interfere with an individual's



ability to interact with classmates and teachers, and may even prevent students from attending school at all — some teens have reported missing an entire year of school because of BDD. Additionally, transitions, like those from middle school to high school, can be particularly nerve-racking for those with BDD. While adjusting to a new school environment, individuals with BDD may experience an increase in their appearance-related thoughts and urges to ritualize. Forms of bullying like body shaming, fat shaming, and slut shaming (which can occur online and offline) can have a negative influence on body image and lead to low self-esteem, both of which are related to Body Dysmorphic Disorder.

Purpose of the Study

The aim of this study was to investigate the extent of relationship between body dysmorphic disorder with adolescents physical and biological development in Warri South Local Government Area of Delta State. The specific objectives of this study were:

1. Investigate the relationship between body dysmorphic disorder and adolescents physical and biological development in Warri South Local Government Area of Delta State.
2. Investigate the relationship between body dysmorphic disorder and male adolescents' physical and biological development in Warri South Local Government Area of Delta State.
3. Investigate the relationship between body dysmorphic disorder and female adolescents' physical and biological development in Warri South Local Government Area of Delta State.

Research Questions

The following research questions were developed to guide the study:

1. What is the relationship between body dysmorphic disorder and adolescents physical and biological development in Warri South Local Government Area of Delta State.
2. What is the relationship between body dysmorphic disorder and male adolescents' physical and biological

development in Warri South Local Government Area of Delta State?

3. What is the relationship between body dysmorphic disorder and female adolescents' physical and biological development in Warri South Local Government Area of Delta State?

Review of Related Literature

The concept of adolescence, which has frequently been used interchangeably with teenage years appears to be a household name, but as Passer and Smith (2004:401) stated “the lengthy period referred to adolescence is largely an invention of the 20th century culture. According to them, this period emerge around the industrial revolution (1760-1840) with the invention of new technologies which brought about an increased need for formal schooling. This led to a delay in the attainment of adult status and the evolution of the current adolescents/teenager status.

Following the tradition of previous scholars (Ozoemeka, 2008, Nwafor, 2005), this work would use the terms “adolescents” and “teenagers” interchangeably. Contemporary definitions of adolescence has been offered by different scholars. Unachukwu and Ebenebe (2009) opined that the word adolescence is derived from the Latin “adolescere” word which means to grow to maturity. Based on the etymological position, they defined adolescence to mean the years between childhood and adulthood.

According to the World Health Organization (2014), adolescence is defined as the period in human growth and development that occurs after childhood and before adulthood, characterized by the tremendous changes that is second only to that of infancy. The Oxford Online Dictionary (2014) conceptualized adolescence as the period following the onset of puberty during which a young person develops from a child into an adult. A more comprehensive definition of adolescence is offered by Ajala (2011) as an in-between period commencing with the achievement of physiological maturity and ending with the assumption of social maturity, which is the assumption of social, sexual, economic and legal rights and duties of an adult. Shamrock (2008) defines adolescence as the developmental period of transition that involves biological,



cognitive and social changes. Adopting a chronological perspective in definition of adolescence, Unachukwu and Ebenebe (2009) stated that the period of adolescence within the Nigerian context falls between the age range of 11 and 19 years, but also cautioned that the range should be taken, with caution because there are no studies to back up the position in our country (p.97). Eriega (2010) described the teen years as a period of transition from childhood to adulthood, characterized by increased social awareness and an even greater physical growth. This period, he argued, marks the onset of puberty and biological maturity which is a vital period in the life of an individual because many important social, economic landmarks which sets the stage for meaningful adult life. Atwater (1992), adolescence cannot just be defined directly without proper identification of possible boundaries that delineates the onset and closure of the period he referred to as adolescents/teenage. These boundaries are:

- **Biological:** In this way teenager begins at puberty and ends with the attainment of full physical and sexual maturity.
- **Cognitive:** In this way teenager begins with the emergence of logical thinking, problem solving and decision making skills and ends after attaining adult's logical reasoning and autonomous decision making.
- **Interpersonal:** In this perspective adolescence begins with the shift from parents to peer orientation and ends with increased capacity for intimacy with peers and adults.
- **Educational:** From the angle adolescence begin with entry into secondary school and ends with the completion of college education.

Changes in Adolescence

Different authors have approach the changes that take place during adolescence based on various thematic perspectives. For Nwankwo (2003) the change that takes place during adolescence is broadly classified into anthropometric, physiological and chronological changes. According to him, rocrinological changes deals with growth in height and weight, growth spurt as well as sexual development to maturity, physiological changes deals with

the functional status of levels of the teenagers body organs while endocrinological aspect concerns with the growth and functioning of hormones in the teenager body.

For this study, the changes that occur in adolescence as classified by the American Psychological Association (2000) in its developing adolescences; the reference for professional shall be adopted and utilized. According the APA (2002) the changes that occur during teenager are broadly classified into three which includes:

- Physical changes
- Cognitive changes
- Emotional changes

Physical Changes of Teenagers: The onset of puberty heralds the physical changes of teenagers: Growth sput and sexual maturation. Puberty as defined by Passer and Smith (2004) is a period of rapid maturation in which the person becomes capable of sexual reproduction. This leads to greater heterosexual relationship. This relationship can be explosive and short lived or they can become long-term monogamous relationships. However, both teenager male and females tend to view romance quite differently. Girls tend to be more concerned about the biological consequence of sexual activity such as reproduction, pregnancy and contraceptive.

Both gender contrive about sexual acts and imagine about what their limitations should be. Many teens experiment with foreplay behaviour such as erotic stimulation, touch and message and other types of intercourse including oral and anal sex.

With advancing cognitive and moral development, sexual thoughts and decision reflect increasing maturity; at about age 6-18. Both sexes begin considering the moral and physical consequences of having sexual intercourse, but females are more concerned than males.

Between the age of 18-22, sexual activity increases and in intensifies for both sexes, whether by, masturbation or in partnered sexual activity. Teenagers will continue to explore their sexual encounters. Some youths at this stages will encounter, while others will limits sexual activity to emotionally intimate, committed, monogamous relationship.

Cognitive changes in Teenagers: The changes in how teenagers think, reason and understand can be even more



dramatic than their obvious physical changes. From the childhood, concrete black and white thinkers, they acquire the ability to think abstractly and reflect deeply on their own and others, thought. This newly developed competence allows teenagers to reason effectively, problem-solve, reflect and plan, about the future, Some form of this thinking which Lahey (2009:p456) termed “adolescents egocentrism” is a self-absolved and distorted view of one’s uniqueness and importance. This teenagers practice when they over estimate their own experience and feelings. Another way teenagers display egocentrism is through what Elkund (2004) called imaginary audience, the tendency to over-estimate social audience, that is when they feel everyone is watching their actions.

Another aspect of cognitive changes of teenagers includes moral reasoning, the development of a sense of value and ethical behavior. Cognitive development during adolescence in part lays the groundwork for moral reasoning on such issues as honesty, volunteering, altruism (APA, 2002; Kohlberg in Unachukwu & Ebenebe, 2009). Emotional Changes of Teenagers: Stanley G. Hall, the first psychologist to study scientifically adolescents or teenagers, viewed the period as a time of “storm and stress”. Makinde in Ebenebe and Unachukwu (2009: 56) refers to adolescence as a period in every person’s life when all seems to be confusing, when nothing is well, and when he or she is no man’s land. As defined by Santrock (2001) emotions involves the disturbed state of an organism and this disturbed state of an organism and this disturbed state is manifested in love, fear, anger daughter, tears etc. Human beings are fundamentally characterized by feelings of emotion and these emotions control their behavior, but during the teenage period, emotional intensity and perturbations increases.

Emotional development of teenagers involves establishing a realistic and coherence sense of identity in the context of relating to others and learning to cope with stress and emotions. The search for this identity as traditionally been taught of as the central task of adolescence as posited by Erik Erikson. Dwelling upon Eriksons position, Marcia (1994) classified the identity status of teenagers to include

- **Identity diffusion:** the stage of doing unconcerned or even cynical about identity issues and not yet committed to a set of values
- **Foreclosure:** these individuals have not yet gone through and identity crises but have committed to a set of values maybe parental or peer group values without giving much thoughts to their significance or practicality
- **Moratorium:** These people wanted to establish a clear identity but had not yet resolved it.
- **Identity achievement:** These individuals had gone through an identity crises, resolved it and emerged with a coherent set of values.

METHODOLOGY

The design for this study is the correlational research design. The correlational research design is that which seeks to investigate the relationship between two or more variables. This research design was adopted for this study because the researcher investigated the relationship between body dysmorphic disorder and adolescents’ physical and biological development of adolescents in Warri South Local Government Area. The population for this study shall comprise of all secondary school adolescents in Warri South Local Government Area of Rivers State. From this population, a sample of 106 students in Senior Secondary were drawn using convenience sampling technique from three selected public secondary schools in Warri South Local Government Area. Convenience sampling technique was used due to logistics and time consideration for the study. Also, SS I students were used because they were not in the examination year and can adequately respond to the instrument for data collection.

Data collection for the study was done using two instruments titled Perceived Body Dysmorphic Disorder Scale(PBDDS) and the Adolescents’ Physical and Biological Development Questionnaire (APBDQ). Both instruments were developed by the researcher and were constructed using a four-point Likert scale of Strongly Agree (SA), Agree (A), Disagreed (D) and Strongly Disagreed (SD) which was scored 4, 3,2, and 1 point(s) respectively. The PBDDS has 10 items assessing students perceived level of BDD, while the APBDQ is also made



up of 10 items. Validation of the instruments were done by subjecting the instrument to expert judgment. The instruments were given to one expert each in Educational Psychology and Measurement and Evaluation. Their contributions were integrated into the final version of the instruments before administration. Reliability of the instrument was done using the Cronbach Alpha method. The instrument was administered to 20 students who were not part of the target sample. After analysis, alpha coefficients of 0.81 and 0.79 were obtained for the PBDDS and APBDQ respectively, thus indicating that the instruments possessed suitable level of reliability.

For data analysis, Pearson Product Moment Correlation was used to answer the research questions, while independent samples t-test was used for testing the corresponding null hypotheses. The results obtained are presented in Tables below.

Result Presentation

Research Question One: What is the relationship between body dysmorphic disorder and adolescents physical and biological development in Warri South Local Government Area of Delta State.

		BDD	APBD
3DD	Pearson Correlation Sig. (2-tailed) N	1 106	-.712 106
PBDA	Pearson Correlation Sig. (2-tailed) N	-.712 .000 106	1 106

The result of the analysis as shown above indicated that when the relationship between body dysmorphic disorder and adolescents’ physical and biological development were correlated using Pearson Product Moment Correlation, an r-value of -0.712 was obtained with a corresponding p-value of 0.000. A correlational value therefore indicates that there is a strong negative and significant relationship between body dysmorphic disorder

and the physical and biological development of adolescents in Warri South Local Government Area of Rivers State.

Research Question Two: What is the relationship between body dysmorphic disorder and male adolescents’ physical and biological development in Warri South Local Government Area of Delta State?

		BDD	APBD



3DD	Pearson Correlation	1	-.136
	Sig. (2-tailed)		.064
	N	50	50
PBDA	Pearson Correlation	-.136	1
	Sig. (2-tailed)	.064	
	N	50	50

The result of the analysis as shown above indicated that when the relationship between body dysmorphic disorder and male adolescents' physical and biological development were correlated using Pearson Product Moment Correlation, an r-value of -0.136 was obtained with a corresponding p-value of 0.064. A correlational value therefore indicates that there is a weak negative and insignificant relationship between body dysmorphic

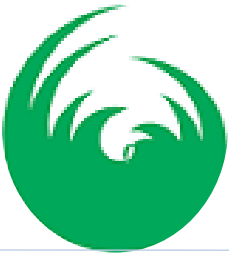
disorder and the physical and biological development of adolescents in Warri South Local Government Area of Rivers State.

Research Question Three: What is the relationship between body dysmorphic disorder and female adolescents' physical and biological development in Warri South Local Government Area of Delta State?

		BDD	APBD
3DD	Pearson Correlation	1	-.659
	Sig. (2-tailed)		.071
	N	56	56
PBDA	Pearson Correlation	-.659	1
	Sig. (2-tailed)	.071	
	N	106	106

The result of the analysis as shown above indicated that when the relationship between body dysmorphic disorder

and female adolescents' physical and biological development were correlated using Pearson Product



Moment Correlation, an r-value of -0.659 was obtained with a corresponding p-value of 0.071. A correlational value therefore indicates that there is a weak negative and insignificant relationship between body dysmorphic disorder and the physical and biological development of female adolescents in Wan-i South Local Government Area of Rivers State.

DISCUSSION OF RESULTS

From the result obtained after the analysis of data, it was shown that there is a negative relationship between body dysmorphic disorder and the physical and biological development of adolescents. This result implies that as students perceived level of BDD increases, there is a corresponding decrease in the physical and biological development of adolescents. This result is not surprising but expected because when a person has a negative impression of themselves, there are likely to engage in behavior and action that can impede their optimal development. For example they may result to binge eating or avoid taking food that are nutritious as they may fear it would lead to excess fat or spoilt face.

This result is consistent with other result obtained by Traynor (2017) and Veale et al (2016) who found out that increase in the level of perceived BDD leads to a lower level of engagement, emotional development and physical development of students. Similarly, Philips and Kaye (2007) reported that an increase in the level of BDD leads to compulsive behavior and negative development of adolescence in England.

Recommendations

Based on the findings obtained from the study, the following recommendations were made:

1. Psychologist in schools should generate greater awareness on the symptoms and conditions of body dysmorphic disorders so as to enable adolescents experiencing it come for adequate sensitization and counselling.
2. Effort should be made to ensure that adolescents receive proper awareness on the dangers of BDD so that they can take up appropriate intervention and assistance from relevant authorities.

3. Parents should be more vigilant towards their children to ensure that they provide the needed level of support and encouragement to their children who might be experiencing.

4. Finally, since the result showed that female adolescents are more prone to the problem of BDD, effort should be directed towards giving them important psychological interventions such as BDD to enable them over the challenge if possible

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