

## Perfectionism and Body Dysmorphic Disorder Symptoms among Men Seeking and Not Seeking Hair Transplant

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**Abstract:** *The study was intended to examine the relationship of perfectionism with body dysmorphic disorder symptoms among men seeking and not seeking hair transplants. For this purpose, the cross-sectional method was used. The study was conducted at different dermatological/hair transplant clinics and at different government and private institutions in Rawalpindi and Islamabad, from February 2020 to October 2020. The sample was comprised of adult balding men aged 19 to 65 years from both clinical (hair transplant clinics) and non-clinical settings (banks, offices, parks, shopping malls) in Rawalpindi and Islamabad. For data collection, purposive sampling was used. The instruments used were the Multi-Dimensional Perfectionism Scale and Yale-Brown Obsessive Compulsive Scale modified for BDD(YBOCS-BDD). The sample was comprised of 150 balding men, 75 (50%) each were taken from clinical and non-clinical settings. The results have revealed that Perfectionism was significantly positively related to body dysmorphic disorder symptoms ( $p < .01$ ). The Mean value for perfectionism was 184.53 (19.92) and on body dysmorphic disorder symptoms was 14.37 (10.11) for men who were seeking hair transplant while the mean value on perfectionism was 180.16 (22.75) and on body dysmorphic disorder symptoms was 11.25 (17.89) for men who were not seeking treatment. Therefore, Men seeking hair transplants had higher levels of perfectionism and body dysmorphic disorder symptoms than men not seeking hair transplants.*

**Key Words:** Perfectionism, Body Dysmorphic Disorder Symptoms, Balding Men

### Introduction

Physical attractiveness is playing an important role in our society. The most accessible information about any individual is based on his or her physical characteristics. On the basis of this information different assumptions are formed for different individuals and eventually unconsciously classifying them into different emotional, and intellectual categories. The first impression that is made through physical appearances works as a funnel that directs us in forming expectations, perceptions, emotions feelings, and attitudes for other individuals. Therefore, the foremost impressions remain in the eye of the beholder to the degree that they set the platform for self-confirming, cognitive, and social behavioral processes (Gordon et al., 2013). Hair is considered as one of the important determinants of physical attractiveness and an important complimentary feature to the face and the first characteristic we notice upon meeting another person (Elis et al., Ellis2002). Therefore, the loss of hair to any degree causes psychological distress in men (Phillips et al., 2017). Hair loss affects more than 1.2 billion people around the world. It affects 29–40% of men between 18 and 59 years of age (Rhodes et al., 1998). Hair loss can cause a variety of mental problems such as depression, anxiety, anger, fatigue, low self-esteem, embarrassment, uneasiness with appearance, having low regard for oneself, reduced sexual desires, functional impairment in any area of life (such as school or work), suicidal ideation (Yazici & Erol, 2015), preoccupation with hair loss and fear of being bullied by others (Hofmann & Happle, 2000). The level of stress experienced by these individuals is at a similar level to many other serious and life-threatening diseases (Springe et al., 2003). In personal and social aspects these men are considered less desirable, impotent, and of older age

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(Fischer et al., 2000). Because of the stereotype associated with balding men, they appear to have emotional distress and feelings of unattractiveness. (Grimalt, 2005). Therefore, becoming dissatisfied with themselves and trying to achieve standards of perfection. Perfectionism is an important risk factor in the development and maintenance of body dysmorphic disorder symptoms (BDD) (Shafran & Mansel, 2001). Various studies have indicated the association of BDD with perfectionism, which may suggest a perceived pressure to stick to ideal gender norms for bodily appearance e.g., the ideal beauty standards for men, to have head hair to look young and healthy, so they struggle to have such ideal appearance (Pope et al., 2000) and eventually performing repetitive acts such as excessive grooming, camouflaging by clothes or cap, needless dermatological/hair treatment (Flett et al., 2004). These hair treatments have been acknowledged for the past 10 to 15 years (Shapiro, 2004). The management of hair loss becomes difficult if the individual exhibits any psychological problems. Hence, it is essential to recognize such issues, as well as other psychological components that play an integral role in both hair transplantation and its predictable outcomes (Bernstein, 2008). Some individuals with minimal hair loss or semi-baldness would immediately look for assistance from medical health professionals, and this might hide a masked depression, high degree of anxiety, or preoccupation with appearance (Grimalt, 2003). Moreover, physically attractive people are perceived as more favorable and experience significant advantages in employment and in other areas of life than those who are viewed as less physically attractive (Hosoda et al., 2003; Shahani-Denning et al., 2011). This is due to major changes in socio-cultural norms and increased display of such messages by media that target people of young age, and it has shaped an imaginary body image that induced self-doubt among common people regarding their own image. The evidence of this trend lies in the huge increase in sales of beauty products and expansion in aesthetic treatments in dermatology and plastic surgery clinics. In this image-conscious era, there are a variety of social and personal reasons why many young people are conscious about their looks. Their appearance concerns are considered to be abnormal when they affect their personal, academic, occupational, or social life (Phillips et al., 2005). The association between perfectionism and BDD symptoms has been studied among the non-clinical population with a small sample size of men (Suhail et al., 2016). Moreover, in Pakistan, the stigma related to mental health has made it difficult to address psychological problems (Qahar et al., 2020) and this is one of the reasons that BDD is called to be a hidden disorder or under-estimated in clinical settings (Veale, 2004). Therefore, the present study addressed this gap by establishing the cross-sectional associations between perfectionism, and body dysmorphic disorder symptoms in balding men from both clinical and non-clinical populations in order to obtain information regarding the psychological problems experienced by these men.

## **Material and Method**

The cross-sectional study was conducted at different dermatological/hair transplant clinics from where the clinical sample was taken and at different government, and private organizations, parks, and shopping malls from where the non-clinical sample was taken. The study was conducted from February 2020 to October 2020. The sample consisted of adult balding men aged 19 to 65 years, having intermediate and above educational levels from both clinical and non-clinical settings of Rawalpindi and Islamabad. The present study was conducted after the approval of the ethics committee of the Department of Psychology, International Islamic University Islamabad. The sample was calculated using G\* Power software (Cunningham & McCrum-Gardener, 2007), and a purposive sampling technique was used. The informed consent was taken from the participants, and they were assured of the confidentiality of their collected data. Data was collected using a demographic sheet and two scales were used i.e., Multi-dimensional Perfectionism scale (MPS) consists of 45 items and is a self-report measure that measures three facets of perfectionism, including socially prescribed perfectionism, self-oriented perfectionism, and other-oriented perfectionism. Each subscale has 15 items with a seven-point Likert-type scale ranging from 1 (strongly disagree) to 7 (strongly agree). The substantial reliability and validity are demonstrated with internal consistency and test-retest reliability which range from .60 to .90. The overall score was computed showing higher the score, the higher the perfectionism (Hewitt et al., 1991). Along with that, another scale Yale-Brown Obsessive Compulsive Scale modified for BDD (YBOCS-BDD) was used. It assesses the body dysmorphic disorder symptoms. The scale is comprised of 12 items. The first five items are about preoccupations while the next five questions are about compulsive behavior. The last two questions are



about insight and avoidance. The reliability of the scale is .80. This is also a Likert-type scale ranging from 0 (strongly disagree) to 4 (strongly agree). The overall score is calculated by taking the sum of scores of 12 items, with the highest score of 48. Phillips (2005) has presented a clinically relevant "cut-off" where total scores above 20 indicate BDD, a total score over 24 indicates moderate symptoms, around 30 indicates moderate to severe BDD, and a total score of 40 indicates very severe BDD. Data was analyzed using descriptive statistics, Pearson Product Moment Correlation, t-test, and analysis.

## Results

Of 150 balding men, 75 (50%) each were taken from clinical and non-clinical settings. Perfectionism was significantly positively related to body dysmorphic disorder symptoms ( $p < .01$ ) (Table 1)

**Table 1**

*Pearson Product Moment Correlation of Perfectionism and Body dysmorphic disorder symptoms among men seeking and Not Wearing Hair Transplant (N=150).*

Variables	1	2
Perfectionism	--	.69**
BDD symptoms	--	--

\*\*  $p < .01$

Perfectionism and Body Dysmorphic Disorder Symptoms were higher in men seeking hair transplants than in men who were not seeking hair transplants (Table-2)

**Table 2**

*Mean, standard deviations, and t-values on Multi-Dimensional Perfectionism Scale (MPS), and Yale-Brown Obsessive Compulsive Scale for Body Dysmorphic Disorder (YBOCS-BDD) among men seeking and not seeking hair transplant (N=150).*

Variables	Clinical	Non-Clinical	t(148)	P	95% CI		Cohen's d
	(n=75) M(SD)	(n=75) M(SD)			LL	UL	
Perfectionism	184.53(19.92)	180.16(22.75)	1.25	.022	-11.27	2.52	.20
BDD Symptoms	14.37(10.11)	11.25(7.89)	2.10	.037	.19	6.04	.34

Note: The value of Cohen's d on perfectionism is .02 showing a small effect size while the value of Cohen's d on BDD symptoms indicated medium effect size.

## Discussion

In the present study, a significant positive relationship between perfectionism and body dysmorphic disorder symptoms among men seeking and not seeking hair transplants was examined. The results were consistent with the previous literature which also found that perfectionism has a central role in the development and maintenance of BDD symptoms (Arji et al., 2016). This is because people who are perfectionists, are often displeased with their bodies and they engage in unhealthy activities or behaviors (Ruggiero et al., 2003), They have the fear of other's judgment, extreme self-criticism, unrealistic expectations, and need for other's approval that describes perfectionism seems to favor to body image disturbance (Bradone et al., 2008). BDD individuals are more likely to think and behave in a more perfectionistic way than other people, therefore it is hypothesized that they notice even minor defects and overly focus on them, which causes them to feel bad and distressed because of their inability to work on their imperfections (Veale, 2004). It was also hypothesized that there is a significant difference between men seeking hair transplants and men not seeking hair transplants on perfectionism and body dysmorphic disorder symptoms. The results are supported by the previous findings in which a high number of individuals with BDD symptoms were found in cosmetic or dermatological settings (Buhlmann et al.,

2008). The dermatological treatment may also enable perfectionists to change aspects of their bodies that cannot be changed through dieting or exercise (e.g., nose shape). More generally, contemplating dermatological or cosmetic treatment may be understood as a manifestation of perfectionists' chronic predisposition toward dissatisfaction (Hewitt et al., 2003). They are often dissatisfied with surgical or cosmetic treatment which increases their emotional distress such as increased anger and guilt (Veale, 2000) and in turn, seeking for repeated treatments (American Society of Plastic Surgeons, 2008). The treatment group reports more avoidance of thoughts and emotions and less rationale acceptance when compared non-treatment group making it difficult to recognize effective coping strategies (Hartmann et al., 2015). The current study had its limitations including the cross-sectional study was conducted on a small sample size and participants were taken from Rawalpindi and Islamabad only, thereby limiting the generalizability of the research. Data was taken only from participants, not physicians, and was not verified by medical review. It was unknown whether physicians were aware of the client's BDD diagnoses prior to performing procedures. The use of a self-report questionnaire to diagnose BDD and subjective evaluation of some items of the BDD scale could bring out the possibility of over-diagnosing BDD. Despite the limitations stated the present study provides valuable insight regarding BDD symptoms in balding men which was not given due importance in scientific research with specific reference to Pakistani society. The findings of the current study have generated some practical implications for healthcare professionals and dermatologists/cosmetologists to work together to properly help men with BDD symptoms by designing programs that must include therapeutic management of symptoms. One important implication of the present findings is that individuals seeking remedies for hair loss are often anticipating or experiencing losses beyond the loss of hair per se. For effective management an empathetic understanding of these individuals' concerns is important. Further research is needed on BDD in dermatology settings, such as larger prevalence studies that incorporate interviews to confirm the diagnosis, systematic comparison of clients with and without BDD, and treatment outcome studies. Furthermore, more cross-cultural comparisons would be useful to bring out sociocultural influences, childhood traumas, and family history of BDD and increase understanding of the development of the disorder.

## Conclusion

To conclude the purpose of the present study was perfectionism is related to body dysmorphic disorder symptoms among men with hair loss. Individuals seeking and not seeking hair loss treatments often anticipate or experience losses beyond the loss of hair per se. For effective management, an empathetic understanding and their psycho-social conditions are to be considered important. Increased need to look perfect and not being able to achieve the standards of perfect body image brings emotional distress and results in the development of BDD symptoms in men. These problems in men have been less reported. The results have shown a significant positive relationship between perfectionism and BDD symptoms among balding men. There was a higher number of balding men with BDD symptoms in general dermatological, cosmetic surgery clinics, or hair clinics than in the general population of balding men.

## References

- American Society of Plastic Surgeons. (2008). *National Clearinghouse of Plastic Surgery Statistics*. American Society of Plastic Surgeons.
- Arji, M. Borjali, A., Sohrabi, F., & Farrokhi, N.A. (2016). Role of perfectionism and body image in the prediction of body dysmorphic disorder symptoms. *J. Neuro. Psycho. Physio*, 3(3), 62-65. <https://ajnpp.umsha.ac.ir/article-1-75-en.html>
- Bardone-Cone, A. M., Cass, K. M., & Ford, J. A. (2008) Examining body dissatisfaction in young men within a biopsychosocial framework. *Body Image*, 5(2), 183-194. <https://doi.org/10.1016/j.bodyim.2007.12.004>
- Bernstein, R. M. (2008). Avoiding pitfalls in planning a hair transplant. *Expert Review of Dermatology*, 3(4), 501-508. <https://doi.org/10.1586/17469872.3.4.501>
- Buhlmann, U., Etcoff, N. L., & Wilhelm, S. (2008). Facial attractiveness ratings and perfectionism in body dysmorphic disorder and obsessive-compulsive disorder. *J. Anxiety Disord*, 22(3), 540-547. <https://doi.org/10.1016/j.janxdis.2007.05.004>





- Cunningham, J. B., McCrum-Gardner, E. (2007). Power, effect and sample size using G Power: practical issues for researchers and members of research ethics committees. *Evi Bas Mid*, 5, 132-6. <https://go.gale.com/ps/i.do?id=GALE%7CA172050741&sid=googleScholar&v=2.1&it=r&linkaccess=abs&issn=14794489&p=HRCA&sw=w&userGroupName=anon%7E166f9f8b&aty=open-web-entry>
- Ellis, J. A., Sinclair, R., & Harrap, S. B. (2002). Androgenetic alopecia: pathogenesis and potential for therapy. *Expert Reviews in Molecular Medicine*, 4(22), 1-11. <https://doi.org/10.1017/S1462399402005112>
- Fischer, T., Schmidt, S., Strauss, B., & Elsner, P. (2001). Hairdex. *Der Hautarzt*, 52(3), 219-227. <https://doi.org/10.1007/s001050051293>
- Flett, G. L., Greene, A., & Hewitt, P. L. (2004). Dimensions of perfectionism and anxiety sensitivity. *Journal of Rational-Emotive & Cognitive-Behavior Therapy*, 22(1), 39-57. <https://doi.org/10.1023/b:jore.0000011576.18538.8e>
- Gordon, R. A., Crosnoe, R., & Wang, X. (2013). Physical attractiveness and the accumulation of social and human capital in adolescence and young adulthood: assets and distractions. *Monographs of the Society for Research in Child Development*, 78(6), 1. <https://doi.org/10.1002/mono.12060>
- Grimalt, R. (2003). Psychosocial impact of androgenetic alopecia. *Basic and Clinical Dermatology*, 25, 251-266. <https://www.taylorfrancis.com/chapters/edit/10.1201/9780203911877-20/psychosocial-impact-androgenetic-alopecia-ramon-grimalt>
- Hartmann A. S., Thomas, J.J., & Greenberg, J. L., Elliott, C. M., Matheny, N.L., & Wilhelm, S. (2015). Anorexia nervosa and body dysmorphic disorder: A comparison of body image concerns and explicit and implicit attractiveness beliefs. *Body Image*, 14, 77-8. <https://doi.org/10.1016/j.bodyim.2015.03.013>
- Hewitt, P. L., Flett, G. L., Sherry, S. B., Habke, M. Parkin, M., Lam, R., & Stein, M. B. (2003). The interpersonal expression of perfection: Perfectionistic self-presentation and psychological distress. *J. Pers. Soc Psychol.* <https://psycnet.apa.org/buy/2003-00779-015>
- Hewitt P. L., Flett, G. L., Turnbull-Donovan W., & Mikail S. F. (1991). The Multidimensional Perfectionism Scale: Reliability, validity, and psychometric properties in psychiatric samples. *Psychological Assessment: J. Consult. Clin Psychol*, 3(3), 464. <https://psycnet.apa.org/doi/10.1037/1040-3590.3.3.464>
- Hoffmann, R., & Happle, R. (2000, July 3). Current Understanding of Androgenetic Alopecia. *Part II: Clinical Aspects and Treatment*.
- Hosoda, M., Stone-Romero, E. F., & Coats, G. (2003). The effects of physical attractiveness on job-related outcomes: A meta-analysis of experimental studies. *Personnel psychology*, 56(2), 431-462. <https://doi.org/10.1111/j.1744-6570.2003.tb00157.x>
- Phillips, K. A. (2005). *The broken mirror: Understanding and treating body dysmorphic disorder*. Oxford University Press, USA.
- 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(4), 317-325. <https://doi.org/10.1176/appi.psy.46.4.317>
- Phillips, T. G., Slomiany, W. P., & Robert, A. I. (2017). Hair loss: common causes and Treatment. *American family physician*; 96(6), 371-8. <https://www.aafp.org/pubs/afp/issues/2017/0915/p371.html>
- Pope, H. G., Phillips, K. A., & Olivardia, R. (2000). *The Adonis complex*. New York: The Free Press.
- Qahar, M., Javed, S., & Kiani, S. (2020). Attitudes Towards Mental Health Services Versus Faith Healing; Role of Stigma and Mental Health Literacy. *Pakistan Armed Forces Medical Journal*, 70(1), 73-78. <https://pafmj.org/index.php/PAFMJ/article/view/3938>
- Shapiro, R. (2004). Follicular Unit Transplantation Alone or Follicular Units with Multi-FU Grafts; Why, When and How?. *Hair transplantation*, 435-469. [https://cir.nii.ac.jp/crid/1570572700923924736#citations\\_container](https://cir.nii.ac.jp/crid/1570572700923924736#citations_container)
- Rhodes, T., Girman, C. J., Savin, R. C., Kaufman, K. D., Guo, S., Lilly, F. R. W., Siervogel, R. M., & Chumlea, C. W. (1998). Prevalence of male pattern hair loss in 18-49 year old men. *Dermatologic Surgery*, 24(12), 1330-1332. <https://doi.org/10.1111/j.1524-4725.1998.tb00009.x>
- Ruggiero, G. M., Levi, D., Ciuna, A., & Sassaroli, S. (2003). Stress situation reveals an association between perfectionism and drive for thinness. *International Journal of Eating Disorders*, 34(2), 220-226. <https://doi.org/10.1002/eat.10191>

- Shafran, R., & Mansell, W. (2001). Perfectionism and psychopathology: A review of research and treatment. *Clinical psychology review*, 21(6), 879–906. [https://doi.org/10.1016/S0272-7358\(00\)00072-6](https://doi.org/10.1016/S0272-7358(00)00072-6)
- Springer, K., Brown, M., & Stulberg, D. L. (2003). Common hair loss disorders. *American family physician*, 68(1), 93–102. <https://www.aafp.org/pubs/afp/issues/2003/0701/p93.html>
- Suhail, M., Salman, S., & Salman, F. (2015). Prevalence of body dysmorphic disorder in medical versus nonmedical students: a questionnaire based pilot study. *Journal of Pakistan Association of Dermatologists*, 25(3), 162–168. <https://www.jpap.com.pk/index.php/jpad/article/view/103>
- Veale, D. (2000). Outcome of cosmetic surgery and ‘DIY’ surgery in patients with body dysmorphic disorder. *Psychiatric Bulletin*, 24(6), 218–221. <https://doi.org/10.1192/pb.24.6.218>
- Veale, D. (2004). Advances in a cognitive behavioural model of body dysmorphic disorder. *Body image*, 1(1), 113–125. [https://doi.org/10.1016/S1740-1445\(03\)00009-3](https://doi.org/10.1016/S1740-1445(03)00009-3)
- YAZICI, E., & EROL, A. (2015). Alopesiye Psikiyatrik Yaklaşım. *Türkiye Klinikleri Cosmetic Dermatology-Special Topics*, 8(1), 73–78. <https://www.turkiyeklinikleri.com/article/en-alopesiye-psikiyatrik-yaklasim-71092.html>