

Original Article

The effectiveness of unified transdiagnostic therapy on emotional well-being and self-esteem in girls with body dysmorphic disorder (BDD)

Mahsa Hatam ¹, Mahnaz Khosrojavid ^{2*}, Abbas Abolghasemi ³ & Seyed Mousa Kafi Masouleh ⁴

1. PhD Students in Psychology, Faculty of Literature and Humanities, University of Guilan, Rasht, Iran.
2. Associate Professor of Psychology, Faculty of Literature and Humanities, University of Guilan, Rasht, Iran.
3. Professor of Psychology, Faculty of Literature and Humanities, University of Guilan, Rasht, Iran.
4. Professor of Psychology, Faculty of Literature and Humanities, University of Guilan, Rasht, Iran.

Abstract

Body Dysmorphic Disorder (BDD) is a debilitating condition that significantly affects emotional well-being and self-esteem. This study examines the effectiveness of Unified Transdiagnostic Therapy (UTT) in improving emotional well-being and self-esteem in girls with BDD. The study utilized a quasi-experimental design with a pretest-posttest control group. The population included 28 adolescent girls diagnosed with BDD in Rasht in 2024. The participants were selected through convenience sampling and randomly assigned to either the intervention group (n=14) or the control group (n=14). The research instruments included the Obsessive-Compulsive Scale (BDD-YBOCS), Emotional Well-Being Scale (EWS), and the Rosenberg Self-Esteem Scale (RSS). The intervention group participated in eight weekly 90-minute UTT sessions, while the control group did not receive any intervention. The data was analyzed using MANCOVA in SPSS-27 software. The results showed that UTT significantly increased positive affect ($F = 18.39$) and self-esteem ($F = 53.98$), while substantially reducing BDD ($F = 79.88$) and negative affect ($F = 53.37$) in girls with the condition ($P < 0.001$). UTT effectively enhances emotional well-being by increasing positive affect and reducing negative affect, while also boosting self-esteem and alleviating BDD. These findings highlight UTT as a comprehensive and effective intervention for addressing both emotional and psychological challenges in individuals with BDD, with significant implications for clinical practice.

Keywords

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Introduction

Body Dysmorphic Disorder (BDD) is a debilitating mental health condition characterized by persistent and intrusive preoccupations with perceived flaws in one's physical appearance (McGrath et al., 2023). Individuals with BDD, particularly adolescents, often engage in excessive self-monitoring, mirror checking, or avoidance behaviors to cope with their perceived imperfections (Alghamdi et al., 2022). This heightened vulnerability stems from various factors, including societal beauty standards, increased exposure to social media, and the developmental challenges of adolescence, which collectively amplify the focus on physical appearance (Collison & Barnier, 2020). Girls with BDD often experience low self-esteem, social withdrawal, and difficulties in forming healthy relationships (Mufassery et al., 2025). The preoccupation with perceived flaws can

result in excessive grooming, repetitive behaviors, and avoidance of social situations (Arabyat et al., 2023). These challenges are frequently accompanied by co-occurring psychological conditions such as anxiety, depression, and obsessive-compulsive tendencies, further complicating their mental health landscape (Morita et al., 2021).

BDD has a profound connection with emotional well-being, as it directly influences how individuals experience and regulate their emotions (Gardner et al., 2021). Emotional well-being, which encompasses both positive affect and negative affect, is a critical aspect of mental health (Borgers et al., 2022). Positive affect reflects feelings such as joy, enthusiasm, and engagement, while negative affect involves emotions like sadness, anxiety, and irritability (Gu & Zhu, 2023). In individuals with BDD, this balance is significantly disrupted, leading to emotional turmoil that plays a central role in the

Corresponding author: Associate Professor of Psychology, Faculty of Literature and Humanities, University of Guilan, Rasht, Iran.
E-mail: mkhjavid.psy@yaho.com



development and persistence of the disorder (Lavell et al., 2018). The emotional well-being of individuals with BDD is often characterized by heightened negative affect, such as shame, guilt, and fear of judgment, coupled with diminished positive affect, such as reduced joy and satisfaction (Bilsky et al., 2022). This imbalance not only exacerbates the core symptoms of BDD but also impairs the individual's ability to cope with the disorder's psychological and social challenges (Boullion et al., 2021). The persistent preoccupation with perceived physical flaws creates a cycle of negative emotions that undermine overall mental health and quality of life (Gardner et al., 2021). Moreover, external factors such as societal beauty standards, peer comparisons, and the pervasive influence of social media further compound this imbalance (Gu & Zhu, 2023). These external pressures amplify negative emotional experiences, heightening feelings of inadequacy and social withdrawal while restricting opportunities for experiencing positive emotions (Oliveira et al., 2024).

One of the key characteristics often observed in adolescents with this BDD is low self-esteem (Bosbach et al., 2024). Self-esteem, the overall sense of self-worth or personal value, is a fundamental element of psychological well-being that significantly influences how individuals perceive themselves and navigate their relationships and environment (Kuck et al., 2021). In the context of BDD, self-esteem is often profoundly compromised. Individuals with BDD often measure their self-worth based on their physical appearance, making them particularly vulnerable to societal beauty standards and external validation (Benjamin et al., 2023). This reliance on appearance as a primary determinant of self-esteem creates a fragile self-concept, susceptible to negative emotions and distorted beliefs about personal value (Putek & Szepietowski, 2024). The chronic dissatisfaction with their appearance leads to behaviors such as excessive grooming, repeated checking, and avoidance of social situations, further reinforcing low self-esteem and social isolation (Gajić & Gajić, 2022). The relationship between self-esteem and BDD is bidirectional; while low self-esteem contributes to the onset and maintenance of BDD, the disorder itself exacerbates self-esteem issues through a cycle of negative self-evaluation and emotional distress (Bosbach et al., 2024). External factors, such as cultural beauty ideals, social media exposure, and peer comparisons, intensify this dynamic, making recovery even more challenging (Raharja & Yuniardi, 2019). Low self-esteem impacts the individual's mental health and limits their ability to form healthy relationships and pursue meaningful activities, further diminishing their quality of life (Corazza et al., 2019).

However, the complex interplay of emotional dysregulation, cognitive distortions, and co-occurring psychological issues in BDD often calls for a more comprehensive and flexible treatment framework (Mohajerin et al., 2019). Unified Transdiagnostic Therapy (UTT) has emerged as a promising approach to address these challenges by targeting underlying

emotional processes that are common across various mental health disorders (Zhao et al., 2024). UTT focuses on the shared mechanisms that contribute to the development and maintenance of psychological disorders, rather than addressing symptoms unique to a specific diagnosis (Longley & Gleiser, 2023). In the context of BDD, UTT aims to address the core emotional and cognitive vulnerabilities, such as perfectionism, excessive self-criticism, and emotional dysregulation, which perpetuate the disorder (Stewart et al., 2024). By taking a holistic view of the individual's emotional landscape, UTT seeks to improve emotional well-being, enhance self-esteem, and reduce the impact of appearance-related distress (Antuña-Cambor et al., 2024). The application of UTT in BDD is particularly relevant given the disorder's high comorbidity with other conditions such as anxiety, depression, and obsessive-compulsive disorder (Sakiris & Berle, 2019). By addressing transdiagnostic processes, UTT provides a cohesive framework that can simultaneously target multiple dimensions of an individual's psychological difficulties, leading to more comprehensive and sustainable outcomes (Bentley, 2017).

Additionally, UTT's adaptability makes it well-suited to address the diverse needs and experiences of individuals with BDD, fostering a more personalized therapeutic experience (Osma et al., 2021). Liu et al. (2024) conducted a meta-analysis that confirms the effectiveness of psychological treatments, including UTT, in significantly improving BDD symptoms, depression, anxiety, psychosocial functioning, and quality of life, with effects sustained for up to 6 months. Larger effect sizes were observed in studies with waitlist controls, low-risk bias, and longer sessions, while treatment outcomes remained consistent across delivery modes. Longley and Gleiser (2023) conducted a systematic review and meta-analysis of the UTT, a transdiagnostic cognitive-behavioral therapy (CBT) for internalizing disorders. The results demonstrated that the UTT effectively reduces symptoms of BDD and other related conditions. The UTT outperformed comparator treatments, showing large effect sizes for anxiety and depression, and moderate effects for neuroticism/negative affect. Notably, the UTT produced stable results in studies with short-term follow-up. Compared to waitlist control and treatment-as-usual groups, the UTT was more effective, even surpassing traditional CBT in some cases. The number of therapy sessions and study quality were identified as key moderators for depression and anxiety outcomes, respectively. These findings provide strong support for the UTT as an effective treatment for internalizing disorders and suggest directions for future research to further enhance treatment outcomes (Sheykhangafshe et al., 2023).

BDD has profound and far-reaching consequences on individuals' mental health, particularly impacting emotional well-being and self-esteem. These outcomes are especially pronounced in adolescent girls, who are highly susceptible to societal beauty standards and external pressures. The disorder often leads to chronic

emotional distress, social withdrawal, and impaired functioning, highlighting the urgent need for innovative therapeutic approaches. UTT addresses the complex interplay of emotional dysregulation, cognitive distortions, and co-occurring psychological challenges that exacerbate these outcomes in BDD. This research aims to address the fundamental mechanisms underlying the widespread impact of the disorder, contributing to the development of more effective and comprehensive treatment strategies that enhance mental health outcomes and overall quality of life for those affected. The study explores the effectiveness of UTT in improving emotional well-being and self-esteem in girls diagnosed with Body Dysmorphic Disorder BDD.

Method

Participants

The study employed a randomized controlled clinical trial design, incorporating a pre-test-post-test design with a control group. The sample comprised 28 adolescent girls aged 14 to 18 years with BDD who were referred to psychology and counseling centers in Rasht in 2024. The participants were selected through convenience sampling. Initially, all 28 girls scoring above the cutoff of 5 on the Body Dysmorphic Disorder Questionnaire (BDD-YBOCS) were identified and participated in a clinical interview to assess psychological and social dimensions, followed by a final evaluation interview to confirm the obtained scores. They were then randomly assigned into two groups: 14 participants in the experimental group and 14 in the control group (Nejati et al., 2024). Sample size determination adhered to parameters specified by G*Power software (effect size = 1.53, $\beta = 0.97$, $\alpha = 0.05$). Inclusion criteria included female gender, age between 14 to 18 years, residency in Rasht, willingness to participate in the study, and a score above the cutoff on the BDD-YBOCS. In adherence to ethical principles, the control group received treatment sessions after the post-test was completed.

Instrument

The Modified Yale-Brown Obsessive-Compulsive Scale for Body Dysmorphic Disorder (BDD-YBOCS):

It is a 12-item instrument designed to evaluate the severity of symptoms associated with BDD. Participants rate their responses on a five-point Likert scale, ranging from 0 (Strongly Disagree) to 4 (Strongly Agree). Phillips et al. (1997) conducted a study involving 125 outpatients, identifying two primary factors in BDD: obsessive thoughts and compulsive behaviors, along with two additional questions assessing insight into appearance-related beliefs and avoidance behaviors. The study demonstrated strong validity and reliability (Phillips et al., 1997). In Iran, Khoramdel et al. (2010) further validated the scale in a sample of 100 individuals, reporting significant correlations (ranging from 0.25 to 0.85, $p < 0.005$) between BDD severity and related constructs assessed by the Padua Inventory,

supporting its construct validity. Reliability analyses showed a Cronbach's alpha of 0.93 for the total scale, 0.93 for obsessive thoughts, and 0.78 for compulsive behaviors. Split-half reliability using Guttman's coefficient was 0.91, indicating strong internal consistency. In the present study, the scale also demonstrated strong internal consistency, with a Cronbach's alpha of 0.81, further supporting its reliability for assessing BDD symptoms.

The Emotional Well-Being Scale (EWS):

Developed by Keyes & Magyar-Moe (2003), it is a 12-item measure designed to assess emotional well-being through two subscales: Positive Affect and Negative Affect, each comprising 6 items. Positive Affect evaluates pleasant emotional states such as happiness, contentment, and excitement, while Negative Affect assesses unpleasant emotional experiences like sadness, anger, and anxiety. Items are rated on a Likert scale, typically ranging from 1 (Never) to 5 (Always), with higher scores in each subscale indicating greater levels of the corresponding emotional state (Keyes & Magyar-Moe, 2003). The scale allows for the evaluation of overall emotional well-being by considering the balance between positive and negative scores. In terms of psychometric properties, the scale demonstrates high reliability, with Cronbach's alpha coefficients ranging from 0.84 to 0.91, and strong construct validity, as it correlates significantly with measures of psychological well-being, life satisfaction, and depressive symptoms. Furthermore, the reliability and validity of this scale have been reported as satisfactory in Iranian studies, with a reliability coefficient of 0.89 (Zabihi Hesari et al., 2019). In the present study, the scale demonstrated reliability coefficients of 0.85 for Positive Affect and 0.79 for Negative Affect, indicating strong internal consistency for both subscales in measuring emotional well-being.

The Rosenberg Self-Esteem Scale (RSS):

Developed by Rosenberg in 1965, it is a 10-item measure designed to assess individuals' self-esteem levels. Scoring involves assigning +1 for agreement and -1 for disagreement with items 1 to 5, while items 6 to 10 are reverse-scored, with -1 for agreement and +1 for disagreement. The total score is calculated as the sum of all item scores, where a score above zero indicates higher self-esteem and a score below zero reflects lower self-esteem. Higher total scores correspond to greater levels of self-esteem (Rosenberg, 1965). Zarei (2022) evaluated the reliability of the scale in an Iranian sample, reporting a Cronbach's alpha of 0.64, indicating moderate internal consistency. In the present study, the scale demonstrated improved reliability, with a Cronbach's alpha of 0.82, reflecting strong internal consistency for assessing self-esteem in the target population.

Unified Transdiagnostic Therapy (UTT):

UTT, as outlined in the protocol by Ehrenreich-May et al (2017), represents a flexible and structured therapeutic approach aimed at addressing shared mechanisms underlying emotional disorders. This intervention consists of eight modules, typically delivered over 11 weekly 90-minute sessions, as shown in Table 1. UTT integrates the core principles of cognitive-behavioral therapies while incorporating advancements in emotion regulation

research. It emphasizes developing skills such as mindfulness, cognitive restructuring, emotional exposure, and behavioral activation. By focusing on transdiagnostic factors, including cognitive distortions and emotional dysregulation, UTT enhances emotional awareness, promotes adaptive coping strategies, and improves overall psychological functioning. Its flexibility and individualized approach make it a highly effective treatment for a variety of emotional disorders, including BDD.

Table 1. Summary of Unified Protocol for Transdiagnostic Treatment of Adolescents

Session	Goal	Content
1	Building and Maintaining Motivation	Establishing a friendly relationship with the adolescent, discussing and setting goals related to self-harm, encouraging behavior change regarding self-injury, and discussing the pros and cons of change. Goals are defined concretely.
2-3	Identifying Emotions and Behaviors	Educating about different emotions, practicing emotion recognition, discussing the purpose of emotions, mapping emotional experiences, examining the role of avoidance in maintaining the emotional cycle, and understanding personal emotional response patterns.
4	Introducing Emotion-Focused Behavioral Experiments	Introducing the concept of opposite or adaptive behavior compared to maladaptive responses in past intense emotional states. Reinforcing this concept through a series of behavioral experiments demonstrating the feasibility of such adaptive behaviors, focusing on alternatives to self-harm. Helping the adolescent integrate more pleasurable activities into daily life and identifying these enjoyable activities.
5	Awareness of Physical Sensations	Increasing awareness of the adolescent's physical responses to intense emotional states, teaching principles of interoceptive exposure or sensory confrontation to adapt to strong bodily sensations, and tolerating them until the body returns to a less tense state.
6-7	Flexibility in Thinking	Helping the adolescent become more flexible in interpreting signs or ambiguous situations, assisting in evaluating and identifying logical versus illogical or incorrect interpretations. Introducing cognitive distortions and teaching problem-solving and coping strategies.
8	Awareness of Emotional Experiences	Enhancing the adolescent's awareness of present-moment experiences and working on strategies to increase this awareness during emotionally charged situations. Discussing present-moment emotional experiences and the importance of mindfulness, practicing mindfulness exercises, introducing the concept of non-judgmental awareness, and engaging in related activities. Introducing emotional exposures and identifying subtle avoidance behaviors.
9-10	Situational Emotion Exposure	Reviewing skills taught in previous sessions, identifying situations where the adolescent uses maladaptive emotional behaviors, including self-harm, and emotional, behavioral, or cognitive avoidance, to cope with strong emotions.
11	Reviewing Achievements and Future Planning	Reviewing learned skills, obtaining feedback from the adolescent on the helpfulness of the skills taught in therapy, emphasizing useful skills, and planning for future stressors. Discuss how to select appropriate skills to manage such stressors and prevent relapse.

Procedure

Initially, 28 girls who scored above the cutoff of 5 on the BDD-YBOCS were identified. These participants then underwent a comprehensive clinical interview to assess psychological and social dimensions relevant to BDD. Following the interview, they completed a series of questionnaires designed to gather additional information on their emotional well-being, self-esteem, and behavioral patterns. To ensure the accuracy of the obtained scores and confirm the diagnosis, a final evaluation interview was conducted. The data collected from these assessments were then analyzed to evaluate the effectiveness of the treatment intervention.

After collecting the research data, all responses were entered into SPSS software version 27. Multivariate Analysis of Covariance (MANCOVA) was employed to analyze the scores. The significance level for testing the assumptions was set at 0.05.

Results

The mean and standard deviation of the age of the experimental and control groups were 16.14 ± 6.93 and 16.64 ± 7.35 , respectively. Table 2 presents the mean and standard deviation of pre-test and post-test scores for emotional well-being and self-esteem in the experimental and control groups of girls with BDD. This table also includes the results of the Shapiro-Wilk test (S-W), which assessed the normality of the variable distributions in the two groups. The Shapiro-Wilk statistics are insignificant for any variables, indicating that the distributions are normal (see Table 2).

Multivariate analysis of covariance was used to test the efficacy of UTT on emotional well-being and self-esteem in girls with BDD. The results of the Levin test to examine the homogeneity of variance of dependent variables in groups showed that the variance of BDD ($F=0.37$, $P=0.848$), emotional well-being ($F=1.91$, $P=0.325$), and self-esteem ($F=1.50$, $P=0.231$) was equal in the groups. The results of the box test to evaluate the equality of the covariance matrix of dependent variables between the experimental and

control groups also showed that the covariance matrix of the dependent variables is equal (Box M= 13.546, F=1.126, P=0.338). The significance of the box test is greater than 0.05, so this assumption is valid. Also, the results of the

Chi-square-Bartlett test to examine the sphericity or significance of the relationship between BDD, emotional well-being, and self-esteem showed that the relationship between them is significant ($\chi^2=38.534$, df=9, P<0.01).

Table 2. Descriptive Indices of Study's Variables in Control and Experimental Groups

Variables		Groups	Mean	SD	S-W	P*
BDD	Pre-test	Experimental	40.28	4.61	0.125	0.081
		Control	41.57	3.93	0.103	0.074
	Post-test	Experimental	30.78	2.35	0.095	0.069
		Control	41.58	3.83	0.119	0.082
Positive Affect	Pre-test	Experimental	16.28	2.78	0.138	0.052
		Control	16.50	2.65	0.101	0.069
	Post-test	Experimental	19.57	1.98	0.087	0.081
		Control	16.64	2.59	0.133	0.057
Negative Affect	Pre-test	Experimental	20.35	3.27	0.122	0.074
		Control	20.42	3.05	0.094	0.091
	Post-test	Experimental	14.86	1.79	0.117	0.085
		Control	20.65	2.97	0.093	0.060
Self-esteem	Pre-test	Experimental	13.64	1.73	0.105	0.057
		Control	13.21	1.36	0.162	0.093
	Post-test	Experimental	15.71	1.58	0.094	0.054
		Control	13.28	1.54	0.106	0.065

* Shapiro-Wilk test

Another important assumption of multivariate analysis of covariance is the homogeneity of regression coefficients. It should be noted that the homogeneity test of regression coefficients was examined through the interaction of dependent variables and independent variables (intervention method) in the pre-test and post-test. The interaction of these pre-tests and post-tests

with the independent variable was not significant and indicated the homogeneity of regression slope; therefore, this assumption also holds. Due to the establishment of multivariate analysis of covariance, the use of this test will be allowed. Then, to find out the differences between the groups, a multivariate analysis of covariance was performed (Table 3).

Table 3. The Results of Multivariate Analysis of Covariance on Mean Post-Test Scores

Test	Value	F	df	Error df	P	Effect Value
Pillai's Trace	0.908	47.637	4	19	<0.001	0.91
Wilks Lambda	0.091	47.637	4	19	<0.001	0.91
Hotelling Trace	10.029	47.637	4	19	<0.001	0.91
Roy's Largest Root	10.029	47.637	4	19	<0.001	0.91

According to Table 3, the results showed the effect of the independent variable on the dependent variables; In other words, experimental and control groups have a significant difference in at least one of the variables of BDD, emotional well-being, and self-esteem, which according to the calculated effect size, 91% of the total variance of experimental and control groups is due to

the effect of the independent variable. Also, the test's statistical power is equal to 1, indicating the sample size's adequacy. However, to determine in which areas the difference is significant, a univariate analysis of the covariance test was used in the MANCOVA, the results of which are reported in Table 4.

Table 4. Results of Univariate Analysis of Covariance on the Mean of Post-Test Scores of Dependent Variables in Experimental and Control Groups

Variables	SS	SS Error	DF	MS	MS Error	F	P	Effect Value
BDD	688.542	189.62	1	688.542	8.61	79.88	<0.001	0.78
Positive Affect	58.442	69.91	1	58.442	3.17	18.39	<0.001	0.46
Negative Affect	221.197	91.17	1	221.197	4.12	53.37	<0.001	0.70
Self-esteem	35.441	14.45	1	35.441	0.65	53.98	<0.001	0.71

According to the data presented in Table 4, the F-statistic is significant for BDD (F=79.88), positive affect (F=18.39), negative affect (F=53.37), and self-esteem (F=53.98) at the 0.001 significance level. These results demonstrate a significant difference between the groups in these variables. Additionally, based on the calculated effect size, 78% of the variance in BDD, 46%

in positive affect, 70% in negative affect, and 71% in self-esteem can be attributed to the effects of the intervention. Consequently, it can be concluded that UTT significantly enhances positive affect and self-esteem while reducing BDD and negative affect in girls with BDD.

Discussion

This study examines the effectiveness of UTT in improving emotional well-being and self-esteem among girls with BDD. The findings reveal that UTT significantly enhances positive affect while reducing negative affect, highlighting its potential as an effective intervention for addressing emotional and psychological challenges associated with BDD. The ability of UTT to enhance positive affect and reduce negative affect in girls with BDD stems from its focus on core transdiagnostic mechanisms that drive emotional dysregulation in this condition. BDD is often characterized by heightened negative emotions such as anxiety, shame, and sadness, primarily due to persistent cognitive distortions and preoccupation with perceived physical flaws (Gardner et al., 2021). UTT addresses these underlying factors by helping participants recognize and challenge their distorted thought patterns, thereby reducing the emotional intensity associated with these thoughts (Sakiris & Berle, 2019). This cognitive restructuring allows participants to break free from cycles of self-critical thinking, reducing negative affect (Mohajerin et al., 2019).

Additionally, UTT employs strategies such as mindfulness, behavioral activation, and emotional regulation techniques, which are critical in fostering positive affect (Liu et al., 2024). Mindfulness training encourages participants to focus on the present moment and disengage from ruminative thoughts about their appearance, which often perpetuate negative emotions. Behavioral activation further supports this process by encouraging engagement in rewarding and value-driven activities that increase feelings of pleasure, accomplishment, and connectedness. These techniques not only help reduce the dominance of negative emotions but also create opportunities for experiencing and amplifying positive emotions (Zhao et al., 2024). Moreover, the integrative framework of UTT emphasizes self-compassion and acceptance, which are essential for building positive affect in individuals struggling with BDD (Shabahang et al., 2020). By cultivating a kinder, more supportive inner dialogue and helping participants reframe their focus from perceived flaws to their intrinsic strengths and values, UTT promotes a healthier emotional landscape (Bentley, 2017). This holistic approach helps participants develop a more balanced and optimistic perspective on themselves and their lives, reducing the intensity and frequency of negative affect while enhancing their capacity to experience and sustain positive emotions. Collectively, these processes make UTT a powerful intervention for improving emotional well-being in girls with BDD (Ehrenreich-May et al., 2017).

From another perspective, the significant improvement in self-esteem observed in girls with BDD following UTT highlights the multidimensional impact of this therapeutic approach. UTT likely contributed to the increase in self-esteem among adolescent girls with BDD by addressing the underlying cognitive and emotional processes that sustain their negative self-

perceptions (Sakiris & Berle, 2019). BDD is characterized by excessive preoccupation with perceived physical flaws, often tied to distorted cognitive schemas and maladaptive beliefs about self-worth. UTT, by focusing on shared transdiagnostic factors such as cognitive distortions, emotional dysregulation, and perfectionism, enables individuals to reframe their negative thoughts and challenge unrealistic standards, fostering a healthier self-image (Ehrenreich-May et al., 2017). This restructuring of maladaptive thoughts reduces the emotional weight of perceived flaws, paving the way for improved self-esteem (Stewart et al., 2024).

The therapeutic techniques employed in UTT, such as mindfulness, emotional regulation strategies, and cognitive flexibility training, play a crucial role in strengthening self-esteem (Osma et al., 2024). By teaching individuals to regulate negative emotions, reduce avoidance behaviors, and focus on their strengths, UTT helps participants develop a sense of agency and control over their thoughts and emotions. This process not only diminishes the intensity of body-focused anxieties but also promotes a positive self-concept (Zhao et al., 2024). Additionally, the group-based or individualized sessions provide a supportive environment, reinforcing feelings of acceptance and validation, which are critical for adolescents struggling with self-esteem issues (Ehrenreich-May et al., 2017). Finally, UTT fosters resilience by helping participants identify and cultivate values beyond physical appearance. Adolescence is a period when individuals are particularly vulnerable to societal pressures and ideals, which can exacerbate body image concerns (Mohajerin et al., 2019). UTT encourages a shift in focus from superficial attributes to intrinsic qualities such as kindness, intelligence, or creativity (Longley & Gleiser, 2023). This broader perspective helps adolescents recognize their inherent worth, independent of external appearance, ultimately enhancing their self-esteem (Gajić & Gajić, 2022). The sustained improvements observed in self-esteem suggest that UTT equips individuals with long-term coping strategies, making it a valuable intervention for addressing the complex interplay of factors contributing to low self-esteem in girls with BDD (Antuña-Cambor et al., 2024).

This study, while highlighting the effectiveness of UTT in improving emotional well-being and self-esteem in adolescent girls with BDD, has certain limitations that warrant consideration. The small sample size and use of convenience sampling may limit the generalizability of the findings to broader populations. Additionally, the study was conducted within a specific cultural and geographical context, which may influence the applicability of the results to other settings. Future research should aim to replicate these findings with larger and more diverse samples, including participants from various cultural backgrounds, to enhance external validity. Longitudinal studies are also recommended to assess the durability of the therapeutic outcomes over

time. Practically, integrating UTT into community mental health programs and training clinicians to implement this approach can help expand its accessibility and effectiveness in treating BDD and related disorders. Furthermore, combining UTT with other interventions, such as pharmacotherapy or family-based approaches, could enhance treatment outcomes and address more complex cases.

Conclusion

This study highlights the significant effectiveness of UTT in addressing the complex emotional and psychological challenges associated with BDD in adolescent girls. The findings revealed that UTT not only enhances emotional well-being by increasing positive affect and decreasing negative affect but also substantially improves self-esteem while alleviating core symptoms of the disorder. These outcomes underscore the therapeutic potential of UTT as a versatile and comprehensive intervention that targets transdiagnostic factors underlying various mental health conditions. Its structured, yet adaptable framework allows for tailored application across diverse populations and clinical settings. The study's implications extend to the broader field of mental health, advocating for the integration of UTT in therapeutic protocols for BDD and other related disorders. Further research is encouraged to explore its long-term efficacy, mechanisms of action, and scalability, offering valuable insights into its role in promoting holistic psychological well-being and resilience.

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Disclosure Statement

The authors declare no conflict of interest.

ORCID

Mahnaz Khosrojavid: <https://orcid.org/0000-0002-4079-9094>

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