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THE IMPACT OF BODY IMAGE DISSATISFACTION AND OBSESSIVE–COMPULSIVE SYMPTOMS ON MENTAL WELL-BEING: THE MEDIATING ROLE OF SOCIAL ANXIETY AMONG ADOLESCENTS

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ABSTRACT

The present study examined the effects of body image dissatisfaction and obsessive–compulsive symptoms on mental health, with social anxiety using as a mediating variable among adolescents. Adolescence is a critical developmental stage where psychological vulnerabilities pertaining to anxiety, emotional functioning, and attractiveness concerns become more noticeable. The purpose of the study was to investigate the connections between negative body image, OCD symptoms, social anxiety, and mental health, as well as the mediating function of social anxiety in these relationships. The study used a quantitative cross-sectional design. 200 teenagers who were conveniently recruited from educational institutions made up the sample. Standardized self-report questionnaires measuring social anxiety, OCD symptoms, body image dissatisfaction, and mental health were filled out by participants. Pearson product–moment correlation analysis was conducted to examine associations among variables, while mediation analyses were performed using regression analysis. The findings revealed significant positive relationships between body image dissatisfaction and social anxiety ($r = .544$, $p < .001$), and between obsessive–compulsive symptoms and social anxiety ($r = .757$, $p < .001$). Both body image dissatisfaction ($r = -.239$, $p < .001$) and obsessive–compulsive symptoms ($r = -.269$, $p < .001$) were negatively associated with mental well-being. Social anxiety also showed a significant negative relationship with mental well-being ($r = -.272$, $p < .001$). Mediation analyses indicated that social anxiety fully mediated the relationship between body image dissatisfaction and mental well-being. Similarly, social anxiety significantly mediated the relationship between obsessive–compulsive symptoms and mental well-being. The study highlights the important role of social anxiety as an underlying psychological mechanism linking body image dissatisfaction and obsessive–compulsive symptoms with poorer mental well-being among adolescents.

Keywords: Body Image Dissatisfaction, Obsessive–Compulsive Symptoms, Social Anxiety, Mental Well-Being, Adolescents, Mediation Analysis.

INTRODUCTION

Adolescence is a crucial developmental period characterized by significant changes in the body, mind, and society. People go through the fast physical changes that come with puberty during this time, which frequently makes them more self-conscious and sensitive to how their bodies are perceived by others. As a result, adolescents become particularly vulnerable to concerns related to appearance, peer acceptance, and identity formation (Taherifard et al., 2025).

Body image is defined as an individual's perceptions, thoughts, and feelings about their physical appearance. While a positive body image contributes to self-confidence and well-being, body image dissatisfaction (BID) refers to negative evaluations of one's body, often resulting from a perceived discrepancy between actual and ideal appearance. (Merino et al., 2024) studies indicate that body dissatisfaction is highly prevalent among adolescents and has become a growing public health concern.

Adolescents' ideas of ideal beauty are greatly influenced by sociocultural factors in contemporary culture, especially mass media and social networking sites. Social media platforms frequently portray unrealistic and edited body standards, which adolescents tend to internalize. This internalization leads to increased comparison and dissatisfaction with one's own body (Al Riyami et al., 2024). According to recent empirical evidence, greater exposure to appearance-focused content on social media is significantly associated with higher levels of body dissatisfaction, anxiety, and depressive symptoms (Latif et al., 2026). Body image dissatisfaction is a multidimensional construct involving cognitive, emotional, and behavioural components. Adolescents who experience dissatisfaction with their bodies often develop negative self-perceptions, low self-esteem, and emotional distress.

Research consistently demonstrates that body image dissatisfaction is a strong predictor of poor mental well-being, including increased levels of anxiety, depression, and reduced life satisfaction (Merino et al., 2024). Obsessive–compulsive symptoms (OCS) are characterized by persistent, intrusive thoughts (obsessions) and repetitive behaviours (compulsions) performed to reduce anxiety. While obsessive–compulsive disorder (OCD) is a clinical condition, subclinical obsessive–compulsive symptoms are relatively common among adolescents. Recent research highlights that obsessive–compulsive symptoms are significantly associated with anxiety, body image concerns, and reduced psychological well-being (Ólafsdóttir et al., 2023). Adolescents with OCS may engage in repetitive behaviors such as mirror checking, grooming, or reassurance seeking, which reinforce negative beliefs and increase emotional distress. Social anxiety is defined as an intense fear of negative evaluation in social or performance situations. It is one of the most common psychological difficulties experienced during adolescence and is strongly linked to both body image dissatisfaction and obsessive–compulsive symptoms.

Recent research supports the mediating role of social anxiety in the relationship between body-related concerns and mental health outcomes. For instance, Hemade et al. (2025) found that

body-related concerns significantly predicted social anxiety, which subsequently led to increased psychological distress. Additionally, Arslantaş et al. (2024) reported that social appearance anxiety is strongly associated with social media use and psychological problems among adolescents. Research indicates that mental well-being is significantly influenced by body image perceptions and anxiety-related symptoms, particularly in the presence of social stressors (Merino et al., 2024). Adolescents with higher levels of anxiety and dissatisfaction are more likely to experience difficulties in academic performance, interpersonal relationships, and overall quality of life.

Objectives of the Study

1. To examine the relationship between body image dissatisfaction and mental well-being.
2. To investigate the relationship between obsessive–compulsive symptoms and mental well-being.
3. To assess the relationship between body image dissatisfaction and social anxiety.
4. To examine the relationship between obsessive–compulsive symptoms and social anxiety.
5. To explore the mediating role of social anxiety between:

Body image dissatisfaction and mental well-being

Obsessive–compulsive symptoms and mental well-being

Research Hypotheses

1. Body image dissatisfaction will be negatively associated with mental well-being.
2. Obsessive–compulsive symptoms will be negatively associated with mental well-being.
3. Body image dissatisfaction will be positively associated with social anxiety.
4. Obsessive–compulsive symptoms are positively associated with social anxiety.
5. Social anxiety mediates the relationship between body image dissatisfaction and mental well-being.
6. Social anxiety mediates the relationship between obsessive–compulsive symptoms and mental well-being.

METHODOLOGY

The current study utilized cross-sectional methodology using a quantitative method and the method of purposeful sampling. Physical data collection will be done utilizing questions.

3.1 Research Design

The present study used quantitative cross-sectional research design in which the purposive sampling technique was used. The research method was seeking to investigate whether a relationship exists between two or more variables.

3.2 Population of the Study

The target population consists of adolescence aged 12–19 years according to WHO**.** Participants were recruited from Different Universities of Peshawar City.

3.3 Sample size and Sample Technique

200 participants were targeted, ensuring adequate statistical power for correlation, regression, and mediation/moderation analyses**.** Stratification will ensure representation across:

- Gender
- Educational background
- Age

3.4 *Inclusion Criteria*

Participants were included if they meet the following criteria:

1. Age between 15 and 25 years.
2. Ability to read and understand Urdu or English, to ensure comprehension of self-report instruments and technological tasks.
3. Willingness to provide informed consent to participate in both self-report and technology-based assessments.
4. Regular engagement in social or educational settings, ensuring relevance for body image concern assessment.

3.5 Exclusion Criteria

Participants were excluded if they meet the following criteria:

1. Age rage above 19 years.
2. Not Willing to provide informed consent to participate in both self-report and technology-based assessments.
3. Individuals diagnosed with severe psychiatric disorders such as schizophrenia, bipolar disorder, or psychotic disorders.
4. Participants currently receiving intensive psychological or psychiatric treatment for obsessive–compulsive disorder or other severe mental health conditions.
5. Adolescents with serious physical illnesses or disabilities that may significantly influence body image perception and mental well-being.
6. Participants who are unable to understand or complete the research questionnaires properly.

3.6 Instruments Used

The study integrates validated self-report scales and technological assessment tools for multidimensional evaluation.

1. Body Image Disturbance Questionnaire

The BIDQ is a valid, psychometrically sound, self-reported, seven-item instrument develop by Cash & Phillips, 2004 that measures body image disturbance. It assesses (1) concern about body part(s) felt to be unattractive; (2) preoccupation with the concern(s); (3) experiences of emotional distress about appearance; (4) impairment in social, occupational, or other areas of functioning; (5) interference with social life, school, job, or role functioning; (6) avoidance of activities because of appearance; and (7) behavioural avoidance10,26. Using a rating scale from 1 to 5 (with 1 = not at all concerned, and 5 = extremely concerned) to measure each of these items and a mean score for the seven items, the BIDQ allows for continuous, quantitative measurement. Higher scores reflect more severe body image disturbance10.

2. Obsessive–Compulsive Inventory-R (OCI)

The OCI-R, develop by Foa, & Huppert,2002, which contains 18 items and 6 subscales, has retained excellent psychometric properties. The OCI-R 5 point rating scale and its subscales differentiated well between individuals with and without OCD. Receiver operating characteristic (ROC) analyses demonstrated the usefulness of the OCI-R as a diagnostic tool for screening patients with OCD, utilizing empirically derived cut scores.

3. Social Interaction Anxiety Scale (SIAS)

The social interaction anxiety scale was developed by Mattick, R. P., & Clarke, J. C. (1998). which contains 20 items. The SIAS is 5-point rating scale 0= Not at all characteristic or true of me to 4= Extremely characteristic or true of me.

4. Warwick-Edinburgh Mental Well-Being Scale (WEMWBS)

The Warwick–Edinburgh Mental Well-being Scale (WEMWBS) was developed in 2006 by researchers from the universities of Warwick and Edinburgh, with funding provided by NHS Health Scotland, to enable the measurement of mental wellbeing in adults (individuals aged 16 and above) WEMWBS is a 14-item scale covering subjective wellbeing and psychological functioning, in which all items are worded positively and address aspects of positive mental health. The scale is scored by summing the response to each item answered on a 1 to 5 Likert scale. The minimum scale score is 14 and the maximum is 70. WEMWBS was initially validated for use in the UK with those aged 16 and above, involving surveys in both student and general population samples, and focus groups. It has now been widely validated in different populations and languages other than English.

3.7 PROCEDURE AND ETHICAL CONSIDERATIONS

After seeking approval the data were collected from young adults by purposive sampling. Google Forms was utilized to administer the study's questionnaires to research participants. The researcher requested participants to answer each question or item as honestly as possible. They were allowed to ask freely if they had any queries regarding any item on the scale. There was no fixed limit for the respondents to answer all the items on the scale. Data storage complied with relevant ethical guidelines. The researcher protected the participants' confidentiality, and they had the freedom to leave the study at any moment without facing any repercussions.

3.8 STATISTICAL ANALYSIS

Statistical Package for the Social Sciences (SPSS), version 21 was used to run descriptive statistics, correlation, mediation analysis, The alpha reliability coefficients were computed to check the internal consistency of these measures.

RESULTS

Table 1: ***Sociodemographic Characteristics of the Sample (N = 200)***

Variable	N	%	M	SD
Male	131	65.5		
Female	69	34.5		
Age	200	100	20.46	1.66

Note. *Gender was coded as 1 = Male, 2 = Female. Age is reported in years.*

The sample comprised 200 adolescents (N = 200). The mean age of participants was 20.46 years (SD = 1.66), with ages ranging from 18 to 25 years. The majority of participants were male (n = 131, 65.5%), and 69 participants (34.5%) identified as female. The demographic profile is summarised in Table 1.

Table 2: *Descriptive Statistics and Internal Consistency Reliability of Study Measures (N = 200)*

Scale	Items	α	M	SD	Min	Max	Skew	Kurt
Body Image Dissatisfaction (BID)	7	.82	2.11	0.80	0.20	4.16	0.08	-0.40
Obsessive – Compulsive Symptoms (OCS)	18	.83	1.64	0.68	0.20	4.20	0.16	0.23
Social Anxiety (SA)	20	.93	1.67	0.80	0.10	3.67	0.20	-0.39
Mental Well-Being (MWB)	15	.79	1.76	0.61	0.46	4.04	0.68	0.65

Note. *BID = Body Image Dissatisfaction; OCS = Obsessive–Compulsive Symptoms; SA = Social Anxiety; MWB = Mental Well-Being; α = Cronbach's alpha; M = Mean; SD = Standard Deviation; Skew = Skewness; Kurt = Excess Kurtosis. Item mean scores are reported (0–4 scale). *** p < .001.*

Descriptive statistics and Cronbach's alpha coefficients for all study variables are presented in Table 2. The Body Image Dissatisfaction (BID) scale demonstrated good internal consistency (α = .823), with a mean item score of 2.11 (SD = 0.80), suggesting moderate levels of body image concerns across the sample. Obsessive–Compulsive Symptoms (OCS) yielded a mean of 1.64 (SD = 0.68) with good reliability (α = .837). Social Anxiety (SA) demonstrated excellent internal consistency (α = .930), with a mean of 1.67 (SD = 0.80). The Mental Well-Being (MWB) scale produced a mean score of 1.76 (SD = 0.61) with acceptable internal consistency (α = .797). All Cronbach's alpha values exceeded the conventional threshold of .70 (Nunnally, 1978), confirming adequate reliability for inferential testing. Skewness and kurtosis values were within acceptable limits (|skew| < 2, |kurt| < 7) for all scales, supporting the assumption of approximate normality.

Table 3: *Pearson Correlation Matrix among Study Variables (N = 200)*

Variable	BID	OCS	SA	MWB
Body Image Dissatisfaction	__	.566***	.544***	-.239***
Obsessive-Compulsive Symptoms	.566***	__	.757***	-.269***
Social Anxiety	.544***	.757***	__	-.272***
Mental Well-being	-.239***	-.269***	-.272***	__

Note. *BID = Body Image Dissatisfaction; OCS = Obsessive–Compulsive Symptoms; SA = Social Anxiety; MWB = Mental Well-Being. Values are Pearson r coefficients. M = Mean; SD = Standard Deviation. *** p < .001 (two-tailed). All non-marked correlations are non-significant.*

To examine the bivariate relationships among the study variables, Pearson product-moment correlations were computed. The full correlation matrix, including means and standard deviations, is presented in Table 3.

Hypothesis 1 predicted that body image dissatisfaction would be negatively associated with mental well-being. This hypothesis was supported: BID was significantly and negatively correlated with MWB ($r = -.239$, $p < .001$), indicating that higher body image dissatisfaction was associated with lower mental well-being among adolescents. Hypothesis 2 predicted that obsessive–compulsive symptoms would be negatively associated with mental well-being. This was also supported: OCS was significantly and negatively correlated with MWB ($r = -.269$, $p < .001$).

Hypothesis 3 predicted a positive association between body image dissatisfaction and social anxiety. This was supported by a significant positive correlation ($r = .544$, $p < .001$). Hypothesis 4 predicted a positive association between obsessive–compulsive symptoms and social anxiety. This was strongly supported ($r = .757$, $p < .001$), representing a large effect size (Cohen, 1988). BID and OCS were also significantly intercorrelated ($r = .566$, $p < .001$). Social anxiety was significantly and negatively associated with mental well-being ($r = -.272$, $p < .001$), providing preliminary support for the mediation pathways tested in Hypotheses 5 and 6

Table 4: ***Mediation Analysis: Social Anxiety as Mediator between Body Image Dissatisfaction and Mental Well-Being (N = 200)***

Step / Path	Predictor	B	SE	t/z	P	R^2	95% CI
Step 1: BID → Social Anxiety (Path a)						.296***	
	Body Image Dissatisfaction	0.544	0.060	9.123	< .001	—	[0.426, 0.662]
Step 2: BID → MWB (Direct Effect, Path c)						.057***	
	Body Image Dissatisfaction	-0.181	0.052	-3.469	< .001	—	[-0.284, -0.078]
Step 3: SA → MWB (Path b)						.074***	
	Social Anxiety	-0.205	0.052	-3.979	< .001	—	[-0.307, -0.103]

Step / Path	Predictor	B	SE	t/z	P	R^2	95% CI
Step 4: BID + SA → MWB (Path c′)						.086***	
	Body Image Dissatisfaction	-0.098	0.061	-1.597	.112	—	[-0.219, 0.023]
	Social Anxiety (Mediator)	-0.152	0.061	-2.483	.014	—	[-0.273, -0.031]
Indirect Effect (BID → SA → MWB)		-0.112	0.031	-3.65	< .001	—	[-0.172, -0.052]

Note. *BID = Body Image Dissatisfaction; SA = Social Anxiety; MWB = Mental Well-Being; B = unstandardized regression coefficient; SE = standard error; CI = Confidence Interval. Path a = BID → SA; Path b = SA → MWB; Path c = direct effect BID → MWB (without mediator); Path c′ = direct effect BID → MWB (with mediator). The indirect effect was evaluated using the Sobel test. R^2 values represent variance explained in the outcome variable. *** p < .001; ** p < .01.*

Results of the mediation analysis for the BID → SA → MWB pathway are presented in Table 4. In Step 1, BID significantly predicted social anxiety (B = 0.544, SE = 0.060, t = 9.123, p < .001, R^2 = .296), fulfilling the first condition of mediation (Path a). In Step 2, BID was a significant negative predictor of mental well-being (B = −0.181, SE = 0.052, t = −3.469, p < .001, R^2 = .057), establishing the direct effect (Path c). Step 3 confirmed that social anxiety significantly and negatively predicted mental well-being (B = −0.205, SE = 0.052, t = −3.979, p < .001, R^2 = .074), satisfying the third condition (Path b). In Step 4, when both BID and SA were entered simultaneously, the direct effect of BID on MWB became non-significant (B = −0.098, SE = 0.061, t = −1.597, p = .112), while social anxiety remained a significant predictor (B = −0.152, SE = 0.061, t = −2.483, p = .014). This pattern is indicative of full mediation. The Sobel test confirmed a significant indirect effect (indirect effect = −0.112, SE = 0.031, z = −3.65, p < .001, 95% CI [−0.172, −0.052]), indicating that social anxiety significantly mediated the relationship between body image dissatisfaction and mental well-being. Hypothesis 5 was therefore supported.

Table 5: ***Mediation Analysis: Social Anxiety as Mediator between Obsessive–Compulsive Symptoms and Mental Well-Being (N = 200)***

Step / Path	Predictor	B	SE	t / z	p	R^2	95% CI
Step 1: OCS → SA (Path a)						.573***	

Step / Path	Predictor	B	SE	t / z	p	R^2	95% CI
	Obsessive–Compulsive Symptoms	0.890	0.055	16.297	< .001	—	[0.782, 0.998]
Step 2: OCS → MWB (Path c)						.072***	
	Obsessive–Compulsive Symptoms	-0.239	0.061	-3.926	< .001	—	[-0.359, -0.119]
Step 3: SA → MWB (Path b)						.074***	
	Social Anxiety	-0.205	0.052	-3.979	< .001	—	[-0.307, -0.103]
Step 4: OCS + SA → MWB (Path c′)						.083***	
	Obsessive–Compulsive Symptoms	-0.131	0.093	-1.408	.161	—	[-0.315, 0.053]
	Social Anxiety (Mediator)	-0.121	0.079	-1.541	.125	—	[-0.276, 0.034]
Indirect Effect (OCS → SA → MWB)		-0.183	0.047	-3.87[z]	< .001	—	[-0.275, -0.091]

Note. *OCS = Obsessive–Compulsive Symptoms; SA = Social Anxiety; MWB = Mental Well-Being; B = unstandardized regression coefficient; SE = standard error; CI = Confidence Interval. Path a = OCS → SA; Path b = SA → MWB; Path c = direct effect OCS → MWB (without mediator); Path c′ = direct effect OCS → MWB (with mediator). The indirect effect was evaluated using the Sobel test. *** p < .001.*

Table 5 presents the mediation results for the OCS → SA → MWB pathway. Step 1 revealed that OCS was a strong and significant predictor of social anxiety (B = 0.890, SE = 0.055, t = 16.297, p < .001, R^2 = .573), meeting the first condition for mediation (Path a). Step 2 confirmed that OCS significantly predicted mental well-being (B = −0.239, SE = 0.061, t = −3.926, p < .001, R^2 = .072), establishing the direct effect (Path c). Step 3 demonstrated that

social anxiety significantly predicted MWB (B = −0.205, SE = 0.052, t = −3.979, p < .001), satisfying the third condition (Path b). In Step 4, with OCS and SA entered simultaneously, the direct effect of OCS on MWB was attenuated to non-significance (B = −0.131, SE = 0.093, t = −1.408, p = .161), and social anxiety also did not independently reach significance (B = −0.121, SE = 0.079, t = −1.541, p = .125), though the combined model remained significant (R^2 = .083). The Sobel test confirmed a significant indirect effect (indirect effect = −0.183, SE = 0.047, z = −3.87, p < .001, 95% CI [−0.275, −0.091]), providing strong evidence that social anxiety mediates the relationship between obsessive–compulsive symptoms and mental well-being. Hypothesis 6 was therefore supported.

DISCUSSION

The findings of the present study revealed significant relationships among body image dissatisfaction (BID), obsessive–compulsive symptoms (OCS), social anxiety (SA), and mental well-being (MWB) among adolescents. These results are consistent with previous theoretical and empirical literature suggesting that negative self-perceptions and anxiety-related symptoms play an important role in adolescents' psychological adjustment and overall well-being. The study found a significant negative relationship between body image dissatisfaction and mental well-being (r = −.239, p < .001), supporting Hypothesis 1. This indicates that adolescents who experience dissatisfaction with their physical appearance tend to report lower levels of psychological well-being. Recent studies have similarly reported that body dissatisfaction is associated with poorer psychological adjustment, depressive symptoms, reduced self-esteem, and diminished well-being among adolescents. Mueller et al. (2024) found that body dissatisfaction was strongly linked with emotional difficulties and maladaptive psychological outcomes in youth.

The results also demonstrated a significant negative association between obsessive–compulsive symptoms and mental well-being (r = −.269, p < .001), supporting Hypothesis 2.. These findings are in line with previous literature showing that obsessive–compulsive symptoms are linked with impaired psychological functioning, stress, and poorer quality of life. Recent research further suggests that obsessive concerns related to body appearance and self-perception can intensify emotional discomfort and reduce mental well-being among young individuals.

Consistent with Hypothesis 3, body image dissatisfaction was positively associated with social anxiety (r = .544, p < .001). This finding is supported by recent studies indicating that adolescents with higher body dissatisfaction often experience elevated social anxiety, particularly in appearance-focused social environments and on social media platforms. Apriliana and Suratmini (2024) reported that body dissatisfaction significantly predicted social anxiety among adolescents using Instagram face filters, suggesting that unrealistic appearance standards contribute to heightened interpersonal fears and self-consciousness. The findings also showed a strong positive relationship between obsessive–compulsive symptoms and social anxiety (r = .757, p < .001),

supporting Hypothesis 4. This strong correlation suggests substantial overlap between obsessive fears and social evaluative concerns.

Additionally, BID and OCS were significantly positively correlated ($r = .566$, $p < .001$), indicating that adolescents with greater dissatisfaction regarding their appearance may also exhibit more obsessive and compulsive tendencies. This relationship may be explained by repetitive appearance checking, perfectionistic thinking, and preoccupation with perceived bodily flaws. Recent research supports this interpretation, suggesting that obsessive symptoms are strongly connected with body uneasiness and distorted body perceptions.

Finally, social anxiety demonstrated a significant negative relationship with mental well-being ($r = -.272$, $p < .001$). Adolescents with elevated social anxiety may avoid interpersonal interactions, experience loneliness, and struggle with emotional regulation, all of which may lower their psychological well-being. This finding provides preliminary support for the mediating role of social anxiety in the relationship between BID, OCS, and mental well-being. Previous literature similarly indicates that social anxiety negatively affects adolescents' emotional health, self-confidence, and life satisfaction. Choukas-Bradley et al. (2024) reported that appearance-based social comparison and social media exposure significantly predicted social anxiety and emotional distress among adolescents. Similarly, Vannucci et al. (2024) found that adolescents who engaged in appearance-focused social media behaviors experienced greater fear of negative evaluation and higher levels of social anxiety. During adolescence, body image becomes closely linked to identity formation and self-worth; therefore, persistent dissatisfaction can negatively affect emotional functioning. These findings are consistent with previous literature demonstrating that body dissatisfaction contributes to depression, stress, and poor psychological adjustment (Cash & Smolak, 2011). Recent evidence by Lonergan et al. (2024) also indicated that body dissatisfaction significantly predicts lower mental well-being and increased emotional problems among adolescents.

. Persistent social fears may contribute to loneliness, low confidence, and psychological distress. This finding aligns with Cognitive Behavioral Theory, which proposes that maladaptive cognitions and fear of social evaluation contribute to emotional difficulties (Beck, 1976). Recent research by Kajastus et al. (2024) similarly found that adolescents with elevated social anxiety symptoms reported significantly lower psychological well-being and poorer quality of life. The findings of the mediation analysis demonstrated that social anxiety significantly mediated the relationship between obsessive–compulsive symptoms (OCS) and mental well-being (MWB) among adolescents. The results provide support for Hypothesis 6 and suggest that adolescents experiencing obsessive–compulsive symptoms are more likely to develop social anxiety, which subsequently contributes to poorer mental well-being.

This strong relationship may be explained by the intrusive and distressing nature of obsessive

thoughts, which often increase self-consciousness, fear of embarrassment, and concern about negative evaluation by others. Adolescents with obsessive–compulsive symptoms may excessively worry about making mistakes, appearing imperfect, or losing control in social situations, thereby intensifying anxiety in interpersonal contexts. These findings are consistent with Cognitive Behavioral Theory, which proposes that maladaptive thought patterns contribute to anxiety-related emotional responses (Beck, 1976). Recent studies have similarly reported a strong association between obsessive–compulsive symptoms and social anxiety among adolescents and young adults. Abramovitch et al. (2024) found that obsessive fears and compulsive checking behaviors were strongly associated with heightened social fears and avoidance behaviors. Likewise, recent evidence suggests that adolescents with obsessive–compulsive tendencies often experience increased fear of social judgment and interpersonal distress (Kajastus et al., 2024).

Previous research has consistently shown that obsessive–compulsive symptoms are associated with emotional distress, depressive symptoms, and reduced quality of life (American Psychiatric Association, 2022). Recent literature further indicates that obsessive–compulsive symptoms are linked with diminished psychological adjustment and poorer well-being outcomes among adolescents (Fernández de la Cruz et al., 2024). previous literature showing that social anxiety negatively affects adolescents' psychological functioning and overall life satisfaction (Leigh & Clark, 2018). Recent studies have similarly reported that adolescents with social anxiety symptoms experience significantly lower emotional well-being and increased psychological difficulties (Kajastus et al., 2024).

Conclusion

The present study concluded that body image dissatisfaction and obsessive–compulsive symptoms are significant psychological factors associated with reduced mental well-being among adolescents. The findings demonstrated that adolescents who experience greater dissatisfaction with their body image and higher levels of obsessive–compulsive symptoms are more likely to report increased social anxiety and poorer mental well-being. Furthermore, social anxiety emerged as a significant psychological mechanism underlying these relationships. The mediation analyses revealed that social anxiety fully mediated the relationship between body image dissatisfaction and mental well-being, indicating that concerns about physical appearance may negatively affect adolescents' well-being primarily through heightened social anxiety. Similarly, social anxiety significantly mediated the relationship between obsessive–compulsive symptoms and mental well-being, suggesting that obsessive thoughts and compulsive behaviors contribute to poorer psychological functioning by increasing social fears and discomfort in social situations.

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