



The Magnified Imperfection : The Relationship between Body Dysmorphic Disorder and Self-Acceptance of Vocational School Students

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ABSTRACT

Body Dysmorphic Disorder (BDD) has become an increasingly important psychological issue among adolescents, as excessive concern about physical appearance may negatively affect self-acceptance and overall well-being. This study aimed to examine the relationship between Body Dysmorphic Disorder and self-acceptance among students of SMK Pembangunan Jaya Yakapi. A quantitative correlational design was employed. The participants consisted of 275 students selected through simple random sampling from a population of 762 students. Data were collected using the Body Dysmorphic Disorder Scale and the Self-Acceptance Scale. Data were analyzed using Spearman's rho correlation analysis. The findings revealed a significant negative relationship between Body Dysmorphic Disorder and self-acceptance ($\rho = -0.668$, $p < .001$), indicating that higher levels of BDD are associated with lower levels of self-acceptance. These findings highlight the importance of strengthening students' self-acceptance through school counseling programs as a preventive effort to reduce body image disturbances and support adolescents' psychological well-being.

Keywords:

Body dysmorphic disorder
Self acceptance
Adolescents
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Introduction

Adolescence is a developmental period marked by significant physical, emotional, and social changes. During this stage, concerns about physical appearance often become more prominent as adolescents develop greater self-awareness and sensitivity to social evaluation. These developmental challenges may influence how adolescents perceive and accept themselves, making self-acceptance an important aspect of psychological well-being. Self-acceptance is an individual's ability to recognize and accept both personal strengths and weaknesses while maintaining a positive evaluation of oneself. It is considered an important component of psychological well-being, particularly during adolescence, a developmental stage characterized by identity exploration and increased self-awareness (Permadi et al., 2024). Adolescents with low self-acceptance tend to experience self-doubt, feelings of shame, low self-esteem, and difficulties appreciating themselves (Permadi et al., 2024). Previous studies have also highlighted the importance of self-acceptance in supporting adolescents' psychological adjustment and well-being (Ziliwu et al., 2023). However, self-acceptance may become difficult to achieve when adolescents develop excessive concerns about their physical appearance and perceive themselves negatively.

Self-acceptance is closely related to how individuals perceive and evaluate their physical appearance. Adolescents with positive self-acceptance tend to evaluate themselves more realistically and report greater satisfaction with their physical appearance, whereas those with low self-acceptance are more likely to focus on perceived flaws and experience appearance dissatisfaction (Salsabila & Maryatmi, 2023). Such dissatisfaction may develop into more serious psychological concerns, including Body Dysmorphic Disorder (BDD). Individuals with

BDD are excessively preoccupied with perceived defects in their physical appearance, even when these flaws are unnoticeable or appear minor to others (Grant & Phillips, 2005). Furthermore, individuals who strive for unrealistic perfection often become increasingly dissatisfied with their appearance and may develop negative self-perceptions (Phillips, 2004). Recent evidence suggests that social media exposure, appearance-based comparison, and body dissatisfaction are among the major risk factors associated with BDD symptoms in adolescents (Gupta et al., 2023). Recent studies have shown that BDD among adolescents is associated with difficulties in peer relationships, emotional well-being, and social functioning (Lavell et al., 2025).

Body Dysmorphic Disorder is increasingly recognized as a psychological concern among adolescents. Previous research has shown that the tendency to experience BDD is higher among female adolescents, particularly at the age of 16 years (Adlya & Zola, 2020). Studies have also demonstrated that psychological factors, including self-evaluation and self-esteem, contribute to the development of BDD symptoms (Adlya & Zola, 2020; Lavell et al., 2025). These findings suggest that adolescents' perceptions and acceptance of themselves may play an important role in understanding the emergence of BDD.

Previous studies have consistently demonstrated that concerns about physical appearance are associated with various psychological difficulties among adolescents (Digennaro & Tescione, 2024). Research has shown that body dissatisfaction, negative self-evaluation, and excessive social comparison contribute to lower psychological well-being and increase vulnerability to Body Dysmorphic Disorder symptoms (Buali & Ahmed, 2024). Furthermore, adolescents who frequently internalize unrealistic appearance standards tend to experience greater dissatisfaction with their physical appearance and reduced self-acceptance (Ruan et al., 2023; Digennaro & Tescione, 2024). These findings suggest that self-acceptance may play an important role in understanding how adolescents respond to appearance-related pressures and the development of Body Dysmorphic Disorder (Ruan et al., 2023).

Although previous studies have examined Body Dysmorphic Disorder in relation to psychological factors such as self-esteem, body image dissatisfaction, social comparison, and psychological well-being (Ruan et al., 2023; Digennaro & Tescione, 2024; Buali & Ahmed, 2024). limited research has specifically investigated its relationship with self-acceptance among Indonesian vocational high school students. Existing studies have primarily focused on the negative consequences of body image concerns and the role of social media exposure, while the contribution of self-acceptance as an important protective psychological factor remains underexplored. Consequently, empirical evidence regarding the relationship between Body Dysmorphic Disorder and self-acceptance among vocational high school students in Indonesia is still limited.

The novelty of this study lies in its focus on examining the relationship between Body Dysmorphic Disorder and self-acceptance among vocational high school students in Indonesia, a population that has received limited attention in previous studies. Understanding this relationship is important because adolescence is a critical developmental period during which concerns about physical appearance may influence psychological adjustment and overall well-being. The findings of this study are expected to contribute to the existing literature on adolescent mental health and provide empirical evidence that may support the development of school-based counseling interventions aimed at promoting self-acceptance. Therefore, this study aims to examine the relationship between Body Dysmorphic Disorder and self-acceptance among students of SMK Pembangunan Jaya Yakapi.

Methods

This study employed a quantitative correlational survey design to examine the relationship between Body Dysmorphic Disorder (BDD) and self-acceptance among vocational high school students. Data were collected through self-report questionnaires and analyzed using correlation analysis to determine the strength and direction of the relationship between the variables. The target population consisted of 762 students enrolled at SMK Pembangunan Jaya Yakapi, South Jakarta, during the 2024/2025 academic year, including students from Grades 10, 11, and 12. The sample size was determined using the Slovin formula (Maimunah et al., 2020), resulting in 275 participants. A simple random sampling technique was employed to ensure that each student had an equal opportunity to be selected. A list of eligible students was obtained from the school administration, and participants were selected randomly from the student roster.

Data were collected using two self-report questionnaires, namely the Body Dysmorphic Disorder (BDD) Scale and the Self-Acceptance Scale. Both instruments were developed by the researchers based on established theoretical frameworks. The BDD Scale was constructed based on the dimensions proposed by Phillips (2009),



namely preoccupation with perceived appearance defects and distress or functional impairment. The initial scale consisted of 20 items, with representative statements including “I feel jealous of other people’s appearance” and “I compare myself with other people.” Following item analysis, 18 items were retained as valid items. The Self-Acceptance Scale was developed based on Hurlock’s (1979) conceptualization of self-acceptance, including self-understanding, realistic expectations, freedom from environmental pressures, positive social attitudes, emotional stability, confidence in personal abilities, self-adjustment, self-perspective, and healthy personality development. The scale initially consisted of 36 items, with example statements including “I am satisfied with my appearance in daily activities” and “I try to remain positive when facing unexpected changes.” All 36 items met the validity criteria.

All questionnaire items were rated using a four-point Likert scale ranging from 1 (strongly disagree) to 4 (strongly agree). Item validity was assessed using item-total correlation analysis. The results indicated that 18 of the 20 BDD items and all 36 self-acceptance items met the validity criteria. Reliability analysis demonstrated satisfactory internal consistency, with Cronbach’s alpha coefficients of .822 for the BDD Scale and .918 for the Self-Acceptance Scale.

Prior to data collection, permission to conduct the study was obtained from SMK Pembangunan Jaya Yakapi. Participants were informed about the purpose of the study, the voluntary nature of their participation, and the confidentiality of their responses. Informed consent was obtained from all participants before they completed the questionnaire. Data were collected using an online questionnaire administered through Google Forms. The questionnaire link was distributed to students from Grades 10, 11, and 12 who met the study criteria. Participants completed the questionnaire independently and were informed that their responses would be used solely for research purposes. No personally identifiable information was collected, and all responses were treated confidentially. Participation in the study was voluntary, and participants were free to withdraw from the study at any time without consequences. After the data collection period ended, the responses were compiled and prepared for statistical analysis.

Data were analyzed using IBM SPSS Statistics version 20. Descriptive statistics were first conducted to summarize the characteristics of the study variables. Prior to hypothesis testing, assumption tests were performed, including tests of normality and linearity. Because the linearity assumption was not fully met, the relationship between Body Dysmorphic Disorder and self-acceptance was analyzed using Spearman’s rank correlation. Statistical significance was determined at the 0.05 level. The use of Spearman’s rank correlation was considered appropriate because it does not require the assumption of linearity while remaining suitable for assessing the strength and direction of the relationship between two variables measured on an ordinal or non-normally distributed scale.

Results and Discussion

The data in this study were obtained through a questionnaire distributed via Google Forms to 275 students of SMK Pembangunan Jaya Yakapi. The instruments used consisted of 18 items for the Body Dysmorphic Disorder variable and 36 items for the Self-Acceptance variable. The assessment used a Likert scale with four answer choices, where each response was scored according to the nature of the statement, whether favorable or unfavorable. The results of this data collection are described in Table 1.

Table 1. Descriptive Data of the Study

	N	Minimum	Maximum	Mean	Std. Deviation
Body Dysmorphic Disorder	275	18,00	58,00	38,17	7,92
Self-Acceptance	275	73,00	132,00	102,43	11,13
Valid N (listwise)	275				

Table 1 presents the descriptive statistics of the study variables. The mean score of Body Dysmorphic Disorder was 38.17 (SD = 7.92), indicating that the participants generally reported relatively low levels of BDD symptoms. Meanwhile, the mean score of Self-Acceptance was 102.43 (SD = 11.13), suggesting that the participants generally

demonstrated a relatively high level of self-acceptance. These descriptive findings provide an overview of the characteristics of the research variables and serve as the basis for subsequent analyses.

To facilitate interpretation, Body Dysmorphic Disorder (BDD) scores were categorized into four levels. The BDD scale consisted of 18 items scored on a four-point Likert scale, resulting in a theoretical minimum score of 18 and a maximum score of 72. The categorization was established using equal interval classification, with the score range divided into four categories. Based on this procedure, the category intervals were defined as very low (18–30), low (31–44), high (45–58), and very high (59–72).

Table 2. Body Dysmorphic Disorder Categorization

Interval	Category	(f)	Percentage
59-72	Very High	0	0
45-58	High	45	16,36
31-44	Low	150	54,55
18-30	Very Low	80	29,09
Total		275	100

As presented in Table 2, most respondents were categorized as having low levels of Body Dysmorphic Disorder ($n = 150$, 54.55%). In addition, 80 respondents (29.09%) were classified in the very low category, while 45 respondents (16.36%) were categorized as having high levels of BDD. No respondents were classified in the very high category.

These findings suggest that body dysmorphic symptoms among students were generally low. However, the presence of respondents in the high category indicates that appearance-related concerns remain evident among some students and may require attention through preventive and counseling interventions.

To facilitate interpretation, self-acceptance scores were categorized into four levels. The Self-Acceptance Scale consisted of 36 items scored on a four-point Likert scale, resulting in a theoretical minimum score of 36 and a maximum score of 144. The categorization was established using equal interval classification, with the score range divided into four categories. Based on this procedure, the category intervals were defined as very low (36–63), low (64–90), high (91–117), and very high (118–144).

Table 3. Self-Acceptance Categorization

Interval	Category	(f)	Percentage
118-144	Very High	29	10,55
91-117	High	203	73,82
64-90	Low	43	15,64
36-63	Very Low	0	0,00
Total		275	100,00

As presented in Table 3, the majority of respondents were categorized as having high levels of self-acceptance ($n = 203$, 73.82%). Furthermore, 29 respondents (10.55%) were classified in the very high category, while 43 respondents (15.64%) were categorized as having low self-acceptance. No respondents were found in the very low category.

These findings indicate that most students demonstrated relatively positive levels of self-acceptance. In general, the respondents were able to recognize and accept their personal characteristics, including both strengths and limitations. Nevertheless, the presence of students in the low self-acceptance category suggests that some adolescents may still experience difficulties in accepting themselves, which may affect their psychological well-being and adjustment.

Table 4 Normality Test Results

		Body Disorder	Dysmorphic	Self- Acceptance
N		275		275
Normal Parameters ^{a,b}	Mean	38,17		102,43
	Std. Deviation	7,92		11,13
Most Extreme Differences	Absolute	,053		,066
	Positive	,049		,066
	Negative	-,053		-,045
Kolmogorov-Smirnov Z		,874		1,101
Asymp. Sig. (2-tailed)		,430		,177

Table 4 presents the results of the normality test using the Kolmogorov–Smirnov test. The Body Dysmorphic Disorder variable obtained a significance value of 0.430, while the Self-Acceptance variable obtained a significance value of 0.177. Since both significance values were greater than 0.05, it can be concluded that the data for both variables were normally distributed. Therefore, the assumption of normality was met, and the data were considered appropriate for further parametric analysis.. The second assumption test conducted was the linearity test, presented in Table 5.

Table 5. Linearity Test Results

ANOVA Table							
			Sum of Squares	df	Mean Square	F	Sig.
Self- Acceptance* Body Dysmorphic Disorder	Between Groups	(Combined)	19112,20	36	530,89	8,521	,000
		Linearity	15416,39	1	15416,39	247,425	,000
		Deviation from Linearity	3695,81	35	105,59	1,695	,012
Within Groups			14829,17	238	62,31		
Total			33941,37	274			

The second assumption test conducted in this study was the linearity test, the results of which are presented in Table 5. The significance value for Linearity was 0.000, indicating a statistically significant relationship between Body Dysmorphic Disorder and self-acceptance. However, the significance value for Deviation from Linearity was 0.012, which is lower than 0.05. This indicates that the relationship between the two variables deviated significantly from a perfectly linear pattern. Therefore, the assumption of linearity was not fully met. Considering this result, the relationship between Body Dysmorphic Disorder and self-acceptance was subsequently analyzed using Spearman’s rho correlation, which does not require a strict linear relationship between variables., a Pearson spearman rho correlation analysis was conducted using SPSS version 20, as shown in Table 6.

Table 6. Spearman’s Rho Correlation

		Body_Dysmorphic_Disorder	Self_Acceptance
Spearman's rho	Body_Dysmorphic_Disorder	Correlation Coefficient	1,000
		Sig. (2-tailed)	,000
		N	275
	Self_Acceptance	Correlation Coefficient	-.668**
		Sig. (2-tailed)	,000
		N	275

** . Correlation is significant at the 0.01 level (2-tailed).

The results of the Spearman’s rho correlation analysis indicated a statistically significant negative association between Body Dysmorphic Disorder and Self-Acceptance among students ($r_s = -0.668$, $p < .001$). This finding suggests that students who reported higher levels of body dysmorphic symptoms tended to report lower levels of self-acceptance. Conversely, lower levels of Body Dysmorphic Disorder were associated with higher self-acceptance. Based on the correlation coefficient, the association can be interpreted as strong.

The present study found a significant negative relationship between Body Dysmorphic Disorder (BDD) and self-acceptance among students of SMK Pembangunan Jaya Yakapi ($p = -0.668$, $p < .001$). This finding indicates that students with higher levels of body dysmorphic symptoms tended to report lower levels of self-acceptance. In practical terms, adolescents who are more preoccupied with perceived flaws in their physical appearance may experience greater difficulty accepting themselves as a whole, including their appearance, personal characteristics, and limitations.

This finding can be understood through Hurlock’s perspective of self-acceptance, which emphasizes the ability to recognize and accept both strengths and weaknesses without excessive self-rejection. Adolescents who show body dysmorphic tendencies are likely to focus intensely on aspects of appearance they perceive as inadequate, even when such flaws may not be noticeable to others. This persistent appearance-based self-criticism may reduce their capacity to evaluate themselves realistically and compassionately, thereby weakening self-acceptance. In line with Phillips’ conceptualization of BDD, excessive concern with appearance is often accompanied by distress, shame, and functional impairment, all of which may interfere with healthy psychological adjustment during adolescence.

The relationship identified in this study may also be explained by the developmental characteristics of adolescence. Adolescence is a period of identity formation marked by heightened self-awareness and sensitivity to peer evaluation. During this stage, physical appearance often becomes an important part of self-concept. When adolescents compare themselves with idealized standards of attractiveness and perceive themselves as falling short, they may develop dissatisfaction with their appearance, negative self-evaluation, and greater preoccupation with bodily imperfections. These experiences may not only increase vulnerability to BDD symptoms but also make it more difficult for adolescents to develop positive self-acceptance.

The present findings are consistent with previous studies highlighting the protective role of self-acceptance in reducing body dysmorphic tendencies. Diana (2019) found that self-esteem and self-acceptance jointly influenced BDD tendencies in adolescents, suggesting that the way adolescents evaluate and accept themselves plays an important role in the emergence of body image-related problems. Similarly, Septi et al., (2025) reported a strong negative relationship between self-acceptance and BDD tendencies, indicating that adolescents with higher self-acceptance are less likely to experience body dysmorphic symptoms. Cahyaningrum et al., (2024) further demonstrated that self-acceptance can mediate the impact of social pressure related to physical appearance, helping to reduce the negative effects of unrealistic appearance standards. These findings support the interpretation that self-acceptance functions as an important psychological protective factor against appearance-related distress.

The current finding is also in line with studies emphasizing the role of related psychological factors such as self-esteem and self-compassion in reducing BDD symptoms. Adlya & Zola (2020) found that self-esteem significantly contributed to BDD tendencies, while Fatmala & Rinaldi (2021) showed that higher self-compassion was associated with lower BDD symptoms. Although these constructs are not identical to self-acceptance, they reflect a similar pattern: adolescents who possess more positive self-evaluation and greater psychological acceptance of

themselves tend to be less vulnerable to excessive appearance concerns. Thus, the present study extends previous findings by specifically demonstrating that self-acceptance is significantly related to BDD among Indonesian vocational high school students.

The findings of this study also have important implications for school counseling services. Since lower self-acceptance is associated with higher BDD tendencies, school counselors may play a preventive role by designing interventions that strengthen students' self-acceptance, self-worth, and body appreciation. In the context of guidance and counseling services, these efforts may be implemented through information services on body image and adolescent development, group guidance activities aimed at fostering positive self-evaluation, and individual counseling for students who experience excessive appearance-related concerns. Cognitive restructuring strategies may also be useful in helping students challenge negative beliefs about their physical appearance and develop more balanced self-perceptions. For vocational high school students, who are navigating identity development while facing peer comparison and sociocultural appearance pressures, strengthening self-acceptance may serve as an important strategy to reduce the risk of body dysmorphic symptoms and promote psychological well-being.

The findings of this study have important practical and theoretical implications for guidance and counseling services in schools. Practically, the significant negative relationship between Body Dysmorphic Disorder (BDD) and self-acceptance suggests that students with lower self-acceptance may be more vulnerable to appearance-related psychological difficulties. This indicates that school counselors need to pay greater attention to students' body image concerns as part of preventive and developmental counseling services. Guidance and counseling programs may be designed to strengthen self-acceptance, body appreciation, and positive self-evaluation through information services, group guidance, and individual counseling. For students who show excessive concern about their physical appearance, counselors may also apply cognitive restructuring strategies to help them identify and challenge irrational beliefs related to appearance and self-worth.

In addition, the findings suggest that self-acceptance may function as a psychological protective factor against body dysmorphic tendencies. Therefore, interventions in school counseling should not only focus on reducing negative appearance-related thoughts but also on strengthening students' capacity to accept themselves more realistically and positively. In the context of vocational high school students, who are in a developmental period characterized by identity exploration, peer comparison, and sensitivity to social evaluation, efforts to strengthen self-acceptance may contribute to healthier psychological adjustment and reduce the risk of body image disturbance.

Theoretically, this study contributes to the literature on adolescent mental health and school counseling by providing empirical evidence that self-acceptance is significantly associated with BDD among Indonesian vocational high school students. The findings support Hurlock's view that self-acceptance is an important component of healthy psychological adjustment and suggest that difficulties in accepting oneself may be closely linked to appearance-related distress during adolescence. Thus, the study extends previous research on BDD by emphasizing the relevance of self-acceptance as an important psychological variable in understanding body image concerns in school-aged populations.

This study has several limitations that should be considered when interpreting the findings. First, the study employed a correlational cross-sectional design, which means that the results only demonstrate an association between BDD and self-acceptance and do not allow causal conclusions to be drawn. Therefore, it cannot be concluded whether low self-acceptance increases BDD tendencies, whether BDD symptoms reduce self-acceptance, or whether the relationship is reciprocal.

Second, the data were collected through self-report questionnaires administered online using Google Forms. Although this method was efficient for reaching participants, self-report data may be influenced by response bias, social desirability, and differences in how participants interpret questionnaire items. As a result, the scores obtained may not fully reflect the participants' actual psychological conditions.

Third, the study was conducted in only one vocational high school in South Jakarta, which may limit the generalizability of the findings to adolescents in other schools, regions, or educational settings. The characteristics of students in vocational schools may also differ from those in general high schools or other adolescent populations, so the findings should be interpreted within the specific context of the present sample.

Fourth, this study focused only on the relationship between Body Dysmorphic Disorder and self-acceptance, while other factors that may influence BDD or self-acceptance were not examined. Variables such as self-esteem, body image, peer pressure, family support, social comparison, and social media exposure may also contribute to the development of body dysmorphic symptoms and adolescents' self-acceptance.

Based on these limitations, future research is recommended to use broader and more diverse samples, including adolescents from different schools and regions, in order to improve the generalizability of the findings. Future studies may also employ longitudinal or mixed-method designs to better understand the direction and underlying mechanisms of the relationship between BDD and self-acceptance. In addition, further research should examine other psychological and social factors that may serve as risk or protective factors, so that more comprehensive guidance and counseling interventions can be developed for adolescents experiencing body image concerns.

Conclusion

This study aimed to examine the relationship between Body Dysmorphic Disorder (BDD) and self-acceptance among students of SMK Pembangunan Jaya Yakapi. The findings showed that most students reported relatively low levels of BDD symptoms. More importantly, the study found a significant negative relationship between BDD and self-acceptance, indicating that students with higher levels of body dysmorphic symptoms tended to report lower self-acceptance.

These findings contribute to the literature by providing empirical evidence that self-acceptance is closely associated with appearance-related psychological difficulties among Indonesian vocational high school students, a population that has received limited attention in previous studies. The results also highlight the importance of addressing body image concerns and strengthening self-acceptance during adolescence. In the context of guidance and counseling, the findings suggest that school-based interventions promoting positive self-evaluation, body appreciation, and healthy self-acceptance may help reduce vulnerability to body dysmorphic symptoms among students.

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