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THE EFFECT OF QANÂ'AH ON THE TENDENCY TOWARD BODY DYSMORPHIC DISORDER AMONG SANTRI AT PESANTREN ANNUQAYAH LATEE II

Hikmatul Maulidiah

Universitas Annuqayah, Sumenep, Indonesia
hikmalidia22@gmail.com

Nuzulul Khair

Universitas Annuqayah, Sumenep, Indonesia
nuzululkhair@ua.ac.id

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Abstract

Tendencies toward body dysmorphic disorder are a common phenomenon, particularly among females. This study aims to examine the effect of qanaah attitudes on the tendency toward body dysmorphic disorder among students at Annuqayah Latee II Islamic Boarding School. This research employs a quantitative approach with a correlational design. The sample consisted of 47 students selected using purposive sampling techniques. The research instruments used were the body dysmorphic disorder scale based on Phillips' theory and the qanaah scale based on Buya Hamka's theory. The results showed no significant effect between qanaah attitudes and tendencies toward body dysmorphic disorder (Sig. 0.256 > 0.05). The contribution of qanaah attitudes to body dysmorphic disorder tendencies was only 2.9%, indicating that other factors play a more dominant role. These findings provide important implications for developing Sufi and psychotherapy approaches to address body perception issues.

Keywords: *Qanaah Attitudes; Body Dysmorphic Disorder; Students of Annuqayah Islamic Boarding School of Latee II*

Abstrak

Kecenderungan *body dysmorphic disorder* merupakan fenomena yang umum terjadi pada individu, khususnya perempuan. Penelitian ini bertujuan untuk mengetahui pengaruh antara sikap qanaah dan kecenderungan *body dysmorphic disorder* pada santri Pondok Pesantren Annuqayah Latee II. Metode penelitian menggunakan pendekatan

kuantitatif dengan desain korelasional. Sampel penelitian sebanyak 47 santri yang dipilih menggunakan teknik *purposive sampling*. Instrumen penelitian menggunakan skala *body dysmorphic disorder* berdasarkan teori Phillips dan skala qanaah berdasarkan teori Buya Hamka. Hasil penelitian menunjukkan bahwa tidak terdapat pengaruh signifikan antara sikap qanaah dan kecenderungan *body dysmorphic disorder* (Sig. 0,256 > 0,05). Kontribusi sikap qanaah terhadap kecenderungan *body dysmorphic disorder* sangat kecil yaitu 2,9%, sehingga faktor lain diduga lebih berpengaruh. Temuan ini memberikan implikasi penting untuk pengembangan pendekatan tasawuf dan psikoterapi dalam mengatasi gangguan persepsi tubuh.

Kata Kunci: Sikap Qanaah; *Body Dysmorphic Disorder*; Santri Pondok Pesantren Annuqayah Latee II

Introduction

Mental health is a state or condition in which a person is free from symptoms of mental disorders or illnesses, such as anxiety or restlessness, which can diminish a person's potential. The mental health of students—particularly adolescent students—is a crucial aspect in supporting their psychosocial development. Optimal mental health can support their development in terms of both intellectual abilities and life skills (Yasir, 2024: 23). Boarding school students, as a group of adolescents receiving intensive religious education, often face additional pressures that can affect their mental well-being.

It should be noted that adolescent students are in a phase of self-discovery and are confronted with various difficulties and problems. During this phase, adolescents are in a transitional phase between childhood and adulthood (Sabiq, 2020: 166). At this age, adolescents also experience physical changes such as height, weight, and changes in facial and body proportions or appearance. Although temporary, these changes influence personality, attitudes, and behavior patterns.

One of the factors contributing to this phenomenon is the increasing ease of access to information showcasing ideal body standards from various societies and cultures. These diverse perspectives on the ideal body image are also readily accessible to boarding school students.

According to research presented by Wahyudi, during adolescence—particularly among adolescent girls—the prevalence of body dysmorphic disorder tends to be higher than among boys. This is supported by statistical data from a study of 30,000 Americans, which found that 93% of adolescent girls and 87% of adolescent boys are concerned about their appearance and go to excessive lengths to improve it (Awalya, 2024: 68).

Extensive social interaction can lead students to desire to look the same as what they see on various social media platforms. Adolescent students, particularly female students, may form their own perceptions of the body. The increasingly modern environment of Islamic boarding schools also facilitates the circulation of various beauty products among students, which shapes certain social standards of beauty. Consequently, some students feel anxious if their appearance does not align with their social environment.

The issues that arise from this assessment of one's physical appearance are known as *body dysmorphic disorder* (BDD). *Body dysmorphic disorder* (BDD) is a condition in which an individual is preoccupied with their physical appearance, which then leads to stress and a decline in their ability to function as a social being. Someone experiencing this disorder is typically consumed by worries about perceived flaws in their appearance that are either imaginary or exaggerated. This tendency is becoming increasingly prevalent, even among Islamic boarding school students. Students with a tendency toward *body dysmorphic disorder* typically feel anxious and dissatisfied with their physical

appearance. Students with *body dysmorphic disorder* also view themselves as ugly or unattractive, even though in reality they appear normal or attractive (Adriani, 2021: 89–106).

These issues cause individuals to lack self-confidence, leading them to undergo various *treatments* to achieve their desired weight, use beauty products that promise instant skin transformations, or seek *treatments* at beauty salons to satisfy their needs. Individuals with *body dysmorphic disorder* often tend to fixate on physical imperfections, particularly in facial features such as the nose, eyes, and so on (Efendy, 2024: 420). In addition, concerns about body weight and skin tone are also common issues experienced by those with *body dysmorphic disorder*.

Adolescent students—particularly girls—who exhibit tendencies toward *body dysmorphic disorder* will fixate on their perceived flaws and often experience anxiety, discomfort, insecurity, a lack of self-confidence, and low self-esteem. These issues can hinder their optimal development and negatively impact their daily lives and life tasks.

One factor considered to play a significant role in the development of *body dysmorphic disorder* is negative self-acceptance, which prevents them from fully accepting themselves. This, in turn, gives rise to a desire to achieve their ideal body image. Negative self-acceptance can lead to a mindset that is constantly dependent on one's own fantasies.

Therefore, measures are needed to reduce the tendency toward *body dysmorphic disorder*, one of which is cultivating the attitude of qanaah. The concept of qanaah shares similarities with the concept of self-acceptance. *Self-acceptance* is an individual's ability to accept their own existence following a process of self-assessment. Buya Hamka explains that people who indulge in daydreaming tend to spend more time fantasizing than working; they complain more when they see others' strengths, which leads to low self-esteem. This also includes fantasizing about things that are impossible, such as someone with an "unattractive" face wanting to become beautiful (Hamka, 1989: 1187).

Based on the researcher's review of several previous studies: First, a journal article by Fadli Pratama Oselian states that there is a highly significant relationship between *body image* and the tendency toward *body dysmorphic disorder* (Oselian, 2024: 46–51). The two variables exhibit a negative correlation, indicating that the lower the body image, the higher the tendency toward *body dysmorphic disorder*; conversely, the higher the *body image*, the lower the tendency toward *body dysmorphic disorder*.

Furthermore, research conducted by Graseta Teresa Putri Pamalingan and Wahyuni Kristinawati found a significant relationship between self-esteem and the tendency toward *body dysmorphic disorder* among female UKSW students who use TikTok or Instagram, at 61.9%, with a negative direction of influence. This means that the higher the self-esteem, the lower the tendency toward *body dysmorphic disorder*;

conversely, the lower the self-esteem, the higher the tendency toward *body dysmorphic disorder* (Pamalingan, 2023: 63).

Body dysmorphic disorder (BDD) is a relatively common disorder characterized by a distressing or debilitating preoccupation with imagined or minor flaws in one's appearance. *Body dysmorphic disorder* is generally considered a disorder on the obsessive-compulsive spectrum, based on its similarities to obsessive-compulsive disorder. It is important to properly recognize and treat *body dysmorphic disorder*, as this disorder is associated with significant impairments in psychosocial functioning, particularly poor quality of life and high rates of suicide (Elliot, 2014: 35–47).

Body dysmorphic disorder is a distressing and debilitating preoccupation with an imagined defect or minor flaw in one's appearance; it is an OCD-spectrum disorder that appears to be relatively common. (Phillips, 1998: 2) According to Veale, body dysmorphic disorder is a mental disorder defined as a person's preoccupation with perceived flaws in their appearance. (Veale: 2014, 2) According to Perugi et al., *body dysmorphic disorder* is a relatively common and often disruptive mental disorder characterized by a persistent preoccupation with imagined anomalies in one's appearance (such as a large nose, excessive sweating, or a scar on the face). Even if there is only a minor physical defect, the individual's concerns about it are greatly exaggerated (Perugi, 2005: 190).

Body dysmorphic disorder is generally considered a disorder on the obsessive-compulsive spectrum, based on its similarities to obsessive-compulsive disorder (Bjornsson, 2010: 221). According to Phillips, the key aspects of *body dysmorphic disorder* are preoccupation and distress or impaired functioning. Factors influencing *body dysmorphic disorder* include dissatisfaction with body parts, anxiety manifested through obsessive-compulsive behaviors, and negative thoughts and feelings about the body (Phillips, 2008: 13–27).

According to Buya Hamka, qanaah means being content with what is sufficient—that is, feeling satisfied with whatever has been decreed by Allah SWT (Hamka, 1981: 180). According to Al-Ghazali, a person with weak desires who ceases to seek more is considered qani', meaning one who is content with what is available (Rahmawati, 2022: 469). Meanwhile, Imam Al-Qurthubi, in his exegesis—citing the view of Al-Khalil—defines qanaah as being content and refraining from begging.

A person who is qanaah will not demand what does not belong to them and feels content with what they possess. Buya Hamka explains that there are five characteristics or aspects of the attitude of qanaah, namely: willingly accepting what one has; asking God for appropriate additional provisions; making an effort; patiently accepting God's decree; placing one's trust in God; and not being tempted by the deceptions of the world.

Several factors can influence the development of qanaah in a person, namely: strengthening one's faith; being convinced of God's decree regarding sustenance;

applying the teachings of the Quran in daily life; understanding the wisdom behind differences in sustenance; looking to those who are less fortunate in worldly matters; and accepting and being grateful for the blessings from Allah SWT.

The importance of qanaah lies in its ability to prevent someone from developing a tendency toward *body dysmorphic disorder*. An attitude of qanaah can help a person avoid succumbing to despair and greed; indeed, qanaah can serve as both a stabilizer and a dynamizer in life. As a stabilizer, qanaah helps a person remain open-hearted and at peace. Meanwhile, a dynamizer means that it functions as an inner strength to encourage a person to achieve progress through self-reliance while remaining dependent on Allah.

Based on the above discussion, the researcher is interested in investigating the relationship between the attitude of qanaah and the tendency toward *body dysmorphic disorder* among students at the Annuqayah Latee II Islamic Boarding School.

Research Method

This study employs a quantitative approach with a correlational design. The study population consists of students at the Annuqayah Latee II Islamic Boarding School, with a sample of 47 students selected using *purposive sampling*. The instruments used are the *body dysmorphic disorder* scale based on Phillips' theory and the qanaah scale based on Buya Hamka's theory.

Before distributing the instruments, the researcher first conducted a pilot test on 47 students at the Annuqayah Latee II Islamic Boarding School. The researcher then conducted validity and reliability tests on each instrument using IBM SPSS *version 27*. Based on the results of the validity test for the *Body Dysmorphic Disorder* Scale in this study, the validity of the statement items was determined by a *Pearson correlation* coefficient $>$ the critical value of 0.288. Consequently, of the 24 items in the *Body Dysmorphic Disorder* scale, 23 were deemed valid, while 1 item was deemed invalid because it did not meet the decision-making criteria used in this study.

Furthermore, based on the results of the validity test for the qanaah scale in this study, it was determined that the validity of the statement items was established when the calculated *Pearson correlation* coefficient was greater than the critical value of 0.288. Consequently, the qanaah scale, consisting of 60 items, had 43 items deemed valid, and 17 items deemed invalid or excluded because they did not meet the decision-making criteria used in this study.

Following the validity test, a reliability test was conducted. Based on the criteria for interpreting reliability coefficients, the reliability index of the *Body Dysmorphic Disorder* scale was 0.739, which falls under the "strong" category; it can be concluded that the *Body Dysmorphic Disorder* scale can be used in this study. Meanwhile, the reliability index of the qanaah scale was 0.703, which also falls under the "strong" category.

Data analysis was performed using simple linear regression to determine the effect of the attitude of qanaah on the tendency toward *body dysmorphic disorder*.

Research Results and Discussion

This study aimed to determine the relationship between the attitude of qanaah and the tendency toward *body dysmorphic disorder* among students at the Annuqayah Latee II Islamic Boarding School.

<i>Descriptive Statistics</i>						
	N	Minimum	Maximum	Mean	Standard	Standard
	Statistic	Statistic	Statistic	Statistic	Error	Deviation
Attitude of Contentment	47	135	227	174.02	3,279	22,477
Body- - Dysmorphic Disorder	47	41	74	55.62	1.13 1	7,756
Valid N (listwise)	47					

Based on the descriptive results in Table 1, the qanaah attitude variable had a minimum score of 135 and a maximum score of 228, with a mean of 174.02 and a standard deviation of 22.477. For the *body dysmorphic disorder* variable, the lowest value was 41 and the highest was 74, with a mean of 55.62 and a standard deviation of 7.756.

Before the hypothesis test was conducted, assumption tests were performed first to meet the requirements for multiple regression analysis. The assumption tests that had to be met were the normality test to check whether the data distribution of each variable was normal, and the linearity test to determine whether the relationship between the independent and dependent variables was linear or not.

One-Sample Kolmogorov-Smirnov Test

		<i>Unstandardized Residual</i>
N		47
Normal Parameters ^{a, b} Mean		0.0000000
Standard Deviation		7.64413875
Absolute		0.085

<i>Most Extreme</i>	<i>Positive</i>	0.085
<i>Differences</i>	<i>Negative</i>	-0.045
<i>Test Statistic</i>		0.085
<i>Asymptotic Significance (2-tailed)^c</i>		.200 ^d
<i>Monte Carlo Sig. (2-tailed)^e</i>	<i>Sig.</i>	0.522
	<i>99% Confidence Interval</i>	<i>Lower Bound</i>
		0.509
		<i>Upper Bound</i>
		0.535

a. The test distribution is normal.

b. Calculated from the data.

c. Lilliefors Significance Correction.

d. This is a lower bound on the true significance.

e. Lilliefors' method is based on 10,000 Monte Carlo samples with a starting seed of 2,000,000.

Based on the table above, the *Asymp.Sig. (2-tailed)* significance result is $0.200 > 0.05$. This result indicates that H_0 is rejected and H_1 is accepted. Thus, it can be concluded that the data in this study are normally distributed.

Table 3.19 Linearity Test Results

		ANOVA Table				
		<i>Sum of Squares</i>	<i>df</i>	<i>Mean Square</i>	<i>F</i>	<i>Sig.</i>
<i>Body Dysmorphic Disorder *</i>	<i>Between Groups</i>	2121.440	34	62,395	1,160	0.410
<i>Attitude of Contentment</i>	<i>Linearity</i>	79.195	1	79.195	1.472	0.248
	<i>Deviation from Linearity</i>	2,042.245	33	61.886	1.150	0.416
	<i>Within Groups</i>	645,667	12	53,806		
	<i>Total</i>	2,767,106	46			

Based on the ANOVA table above, the significance value for Deviation from Linearity is $0.416 > 0.05$, which means there is a linear relationship between career anxiety and psychological well-being, leading to the conclusion that H_1 is accepted and H_0 is rejected.

ANOVA ^a					
Model	Sum of Squares	df	Mean Square	F	Sig.
1 Regression	79.195	1	79.195	1.326	.256 ^b
Residual	2,687,911	45	59,731		
Total	2,767,106	46			

a. Dependent Variable: Body Dysmorphic Disorder

b. Predictors: (Constant), Attitude of Qanaah

Based on the Sig. value in the table above, which is $0.256 > 0.05$, this indicates that the qanaah variable has no effect on the *body dysmorphic disorder* variable.

Table 3.23 Results of the Simple Linear Regression Test

Model Summary ^b				
Model	R	R-Square	Adjusted R-Square	Standard Error of the Estimate
1	.169 ^a	0.029	0.007	7.729

a. Predictors: (Constant), Attitude of Qanaah

b. Dependent Variable: Body Dysmorphic Disorder

From the table above, it can be concluded that the correlation coefficient (R) is 0.169. Meanwhile, the coefficient of determination (R-squared) is 0.029, which means that the percentage of qanaah's influence on *body dysmorphic disorder* is very small—only 2.9%.

Discussion

Based on the results of the correlational analysis, a significance value of $0.256 > 0.05$ was obtained. These results indicate that there is no significant relationship between the attitude of qanaah and the tendency toward *body dysmorphic disorder* among students at the Annuqayah Latee II Islamic Boarding School. Meanwhile, the correlation coefficient is -0.169, indicating that the relationship between the two variables is very weak.

Based on the coefficient results, it is known that the significance value (Sig.) of $0.256 > 0.05$, meaning there is no influence of the attitude of qanaah on the tendency toward *body dysmorphic disorder*. Thus, it can be concluded that the alternative hypothesis (H1) is rejected, and the null hypothesis (H0) is accepted. Meanwhile, the constant value is 65.776, meaning the consistency value for the *body dysmorphic disorder* variable is

59.795. The regression coefficient for the Qanaah Attitude variable is -0.058 (negative). This indicates that if the Qanaah attitude increases by 5.1%, the tendency toward *body dysmorphic disorder* decreases by -0.058. Therefore, it can be concluded that there is no effect of the Qanaah attitude on the tendency toward *body dysmorphic disorder*, or that the direction of the effect of the independent variable (Qanaah attitude) on the dependent variable (tendency toward *body dysmorphic disorder*) is negative but not significant.

Based on the results of this study, which indicate that the effect of the qanaah attitude on the tendency toward *body dysmorphic disorder* among students at the Annuqayah Latee II Islamic Boarding School () has a negative direction but with low statistical significance—as evidenced by the correlation analysis result of -0.169—which means there is no significant effect of the attitude of qanaah on the tendency toward *body dysmorphic disorder*—as well as the results of the simple linear regression test, which showed an *R-squared* value of 0.029, indicating an effect of 2.9% , with the remainder influenced by variables not included in this study. This indicates that this study presents a new finding showing that the attitude of qanaah does not always influence the level of tendency toward *body dysmorphic disorder*.

This differs from the study conducted by Citra Ramadhanty and Nurjannah, which showed that qanaah can influence a person's sense of low self-esteem. In other words, a person with a qanaah attitude is less likely to feel inferior. The influence of the qanaah attitude is also demonstrated in a study conducted by Emi Wahyuni Nasution in her thesis titled "The Relationship Between Qanaah and Consumption Behavior Among Adolescents in Pekanbaru City." The study showed that qanaah has a significant influence on the consumer behavior of adolescent girls; that is, the higher the level of qanaah, the lower the level of consumer behavior, and vice versa.

Research on qanaah was also conducted by Mauli Saimona et al., who stated that an attitude of qanaah has a significant effect on life satisfaction among the elderly. The results of this study showed a positive relationship, with a correlation coefficient of 0.528. This means that the higher the level of qanaah, the higher the level of life satisfaction among the elderly.

The study conducted by the researchers also differs from a previous study by Sheilla Sartika Salsabila and Anastasia Sri Maryatmi titled "The Relationship Between *Self-Esteem* and *Self-Acceptance* and the Prevalence of *Body Dysmorphic Disorder* Among Adolescent Girls at SMK BPS&K 1 Jakarta." The results of that study indicated that *self-esteem* and *self-acceptance* influence tendencies toward *body dysmorphic disorder*. The relationship between variables X1 and X2 and Y1 in that study was negative, with a strength ranging from moderately strong to strong. Additionally, another study by Salsabya Farihati demonstrated a significant influence of qanaah on the self-confidence of Islamic boarding school students. This study aligns with the results of an interview with FI, one of the respondents in the study, who stated that the aspect that helps

mitigate the tendency toward body dysmorphic disorder is self-acceptance. With a high level of self-acceptance, an individual with a tendency toward *body dysmorphic disorder* will accept themselves as they are without focusing on their shortcomings.

Another factor that can reduce the tendency toward *body dysmorphic disorder* is *self-esteem*, as indicated by research conducted by Rahmania P.N. and Ika Yuniar, who examined the potential influence of *self-esteem* on the tendency toward *body dysmorphic disorder* among adolescent girls. Individuals with high *self-esteem* feel comfortable with themselves and hold a positive view of themselves. *Self-esteem* comprises two aspects—self-acceptance and self-respect—which help mitigate the tendency toward *body dysmorphic disorder* and maintain a healthy self-image.

In addition to the factors mentioned above, the researchers also identified a study by Nindya Ayu Safitri showing that body image and self-esteem have a significant influence on the tendency toward *body dysmorphic disorder*. This study also explains that social media plays a significant role in how individuals perceive their bodies, particularly due to unrealistic beauty standards. The same finding was demonstrated by a study conducted by Graseta Teresa Putri Pamalingan and Wahyuni Kristinawati, which showed that self-esteem is a factor influencing the tendency toward *body dysmorphic disorder*. The study indicated that self-esteem accounts for 61.9% of the variance in the tendency toward *body dysmorphic disorder*.

Based on an interview with one of the respondents, identified by the initials ARJ, regarding the factors that influence the tendency toward *body dysmorphic disorder*, gratitude toward God was identified as a key factor. This aligns with a study titled “Gratitude and the Predisposition to *Body Dysmorphic Disorder* Among Early-Adult Women,” conducted by Ratih Adriani et al. The study showed that gratitude contributes 46.2% to the total variance, meaning that gratitude has a significant influence on the predisposition to *body dysmorphic disorder*.

This is also consistent with a study conducted by Alya Utami Hanggoro Padmi and Tanti Susilarini titled “The Relationship Between Gratitude and Self-Confidence and the Predisposition to *Body Dysmorphic Disorder* Among 10th-Grade Students at SMK Tirta Sari Surya,” which showed that the combined effect of gratitude and self-confidence on the predisposition to *body dysmorphic disorder* was 61.7%. This indicates that there is an influence of gratitude and self-confidence on the tendency toward *body dysmorphic disorder*.

Based on this, the researcher concluded that one of the factors that can influence the tendency toward *body dysmorphic disorder* is gratitude. Gratitude was found to have a significant influence on increasing awareness of the benefits derived from positive relationships, thereby enabling individuals to experience positive emotional benefits. Gratitude also fosters a more mindful “ ” in how individuals respond to their environment. The more grateful people are, the more positive emotions and memories

they possess. This can reduce negative feelings within an individual, including negative feelings toward their physical condition.

According to the results of the researcher's interview with one of the respondents regarding how qanaah influences the tendency toward *body dysmorphic disorder*, the aspects of qanaah were considered too general to effectively reduce the tendency toward *body dysmorphic disorder*. This means there are other factors that can directly influence the tendency toward *body dysmorphic disorder*, such as gratitude and self-acceptance. This finding aligns with the research described earlier.

Based on the above analysis, the researcher found that in this study, there is a mediating variable that also contributes to the low level of significance between the attitude of qanaah and the tendency toward *body dysmorphic disorder*. The effect of the attitude of qanaah on the tendency toward *body dysmorphic disorder* is mediated by gratitude. It is believed that gratitude can reduce the tendency toward *body dysmorphic disorder* even before the influence of qanaah comes into play. In addition, the researcher also identified contextual differences in this study. The attitude of qanaah has a significant influence when linked to consumerist behavior or life satisfaction, but not when linked to the tendency toward *body dysmorphic disorder*. This is because the tendency toward *body dysmorphic disorder* is associated with other aspects that are more closely related and more specifically linked to physical conditions.

Therefore, based on the results of this study's analysis, the attitude of qanaah has a minor influence on the tendency toward *body dysmorphic disorder* among students at the Annuqayah Latee II Islamic Boarding School. Consequently, it is concluded that there are other factors that may influence a person's tendency toward *body dysmorphic disorder*.

Conclusion

Based on the research results, it can be concluded that the attitude of qanaah does not have a significant effect on the tendency toward *body dysmorphic disorder* among students at the Annuqayah Latee II Islamic Boarding School. The attitude of qanaah contributes only 2.9% to the tendency toward *body dysmorphic disorder*, while the remaining 97.1% is influenced by other factors not examined in this study. The direction of the relationship between the attitude of qanaah and the tendency toward *body dysmorphic disorder* is negative, but the relationship is not statistically significant. Thus, the level of the attitude of qanaah—whether high or low—cannot meaningfully explain the high or low tendency toward *body dysmorphic disorder* among the study subjects.

Nevertheless, the attitude of qanaah remains important to maintain and cultivate as one of the positive values in the lives of boarding school students. Given that the contribution of the attitude of qanaah to the tendency toward *body dysmorphic disorder* is relatively small, boarding school students and school administrators need to pay

attention to other factors that may play a greater role, such as body image, social comparison, social media use, self-esteem, social pressure, and other psychological factors. Future research is expected to focus more precisely on the characteristics and selection of participants and to consider other variables that, both theoretically and empirically, have the potential to influence the tendency *toward body dysmorphic disorder*. The results of this study can also serve as preliminary data and a basis for consideration in future research aimed at developing studies on the psychological and spiritual factors related to the tendency *toward body dysmorphic disorder* among boarding school students.

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