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Comparison of Social Anxiety, Positive and Negative Perfectionism, and Quality of Life between Girls with Body Dissatisfaction and Normal Girls

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Abstract

The purpose of this study was to compare social anxiety, positive and negative perfectionism, and quality of life between girls with body dissatisfaction and those without. This research followed a causal-comparative design. The statistical population included all girls aged 17 - 35 years who visited beauty clinics in District 6 of Tehran, as well as girls from the general population in the same district. A convenience sampling method was employed, resulting in a total sample of 120 participants (60 girls with body dissatisfaction and 60 without). Participants completed the Social Physique Anxiety Scale (Hart et al., 1989), the Positive and Negative Perfectionism Scale (Terry-Short et al., 1995), and

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the World Health Organization Quality of Life-BREF (1996). Given the assumptions of parametric tests, multivariate analysis of variance (MANOVA) was used for data analysis. The results were as follows: social anxiety (F = 2.9, p = 0.9), positive perfectionism (F = 14.9, p = 0.022), negative perfectionism (F = 4.8, p = 0.03), and quality of life (F = 11.7, p = 0.01).The findings revealed significant differences between the two groups in terms of positive perfectionism, negative perfectionism, and quality of life, with p-values below the 0.05 threshold. However, no significant difference was observed in social anxiety scores.

Keywords

Body Dissatisfaction, Social Anxiety, Perfectionism, Quality of Life, Causal-Comparative Study

1. Introduction

In today's world, young people are increasingly exposed to the ideal of a lean and muscular body, which has led to body dissatisfaction and a negative perception of their own bodies (Mohammadzadeh et al., 2021). Body image management involves not only thoughts about physical appearance but also activities such as exercise and dieting to shape the body (Kaiser, 1996; Raghibi & Minakhani, 2021). The study found a significant relationship between body mass index and body image dissatisfaction, showing that as BMI increases, satisfaction with body image decreases (Amidi et al., 2020). Cross-sectional studies have consistently shown that failing to meet ideal body standards can lead to mental and physical issues such as anxiety, stress, substance use, and eating disorders (Dehghani et al., 2020).

Social anxiety disorder is one of the most significant consequences of body dissatisfaction. It is characterized by distress over appearance and negative self-perception, which maintains and exacerbates the disorder (Rapee & Abbott, 2021). The prevalence of body dysmorphia is estimated at 2% in the general population and 12% in psychiatric populations, with students being particularly vulnerable (Heydari & Alipour Khodadadi, 2012). According to the psychological-behavioral model, individuals with body dissatisfaction often show perfectionistic thinking and irrational beliefs about attractiveness (Filbandi Kashkuli, 2022; Zargar, Mardani, & Mehrabizadeh Honarmand, 2023). Perfectionism is related to psychological disorders through extreme, inflexible performance standards (Dimaggio, MacBeth, Popolo, Salvatore, & Perrini, 2018; Gingras, Lessard, Mallette, Brassard, & Bernier-Jarry, 2020; Stoeber & Childs, 2017).

Research has shown that body satisfaction is lower among perfectionists, with young women scoring higher than men in body dissatisfaction and perfectionism (Nigar & Naqvi, 2019). Given the impact of body dissatisfaction on mental health, particularly among girls who are more vulnerable to appearance-related messages and pressures, understanding the role of perfectionism and social anxiety in body

image is essential.

Another key variable in this context is quality of life. People with negative body image often experience reduced health-related quality of life, including physical and mental well-being (Fontaine & Barofsky, 2001; Harrington & Badger, 2019; Sasani, Seirafi, Meschi, Sarami, & Peymani, 2019). Body image dissatisfaction has been widely recognized as a significant factor that negatively affects quality of life, including physical, emotional, and social functioning. Research shows that individuals who are dissatisfied with their appearance are more likely to experience emotional distress, lower self-esteem, and impaired interpersonal relationships (Cash & Pruzinsky, 2002). Furthermore, studies have demonstrated that body dissatisfaction, particularly among young women, is closely linked to reduced psychological well-being and overall life satisfaction (Mond et al., 2005). Media exposure to idealized body images can further exacerbate these effects, activating appearance-related concerns and leading to a decline in self-worth and social confidence (Brown & Dittmar, 2005).

Social and cultural pressures related to physical attractiveness, especially for girls, have contributed to increasing concerns about body image (Morgan, 2020). Excessive focus on beauty, reinforced by media and society, has led to mental preoccupations and distorted self-images that often result in cosmetic surgery (AlAwadh et al., 2021; Di Gesto, Nerini, Policardo, & Matera, 2022; Gillen & Lefkowitz, 2012; Gillen & Markey, 2021; Payandeh & Nemat Tavousi, 2020).

Body dissatisfaction and body dysmorphic disorder are closely linked to social anxiety (Basharpour et al., 2022; Fang & Hofmann, 2020). People with both disorders show similar cognitive biases, and social anxiety has been found to significantly predict body image disturbances (Conti et al., 2022). Women are generally more concerned about their appearance than men, and this concern intensifies during adolescence due to gender and developmental changes.

Therefore, considering the influence of social anxiety, perfectionism (positive and negative), and quality of life on body image, the present study aims to compare these variables between girls with body dissatisfaction and those without. Given the early onset of body image concerns in girls and their vulnerability to social pressures, this research can contribute to the development of targeted interventions to improve mental health and body satisfaction in this population.

2. Methodology

The present study employed a descriptive, non-experimental research design and was categorized as a causal-comparative study. The statistical population consisted of female individuals aged 17 to 35 years residing in District 6 of Tehran during the year 1402 (2023-2024). This population included both girls with body dissatisfaction who had visited beauty clinics and girls without body dissatisfaction (i.e., the comparison group). A total of 120 participants were selected using convenience sampling, comprising 60 girls with body dissatisfaction and 60 girls

without body dissatisfaction.

3. Data Analysis

This study examines the Comparison of social anxiety, positive and negative perfectionism, and quality of life between girls with body dissatisfaction and normal girls and the information are as follows:

Table 1. Statistical indicators of frequency and percentage of age in two groups: girls with body dissatisfaction and normal girls.

Variable	Group			
	Body Dissatisfaction		Normal	
	Abundance	Percentage	Abundance	Percentage
Under 25 years old	13	21.7	24	40
Between 25 and 30	21	35	26	43.3
Over 30 years old	26	43.3	10	16.7
Total	60	100	60	100

The information in **Table 1** presents the statistical indicators of frequency and percentage of age in two groups: girls with body dissatisfaction and normal girls. As observed, 21.7% of girls with body dissatisfaction are under 25 years old, while 40% of normal girls are under 25 years old.

Furthermore, 35% of girls with body dissatisfaction are between 25 and 30 years old, while 43.3% of normal girls are between 25 and 30 years old. The information in the table indicates that 43.3% of girls with body dissatisfaction are over 30 years old, and 16.7% of normal girls are over 30 years old.

4. Data Collection Tool

The Socio-Physical Anxiety Scale was developed by (Hart et al., 1989). This scale consists of 12 items designed to assess socio-physical anxiety, which refers to anxiety about body shape in social situations. Each item is answered on a five-point Likert scale (1 = Strongly Disagree to 5 = Strongly Agree). The total score ranges from 12 to 60, with higher scores indicating greater anxiety. Items 1, 8, and 11 are reverse-scored. According to Eklund et al. (1996), the scale measures two dimensions: comfort with physical appearance and expectation of negative evaluation.

In the present study, classification of participants into the body dissatisfaction group was based on their attendance at beauty clinics and self-identification of dissatisfaction with appearance. No standardized diagnostic cut-off was applied at screening. Although validated scales such as the Body Shape Questionnaire or Figure Rating Scale are frequently used in this field, the current classification method was chosen due to practical considerations during recruitment. This approach represents a limitation, as reliance on self-selection and clinic attendance may not fully capture the broader spectrum of body dissatisfaction.

Validity and Reliability

Scott et al. (2004) reported a test-retest reliability of 0.94. Yousefi et al. (2009) examined the scale's reliability and factor validity among 237 Iranian students (108 females, 129 males) and confirmed its factor structure. Cronbach's alpha was 0.85 for females and 0.81 for males. The tool was translated by researchers and reviewed by experts in physical education, psychology, and sociology. After revisions and re-translation, its content was confirmed. Cronbach's alpha was 0.90, and test-retest reliability was 0.82 as reported by its designers.

Positive and Negative Perfectionism Scale (PANPS) (Terry-Short et al., 1995)

This 40-item scale includes 20 items for positive perfectionism and 20 for negative perfectionism. Items are rated on a 5-point Likert scale from "Strongly Disagree" to "Strongly Agree." Scores for each subscale are summed, with total scores ranging from 40 to 200. Higher scores indicate higher levels of perfectionism.

Positive items: 2, 3, 6, 9, 14, 16, 18, 19, 21, 23, 24, 25, 28, 29, 30, 32, 34, 35, 37, 40

Negative items: 1, 4, 5, 7, 8, 10, 11, 12, 13, 15, 17, 20, 22, 26, 27, 31, 33, 36, 38, 39

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1	2	3	4	5

Besharat (2009) examined the validity by correlating the scale with Goldberg (1972) and Coopersmith (1967) confirming the scale's construct validity. Cronbach's alpha coefficients were 0.90 (positive) and 0.87 (negative) for all subjects; 0.91 and 0.88 for females; and 0.89 and 0.86 for males. Test-retest reliability over four weeks was 0.86 for all, 0.84 for females, and 0.87 for males. Besharat (2009) reported Cronbach's alpha of 0.87 (positive) and 0.85 (negative), indicating acceptable reliability.

World Health Organization Quality of Life Questionnaire Short Form (1996)

The WHOQOL-BREF is widely used for assessing quality of life. In Iran, Montazeri et al. (2005) translated and normed it on 4,163 individuals (52% female, mean age 35.1). Subscale reliability ranged from 77% to 90%, except for vitality (65%).

The SF-36 version includes 36 items measuring two general dimensions: physical and mental health, across 8 subscales:

- Physical Functioning (10 items)
- Role-Physical (14 items)
- Bodily Pain (4 items)
- General Health (4 items)
- Vitality (4 items)
- Social Functioning (2 items)
- Role-Emotional (3 items)
- Mental Health (5 items)

One general item evaluates overall health in the past month.

The first four subscales assess physical health, while the last four assess mental health.

Skevington et al. (2004) studied 11,830 participants from 24 cities. Cronbach's alpha values were: 0.82 (physical), 0.81 (mental), 0.80 (environmental), 0.68 (social). Validity was assessed using differential and structural validity. The WHOQOL group reported Cronbach's alpha between 0.73 and 0.89. In Iran, population-based studies have supported the reliability and validity of the Persian WHOQOL-BREF. For example, Nedjat et al. (2008) reported Cronbach's alpha coefficients of 0.70 (physical), 0.73 (psychological), 0.55 (social), and 0.84 (environmental), with intraclass correlation coefficients ranging from 0.75 to 0.84, indicating good test-retest reliability. Similarly, Usefy et al. (2010) found alpha values of 0.81 (physical), 0.78 (psychological), 0.72 (social), and 0.80 (environmental), with an overall alpha of 0.88, further confirming the instrument's internal consistency in Iranian samples.

5. Implementation Method

After receiving supervisor approval, the researcher coordinated with clinics in District 6, Tehran. Participants applying for cosmetic surgery volunteered after informed consent. Normal participants were selected by convenience sampling from companions of patients and were matched by age, marital status, and education. They had no history of or interest in cosmetic surgery. Questionnaires on social anxiety, perfectionism, and quality of life were administered to 120 participants: 60 with body dissatisfaction and 60 without.

It should be noted that the use of convenience sampling restricts the generalizability of the findings. Women recruited from beauty clinics may represent a subgroup with more severe concerns or greater financial and social resources compared with the general population. Similarly, the control group drawn from companions of patients may not be representative of women without body dissatisfaction in the broader community. Future studies should aim to recruit more diverse samples through probability sampling strategies.

6. Data Analysis Method

A multivariate analysis of variance (MANOVA) was selected because the study investigated multiple dependent variables (social anxiety, positive perfectionism, negative perfectionism, and quality of life) simultaneously. This approach allowed the detection of overall group differences while controlling for intercorrelations among dependent variables. Prior to analysis, assumptions of multivariate normality and homogeneity of variance-covariance matrices were tested and met, supporting the appropriateness of MANOVA for the data.

Data were analyzed using frequency charts, means, standard deviation, and variance. Multivariate analysis of variance (MANOVA) was used due to parametric assumptions.

6.1. Descriptive Statistics

Table 2. Statistical indicators of mean and standard deviation of life quality score and its components in two groups of girls: those with body dissatisfaction and normal girls.

variable	Group							
	Normal girls				Girls with body dissatisfaction			
	Elongation	You are crooked	Standard letters	average	Elongation	You are crooked	Standard letters	average
Physical health	−0.98	−0.02	7.4	71.3	0.9	0.03	6.88	68.6
Mental health	0.004	−0.3	4.5	40.7	0.9	0.3	4.9	37.7
Quality of life	0.63	−0.15	8.2	112	0.6	−0.04	9.9	106.3

The information presented in Table 2 pertains to the statistical indicators of life quality scores and their subscales. As observed, the mean score of physical health in girls with body dissatisfaction is 68.6, and in normal girls, it is 71.3. In the mental health component, the mean score is 37.7 in girls with body dissatisfaction and 40.7 in normal girls. Additionally, the mean total quality of life score in girls with body dissatisfaction and normal girls is 106.3 and 112, respectively. Other statistical indicators can be found in the table.

Table 3. Statistical Indicators of Mean and Standard Deviation of Perfectionism Score and Its Components in Two Groups of Girls: Those with Body Dissatisfaction and Normal Girls.

variable	Group							
	Normal girls				Girls with body dissatisfaction			
	Elongation	You are crooked	Standard letters	average	Elongation	You are crooked	Standard letters	average
Positive perfectionism	−0.93	0.13	5.7	60.7	0.29	−0.13	8.04	55.8
Negative perfectionism	−0.4	0.14	7.11	58.7	0.54	0.24	7.67	61.68

Table 4. Statistical Indicators of Mean and Standard Deviation of Body Anxiety in Two Groups of Girls: Those with Body Dissatisfaction and Normal Girls.

variable	Group							
	Normal girls				Girls with body dissatisfaction			
	Elongation	You are crooked	Standard letters	average	Elongation	You are crooked	Standard letters	average
Physic	0.067	0.39	5.9	2.29	0.69	0.84	615	1.31

The information presented in Table 3 pertains to the statistical indicators of positive and negative perfectionism scores. As observed, the mean score of positive perfectionism in girls with body dissatisfaction is 55.8, and in normal girls, it

is 60.7. The mean score of negative perfectionism in girls with body dissatisfaction is 61.68, and in normal girls, it is 58.7. Other statistical indicators can be found in the table.

The information presented in Table 4 pertains to the statistical indicators of body anxiety in two groups of girls: those with body dissatisfaction and normal girls. As observed, the mean score of body anxiety in girls with body dissatisfaction is 31.1, and in normal girls, it is 29.2.

Table 5. Results of the Kolmogorov-Smirnov Test for assessing the normality of distribution.

Variable	k	*P*
Life Quality	0.087	0.087
Positive Perfectionism	0.073	0.22
Negative Perfectionism	0.075	0.15
Body Anxiety	0.11	0.33

The information presented in Table 5 shows that the Kolmogorov-Smirnov test statistic value is smaller than the critical value in the table. Therefore, it is not significant at any level, and thus, the parametric test can be performed.

6.2. Research Findings

There is a difference between social anxiety, positive and negative perfectionism, and quality of life in girls with body dissatisfaction and normal girls.

Table 6. Results of multivariate analysis of variance (MANOVA).

Test	Value	f	Hypothesis Df	Df error	Level of meaning
Pillai effect	0.23	8.6	4	115	0.01
Wilkes Lambda	0.76				0.01
Hotelling's work	0.3				0.01
The largest zinc root	0.3				0.01

"As observed in Table 6, the statistical tests of multivariate analysis of variance (MANOVA) indicate that there are significant differences in at least one of the dependent variables. Therefore, the research hypothesis is confirmed."

Table 7. Results of multivariate analysis of variance.

Source	variable	Sum of squares	Degree of freedom	Mean square	F	Level of meaning	Effect size
Group	Social anxiety	108.3	1	108.3	2.9	0.09	0.02
	Positive perfectionism	730.1	1	108.3	14.9	0.01	0.111
	Negative perfectionism	246	1	246	4.8	0.03	0.39
	Quality of life	980.4	1	980.4	11.7	0.01	0.09

As observed in Table 7, the F-ratio of the analysis of variance was obtained for social anxiety (F = 2.9, $p = 0.9$), positive perfectionism (F = 14.9, $p = 0.022$), negative perfectionism (F = 4.8, $p = 0.03$), and quality of life (F = 11.7, $p = 0.01$). These findings indicate that in the dependent variables of positive perfectionism and quality of life, a significant difference at the 0.01 level is observed between the two groups of girls with body dissatisfaction and normal girls. Additionally, a significant difference at the 0.05 level is seen in negative perfectionism between the two groups of girls. However, the social anxiety variable does not show a significant difference between the two groups of girls at any level. The results of the effect size indicate that the greatest difference, with an effect size of 0.11, is in positive perfectionism.

Social anxiety is higher in girls with body dissatisfaction than in normal girls.

Table 8. Results of the independent samples t-test.

Variable	Average		Leven's F	p	T	p
	unhappy	normal				
Anxiety social	1.31	2.29	1.03	0.3	1.7	0.09

The information presented in Table 8 pertains to the results of the independent samples t-test. As observed, the obtained t-statistic value is T = 1.7, which is not significant at any level. In other words, no significant difference is observed at any level in social anxiety between girls with body dissatisfaction and normal girls.

Positive perfectionism is lower in girls with body dissatisfaction than in normal girls.

Table 9. Results of the independent samples t-test.

Variable	Average		Leven's F	p	T	p
	Unhappy girls	Normal girls				
Perfectionism positive	55.8	60.7	3.1	0.08	3.8	0.001

The information presented in Table 9 pertains to the results of the independent samples t-test. As observed, the obtained t-statistic value for positive perfectionism is T = 3.8, which is significant at the 0.01 level. Therefore, with 99% confidence, it can be asserted that there is a significant difference in positive perfectionism between the two groups of girls. The results of the means indicate that the mean of positive perfectionism is significantly higher in normal girls than in girls with body dissatisfaction.

Negative perfectionism is higher in girls with body dissatisfaction than in normal girls.

The information presented in Table 10 pertains to the results of the independent samples t-test. As observed, the obtained t-statistic value for negative perfectionism is T = 2.2, which is significant at the 0.05 level. Therefore, with 95% confidence, it can be asserted that there is a significant difference in negative perfec-

tionism between the two groups of girls. The results of the means indicate that the mean of negative perfectionism is significantly lower in normal girls than in girls with body dissatisfaction.

Quality of life is lower in girls with body dissatisfaction than in normal girls.

Table 10. Results of the independent samples t-test.

Variable	Average		Leven's F	*p*	T	*p*
	Unhappy girls	Normal girls				
Perfectionism negative	61.1	58.7	1.2	0.27	2.2	0.03

Table 11. Results of the independent samples t-test.

Variable	Average		Leven's F	*p*	T	*p*
	Unhappy girls	Normal girls				
Quality of life	106.3	112	0.29	0.58	3.4	0.001

The information presented in **Table 11** pertains to the results of the independent samples t-test. As observed, the obtained t-statistic value is T = 3.4, which is significant at the 0.01 level. Therefore, with 99% confidence, it can be asserted that there is a significant difference in quality of life between girls with body dissatisfaction and normal girls.

7. Discussion

There is a difference in social anxiety, positive and negative perfectionism, and quality of life between girls with body dissatisfaction and normal girls.

The results indicate a significant difference at the 0.01 level in the dependent variables of positive perfectionism and quality of life between the two groups of girls with body dissatisfaction and those without body dissatisfaction. Also, a significant difference at the 0.05 level is seen in terms of negative perfectionism between the two groups of girls. However, the social anxiety variable did not show a significant difference at any level between the two groups of girls. The results of the effect size show that the greatest difference (with an effect size of 0.11) exists in positive perfectionism.

The results obtained from this research are consistent with the findings of (Burgess et al., 2016; Singh et al., 2015; Poursharifi et al., 2017). Cognitive-behavioral models of social anxiety, such as Rapee & Heimberg (1997), support these findings.

As cited by Ginzburg et al. (2012), this can well explain these findings. This model states that socially anxious individuals have negative mental representations of their bodies, which are a result of their excessive attention to their outward appearance and behavior, as well as their inner feelings. This model aligns well with the Self-discrepancy theory (ideal-actual self) which originally proposed by Higgins (1987) and elaborated by Higgins et al. (1990) regarding body image. An

individual who compares themselves to the high standards set by others or the media and sees a terrible discrepancy between their real self and ideal self will experience body dissatisfaction. This dissatisfaction leads to a reduction in the individual's social interactions and isolation, or the manifestation of social anxiety in interpersonal situations. In fact, within a cognitive-behavioral framework, negative body image results from maladaptive interpretations and unrealistic expectations.

Furthermore, the results showed that there is a difference in positive and negative perfectionism between girls with body dissatisfaction and normal girls. Barnett & Sharp (2016) showed in a study that there is a positive and significant relationship between worry about body image and perfectionism with self-compassion. The results of the regression analysis showed that both independent variables, worry about body image and perfectionism, have the ability to predict the self-compassion variable. In other words, 16.2% of the variance in self-compassion is predicted by worry about body image and perfectionism. Alidosti et al. (2022) concluded in a study that in the relationship between physical appearance perfectionism and worry about body image, appearance-based comparisons on Instagram play a significant mediating role. The results of Abdollahi et al. (2023) research show that there is a significant relationship between perfectionism and worry about body fear in students. Also, Vicent et al. (2021) showed in their research that healthy perfectionism is positively related to healthy behavior and cognitive-motivational aspects related to self-efficacy, planning, and continuous physical activity, and unhealthy perfectionism is significantly associated with fear of failure inhibition and failure avoidance of physical activity. In explaining the relationship between perfectionism and body image, one can refer to the self-discrepancy theory proposed by Higgins (1987). Study provides that individuals compare their real self with their ideal self-standards (the embodiment of attitudes they would like to achieve). This study stated that if there is a discrepancy between the perception of what we are (real body image) and our ideal view, feelings of dissatisfaction and frustration arise in us. Distance from ideal standards can lead to negative emotional states and increase emotional distress. This distress makes it harder for the real self to get closer to the standards.

Perfectionists believe that they must perform perfectly, and if their performance is less than perfect, it causes dissatisfaction. They are constantly dissatisfied with their performance and believe that they cannot achieve what they want, and they tend to exaggerate negative outcomes through self-punishment. Accordingly, these characteristics also affect their evaluation of their body and appearance. The results of some studies show that individuals dissatisfied with their body image showed significantly more neurotic perfectionism compared to the control group (Courtney et al., 2008).

Individuals dissatisfied with their body image set unrealistic personal standards for themselves and believe that others judge them harshly and have extraordinary demands for achieving perfection. Perfectionism has been identified as a strong

predictor of body image dissatisfaction.

Additionally, the findings revealed that there is a difference in the quality of life between girls with body dissatisfaction and normal girls. The results obtained from this research are consistent with the results of research by (Pounde Nezhadan, Attari, & Hossein, 2018; Azimi Khatiani & Akbari, 2018; Crerand et al., 2017; Griffiths, Diedrichs, Mond, Murray, & Mitchison, 2017; Hirsch, Clark, Mathews, & Williams, 2023; Liu, Cheng, Zhang, Chen, & Yang, 2019). Research shows that body image can play a significant role in individuals' psychological functioning. Considering that one of the important dimensions of self-appearance and self-evaluation during adolescence is the mental image of the body, an inappropriate understanding of the mental image of the body and dissatisfaction with it and can lead to physical and psychological problems for young people. In fact, according to Cash (2002), adolescence and youth are two of the most important periods of life in which a person has the most problems with their mental image of the body, and this perception and worry affect the quality of life of young people. A negative body image (i.e., body dissatisfaction and excessive investment in body image) can have harmful psycho-social consequences such as disordered eating, depression, social anxiety, and low self-esteem. In this regard, body dysmorphic disorder involves a dysfunction of body image that significantly interferes with an individual's daily emotional and social well-being. Such findings all clearly emphasize the implications of negative body image in relation to quality of life. Negative evaluations of one's body shape and appearance can create negative feelings in the individual, such as shame and embarrassment, leading to social distancing and reduced social functioning, and consequently, lower quality of life.

The results indicate that there was no significant difference observed at any level between the social anxiety of girls with dissatisfaction and normal girls.
Among the studies that are inconsistent with this research, the researchers can mention the research of Sira & Parker White (2020). This study provides that individuals with high assertiveness and low anxiety have less negative body image compared to individuals with low assertiveness and high anxiety. In another study (Hormozi Nezhad, 2021), 320 undergraduate students examined the simple and multiple relationships of self-esteem, social anxiety, and negative body image with students' assertiveness. Their study results showed that negative body image has a significant negative relationship with assertiveness. A study (Ko, 2020) examined the role of social anxiety and body checking behavior in explaining body dissatisfaction and eating disorders. His research results indicated that social anxiety, body dissatisfaction, body checking behaviors, and eating disorders have a positive relationship with each other. Also, Korean men and women showed higher body checking behaviors, social anxiety, body dissatisfaction, and eating disorders compared to German women. Another study (Thompson et al., 2023) examined the relationship between body image dissatisfaction and social anxiety. Their overall research results also showed that there is a positive correlation between body image dissatisfaction and social anxiety. Monro & Huon (2018) studied the

relationship between ideal body image, body dissatisfaction, and social anxiety. Their findings also showed that with the increase of body ideals, the levels of body dissatisfaction and social anxiety also increase. Another study (Rezaei, 2020) examined the relationship of body image dissatisfaction with anger, anxiety, depression, social anxiety, perfectionism, and body mass. The study findings also confirmed the direct relationship between body mass and social anxiety with body image dissatisfaction. Yaman (2017) research, which studied the relationship between physical and physiological factors with limb social anxiety, reported that social emotional anxiety has an inverse relationship with physical measurements and physical self-concept.

In explaining this, it can be stated that the meaning of social anxiety in body dissatisfaction is the individual's excessive worry about how others perceive their body shape. Individuals, due to fear of leaving a negative social image on others and due to anxiety caused by shame, may avoid participating in group activities. Social anxiety in body dissatisfaction plays a decisive role in the type of motivation individuals have to perform various activities or avoid them. Problems arising from this anxiety may reduce the pleasure an individual derives from being in a peer group and lead to non-participation in groups. Based on the findings of this research, social anxiety in body dissatisfaction has destructive and devastating effects on all physical and psychological dimensions of a person. Moss (2005) believes that if a person perceives themselves as different from others in appearance, meaning that they negatively evaluate their physical characteristics, they are likely to experience more social problems, receive weaker reactions from others, and therefore exhibit poorer overall adjustment. Given that individuals dissatisfied with their bodies have distorted assessments of their physical characteristics and negatively evaluate their appearance, they are at risk of social anxiety. As a study (Puhl & Latner, 2007) showed, obese adolescents are worried about being in public and their body image, and among them, overweight girls experience more problems, such as low social interaction and less presence in society than boys. On the other hand, examining social anxiety in dissatisfied adolescents is also important because today's body image is an important health issue and is rapidly increasing among people, especially adolescents (Singh et al., 2015). Dissatisfaction with body image undermines social relationships, lowers quality of life, and leads to poor body image or body dysmorphia, which, especially in adolescents, causes disability in functioning and social anxiety. The discussion regarding body image has moved towards body dissatisfaction; among the psychological problems that can be related to body image are an individual's self-image, social anxiety, and obsessive-compulsive disorder.

An unexpected finding of this study was the absence of a significant difference in social anxiety between women with and without body dissatisfaction. Several explanations are possible. First, cultural factors may influence the expression of social anxiety, and in the Iranian context, appearance-related concerns may be normalized to the extent that they do not manifest in heightened social anxiety. Second, the Social

Physique Anxiety Scale may not have fully captured the nuances of social anxiety related to body image in this population. Finally, the clinic-based sample may consist of women who, despite experiencing dissatisfaction, are actively seeking change and thus perceive greater agency rather than anxiety. These factors should be considered in interpreting the non-significant result.

A further limitation is that body dissatisfaction was classified based on self-selection and clinic attendance, rather than using a validated diagnostic cut-off or standardized body-image measure. This may have reduced measurement precision.

Another limitation is the restricted age range of participants (17 - 35 years). Excluding younger adolescents may overlook an age group that is especially vulnerable to body image concerns and social pressures. In addition, the study was conducted in one district of Tehran, which limits the cultural generalizability of the results. Comparative studies across different regions and cultural contexts would provide stronger evidence of the universality or specificity of these findings.

Moreover, the use of convenience sampling and reliance on clinic-based participants may introduce selection bias, as women attending beauty clinics may have more pronounced body concerns and different socioeconomic characteristics compared to the general population. Similarly, the control group may not fully represent women without body dissatisfaction.

8. Conclusion

The present study compared social anxiety, positive and negative perfectionism, and quality of life in women with and without body dissatisfaction. The findings revealed that body dissatisfaction was associated with higher negative perfectionism and lower positive perfectionism and quality of life, but no significant difference was observed in social anxiety. These results highlight the complex relationship between body image and psychological functioning, suggesting that perfectionism may play a stronger role than social anxiety in differentiating women with body dissatisfaction. Given the methodological limitations, including the convenience sampling method, the restricted age range, and the lack of a standardized diagnostic cut-off, the findings should be interpreted with caution. Future research should use representative and cross-cultural samples and employ validated screening instruments to strengthen generalizability. Nevertheless, the study underscores the importance of addressing perfectionism and body dissatisfaction in preventive interventions aimed at improving women's mental health and quality of life.

Conflicts of Interest

The authors declare no conflicts of interest regarding the publication of this paper.

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