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### Relationship of Hairless Ideal Internalization and Psycho-Symptomology of Hirsutism, Mediating Role of Body Surveillance and Hirsutism Dissatisfaction in Hirsute Women

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#### Original Article

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#### Keywords

Hairless, Ideal Internalization, Psychological Phenomenon, Dissatisfaction, Body Surveillance, Pakistani Women, Hirsutism

#### Abstract

*Hairless ideal internalization is an imperative psychological phenomenon among Pakistani women. Hairless ideal internalization are paramount factors that are allied with negative body image, hirsutism dissatisfaction and psycho-symptomology of hirsutism (depression and compulsive behaviors). Present study aims to explore the relationship of hairless ideal internalization and psycho-symptomology of hirsutism with the mediating role of body surveillance, and hirsutism dissatisfaction. 274 hirsute women from Pakistani community with the age range of 15-to 45 years (M=35.76 and SD=7.77) were inspected with self-constructed scale of hairless ideal internalization, hirsutism dissatisfaction scale and psycho-symptomology of hirsutism scale, The Surveillance Scale is a subscale of OBC Scale and Urdu Version of Diener Flourishing Scale. The data was analyzed through SPSS and serial mediational model through AMOS. Correlational analysis indicated that hairless ideal internalization significantly positively associated with body surveillance, hirsutism dissatisfaction and psycho-symptomology of hirsutism, while has negative associated with psychological well-being of hirsute women. Furthermore, serial mediational analysis indicted that body surveillance and hirsutism dissatisfaction significant mediators between the relationships of hairless ideal internalization and psycho-symptomology of hirsutism and psychological well-being. The findings of current study an imperative contribution to understand the factors of hirsutism such as hairless ideal internalization, hirsutism dissatisfaction and psycho-symptomology of hirsutism underlying its relationship with body surveillance and psychological well-being of hirsute women. Mediating role of body surveillance and hirsutism dissatisfaction is conducive to develop and counseling of hirsute women in future with positive body image.*

## **Introduction**

An excessive amount of hair growth in places of the body where women often have no hair, such as the face, chest, and abdomen, is one of the main issues with their physical appearance. This condition is known as hirsutism. Because even a modest amount of hair was undesirable to them, women in many cultures find that heavy development of hair is a serious problem. Women feel “unusual” and “unfeminine” as an effect of this. Research has predominantly revealed that females find the appearance of dark hair on their chin and upper lip to be more troubling, causing them to seek medical assistance (Ekback, 2013).

Women with hirsute appearances also deal with a variety of social difficulties, which can exacerbate their psychological problems. Women's self-worth, confidence, ability to communicate with others, and general quality of life are all likely to be severely impacted by this illness. Personal issues are more common among women who have facial hair. Individuals who suffer from hirsutism may be a root of poor mental health because of their interpersonal challenges. Being human, the majority of hirsute women handle with anxieties and stress in multiple manners (Ekback, 2013; Ullah, Gul, & Naz, 2020).

Having its roots in sociocultural theory, the tripartite influence model was presented by Thompson et al. (1999). He explained with the help of model how body dissatisfaction develops, as media, peers and family i.e. sociocultural influences directly or indirectly affects body dissatisfaction (via the mediating role of appearance ideal internalization and appearance comparison). However, despite the fact that his cognitive-affective-behavioral process model demonstrates how certain circumstances can have detrimental psychological effects, hirsutism research has a tendency to overlook the concept of “hidden dimensions of stigma” and does not provide evidence of higher rates of psychopathology. (Pachankis, (2020). A symptom typically is subjectively experienced in contrast to a ‘sign’, which is noticed by others. Hirsutism is very common symptom of PCOS caused by undesired sexual hormones and have many other psychiatric indicators, mainly OCD anxiety disorders, depression and eating disorders have been reported in the context of PCOS (Amjad, Jameel & Liaqat, 2023). Social media portray a Fit ideal body and attractive figures which accompanied by cultural norms and social appraisal. If anybody didn't achieve the fit ideal body figure that may increase the internal conflicts and leads toward body dissatisfaction and other behavioral problems such compulsive behavior, overthinking about their appearances etc (Merino et al., 2024). Hairless bodies are ideal figures in most cultures and it is related to gender identity. Because females with hairy bodies were not acceptable, excessive hair growth leads toward dissatisfaction and it is knowns as hirsutism dissatisfaction (Azevedo & Jacobes, 2021; Ullah & Naz, 2021).

## **The Present study**

Hairless ideal internalization is the most imperative predictor of body surveillance, psycho-symptomology of hirsutism, hirsutism dissatisfaction and psychological well-being. Hirsutism is very imperative construct and psychological factor related to this construct were abandoned in previous literature. Previous study (Mills & Fuller-Tyszkiewicz, 2017) have found a positive correlation between internalizing appearance ideals and body talk. The connection in getrennt body discussion and physical structure discontentment may actually be mediated by internalization of appearance ideals. In current study, investigate the relationship of hairless ideal internalization, psychological well-being, and psycho-symptomology of hirsutism and mediating role of body surveillance and hirsutism dissatisfaction.

## **Subjects and Method**

The cross-sectional study was carried out from 2023 to 2024 at the department of psychology, university of Sargodha, Punjab, Pakistan. First of all, the formal permission was attained from institutional board of studies and ethical board. The data was collected through purposive sampling from hirsute women and age range of the sample was 15 to 45 years, according to exclusion

criteria, hirsute women after menopause and those with low score on hirsutism were excluded from study. 274 hirsute women were screened out through adapted version of Ferriman Gallway scale (1961). G\* power analysis was used for sampling adequacy. Data was collected using 5 scales and demographic sheet. Self-constructed scales have been used, First scale was hairless ideal internalization with 11 items. It has two subscales, social pressure for hair removal (SPHR) with 4 items and personal discomfort with body hair (PDBH) with 7 items. Second scale was hirsutism dissatisfaction scale with 7 items and third scale was psycho-symptomology of hirsutism with 16 items. Participants rated their responses on five-point Likert scale (1=not at all, 5= always) and all these scales have good internal consistency which is mentioned in table 2. The Surveillance Scale is a subscale of OBC Scale by McKinley and Hyde (1996) consisted of 8 items. Urdu Version of Diener Flourishing Scale (Niazi et al., 2021). This scale was intended to measure the optimal level of well-being and unidimensional scale with 8 items. Data was analyzed through (Pearson correlation) spss23 and serial mediation through Amos.

**Results**

274 hirsute women with the mean age of M=35.76 and SD=7.77, the age of the sample was categories in three groups, Adolescence 15-18 year (N=94, 34.3%), and early adults 19-35 years (N= 88, 32.1%) and middle adults 36-45(N=92, 33.5%). 153(55.4%) hirsute women report PCOS after diagnosis from doctors and 121(43.8%) report with No PCOS. Table 1 enlists the demographics of the study.

**Table:1 Demographic Characteristics of the Participants (N=274)**

Variables	Sample of Hirsute Women			
	Adolescents <i>f</i> (%)	Early adults <i>f</i> (%)	Middle adults <i>f</i> (%)	Total <i>f</i> (%)
<b>PCOS</b>				
Yes	22 (7.9%)	64 (23.18%)	67(24.27%)	153(55.4%)
No	72 (26.08%)	24 (8.69)	25(9.05%)	121 (43.8%)
<b>Marital Status</b>				
Married	4 (1.4%)	58 (21.1%)	78(28.4%)	140 (51.09%)
Unmarried	90 (32.4)	30 (10.9%)	14(5.1%)	134(48.9%)
<b>Residence</b>				
Rural	41 (14.8%)	31 (11.2%)	21(7.6%)	93 (33.69%)
Urban	53(19.2%)	57 (20.6%)	71(25.7%)	181 (65.5%)
<b>Education</b>				
Matric	94 (34.3%)	14(5.1%)	21(7.6%)	112 (40.8%)
Graduation.	0(0)	64 (23.3%)	49(17.8%)	124 (45.2%)
Post-Graduation	0(0)	10(3.6%)	22(8%)	38 (13.8%)
<b>Profession</b>				
Working	10(3.6%)	49(17.8%)	64(23.3%)	123 (44.8%)
Non-working	84(30.6%)	39(14.2%)	28(10.2%)	151(55.1%)
<b>Family system</b>				
Joint	41(14.9%)	46(16.7%)	39 (14.2%)	126(45.9%)
Nuclear	53(19.3%)	42(15.3%)	53(19.3%)	148(54.0%)
<b>Total</b>	94(34.3%)	88(32.1%)	92(33.5%)	274(100%)

In table 2, Analysis Pearson correlation indicated that there is positive correlation between hairless ideal internalization (social pressure for hair removal & personal discomfort with body hair), hirsutism dissatisfaction, psycho-symptomology (depression and obsessive-compulsive disorder) of hirsutism and body surveillance and negative correlation with psychological well-being.

**Table:2 Correlation Matrix for all the Variables Used in the Study (N = 274)**

Variables	HIInt	SPHR	PDBH	HD	Psy-symp	Dep	OCD	BS	PWB	Cronbach Alpha $\alpha$
HIInt	-	-	-	-	-	-	-	-	-	.84
SPHR	.72***	-	-	-	-	-	-	-	-	.88
PDBH	.74***	.69**	-	-	-	-	-	-	-	.91
HD	.67**	.53**	.46**	-	-	-	-	-	-	.92
Psy-symp	.65**	.58**	.35**	.72***	-	-	-	-	-	.93
Dep	.56**	.44**	.49**	.73***	.71***	-	-	-	-	.92
OCD	.62**	.60**	.59**	.78***	.74***	.66**	-	-	-	.88
BS	.64**	.66**	.59**	.61**	.72***	.57**	.66**	-	-	.79
PWB	.67***	-.50**	.62***	.67***	.72***	.66**	-.65**	.53**	-	.74

\*\* $p < .01$ . \*\*\* $p < .001$

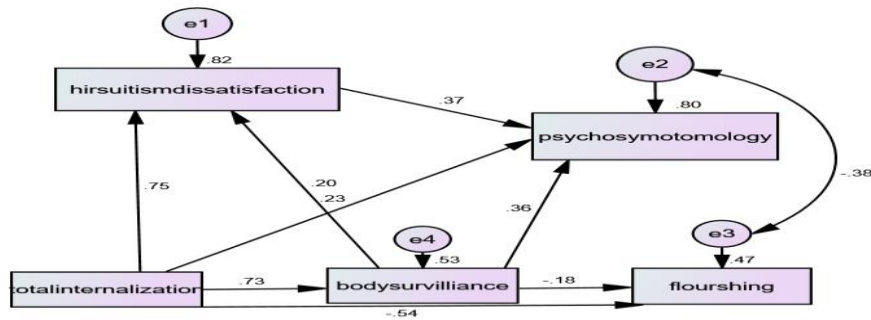
**Table: 3 Stepwise Model Fit indices for Structural Model 2 (N = 274)**

Model s	$\chi^2$	df	Fit Indices					$\Delta\chi^2$	$\Delta df$	
			GFI	AGFI	CFI	IFI	RMSEA			St.RMR
Model 1 (Independent Errors)	56.32	9	.93	.94	.95	.94	.17	.04	—	—
Model 2 (Errors Covariances Allowed)	7.34	3	.99	.98	1.00	1.00	.00	.01	48.98**	06

\*\*  $p < .01$

Table 3 represented the stepwise model fit indices of structural model 2. Model 2 was the initially proposed model that specified all possible direct paths among the variables. Model 2 was the initially proposed model that specified all possible direct paths among the variables. The first model showed unacceptable chi-square to  $df$  ratio and unacceptable values of GF1, CFI, NFI, RMSEA, and standardized RMR showed poor model fit. The model was re-specified after removing the non-significant path between variables. Furthermore, the error variances that appeared to be theoretically associated were allowed to covary as per the modification indices. It is evident from the fit indices that model 2 demonstrates an outstanding fit to the data with a non-significant chi square value ( $\chi^2 (3) = 2.33$ ,  $\chi^2/df = .013$ ). Other measures of data fit are also indicators of good fit as all of them are greater than cutoff point of .95 (CFI = 1.00, GFI = .99, AGFI = .98, NFI = 1.00). RMSEA value of .00 ( $p$  close = .96,  $LL = .00 - UL = .04$ ) and standardized RMR value of .01 also testify the fit of the proposed model. Chi square difference test suggested that model 2 demonstrated a better fit with data as compared to model 1 ( $\Delta\chi^2 = 56.32$ ,  $\Delta df = 06$ ,  $p < .01$ ). Thus, the proposed model of serial mediation appearance self-worth and resilience between hirsutism dissatisfaction and psycho-symptomology of hirsutism, management of hirsutism, psychological

well-being and depression is supported. The path coefficients of the direct and the indirect effects along with the bias-corrected 95% confidence intervals are presented in Table 3.



The paths in the diagram display the standardized coefficients. Solid lines denote significant paths, while dotted lines represent non-significant path.

**Table: 4 Path Coefficients of Direct and Indirect Effects (N = 274)**

Paths	B	$\beta$	95% CI of B		P
			LL	UL	
HIIInt → HD	1.08	.72	.67	.76	.001
HIIInt → BS	.84	.77	.75	.79	.000
HIIInt → PSY	.88	.51	.49	.53	.000
HIIInt → PWB	-.75	-.58	-.56	-.42	.001
BS → HD	.15	.21	.19	.24	.000
BS → PSY	.56	.50	.48	.52	.000
BS → PWB	.50	.36	.32	.40	.001
HD → PSY	.12	.14	.09	.17	.000
HIIInt → BS → HD	0.09	0.14	0.07	0.11	0.001
HIIInt → BS → PSY	0.28	0.26	0.23	0.32	0.001
HIIInt → BS → PWB	-0.08	-0.133	-0.11	-0.04	0.001
HIIInt → HD → PSY	0.30	0.28	0.25	0.35	0.001
BS → HD → PSY	0.13	0.073	0.09	0.17	0.001
HIIInt → BS → HD → PSY	0.06	0.14	0.04	0.08	0.001

Note. HIIInt=Hairless ideal internalization; HD= Hirsutism dissatisfaction; PSY=Psycho-symptomology; PWB = Psychological well-being; BS= Body surveillance

Table 4 depicted the coefficients both, unstandardized and standardized, for different direct and indirect effects; Maximum likelihood method was used to compute along with bias corrected 95% bootstrap confidence intervals generated from 2000 bootstrapped samples. The direct effect of hairless ideal internalization on Hirsutism dissatisfaction, body surveillance, psycho-symptomology of hirsutism is significant and positive, while on psychological well-being is significant and negative. Moreover, the direct effect of body surveillance on hirsutism dissatisfaction and psycho-symptomology of hirsutism is significant and positive. While on psychological well-being is significant and negative. Hirsutism dissatisfaction has significant positive direct effect on Psycho-symptomology of hirsutism but non-significant on psychological well-being. Mediating effect of body surveillance between hairless ideal internalization and hirsutism dissatisfaction is significant and positive. The indirect effect of hairless ideal internalization on psycho-symptomology of hirsutism through body surveillance is significant and positive. The indirect effect of hairless ideal internalization on psychological well-being through body surveillance is significant and negative. Mediating effect of hirsutism dissatisfaction between hairless ideal internalization and psycho-symptomology of hirsutism is significant positive. The relationship between body surveillance and psycho-symptomology of hirsutism is positively mediated by hirsutism dissatisfaction. The indirect effect of hairless ideal internalization on psycho-symptomology of hirsutism through body surveillance and hirsutism dissatisfaction is significant and positive.

## Discussion

The current study directs a positive association between hairless ideal internalization and its subscales (social pressure for hair removal & personal discomfort with body hair), hirsutism dissatisfaction, psycho-symptomology (depression and obsessive-compulsive disorder) of hirsutism and body surveillance and negative correlation with psychological well-being. Previous literature mirroring these findings and confirm the direction of relationships among study variables. It is apparent that persons who experience hair loss often experience both internalized and external stigmatization, regardless of the underlying cause. Hair loss and mental illnesses like anxiety and depression are similarly stigmatized in terms of internalized discrimination and body dissatisfaction (Sommer et al., 2019). According to sociocultural theories of body image, people internalize society's expectations about body shape through communication from peers, family, and the media, which leads to body dissatisfaction (Schaefer et al., 2021). Women who engages in body hair removal practices exposed more ideal internalization, greater appearance concerns, self-objectification and appearance dissatisfaction with poor mental health (Stephanie, Grossman & Annunziato, 2017). Women with social pressure for hair removal engage more in hair removal activities and higher indices on self-objectification behaviors (body shame & body surveillance). These behaviors negatively influence the psychological health as well as self-efficacy of hirsute women (Nygard, Ivanova & Fischer, 2024). Donovan and Uhlmann (2022) explored this relationship and data were collected from 448 women with the age range of 16-25 years. Findings of parallel mediational analysis indicated that social comparison and body surveillance significantly positively mediate the association between fit-ideal internalization and body dissatisfaction. Results also exposed that social comparison significant mediator between fit-ideal internalization and compulsive behavior. Another aforementioned literature depicted that the internal conflicts regarding the body image manifests as a body dissatisfaction (hirsutism dissatisfaction due to excessive hair growth) and dissatisfaction leads towards compulsive behavior, body surveillance and feeling of failure to achieve the ideal body figure. It comminate the mental health and quality of life (Merino et al., 2024). In another prior findings mirroring that body surveillance acted as chained indirect effect between the process of internalize the messages from media and poor body image, further more hairless bodies as attractive figures on social media leads toward hirsutism dissatisfaction and deteriorate the mental health of an individual (Xiang, Chen, Chen & Yan, 2023).

## Conclusion

The findings of current study an imperative contribution to understand the factors of hirsutism such as hairless ideal internalization, hirsutism dissatisfaction and psycho-symptomology of hirsutism underlying its relationship with body surveillance and psychological well-being of hirsute women. Mediating role of body surveillance and hirsutism dissatisfaction is conducive to develop and counseling of hirsute women in future with positive body image.

## Limitations and Implications

Hirsutism is a salient construct that is under investigation and underlying with many other psychological phenomena. In future, it would be investigated with other variables such as social rejection, body incompetency etc. group diversity is another limitation of the current study, results or findings may be different in different cultural groups with a large sample size. The findings of present study beneficial and crucial to develop interventions to deal the issues related to the mental health of hirsute women. It also helps in counseling psychology for hirsute women to achieve positive body image.

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