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# The Effectiveness of Compassion-Focused Therapy on Shame in Women with Body Dysmorphic Disorder Seeking Cosmetic Surgery

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A B S T R A C T

Given the lack of randomized controlled trials on the effectiveness of compassion-focused therapy in managing shame associated with body dysmorphic disorder and the necessity and importance of this issue, it became essential to investigate the effectiveness of compassion-focused psychodynamic therapy on shame in individuals with body dysmorphic disorder. The present study employed a randomized controlled experimental design. The statistical population included all women seeking cosmetic surgery with body dysmorphic disorder who experienced high levels of shame and had referred to cosmetic clinics in Tehran during the fall of 2023. The research sample consisted of 30 participants, selected using G*power software through cluster random sampling based on inclusion criteria. Participants were randomly assigned to either the intervention or control group, with the intervention group receiving compassion-focused psychotherapy. The Guilt and Shame Proneness Scale (GASP) was used to measure pre-test and post-test scores. Data were analyzed using SPSS-26 software through covariance analysis tests. The covariance analysis test for between-group changes in the shame variable was significant ($F = 75.66$, $P = 0.04$). The effect of the covariate (pre-test) on the dependent variable was not significant ($P > 0.05$). Therefore, compassion-focused therapy can be considered an effective and generalizable treatment for improving shame in individuals with body dysmorphic disorder.

***Keywords:*** *Compassion-focused therapy, shame, body dysmorphic disorder, cosmetic surgery.*

## 1. Introduction

Cosmetic surgery has lost its primary function of restoring normal body function or appearance over the past decades (1). Today, there has been a rapid increase in the demand for cosmetic procedures worldwide, particularly in the last twenty years. According to the American Society of Plastic Surgery, 96% of these surgeries are performed by women (2). Iran ranks highly in various cosmetic surgeries, particularly holding the top global position for rhinoplasty. Researchers attribute the undesirable spread of cosmetic surgeries in a society to cognitive and emotional motivations, with one of the most important reasons being the desire for a satisfactory appearance and, consequently, achieving and enhancing social status (3). Therefore, a combination of psychological, emotional, and personality factors can be considered as motivations for the demand for cosmetic surgery (4). When individuals perceive their physical characteristics as inconsistent with social norms, the resulting physical, cognitive, and social changes, along with concerns about physical attractiveness and uncertainty regarding social interactions, lead them to worry about how others evaluate their physical appearance, making them more likely to consider surgery as a final solution. Cosmetic surgery is often associated with negative descriptions of body image rather than positive ones, and this issue, due to the excessive emphasis on beauty and images presented in fashion magazines, cinema, and media, has become extreme among women, to the extent that they strive hard to achieve beauty standards, leading to significant preoccupation with these standards (5). In other words, this issue is accompanied by a distorted body image, which can even increase vulnerability to body dysmorphic disorder (BDD) and a negative body image (6). The motivation for seeking cosmetic surgery is based on a combination of psychological, emotional, and personality factors. Numerous studies have shown that the prevalence of psychological disorders, including body dysmorphic disorder, is higher among individuals seeking cosmetic surgery compared to the general population (7).

Body Dysmorphic Disorder (BDD) is a psychological disorder characterized by excessive preoccupation with perceived physical defects (8). Individuals with BDD often spend many hours a day thinking about their appearance and frequently participate in events and social gatherings only after improving or concealing the perceived defective body areas. Individuals with BDD experience excessive self-consciousness, particularly regarding how others perceive them, believing that people notice, judge, or talk about their perceived flaws (9). These individuals also exhibit repetitive behaviors (such as mirror checking, excessive grooming, skin picking, and seeking reassurance) or mental acts (such as comparing their appearance to others). These repetitive behaviors and mental acts are not pleasurable and are difficult to control or resist (10). Body dysmorphic disorder leads to many psychosocial consequences. Between 55% and 83% of these patients experience major depressive disorder (11-13). Additionally, 80% of these patients experience suicidal thoughts during their lifetime, and approximately one-quarter of them attempt suicide (11, 12). Around 40% to 50% of these patients are unemployed, a rate higher than that of individuals with depression or obsessive-compulsive disorder, with 30% becoming housebound (12, 14).

Cognitive-behavioral models suggest that biased information processing and cognitive distortions in individuals with BDD provoke high levels of shame, and shame itself can play a significant role in the onset and maintenance of BDD (9, 15). Shame is a painful self-conscious emotion felt in response to self-critical judgment and perceiving oneself as worthless or inherently flawed (16). Both body shame and general shame are associated with BDD and its consequences (15). Negative self-evaluations and judgments are common features of BDD. In this regard, self-compassion, as a positive psychological capacity, refers to a kind and positive attitude towards oneself, even when everything goes wrong (17). The lack of self-compassion has been highlighted as a vulnerability factor for BDD symptoms, with some studies reporting a significant relationship between them (18). Conversely, the presence of self-compassion appears to serve as a protective factor against experiences such as bullying related to appearance and the influence of mockery from peers (19). While self-compassion, based on positive and kind self-evaluations, is a protective factor against BDD, negative evaluations in BDD are considered a risk factor that extends beyond appearance to other domains of the self (20).

One of the treatments that can help reduce shame is Compassion-Focused Therapy (CFT) (21, 22). In Barnett



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and Sharp's (2016) study, self-compassion mediated the relationship between maladaptive perfectionism and body image dissatisfaction (23). CFT is a therapeutic approach that focuses on cultivating self-compassion and kindness to promote psychological well-being. Compassion-focused therapy helps individuals develop a compassionate understanding of their emotions, strengths, and vulnerabilities while encouraging self-reflection and self-acceptance. By fostering self-compassion, individuals can better recognize and regulate their emotions (24). CFT also helps individuals understand the origin and function of shame, recognizing it as a universal emotion experienced by many. By exploring core beliefs and self-critical thoughts contributing to shame, individuals can gain insight into their experiences and develop a more compassionate perspective towards themselves (25). Research has shown that CFT helps individuals identify and challenge self-critical thoughts and beliefs that lead to shame. By examining supporting and opposing evidence for these thoughts, individuals can develop more balanced and compassionate perceptions and reduce the intensity and impact of shame (26). In a non-clinical sample of students, the effect of self-compassion induction on reducing shame and other negative self-related emotions was found to be significant. CFT has also been effective in reducing shame in girls with premenstrual syndrome (27). Abousaeidi Moghadam et al. (2021) demonstrated that CFT was effective in improving shame among women seeking divorce (28). Karimi Ah et al. (2023) also found that CFT reduced guilt and shame in individuals with eating disorders (29). In the latest research, Linde et al. (2023), in a pilot study using a multiple-baseline design, demonstrated that CFT combined with Acceptance and Commitment Therapy (ACT) was effective in reducing shame in individuals with BDD (10). However, no study has yet examined the effect of CFT alone in a generalizable sample. Given the aforementioned points, it is necessary to evaluate the effect of compassion-focused therapy on shame in women with body dysmorphic disorder seeking cosmetic surgery through a randomized controlled trial to determine whether this therapeutic method is effective in improving shame in these patients.

## 2. Methods and Materials

### *2.1. Study Design and Participants*

The present study employed a randomized controlled experimental design. The statistical population included all women seeking cosmetic surgery with body dysmorphic disorder who experienced high levels of shame and had referred to cosmetic clinics in Tehran during the fall of 2023. The research sample consisted of 30 participants, selected using G*power software through cluster random sampling based on inclusion criteria. The inclusion criteria were a diagnosis of body dysmorphic disorder based on DSM-5 criteria, high levels of shame, and not using sedative or antidepressant medications. To adhere to ethical principles, before obtaining informed consent forms, participants were provided with information about the therapeutic process and the study, and it was clarified that they could withdraw from the study at any stage at their discretion. They were also assured that the information shared during therapy sessions and questionnaire results would remain confidential, would not be shared with any person or organization, and would be analyzed anonymously. Participants were randomly assigned to either the intervention or control group, with the intervention group receiving compassion-focused psychotherapy. The Guilt and Shame Proneness Scale (GASP) was used to measure pre-test and post-test scores.

### *2.2. Measure*

Guilt and Shame Proneness Scale (GASP): This scale was developed by Cohen et al. (2011) to measure individuals' proneness to shame and guilt emotions. The scale comprises 16 items, with 8 items measuring shame and the other 8 measuring guilt. In this study, the shame subscale was administered. The scoring is based on a 5-point Likert scale ranging from (1 = Not at all) to (5 = Very much). The minimum score on this scale is 8, and the maximum score is 40, indicating higher levels of shame. Cohen et al. (2011) reported the reliability of this scale through Cronbach's alpha as 0.60. The validity was assessed using exploratory factor analysis, identifying two factors with four subscales that explained 65% of the total variance. Ghanbari Talab and Khormaee (2016) reported the divergent validity of this scale with the Help-Seeking Behavior Scale as -0.53 and a Cronbach's alpha coefficient of 0.72 (30).



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### 2.3. Intervention

The structure of the compassion-focused therapy (CFT) sessions was designed based on Gilbert's (2014) concepts and treatment plan, which was implemented in Iran by Sheykh Mohammadi et al. (2023). The therapeutic program included eight 90-minute group sessions, held once a week over two months (31).

Session One: This session involved establishing rapport and initial acquaintance among group members, stating the rules for attending sessions, outlining therapeutic goals, and conducting the pre-test.

Session Two: This session focused on defining and explaining the mind, types of mental thoughts, and ineffective ways of dealing with problems and challenges.

Session Three: This session introduced the three emotional regulation systems (defense, drive, and soothing), highlighting the characteristics of these systems and the role of the soothing system in psychological well-being.

Session Four: This session discussed the concepts of clean and dirty distress, their relationship with emotional regulation systems, and the three brains (old, analytical, and mindful).

Session Five: This session explored the characteristics of a compassionate person, encouraging participants to examine their personality as a compassionate individual, including understanding that others also have flaws and difficulties.

Session Six: This session introduced six skills for cultivating a compassionate mind and practicing mindful breathing.

Session Seven: This session focused on compassionate self-relating, compassionate reasoning, and compassionate behaviors. Related exercises included visualizing different selves and the compassionate self, practicing sensitivity to distress, showing empathy and compassion towards oneself and others, writing compassionate letters to oneself and others, and daily recording of real-life situations involving compassion and the individual's response in those situations.

Session Eight: This session reviewed the topics covered in previous sessions and summarized the sessions. The post-test was then administered, and the date for the follow-up questionnaire was coordinated with the participants.

### 2.4. Data Analysis

Data were analyzed using SPSS-26 software through covariance analysis tests.

## 3. Findings and Results

Table 1 presents the descriptive data of pre-test and post-test scores for the variable of shame. It can be observed that the mean post-test score for shame in the intervention group decreased more significantly compared to the control group.

**Table 1**

*Descriptive Statistics*

| Variable | Index | Pre-test Intervention Group | Post-test Intervention Group | Pre-test Control Group | Post-test Control Group |
|---|---|---|---|---|---|
| Shame | Mean | 18.45 | 13.33 | 17.67 | 17.98 |
| | Std. Deviation | 4.40 | 6.32 | 4.04 | 4.23 |

The results of Levene's test for homogeneity of variances for the variable of shame (F = 6.49, P = 0.11) were not significant. This finding indicates that there is no significant difference between the error variances of the post-test scores in both groups, thus the assumption of homogeneity of variances is met. The regression slope between the covariate (pre-test) and the dependent variable for shame (F = 0.52, P = 0.76) was not significant, indicating that the assumption of homogeneity of regression slopes is also met. Table 2 presents the results of the one-way analysis of covariance (ANCOVA).

**Table 2**

*Results of One-Way Analysis of Covariance*



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| Dependent Variable | Source of Variation | Sum of Squares | df | Mean Square | F | Significance Level | Eta Squared |
|---|---|---|---|---|---|---|---|
| Shame | Group | 3624.21 | 1 | 3624.21 | 75.66 | 0.04 | 0.64 |
| | Pre-test | 121.53 | 1 | 121.53 | 17.08 | 0.08 | |
| | Error | 92.77 | 27 | 13.25 | | | |

As shown in Table 2, the ANCOVA results for between-group differences in the variable of shame were significant (F = 75.66, P = 0.04). The effect of the covariate (pre-test) on the dependent variable was not significant (P > 0.05). Therefore, compassion-focused psychotherapy led to a significant improvement in shame among individuals with body dysmorphic disorder.

## 4. Discussion and Conclusion

The present study aimed to investigate the effectiveness of compassion-focused psychotherapy on shame in patients with body dysmorphic disorder seeking cosmetic surgery. The findings from the one-way analysis of covariance showed that compassion-focused psychotherapy resulted in a significant improvement. This finding is consistent with previous studies (10, 27-29).

Various reasons can explain how this therapy exerts its effects through different mechanisms. Compassion-focused therapy helps individuals understand the origin and function of shame. This therapy examines core beliefs and self-critical thoughts that contribute to shame, bringing awareness to self-critical narratives that sustain feelings of shame. By gaining insight into the nature of shame, individuals can challenge and reframe these beliefs, fostering more compassionate responses to shame-related triggers (26). In this therapy, individuals learn to recognize their shared humanity and acknowledge that everyone experiences vulnerability and struggle, which reduces feelings of isolation and the perception of shame (29). This therapy also helps individuals uncover and process specific triggers and memories that evoke shame. Through compassionate exploration and processing of these triggers, individuals develop more compassionate reactions towards themselves and their experiences, leading to the alleviation of shame and reducing its intensity and duration. Additionally, compassion-focused therapy encourages the cultivation of positive emotions and a sense of self-worth. By focusing on positive attributes, strengths, and achievements, individuals can counter negative self-perceptions associated with shame. This emphasis on positive emotions and self-worth fosters a more compassionate and accepting attitude towards oneself (32). Self-assessment in self-compassionate individuals is not directly dependent on the outcome of their behavior; whether life goes well or poorly, these individuals maintain self-acceptance and a compassionate attitude towards themselves (17).

Individuals with body dysmorphic disorder, due to what they have learned from childhood and adolescence, have a diminished sense of inner positivity towards themselves, leading to significant experiences of shame (29). They exhibit harsh self-judgment and struggle to cope with even minor perceived physical flaws. No matter how much their external appearance improves, they cannot accept it because internally, they cannot accept themselves as they are. Compassion-focused therapy teaches them what they have not learned until now: to be a compassionate friend to themselves and to treat themselves with kindness. These individuals have not received sufficient emotional care, meaning they have not experienced enough positive emotions (32). Through this therapy, they learn to accept themselves more, forgive themselves more, offer themselves reassurance and comfort, love themselves more, and take better care of themselves. Therefore, compassion-focused therapy can be considered an effective treatment for improving shame in individuals with body dysmorphic disorder.

Like any other study, the present research faced limitations. The lack of a follow-up period to assess the durability of the intervention effects is one of these limitations. Another limitation is the exclusive use of self-report tools, which may lead to social desirability bias and the presentation of a favorable self-image to the researchers. Future studies in this area are recommended to include long-term follow-up periods and employ more objective and in-depth assessment tools to address the limitations of the present study.

### Authors' Contributions


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M. M. contributed to the conceptualization and design of the study, data collection, and manuscript preparation. R. A. supervised the research process, provided critical feedback, and assisted in data analysis. M. N. contributed to the methodology, participant recruitment, and statistical analysis. M. S. H. assisted with literature review, data interpretation, and manuscript drafting. All authors reviewed and approved the final manuscript and are accountable for all aspects of the work.

## Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

## Transparency Statement

Data are available for research purposes upon reasonable request to the corresponding author.

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## Declaration of Interest

The authors report no conflict of interest.

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## Ethics Considerations

The study placed a high emphasis on ethical considerations. Informed consent obtained from all participants, ensuring they are fully aware of the nature of the study and their role in it. Confidentiality strictly maintained, with data anonymized to protect individual privacy. The study adhered to the ethical guidelines for research with human subjects as outlined in the Declaration of Helsinki. Ethical considerations included obtaining informed consent, ensuring confidentiality and anonymity, and avoiding any harm to participants.

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