

**“Zoom Dysmorphia”: An Exploration of Women’s Experiences of the Videoconferencing
Process**

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Declaration

I hereby declare that the work submitted in this thesis is the result of my own investigation, except where otherwise stated.

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Abstract

Background and Aim: Videoconferencing has emerged as a leading mode of communication during and following the coronavirus disease 2019 (COVID-19) pandemic. However, studies have revealed that video calls may foster dissatisfaction with one's appearance due to seeing oneself on camera for extended periods. There is little research exploring videoconferencing's influence on the most vulnerable: individuals who are, indeed, experiencing appearance dissatisfaction (AD). This study explores how young adult women who self-identified as experiencing AD during the COVID-19 pandemic perceived and navigated the videoconferencing process.

Methodology: Six women aged 20–25 who self-identified as experiencing AD from the use of videoconferencing participated in semi-structured interviews. These were analysed using interpretative phenomenological analysis (IPA).

Findings: Three group experiential themes (GETs) emerged from the analysis: preoccupation with and negative evaluation of appearance, navigating appearance pressures in a digital realm, and the new self post-videoconferencing.

Conclusions: The participants in this non-clinical sample described experiences and behaviours aligned with Zoom dysmorphia (ZD). The women's experience of the self-view feature was marked by heightened awareness of appearance and preoccupation with facial features. Participants reported increased anxiety, low mood, reduced self-esteem, and inadequacy. They engaged in various appearance-enhancing behaviours, such as grooming and face filters, and camouflaging behaviours, such as clothing selection or adjusting camera angle. Nearly all study participants also underwent cosmetic procedures. Participants' reports of AD, anxiety and low self-esteem persisted after the resumption of face-to-face interactions, as did comparisons of their appearance to others outside the videoconferencing context. Implications and recommendations for counselling psychologists, other clinicians, and educators are provided. The study limitations are addressed, and suggestions for future research are given.

List of Abbreviations

Abbreviation	Full Term
ACT	acceptance and commitment therapy
AD	appearance dissatisfaction
BD	body dissatisfaction
BDD	body dysmorphic disorder
BI	body image
BID	body image disturbance
CBT	cognitive behavioural therapy
CLR	critical literature review
CoP	counselling psychology
COVID-19	coronavirus disease 2019
CR	critical realist
DA	discourse analysis
DSM-5	Diagnostic and Statistical Manual of Mental Disorders (5 th ed.)
DC	dysmorphic concern
ED	eating disorder
GET	group experiential theme
GT	grounded theory
HCPC	Health and Care Professions Council
HVSM	highly visual social media
IPA	interpretative phenomenological analysis
TIM	tripartite influence model
OCD	obsessive-compulsive disorder
OT	objectification theory
PET	personal experiential theme
SNS	social network site
SSI	semi-structured interview

SCT	social comparison theory
UK	United Kingdom
US	United States
ZD	Zoom dysmorphia

Chapter 1: Introduction

This thesis explores the perception and navigation of videoconferencing by young adult women who characterised themselves as having experienced appearance dissatisfaction (AD) during the coronavirus disease 2019 (COVID-19) pandemic. The first chapter provides a brief overview of the study's organisation and a reflexive statement of my own position within the research.

1.1 Structure of the Thesis

Chapter Two presents a review of existing literature and sets out the rationale for this study. In this review, I discuss the prevalence of videoconferencing during and following the COVID-19 pandemic, research suggesting that aspects of videoconferencing technology (e.g., the self-view feature) may negatively impact body image (BI) by fostering increased self-scrutiny (Almutairi et al., 2022), self-awareness and self-evaluation (Chen & Zhou, 2023) of one's appearance. I explore the concept of "Zoom dysmorphia" (ZD) and critically review the relevant research on videoconferencing and body image, discussing how videoconferencing may contribute to body dissatisfaction (BD) and ZD, then delineating theoretical frameworks that may explain the existence of BD and potentially ZD and its close associate, body dysmorphia in this context.

Chapter Three outlines the study's methodology, explaining my perspective as a critical realist and why I chose to use interpretative phenomenological analysis (IPA), my reasons for focusing on young adult women, and the procedures for collecting and analysing data. I also discuss ethical considerations and address ways I may have influenced how the data was interpreted.

Chapter Four then presents the findings that emerged from the data analysis as these relate to the three group experiential themes (GETs) drawn from the data:

- preoccupation with and negative evaluation of appearance,
- navigating appearance pressures in a digital realm, and
- the new self post-videoconferencing.

Chapter Five includes a discussion of the findings and their relevance to existing research and to the practice of counselling psychology (CoP), especially as the present data compares to findings from similar studies on body dysmorphic disorder (BDD). Finally, I consider the limitations of the

study, the broader significance of its findings, and the implications for further research and clinical practice.

1.2 Reflexivity

According to Kasket (2013), reflexivity is a crucial element of CoP research by which the researcher explores their own perceptions, presuppositions, and personal interests in regard to the research experience. Given that the researcher's subjective connection to the research may influence its validity (Morrow, 2005), introspection is crucial to enhancing the transparency, rigour and trustworthiness of the study (Finlay, 2002; Kasket, 2013). This reflective statement identifies ways my background, experiences and social identities may have influenced my research, and I report on my efforts to minimise the influence of personal bias through "bracketing" (Spinelli, 1989/2005).

My interest in the research topic—how women with appearance dissatisfaction perceived and navigated the videoconferencing process during the COVID-19 pandemic—derives in part from my own experience with body image issues, including body dissatisfaction (BD) during the pandemic. As a 33-year-old, second-generation British Pakistani woman born in the United Kingdom (UK), I straddle two cultures, having grown up in a Western culture but being ethnically from South Asia. As a teenager, I was naturally slender and received negative comments about being tall and thin, which made me self-conscious and insecure. I recall wearing loose-fitting clothes and not wanting anyone to see me change clothes for PE classes. I also remember during my family's holiday trips to Pakistan being aware my skin tone was darker than what is favoured by the South Asian beauty ideals, which often seek to emulate those of the West (e.g., light skin, long hair, thin body). My family sometimes joked about this as my two sisters were both "fairer" than me. Pakistan advertisements seemingly everywhere promoted skin brightening or lightening products, and soaps and creams promising fair skin were commonplace in the Pakistan homes we visited or stayed in.

My ideas about beauty and my perception of my own body image developed in my early twenties when I began to receive more compliments for my slim physique and became more influenced by Western media messaging that reinforced the ideal of thinness. I began exercising regularly and adopted a plant-based diet in an effort to maintain the desired physique. I perhaps also became generally more cognisant of my appearance.

I have since come to recognise that my thin physique has benefits beyond merely aligning with cultural beauty standards, and I now maintain good exercise and diet habits for the sake of longevity and good health. Having elderly parents battling chronic health conditions has opened my eyes in this regard. I've also come to accept my complexion and believe that all skin colours have their own beauty. This perspective is, no doubt, in part to growing up in the UK, where even though Western beauty standards are upheld, there seems to be more acceptance of diversity with regard to skin colour.

My interest in this particular research topic and critical literature review (CLR) began when a close friend of mine shared during the lockdown that she was feeling self-conscious and wanted to get lip fillers. As the beauty clinics were closed, she planned to administer these herself by following YouTube tutorials. I was concerned and wondered whether others were similarly resorting to extreme measures. I began searching for data on cosmetic surgeries, although now I realise I limited my search of the literature because of preconceived notions and a desire to find support for my own views. Much of the research in this area was outdated, but eventually, I found a few articles revealing a relationship between COVID-19 and cosmetic procedures, along with some reporting links between videoconferencing and interest in cosmetic procedures.

This piqued my interest, as during the lockdown, I myself had difficulty adapting to videoconferencing. The entire first year of my Doctorate in counselling psychology, all seminars and lectures were delivered remotely through videoconferencing platforms such as Collaborate and Microsoft Teams. I found this quite intimidating and grew more self-conscious about my appearance. Many times, I would deactivate my camera and hope that the lecturers would not call my name, but after the second semester, we were told it was a requirement to have our cameras turned on. I then became quite anxious, and displeased about my appearance, and often checked how I looked on the video. I also pretended to have malfunctions with my camera and often resorted to the chat function to show I was listening and present. Socialising was nearly all virtual as well, with one of my close friends even having a 'Zoom wedding'. My personal therapy sessions were taking place remotely, and I saw my own clients at my first placement over the phone and through videoconferencing. On reflection, I realise this was a particularly difficult period in my life, following the end of a

relationship and completing the first year of my university all online. I was all the more frustrated because the beauty salons were closed: I wanted to get my hair done, and the fact that I was not ‘looking my best’ made it difficult to consider dating over Zoom.

All this resulted in a bias against videoconferencing that affected my early investigations of the topic, and I perhaps overlooked some of the psychological benefits of this medium, such as the fact that videoconferencing allowed us to stay connected during a pandemic and continue with daily life in many ways despite the setbacks of COVID-19. Acknowledging this bias and desiring to reduce my emotional involvement in the topic, I utilised various reflective practices, as recommended by Kasket (2013). This included keeping a reflexive journal, which developed my self-awareness and allowed me to take note of any personal interests that might influence the research, and scheduling regular discussions with my supervisor, which helped me ‘bracket’ my assumptions and develop a more balanced viewpoint. Also, pursuing therapy while carrying out my research was invaluable for enhancing self-awareness and addressing personal biases as they arose.

Chapter 2: Critical Literature Review

2.1 Overview of Chapter

In this chapter, I summarise and critically evaluate research studies relevant to videoconferencing’s potential impact on body image (BI). This chapter considers the impact of the coronavirus disease 2019 (COVID-19) on the prevalence of remote interactions and their effects on BI, presents key definitions, and provides a survey of videoconferencing and BI research, identifying the gaps this study will fill.

2.2 Background

2.2.1 COVID-19 Pandemic and Its Impact

In January 2020, the World Health Organization declared the respiratory illness COVID-19 a Public Health Emergency of International Concern (PHEIC) (World Health Organization [WHO], 2020) and characterised the outbreak a pandemic in March 2020 (WHO, 2020, March 11). Governments around the world took various actions in an attempt to limit its spread (Nussbaumer-Streit et al., 2020). The United Kingdom (UK) was among the countries most severely affected by the

virus (WHO, 2020, as cited in Ogueji et al., 2022). Several ‘lockdowns’ were ordered in the UK, the first beginning on March 23rd, 2020, which imposed severe restrictions on social contact, work operations, and access to public services (Institute for Government, 2021; Prime Minister’s Office, 2020). The impact of the COVID-19 and of the lockdowns themselves on the population’s well-being appears mixed. Some research suggests the lockdowns benefited the population by reducing micro-stressors like those associated with a heavy workload and commuting to work (Ahrens et al., 2021). Other studies found that mandated social distancing and lockdowns harmed individuals’ physical and psychological well-being (McBride et al., 2021; Salari et al., 2020; Xiong et al., 2020). Indeed, mental health and well-being appears to have deteriorated in the UK during this period (Pierce et al., 2020; Public Health England, 2020a), leading to issues such as anxiety (Kwong et al., 2021) and depression (Jia et al., 2020). Women, young people (Banks & Xu, 2020; Pierce et al., 2020), and individuals with pre-existing mental health difficulties were particularly affected (NHS Digital, 2020; Robertson et al., 2021).

2.2.2 Remote Interaction and Working From Home

Work-from-home government mandates during the pandemic triggered an unprecedented increase in online interactions. For many, videoconferencing (i.e., “video calls”/“video chat”, often collectively termed “Zoom” in the literature) became the preferred safe alternative for business and social interactions and was viewed as psychological support for isolated individuals (James et al., 2023; Yavuz & Sahin, 2023). Therefore, videoconferencing became indispensable in education, business, healthcare and socialising (De et al., 2020). As a result, videoconferencing applications (i.e., apps), including Zoom, Microsoft Teams, Google Meet, and Cisco Webex, all grew rapidly (Vailshery, 2023), with Zoom, especially, experiencing exponential growth: Regular daily meetings on Zoom rose from approximately 10 million in December 2019 to 300 million in just four months (Curry, 2025). The demand for hybrid working was likewise high and expected to accelerate (Barrero et al., 2021; Office for National Statistics, 2022a, 2022b; Ozimek, 2020), meaning videoconferencing was also expected to remain a mainstay of business interactions indefinitely (Bloom et al., 2021; Marbun, 2023).

Against this backdrop, researchers have been concerned about the rapidity of the shift to

virtual exchanges and the rise of “Zoom fatigue”, that is, the exhaustion reported by participants from spending hours each day videoconferencing (Nesher Shoshan & Wehrt, 2022). The consequences of such fatigue on mental health can include burnout, anxiety due to the increased cognitive load required to process nonverbal cues (Bailenson, 2021), and a greater sense of disconnection from others than experienced in face-to-face interactions (Lee, 2020).

2.2.3 The Effects of COVID-19 on Body Image

Early research indicates that the COVID-19 pandemic has had a negative impact on BI, including appearance dissatisfaction (AD; Pikoos et al., 2021; Schneider et al., 2023), shape and weight concerns (Schlegl et al., 2020; Swami et al., 2021), eating disorder (ED) behaviours (Phillipou et al., 2020), restrictive diets (Termorshuizen et al., 2020), and compulsive exercise (Scharmer et al., 2020). Robertson et al.’s (2021) study is representative: They found that women, young people, and those with a history of EDs were more likely to experience dysregulated eating, preoccupation with food, and worsened BI during the UK lockdown. That said, results are mixed; for example, some studies found no differences in symptoms of body dysmorphic disorder (BDD) before versus during/after the lockdown (Trott et al., 2021). In addition, recent research in China has revealed that the prevalence of negative body image decreased considerably following the outbreak and remained at a relatively low level for two years (Ji et al., 2024). It is important to keep in mind, however, that most studies conducted thus far have been cross-sectional, with only limited research on the effect of the pandemic on body image in longitudinal and experimental designs (Schneider et al., 2023).

2.2.4 Key Concepts

Before continuing further in this section, it is important to clarify the central concepts involved, as the literature on difficulties related to body image uses interchangeable and sometimes inconsistent terminology (e.g., body image concerns vs. disturbance vs. dissatisfaction; Lee & Ziegler, 2022). The potential confusion is compounded by the fact that relevant studies often focus on different populations, whether psychiatric or medical patients, non-clinical populations, or in some instances both groups within the same study (Hosseini & Padhy, 2023). Keeping in mind that only one of the following terms, BDD, is listed as a clinical disorder in the *Diagnostic and Statistical*

Manual of Mental Disorders, 5th ed. (DSM-5; American Psychiatric Association [APA], 2013), the definitions below are offered for the sake of consistency and to minimise confusion.

2.2.4.1 Body Image. Body image (BI) is conceptualised in the literature as a multifaceted construct encompassing four dimensions of a person's relation to their body: cognitive (thoughts and beliefs about the body), perceptual (how the individual perceives the size and shape of their body and body parts), affective (feelings held about the body) and behavioural (actions by which an individual tends to, checks on, alters, or conceals their body) (Cash & Pruzinsky, 2002; Cash, 2004). These dimensions can apply to individuals with healthy or unhealthy body image perceptions (Hosseini & Padhy, 2023).

2.2.4.2 Body Image Disturbance. Body image disturbance (BID) is, likewise, a multidimensional construct, one which some researchers consider a “descriptive umbrella term” that can be “conceptualized as including all subcomponents or different types of body image” (Thompson et al., 1999, p. 10). Drawing from the broader literature, these components may encompass distortions in perception (e.g., an overestimation of one's body size), disturbances in the cognitive-affective/attitudinal realm (e.g., body dissatisfaction, body-related shame, disgust, or sadness), and behavioural disturbances (e.g., maladaptive dieting or exercise, appearance fixing, body checking, or avoidance) (Cash & Pruzinsky, 2002; Henn et al., 2019).

BID may manifest as a persistent concern, distress, or dissatisfaction related to one's appearance and may impair to some degree one's occupation, relationships, and social activities (Cash, 2004). It can occur in both non-clinical and clinical populations (Farrell et al., 2006) and is a central feature of several serious psychiatric conditions, including EDs (e.g., anorexia nervosa and bulimia nervosa) and BDD (Henn et al., 2019; Hosseini & Padhy, 2023; Hrabosky et al., 2009).

2.2.4.3 Body Dissatisfaction or Appearance Dissatisfaction. Body dissatisfaction (BD) refers to negative thoughts and feelings about one's body (Grogan, 2016, 2021) and is often considered the cognitive-affective, attitudinal manifestation of BID (Cash & Deagle, 1997; Hosseini & Padhy, 2023). The higher the BD (i.e., the level of dissatisfaction), the more likely an individual is to undertake severe dieting or other compensatory measures to control their weight (Andrés & Saldaña, 2014; Neumark-Sztainer et al., 2006), engage in frequent body checking or related avoidance

behaviours (Walker et al., 2018), or have a strong preference for cosmetic procedures (Jackson & Chen, 2015), and experience negative emotions related to BI (Solomon-Krakus & Sabiston, 2017). BD can be spurred by a perceived mismatch between one's body and societal ideals (Grabe et al., 2008), which in Western cultures, are often linked to youthfulness and a thin figure (Bordo, 2003/2023).

Studies have linked BD to low self-esteem, depression, anxiety and poor quality of life (Cruz-Sáez et al., 2015; Duchesne et al., 2017; Mond et al., 2013; Paxton et al., 2006). In addition, BD has been found to contribute to BI disorders such as EDs (Stice & Shaw, 2002), and BDD (Karson et al., 2024). BD is more common among women than men (Ålgars et al., 2009) and has reached normative levels among young women in Western culture (Rodin et al., 1984). Studies indicate that females of all age groups experience BD (Lewis & Cachelin, 2001), although several studies have found BD to vary across age groups (Baker & Gringart, 2009; Esnaola et al., 2010). Other studies have found BD in females to remain relatively constant throughout adulthood (Tiggemann, 2004). Note that some researchers (e.g., Pikoos et al., 2021; Ratan et al., 2022), use the term appearance dissatisfaction (AD) within the particular context of videoconferencing. AD and BD will be used interchangeably in this literature review to describe all negative body-image-related concerns.

2.2.4.4 Dysmorphic concern. Dysmorphic concern (DC) is another closely related term used by some researchers referring to an excessive preoccupation with one or more of one's own physical features that one perceives as defects or imperfections, often unnoticed by others (Oosthuizen et al., 1998). Occurring in both clinical and non-clinical populations and ranging from mild to severe, DC can be associated with a number of body image disorders and, in its most extreme form, is a core symptom of BDD (see below; Jafferany et al., 2013; Krebs et al., 2017; Vashi, 2016). It is experienced more frequently by adolescent girls than boys (Senín-Calderón et al., 2020).

2.2.4.5 Body Dysmorphic Disorder. BDD is a recognised psychiatric disorder affecting 1.7–2.9% of the population (International OCD Foundation, n.d.) and is characterised by the sufferer's preoccupation with what they perceive to be appearance flaws, particularly in the face, although these 'flaws' are often not noticed by others (APA, 2013, pp. 242–247; Bjornsson et al., 2010). BDD is classified alongside obsessive-compulsive disorder (OCD) within the category of "obsessive-

compulsive and related disorders” in the DSM-5 (APA, 2013). BDD can adversely impact psychosocial and occupational functioning and has been linked to higher rates of psychiatric hospitalisation and suicidal tendencies (Snorrason et al., 2020). The disorder typically fosters time-consuming rituals and repetitive behaviours such as excessive grooming, frequent mirror gazing, or mental acts such as constant comparison (Veale, 2004). Sufferers of BDD may also experience shame, anxiety and mood disturbance (Hakim et al., 2021; Malcolm et al., 2021). Because body image issues are often hidden from others, the disorder frequently goes underdiagnosed (Schulte et al., 2020) or may be misdiagnosed as depression or anxiety disorder (Phillips, 2005; Schulte et al., 2020). Unless adequately treated, BDD tends to be chronic and can be disabling, resulting in substantial functional impairment even to the point of inability to work (Didie et al., 2008; Rautio et al., 2020).

Individuals with BDD often look to cosmetic interventions for relief (Salari et al., 2022), but studies suggest that most are dissatisfied with treatment outcomes and continue exhibiting symptoms (Bowyer et al., 2016; Picavet et al., 2013). Usually beginning in childhood or adolescence (Bjornsson et al., 2013), BDD affects both men and women (Malcolm et al., 2021) but is more common among the latter (Buhlmann et al., 2010; Rajabi et al., 2022).

2.3 Videoconferencing and Body Image

2.3.1 Overview

In this section, I look at the literature examining whether videoconferencing’s increase during the pandemic had an impact on how videoconferencers perceived their own bodies. This includes consideration of how the technological features and attributes of these applications may have affected the psychosocial impact of videoconferencing.

2.3.2 Visual Inspection by Themselves and Others

Studies suggest that videoconferencers’ ability to view themselves through the self-view feature may foster appearance anxiety (Tien et al., 2023), appearance distraction (de Vasconcelos Filho et al., 2009; Jarman et al., 2023), appearance self-consciousness (Braude et al., 2023), heightened self-awareness (Taber et al., 2021), and self-criticism leading to negative self-evaluation (Chen & Zhou, 2023; Harriger & Pfund, 2022). On some videoconferencing platforms such as Zoom, users have the ability to hide the self-view feature and remain visible to other attendees but not to

themselves (Zoom Video Communications, 2024); however, even many experienced videoconferencing users are unaware of this as an option. Moreover, some users intentionally desire to use the self-view feature as a way of monitoring how others see them (Balogova & Brumby, 2022; de Vasconcelos Filho et al., 2009).

Additionally, simply knowing that the camera allows one to be viewed and assessed by others may cause self-consciousness (Farid et al., 2022), heightened self-awareness (Li et al., 2022) and social appearance anxiety (Huang & Pricer, 2023). It can also cause the individual to pay more attention to their perceived imperfections, such as rhytids (wrinkles) or facial expressions (Fosslien & Duffy, 2020; Sumner, 2022). Just as users have the option of disabling the self-view feature, they can disable their cameras to not be seen by others, potentially increasing engagement (Kushlev & Epstein-Shuman, 2022) and circumventing dysmorphic concerns (Jabali et al., 2023). However, users may face social pressure to adhere to “Zoom etiquette” or established videoconferencing norms calling for their cameras to remain on (Montgomery, 2019; Zabel et al., 2022).

2.3.3 Mirror-Gazing and Self-Focused Attention

Bailenson (2021) compares the self-view feature of videoconferencing to having a mirror held up to you for every conversation. This repeatedly encourages the videoconferencer to examine themselves in a way not normally possible with in-person interactions (Patel, 2021). Studies have found that mirror-gazing can increase attention to and assessment of oneself (Veale et al., 2016), foster fixation on thoughts, feelings, images or evaluations of one’s appearance (Ingram, 1990), and generate negative emotions (Veale et al., 2016). Over time, this can lead to reduced mood or even depression (Ingram et al., 1988). Barnier and Collision (2019), for example, found in a non-clinical sample that just five minutes of high self-focused attention could result in a reduction in self-esteem, self-perceived attractiveness, and satisfaction with one’s appearance, and increase the desire to alter one’s appearance.

These findings support the notion that self-focused attention and mirror behaviours may contribute to BD (Veale et al., 2016). This is especially important given that self-focused attention is seen as a central factor in the aetiology and maintenance of BDD within a cognitive behavioural model (Veale et al., 1996; Veale, 2004).

2.3.4 Distortion of Features

In videoconferencing, the camera's proximity to the user can distort their appearance in a way similar to "selfies" (Ward et al., 2018; Wojtara, 2022), with potentially adverse consequences for the participant's self-image (Rice et al., 2021). Popular laptop webcams have a relatively short 24 mm focal length that creates an illusion of increased depth, resulting in distortions such as rounded faces, wider set eyes, broader noses and taller foreheads (Ward et al., 2018). Třebický et al. (2016) found that facial images taken with a 105 mm focal length were rated as more appealing, dominant, and masculine or feminine than those taken with a 50 mm focal length.

Webcam use may also foster the "mere exposure effect" (Zajonc, 1968), by which individuals become habituated to the image of themselves they repeatedly see in mirrors. Instinctively recognising a "good side" of themselves and believing this mirror image to be what others see as well, individuals generally prefer a face photograph that reflects their mirror image rather than their actual image (de Runz et al., 2016; Mita et al., 1977). However, self-facing cameras, such as those used in videoconferencing, laterally invert the mirror image to display the viewer's actual perspective. Increased exposure to this reversed perspective during the pandemic may have led users to perceive previously unnoticed facial asymmetries.

2.3.5 Appearance-Focused Behaviours

Research studies and media reports early in the COVID-19 pandemic documented reduced investment in personal appearance among videoconferencers (Gullo & Walker, 2021), a preference for casual clothes (Johns et al., 2021) and less cosmetic usage (Crutsinger & Edgar, 2022), other studies found a heightened inclination towards self-improvement, including investment in facial treatment products, skincare products, and virtual fitness classes (Huang & Pricer, 2023) as well as more frequent exercise to manage weight and shape (Portingale et al., 2024).

More restricted access to cosmetic and beauty services and aesthetic procedures during lockdown has been linked to negative impacts such as depressive symptoms (Choukas-Bradley et al., 2022). A survey in Australia by Pikoos et al. (2020) found that the closure of beauty and cosmetic services there negatively impacted individuals with dysmorphic concerns, especially younger individuals and those living alone, bringing heightened distress, increased desire for cosmetic

treatment, and greater engagement in appearance-focused activities such as grooming, applying makeup, and mirror checking.

2.3.6 Boom in Cosmetic Procedures

Some providers in the UK witnessed as much as a 60–70% increase in virtual consultations for surgical and non-surgical cosmetic treatments in the early months of the COVID-19 pandemic (British Association of Aesthetic Plastic Surgeons [BAAPS], 2020, as cited in Flipside PR, 2020). This paralleled a similar worldwide “Zoom boom” in cosmetic procedures tied to increased videoconferencing (Chen et al., 2021; Edgar, 2021; Rice et al., 2021). For example, 55% of Cristel et al.’s (2020) Google survey respondents expressed concern about their facial appearance, with the nose being the most common (16%), and although 60% of respondents had no prior facial cosmetic surgery experience, 40% said they intended to seek cosmetic procedures solely due to AD whilst videoconferencing. Additionally, in an online survey (Padley & Di Pace, 2022), 81% of respondents indicated that their body image had been impacted by videoconferencing, with 61% wanting to improve their videoconferencing “lockdown face”, with 36% noting the benefits of home recuperation from cosmetic procedures while smart working.

The term “Zoom dysmorphia” (ZD) has been coined by researchers to describe an excessive fixation on an imagined or minor physical flaw in the videoconferencing environment (Ramphul, 2021; Rice et al., 2021). This phenomenon is reminiscent of “Snapchat dysmorphia”, where patients seek cosmetic surgery to more closely resemble their digitally altered/filtered self-portraits or “selfies” (Ramphul & Mejias, 2018).

The most common cosmetic surgical interventions in the United States (US) between 2020–2021 were rhinoplasty (nose surgery), blepharoplasty (eyelid surgery), and rhytidectomies (facelifts); the most common minimally invasive procedures were botulinum toxin injections, soft tissue fillers and laser skin resurfacing (American Society of Plastic Surgeons [ASPS], 2021). The figures for cosmetic surgical interventions in the UK during the same period are similar (see Figure 1), with blepharoplasty (eyelid surgery), rhinoplasty (nose surgery), and rhytidectomies/platysmaplasty (face/neck lift) being among the most common procedures, after breast augmentation and reduction (BAAPS, 2021). Cosmetic tourism may have received a boost from increased videoconferencing:

Varma et al. (2022) found that, despite the lockdown, between March 2020-April 2021, many UK individuals pursued cosmetic treatment abroad—with Turkey being the preferred destination—drawn by package deals, lower costs, patient-centric services and the idea of combining surgery with a holiday.

Figure 1

Cosmetic Surgical Interventions in the United Kingdom: 2019-2020



Analysis of BAAPS Audit 2019-2020

The **top surgical** procedures for **men & women** in 2020 (total 21,174. A fall of 24% from 2019)
In order of popularity:

• Breast augmentation:	4,702 – down 32% from last year	
• Breast Reduction:	3,290 – down 22%	
• Blepharoplasty (eyelid surgery):	2,481 – down 2%	(Increased to 3 rd place in 2020 from 4 th place in 2019)
• Abdominoplasty:	2,112 – down 31%	(Dropped to 4 th place in 2020 from 3 rd place in 2019)
• Rhinoplasty:	1,994 – down 20%	
• Liposuction:	1,596 – down 33%	
• Face/Neck Lift:	1,529 – down 25%	
• Fat Transfer:	1,029 – down 24%	
• Otoplasty (ear correction):	794 – down 10%	
• Breast Implant Removal:	783 – up 8%	
• Browlift:	337 – up 1%	(Increased to 11 th place in 2020 from 12 th place in 2019)
• Brachioplasty:	278 – down 30%	(Dropped to 12 th place in 2020 from 11 th place in 2019)
• Thigh Lift:	167 – down 27%	
• Lower Body Lift	132 – down 22%	

Note. Results of the British Association of Aesthetic Plastic Surgeons (BAAPS) audit published 15th March 2021

2.3.7 Manipulation Behaviours

Many videoconferencing platforms offer users the ability to manipulate their visual representation, whether by adjusting magnification-related settings, video background, or lighting and camera angle or by using lighting filters or external devices (e.g., LED/ring light, laptop stand, tripod, external web camera). Videoconferencing platforms even offer beauty/face filters such as Zoom's "Studio effects" and "Touch up my appearance" features (Zoom Video Communications, 2025), which can alter one's physical appearance by changing lip and eye colours, brightening the skin and smoothing over wrinkles, among other things (Webb, 2020). Likewise, the Snapchat filters available through Zoom (Kozuch, 2021) include face filters that allow users to smooth and lighten the complexion, enlarge the eyes and lips, and slim the jawline and nose (Barker, 2020). Because it can be difficult to detect manipulated images, such filters promote unconscious comparisons based on unrealistic beauty standards (de Valle et al., 2021; Kleemans et al., 2018). Prior research links such comparisons to dissatisfaction with one's body image (Kleemans et al., 2018), which may, in turn, increase openness to cosmetic surgery (Chen et al., 2019; Parsa et al., 2021).

The use of videoconferencing can also increase interest in apps that enhance one's virtual self-presentation (Huang & Pricer, 2023). Harriger and Pfund (2022) propose that such enhancement features can have an effect on consumers similar to the face filters for photo enhancements used on social media. Indeed, Chen et al. (2021) found a correlation between individuals' use of video-calling enhancement features (e.g., face filters, video lighting filters, and laptop stands) and their openness to cosmetic surgery. These features may enhance (de Vasconcelos Filho et al., 2009) or conceal self-image (Jabali et al., 2023). Jabali et al. investigated ZD among educational practitioners and discovered that negatively focused hyper-fixation during videoconferencing left educators feeling "insecure and occupationally unstable" (p. 6781). More than half expressed concern about their physical appearance, particularly their faces, and admitted attempting to conceal or camouflage perceived flaws with their hands, hair, makeup or clothing. Many also enhanced their image by using filter features or even purchasing new equipment.

2.4 Videoconferencing and Body Dissatisfaction: Theoretical Frameworks

The most influential and well-supported theories of the causes of BD are social-cultural. Two of these, the tripartite influence model (TIM; Thompson et al., 1999) and objectification theory (OT; Fredrickson & Roberts, 1997), offer insight into BD's occurrence particularly within the context of videoconferencing. These two theories will be treated in turn below.

Given the disproportionately negative impact of the pandemic on women and the higher prevalence of BD among women compared to men, the subsequent literature review will focus primarily on women.

2.4.1 The Tripartite Influence Model

The TIM proposes that body image is influenced by “omnipresent” societal beauty standards that are difficult (if not impossible) to attain and are communicated primarily through mass media, peers, and parents (Thompson et al., 1999). The transfer of these ideals carries an implicit pressure to conform (Stice & Agras, 1998). The TIM is compatible with social comparison theory (SCT), which says individuals tend to compare themselves to others, such as their peers, with whom they share similarities (Festinger, 1954). Such comparisons may be “upward” (i.e., towards individuals seen as possessing more desirable beauty traits; Leahey et al., 2007) or “downward” (i.e., towards those deemed inferior)—the latter comparison resulting in greater body satisfaction and a more positive mood (Van den Berg & Thompson, 2007). Continuous exposure to these messages fosters appearance-based social comparison and thin-ideal internalisation, to where individuals may adopt the beauty standards in question as their own. Those who do so and yet simultaneously feel unable to meet these norms are more prone to BD and disordered eating (e.g., dieting and negative affect) (Cruz-Sáez et al., 2018; Grabe et al., 2008).

2.4.1.1 Media and Social Media Influence. Women feel pressure from the media and social media to hold societal beauty ideals, which in Western culture are often associated with thinness (Calogero et al., 2007; Levine & Smolak, 1996) and fitness (Girard et al., 2018), as well as youthfulness, Whiteness and flawlessness (Zones, 2000, as cited in Calogero et al., 2007). These features are broadly established to have derived from Eurocentric facial characteristics (Riccio et al., 2024). Researchers argue that colonisation and globalisation have played a part in spreading these Western European and American beauty ideals (e.g., Glenn, 2008; Dimitrov & Kroumpouzou, 2023,

as cited in Riccio et al., 2024). For instance, globalisation has played a key role in influencing women through the fashion, media, cosmetics and movie industries; digital filters on social media similarly propagate Eurocentric, white canons of beauty. This involves not just the whitening of skin (Glenn, 2008) but the modifying of facial characteristics to achieve, for example, narrower noses, larger, wider eyes, and more delicate features (Riccio et al., 2024).

Highly visual social media (HVSM) platforms such as Snapchat, for example, offer various aesthetic filter enhancements that reflect and (some researchers argue) promote White beauty standards, perpetuating the notion that Western features are the epitome of attractiveness (Riccio et al., 2024). These filters smooth and lighten the skin, remove blemishes, contour the nose and jawline, widen and enlarge the eyes (Alsagaff, 2021), whiten teeth, increase lip size, create more angular jawlines, slim the face, and provide more uniform and even skin tone (Habib et al., 2022). Research suggests that this impacts young women, who believe the tools' augmentations to embody ideal beauty (Habib et al., 2022). The resulting reinforcement of often unattainable body image ideals may lead to increased negative self-perception of body image, facial dissatisfaction and eating disorders among both men and women (Griffith et al., 2018; McBride et al., 2019).

Increases in remote employment, virtual learning and social media engagement during the COVID-19 pandemic led to dramatic increases in screen time (Pandya & Lodha, 2021). This has led to increased perception of pressure from media, greater internalisation of the thin ideal, and overall decreased well-being—factors which can, in turn, foster disordered eating, weight gain and BD (Resende et al., 2023; Rodgers et al., 2020; Swami et al., 2021; Wojtara, 2022).

Research on media content during the pandemic also found an increased focus on body weight and shape. A significant portion of appearance-related content (e.g., “Quarantine 15”; “Covibesity”) included text and visuals stigmatising weight gain or expressing anxiety over becoming “fat” (Khan & Moverley Smith, 2020; Lucibello et al., 2021; Pearl, 2020). This was part of a broader context of social media posts and videos on weight change (Lessard & Puhl, 2021; Tang et al., 2022), increased availability of online exercise content (Cronshaw, 2021), and public health warnings emphasising obesity as a risk factor for COVID-19 (Public Health England, 2020b).

2.4.1.2 Peer Influence. The pandemic also led to more peer interactions through social media

and videoconferencing (Burke et al., 2021), entailing unprecedented exposure to idealised body images via the use of beauty filters on social networking sites (SNSs) and, potentially, videoconferencing platforms. Such appearance-based peer interactions on HVSM platforms have been shown to prompt appearance-related teasing or criticism related to appearance and have been linked to BD (Chen et al., 2020). Likewise, the Gallery View feature of videoconferencing platforms offers a side-by-side arrangement of other participants' videos. These interactions can foster comparisons of one's physical appearance to that of others (Harriger & Pfund, 2022) and may stoke anxiety over one's appearance being judged (Huang & Pricer, 2023; Rice et al., 2021).

2.4.1.3 Family Influence. Family members are another source of appearance-related pressure (Thompson et al., 1999), in the form of teasing or other remarks on body weight, shape, eating habits or the need to diet (Abraczinskas et al., 2012; Rukavina & Pokrajac-Bulian, 2006). White et al. (2023) found “fat talk” with family, to be a major factor contributing to disordered eating and mental health issues among young adult females during the pandemic. Given that many families used videoconferencing to stay in touch, these platforms may have been channels for such “fat talk”.

2.4.2 Objectification Theory

OT (Fredrickson & Roberts, 1997) proposes that girls and women are acculturated to internalise the sexual objectification of female bodies promoting the heteronormative view that women's personal value derives from their physical appearance or sexual appeal. Various socialisation processes (i.e., gendered expectations, peer norms, family influence, and the media) lead women to accept this view (Koval et al., 2019), which fosters among women heightened awareness and self-surveillance of their appearance (Dimas et al., 2021; Tiggemann & Slater, 2001) that may include self-checking in the mirror (Belle Health, n.d.), seeking reassurance about one's body shape (Chen et al., 2021) and comparing one's appearance with others (Fardouly et al., 2015). Perceived deviation from feminine beauty ideals can cause numerous negative consequences for well-being, including shame, anxiety, depressive symptoms, and disordered eating (Fredrickson & Roberts, 1997; Fredrickson et al., 1998). Such individuals are more likely to alter their appearance to conform to a sexualised image by grooming and the application of makeup (Piercey et al., 2023), mirror checking (Fredrickson & Roberts, 1997), photo editing (Mills et al., 2018) or taking “selfies” even when the

images are unshared (Yellowlees et al., 2019).

Self-objectification has a significant mediating and/or moderating function on various social media behaviours and appearance satisfaction relationships (Fardouly et al., 2015; Feltman & Szymanski, 2018). In many ways, videoconferencing exemplifies the concerns of researchers, given that it integrates multiple environments frequently examined within the framework of OT, namely, social media, mass media, and environments that foster appearance consciousness. Indeed, there is evidence that videoconferencing encourages women to self-objectify and self-surveil at higher-than-normal rates (Pfund et al., 2020). This is not surprising, as videoconferencing exposes users to their own image throughout the video call (Lee & Ziegler, 2022).

Likewise, experimentation with face filters or Snapchat lenses to find the most favourable filter during videoconferencing may promote self-objectification by potentially increasing self-surveillance of appearance through various lenses (Burnell et al., 2021; Musarrat et al., 2022). Such surveillance may also involve behaviours such as strategically adjusting the camera's angle to capture the best angle (Pikoos et al., 2021).

2.5 A Critical Focus on Videoconferencing Research

In this section, I provide a survey of studies that explore the link between videoconferencing and body image, pointing out where more research is needed.

2.5.1 Videoconferencing and Body Image Research

Most studies have found videoconferencing to be positively correlated to appearance dissatisfaction (e.g., Almutairi et al., 2022; Pfund et al., 2020; Pikoos et al., 2021), although two studies found a negative relationship (Harriger & Pfund, 2022; Portingale et al., 2024) and one found no significant association (Gullo & Walker, 2021). Mediating factors (Chen & Zhou, 2023; Stewart & Stapleton, 2023) and moderating factors (Pfund et al., 2020) have also been identified. Women's concern over body image tends to be greater than men's (Jabali et al., 2023; Ratan et al., 2022), particularly between ages 18-25 (Payne, 2020; Silence et al., 2021; Stewart & Stapleton, 2023).

Silence et al.'s (2021) survey study of over 7000 individuals found that worsening anxiety, self-perception and mental health correlated with the increased use of videoconferencing and social media during the pandemic, including the use of filters on those platforms, as individuals

contemplated the return to in-person activities following the end of lockdown measures. Notably, Silence et al. found that among the study's 18–24 year old respondents the use of face filters while videoconferencing correlated with greater anxiety about returning to in-person activities (85% of those who used filters experienced anxiety vs. 58% of those who did not use filters). Although correlation does not equate to causation, these findings suggest there may have been a link between the experience of videoconferencing, including the use of face filters while doing so, and the levels of anxiety and other mental health issues experienced by users—with ramifications extending even into the post-lockdown period.

2.5.2 Zoom Dysmorphia

Scholars have noted the lack of agreement on how the term “Zoom dysmorphia” (ZD) should be used, questioning whether it refers to normal body image concerns or a serious psychiatric condition such as BDD (Ghadimi et al., 2023). Some researchers use the term narrowly in a sense similar to (or as an extension of) “Snapchat dysmorphia” to indicate increased interest in and acceptance of cosmetic surgery due to the videoconferencing environment (Ramphul, 2021; Rice et al., 2021). Other researchers hold that ZD largely overlaps with BDD (Teodoro, 2023) and have argued that the prolonged exposure to one's self-image in videoconferencing may trigger or worsen BDD (Mithawala & Davis, 2021; Türk et al., 2023). Türk et al. (2023) characterise ZD as a “facial dysmorphia” (p. 1). However, Ghadimi et al. (2023) point out that although the neologism ZD draws attention to body image concerns and may aid in “destigmatizing ... BDD”, the concept is based on anecdotal observations without scientific backing and is absent from the DSM-5 and the International Classification of Diseases, 11th Revision (ICD-11) (Ghadimi et al., 2023, p. 70).

There thus appears to be no universally agreed-upon definition for ZD. Given that, as some scholars recognise (e.g., Teodoro, 2023; Türk et al., 2023), the symptoms of BDD (e.g., mirror checking) appear to largely overlap with behaviours exhibited in ZD (e.g., looking excessively at oneself in the self-view feature), I consider ZD to be closely associated with BDD while acknowledging that ZD is not recognised as a disorder. It is important to note, however, that this study is based on a non-clinical sample and draws upon ZD- and BDD-related literature strictly for interpretive—not diagnostic—purposes.

2.5.3 Two Critical Studies

As this area of research remains relatively new, to date the majority of studies on videoconferencing and body image have been correlational. A critical evaluation of the literature reveals two key empirical studies to be most directly focused on videoconferencing and body image. These studies set the foundation for the present study.

2.5.3.1 Pfund et al. (2020). Pfund et al. (2020) is a pivotal cross-sectional study of 438 female-identifying US residents regarding their time spent video chatting, self-objectification, and appearance satisfaction during the COVID-19 pandemic. The questionnaire data revealed no significant correlation between time spent video chatting and appearance satisfaction; however, self-objectification was found to moderate the association between the two, suggesting self-objectification can worsen appearance satisfaction. This matches Tiggemann and Slater's (2013) finding that engaging in self-objectification while using social media may diminish satisfaction with one's appearance.

However, appearance comparisons did not moderate the relation between total video chatting hours and the level of appearance satisfaction. That said, respondents who compared appearances to a greater degree reported lower levels of face and body satisfaction. Appearance comparisons were also linked to the use of certain Zoom features such as "Touch up my appearance" and to the amount of time users observed themselves during video calls. Therefore, the causal factor may not be videoconferencing per se but how it is used (Harriger & Pfund, 2022). This is in line with Cohen et al.'s (2018) findings that body dissatisfaction is predicted by particular social media activities rather than total time spent using them.

There are limitations in Pfund et al.'s methodology. The study's cross-sectional design makes it difficult to substantiate its causal claims without additional experimental and longitudinal research. Moreover, apart from the "Touch up my appearance" Zoom filter, participants were not questioned about specific video chatting behaviours such as adjusting the lighting or camera position or seeking out external resources to enhance their appearance. Lastly, the researchers adapted the Thompson et al.'s Physical Appearance Comparison Scale (1999) for this study without revalidating the modified scale. Although Pfund et al. report good internal consistency and reliability for their adapted items

($\alpha = .87$), the fact that Thompson et al.'s original scale was designed to assess proximal comparisons at "parties or social events" and other in-person "social situations" (p. 174), in contrast to Pfund et al.'s use of the (modified) instrument for distal comparisons in virtual interactions, suggests that caution is in order when interpreting the latter study's results.

2.5.3.2 Pikoos et al. (2021). Another important study is Pikoos et al.'s (2021) cross-sectional study of 335 Australian adults investigating the relation of video use behaviours to appearance dissatisfaction and interest in aesthetic procedures. Participants responded to an online survey regarding video use, including the focus of visual attention (i.e., on self or others) and use of video manipulation techniques such as grooming (makeup, skin, haircare). Thirty-six percent admitted identifying new aspects of their appearance—mostly facial appearance—that they disliked while on video, including dissatisfaction with weight on the face and body, skin blemishes (wrinkles, pimples, complexion, etc.), or specific facial features (i.e., nose, hair, eyes, lips/teeth, or "other" such as looking tired or ageing). Half reported engaging in at least one video modification behaviour (e.g., positioning the camera, grooming, altering lighting or adding a filter) to improve their appearance or reduce discomfort on camera. More than a quarter admitted focusing strictly on their own face during video chats. This behaviour was tied to a greater probability of detecting new appearance concerns and an increase in dysmorphic concerns. These findings align with others that individuals with BDD tend to focus on their own perceived negative facial features when comparing their face to someone else's (Greenburg et al., 2014; Grocholewski et al., 2012). Such selective attention may contribute to the development of a negative body image (Veale, 2004).

The study also documented an increased desire (vs. pre-pandemic) for non-surgical aesthetic procedures, particularly cosmetic treatments of areas visible on camera (anti-wrinkle injections, dermal fillers, etc.), hairdresser services, waxing and hair removal, and eyelash/eyebrow services. There was, however, no substantial similar increase in the demand for cosmetic surgery in this context. Awareness of their own appearance prompted individuals to change their behaviour (e.g., hiding self-view), with 3% reporting active avoidance of video calls, this being correlated with dysmorphic concern. These findings suggest that the increased videoconferencing during the pandemic may have isolated individuals with body image issues. More broadly, the study offers

evidence from a non-clinical sample that ties self-focused attention and video manipulation to dysmorphic concern and suggests that the emergence of appearance concerns during video chats may indicate the start or intensification of body image dissatisfaction.

Nonetheless, Pikoos et al.'s study has limitations. When respondents were asked to rate their interest in receiving beauty or aesthetic treatments, all types of cosmetic surgery were combined, overlooking the possibility that particular procedures may have been favoured over others (e.g., facial vs. body treatments). Moreover, as Pikoos et al. note, video call use accounted for only part of the increased interest in non-surgical cosmetic treatments during the pandemic, suggesting that other psychological or economic considerations—such as the need to “deal with pandemic-related stress” or “the potential to recover from cosmetic procedures at home without needing to take time off work”—influenced choices about aesthetic procedures (p. NP2072). Pikoos et al. cite Chandawarkar et al. (2021) and Jenny et al. (2021) in this regard, the latter of whom report that individuals indicated an increased interest in aesthetic interventions during the pandemic for reasons ranging from “seeing self in mirror more often” to “weight change” and a desire to pamper [themselves] when crisis is over” (Jenny et al., 2021, p. 6, Figure 2).

Furthermore, the generalisability of the findings from Pikoos et al.'s (2021) Australian study is unclear, as the timing, implementation, and the impacts of the COVID-19 restrictions varied widely around the globe and even within Australia during the data collection periods. Pikoos et al. gathered their data at two separate periods of time during the COVID-19 pandemic: May 20–27 and July 20–27, 2020 (p. NP2068). Just before the first data collection period, there was an easing of lockdown restrictions nationally on May 13, 2020, that allowed individuals to leave home in some instances to visit friends and family (Parliamentary Library, 2020; Victorian Government, 2020). A second lockdown began in Victoria on July 8, 2020, just prior to the second data collection period, even as “restrictions had begun to ease in other Australian states” (p. NP2069). Pikoos et al. report that 70% of their participants were living in Victoria ($n = 248$) versus other Australian states ($n = 85$) at the time (p. NP2069). The upshot is that Pikoos et al.'s overall sample was quite diverse in crucial respects, potentially impacting how the findings may be applied elsewhere.

Finally, the study's cross-sectional design is restricted in its ability to demonstrate causal linkages: therefore, more experimental and longitudinal research is needed. It may be insightful, for example, to control for independent variables such as frequency or type of video manipulation behaviours or the amount of self-focused attention to discover the effects that changes in these variables would have on levels of appearance dissatisfaction or dysmorphic concern. Likewise, longitudinal research might provide a clearer picture of how the latter factors change over time within such causal relationships.

2.6 Rationale for and Aims of the Current Study

While the research surveyed above points to there being positive correlations between videoconferencing and body image, several gaps remain. First, as just noted for Pikoos et al. (2021), almost all the research has relied on cross-sectional and quantitative methodologies. These have value, but they leave largely unclear what actual experiences individuals with AD are having within these correlational contexts. A qualitative methodology, on the other hand, would potentially provide more in-depth insights into the experiences of women who may be experiencing AD from using these virtual platforms, including the nuances of how they perceive body image.

Additionally, the majority of studies thus far have been conducted in the US (e.g., Choukas-Bradley et al., 2022; Harriger & Pfund, 2022; Pfund et al., 2020; Ratan et al., 2022; Silence et al., 2021; Wojtara, 2022) or Australia (e.g., Gullo & Walker, 2021; Pikoos et al., 2021; Portingale et al., 2024; Stewart & Stapleton, 2023), with no empirical study in the UK. Given that pandemic mandates and restrictions varied worldwide—and, therefore, videoconferencing experiences likely varied as well, subject to differing social norms and cultural contexts—these studies' findings may not uniformly generalise to other countries/regions. A UK study would contribute to a more comprehensive understanding of the various factors that contribute to dissatisfaction with one's appearance.

Furthermore, research suggests that women experienced the brunt of these effects during the pandemic—including from their use of videoconferencing platforms—with young adults most likely to experience AD in this context. The current study, which focuses on young adult women, will thus contribute to our understanding of the unique pandemic challenges faced by a key segment of the

population. The findings may, in turn, support more informed mental health interventions for women struggling with negative body image concerns, which often contribute to ED and BDD (Hrabosky et al., 2009).

In light of the above, I propose the following research question: How do young adult women in the UK who self-identify as experiencing AD during the COVID-19 pandemic perceive and navigate the videoconferencing process? Addressing this research question will require exploration of three research sub-questions (RQs):

- 1) What is women's understanding of the development of appearance dissatisfaction whilst videoconferencing?
- 2) How do these women with appearance dissatisfaction experience the videoconferencing process?
- 3) How do these women feel about their appearance since the COVID-19 pandemic (after the implementation of the lockdown measures on 23rd March 2020), once they are experiencing AD?

2.7 Relevance of Research to Counselling Psychology

The proposed research has the potential to contribute to the field of CoP by improving our understanding of the unique challenges encountered by women experiencing AD/ZD in this context. Especially given that ZD is a relatively new phenomenon of concern, counselling psychologists could play a vital role in advocating for access to therapeutic services and raising awareness of AD/ZD through informed participation in discussions, knowledge exchanges, and collaborative learning within the field. The proposed research could also enhance clinical practice of counselling psychologists and other mental health clinicians by enabling practitioners to identify AD/ZD and treat clients who experience it. This is particularly important for counselling psychologists, who are tasked with addressing “real world challenges” (Kasket, 2012, p. 4). Moreover, core principles of CoP, including the centrality of the therapeutic relationship, personal well-being, and the practitioner as reflective therapist and scientist-practitioner (Douglas et al., 2016), support the task of addressing the needs of women with AD/ZD.

Counselling psychologists take a holistic approach to psychological distress, contextualising

client experiences in terms of their biological, developmental, and social frameworks (Milton et al., 2010). CoP's integration of reflective and empirical practice is also unique within psychology (Lane & Corrie, 2006). More research in this area, could lay the groundwork for innovative, adaptable treatments (e.g., informing clients of the option to turn off their self-view "mirror-image"), in line with counselling psychologists' use of various interventions (i.e., "pluralistic practice"; Cooper & McLeod, 2012, p. 7) to meet clients' diverse needs.

Furthermore, the perspective of counselling psychologists is needed in conversations on the power dynamics that could influence BI among women who use videoconferencing platforms. The contributions of these specialists could foster new conceptualisations that allow women to connect with and experience their bodies in a non-shaming way. It is hoped that the proposed research will enhance the quality of life for women and make it possible for them to use videoconferencing without AD/ZD being triggered or worsened.

2.8 Psychological Treatment for Body Dissatisfaction and Zoom Dysmorphia

Given that videoconferencing's effect on the occurrence of BD and ZD is an emerging area of research, specific measures tailored to address adverse effects in this context are yet to be established. The most frequently used treatment is cognitive behavioural therapy (CBT; Beck, 1970), which targets cognitive and behavioural factors that contribute to negative BI (Hosseini & Padhy, 2023) and has been proven effective for BD across a range of populations (Cash & Grant, 1996; Freedman, 1990). There is supportive evidence of the efficacy of CBT particularly in young adult women with BD. Randomised controlled trials indicate that CBT can reduce body image dissatisfaction, successfully improve affective body image, weaken maladaptive body image cognitions, and enhance social self-esteem and feelings about physical fitness and sexuality (Butters & Cash, 1987), as well as improve size estimation, increase body satisfaction, and avoid maladaptive behaviours (Rosen et al., 1989).

Regarding ZD, Pino (2021) likewise recommends CBT-based therapy that parallels the interventions recommended for BDD (National Institute for Health and Care Excellence [NICE], 2005; Phillips, 2015), for which CBT is again the most empirically-supported psychotherapy (Harrison et al., 2016). Targeting BDD-related thought and behaviour patterns, CBT protocols

generally include psychoeducation, cognitive restructuring, and exposure and response prevention (ERP; Prazeres et al., 2013).

There is evidence that acceptance and commitment therapy (ACT; Hayes et al., 2012), which emphasises the use of mindfulness, self-compassion, and acceptance strategies, is also effective in the treatment of BD (Hayes et al., 2006). In this context, ACT focuses on enhancing psychological flexibility and appearance flexibility, by encouraging individuals to confront and accept challenging ideas and emotions. ACT-based techniques have demonstrated effectiveness in reducing BD (Fogelkvist et al., 2020; Selvi et al., 2021) and BDD (Dehbaneh, 2019; Linde et al., 2015), but ACT's broader effectiveness for improving body image is unclear given the current paucity of research on this topic (Griffith et al., 2018).

Chapter 3: Methodology

3.1 Overview of Chapter

This chapter presents my rationale for using a qualitative methodology as well as for adopting a critical realist perspective, along with discussion of the latter's compatibility with the philosophical stance taken within counselling psychology (CoP). I discuss the nature of interpretative phenomenological analysis (IPA; Smith et al., 2009/2021) and offer my rationale for adopting it in this study. I also note alternative qualitative methodologies that were considered but rejected for the present study and explain reflexivity measures taken in my research. The core of the chapter is a description of the study's participants and recruitment strategy, materials, procedure, and data analysis.

3.2 Rationale for a Qualitative Approach

The influence of positivism on psychological research, especially quantitative studies, is widely recognised (Ponterotto, 2005). The cause-and-effect models typical of quantitative research allow variables to be isolated so as to show how changes in one variable impact another. However, these models usually establish only correlations between predetermined variables, meaning that novel or unexpected findings may be overlooked and the subjective experiences of individuals left unconsidered. Therefore, quantitative studies within the positivism paradigm may oversimplify complex phenomena by considering just one 'slice' of the phenomenon, reduced to numerical data,

thus leaving potential insights obscured by the method's reductive conclusions (Leung, 2015).

In contrast, qualitative research does not normally rely on variables defined by the researcher at the outset of the research process. Instead, its main objective is to better understand phenomena through close inspection of an individual's subjective experiences and meanings (Smith et al., 2009/2021; Willig, 2001/2013). The assumption is that individual perspectives have an inherent validity that cannot be represented simply by measurements of frequency (Willig, 2008).

Given the gaps in the existing literature and the nature of the present research, a qualitative methodology was selected as the most appropriate. This approach is generally favoured for exploring the personal meanings of a given phenomenon (Denzin & Lincoln, 2005) and would allow the complexities of women's individual experiences with the videoconferencing process to be more fully comprehended.

3.3 The Critical Realist Perspective

3.3.1 Summary of Critical Realist Perspective

According to Willig (2012), one's epistemological stance may range from realist (direct-critical) to phenomenological (descriptive-interpretative) to social constructionist (radical-moderate), the difference being the degree to which collected data is considered as representing reality. Realism, based on the philosophy of positivism (i.e., realist ontology; Scotland, 2012), is the epistemological view that there is a singular, quantifiable reality that is objectively knowable (Madill et al., 2000; Willig, 2012). In contrast, social constructionism (often based on an ontological stance of relativism) denies any objective truth and asserts the existence of multiple realities constructed through social processes.

Between these two extremes lies a range of epistemological stances (Willig, 2008), including critical realist (CR) epistemology (integrating a realist ontology and epistemological relativism), which holds that there is an objective reality independent of human conceptualisation (realist ontology), but which distinguishes between the "real" and "observable" worlds. That is, individuals perceive and experience authentic phenomena in different ways due to their differing perceptions and beliefs (Bhaskar, 1975/2013; Danermark & Ekström, 2019; Finlay & Ballinger, 2006). CR accepts that knowledge is historically, culturally and socially situated (Maxwell, 2012) and that, as

individuals, we exist within a framework of social, cultural and linguistic structures that connect us to an “out-there” reality (Heidegger, 1927/1962). Consequently, CR recognises the subjective element in knowledge formation (epistemological relativism) and does not dismiss it as invalid in the presence of conflicting alternative viewpoints (Finlay & Ballinger, 2006; Watkins, 1994). This perspective also recognises that the information collected by the researcher may not provide direct access to this reality (Bhaskar, 1975/2013; Danermark & Ekström, 2019). Nevertheless, CR asserts that the data can enhance our comprehension of the processes and the mechanisms underpinning the phenomena being interpreted in the course of investigation (Willig, 2001/2013).

3.3.2 Rationale for Adoption of Critical Realist Position

Madill et al. (2000) encourage researchers to disclose their epistemological position. In the present study, I dialogue with women to explore their subjective experience of appearance dissatisfaction (AD) in the context of videoconferencing. A CR perspective is most appropriate for accomplishing this objective, as the study presupposes that AD within the context of videoconferencing may exist, that it can be described, and that each participant—when expressing personal perspectives about their experiences of videoconferencing—makes statements which may be considered ‘truthful’ but are inherently subjective (McLeod, 2017). By adopting CR, I thus acknowledge an objective reality to how women experience videoconferencing while recognising that each individual may interpret this reality differently, influenced by various sociocultural and historical processes. Finally, as emphasised by Smith et al. (2009/2021), I maintain that as a researcher, I can only partially grasp how the study participants may have thought and felt about their experiences.

The tenets of CR also correspond with the core principles of counselling psychology (CoP), which uses the phenomenological exploration of individuals’ internal experiences as a means of identifying the subjective truths they hold (Douglas et al., 2016). Moreover, both CoP and CR acknowledge the *prima facie* validity of first-person narratives and do not assume that any particular method of knowing or experiencing to be inherently superior (Bhaskar, 1975/2013; Bunge, 1993).

3.4 Interpretative Phenomenological Analysis

In view of the study’s research question, IPA (Smith, 1996, as cited in Eatough & Smith, 2008) was deemed the most suitable methodology for the current study. Here, I will consider the three

core principles of IPA (Pietkiewicz & Smith, 2012) and then provide my rationale for adopting IPA in the present study.

3.4.1 Core Principles of Interpretative Phenomenological Analysis

3.4.1.1 Phenomenology. According to Husserl (1927-2012, as cited in Gill, 2020), the founder of the phenomenological movement, phenomenology involves a careful examination of human experience through methodological “reduction” and “bracketing”. Husserl argued that to understand the essence of human experience, it was necessary to examine lived experience with a focus on the subjective (Langridge, 2007; Larkin & Thompson, 2011). Husserl (1927, as cited in Smith et al., 2009) emphasised that to adopt a *phenomenological attitude*, we must—through a process referred to as epoché (“bracketing”)—not only recognise but transcend the assumptions associated with our culture and context so that we can reach the essence of the experienced phenomena (Langridge, 2007; Smith et al., 2009/2021). Engaging in bracketing separates us from prejudices and allows us to explore an experience without bias (Finlay, 2014; Smith et al., 2009). The later philosophical contributions of Heidegger (1927/1962), Merleau-Ponty (1945/1962) and Sartre (1943/1956) diverged from the primarily transcendental concerns of Husserl towards a more interpretative emphasis (Macann, 1993; Smith et al., 2009). Stressing the importance of viewing the individual as a “person in context” (Larkin et al., 2006, p. 108; Smith et al., 2009/2021)—one who is “embedded and immersed in a world of objects and relationships, language and culture, projects, and concerns” (Smith et al., 2021, p. 21)—these philosophers argued that the inherent interconnection of researcher and research prevent bracketing from being fully achievable. The interpretative process is always influenced by the presuppositions and beliefs held by the researcher (Smith et al., 2009/2021).

IPA, being a phenomenological approach, entails a detailed examination of an individual’s perception of their lived experience (Smith, 2015). This approach acknowledges the influence of cultural, historical and social norms and practices on perception and considers the subjective context in which experience carries out (Eatough & Smith, 2008) with the aim of approximating an individual’s ‘subjective truth’ rather than formulating an objective account (Flowers et al., 1999).

3.4.1.2 Hermeneutics. Hermeneutics, or the theory of interpretation, is the second major influence guiding IPA (Smith et al., 2009/2021). Hermeneutics requires the researcher to closely

engage with the data on an interpretative level (Willig, 2001/2013) in a process often described as a “hermeneutical circle”: a process of meaning-making via repeated immersion in the data, noting one’s interpretations, and considering the “dynamic relationship between the part and the whole” (Smith et al., 2021, p. 22). The aim is to both understand the individual aspects of a participant’s experience and gain a richer understanding of how these parts contribute to the person’s broader, whole experience (Willig, 2001/2013). Although the researcher’s understanding is inevitably influenced by their own experiences, preconceptions, and expectations, the goal is to grant evolving phenomena priority over one’s assumptions and biases (Heidegger, 1927/1962; Smith et al., 2009).

With this in mind, IPA expressly recognises that some divergence from the participant’s perspective is inevitable on the part of the researcher and must be accepted. In attempting to understand how the participant makes sense of their reality, the researcher takes part in a dual interpretation process referred to as the “double hermeneutic” (Smith et al., 2009/2021). This phrase acknowledges that the meaning-making occurs in two stages: first by the participant, who attempts to articulate their experiences; then by the researcher, who strives to make sense of the participant’s articulation (Smith et al., 2009). The divergence of perspectives arises due to an insurmountable misalignment of meaning between these two phases of the hermeneutic.

3.4.1.3 Idiography. The third main theoretical influence on IPA is idiography, which focuses on the particular individual experience rather than general patterns, the latter being instead characteristic of the nomothetic method (Pietkiewicz & Smith, 2012). IPA’s dedication to the particular is evident at two levels. Firstly, IPA emphasises in-depth analysis. Secondly, IPA seeks to understand how experiential phenomena are perceived and interpreted by particular groups of individuals within their unique contexts (Smith et al., 2009/2021).

3.4.2 Rationale for Adoption of Interpretative Phenomenological Analysis

The research question motivating the present study called for an exploration of how women with AD make sense of their experience with the videoconferencing process during the pandemic. According to Smith et al. (2009), IPA is useful when exploring individuals’ subjective experiences of multidimensional and novel topics of significance to a specific group. It is also particularly well-suited for investigating research domains characterised as “ambiguous” and yet unidentified (Smith &

Osborn, 2015, p. 41).

A thorough review of the existing literature revealed few studies in the emerging field of body image and videoconferencing. Notably, there was a marked paucity of relevant qualitative research and an absence of studies centring on this phenomenon with the present study's specific demographic: individuals self-identifying with AD from their use of videoconferencing. As IPA can be used to amplify the voices of marginalised and overlooked individuals (Larkin et al., 2006; Larkin & Thompson, 2011), it seemed a natural fit for the present study, which offered women the opportunity to express their perspectives on this topic. In keeping with IPA's idiographic-aligned tradition of using "small, purposively-selected and carefully situated samples" (Smith et al., 2021, p. 24), I chose a small sample size to facilitate in-depth examination of each interview. It should be noted too that IPA's idiographic commitment is in line with the CoP viewpoint, which investigates the subjectivity of individuals (Blair, 2010).

Finally, it is advisable for a researcher's methodological approach to align with their epistemological perspective (Willig, 2008). The theoretical framework of IPA closely corresponds with the assumptions of CR that I endorsed above. That is, IPA offers a view of "what resides beneath" human experience (Haverkamp et al., 2005, p. 123) and acknowledges the influence of sociocultural and historical processes on individual experience, taking into consideration as well individuals' comprehension and ways of making sense of the world (Cooper, 2010; Eatough & Smith, 2008). Moreover, IPA coheres with the ethos of CoP, which similarly assumes that individual experiences are vital and that the primary objective is to enhance our understanding of the individual (Boshoff, 2020).

3.5 Alternative Qualitative Methodologies

Several qualitative methods were explored when considering this study's methodology that ultimately were not used.

3.5.1 Grounded Theory

Given the exploratory nature of this study, I also considered Glaser and Strauss's (1967/2017) grounded theory (GT), which is intrinsically exploratory in nature (Starks & Brown Trinidad, 2007). There was a mismatch to the present study, however: GT is mainly concerned with how social

phenomena are constructed rather than the processes through which individuals make sense of a particular phenomenon (Corbin & Strauss, 2015). More specifically, GT seeks explanations rooted in the critical social phenomena derived from participants' inductive experiences (Holloway & Todres, 2003; Starks & Brown Trinidad, 2007), adopting a 'macro' perspective and identifying convergences within a typically larger sample size. This leads to broad conceptual explanations (Charmaz, 2014), which, although potentially useful for highlighting commonalities between the participants in the videoconferencing process, would likely overlook subtle features in the participants' responses.

In contrast, IPA's 'micro' perspective focuses on smaller, more homogeneous groups, from whom in-depth narrative descriptions of their experiences with specific phenomena are collected (Smith & Osborn, 2015; Smith et al., 2009/2021). IPA's more open approach also permits unexpected insights to emerge and may lead to the exploration of novel and previously unexamined phenomena (Biggerstaff & Thompson, 2008; Smith, 2004). Finally, IPA is especially useful for relatively new topics not yet understood (Reid et al., 2005). For all those reasons, IPA was considered more appropriate than GT in the present case.

3.5.2 Discourse Analysis

I also considered using discourse analysis (DA), a methodology that stresses the role language plays in forming an individual's sense of reality (Starks & Brown Trinidad, 2007; Willig, 2001/2013). DA, however, generally avoids equating individuals' verbal reports to their underlying subjective experiences, instead considering verbal or written accounts *qua* linguistic objects (Potter & Wetherell, 1987, as cited in Willig, 2001/2013). This emphasis tends to exclude consideration of the role of cognition in the meaning-making process (Willig, 2001/2013) and may lead researchers to miss the significance of internal experiences and implicit meanings (Reid et al., 2005; Willig, 2001/2013).

IPA, in contrast, is sensitive to both language and to emotion and cognition. For IPA, language is a tool by which to understand an individual's thoughts and emotions rather than being the object of analysis itself (Eatough & Smith, 2008). IPA thus asserts a "chain of connection" (Smith, 2011, p. 10) between what participants express and their cognitions, offering a thorough analysis of the individual's experience and linking their language to the lived experience of reality (Eatough &

Smith, 2008). For these reasons, I concluded that IPA was more compatible with the aims of the present study than was DA.

3.6 Methodological and Personal Reflexivity

Reflexivity is considered crucial to IPA, especially as interpretations made by the researcher impact the analysis. It is also an essential criterion for quality evaluation in qualitative research (Donati, 2016; Willig, 2001/2013). Accordingly, following Kasket (2013), I have taken steps to foster self-awareness and openness at each phase of the research process so as to identify and mitigate any preconceived notions that may have influenced its integrity, recognising, however, the inherent challenge of achieving full impartiality (Langridge, 2007).

When undertaking the analysis, it was critical to convey the participants' experiences accurately without imposing my own subjective perspective—a task which proved to be challenging. In the two-stage hermeneutic process of IPA (Pietkiewicz & Smith, 2012), participants would first make meaning of their experiences; then, I would interpret their self-observations from the perspective not only of a researcher but of a counselling psychologist trainee and person with personal experience with AD. Due to the latter and my regular use of videoconferencing, I initially had reservations that I might over-identify with the women. Recognising the potential for such bias, I kept a reflective journal that would allow me to continually reassess my perspective, be mindful of my own internal state and—as advised by Gearing (2004) and Wall et al. (2004)—facilitate the process of bracketing and decision-making throughout this phenomenological inquiry.

One particular concern that arose while searching for connections among the themes emerging in the participant transcripts was that I might disregard a relatively inconsequential theme that might prove significant later in the analysis. This is the challenge of “knowing what ... [makes] a good piece of work good enough” (Smith et al., 2009, p. 184). I mitigated this risk by meticulously recording the excerpts at each phase, enabling me to revisit and re-evaluate themes at a later date as needed.

3.7 Participants and Data Collection

The procedural elements of the study are described here in detail.

3.7.1 Participants

3.7.1.1. Inclusion Criteria. The study's participants were selected according to the following criteria for inclusion.

3.7.1.1.1 Sex. Due to research suggesting women had heightened concern about body image during the pandemic (Robertson et al., 2021; Vall-Roqué et al., 2022), and research on videoconferencing and body image suggesting that women generally exhibit greater concern over body image than do men (Jabali et al., 2023; Ratan et al., 2022), the participant pool included only women.

3.7.1.1.2 Age. Research has found a correlation between filter use in videoconferencing and worsened anxiety and self-perception, especially between ages 18–24 (Silence et al., 2021). Moreover, a United Kingdom (UK) survey found individuals ages 18–25 experienced increased self-consciousness and decreased satisfaction with their appearance on videoconferencing, leading to lower self-esteem (Payne, 2020). Participants were, therefore, limited to this age group.

3.7.1.1.3 Appearance Dissatisfaction Status. To increase homogeneity, the participant pool was also limited to those who self-identified as experiencing AD, specifically from their use of videoconferencing (e.g., Zoom or Microsoft Teams) during the coronavirus disease 2019 (COVID-19) pandemic. This excluded individuals whose AD arose from working in person (e.g., key workers) or from other factors.

3.7.1.1.4 Videoconferencing Usage. A further prerequisite was the regular use of videoconferencing platforms for a minimum of 30 minutes a day. This was based on the finding that individuals who regularly engage in videoconferencing for up to one hour per day are significantly more likely to experience AD than those who do not use it daily (Almutairi et al., 2022). This criterion was satisfied by either current or former use, allowing for the possibility of a decrease or cessation of videoconferencing activity once lockdown restrictions were lifted.

3.7.1.1.5. Residence. Given how governments responded differently to COVID-19 internationally, this study considered only individuals who resided in the UK during the initial lockdown beginning March 23, 2020, when a stay-at-home directive was in place (Institute for Government, 2021). This policy led to greater use of videoconferencing platforms in social interactions, work, education and telemedicine (Marbun, 2023).

3.7.1.2 Exclusion Criteria. Certain individuals who might otherwise have met the above criteria for inclusion were nevertheless excluded from the study based on the following criteria.

3.7.1.2.1 Mental Health Diagnosis. In view of the sensitive nature of the study's topic and to avoid aggravating an existing mental health issue, individuals with a formal mental health diagnosis were excluded from the study.

3.7.1.2.2 Prior Experience With Appearance Dissatisfaction. To narrow the focus to individuals whose AD was precipitated by pandemic-era videoconferencing, individuals who experienced AD prior to the onset of the pandemic were excluded.

3.7.2 Participant Sample

Purposive sampling was used to recruit a relatively small, homogenous sample in line with the principles of IPA as used in doctoral research (Smith et al., 1999; Smith et al., 2009/2021), but large enough to give rise to patterns of “convergence and divergence” (Smith et al., 2009, p. 3), across the participants' experiences in this novel area of research. Initially, 13 individuals indicated via e-mail an interest (see 3.7.3 Recruitment). These were then provided an outline of the research aims and procedures. Following the application of the selection criteria outlined above, six women between the ages of 20 to 25 were selected to participate in the study.

The methodology included six interviews conducted in various settings: five held remotely (three through Microsoft Teams and two through Zoom) and one carried out in person in a private study room at a London Library. Only one participant chose not to activate their camera during the interview. At the time of the study, all remote interviewees reported being regular users of videoconferencing platforms (typically Zoom and Microsoft Teams). A summary of the participants' demographic information is provided in Table 1.

Table 1

Summary of the Participants' Demographics

Name	Age	Ethnicity	Most used videoconferencing platform	Purpose of videoconferencing	Average time spent videoconferencing per day

Gia	20	White	Zoom and Microsoft Teams	University and work	3 hours
Brie	24	Mixed: White and Black African	Zoom and Microsoft Teams	Work and socialising	30 minutes
Zakia	25	Pakistani	Zoom, Microsoft Teams, Skype	University, work and socialising	3-4 hours
Sandra	24	Indian	Microsoft Teams	University, work and socialising	3-4 hours
Zoe	25	Arab Persian	Microsoft Teams	Work and socialising	3-4 hours
Naila	24	Arab	Microsoft Teams, Google Meet, Zoom	University, work and socialising	5-6 hours

Note. Pseudonyms are used for confidentiality

3.7.3 Recruitment

The participants were recruited through advertisements placed on social media platforms, including Reddit, Facebook, Instagram, and LinkedIn, as well as through promotional posters displayed in a number of libraries across London (refer to Appendix A for details). In the face of recruitment challenges and based on discussions with the supervisory team, it was decided that offering a £15 Amazon voucher would improve participant engagement. Accordingly, the previously authorised ethical application was amended and re-approved prior to further recruitment efforts. To minimise any risk of collusion and in accordance with the guidelines outlined in the British Psychological Society's (British Psychological Society [BPS], 2021b) Code of Human Research Ethics, prospective participants enrolled in the study by contacting the researcher via e-mail.

After initial e-mail correspondence, individuals deemed likely eligible were contacted via telephone to confirm their eligibility. Confirmed eligible participants were then sent a participant information sheet and their consent form via e-mail (refer to Appendices B and C). Non-eligible participants were given information regarding obtaining professional assistance, such as that available through their GP as the primary point of contact. Confirmed participants were then invited to interview at a mutually convenient date and time, either at a London library or via videoconferencing platforms, with the option of disabling their cameras as preferred.

3.7.4 Data Collection

3.7.4.1 Choice of Data Collection Method. Semi-structured, individual interviewing is compatible with IPA (Smith et al., 2009/2021) and is particularly well-suited for the present study's objective of exploring women's experiences of the videoconferencing process. This approach also allows the flexibility for the researcher to alter questioning in light of specific responses and probe particular areas of interest at greater length (Eatough & Smith, 2008). It can also foster a research relationship between the researcher and participant, which helps when the topic is sensitive. Individual interviews have been shown to offer a supportive environment in such cases (Kruger et al., 2018). To facilitate the interview process, a semi-structured interview schedule was created (SSI; refer to Appendix D) that included ten open-ended questions drawing on the established literature relevant to body image and videoconferencing, adhering to the guidelines for interviews outlined in Smith

(1996). After the interview, the participant was asked to fill out a short demographics questionnaire (see Appendix E).

Focus groups (Pietkiewicz & Smith, 2012) were also considered as a means of data collection, given their usefulness for exploring under-researched domains and underrepresented cohorts (Wilkinson, 1999). However, this method was rejected because of the sensitivity of the topic (Warwick, 1982) and indications from prior research that focus groups might cause discomfort and hinder individuals from openly sharing their experiences regarding this topic (Burnette et al., 2017).

3.7.4.2 Materials. A variety of tools were used, including an advertising poster (Appendix A), a participant information sheet (Appendix B), an informed consent form (Appendix C), a short demographic questionnaire (Appendix E), and a debrief sheet with a list of accessible support services (Appendix F). Additional materials included an SSI schedule (Appendix D), a distress protocol (Appendix G), a dictaphone, and transcription software.

3.7.4.3 Interview Procedure. The interviews were approximately 60 minutes in length and were conducted in keeping with the guidelines in Pietkiewicz and Smith (2012). Among these researchers' recommendations that were followed in the present study are (a) inclusion of a warm-up discussion to reduce tension on the part of the interviewee, (b) following an interview plan that included open-ended questions to be asked, (c) the application of active listening skills and allowing for moments of silence in which the participant could reflect on the question without being rushed to answer, (d) attention to verbal and nonverbal cues to how the interview might be affecting the interviewee, and (e) readiness to refer the participant to a professional trained in mental health care if the need arises. Participants were given the choice of holding the interview either in person at a private space in a London library or via a videoconferencing platform with the option to disable their cameras. All participants were required to provide written consent prior to the start of the interview. The interview itself consisted of a series of open-ended questions, following the SSI schedule. The open-ended format allowed interviewees and interviewer alike to discuss the topic in greater detail and gave the interviewee freedom to elaborate beyond the confines of the prompt. Once the interview was completed, participants received both verbal and written debriefings. In compliance with the Data Protection Act (2018), a one-month post-interview period was designated for withdrawal, during

which interviewees had the option to retract their consent and have their data discarded. No requests for withdrawal were received.

3.8 Data Analysis

In my capacity as a researcher, I transcribed the six interviews and then analysed each following the guidelines for IPA as delineated by Smith et al. (2009/2021). The analysis of the interviews was conducted according to the following steps.

3.8.1 Reading and Re-reading the Interview Transcript

The initial phase involved listening to the participant's interview recording repeatedly and carefully reading through the associated transcripts more than once to develop a phenomenological understanding of the participant's experience.

3.8.2 Exploratory Notations

Next, the transcript was carefully reviewed, with important points being underlined and highlighted. Exploratory notes were made in the right-hand margin of the transcript, including comments and descriptions intended to closely reflect the participant's intended meaning. Alongside this, initial interpretative notes of three main varieties—linguistic, descriptive and conceptual—were entered in the margin. These notes commented on the language used by the participant, the contexts of their concerns and any abstract concepts that might help discern patterns of meaning in their accounts (see Appendix H for examples).

3.8.3 Constructing Experiential Statements

Based on these initial notes, any interrelationships, connections and patterns perceivable among exploratory notes were recorded in the left-hand margin, along with experiential statements reflecting psychological interpretations of the phenomena. Following this, emerging themes were narrowed down, and more concise phrasing was adapted to summarise the participant's intended meaning (see Appendix H and I).

3.8.4 Searching for Connections Across Experiential Statements

Next, common themes and conceptual connections across the various experiential statements were identified. The statements were initially dispersed in an electronic document (complete with page and line numbers) and then reorganised to explore alternative conceptual groupings. Following

this, emerging patterns that conveyed the significance of the participants' experiences were identified through processes including polarisation, narrative organisation and functional analysis to establish preliminary clusters and sub-clusters of themes. Then, visual representations were created along with associated sub-cluster themes and participant quotes (see Appendix J).

3.8.5 Naming and Consolidating the Personal Experiential Themes

Next, each cluster of experiential statements was assigned a descriptive title, constituting the participant's personal experiential themes (PETs). Each of these PETs was further divided into sub-themes, each accompanied by titles and corresponding experiential statements along with page numbers, all presented in a table.

3.8.6 Continuing the Analysis of Other Individual Cases

The above five steps were replicated for each additional interviewee's transcript. A determined effort was made to 'bracket' the emerging ideas, as advised by Eatough and Smith (2008).

3.8.7 Developing Group Experiential Themes

In the final stage, similarities across the PETs of the different interviewees were identified through a cross-case analysis (Appendix K) that entailed identifying points of convergence and divergence and searching for connections and higher-order concepts. Themes were then re-clustered to explore how one detected theme might reveal another, in this way identifying the most prominent themes that formed the basis for a map of final themes (Appendix L). The process continued until a table of group experiential themes (GETs) was produced (Appendix M), accompanied by associated quotes from the transcript groups to describe each logically organised cluster theme. These themes were discussed with my supervisor, and a reflective journal was maintained to document the decision-making process, help 'bracket' assumptions, address potential biases, and provide personal reflections (see Appendix N).

3.9 Ethical Considerations

3.9.1 Ethical Approval

Before commencing recruitment, ethical approval was obtained from the Research Ethics Committee at London Metropolitan University (see Appendix O).

3.9.2 Informed Consent

Potential participants were provided via email an information sheet delineating the purpose and objectives of the study and a consent form including information on the participant's right to withdraw (Appendices B and C). Participants were informed by the poster and the information sheet (Appendices A and B) that they would receive a £15 Amazon voucher upon participation. Participants were also verbally assured that if they decided to withdraw from the study after being interviewed, this would not affect the receipt of the incentive voucher, and their data would be reasonably discarded and processed in accordance with the Data Protection Act (2018).

3.9.3 Right to Withdraw

Before the interview, participants were verbally informed of their right to decline answering any question that caused discomfort or distress. They were also informed through the information sheet of their right to terminate the interview without needing to provide a reason for doing so. The consent form included detailed information about their ability to withdraw from the study within one month after the interview. Following the interview, participants were given a debriefing and provided with a debrief sheet (Appendix F), elucidating the purpose of the study, offering contact information for support services, and providing the researcher's contact details for any concerns or inquiries.

3.9.4 Participant Confidentiality

The importance of confidentiality was emphasised in the information sheet provided to all participants, and the protocol for maintaining confidentiality was communicated verbally to each participant, either face-to-face or remotely. This included that if there was an indication of potential harm to themselves or others, confidentiality would need to be breached (Health and Care Professions Council [HCPC], 2024). In accordance with the Ethical Code of Conduct (BPS, 2012a), participants' personally identifying information was anonymised, and pseudonyms were used to safeguard privacy.

3.9.5 Data Protection

In accordance with the Data Protection Act (2018) and the Code of Human Research Ethics (BPS, 2012b), the study's data was safeguarded in several ways. All interviews were conducted using a dictaphone with password protection, and electronic data transcripts (i.e., transcripts) were remotely stored on a password-protected computer within a controlled cloud system, accessible exclusively to the researcher. Physical documentation, such as research materials, notes, etc., were stored in a locked

filing cabinet at the researcher's residence. All written records, documentation, approvals, recordings and transcripts pertaining to particular participants will be disposed of upon completion of the study.

3.9.6 Debriefing

After the interview, participants were thanked for their contribution and given both a verbal debriefing (see section 3.7.4.3) and a written debriefing form (Appendix F), which summarised the purpose of the study and included the contact information of the researcher and the researcher's supervisor should the participants have further questions or concerns. Participants were given the opportunity to ask any questions they may have, but no questions were asked following the debriefing.

3.9.7 Potential Risks

As noted earlier, individuals with diagnosed mental health conditions were excluded from participation, and all participants could choose between an interview in person, at a London library or via videoconferencing, with the option of disabling their cameras. A distress protocol (Appendix G) was developed specifically for videoconferencing interviews in case any participant displayed signs of distress. During the course of the interviews, the well-being of the participants was continuously monitored, taking into consideration their nonverbal cues and body language. None of the participants exhibited visible signs of distress during the interviews. Moreover, participants were informed in the debriefing sheet (Appendix F) of the supplementary support services available to them in case they encountered any challenges after the interview.

3.10 Quality and Validity of the Study

Following Smith et al.'s (2009) recommendations, the present study was designed with Yardley's (2000) four criteria for evaluating qualitative research in mind. "Sensitivity to context" was established by adopting a mindful approach to the extant research on the subject, demonstrating sensitivity towards participants during interview interactions, closely engaging with the data during analysis and anchoring resulting interpretations in the participants' accounts. "Commitment and rigour" was pursued via attentiveness to the participants' verbal and nonverbal behaviours during interviews, thoroughness in data collection and analysis, careful sampling of the data, and seeking interpretations that went beyond mere description while adhering to the interviewee's own account.

“Transparency and coherence” was respected in two ways: Coherence was upheld by adhering to IPA’s idiographic, hermeneutic, and phenomenological principles, being consistent with CoP research and staying true to the contextualised critical realist epistemological stance. Transparency was respected by maintaining a clear audit trail, participating in supervised discussions, conducting mini-audits, and validating the data through peer review by a fellow CoP researcher. A reflective approach was also maintained through the use of a reflective diary. Finally, a sense of “Impact and importance” was established by the selection of a research topic that substantially contributes to research and practice within the CoP field. The following discussion section will explore the implications of the study for CoP as a whole and in regard to broader applications.

Chapter 4: Analysis and Results

4.1 Overview of Chapter

This chapter presents the findings from a detailed analysis of the six participant interview transcripts using interpretative phenomenological analysis (IPA). Three group experiential themes (GETs) emerged:

- GET A: Preoccupation with and negative evaluation of appearance (with four sub-themes)
- GET B: Navigating appearance pressures in a digital realm (with three sub-themes), and
- GET C: The new self post-videoconferencing (with two sub-themes)

Table 2 presents a brief summary of the themes, sub-themes, and illustrative excerpts derived from the participant transcripts along with key quotations from the interviews (cf. Appendix M for a more complete presentation of the classified participant quotations). The analysis that follows develops and interprets these themes. Note that despite the use of reflexivity and bracketing, the researcher’s subjective perspective has unavoidably influenced the extraction of these themes. Nevertheless, this section aims to capture commonalities and potential variations in the experiences described by the participants.

Table 2*A Summary of the Group Experiential Themes and Group-Level Sub-themes*

Group Experiential Themes (GETs)	Group-Level Sub-themes	Illustrative Extract(s)
A. PREOCCUPATION WITH AND NEGATIVE EVALUATION OF APPEARANCE	Heightened awareness of and preoccupation with appearance	“It [videoconferencing] is like being sat in a room with a mirror all day long” (Gia, p. 17:537–538)
	Observation of perceived shortcomings on- and off-camera	“I kept noticing in the FaceTime image that the video was on [<i>sic</i>] that I had, like wrinkles under my eyes ... and that freaked me out” (Zoe, p. 37:1153–1155)
	Engaging in the analysis and evaluation of facial features	“When I zoom myself in, especially just before the video calls were to start, I would look at myself closely and on the videos and in camera and on the mirrors” (Zoe, p. 37:1165–1167)
	Comparison to others leading to a sense of inferiority	“When I would FaceTime with some of my friends, or, with other colleagues, or clients or students, I will just compare myself to them and be like, ‘okay, you know what, I would look so much nicer if my face were as taut as that person’s face, with my skin as good as that person’s skin, if my eyes are as big as that person’s eyes.’” (Zakia, pp. 11–12:324–328)

B. NAVIGATING APPEARANCE PRESSURES IN A DIGITAL REALM	Struggles under the virtual spotlight	“Because it’s like, because when I look at others, it’s like I’m just seeing the negative, but it’s, uhh, in my mind, it’s like I’m just feeling like these people. ‘oh my god, they’re just staring at me, what am I gonna do?’, yeah. ... which makes speaking, (brief pause), or rather it makes speaking really challenging, quite challenging for me.” (Brie, pp. 8–9:251–261)
	Appearance-enhancing behaviours for video presentation	“Before that it [wearing makeup] wasn’t as much, I think I would just put a bit of blusher on and I was pretty much good to go, and maybe a bit of lip balm, sometimes I put a bit of concealer here and there, but it wasn’t a full face of makeup as I found myself now putting foundation, concealer, blusher or bronzer to kind of make my face appear smaller or you know kind of emphasised cheekbones, uhm, contour my nose, you know things I was never ... something I would never do before I had to kind of learn and then like watching videos on how to apply this makeup on.” (Naila, p. 20:610–618)
	Reducing visibility to self and others	“My friend told me this trick, which is really stupid if you think about it, she was like, ‘you can put like sellotape or like your thumbprint on the camera, it makes it a little

		blurry’. So you don’t have to be seen as like, very visible, and I was like, ‘that’s just not great’, but. ... I did try it a couple of times. I mean, I was actually kind of fascinated with how well it worked, and it kind of made me feel better, because on those days, I actually didn’t have to, like get up and get dressed and put in all effort to look better.” (Sandra, p. 19:524–538)
C. THE NEW SELF POST-VIDEOCONFERENCING	Extensive measures to enhance appearance for both online and offline contexts	“Yeah, I was told that all the surgeries were delayed due to COVID and the lockdown, and you know, there was no kind of certain time as to when they would open, so I was even thinking to go down to Turkey ... to get the surgery there, because it was a lot cheaper too, (brief pause), then, you know, I didn’t want to say it earlier, but I had, uhm, (pause), a nose surgery, uhm, (pause), I went to Turkey, and had it done there. ... I think it [rhinoplasty] has definitely improved my self-esteem and the way I see myself and my appearance.” (Zoe, pp. 36–37:1130–1147)
	Consequences of newly developed appearance concerns	“It was knocked ... like my self-esteem, and then I noticed, even when I was going out, and I wasn’t on Zoom, or anything, those issues

was [*sic*] still there” (Gia, p. 14:422–424)

Note. This table includes pseudonyms for confidentiality

4.2 Group Experiential Theme A: Preoccupation With and Negative Evaluation of Appearance

This section explores the dissatisfaction the women interviewed expressed regarding their appearance following the use of videoconferencing. All the women expressed an awareness of and preoccupation with their physical appearance, which culminated in a negative self-assessment. There are four sub-themes, each of which offers insight into the development of appearance dissatisfaction (AD):

- Heightened awareness of and preoccupation with appearance,
- Observation of perceived shortcomings on- and off-camera,
- Engaging in the analysis and evaluation of facial features, and
- Comparison to others leading to a sense of inferiority.

The first of these, *heightened awareness of and preoccupation with appearance*, addresses indications in the data that videoconferencing became distracting, like a mirror, causing the women to notice facial features and question their appearance, not just in videoconferencing but also in other mirrored contexts, leading to fixating behaviours for some.

Observation of perceived shortcomings on- and off-camera refers to indications that the women actively perceived facial flaws in the self-view feature and also in physical mirrors, leading many of the women to feel surprised over the disparity between what they saw and what they thought they looked like.

Engaging in the analysis and evaluation of facial features refers to the scrutiny that individuals engaged in while looking at themselves in the self-view feature or a mirror (e.g., experimentation with facial gestures, staring at themselves intensely in the mirror, scrutinising the appearance after makeup application for a video call).

Comparison to others leading to a sense of inferiority refers to the comparisons individuals made between themselves and others and their related expressions of desire for physical attributes that they felt they didn't have, resulting in feelings of inferiority. These comparisons occurred primarily during videoconferencing with colleagues, peers or clients, but also extended in some cases to other digital media such as TikTok and Instagram.

4.2.1 Group-Level Sub-theme 1: Heightened Awareness of and Preoccupation With Appearance

All six individuals expressed heightened awareness of and preoccupation with their physical appearance during and outside of videoconferencing.

Gia started her first year of university during the coronavirus disease 2019 (COVID-19), taking part only in online lectures and seminars. She described videoconferencing as follows: “It [videoconferencing] is like being sat in a room with a mirror all day long” (Gia, p. 17:537–538). Gia’s analogy here of the self-view feature being like gazing in a mirror for extended periods of time is telling, as such self-inspection would not be possible during the in-person class meetings that typically would have characterised her first year of university. Not only is she likely to have been less engaged with the lecture material than she might otherwise have been, the prolonged self-observation seems to have led to a heightened awareness of her appearance.

Gia also said she was having more difficulty concentrating on the lectures. She attributed this to her tendency to pay too much attention to the self-view “little icon”. “I found myself, uhm, not even focusing too much, this was mainly at first, I wouldn’t be focusing on the lecture slides so much, I’d be, uhm, so concerned about the little icon [self-view feature]” (Gia, p. 9:284–287). The fact that the videoconferencing feature seems to have distracted Gia from her class activities implies she was overly focused on her appearance. Also, her statement that she was “concerned” suggests she was anxious and self-conscious about her appearance. She admitted that seeing her own image caused her to spend considerably more time gazing at herself (p. 8:238). Thus, even if videoconferencing’s self-view feature may provide comfort by allowing individuals to self-assess their appearance, background and position, Gia’s comment indicates it may also be distracting and hinder a participant from concentrating, with potentially adverse effects on their academic or work performance.

Sandra, originally from India, came to the United Kingdom (UK) several years ago to study and work as a part-time health worker. As with Gia, Sandra's lectures were conducted remotely. She similarly encountered difficulties the first few months transitioning to online lectures and videoconferencing, finding herself fixating on her appearance.

So I always had it [glasses] but again, had always liked it and always been used to it. ... during videoconferencing your focus is so much on the person's face, rather than their whole appearance ... that I just started to hyperfocus on that as well as like, you know, my glasses being one of my not so good features anymore, and that's how it affected me to say that, "oohh, wouldn't it be better if I didn't have glasses, wouldn't it be better if I didn't have like the need to wear glasses, maybe I had contacts or something else?" (Sandra, pp. 40–41:1147–1166)

Sandra previously indicated that she had worn glasses since her childhood, having "always liked and always been used to it". However, in her above quote she acknowledged that observing herself on camera through the self-view function caused her to "hyperfocus" on her facial appearance on a particular disliked feature: her glasses. She considered wearing contact lenses to change her appearance and later even considered laser eye surgery. This suggests that the self-view feature of videoconferencing had drawn attention to previously unnoticed features and was perhaps negatively impacting her self-esteem.

Like Sandra, Zoe, a healthcare worker, admitted to focusing more on her appearance because of videoconferencing.

So it was it was just a very, very difficult time, you know and even when I had the opportunity to get away from the camera for a little bit during the breaks, you know, I'd go back and look at myself in the mirror and trying to like conceal my spots even more with makeup. (Zoe, p. 20:626–630)

Acknowledging that she had difficulty making the switch to a virtual environment for her team meetings and patient assessments, Zoe called it a "very, very difficult time". This implies that videoconferencing and its self-view feature negatively affected her emotional well-being. It also appeared to trigger greater sensitivity to how she appeared to others on camera, as indicated by her

admission that she concealed perceived flaws with “even more” makeup and that she inspected herself even during breaks (i.e., in a physical mirror). Indeed, this preoccupation with self-checking behaviours may signify a coping response to the anxiety she felt about having her face displayed for extended periods during videoconferencing.

Gia’s increased awareness of her appearance while videoconferencing seems to have also caused her to focus on her appearance in other contexts such as while driving. “When I was driving, I started getting a little, (brief pause), well, (pause) distracted, uhm, so I was looking in the mirror at myself, not the road” (Gia, p. 14:430–432). Gia indicated in this quote that the self-view “mirror behaviour” experienced during videoconferencing—i.e., the urge to examine her appearance—transferred to (literal) mirrors in other environments. She admitted to being “distracted” by her appearance in the mirror while driving, a practice which could potentially put her safety at risk. Moreover, the way she paused before saying the word “distracted” may indicate she was embarrassed to acknowledge this behaviour.

Zakia, an undergraduate student and part-time hair and makeup artist, exhibited an unusually high degree of self-consciousness and preoccupation with her physical appearance.

I just started taking so many selfies of myself, I took so many selfies. I took so many videos of myself, I think about 50, 60, 70 on my phone. And afterwards, I would sit there for hours just analysing it looking at each angle on my face. (Zakia, p. 27:787–790)

Videoconferencing led Zakia to preoccupation with her appearance that seems to have bordered on obsession: She captured numerous images of herself, spending “hours ... analysing” her face and systematically scrutinising her facial features from various angles to identify perceived defects in her appearance or areas of potential enhancement/refinement. She appears to have been motivated by a desire—perhaps fueled by perfectionism or a need for approval—to reach specific beauty goals self-imposed or observed in Western society. This may be one way she coped with anxiety over her on-screen presence: documenting her imperfections may have provided some control over how she presented herself to the virtual world.

Later, Zakia concluded that videoconferencing had adversely affected society. She offered an

analogy comparing the participants in videoconferencing to “mini-celebrities”.

Almost like we’re like mini celebrities now, because before we were normal, and now that attention is on us and the focus is on us, and just how, you know celebrities are in the public eye, and they’re so conscious, self-conscious, and of their appearance and the image. We’re becoming like that, and it’s almost promoting the kind of a narcissism in us. (Zakia, pp. 49–50:1455–1460)

Zakia suggested here a link between heightened visibility or attention and increased self-consciousness when appearing on camera. She spoke of attention and focus being on “us” and likened this to public celebrities being self-conscious of their appearance, saying that videoconferencers were becoming as self-conscious and preoccupied with their appearance and image within the virtual environment as these celebrities. In the last sentence, Zakia suggested that videoconferencing promotes “narcissism” in its users, implying that users of these platforms may exhibit narcissistic tendencies and that videoconferencing can adversely affect their self-perception. Zakia’s excessive attentiveness to her own physical attractiveness lends credibility to this concern.

4.2.2 Group-Level Sub-theme 2: Observation of Perceived Shortcomings On- and Off-Camera

The second sub-theme, expressed by all participants, was their perception of perceived appearance flaws, both during videoconferencing and beyond. For example, a few weeks into the videoconferencing transition, Gia began “picking out” various perceived flaws in her appearance while viewing herself in the self-view feature. These included blemishes on her face (p. 22:212), skin dullness, alignment of her teeth and the length of her hair:

I was kind of picking out things I didn’t like about myself more, uhm, but then, I guess it was a couple of weeks in that I was really like, “wow, okay, what’s going on here?” (laughs). ... my teeth was a massive thing, uhm, I just thought they looked a bit straighter really ... I was really unhappy with them when I was seeing them all the time, uhm, my skin, it just looked kind of dull, if that makes sense. ... like my hair as well uhm, I had very short hair at the time uhm ... I was really spending time focusing on that as well. (Gia, pp. 11–12:349–375)

Her admission that she was engaging in “more” such self-inspection suggests that her exposure to the self-view feature had intensified this behaviour, as does the statement that she “was really spending

time focusing on” aspects of her appearance. She expressed bewilderment at how she appeared, the “wow” indicating the impact this had on her self-perception. There seems to have been a significant disparity between what she thought she looked like and what she observed in the self-view feature, resulting in dissatisfaction. Her laugh at the end may represent a coping response to the stress and embarrassment of recalling this experience.

Similar to Gia, Zoe, a healthcare worker, encountered what she considered to be defects in her appearance when she observed herself in “the FaceTime image”. This experience seems to have been extremely distressing for her. “I kept noticing in the FaceTime image that was the video was on [*sic*] that I had, like wrinkles under my eyes, and that freaked me out” (Zoe, p. 37:1153–1155). Zoe indicated a preoccupation with perceived shortcomings in her appearance during video calls, noting here the wrinkles under her eyes and elsewhere, mentioning her skin texture (p. 11:337–338), the colour of her complexion (p. 24:762), and the size of her nose (p. 7:218). Her words that she “kept noticing” the wrinkles suggest a vicious circle of scrutinising her appearance and continuously seeing new flaws (or the same flaws in new ways) and signs of ageing. Her words “that freaked me out” convey shock or distress at what she observed. Like Gia, Zoe felt a discrepancy between what she thought she looked like and what she saw during videoconferencing. Presumably, she had not noticed these shortcomings before, suggesting that the extended self-observation facilitated this awareness.

Zoe’s frequent videoconferencing seems to have led to extended self-observation in front of a mirror, further amplifying the perception of deficiencies in her appearance. In particular, she expressed concerns about her cheeks and skin colour.

Because you’re spending so much time looking at yourself in the mirror. When you’re doing that, you start to realise other things about yourself, like your cheeks, you know, your cheeks look downwards, and you look really pale and you start thinking. (Zoe, p. 24:757–762)

Whereas a physical mirror is typically used for short periods of time, Zoe’s more extended time spent there (e.g., while applying makeup) and use of the videoconferencing self-view feature seems to have prompted a critical, progressively escalating self-scrutiny of her facial appearance. This suggests that prolonged self-viewing may have a negative impact and that the self-view feature may cultivate heightened attention to the face.

Zakia gave a similarly affecting narrative of spiralling self-consciousness and self-criticism of her facial features, after seeing herself in the self-view feature:

I saw the side of my face [on the self-view feature], and I saw the way it looked really saggy and really sort of like lined, and I had sort of hollows in my cheeks. It just started to make me think okay, so this is what I really looked like. ... you know in my head I thought I looked fine before, but this is what I really look like, and I remember getting off my call when I finished ... when I finished actually taking [*sic*] I was so disturbed. I was so kind of like, “oh my god, oh my god, do I look this bad in real life?” (Zakia, p. 27:780–787)

Viewing herself during the video call, Zakia appears to have noticed signs of ageing in her face, including rhytids, skin laxity and volume loss, perhaps more apparent by the natural lighting. The resulting exclamation indicates how panicked she was by the incongruence between how others saw her (as displayed in the self-view feature) and her prior self-perception, with possibly negative repercussions on her emotional health.

She went on to describe how use of the self-view function heightened her awareness of her face and provoked new self-judgement of her facial appearance, especially in regard to her nose.

So, I always used to have a bump on my nose, but I was fine with it, but obviously, since looking at myself, in the video calls and it's just, it's just annoyed me more, because now that I see myself, how I look, when I smile, laugh and talk, you know, in the video calls it, it almost kind of, you know, it's not that same as looking in the mirror because your face is moving, and you're actually looking at yourself talking in the video call so you know what your features look like, and I just didn't like the way my nose looks when I laugh and talk. (Zakia, pp. 40–41:1182–1189)

She admitted to being “fine” before with the bump on her nose, but now this same feature bothered her, stoking her insecurity. Thus, continuous self-observation while videoconferencing may call attention to previously unknown or dormant insecurities and may change how a person perceives their facial features.

Zakia's comments here also provide insight into a difference between observing oneself in the self-view feature and in a physical mirror. In a mirror, one's face is not typically moving because one

is not talking or laughing. Likewise, when in face-to-face conversation with another person, one normally sees the movement of the other person's face. The dynamic nature of video calls with the self-view feature is quite different, allowing one to see one's own face in motion. Unaccustomed to this, Zakia was suddenly more aware of perceived flaws in her appearance (especially her nose).

4.2.3 Group-Level Sub-theme 3: Engaging in the Analysis and Evaluation of Facial Features

All participants indicated that they analysed and evaluated their facial characteristics while utilising either the self-view feature or a mirror.

Brie, a communications officer, remotely managed her professional and social obligations during the COVID-19 pandemic. In preparing herself before beginning a video, she used makeup to enhance her self-confidence and felt it enhanced her communication during virtual exchanges:

The process basically begins with me applying makeup on my face, because I feel that ... makeup is going to boost my confidence level, and also, it will also impact the way I'm going to speak, so what I do is apply makeup, and, I just stared at myself in the mirror for about 10 minutes or so, actually, yeah, I'm just like, looking whether I applied makeup correctly, whether there are any blemishes that are visible, that's how it begins before I log into the [videoconferencing] meeting. (Brie, p. 16:493–501)

Brie spent much time in front of a mirror, evaluating her appearance and application of makeup before participating in video interactions. This and the way she carefully applied makeup to hide flaws may represent attempts to relieve the distress she felt being on camera and may reflect a standard of perfection in her appearance to others.

As noted earlier, Zakia had noticed her facial appearance via the self-view feature and, like Brie, began carefully examining herself in the mirror. Zakia seemed particularly concerned with signs of ageing and deliberately tried out various facial gestures while observing her reflection:

Where I would start sort of every time I look in the mirror I'll make faces because I feel like my jaw was too saggy for someone who was 25 or my eyes were not big enough or "Why did I have these lines on the side of my face? Why do I have these lines around my mouth area? Is it because I laugh too much?" (Zakia, p. 9:258–262)

Zakia said she made “faces” each time she looked in the mirror, suggesting that frequently seeing her face in action in the self-view feature increased her self-consciousness with her appearance and made her more aware of flaws. This seems to have led to an obsessive tendency to assess her appearance. She perceived herself as ageing faster compared to others her age and was critical of her facial features in ways that suggest sensitivity to ideals of beauty prevalent in Western culture, such as eyes not being large enough, lines around her mouth, and on the side of her face, and a “saggy” jaw, all of which may indicate a markedly negative self-appraisal.

Another participant, Zoe, confided that she would routinely take advantage of the self-view feature’s magnification capacity to zoom in for a closer view of her appearance (apparently enlarging the image to better detect flaws), much as she might lean in closer to a mirror: “When I zoom myself in, especially, especially just before the video calls were to start, I would look at myself closely and on the videos and in camera and on the mirrors” (Zoe, p. 37:1165–1167). Also, like Zakia, she tried out a variety of facial expressions before videoconferencing, although Zoe used the self-view feature as opposed to a physical mirror: “Sometimes I noticed, I would try and pout and make my lips look a bit bigger, or holding up by holding up my top lip, or pulling my hair back off my face to see how I would look” (Zoe, pp. 43–44:1336–1339). Her active experimentation with facial expressions may have been motivated in part to see how these different expressions looked with the cosmetic interventions she made or desired to make. The mention of pouting and making her lips look bigger while experimenting seems to indicate she was influenced by Western society’s beauty standards.

Naila, a student dietician, started her MSc studies during the COVID-19 pandemic. At first excited about having all online lectures, over time she began to feel insecure while videoconferencing. Like Zoe, Naila spent time thoroughly assessing her appearance before participating in video interactions with the self-view feature.

I would create my own, (brief pause), it’s quite embarrassing, but this is something that I would do quite often because I was so self-conscious about the way I looked, and I still find myself doing it now even. What I would do is I would create a meeting a meeting [*sic*] link and just include myself. ... and then I would, (brief pause), I would start the meeting and kind of see how I look and how I would appear to other people. (Naila, p. 31:968–979)

Naila described a comprehensive strategy for self-assessment prior to videoconferencing: She created a meeting link for herself beforehand and used the full-screen “mirror-image” to evaluate her appearance, this self-view feature serving the way a physical mirror would for self-assessment. Her admission that she did this to see how she appeared to others suggests that she was anxious about her appearance and needed to appear a particular way to others. She also admitted being embarrassed about her actions, her hesitation to make the admission being reflected in the two brief pauses as she spoke.

4.2.4 Group-Level Sub-theme 4: Comparison to Others Leading to a Sense of Inferiority

All the participants acknowledged comparing themselves to their peers, colleagues, or clients while videoconferencing, and in other digital contexts as well. This seems to have led to a change in their self-perception, as acknowledged by Zakia.

When I would FaceTime with some of my friends, or, with other colleagues, or clients or students, I will just compare myself to them and be like, “okay, you know what, I would look so much nicer if my face were as taut as that person’s face, if my skin was as good as that person’s skin, if my eyes are as big as that person’s eyes.” (Zakia, pp. 11–12:324–328)

When videoconferencing, Zakia compared herself to “friends,” “colleagues,” “clients” and “students” and here expressed envy for others’ physical features she perceived as desirable within her social context, including a “taut” face, flawless skin, and larger eyes. She conveyed self-consciousness about her own features and spoke of feelings of inadequacy when comparing herself to others. The resulting changes in her self-perception indicate the influence these Western beauty standards had on her self-esteem.

Brie’s experience, much like Zakia’s, points to the widespread trend of videoconferencing participants facing feelings of inadequacy and inferiority.

I actually feel that I do not fit in the shoes of other people ... I’m just not fit to be with them. ... because of my blemishes, I feel that other people are perfect, I’ve never seen whether they have any flaws. It’s just like, I’m the only one with these imperfections. (Brie, pp. 26–27:793–804)

Comparing herself to others while videoconferencing had caused Brie to believe others were without flaws and that she alone lived with imperfections. Her statement that she was “not fit to be with” other people suggests that she viewed the blemishes on her face as making her ‘unfit’ and flawed, leading to a sense of shame and severe inferiority that may imply a pronounced negative self-evaluation. Her words suggest that videoconferencing may have facilitated this increased comparison of herself to others.

Like Brie, Sandra, who was originally from India, admitted feeling different and had a tendency to consistently compare her physical attributes, including her eyewear, skin tone and physique, to those of her classmates.

With the colour of skin and being from a different continent, it is really hard to, look at, like, you know, my White Caucasian peers and be like, “Oh, maybe I should do some treatments, or get something else done or feel better about myself,” (brief pause), uhm, be more able to, like, you know, connect with them. (Sandra, p. 22:607–613)

Like after classes or like, even in between classes, we had a break. If I looked at someone and they would have done something like differently, then I would like look it up and be like, “Oh I, I need to compare myself to that. I need to see how that person is done so and so things”. ...

I was looking at like ... like how to eat better, like you know like in terms of lose weight and like food, and like exercises as well. (Sandra, p. 25:693–708)

Sandra seems to have put considerable weight on the regional differences she perceived between herself and her “White Caucasian peers”. She acknowledged that the pull to compare herself to them was “really hard” and mentioned a strategy she utilised outside of videoconferencing: searching online for ways to look more like her classmates so that she might “connect with them”, implying a need to belong. These methods included improving her diet and exercising in an effort to lose weight, indicating a desire to emulate beauty standards in the West such as thinness. Her admissions suggest that these comparisons had led her to feel inferior to her peers with lighter skin tones. In addition, she mentioned the possibility of carrying out treatments to change her appearance and boost her self-esteem. Her seemingly strong desire to fit in may have led her to focus excessively on her appearance, which may, in turn, have hurt her academic performance.

Much like Sandra, Zoe felt different from others during this time. This caused her to compare her facial and body characteristics to those of her colleagues.

I was noticing how, how, they [colleagues] were in their makeup and how they looked really nice, especially the women in my group, they had such nice skin, uhm, two of my colleagues had really nice small noses and the way they applied their makeup it looked so, defined, uhm, and so, like, nicely kind of formed. (Zoe, p. 19:578–582)

Zoe perceived her colleagues as looking “really nice” with makeup and admitted admiring the complexion/skin and small noses of the women in the group. She also remarked on their “defined” application of makeup. These comments suggest that Zoe was aware of the prevailing societal standards of beauty and may have thought she herself did not meet them.

Similarly, Naila admitted feeling insecure because she thought she looked different from others, to the point that she compared her appearance to that of her classmates in both academic and non-academic contexts. She described, for example, comparing herself to others when she had been put into a breakout room before her 9:00 a.m. class:

I feel my face is very puffy, and I see some of my classmates and they don’t appear to have an ounce of makeup on, they look really good ... and I did find myself comparing the way they looked and how I look and feeling as if though I’m not good enough or don’t meet, you know, the beauty standard. Even after we’d be done in my spare time, I’ll sit on social media and scroll through Instagram or TikTok, and just even pictures of girls or even some of the girls that are on my course that I had on social media, and I’m just comparing the way I look to the way they look at [*sic*] a lot of the time. (Naila, p. 22:662–683)

Naila’s reference to her “puffy” face (facial oedema) suggests the opposite of sculpted features (e.g., prominent cheekbones, defined jawline) and mirrors the beauty traits of the culture. Although facial oedema may have various causes, such as hormones, diet, or having just gotten up from sleep, Naila perceived herself as being “not good enough” and her classmates as looking “really good” even without cosmetics. She clearly had an awareness of beauty standards but felt she did not meet them, implying that her female classmates did. The insecurities Naila experienced from constantly comparing herself to others during videoconferencing were strengthened even more by what she saw

of her classmates on social media such as Instagram and TikTok. All this suggests that videoconferencing and social media (which often promotes unrealistic beauty standards) may cause users to compare themselves to others more often and experience feelings of inferiority and low self-esteem.

4.3 Group Experiential Theme B: Navigating Appearance Pressures in a Digital Realm

This GET addresses the ways in which the women managed and responded to their appearance concerns in the videoconferencing environment. GET B encompasses three sub-themes:

- Struggles under the virtual spotlight,
- Appearance-enhancing behaviours for video presentation, and
- Reducing visibility to self and others.

The first of these sub-themes is based on participants' reports of the most prominent challenges stemming from their appearance concerns. These included mental health challenges (e.g., depression, anxiety, reduced self-esteem), communication difficulties, and being required to utilise videoconferencing even when they might have preferred not to.

The second and third sub-themes both relate to coping strategies participants employed in response to these challenges. The second sub-theme focuses on various ways the women sought to enhance their appearance, including the use of beautifying face filters, cosmetics (makeup and skincare), and various DIY methods such as researching beautification strategies, utilising social media, purchasing cosmetics online, and engaging in self-preparation prior to videoconferencing. Conversely, the third sub-theme focuses on ways participants sought to reduce their visibility to themselves and others, such as feigning camera malfunctions, strategic use of clothing, use of excessive lighting, and increasing the distance from the camera, and disabling the self-view feature.

4.3.1 Group-Level Sub-theme 1: Struggles Under the Virtual Spotlight

Videoconferencing appears to have been a challenge for all participants. The struggles resulting from appearance concerns encompassed within this sub-theme include, nervousness, lowered mood, reduced confidence, communication difficulties, and negative self-perception, whether through seeing themselves in the self-view or being seen by others on camera. Many felt an obligation

to participate, although several participants did mention that they had eventually adjusted to seeing themselves on video.

Prior to the COVID-19 pandemic, Naila felt no concern about videoconferencing. Once she began regularly videoconferencing (primarily for university and seeing patients for her clinical hours), however, she experienced the psychological strain of preparing for these meetings and feeling displeased with her appearance.

I did find myself struggling a lot with my appearance, especially, you know, with my, with my nose, my teeth, you know, I would catch myself kind of looking at how I'm speaking, you know, the way my, the way my teeth looked when I was talking or even like my, the size of my lips, (brief pause), and as much as that may sound a bit silly, but at the time, it really, you know, was something I was struggling with, and even now I'm still kind of, uhm, struggling with that (Naila, p. 6:177–183)

Regular use of videoconferencing and seeing her face up close in the self-view “mirror-image” feature seems to have heightened Naila's awareness of her facial features. She admitted “struggling” and described being caught up in watching her facial expressions, seemingly fixated on perceived flaws (especially while speaking), including facial features such as the nose, teeth, and lips. Seeing her face in motion seems to have increased the attention she paid to her features and caused her distress. These observations may have been inconsistent with what she thought she looked like, causing inconsistency and negatively impacting her self-confidence and self-esteem (p. 23:729–730). Her comment that “this might sound a bit silly” may indicate she was embarrassed to reveal her appearance concerns, with which she admitted “still kind of ... struggling”.

Naila went on to describe the emotional impact that regular videoconferencing—in particular having her camera on and being seen by others—had on her.

It made me feel, (brief pause), uhm, really depressed, it made me more anxious knowing that, you know, the next day, I've got a meeting online ... where I had to have my camera on, so it did put me in a low mood, and it made me not want to interact with anyone, added a lot of anxiety, uhm, and you know, this pressure of not being able to, feeling stuck, you can't even switch off the screen, you can't not take part or not participate, you have to log in and kind of

show up and do your task and speak to your patients and get through, so yeah, I just find it really, really hard. (Naila, p. 22:691–699).

Naila described a “pressure” and a feeling of being “stuck” having to participate in video calls and keep her camera on to meet the requirement to stay connected and engaged during university lectures and patient consultations. The resulting inability to avoid interacting with others and being seen by them created psychological stress, affecting her mood and leading her to feel overwhelmed, “depressed” and “anxious”.

Due to her appearance concerns, Gia likewise felt a sense of dread during lockdown having to speak in online seminars and keep her camera on (p. 23:709–711). She indicated that she negatively compared herself to others, impacting her self-esteem.

Yeah, I think, uhm, again, like self-image really knocked my confidence uhm, for a little while, uhm, which was, definitely, it was just a very new thing to me really, and I wasn’t sure how to kind of deal with that, how to manage that. (Gia, p. 21:640–644)

I think now I’m used to it, I don’t mind so much, I think if they’d been an option, or, (brief pause), to just completely remove like seeing my face [on the self-view] that would have been so useful at the time. ... I do think now I’m used to it, but just in the start, it was such a strange concept. (Gia, p. 17:527–538)

Gia’s reference to her “self-image” and the “knock” on her “confidence” suggests a change in her self-perception, insecurity about how she appeared to others, and concern over her peers’ judgement of her. These appearance concerns seem to have been new for her, and she seems to have found it hard at the time to manage the resulting temporary reduction in her confidence. In the second excerpt, she acknowledged that she eventually became “used to” the self-view feature—a sentiment echoed by several other participants. However, she admitted that if she had known of an option that would have allowed her to avoid using this “strange” feature, she would have chosen that option.

Similarly, Brie had a hard time communicating when being observed by others. This seems to have taken an emotional toll on her.

Because it’s like, because when I look at others, it’s like I’m just seeing the negative, but it’s, uhh, in my mind, it’s like I’m just feeling like these people, “oh my god, they’re just staring at

me, what am I gonna do?”, yeah. ... which makes speaking, (brief pause), or rather it makes speaking really challenging, quite challenging for me. (Brie, p. 8–9:251–261)

The whole experience is taking a toll on me, actually, and I’m not, (brief pause), I’m not quite comfortable talking to people (brief pause), and it’s even made me question myself about my communication skills, which is quite weird, because personally I’m a communications officer. (Brie, p. 10:307–312)

While video calling, Brie felt exposed as if being publicly scrutinised by her colleagues, who she felt were gazing at her intently and negatively evaluating her. “Oh my god, they’re staring at me,” she said, expressing how severe this experience was for her. The vulnerability and helplessness she felt are conveyed by her question, “What am I gonna do?” The situation caused such mental strain on her that she had difficulty even speaking while videoconferencing, indicating a substantial impact on her work performance. Considering the “whole experience”, which seems to encompass both her virtual interactions during the pandemic as well as in-person interactions since, she said she was “not feeling quite comfortable talking to people”, suggesting that the professional consequences—because Brie was a communications officer—were considerable. The resulting self-doubt regarding her skills appears to have disrupted her sense of professional identity.

Brie admitted that the concerns over her appearance (blemishes, acne and pimples) and negative self-comparisons had caused her to sweat profusely during or following video calls:

I’m just feeling you know, nervous, I’m really sweaty, my arms are sweating, (brief pause), and ... I take a bath, and then I just have to drink after that ... you know, just forget what happened. (Brie, p. 25:768–771)

The severity of the described physiological response speaks to the anxiety and stress of this experience for her. Her use of bathing and alcohol consumption seemingly as a means to numb or escape this experience likewise conveys the serious emotional effects of the videoconferencing experience on her and underscores the possibility of nontrivial personal and professional consequences.

4.3.2 Group-Level Sub-theme 2: Appearance-Enhancing Behaviours for Video Presentation

All participants mentioned in this section engaged in behaviours to enhance their appearance for video presentation, including consulting social media platforms for appearance-enhancing approaches, introducing a new skincare routine, using cosmetics (even assembling DIY materials from home), the application of beauty filters, manipulating the lighting and sitting strategically.

Sandra addressed internalised criticisms regarding her appearance by extensively researching “beauty hacks” on popular social media platforms such as TikTok and Instagram as well as search engines such as Google.

At that time if you looked at my Instagram or like I think TikTok was what people were using, (brief pause), TikTok like even Google searches. It was just horrible, (brief pause), it was just like beauty hacks and this ideas about ideas [*sic*] and skin lightening that was horrible. (Sandra, p. 22:624–628)

I initially tried ordering a lot, (brief pause), a bunch of things from Amazon but then, Amazon wasn't doing a good job delivering things that, (pause), I even took things into my own hands, I would DIY stuff from like whatever was at home, and like, things like, things that would show up on my TikTok, (brief pause), like, (brief pause), Indian.. ... our Indian, like recipes, (brief pause), desi, (brief pause), brown recipes. (Sandra, p. 39:1107–1114)

Before she began regularly video calling, Sandra was not the kind of person to be overly concerned with her appearance (i.e., she used no makeup and only minimally groomed). After she started videoconferencing, she began using social media to explore ways to enhance her appearance. She initially tried ordering skin-lightening treatments from Amazon—a decision which may have reflected a desire to look more like her White peers, or what she saw as a positive societal ideal of beauty. However, due to COVID-19, their delivery was delayed, so she ended up using household materials to make skin-lightening creams for her face at home, relying on food-based, Indian recipes. In the above statement she used the phrase “our Indian”, which may indicate an assumption on her part that the interviewer was also Indian; she then went on to clarify the recipes as “desi” and “brown”, indicating a shared cultural meaning.

Looking back on this period as a “horrible”, difficult time, her ideas of beauty seem to have changed, and it seems she came to regret her earlier actions. Her words also hint at the risky lengths

she was willing to go to (e.g., buying potentially online unregulated creams), in what seems to be an attempt to manage her appearance anxiety by taking control of the situation and thereby fit in with her contemporaries.

Like other participants, after engaging in negative self-comparisons to peers and experiencing reduced self-esteem, Gia undertook many novel actions to transform her appearance and enhance it for video presentation.

I did do a lot to change my appearance, I think, uhm, (brief pause), yeah, yeah. ... like skincare wasn't actually something I'd done beforehand, which, then I introduced that whole skincare routine. ... and makeup, I wasn't particularly big on before, but I'd put it on just to sit in my room and do a video call now, and actually did hair extensions as well. (Gia, pp. 23–24:725–735)

Before the pandemic, Gia did not wear much makeup. Once she began videoconferencing regularly, she became more self-conscious and seemingly preoccupied with the appearance of her face. She began adding additional steps to her makeup routine, as well as introducing a brand-new skincare regimen, which included cleansers, serums, moisturisers, and blackhead strips—many of which she had never used before. After the lifting of the lockdown, she made her first-ever visit to a beauty clinic to get eyelash and hair extensions. She appears to have used a comprehensive approach to rectify what she saw as deficiencies in her appearance and to present herself more in line with conventional beauty standards (e.g., long hair and long eyelashes) often portrayed in Western culture. The tone of her comment, “just to sit in my room and do a video call”, suggests discontent over the perceived exertion required to get ready. This implies that her new routine was onerous.

A trend observed among the study participants was to skilfully apply cosmetics to accentuate or camouflage specific facial attributes. Similarly to Gia before the pandemic, Naila had worn minimal makeup, but with the widespread adoption of videoconferencing, like Sandra she began using a number of social media platforms, including TikTok and Instagram in her pursuit of self-enhancement strategies. In particular, she sought guidance or inspiration from “get-ready-with-me” videos and online makeup tutorials to create an extensive beauty regimen of skincare and makeup routines.

Before that it [wearing makeup] wasn't as much, I think I would just put a bit of blusher on and I was pretty much good to go, and maybe a bit of lip balm, sometimes I put a bit of concealer here and there, but it wasn't a full face of makeup as I found myself now putting foundation, concealer, blusher or bronzer to kind of make my face appear smaller or you know kind of emphasised cheekbones, uhm, contour my nose, you know things I was never ... something I would never do before I had to kind of learn and then like watching videos on how to apply this makeup on. (Naila, p. 20:610–618)

Previously, Naila was satisfied with a minimal application of makeup, but now she felt that video calling required a “full face of makeup” to sufficiently improve her appearance. Her multi-step makeup routine included highlighting facial features like her cheekbones and minimising others (e.g., contouring her nose and bronzing her face). She was intentional in the way she applied the makeup and seems to have attempted to shape her features to match idealised standards, implying that she was familiar with societal ideals of facial beauty. This routine would have required her to become proficient in makeup application.

Several participants mentioned spending money on cosmetics; this was true for Brie as well, who was quite self-conscious of her skin complexion: “I’ve had to use a lot of , spend a lot of money or rather use a lot of money, uhm, purchasing makeup products, so that I can hide my flaws, my acne” (Brie, p. 8:230–232). Brie here admitted to spending a considerable amount of money buying cosmetics, especially makeup, to hide the “flaws” such as “pimples” and “acne” about which she seems to have been quite self-conscious. Her aspiration to have an even skin texture without blemishes and flaws, the flawless skin to which she is exposed as the Western cultural ideal, may have motivated her to enhance and camouflage certain areas of her face before video presentation.

Zoe offered thought-provoking insight into her use of various filters on videoconferencing platforms to enhance her appearance and increase her self-esteem.

Using different kind of filters, which I’ve mastered. ... they’re not as good as Snapchat filters, but still, you can use like the lipstick filter, and filters that smooth your skin ... I did that too, but it’s weird after I started using those [face filters], it makes me wish that I, (brief pause), that my skin can look that good in real life. ... because I, I wish that my skin can look

that smooth and healthy and shiny, uhm, you know, but mainly the smoothness of it because it makes you look so young and energetic. (Zoe, p. 32:990–1006)

Zoe claimed to have “mastered” the use of face filters to create cosmetic effects and improve her appearance, suggesting extensive experimentation with filters to attain that high level of skill. Her comparison of videoconferencing filters to Snapchat filters implies she may have had some experience with the filters used on social media (although she does not appear to have been aware that Snapchat filters may be applied on platforms such as Zoom). These digital enhancements gave her a seemingly smooth, healthy, shiny and flawless, youthful face. It seems she desired a closer alignment between her real face and her digital face, suggesting that using these filters had created a dissonance between how she saw herself and how she wished to look, which in turn implies that these virtual enhancements may promote unrealistic beauty standards.

Like Zoe, Zakia prepared for videoconferences in a way that suggests a deliberate, comprehensive effort to enhance her appearance using beauty filters and other means.

I started watching a lot of videos on YouTube about how to make yourself look good in video calls, so, I sort of studied that, you know, where the light needs to be in front of you, so there’s no shadows cast on your face, uhmm, and, uhh, yeah, so the lighting needs to be a certain way for you to look good, and then put a filter over it as well. So I would almost look like a different person. (Zakia, p. 24:692–698)

I take about an hour to do my makeup, then I think I’ll spend about 15–20 minutes setting up the lighting in a certain way. So that’s flattering, then I’ll choose, I’ll choose the filter as well, and make sure I do a little test run to see how I look. (Zakia, pp. 35–36:1034–1038)

After viewing many YouTube videos about how to look good for video calls, Zakia seems to have developed a comprehensive approach: She carefully applied cosmetics, arranged the lighting, and selected a filter that made her look her best. Getting rid of or adjusting shadows on the face, she made particular facial features more or less noticeable, and in this way, seems to have sought to shape an idealised image of herself. The last thing she did before joining the video call was to conduct a “test run” to confirm that she was satisfied with the result of her efforts. Her goal seems to have been to appear in the most favourable manner possible in front of others. She seems to have carried out

extensive research and to have developed the competence and skill to enhance her appearance to the point that she had almost transformed into “a different person.” In her mind, this presumably meant a substantial change for the better.

4.3.3 Group-Level Sub-theme 3: Reducing Visibility to Self and Others

The last sub-theme pertains to five individuals who used techniques to reduce their visibility on camera, either to themselves or to others. These strategies included making up excuses for leaving the camera turned off, the application of beauty filters, use of cosmetics, blurring the camera’s vision, use of excessive lighting, and leaving the self-view turned off.

Gia described feeling insecure when having her camera on for seminars and seems to have felt vulnerable with her face being exposed to the online audience of her peers for prolonged periods.

Yeah, uhm, so for seminars you had to have your camera on, uhm, and yeah, sometimes I would just be feeling quite insecure. I didn’t really want to sit there, (pause), with my face on show for the whole hour. So, I would just put in the chat and say uhm, (brief pause), “webcam wasn’t working, or my laptop was playing up”, (brief pause), uhm, just making complete excuses, but I did that maybe once or twice a week or so. ... It made me feel relieved, for a little bit, uhm, I also felt very guilty. ... and I think it was also a barrier to kind of, uhm, making connections and friends with people. ... because at the end of the day, I was still trying to make friends, but you can’t really, if you don’t have, (brief pause), if they can’t see who you are. (Gia, pp. 25–26:810–822)

Gia admitted to regularly (weekly) making “complete excuses” to not be on camera, such as claiming an equipment malfunction. This may be how she coped with the stress of being exposed and a way of guarding herself against the scrutiny of others. She seems to have used this strategy quite successfully and controlled her visibility to others in order to feel comfortable. She also contemplated the consequences of this choice, recognising that it was a barrier to “making connections and friends with people”. She seems to have felt an internal tension between relief and guilt: the security of not having her face on display versus the knowledge that she missed chances for social interactions with her peer group. The latter was particularly important because she had recently moved into a new flat in a new city to attend university, so she did not have a strong social network there.

Another participant, Sandra, described making an effort most days to improve her appearance for videoconferencing (applying makeup and choosing her outfit), so as to increase her self-esteem. However, at times she also deliberately used face filters and other means to conceal herself from the camera, especially when she was too tired or unmotivated to apply makeup.

On my most days ... I was taking the effort to make myself look nice and feel better. Some days were really like, the days that I wasn't putting on any makeup, and the days I had to like, hide myself from the camera, or like do some like filter the days [*sic*] or like, or like hard work because I was like, (brief pause), "what am I, (brief pause), what am I supposed to do?" (Sandra, p. 36:1021–1027)

My friend told me this trick, which is really stupid if you think about it, she was like, 'you can put like sellotape or like your thumbprint on the camera, it makes it a little blurry'. So you don't have to be seen as like, very visible, and I was like, "that's just not great", but. ... I did try it a couple of times. I mean, I was actually kind of fascinated with how well it worked, and it kind of made me feel better, because on those days, I actually didn't have to, like get up and get dressed and put in all effort to look better. (Sandra, p. 19:524–538)

Sandra's apparent desire or need to satisfy the beauty standards presumably common within her social circles at university and work appears to have left her feeling vulnerable and perhaps even powerless. "What am I supposed to do?" she asked. She went on to describe a method using a thumbprint or tape to obscure her video image, as suggested by a friend. At first, she was unsure (although curious), but after some trials, she concluded it boosted her self-confidence on camera. Using this method seems to have created a buffer between her and other video callers by giving her some control over how visible she was to them. Her later comment that "it's really stupid if you think about it" suggests she may have had a change of heart in retrospect.

Zakia employed different techniques to restrict her visibility and, in this way, managed her anxiety: adjusting her lighting and hiding the self-view:

I just have the lighting behind, (brief pause), like, I have a massive lamp behind my camera. So, behind my laptop, and that is directly in the middle. So, it shines a light directly on my

face, almost kind of making it too bright. So that not so many of my features are obvious.

(Zakia, p. 30:865–868)

I get dread, like, “oh, gosh, I’m going to have another Zoom call or another Zoom meeting”. I try and keep the, (brief pause), you know, the selfie mode off so that I can’t see what I look like, because I know it’s going to bring up more anxiety in me. ... I mean, this is a way of coping, because uhm, I just don’t think it’s healthy, me just constantly looking at my own face while I’m actually trying to talk and trying to have my lecture, trying to have my consultations, uhm, that was my way of doing it. (Zakia, p. 29:832–845)

Zakia’s approach was methodical. She situated a large lamp behind the video camera—casting light directly on her face. This illuminated her face so brightly that her features were obscured, reducing her visibility to viewers and, therefore, potentially increasing her comfort while videoconferencing. In the second excerpt, she admitted to also often disabling the “selfie-mode” or self-view feature before starting a video call. She appears to have been aware of the harmful psychological effect this feature had on her and had developed this coping tactic to reduce the apprehension she felt from seeing her face reflected back at her in the live video feed when talking and attending lectures and consultations.

Like Zakia, Zoe manipulated aspects of the video environment to better manage the image presented of herself to others. At first, Zoe’s self-consciousness with her appearance during videoconferences seems to have focused on concern over her skin imperfections: She admitted elsewhere mastering the use of beauty filters (p. 32:991) and using her hand to hide breakouts from acne on her face (p. 20:613–614). Over time, however, her self-consciousness broadened to encompass her overall body image, especially her weight gain. She developed several ways of making herself more comfortable—carefully considered strategies that required several steps before she ever appeared on camera.

I’m trying to put on like, you know, dark clothes, dark coloured clothes, like mainly I’ve just changed all my wardrobe to just black. ... then it’s deciding what I want to wear, because if I wear a hoodie it made me look bigger, if I wore a basic top that made me look smaller, but yeah, it’s still it’s still showing my features in terms of like, you know ... my arms and my

shoulder, and then it's kind of positioning the camera further, further away from my face, but my face is still appearing, (brief pause), because the further away you are from the camera, the smaller you look, so that's another technique that I've mastered. (Zoe, p. 29:902–913)

Zoe appears to have been very conscious of her clothing choices and seems to have believed that wearing baggy clothes made her appear “bigger” whereas a basic top made her look smaller. She also chose to wear an exclusively black wardrobe: a practice widely considered to have a visual slimming effect. Moreover, she positioned herself farther from the camera while leaving her upper body in view to make herself appear “smaller” and perhaps less conspicuous. Based on her claim to have “mastered” this technique, she seems to have adopted it as an intentional strategy for making herself more comfortable on camera and perhaps asserting authority over her visual image. All these techniques indicate a high degree of deliberation and planning on Zoe's part.

4.4 Group Experiential Theme C: The New Self Post-Videoconferencing

This GET concerns participants' reported transformation in their sense of self as a result of videoconferencing, including effects extending into the post-pandemic period. This GET consists of two sub-themes:

- Extensive measures to enhance appearance for both online and offline contexts, and
- Consequences of newly developed appearance concerns.

The first of these sub-themes relates to the lengths to which individuals went to enhance their appearance both on- and off-screen. These include undergoing treatment during a pandemic, not following lockdown restrictions, potentially seeking out unregulated practitioners, seeking out treatment they had not considered prior to COVID-era videoconferencing, and travelling abroad amidst the pandemic while social distancing measures were in place. The procedures participants pursued ranged from minimally invasive ones such as Botox injections to, in one individual's case, undergoing surgical interventions.

The second sub-theme explores the widening effects of participants' appearance concerns beyond just pandemic videoconferencing. For many this included a change in self-perception, persistent appearance dissatisfaction after returning to in-person interactions, ongoing self-criticism, a sense of inferiority, continued comparisons to others (not only in the virtual realm but also now in

person), concern that others might perceive the discrepancy between the participant's digitally filtered and in-person appearances, and persistent self-esteem issues. For some participants, these effects included a desire to stay indoors or avoid wearing masks, and for a few they included a reduction in cosmetic procedures and less grooming (although for the majority, the heightened grooming behaviour seen during the pandemic continued in post-pandemic videoconferencing, as did the increased desire for cosmetic procedures).

4.4.1 Group-Level Sub-theme 1: Extensive Measures to Enhance Appearance for Both Online and Offline Contexts

All participants expressed their intention to implement extensive measures to enhance their self-image in response to their appearance concerns. Five disclosed the use of cosmetic procedures, including surgery, and reported considering pursuing further cosmetic interventions.

Zoe, for example, had initially used concealer and a contouring technique to make her nose look smaller during on-camera appearances (i.e., the use of a white contour stick to highlight and a darker stick to shade and contour), consulting social media sites such as TikTok for advice on contouring (p. 24: 739–741). She expressed concern, however, that more intensive measures might be required:

I've never used [any] kind of Botox or filler, but I feel like it's like, uhm, (brief pause), I'm thinking of, you know, having to do it because of, because of the way I'm appearing because I feel like, if the makeup is not, you know working for me, then maybe I need to take extended measures, to perhaps either do a surgery or do fillers and Botox. (Zoe, p. 25:783–787)

I was relieved when the clinic started to open again, uhm, in the pandemic. I got a video consultation with a cosmetic surgeon to try and see if I could get a surgery on my nose, (brief pause), I had that option, but that was the best time I could do this, and, uhm, (brief pause), pretend that my camera had broken just to kind of recover. (Zoe, p. 36:1120–1124)

Zoe reported elsewhere that her use of makeup to improve her appearance unexpectedly increased her consciousness of her nose (p. 8:229). She considered taking “extended measures” to improve her appearance if the makeup did not give her the desired aesthetic result. These included minimally invasive procedures such as Botox, commonly used to prevent wrinkles but also sometimes to narrow

or lift the nasal tip by relaxing certain muscles, and fillers, which can add volume to areas of the face. She also considered more invasive procedures like surgery as a proactive approach to increase her self-esteem and correct perceived deficiencies in the way she was “appearing”. She described her relief that the beauty clinics were reopening and mentioned having a video consultation with their cosmetic surgeon regarding a possible rhinoplasty, which perhaps reveals the effects of prolonged self-viewing on her self-perception. Although she did not go through with this procedure at the time, she described the strategy she would have used to recover from the surgery: feigning a broken camera.

Shortly after this, Zoe disclosed actually having undergone a rhinoplasty procedure in Turkey, her decision partly informed by surgical delays related to the COVID-19 lockdown in the UK, as well as the lower cost of the procedure in Turkey.

Yeah, I was told that all the surgeries were delayed due to COVID and the lockdown, and you know, there was no kind of certain time as to when they would open, so I was even thinking to go down to Turkey ... to get the surgery there, because it was a lot cheaper too, (brief pause), then, you know, I didn't want to say it earlier, but I had, uhm, (pause), a nose surgery, uhm, (pause), I went to Turkey, and had it done there. ... I think it [rhinoplasty] has definitely improved my self-esteem and the way I see myself and my appearance. (Zoe, pp. 36–37:1130–1147).

The lack of certainty when UK clinics would resume surgeries seems to have been a major factor in her decision to undergo this procedure abroad. Zoe's willingness to take risks associated with flouting lockdown/social distancing measures and having the surgery in a foreign country speak to the seriousness of her resolve to address her appearance concerns and may reflect the extent to which seeing herself on videoconferencing platforms (p. 37:1153–1155) and engaging in comparisons with female colleagues (p. 19:578–582) impacted her mental health. Zoe's surgery seems to have improved her self-esteem and how she viewed herself. Yet, it seems she was reluctant to talk about the surgery, as indicated by the “uhm” and the brief pauses in her speech. This reluctance might indicate some shame or embarrassment, given that cosmetic surgery in Western culture may carry a negative association as being unnatural, something to be hidden from others and an object of condescension, even towards oneself.

Before the pandemic, Sandra was satisfied with her physical appearance. In light of the widespread adoption of videoconferencing, however, in addition to purchasing skin lightening products from Amazon and using DIY food material to lighten and improve her skin texture, she contemplated undergoing laser eye surgery and laser hair removal for her eyebrows and hands. Notably, she was one of two participants who subsequently re-evaluated their perspective on cosmetic interventions.

That's when I got like an appointment with like, like the eye optician that I usually go to, and to consider that, you know, like, "oh, what if I got like surgery? Laser, you know, fix my eyes later?". ...No, I am actually really scared of needles and doctors in general. (Sandra, p. 42:1182–1193).

I don't think I would have even got those consultations [laser eye surgery; laser hair removal] or thought about that. I don't think normally I would have considered it at all, even now, I wouldn't go back and do those things or get consultations for those things at all, I just don't think I am the kind of the person that needs to take, like such serious kind of measures to feel better about myself ... the pandemic time was just different, kind of like being in a different dimension of myself. (Sandra, p. 44:1234–1242).

Ultimately, Sandra chose not to have the procedures mentioned due to her fear of needles and doctors. But the fact that she pondered what she acknowledged were "serious ... measures" reveals the level of appearance anxiety she may have experienced during the pandemic and the apparent intensity of her need for a boost in self-esteem. Reflecting later on her decision, she suggested that the environment at the height of the pandemic when videoconferencing was prevalent may have changed her self-perception, describing the pandemic period as a "different dimension". Having come out of that distinctive pandemic environment, it seems she was able to reassess her beliefs about beauty and appearance, shifting her viewpoint.

During videoconferences, Zakia's awareness of her perceived flaws also increased. She negatively evaluated various aspects of her physical appearance, including eyes, "saggy jawline", lips she felt were insufficiently pronounced, and discomfort over facial lines (p. 9:259–261).

It [the lockdown] was really, really hard, and actually got to the point where I actually went on Gumtree and I found someone that does filler, and actually got my lips done, and this woman just charged £100. ... I just found somebody on Gumtree who was willing to do it because everything was closed, and there was, you know, you couldn't actually go to a proper place because it was closed because of COVID ... So, I went to her house. ... I don't know if she was qualified or anything. ... I wouldn't have done that before, I would have definitely gone to a proper doctor, a proper place, but I felt it was almost out of desperation, you know, because it was just really stupid. (Zakia, p. 42–44:1239–1278).

Zakia was apparently so self-conscious with her appearance, to the point of feeling “desperation”, that she searched on the website Gumtree for injections to achieve fuller lips. Given that beauty clinics were closed during the lockdown, she found “someone” on the site who administered the fillers at their own residence. Zakia admitted that this was not a “proper place” and that she didn't know “if [the person giving injections] was qualified or anything”, which is a troublesome admission, given that having this procedure administered by someone unqualified carries a risk of serious complications. Zakia also jeopardised herself and others' safety by not social distancing when lockdown measures were in place, thereby breaking the law. All this shows the extent of her concerns and the potential harmful effects of her determination to overcome perceived flaws in her appearance. She trivialised the cost of the treatment by using the word “just”, perhaps to justify getting the procedure, which again indicates the importance of solving her aesthetic concerns. She went on to describe this decision as “really stupid”, suggesting her thinking had since changed and that she regretted her earlier actions.

4.4.2 Group Level Sub-theme 2: Consequences of Newly Developed Appearance Concerns

This sub-theme focuses on the ongoing effects that appearance concerns spurred by pandemic-era videoconferencing have had on participants beyond the virtual environment. Since the resumption of face-to-face interactions, all participants have continued using videoconferencing, albeit less often. Zakia's comments illustrate how these concerns signalled a fundamental shift in her self-perception that extended beyond the boundaries of the virtual setting. Like some other participants (e.g., see discussion of Sandra in Section 4.4.1), Zakia seemed cognisant of changes in

her self-perception over the course of the pandemic. Of her pre-pandemic perspective, she said, “I feel I was at peace with myself, I feel as if I never used to criticise myself, I never used to look in the mirror and think to myself, ‘I’m ugly, or I’m not good enough’” (Zakia, p. 18:507–510). Her statement that she was formerly “at peace” suggests that she was happy with how she looked before the pandemic, but her comments that she never thought of herself as “ugly” or “not good enough” imply that she thought those adjectives now applied, as measured in terms of beauty standards it seems she internalised from comparing herself to her friends, colleagues and clients on video calls. This suggests that her thinking and self-image may have reflected pronounced criticism.

It seems that post-pandemic, Zakia was more aware of her appearance outside of the videoconferencing environment and spent more time on her makeup, hair, and general appearance, preparing for in-person interactions (p. 36:1056–1060). She also admitted that she now tended to “stay indoors a lot more” because of the anxiety brought by interactions with others.

So the masks have actually helped me a lot ... but I do stay indoors a lot more, and I have actually hidden behind masks, because, uhm, I felt that was kind of a protective thing, you know. ... I know it sounds weird, but I felt like the mask is kind of protecting me from other people judging how bad I look. (Zakia, p. 45–46:1331–1345).

Interestingly, Zakia focused here not on the masks’ protective benefits for reducing the transmission of COVID, a use for which they were both advised and mandated in the UK during the pandemic, but on the strategic use of masks as a method for obscuring her face and thereby limiting judgement about her appearance from others in in-person settings. During the pandemic Zakia had used lighting in the camera environment and virtual face filters to enhance and perhaps obscure her facial features while videoconferencing. In post-pandemic in-person settings, however, she would not have had access to such digital features to shield herself. This seems to have given continued mask use a distinctive utility for Zakia. Her comment that it “sounds weird” suggests, however, that she was embarrassed to admit this fact, which in itself reveals an additional layer of wariness in Zakia toward judgement by others. Both the ongoing mask usage and the avoidance of public contact post-pandemic indicate a general strategy of social withdrawal on Zakia’s part serving as a coping strategy: a way to avoid the distress of public exposure and attention.

Various videoconferencing-related behaviours and facts were documented above of Zakia, including regularly seeing herself in the self-view feature (p. 27:780–787), and taking videos and offline selfies (p. 27:787–790). These factors all appear to have exacerbated Zakia’s appearance concerns. As a result, it seems there was an escalation of the behaviours she was willing to consider to attain the beauty ideals she held:

It [non-surgical thread lift] isn’t actually considered surgery, because, uhm, it’s just a thread that’s inserted under your skin that’s pulled up. So it’s not like an extreme surgery or anything like that. ... I do feel there is some hollowness in my cheeks still, even after the fillers, and I do feel it’s not as taut as it should be, (brief pause), inside of my cheeks and I do feel that’s going to sort of make me look and feel better about myself. ... I mean I hope I can get to a point where I’m happy with how I look, and I don’t keep sort of, you know, criticising my face. (Zakia, p. 39–40:1129–1157).

Zakia admitted that she was not satisfied with how she looked even after she had cheek and lip fillers, suggesting that she held stringent expectations for her appearance and that the previous cosmetic interventions did not address the deeper causes of her concern. To increase her self-esteem, she was considering additional cosmetic procedures such as a non-surgical thread lift to address the residual flaws, in particular, the tautness of her face. She described the thread lift as involving “just a thread” and being “not like an extreme surgery”, perhaps minimising the aesthetic procedure and indicating her preference for minimally invasive techniques to reach the goal of being “happy with how” she looked. Her statement that she “hope[d]” she could reach this point suggests uncertainty and implies a state of persistent dissatisfaction with her appearance and a willingness to continue undergoing procedures until she attained her seemingly elusive goal.

Likewise, Naila reported wanting additional cosmetic procedures (including a rhinoplasty and veneers; p. 32:1170–1171) after having received Botox injections, teeth whitening, and minimally invasive facial threads to lift her face.

I think because I’m still looking at getting other procedures done, (brief pause), naturally, I’m still comparing myself to other people, and I still do that till, like till today, whether that was on social media, or in real life, and in person, just seeing how other people are confident ...

competent with themselves and the way they appear, and the way they look, their maintenance, how their makeup looks, how they have done their hair, how their teeth looks when they talk. (Naila, p. 39:1231–1238)

Naila admitted comparing herself to others, which suggests that she felt self-conscious. From Naila's perspective, others were proficient at keeping their appearance "maintenance", presumably in line with the prevailing beauty standards (in regard to "their hairstyle, how their teeth looks", etc.). The fact that she noticed details of other women's hair and even how their teeth appeared when talking may indicate a persistent effect of videoconferencing's emphasis on viewing others on camera, but now reflected in in-person self-comparisons. Regarding those comparisons, Naila believed others to be both "confident" and "competent" in their ability to meet beauty standards, implying that she herself was neither—even after the procedures she had. Naila's comment suggests that the outward manifestation of a strong inward psychological state (confidence, competence) may be as much part of cultural appearance standards as one's physical appearance. It seems, then, that Naila's apparent insecurity about her appearance persisted beyond the virtual and social media domains into in-person interactions, and the amalgamation of comparisons in virtual and real-life environments may have fuelled her desire to pursue additional cosmetic procedures and thereby emulate the appearance of others.

Gia reported that her anxiety, self-consciousness and comparison of herself to others extended beyond videoconferencing and continued even after restarting in-person interactions (pp. 38–39:1170–1174). She admitted that her self-esteem was "knocked" (i.e., diminished) when she realised this: "I noticed, even when I was going out, and I wasn't on Zoom, or anything, those issues was [*sic*] still there." (Gia, p. 14:422–424). This admission reveals the emotional impact of her realising how persistent her appearance-related concerns were. Although she continued to spend time on her appearance when preparing to go out to university or work (pp. 36–37:1141–1143). Gia was one of several participants who attempted to work on their self-esteem issues while transitioning back to in-person interactions. In her case, this attempt was reflected in a change to her approach to grooming:

I did take the extensions out, I stopped getting the lashes, uhm, I think, uhm, I think right now I've stuck with the skincare, but I've tried to make more emphasis on like, (brief pause), natural again. (Gia, p. 36:1121–1124)

These changes in Gia's beauty routine suggest that she wanted to return to the state before regular video calling. She removed her eyelashes and hair extensions, and although she continued with the skincare routine adopted since the lockdown, she wanted to "emphasise on like ... natural again". Although the earlier stages (hair and eyelash extensions) had increased her self-confidence, she noted that, ultimately, they made her feel inauthentic:

Yeah, I think everyone was so like positive about it [lashes and hair extensions], they were like, "oh, like it looks so lovely," uhm, which again, it just made me feel a little bit fake, (brief pause), obviously, there's nothing wrong with getting those done at all, but it wasn't me that was kind of like, "you're not complimenting me, you're complimenting these things I've paid for", and it did feel better for a bit because for a while in myself I felt more confident, but yeah ... it just didn't feel like me. (Gia, pp. 34–35:1075–1082)

Gia expressed uncertainty about whether the compliments were really addressed to her, or instead, to the enhancements themselves. This confusion suggests a level of inner conflict over the situation. Her statement, "it just didn't feel like me", implies that she removed lashes and hair extensions for this reason.

Gia later mentioned feeling "disheartened" and "disappointed" about the initial changes she made to her appearance and at the fact she was "bothered" about it at the time:

I think it's very disheartening, uhm, and it's also makes you feel like disappointed in myself for being so like, (brief pause), disappointed in myself for being so like, (brief pause), bothered about appearance and that time, (pause), uhmm, and it does make me a little bit frustrated that perhaps if, (pause), like, (brief pause), COVID hadn't happened, this wouldn't be an issue, uhmm, that I now like, have to take steps to kind of work on things. (Gia, p. 37:1156–1162).

Gia's words indicate a significant change in her perspective and that she was able to retrospectively reevaluate how she acted in response to her appearance concerns. Her comment that she would not

have had to deal with this issue at all if COVID had not happened indicates some resentment over her struggle with her self-perception, and her admission that she needed to “take steps to ... work on things” suggests she was aware her self-esteem had still not fully recovered from the negative impact of her appearance concerns.

Another concern, voiced by Zoe, related to a persistent effect that managing one’s appearance while videoconferencing might have when returning to in-person interactions: the discrepancy that others might perceive between one’s filtered virtual appearance and one’s actual in-person appearance.

I just felt like these filters, make me look better, but obviously quite different to how I really look, uhm ... yeah but I noticed that (brief pause), now that we’ve kind of, we have gone back to in person like face-to-face. Although I still use these platforms, I’ve noticed that I’m kind of more hesitant when I speak to others. ... I’m quite aware of how I’m presenting myself ... I always have makeup on. (Zoe, pp. 22–23:694–704).

Almost felt that if some of my colleagues saw me in real life, they’re going to think I didn’t look that good. ... I did use them [face filters], it just made me feel good in that instant moment, but at the back of my head, it made me aware and conscious of how I was looking, uhm, you know, because this is not, this is not my authentic self, this is not how I looked naturally.” (Zoe, pp. 32–33:1006–1035)

Zoe’s hesitation to interact with others following the transition back to in-person work settings was, she admitted, due to the discrepancy she saw between her actual appearance and the filtered version—a discrepancy she was concerned others would notice. This hesitation suggests her reduced self-confidence extended beyond videoconferencing. Zoe’s comment that the filtered image did not present her “authentic self” may indicate she was experiencing internal tension and even feelings of guilt, that could potentially be quite harmful. She acknowledged being still “quite aware” of her appearance, applying makeup products in an effort to emulate the effect previously achieved through use of a beauty filter—an effect she characterised as having made her “feel good in that instant moment”. This desire to emulate her digitally filtered appearance may also have been part of her motivation to seek out cosmetic procedures in the past and even in the present (see Section 4.4.1).

Zoe seems to have recognised that the momentary good feeling she received from aligning with the prevalent beauty standards (whether via the filter or perhaps through cosmetic means) was not enough to stave off dissatisfaction and even unhappiness. At one point it appears she expressed regret or uncertainty regarding her cosmetic procedures and acknowledged a persistent sense of dissatisfaction:

What's the point of doing all these [physical] changes when, you know, I'm not feeling, (brief pause), I'm not going to be happy, because I'm wondering, even when I do make these changes, am I going to feel happy?. ... Is the result gonna give me what I want? (Zoe, p. 10:310–314).

As documented in Section 4.4.1, Zoe acknowledged undergoing a rhinoplasty (pp. 36–37:1130–1147) and stated that she still desired to undergo further cosmetic procedures (p. 25:783–787). However, in the above quotation she admitted to uncertainty about whether these procedures would ever truly satisfy her and suggested that the previous cosmetic enhancements had not. “What’s the point” seems to be a particularly candid admission that the procedures may have been futile and may not have resolved the underlying self-esteem issues that the videoconferencing environment brought about for her. Clearly Zoe desired to reach a more substantial and stable level of contentment with her appearance.

4.5 Summary of Results

The study’s first research sub-question sought to examine the women's own understanding of the process by which they developed AD in conjunction with increased videoconferencing. GET A directly addresses this sub-question. In short, the women perceived the onset of AD when they became more aware of their facial features while viewing themselves in the self-view videoconferencing feature on a frequent basis. This increased awareness led them to be distracted by and increasingly preoccupied with their appearance even to the point of obsession, both while videoconferencing and in other contexts (e.g., while driving). Their hyperfocus on appearance manifested in self-checking behaviours: The women devoted much time to meticulously scrutinising their facial characteristics, using both the self-view function and physical mirrors to find perceived flaws, many of which had gone previously unnoticed. Most also expressed surprise and discomfort to

the point of severe distress, over how they looked on camera. They also negatively compared themselves to friends, colleagues, clients, and strangers via videoconferencing and social media platforms, frequently concluding that these others better embodied the beauty standards of Western society.

The second research sub-question addressed how women with AD subjectively experienced the videoconferencing process itself. The participants' comments that related to navigating appearance pressures in the digital realm (i.e., the GET B theme) can be used to answer this question. Participants indicated that they experienced various negative symptoms related to their appearance concerns, including low mood, diminished self-esteem, heightened anxiety (compounded further by the fact that in many cases engaging in videoconferencing was a school or work requirement) and difficulties communicating. The women seemed to believe their peers were assessing them, and some of the women seemed embarrassed about their AD-related beliefs and actions. Several of the women reported resorting to coping strategies (e.g., wearing extensive makeup and consuming alcohol). They also intensified their grooming practices to address concerns they had about their on-screen appearance, and they sought to improve their appearance by consuming appearance-focused content on social media, refining their application of cosmetics, and utilising digital facial filters. Some also limited their on-camera exposure by making excuses to remain off-camera, disabling the self-view feature or by employing camouflaging techniques (e.g., excessive lighting, intentional selection of clothing and changing their positioning or camera perspective) to hide or obscure their appearance both from themselves and others. These behaviours in some cases led to a discernible rise in self-confidence and greater ease before the camera.

The third sub-question explored changes in the study participants' self-perception as the pandemic lockdown progressed and after lockdown restrictions were lifted. The new self post-videoconferencing theme (GET C) is relevant here. Most participants' self-perception was unsettled to such a degree that most of them underwent either minimally invasive procedures, such as Botox injections or tooth whitening, or invasive procedures, such as rhinoplasty, to address their appearance concerns. When beauty clinics closed because of the pandemic, a few participants considered or engaged in risky behaviours despite the lockdown restrictions, including seeking out potentially

unregulated practitioners and violating social distancing protocols. Notably, nearly all of those who had undergone minimally invasive and invasive (surgical) cosmetic treatments reported a strong inclination to undergo additional cosmetic procedures. Moreover, the appearance-related concerns spurred by pandemic-era videoconferencing persisted beyond the virtual domain. Most of the women reported that after the lockdown was lifted, they lacked self-confidence and felt anxious about in-person interactions. They also remained critical of their appearance, and two individuals reported patterns of particularly pronounced negative self-evaluations. Moreover, grooming practices remained higher than before the pandemic, as women continued to utilise appearance-enhancing (i.e., grooming) and concealing techniques (e.g., face filters, social avoidance, face masks) in both videoconferencing and face-to-face interactions. In consequence, individuals experienced feelings of inferiority while consistently engaging in comparisons, both online and in-person. Notably, a small number of participants proactively addressed their appearance concerns by seeking therapy or reducing their appearance-enhancing or maintenance behaviours, with several participants seeming to have reassessed their beliefs about beauty and shifted toward a healthier perspective.

Chapter 5: Discussion and Conclusion

5.1 Overview of Chapter

The preceding chapter reported the results of an analysis of interview data gathered from six young adult women in the United Kingdom (UK) who self-identified as experiencing appearance dissatisfaction (AD) during the coronavirus disease 2019 (COVID-19) pandemic. The analysis, which followed an interpretative phenomenological analysis (IPA) methodology, explored the study participants' perception of the videoconferencing process and their understanding of how they navigated this process, due to which—from their perspective—they had developed AD. Three broad group experiential themes (GETs) emerged, each with their own associated sub-themes. For reference, the three GETs were as follows:

- GET A: Preoccupation with and negative evaluation of appearance
- GET B: Navigating appearance pressures in a digital realm
- GET C: The new self post-videoconferencing

These findings can be used to shed light on the three research sub-questions (RQs) guiding the present study, namely:

1. What was the women's understanding of the development of AD whilst videoconferencing?
2. How did women with AD experience the videoconferencing process?
3. How did women feel about their appearance after the start of the COVID-19 pandemic (after the implementation of the lockdown measures on 23rd March 2020), once they were experiencing AD?

The present chapter seeks to draw together the principal findings of the preceding chapter's analysis into a coherent narrative that addresses the study's RQs. The findings' theoretical significance is discussed and related where possible to the existing literature on Zoom dysmorphia (ZD), body dysmorphic disorder (BDD), and closely associated topics, although it should be emphasised again that the present study draws upon ZD- and BDD-related literature not for diagnostic but for interpretive purposes. Given the present dearth of research, theory, and practice in this area, it is especially important to establish these connections. The chapter also considers potential clinical and practical applications of the findings. In addition, the limitations of the research are acknowledged and suggestions made for future research. Finally, in view of the role of reflexivity in IPA research, the chapter concludes with a reflective summary of the research experience itself and a brief conclusion summarising the research findings.

5.2 Discussion of Findings Related to Research Sub-Question 1

5.2.1 Self-View as a Medium of Heightened Awareness

An important finding related to RQ1 was that the women in this study interpreted the “mirror-image” self-view functionality of videoconferencing as a pivotal medium for redirecting their attention to their own appearance while videoconferencing. This persistent self-focus seems, from their perspective, to have created the conditions for heightened self-awareness. This finding corroborates and builds upon the observation of previous studies that the self-view feature can increase self-awareness (Taber et al., 2021) and self-consciousness (Braude et al., 2023) of one's appearance.

The participants seem to have associated this increased focus on their own appearance with several other phenomena, one being distraction: Most participants admitted they repeatedly looked at their self-view image while videoconferencing, and some indicated that this prevented them from concentrating during lectures and while conducting patient appointments. The distracting effect of videoconferencing's self-view feature has been previously documented by de Vasconcelos Filho et al. (2009) on the basis of eye-tracking data and was also noted by the remote-working psychologists interviewed in Braude et al. (2023). Distraction may, in turn, have its own effects; for example, Choukas-Bradley et al. (2022) suggested that the academic performance of the adolescent girls in their study may have been negatively impacted by the distracting nature of the self-view during video chat. It seems likely that—given the prevalence of remote interactions in modern work and educational environments—the work performance of women in these contexts, such as the women in the present study, may be hindered by the persistent pull of the self-view feature during video conversations.

It is not just that the self-view was distracting to the women interviewed, however. The continuous visual feedback offered by this feature, together with the heightened awareness of their self-appearance described by the participants, seems to have fostered an excessive preoccupation with specific facial and body characteristics, including some that had not been a concern before that time. This preoccupation with perceived flaws became all-encompassing for nearly all the study's participants. This finding has parallels to objectification theory (OT), which recognises the possibility of over-identification with internalised societal stereotypes related to expectations about the appearance of the body (Fredrickson & Roberts, 1997). In regard to videoconferencing, prior research has found that frequent exposure to one's own image during video calls may draw one's focus to new, disliked features (Almutairi et al., 2022; Cristel et al., 2020). Of particular interest in this regard is Pikoos et al.'s (2021) report that preoccupation with one's own facial appearance during video calls (reported by over 25% of their participants) was linked to a higher rate of new appearance concerns and elevated levels of dysmorphic concerns.

The features reported as being repeatedly assessed by participants in the present study mainly included the nose, eyes, teeth, lips, and skin imperfections, including pimples, skin texture (i.e., dryness), and ageing indicators such as sagging and wrinkles (rhytids). Participants variously

expressed other concerns as well, such as the shape of the chin, skin colour, excess weight on their faces and bodies (mentioned by two participants), the length of their hair, and, in one participant's case, the presence of glasses. Such automatic, habitual self-scrutiny can again be interpreted in terms of OT (Fredrickson & Roberts, 1997) as an attempt on the women's part to monitor the alignment of their appearance with culturally prescribed norms of beauty they had internalised. In addition to eliciting appearance anxiety and shame, this monitoring and self-assessment may have served as a basis for the individual to take 'corrective' steps to improve alignment with those standards or else minimise the visibility of any perceived misalignment (see Sections 5.3.3 and 5.3.4).

5.2.2 The Self-View Feature as a Powerful Mirror

The finding that participants were preoccupied with their appearance is also in line with Bailenson's (2021) conclusion that frequent Zoom meetings may lead to a potentially adverse "all-day-mirror" effect. However, whereas Bailenson's focus was on the phenomenon of "Zoom fatigue", in the present study the primary impact of frequent use of the self-view feature as a virtual mirror seems to have been on participants' evolving self-perception. Several participants in this study mentioned using the self-view feature like a mirror, examining their appearance in the self-view function before starting a video call to determine how others would see them. Such scrutiny, by the women's own accounts, led to repetitive and time-consuming efforts to improve or conceal perceived shortcomings in their appearance by, for example, the meticulous application of cosmetics. This is consistent with research indicating that individuals who used videoconferencing tended to use the self-view feature, particularly at the start of the session, to assess and possibly correct their appearance (de Vasconcelos Filho et al., 2009).

Importantly, participants' fixation on how they appeared to others, which in some cases seems to have bordered on obsession, extended beyond the virtual domain. Indeed, all the study's participants expressed an increased concern about their physical appearance outside the realm of videoconferencing, and all reported spending substantial time examining their reflections not just in the virtual self-view feature but in physical mirrors as well. Such mirror-checking behaviour resembles patterns described in the BDD literature, as individuals with BDD have been shown to fixate on body parts or areas they see as flawed (Greenburg et al., 2014; Grochowski et al., 2012)

and repeatedly check their appearance in reflective surfaces such as television screens, windows, cutlery, and car mirrors, etc. (Veale & Riley, 2001).

Participants mentioned other ‘mirror’ behaviours as well that illustrate the lengths to which they went when examining themselves using the self-view feature or physical mirrors. For example, some participants utilised full-screen mode to enlarge the self-view image and zoom in on their appearance, allowing for a more highly magnified, meticulous examination. This again aligns with the findings of research on BDD, as individuals with BDD may similarly use physical mirrors at different angles and magnifications to evaluate their appearance (Veale & Riley, 2001). Similarly, an Australian qualitative study of individuals with BDD concluded that these individuals may have found it difficult to holistically assess their appearance, instead “zooming in” or “looking up close” at particular areas of their body (Brennan et al., 2023, p. 7).

Moreover, two individuals in the present study reported pulling facial expressions both in front of a mirror and with the self-view feature, presumably to better assess how these various expressions looked with the cosmetic interventions they desired or had obtained (see Section 5.4.1). This behaviour likewise calls to mind previous research indicating that individuals with BDD may spend hours gazing in the mirror, pulling different expressions (Phillips, 1991; Veale & Riley, 2001) and engaging in a form of “mental cosmetic surgery” (Veale & Riley, 2001, p. 1390). Similarly, one participant in the present study reported taking multiple offline “selfies” and videos of herself as an additional means of scrutinising her appearance. Yellowlees et al. (2019) proposed that taking frequent offline selfies in this way functions as “a modern form of body checking” (p. 77). Such behaviour aligns with that of BDD patients, who often self-monitor their appearance through the use of photography or videography (Veale, 2001).

The various forms of ‘mirror’ scrutiny mentioned above can be interpreted using OT (Fredrickson & Roberts, 1997), given that sensitisation to societal beauty standards can lead individuals to self-surveil and monitor their behaviour (cf. Fitzsimmons & Bardone-Cone, 2011; McKinley & Hyde, 1996). In all the above varieties of scrutiny, the women appear to have engaged in such self-examination and evaluated their bodies from an outsider’s perspective as visual objects,

comparing their perceived image to internalised appearance standards, in alignment with OT (see also Section 5.2.3).

Beyond the phenomenon of fixation or obsession itself, most participants also reported experiencing a noticeable degree of disturbance, scepticism, or anxiety when observing themselves in the self-view feature. The present study thus lends support to previous findings linking self-focused attention via mirror gazing to distress and unhealthy body image evaluations in individuals with BDD (Windheim et al., 2011) and to findings that seeing oneself in the self-view feature can trigger anxiety (Tien et al., 2023) and depression (Gullo & Walker, 2021). Such concerns have been shown to negatively affect self-image, self-esteem, and self-confidence (Jabali et al., 2023; Wojtara, 2022). This study's findings also agree with studies demonstrating that even brief exposure to one's mirror image can negatively impact one's emotional state (Veale et al., 2016) by reducing self-esteem and making one feel less attractive (Barnier & Collision, 2019; Chuah & Suendermann, 2024).

There are several reasons why the self-view feature, serving as a virtual mirror in this way, might have fostered such negative thoughts and perceptions—explanations which may hold individually or in concert for the present study's participants. One explanation relates to Zajonc's (1968) proposal that we tend to prefer what is familiar (i.e., the "mere exposure effect"). In this case, the women would have been more accustomed to seeing a reverse image of themselves in physical mirrors (i.e., "mirror image"). Focusing on the unfamiliar, non-reversed image of the self-view feature while videoconferencing, therefore, may have made perceived facial asymmetries more salient than otherwise. The shorter focal lengths of webcams, which can cause on-screen visual distortion (Ward et al., 2018; Rice et al., 2021), may also account in part for the participants' distress. In addition, a number of the women negatively assessed their facial expressions while speaking during virtual interactions. They especially mentioned in this context the perception of prominent rhytids, nasal structure and tooth shade. Previous research and media articles suggest that videoconferencing can increase awareness and scrutiny of one's perceived flaws not normally noticed when the face is at rest, the latter often being the case when viewing oneself in a physical mirror (Fosslien & Duffy, 2020; Sumner, 2022). The concern expressed by multiple participants about the size and shape of their

nose while speaking is reminiscent of research by Cristel et al. (2020) and Sharma and Asaria (2021), who documented that the nose is the primary area of visual concern during videoconferencing.

5.2.3 In Pursuit of Western Beauty Norms

Seeing their digital self-image through the self-view feature while videoconferencing seems to have engendered a perceived disparity between the women's desired internalised appearance standards and the digitally displayed self-image, presumably prompting the appearance-monitoring actions that were reported, including redoubled efforts to scrutinise and evaluate their own appearance. Their reported selective attention to certain physical attributes as undesirable—particularly in relation to the dimensions of their eyes and nose, the pigmentation of the skin and teeth, the presence of rhytids or of dark circles under the eyes, and facial skin laxity—suggests that the participants may have been assessing how well they embodied Western beauty norms that emphasise youthfulness, Whiteness and flawlessness (Zones, 2000, as cited in Calogero et al., 2007). This finding can be understood from the perspective of OT (Fredrickson & Roberts, 1997): The women appear to have engaged in self-objectifying processes, evaluating and questioning their appearance from a third-person perspective on the basis of internalised cultural beauty ideals. There is preliminary quantitative research that supports this account. That is, self-objectification has been found to be associated with greater appearance monitoring and self-surveillance during videoconferencing interactions, especially when individuals are confronted with their own image (Lee & Ziegler, 2022; Pfund et al., 2020).

There was also evidence in the present data that this apparent need to approximate the prevailing beauty norms may have been driven in part by the individual's need for social connection and belonging: One of the participants, originally from India but at the time of the study attending university in the UK, expressed that she felt different from her White classmates and had resorted to exercising excessively to lose weight and using homemade skin-lightening creams to attain a lighter complexion approximating her peers. Regarding the latter behaviour, research in a Western context has found that South Asian women who perceived a noticeable difference between their skin colour and the standards of White beauty were more inclined to want a lighter complexion (Sahay & Piran, 1997). These attempts to conform to societal beauty standards may have been an integration tactic, as

research suggests that meeting such expectations may be part of a strategy to avoid social marginalisation and increase one's sense of belongingness, social currency, and safety (Cheney, 2010). Achieving this is no easy task, however: Research by Bhatti (2018) demonstrated that South Asian women in the West felt pressured to embody the South Asian female ideal even while they simultaneously felt obligated to meet Eurocentric appearance ideals so as to assimilate into the Western culture.

It is important to emphasise that the assessments of the women in the present study against societal norms of beauty were not made merely in the abstract: Instead, the women reported that they compared their faces and bodies to those of other particular women, including peers, colleagues, students and clients. The women's comparative assessments may also be interpreted from the perspective of sociocultural theories of body dissatisfaction (BD) such as the tripartite influence model (TIM; Thompson et al., 1999), which proposes that societal influences such as peers, family and the media impose pressure to conform to beauty standards (Leahey et al., 2007).

Moreover, in line with the social comparison theory (SCT) proposed by Festinger (1954), participants' comments suggested that they evaluated their physical appearance to determine their own value and made upward comparisons to those they perceived as more attractive. The latter were seen as embodying culturally desirable beauty standards like better complexion, larger eyes, slimmer/modified noses (Barker, 2020; Riccio et al., 2024), high/prominent cheekbones and angular jawlines (Fawzy & Putranti, 2025), and a youthful, flawless appearance (Zones, 2000, as cited in Calogero et al., 2007). Commenting on the outcome of these comparisons, the participants consistently indicated that they believed themselves to fall short of the beauty standards in question, unlike the individuals to whom they compared themselves.

The simultaneous 'gallery' display of the user's own image alongside those of others during video calls may have played a role in supporting the comparisons described above. That is, the videoconferencing environment may have functioned not only as a unique environment for self-evaluation, largely through the self-view feature (Section 5.2.1), but also—as Pi et al. (2024) have shown—as a direct and immediate form of social comparison through the gallery view feature. In the

current study, participants' interaction with this latter feature may have facilitated social comparison of the participants to their female peers, colleagues, clients, and even strangers.

Participants' comments suggest that their comparative assessments may have been shaped, however, by other factors as well. Many of the participants reported use of social media (see Section 4.3.2 Group-Level Sub-theme 2), and one participant explicitly mentioned comparing herself to peers on the latter's social media sites. Prior research has found that the curated content on social media frequently features idealised photographs which have passed through beautifying filters that reinforce and promote societal norms (Riccio et al., 2024) by producing corresponding visual effects such as fuller lips, whiter teeth (Habib et al., 2022), smaller/contoured noses, larger eyes and smoother skin (Alsaggaff et al., 2022). It is possible that the women in the present study were, perhaps without being aware of the visual enhancements, exposed to such content, which has been shown to very likely promote unattainable beauty standards and compound the negative impact of comparisons made to others (de Valle et al., 2021; Kleemans et al., 2018; Maymone & Kroumpouzos, 2022). Moreover, given that most of the participants themselves acknowledged using beauty filters to enhance their appearance while videoconferencing, it seems likely that many of the images of faces to which participants compared their own were filtered and, therefore, idealised. This may have exacerbated participants' sense of inadequacy and discontent.

The participants in the present study indicated that the disparity they perceived between their own and others' appearance led to feelings of envy, reduced self-esteem, depression, lowered mood, anxiety or shame, and ultimately, a decrease in body satisfaction. This finding is in agreement with prior social media and body image research (Ahmad et al., 2024; Jiang & Ngien, 2020; Meier & Johnson, 2022). Moreover, the experiences these participants described resemble processes documented in the BDD literature. Previous experimental research on individuals with BDD indicates, for example, an attentional bias towards perceived flaws of their own faces (Greenburg et al., 2014) and visual bias towards checking the same physical features of other individuals for comparison (Grocholewski et al., 2012). The findings reported here also lend support to other videoconferencing and body image research that has found feelings of inadequacy to be a defining factor of body image disturbance among female adolescents who, during videoconferencing sessions,

compared themselves to others they felt more closely approached the ideals of beauty (Lee & Ziegler, 2022).

5.2.4 Summary Related to Research Sub-Question 1

To summarise the above discussion of the key findings related to RQ1, the self-view feature of videoconferencing was, in the women's own understanding, a nearly irresistible virtual mirror to their own appearance insecurities, spotlighting a perceived disparity between how they thought they looked and the image of themselves to which they were exposed through the self-view feature. This relentless self-presentation gave space for the women to identify perceived shortcomings in their facial and bodily appearance, which, in turn, seems to have prompted an excessive preoccupation with self-checking 'mirror' behaviours and frequent (typically negative) upward comparisons of themselves to others in terms of Western norms of beauty. Yet, there is reason to believe that the image presented in the self-view feature could have been shaped by the technology itself in various ways, which, if so, may have influenced the women's assessments of themselves. The changes in their self-perception reported by the women seem to have adversely impacted their psyche and emotional well-being in a number of ways, including reduced self-esteem and decreased body satisfaction. The participants' reported experiences appear to be similar to features conceptualised of ZD and with patterns described in the BDD literature.

5.3 Discussion of Findings Related to Research Sub-Question 2

Shedding light on RQ2 required analysing the data for indications of how the women in the study, all of whom reported being dissatisfied with their appearance as a result of videoconferencing, subjectively experienced the videoconferencing process. This involved elaboration of participants' perceptions of the adverse feelings and behaviours related to the development of AD, some of which were documented in the preceding section, as well as the ways these were managed by the participants.

5.3.1 Perception of Being Judged

Participants in the present study reported two particularly prominent subjective experiences of the videoconferencing environment. The first of these was the participants' conviction that—when exposed to others via videoconferencing—they faced the close scrutiny and judgement of colleagues

and peers regarding their appearance. Ironically, this perception of being judged seems to have led the participants to focus all the more on their appearance, leading to a vicious cycle of self-judgement and anxiety in response to perceived judgements of their appearance by others.

These findings match those of previous videoconferencing studies which found that heightened self-consciousness of appearance is associated with greater self- and appearance-focused attention (Jarman et al., 2023) and that individuals who focused on imperfections in how they looked on screen did so because they believed these features stood out to others (Türk et al., 2023). Likewise, the feeling of “being watched by others” during videoconferencing has been shown to potentially prompt anxiety (Huang & Pricer, 2023, p. 2), which, in turn, may lead to a renewed focus on perceived imperfections (Fosslien & Duffy, 2020).

5.3.2 Loss of Agency

A second notable subjective experience reported by the women in the present study was a feeling of being trapped, as it were, by the obligation to participate in videoconferencing interactions, whether this obligation arose from professional requirements (i.e., the mandates of work or school) or from more general societal expectations (e.g., an inability to socialise with family or friends during the lockdown in any way other than remotely). Many of the participants commented on the emotional toll of such ‘forced’ participation, expressing a feeling of helplessness, and they seemed to consider close examination of their appearance by others during the videoconferencing process as inescapable, given the circumstances. These findings align with those of Okabe-Miyamoto et al. (2022), whose survey of college students and of the parents/guardians of K-12 students found that 58% of the students and 53% of the parents reporting on their K-12 students indicated that “videoconferencing classes felt like a forced interaction” (Discussion, para. 3) and that this obligatory involvement was associated with increased negative emotions.

Given that autonomy has been identified as one of several innate psychological needs related to well-being (Ryan & Deci, 2000), it is not surprising that this feeling of being trapped in a system of unwanted video exposure to others would feature so prominently in the study participants’ experience of videoconferencing. That is, it seems that participants not only viewed the self-view feature as an ever-present mirror capable of heightening their awareness of perceived appearance flaws and thereby

stoking AD, they also may have experienced the exhibition of these flaws to others through videoconferencing as an unavoidable, autonomy-diminishing act.

In an obligatory videoconferencing context, the women may have felt a noticeable loss of agency over both when and how their appearance was broadcast to others. This loss of control may have been experienced as a direct denial of their ability to engage in selective self-presentation, a common process documented in other online settings such as social media, “where only the most flattering, joyful, or successful aspects of one’s life and appearance are shared” (Merino et al., 2024, p. 7).

If participation in obligatory videoconferencing indeed led participants to experience a loss of agency, this adds a layer of complexity to the anxiety reported as occurring before, during, and after video interactions, as well as the depressive symptoms and decrease in self-esteem. That is, the women seem to have been anxious not only about their own judgement of how they compared to others in terms of societal beauty standards but also about the limited ability they felt they possessed to avoid the perceived judgement of others (see Section 5.3.1).

This can also be understood in terms of OT (Fredrickson & Roberts, 1997). During the pandemic lockdown—when videoconferencing for purposes of work, education, and socialising was often unavoidable—the videoconferencing space, including both the gallery view and the self-view feature, may have functioned as an environment for obligatory appearance-based objectification by both the women themselves and by others. The women’s loss of agency (i.e., the limited ability to withdraw from the external observer’s perspective) may have been then due to their being structurally positioned as an object of evaluation within this environment.

Moreover, research into the effects of social interaction on one’s sense of personal autonomy has found that the level of autonomy one perceives in one’s interactions is inverse to the perceived relational distance to the other person, so that one feels one’s personal autonomy is most diminished when interacting with strangers—presumably due to a loss of situational control and reduced ability to achieve one’s own goals in the interaction (Hoan et al., 2025; Righetti et al., 2020). Therefore, the diminished autonomy the women in the present study felt regarding their exposure to others, many of whom were strangers or merely acquaintances in professional or educational environments, may have

contributed to the negative impact of AD in the context of obligatory videoconferencing—especially when the self-view mirror had presented the women a self-image fraught with perceived flaws.

Interestingly, several participants noted that videoconferencing became easier for them over time. This is reminiscent of Choukas-Bradley et al. (2022), who found evaluation of one's appearance on video chat to be only temporarily associated with depressive symptoms, a result they suggested may be due to acclimatisation to videoconferencing. Although it is possible that such acclimatisation occurred for some of the women in the present study (i.e., through repetition of exposure, they became used to seeing themselves in the self-view feature and thus became less critical of their own appearance), in light of the above analysis it is also possible that, with time, some participants developed strategies for regaining a measure of agency over how and when they appeared to others via videoconferencing (see Sections 5.3.3 and 5.3.4). If so, this reclamation of agency and the attainment of what they perceived to be an overall more desired appearance presentation may have eased the women's concern that they would be judged harshly on their appearance.

Regardless, it should be noted that the results in Choukas-Bradley et al. (2022) were mixed, as the concerns over pandemic-related disruptions of appearance management routines reported by the participants in that study continued to predict depressive symptoms even after seven months. Moreover, it has been demonstrated that body image concerns may have long-term effects (Wang et al., 2019), with research on videoconferencing showing that adverse effects on self-perception and mental health may persist even after the return to in-person activities (Silence et al., 2021). In addition, as Cristel et al. (2020) note, cosmetic procedures themselves may involve permanent changes.

5.3.3 Putting One's Best Face Forward

The women in the present study appear to have adopted various strategies to cope with the stress associated with videoconferencing-related AD. Most of these strategies directly addressed their appearance concerns by seeking to either enhance their appearance during videoconferencing interactions or limit their exposure in some way. Regarding the former approach, participants said they had adopted new grooming practices such as the application of makeup or styling of their hair, as well as using virtual face filters and adjusting their lighting and camera angles. This is consistent with

prior findings from Pikoos et al. (2021) that women with dysmorphic concerns used many of these same techniques to make themselves less anxious about videoconferencing, with grooming practices and modification of camera lighting being the most common practices in that study.

In the present study, the participants indicated that their overall investment of time and money in their physical appearance once they were experiencing AD was considerably higher than before the pandemic. Participants reported buying premium skincare products and cosmetics—including a notable increase in such purchases through online retailers like Amazon and eBay—in an effort to make themselves more attractive and conceal perceived flaws such as acne. Huang and Pricer (2023) likewise found that videoconferencing can foster an interest in purchasing products such as facial treatments that enhance appearance. Several of the women in the present study acknowledged too, seemingly with discontent or resentment, the effort and time investment required for them to maintain complicated, multi-step grooming practices such as showering the night before, rising early to apply cosmetics, styling their hair, and adhering to new skincare regimens involving the use of cleansers, serums and moisturisers.

The women indicated that many of these appearance-enhancement strategies were gleaned from highly visual social media (HVSM), including TikTok, Instagram, and YouTube, which most of the participants reported watching for appearance-related content on how to improve their appearance. For instance, several participants said they sought inspiration from the trending “get-ready-with-me” videos. Jabali et al. (2023) similarly found that their educator participants experiencing ZD watched videos to enhance their appearance on camera. Such videos typically appeal to idealised beauty standards conforming to heteronormative archetypes of femininity (Sweeney-Romero, 2022), just as social media more generally has been shown to reinforce dominant beauty standards (Riccio et al., 2024).

Exposure to these kinds of videos or photos on social media has been found to foster self-objectification by young women (Brown & Tiggemann, 2016) and increase BD and negative mood (Gurtala & Fardouly, 2023). The women in the current study appear to have engaged in self-objectifying behaviour, expressing what may be interpreted as the adoption of an observer's perspective of their own bodies, viewing themselves as objects whose physical appearance could be

evaluated and improved upon. This finding aligns with social media research that found women who viewed themselves from an observer's perspective to engage more frequently in appearance-focused online activities like selfie taking and appearance monitoring (Veldhuis et al., 2020). In the present study, the pressure placed on the women by the objectifying culture—in this case the videoconferencing environment, extended by social media—may have led them to prioritise their appearance, and closely monitor and evaluate it in anticipation of judgement by others. This evaluative scrutiny may have manifested in the extensive effort the women exerted to polish their virtual self-presentation.

Several participants in the present study reported resorting to DIY methods to enhance their appearance (i.e., skincare and cosmetic enhancements), some mentioning that this was due to delivery delays. Research has noted that the pandemic left interruptions in the supply chain of beauty and personal care products (Chowdhury et al., 2020). Amazon, for example, had to prioritise essential goods and delay orders of non-essential goods during this period (Lu et al., 2024). Other study participants attributed their DIY enhancement behaviours to the salons being closed, in line with other research that has found similar effects (e.g., Pikoos et al., 2020; Ścieszko et al., 2021).

Nearly all the participants had used beautifying face filters to emulate the appearance of smoother skin and to apply other cosmetic effects, a fact which suggests that they were influenced by cultural beauty standards. This is in alignment with research indicating that individuals who feel dissatisfied with their appearance are more likely to modify the images of themselves published online (Cohen et al., 2018; McLean et al., 2015). One participant explicitly stated that she wished she (actually) resembled her filtered image. It is possible that this individual's use of beauty filters disrupted the way she viewed herself and opened a gap between her reality and her ideal self. If so, this would agree with research that found the use of beautifying filters to negatively affect individuals' well-being by decreasing their self-acceptance and tolerance for perceived imperfections (Javornik et al., 2021). The woman's statement also aligns with the trend for cosmetic surgery patients to want to resemble their digitally modified or filtered selfies (Ramphul & Mejias, 2018). Moreover, this particular participant's admission that she had undergone cosmetic surgery agrees with the

finding by Chen et al. (2021) that individuals who had used face filters during videoconferencing were more likely to consider cosmetic surgery.

It should be noted that the present study's findings differ from those of Crutsinger and Edgar (2022), whose college-age videoconferencing users placed importance on their appearance but noticeably decreased the use of cosmetics during the pandemic—a pattern the researchers attributed to various factors such as the social, psychological and economic impacts of the pandemic. Although Crutsinger and Edgar did not elaborate, such factors may reasonably be understood to include not just a general reduction of spending during the pandemic due to loss of jobs and savings (McKinsey & Company, 2020) but the reduction in social contact engendered by pandemic-related closure of schools and workplaces (Bakhati & Agrawal, 2022; Mościcka et al., 2020) and the concomitant rise of remote work (Marahatta et al., 2021). For some individuals, particularly those not already experiencing BD or ZD, these developments may have lessened the perceived societal pressures on maintaining their physical appearance (Pikoos et al., 2020). Given the present study's focus on individuals struggling with AD, it is not surprising this study's participants reported experiencing an increase rather than reduction in appearance-enhancing behaviours tied to videoconferencing.

5.3.4 Limiting Exposure

Prior research has identified avoidance behaviours as a common coping response to appearance-related distress. That is, in the BDD literature, individuals have been shown to sometimes avoid social situations, mirrors, or exposure to cameras or video recording (Phillips & Kelly, 2021; Veale, 2001). In the videoconferencing context, turning off one's camera before or during a call or meeting, as some of the women in the present study admitted doing, may be interpreted as an avoidance behaviour. Other mitigation strategies to limit how visible the women were both to others and themselves included, partially obscuring the camera view, using lighting, clothing, or cosmetics to mask perceived imperfections, using virtual face filters, and employing the “hide self-view” feature. These findings concur with those of Pikoos et al. (2021) that similar “camouflaging behaviours” may be employed to appear more at ease on camera, as well as with research showing that individuals with BDD may adopt repetitive and time-consuming behaviours to limit exposure of what they perceive to be unattractive aspects of their appearance (e.g., applying cosmetics or dermatological products,

undergoing cosmetic surgery, changing body position or strategically using clothing; Grant & Phillips, 2005).

Participants in the present study provided various justifications for evading the requirement to activate their cameras. For instance, some appealed to technical difficulties with the camera or laptop, a finding consistent with previous studies that found appearance-related concerns to be a major cause for camera deactivation (Castelli & Sarvay, 2021). Some participants reported that—in an effort to reduce their discomfort—when they were unsuccessful at deactivating their cameras, they devised creative ways of obscuring the image, for example, by applying adhesive tape or smudging the camera lens. Regarding cosmetics, several participants mentioned that they used contouring techniques on portions of their face to make their nose look smaller and areas such as the cheekbones more prominent, perhaps to match cultural (particularly Western) ideals of beauty (Chen et al., 2020). Some likewise applied concealer on their face to cover up acne, pimples, or other perceived flaws. Using cosmetics in this way to mask perceived imperfections prior to videoconferencing aligns with similar findings from research on ZD (Jabali et al., 2023) and BDD (Phillips, 2009).

Some of the participants acknowledged using face filters, with several individuals reporting they did so specifically to conceal perceived flaws in their appearance. Previous preliminary research similarly found that individuals with ZD employed filters for this purpose (Jabali et al., 2023; Türk et al., 2023). Research on HVSM sites such as Snapchat has revealed that excessive use of such filters may distort one's self-perception and lead to a lack of self-acceptance (Fajoye et al., 2023), with some users indicating they applied filters “to hide imperfections or blemishes that I wouldn't have wanted to share on social media” (p. 32). Besides the possible connection to ZD, this mindset may pose an additional concern, as using beauty filters has been associated with an increased interest in more invasive procedures (i.e., cosmetic surgery) to replicate the filtered appearance (Chen et al., 2019).

Furthermore, several participants in the present study said they attempted to limit how visible they were to others by positioning themselves or their cameras (e.g., raising their laptops on books) to get a more flattering angle or distance from the camera. Such behaviours parallel those observed by Pikoos et al. (2021), who found the most common video manipulation behaviours to be adjusting one's position or the camera angle, with approximately half of the individuals in their study

acknowledging having done so. Selective clothing choices (e.g., wearing only black or baggy clothing) was another strategy reported in the present study. This finding was in accordance with Jabali et al. (2023), whose instructors experiencing ZD said they used clothing choices (as well as their hands and hair) to conceal perceived flaws in their appearance.

Lastly, one individual in the current study acknowledged restricting their view of themselves by regularly disabling the self-view feature before joining a call, seemingly to attenuate discomfort with their appearance. This finding matches research by Pikoos et al. (2021), who reported that a small percentage of their participants (0.7%) used this technique. Nevertheless, a number of participants in the present study reported being unaware that they could deactivate this feature.

5.3.5 Importance of Enhancement and Mitigation Strategies

Broadly speaking, the fact that participants reported employing strategies to both enhance their appearance and mitigate exposure of perceived appearance flaws is consistent with OT's claim that women's internalisation of sociocultural beauty ideals is reflected in self-surveillance and anticipation of evaluation by others (Fredrickson & Roberts, 1997). The participants' reports of appearance-enhancing tactics (i.e., the use of makeup and the application of face filters) seem to indicate self-objectification on the participants' part, consistent with prior research that found engaging in video manipulation behaviours (e.g., applying makeup, adjusting lighting or camera angles) to be associated with increased self-objectification (Jabali et al., 2023; Pfund et al., 2020; Pikoos et al., 2021). The women's reported need to conceal their perceived imperfections and limit their exposure through videoconferencing likewise may be understood in terms of OT, as the appearance anxiety and shame the women reported experiencing may have prompted them to hide their flaws, particularly in their facial appearance, in order to preclude any anticipated evaluative judgements. These behaviours among the present study's participants suggest they were engaging in appearance management strategies, perhaps to increase their agency. That is, the more effective the women's appearance enhancement and mitigation measures were, the more control within an objectifying context they secured over their appearance exposure to others, and the less anxiety may have arisen from the videoconferencing process.

5.3.6 Summary Related to Research Sub-Question 2

Study participants reported two notable subjective perceptions from their videoconferencing experience: the feeling of having their appearance judged by others during video calls/meetings and a feeling of diminished agency due to videoconferencing often being obligatory. These perceptions seem to have been related. That is, it was the fear of being negatively judged, given the women's conviction that they failed to measure up to prevailing beauty standards as well as did others, that appears to have made the frequently obligatory nature of videoconferencing so onerous. On this interpretation, the women felt a lack of control over when and how their appearance would be exposed to others. This, in turn, seems to have invested the women's coping strategies with added importance: These strategies not only helped them achieve the obvious goal of enhancing their appearance while mitigating exposure of perceived flaws, but these enhancement and mitigation behaviours appear to have restored a measure of control to the women over their appearance exposure.

5.4 Discussion of Findings Related to Research Sub-Question 3

Analysis of the data for the purpose of addressing RQ3 involved exploring how the women's feelings and associated actions regarding videoconferencing-related AD evolved during the period when COVID-19 pandemic lockdown measures were in place (i.e., once the women began experiencing AD) and how these feelings persisted or changed following easing of restrictions and the return to in-person interactions (i.e., when the use of videoconferencing continued but at a reduced frequency). In the following sections, several important changes reported by the women regarding their response to the AD they experienced across these times are discussed, as well as several ways the women's responses remained the same or similar.

5.4.1 Increased Acceptance of Risks, Including Increased Interest in Cosmetic Procedures

One notable finding in the data was that during the pandemic some of the present study's participants seemed willing to consider acting on their appearance-related concerns in ways that involved an elevated risk. This included expressing an increased openness to cosmetic procedures (including invasive) as well as behaviours such as travelling abroad during a pandemic, failing to follow social distancing restrictions, and seeking out potentially unregulated practitioners.

Regarding the former, as videoconferencing usage and the appearance concerns related to it increased during the COVID-19 pandemic, so did the women's interest in cosmetic procedures. Most of the participants interviewed for the study reported undertaking either minimally invasive or, in one case, invasive cosmetic procedures to enhance their appearance during and following the lockdown period. The first category encompassed a variety of treatments, including Botox injections (botulinum toxin injections), lip and face fillers (dermal fillers/soft tissue fillers), facial thread-lifting (barbed suture insertion), dental cosmetic whitening, and at-home skin-lightening. Invasive procedures consisted of one individual's disclosed nose surgery (rhinoplasty). The participants' accounts match those of studies that found minimally invasive procedures such as Botox injections, soft tissue fillers, and surgical interventions such as rhinoplasty to be the most frequent cosmetic interventions in the United States during 2020–2021 (American Society of Plastic Surgeons [ASPS], 2021; Rice et al., 2021) and with pandemic-related research and media articles indicating that videoconferencing during the pandemic spurred appearance concerns and an increased interest in cosmetic procedures (Chen et al., 2021; Edgar, 2021; Padley & Di Pace, 2022). This was documented to include both minimally invasive and invasive procedures (Hart et al., 2022; Pikoos et al., 2021), although it should be mentioned that Pikoos et al. did not find appearance-related concerns to be a predictor of more invasive surgeries.

The desire to pursue cosmetic intervention, as expressed by the women in this study, may be interpreted through the lens of self-objectification (Fredrickson & Roberts, 1997). Davis (1995) and Gimlin (2000) have argued that the constant messaging around beauty norms and the internalisation of these norms by women may lead them to see their bodies as a reflection of their identity. They may then engage in cosmetic surgery as a way to achieve identity realignment: the resolution of perceived discrepancies between cultural beauty norms and the individual's perception of their own appearance. Applying this account to the women in the present study, the heightened engagement in self-evaluation and self-surveillance they experienced within the videoconferencing environment may have not only intensified awareness of their own appearance but reinforced their tendency to view themselves as objects. This could, in turn, have motivated them to alter their bodies as a means of aligning their self-perceived appearance with the dominant beauty standards.

In addition, a more recent study reported that self-objectification among women is linked to an increased motivation to secure the approval of others (Chen et al., 2023). This approval includes both a tendency to seek positive social judgements (and avoid negative ones) from others (Hebert et al., 1997; Rudolph et al., 2005) and concern about “what others say” about the individual (Karaşar & Baytemir, 2018, p. 920). Taken together, these accounts suggest that the women in the present study may have sought—through cosmetic interventions—to realign their embodied appearance with the prevailing cultural beauty standards and gender norms as a way to seek social approval. This approval motivation, presumably, may have shaped these women’s behaviour in both online and in-person contexts.

The women interviewed consistently asserted that undertaking cosmetic procedures had increased their confidence and overall well-being. Nevertheless, most of the study’s participants reported remaining preoccupied with attaining a particular physical aesthetic even after returning to in-person interactions, and all the participants who had undergone cosmetic procedures indicated a desire to pursue additional interventions as a way of achieving this aesthetic and resolving perceived appearance flaws. The procedures named included both minimally invasive interventions (e.g., facial thread-lifting and cosmetic dental veneers) and invasive cosmetic surgeries (e.g., rhinoplasty and genioplasty [chin reduction]). These admissions seem to indicate that even after obtaining the cosmetic treatments, the women continued to experience a substantial degree of discontent with their physical appearance, suggesting that cosmetic procedures did not resolve their concerns. This failure to achieve a sustainable appearance satisfaction, may reflect experiences consistent with BDD. That is, it has been shown that individuals with BDD often look to cosmetic procedures as a way of correcting perceived flaws (Crerand et al., 2010). Due to the unattainability of their internalised beauty ideals, however, the same individuals often express disappointment with the outcomes. This leads them to seek additional procedures or to project their preoccupation onto other aspects of their appearance (Jassi & Krebs, 2021), causing their BDD-related symptoms to increase and persist (Veale et al., 2016).

The one participant in the present study who acknowledged having an invasive procedure was willing to travel abroad during the pandemic to obtain it. In their study of cosmetic tourism during the

COVID-19 pandemic, Varma et al. (2022) suggested that patients' willingness to travel internationally during the pandemic and forego appropriate post-treatment care indicates they were susceptible to risk-taking behaviours. Although the individual in the current study appeared not to have experienced any surgical complications or aftercare problems, her preparedness to go to these lengths shows the level of determination she felt to resolve her concerns and the intensity with which she experienced AD as a result of the videoconferencing environment. This same individual's hesitation to initially admit seeking out this cosmetic procedure suggests she may have been reluctant to reveal it for fear of being stigmatised—a potential concern of individuals who have undergone cosmetic surgery (Saxena, 2013).

A few participants appeared to have pursued other activities that could be deemed unsafe. For example, the fact that when beauty clinics closed, one participant procured lip augmentation services (lip fillers) through the website Gumtree—despite the lockdown restrictions and being unable to confirm the credentials of the practitioner—may reflect the extent of her preoccupation and discontent with her appearance. Pikoos et al. (2020) similarly documented that individuals with heightened dysmorphic concern were distressed by the closing of these establishments and engaged in persistent behaviours focused on their appearance, expressing a growing desire for cosmetic treatment. Other research has established that individuals with BDD tend to pursue cosmetic and beauty treatments and, if unsuccessful, may resort to “doctor shopping” or other ways of finding alternative providers for cosmetic treatment (Veale, 2000).

The willingness to engage in behaviours such as the above involving a heightened risk may be another reflection of the women's perception of lost agency—due in this case not to obligatory videoconferencing (Section 5.3.2) but to the restrictions that lockdown measures imposed on the women's ability to manage their appearance through cosmetic interventions. Taking risks to gain access to a cosmetic intervention may be interpreted as a means of regaining a measure of appearance autonomy, that is, control over the appearance one presents to others. All the coping strategies reported by the women (Sections 5.3.3 and 5.3.4) may be understood from this perspective, but the sense of urgency behind these strategies is perhaps most clearly demonstrated when the behaviour carries a health or legal risk to the individual.

5.4.2 Continued Negative Self-Assessments and Upward Comparisons in In-Person Contexts

Some of the feelings that the women formed about the AD which they developed during lockdown videoconferencing persisted into the post-lockdown period, when there was a reduction in the use of videoconferencing and a greater number of in-person interactions. For example, most of the study's participants made self-critical comments about their appearance at the time of the interview (i.e., post-lockdown) in alignment with the critical comments they made about how they perceived themselves during the period of lockdown videoconferencing (cf. Section 5.2.2). Two participants made particularly self-critical and negative evaluation of themselves, referring to themselves as “ugly”, a comment that resembles patterns of ‘distorted thinking’ about appearance in BDD literature (Phillips, 2004). These remarks also mirror the findings of research that found individuals with BDD to persistently fixate on the way they look and exhibit high levels of perfectionistic thinking (Buhlmann et al., 2008), and that they possess distorted beliefs about their own physical attractiveness and perceive themselves as “ugly or deformed” (Phillips, 2004, p. 12). More broadly, all the study's participants expressed in one way or another that their self-esteem continued to be diminished by the videoconferencing experience even after the reintroduction of face-to-face interactions. This supports Wojtara's (2022) finding of a positive correlation between young people's use of social media and videoconferencing during the pandemic, the negative perception of their body image, and a decrease in self-esteem.

The women also consistently reported a feeling of inferiority in comparison to others (cf. Section 5.2.3) even once in-person interactions had resumed. Several participants made comments indicating they repeatedly engaged in upward comparisons of their appearance not only while videoconferencing or on social network sites (SNSs) but subsequently in face-to-face interactions. The fact that some participants continued to engage in such repetitive comparisons resembles patterns described in the BDD literature: The repetitive behaviours and mental acts in which individuals with BDD are known to engage include repeatedly comparing their own appearance to that of others (Mithawala & Davis, 2021) to confirm, fix, conceal, or seek reassurance about these perceived physical flaws (Phillips & Kelly, 2021). The persistence of these comparisons may reflect the

powerful influence of the ‘gallery’ style real-time, side-by-side presentation of faces on videoconferencing platforms and the facilitative role of upward comparisons by SNSs (Section 5.2.3).

The women’s accounts of persistent negative self-assessments and sense of inferiority when comparing themselves to others may be related to an interesting tendency among some of them in the post-lockdown period when they were using videoconferencing less: a reluctance to participate in the in-person interactions that were at that time once again available. This reluctance, by the women’s own admission, in some cases extended to the point of avoiding such encounters entirely. One participant explicitly attributed this reluctance to her concern that interlocutors might notice the difference between her appearance as curated by face filters during lockdown videoconferencing and her unfiltered appearance in-person after lockdown restrictions were lifted. Silence et al. (2021) similarly found the use of filters while videoconferencing or on social media was, among 18 to 24 year-olds, associated with higher levels of anxiety about returning to in-person interactions. The fact that the women were concerned about not portraying their authentic selves also aligns with OT (Fredrickson & Roberts, 1997) and with Lamp et al.’s (2019) finding, based on self-reported measures of self-objectification and past selfie behaviours, that self-objectification was associated with photo manipulation and feelings of disingenuousness online.

The findings are also relevant to SCT (Festinger, 1954): Saunders and Eaton (2018) observed that young female adolescents who were exposed to their own filtered selfie images on Snapchat, Instagram, and Facebook felt inadequate compared to these images and experienced negative effects on their body image and self-esteem—results that the researchers associated with increased ED symptoms. This finding together with the perceptions reported by the women in the current study highlight the fact that the comparisons which may play a role in the development and persistence of AD may be made not only to the appearance of other individuals but reflexively as well, to a woman’s idealised, filtered image of herself.

5.4.3 Extension of Coping Behaviours into In-Person Contexts

Finally, although participants reported reduced involvement in videoconferencing once the lockdown restrictions were lifted and there was a return to in-person activities, they not only continued to exhibit some of the same videoconferencing-related coping behaviours as before (e.g.,

undertaking cosmetic procedures; Section 5.4.2) but also extended certain behaviours into their in-person interactions in novel form. One individual's admission that she chose to spend significant time indoors and avoid in-person interactions, for example, can be viewed as an extension of the videoconferencing-related mitigation strategy of avoiding video calls or keeping one's camera turned off during calls (Section 5.3.4). Similarly, the same individual's decision to don a face mask when venturing outdoors—not primarily to protect from contagion but, by her own admission, to conceal her appearance and protect her from others' judgement—can be seen as an in-person parallel to the “camouflaging behaviours” (Pikoos et al., 2021) and other means of obscuring their image (e.g., adjusting the lighting or distancing themselves from the camera) in which some of the participants acknowledged engaging while videoconferencing (Section 5.3.4).

These reported post-lockdown behaviours, exhibited after videoconferencing had become less frequent, may be consistent with those described in the clinical literature on BDD-related distress, as individuals with BDD have been shown to find relief by avoiding physical contact (de Brito et al., 2016) and utilising face masks in public as a camouflaging behaviour (Gorbis & Braverman, 2021). Such behaviours, spurred by concern about possible rejection from others, can have serious negative impacts on individuals' social interactions, employment or academic performance, and fulfilment of their roles and responsibilities (Phillips, 2004). This may, in turn, impede the individual's daily functioning and reduce their quality of life (Phillips et al., 2005).

On the other hand, it should be noted that several participants in the current study appeared to have re-evaluated their behaviours and taken steps to work on their self-esteem issues and address their appearance concerns by seeking out therapy or minimising appearance-related behaviours. This included a few who reported having reduced their grooming habits, decreased their use of cosmetics and eliminated artificial elements (e.g., false eyelashes and hair extensions) to achieve a more natural appearance. Their experience indicates the possibility of a shift in perspective and is consistent with studies showing a general decrease in cosmetics use after the pandemic (Park & Kim, 2021).

5.4.4 Summary Related to Research Sub-Question 3

RQ3 focused on how participants' experiences of videoconferencing-related AD, once present, changed over the course of the pandemic lockdown (i.e., when videoconferencing was

pervasive) and following the resumption of in-person interactions in the post-lockdown period (i.e., when videoconferencing became less frequent). As the lockdown continued, one new development in the women's perception of their experience during this time was of particular note: their expressed willingness to consider taking greater risks, including cosmetic surgery, in order to address their appearance concerns. The assumption of these risks may be understood as reflecting the urgency the women felt to regain agency over the management of their appearance and its presentation to others that they had lost due to lockdown measures.

On the other hand, some aspects of their experience, remained relatively constant both during and after the pandemic lockdown. These included the women's expressions of self-criticism and indications of low self-esteem, as well as the negative comparisons of themselves they made to others. Interestingly, some of the women expressed a reluctance to return to in-person interactions because of concern that others might notice the disparity between their filtered videoconferencing appearance and their actual in-person appearance. This suggests that the women's struggles with comparison were not only in relation to others but in relation to an idealised image of themselves as well. Finally, some of the women indicated that after the lockdown ended, certain videoconferencing-related coping behaviours that they developed during the lockdown were maintained, only now in new forms. This appears in an effort to achieve similar appearance-management results in face-to-face, in-person interactions similar to those experienced previously when videoconferencing.

5.5 Implications and Recommendations

5.5.1 Implications and Recommendations for Educators and Practitioners in Clinical Settings, Including Counselling Psychologists

Given that reliance on videoconferencing in the post-pandemic era remains widespread, the present study raises a number of important theoretical and practical issues for practitioners and educators. Firstly, counselling psychologists can embody the principles of counselling psychology (CoP) by pushing for improved identification of ZD and similar body image disorders. There is presently still a lack of awareness and understanding regarding ZD among both the general public and healthcare professionals. This is unfortunate because—given the overlap between ZD and BDD—the negative impact of ZD on an individual's quality of life can be serious. The lack of a clear, universally

accepted definition of ZD also means that individuals may miss out on receiving appropriate treatment due to a failure to identify or diagnose the condition accurately, particularly when anxiety and depression are comorbid with BDD (Phillips et al., 2015; Sarangi et al., 2022). Conversely, access to a standardised definition of ZD would enable counselling psychologists and other healthcare professionals to identify its presence and promptly take appropriate action to assist individuals. Such a definition could apply to clinical practice, education, research policy and leadership.

In addition, there is, at present, no officially approved screening method for identifying body image disturbance in this context, although from a clinical perspective, counselling psychologists have the ability, in principle, to evaluate related symptoms by utilising questionnaires that focus on the key characteristics of a concept. Practitioners might, for example, use the Dysmorphic Concern Questionnaire (DCQ; Oosthuizen et al., 1998) to evaluate individuals' level of preoccupation with and anxiety over their appearance. This instrument has been proven to be reliable and valid (Davies et al., 2022). Türk et al. (2023) introduced a tool for screening ZD in virtual settings that comprises open-ended ZD- and BDD-focused questions. These researchers proposed that—once validated—the tool could be useful to cosmetic practitioners on a routine basis. It could also be a valuable resource with which counselling psychologists and other healthcare clinicians might systemically distinguish instances of ZD from borderline or related cases, as well as evaluate BDD.

Counselling psychologists can also take a proactive approach to educate present and future professionals in various settings, such as in the healthcare sector (e.g., general practitioners and mental health professionals such as psychologists, trainee psychologists and high-intensity therapists) so that these professionals may better support individuals potentially experiencing ZD or BDD. This is particularly important given there is a lack of awareness and training related to BDD among healthcare professionals (UK Parliament Committee, 2022). Such efforts could help professionals more effectively guide patients and make needed referrals, as well as reduce the stigma attached to body image disorders (Schulte et al., 2020).

The findings from this study could also be shared in conferences (e.g., Body Dysmorphic Disorder Foundation) to help educate and inform other mental health professionals, students, individuals with BDD and their loved ones. Importantly, the research could be shared in terms of

awareness-raising campaigns for young girls, targeting efforts through schools, especially as BDD has an onset during childhood or adolescence (Bjornsson et al., 2013) and because early detection, diagnosis and treatment is likely to be associated with better long-term outcomes (Krebs, 2022).

CoP's emphasis on a pluralistic approach acknowledges the unique circumstances of each individual and calls for providing services that meet their specific needs (Cooper & Mcleod, 2012). Counselling psychologists could advocate for increased access to support for these individuals experiencing ZD, especially as—due to the COVID-19 pandemic—many primary care therapeutic services have transitioned to online platforms, a shift which may impede these individuals' access to therapy and thus adding to their distress. If virtual appointments do inadvertently create obstacles to healthcare access, they can advocate for in-person appointments.

It is also important for clinicians and educators to address the condition or disorder identified utilising psychosocial treatments such as cognitive behavioural therapy (CBT; Beck, 1970), which is the first line of treatment for BD and BDD, and to promote interventions that explicitly address and counter videoconferencing's potential to trigger or exacerbate appearance-related concerns. Interventions already used to address dysmorphic concerns utilised for dysmorphic concerns and BDD may be used for ZD (Pino, 2021).

Given that individuals with ZD may focus on a small portion of their face when looking at themselves in the mirror or self-view feature, cognitive techniques may be used to restructure the individual's thought processes and help them appreciate their entire face rather than just one part. Cognitive exercises that train the individual to use objective descriptive words rather than negative words to describe themselves have been successfully employed in the treatment of BDD patients (Geremia & Neziroglu, 2001; Rabiei et al., 2012).

Moreover, practitioners may use behavioural techniques such as videoconferencing for exposure therapy, which acclimates individuals to seeing themselves on the self-view feature without feeling anxious (Peros et al., 2021), and mirror retraining, by which individuals learn to see themselves in a more holistic, non-judgmental manner (Wilhelm et al., 2012/2013).

5.5.2 Implications and Recommendations for Cosmetic Practitioners

Similar to prior research (Hart et al., 2022; Pikoos et al., 2021), this study found that

participating in videoconferencing led individuals to pursue cosmetic procedures. Cosmetic professionals, including surgeons, dermatologists and dentists, should be aware of this emerging trend, whereby imperfections are most readily noticed during videoconferencing, and look for ZD in patients seeking treatment. Providers could, for example, enquire about the patient's use of video calling and how it influences their motives for wanting cosmetic procedures. As suggested by several researchers (Chen et al., 2021; Daar et al., 2021), clinicians might discuss how the patient's appearance may vary during videoconferencing and how the patient's perceptions of themselves and expectations of treatment could be affected by self-focused attention and video enhancements such as face filters.

Telehealth platforms are still often used by cosmetic providers for pre-operative assessments post-pandemic. In the UK, it is best practice for clinicians to administer psychological screening prior to cosmetic surgery (Royal College of Surgeons of England, 2016). These professionals might also consider screening for ZD using Türk et al.'s (2023) questionnaire. Patients who respond positively to the BDD question in this assessment might be separately assessed by a BDD questionnaire such as the Body Dysmorphic Disorder Questionnaire (BDDQ; Phillips, 1995), which has been shown to be valuable for detecting BDD (Brohede et al., 2013) and valid for individuals considering cosmetic surgery (Joseph et al., 2017). Doing so can help mitigate unnecessary procedures, safeguard patients' mental well-being, and prevent further aesthetic dissatisfaction (Bascarane et al., 2021). If there are indications of significant psychological vulnerability, it may be advisable for clinicians to suggest a comprehensive psychological evaluation and a referral to psychological services (Gorbis & Braverman, 2021), such as a counselling psychologist.

5.5.3 Implications and Recommendations for Videoconferencing Users

There are two basic approaches by which videoconferencing users, particularly young women, might safeguard their well-being and self-esteem in view of the study's findings. The first is to minimise or eliminate entirely their exposure to their own image during video calls by opting for technological mediums that do not use video (e.g., voice calls or emails) or using only the audio feature of video calls whenever possible (Bailenson, 2021, as cited in Mamtani et al., 2022; Huang & Pricer, 2023). The same outcome can be achieved by simply turning off the camera when it is not

necessary (Huang & Pricer, 2023) or by specifically disabling the self-view feature or hiding this feature soon after the start of the call once the user has ensured they are framed in the camera's view (Hart et al., 2022; Jarman et al., 2023). For a low-tech solution, Tien et al. (2022) suggest using a Post-it note to obscure the section of the screen that displays the user's face. Alternatively, a user might try spending a comparable amount of time observing the faces of other participants in the video call rather than their own (Pikoos et al., 2021). Implementing such measures may minimise distractions, moderate anxiety and self-focused attention, and reduce adverse effects from the same.

Secondly, individuals who frequently participate in videoconferencing should be aware that how they appear on screen may differ from their in-person appearance for reasons such as lighting and the presence of virtual enhancements (Huang & Pricer, 2023). Users may also consider their reasons for using video manipulation techniques and make informed judgements as to which measures genuinely benefit their overall well-being, taking into account, for instance, that the use of filters may damage their self-image and may foster a desire for unnecessary cosmetic procedures (Silence et al., 2021).

5.5.4 Implications and Recommendations for Employers and Educational Institutions

Human resources departments can discuss mental well-being and appearance-related concerns with their employees, especially those in a hybrid or remote work environment, without stigmatising anyone affected (Ramphul, 2021, as cited in Gupta, 2021). Organisations could also extensively assess whether there is an undue reliance on videoconferencing and whether, at times, employing an e-mail or a phone call may be more efficient.

Instructors at educational institutions can adopt a more nuanced, student-centred approach to the use of videoconferencing in remote instruction settings. This might include encouraging but not requiring camera use during class, relying instead on other means such as polling, discussion boards and cooperative annotations to encourage and gauge student participation, as well as establishing clear videoconferencing norms (e.g., including camera use policies in the course syllabus) (Castelli & Sarvary, 2021). Employers and schools might also develop guidelines to benefit employees and students struggling with their appearance during videoconferencing. For example, companies can teach their new employees how to disable the self-view feature or customise the default layout by

reducing the size of the self-view window, positioning it in the corner of the screen, and so forth (Abramova et al., 2024; Huang & Pricer, 2023). Institutions can also encourage the development of pre-videoconferencing routines to ensure good personal hygiene and appropriate dress during video calls, thereby reducing appearance-related anxiety individuals may experience if they feel unprepared (Castelli & Sarvary, 2021).

5.5.5 Implications and Recommendations for Providers of Videoconferencing Platforms

Videoconferencing developers could help promote a healthier videoconferencing environment by making audio-only meetings the default and letting users set a maximum limit for the size of the face on the screen (Bailenson, 2021, as cited in Mamtani et al., 2022). Moreover, although several widely used platforms include the option to hide one's own video feed, this functionality is not readily accessible, and software developers could enhance its visibility. Gullo & Walker (2021), for example, suggest including a prominently displayed button comparable to the mute and video camera on-off buttons that would allow users to hide the self-view feature effortlessly.

5.6 Limitations of Research and Future Directions

This study has drawn upon first-hand accounts to develop a better comprehension of AD caused by videoconferencing. Nevertheless, this study does have limitations. First, five of the six interviews were conducted using the videoconferencing platforms Microsoft Teams and Zoom. This might be seen as a disadvantage as the participants had indicated they experienced AD from the use of these same platforms; additionally, the online format may have reduced the interviewer's sensitivity to non-verbal cues during the interview. To manage these concerns, participants were given the alternative of being interviewed at a library in person, an offer accepted by one participant. They were also given the option of turning off their cameras during the interview, and one participant chose to do so. Participants' positive feedback regarding the interviewing strategy suggests that, on balance, the benefits of the online interviewing format outweighed its disadvantages, as it made the interviews more feasible for participants and enabled individuals with AD from a range of locales around the UK to participate, providing a broader window into the phenomenon.

The study's small sample size is another limitation, as it may be viewed as restricting the generalisability of the study to a broader population. However, sample size is not considered a

limitation of qualitative research, which by design seeks an in-depth examination of the experience of participants. In addition, limiting the pool of participants to young women in the UK need not be seen as a limitation, given that this study is the first of its kind to explore the influence of videoconferencing on body image in the UK, specifically among this demographic group, which is prone to body image concerns. That said, it is important that the study be replicated by similar studies with participants spanning a more diverse range of ages, genders and geographic locations.

An additional limitation of the study is that participants reported on their past videoconferencing experiences from the beginning of the pandemic lockdown in March 2020; however, the research interviews were conducted nearly two years after the third UK national lockdown ended in July 2021 (Home office, 2024). Moreover, most of the participants had reduced their use of videoconferencing since the lockdown restrictions were lifted, making it likely that they were more accustomed to using videoconferencing and seeing themselves on screen at the time of the interviews than they were during the lockdown. These facts may seem to call into question the accuracy of the participants' recollections. However, it is important to note that most studies investigating the effects of COVID-19 are limited in the same way by retrospective recall. For example, the majority of studies investigating the impact of the pandemic on body image and videoconferencing (e.g., Choukas-Bradley et al., 2022; Gullo & Walker, 2021) relied on participants' self-reports of mood and body image changes caused by COVID-19.

Moreover, this study did not consider how other difficulties that participants may have faced during the pandemic, that is, changes in employment or health issues apart from the videoconferencing experience itself—might have affected their self-image and appearance concerns. Such factors were beyond the stated purview of the study.

Despite concern over videoconferencing's potential negative influence on mental health, it has remained a widely used communication tool following the pandemic. Therefore, it is imperative to continue researching the influence of videoconferencing on appearance satisfaction. The findings of the present exploratory study suggest that individuals in this non-clinical sample who engaged in videoconferencing during the COVID-19 pandemic experienced feelings and behaviours in alignment with ZD. As such, the study sets the foundation for future longitudinal or experimental research to

provide a more in-depth understanding of the relationship between videoconferencing and appearance related distress (i.e., AD) and to further clarify how these experiences relate to conceptualisations of ZD.

5.7 Reflexive statement

My doctoral research and clinical placements have provided me valuable experience working with individuals who struggle with BI-related issues. During my second year, in the midst of the COVID-19 pandemic, I secured two concurrent placements at a psychodynamic psychotherapy and an eating disorder service, opportunities which increased my understanding of AD/ZD and how it may present clinically in different mental health settings. In addition, during the final year of the doctoral course, I was employed in a placement at NHS Talking Therapies, carrying assessments alongside therapeutic work. I had the opportunity to assess individuals with symptoms of BDD there, but unfortunately, the placement came to an end before I was able to work therapeutically with them.

Before conducting the present research, I thought ZD was not a widespread phenomenon; however, during my remote placements, I noticed some of my clients deliberately trying not to be visible on camera, and some skipping the scheduled sessions entirely. Initially, I was unsure of the cause and questioned my skill as a practitioner, thinking there may have been something about my own ability as a trainee psychologist that put a strain on the therapeutic relationship, which has traditionally been considered within CoP to be the strongest therapeutic medium (du Plock, 2006, as cited in Milton et al., 2010) and “the main vehicle through which psychological difficulties are understood and alleviated” (Jones Nielson & Nicholas, 2016, p. 6).

Upon further reflection, however, informed both by my own past experience with AD and the research I was conducting concurrent to these placements, I hypothesised that the clients might be experiencing ZD. In my eagerness to resolve the issue, I initially suggested interventions but without first exploring the issue more deeply—a course of action that prolonged rather than eased the strain in the therapeutic relationship. However, by keeping a reflective journal and being attentive to the input of my supervisors, I was finally able to identify my biases and assumptions and to better understand how I might support these clients in a way that would be helpful to them. This experience was an important reminder to lean on my relational stance, which in CoP is a “stance that holds a humanistic

and relational value system which aims at the exploration, clarification and understanding of clients' worldviews, underlying assumptions and emotional difficulties that emerge out of our interaction with the world and others" (Jones Nielson & Nicholas, 2016, p. 7). It was paramount that I be inquisitive and reflexive about what might be going on, rather than assume that my clients were having appearance concerns in relation to videoconferencing. As it turned out, although many of these clients did prove in time to be struggling with appearance-related concerns, one of the clients simply lacked competency with the technology. That experience reminded me of the value of curiosity and importance of not jumping to conclusions.

As a clinician, I gently probed clients who were finding it difficult to be seen on camera by others and themselves; together, we surmised that the self-perception of their appearance when videoconferencing was at the root of the issue. I would then collaborate with the client in terms of potential interventions, also sharing what had been helpful for others facing this challenge during videoconferencing. Simultaneous to carrying out this therapeutic work, I was conducting the present study, keeping a record of developments in my journal for the purpose of research. I sometimes found that my research activities informed my clinical activities in helpful ways, as when I tailored my clinical approach using interventions I read about in the research literature (e.g., using audio-only calls and inviting clients to disable the self-view feature). Through all this I have learned that I can adapt my approach, tailor interventions, and use my skills as an applied psychologist to face "real world challenges" (Kasket, 2012, p. 4), and bring into practice the scientist-practitioner model of CoP (Douglas et al., 2016).

Keeping the reflective journal benefited me in various ways. For example, hearing one participant's story of the obstacles she had to overcome to undergo cosmetic procedures during the lockdown, I could empathise with her on a personal level and express so in my journal, noting that I, too, struggled with appearance concerns in the context of online lectures at university. On the other hand, I found that journalling also enabled me to achieve a measure of distance from the research (e.g., I could record the similarities between the participants' and my own experiences but then also see beyond them, keeping my biases in check). All of this has helped me become more reflective, which has promoted my personal growth and my growth as a researcher.

Conducting this research has given me a better idea of the struggles individuals may be facing and the lengths to which individuals may go to address their appearance-related concerns as well as the potential long-term consequences accompanying the anxiety. This experience has influenced how I go about working with clients in person and remotely: I have come to realise how integral it is for me to rely on my relational stance. I also have become comfortable sitting with the uncertainty of not knowing what distress a client may be facing or why. In all this, I have come to value the importance of being reflexive and willing to explore collaboratively with the client. My identity as a counselling psychologist who is responsive to client needs has also been solidified. I now feel more inspired to work in the future with individuals who may present with AD/ZD. The research process has also spurred my motivation and commitment to exploring ZD further and advocating for those who may suffer from this phenomenon, which may not be receiving enough exposure in terms of research, awareness, and potential interventions. I have learned that I can use my lived experience as a reflective lens and fruitfully draw on my experiences as a counselling psychologist when conducting research.

I am glad to say that the apprehension I felt at the beginning of my research turned into a sense of accomplishment as I neared the end of this thesis process. Although, at times, it was a lonely, uncertain venture and challenging for me to manage the different roles I played as a researcher, clinician and someone with lived AD experience, my supervisor offered me a safe space in which to freely express myself and be heard. Attending therapy while working on the research also proved instrumental in enhancing my self-awareness by allowing me a venue in which to reflect upon myself more compassionately, increasing my self-esteem. In addition, I also benefited from confiding in my peers undertaking their own research studies, making me feel less alone in the doctoral course.

Lastly, I wish to express how grateful I am to the six research participants who freely shared their perspectives in the study. Given the complex emotional dynamics involved, and the pervasive stigma associated with body image concerns, their openness is truly commendable. Their participation has not only inspired me greatly but has the potential to do the same for other counselling psychologists and mental health practitioners, many of whom remain largely unaware of the difficulties posed by body image concerns. The more researchers and clinicians have an

understanding about ZD and BDD, the more likely research is to lead to improved treatment outcomes for individuals adversely affected.

5.8 Conclusion

This exploratory study has looked at how young adult women who self-identified as experiencing AD during the COVID-19 pandemic due to their use of videoconferencing perceived and navigated the videoconferencing process. It has been argued here that the women perceived aspects of the videoconferencing process—particularly the self-view feature, which the women understood to function like an ever-present ‘mirror’—as promoting increased sensitivity to their own appearance. The women indicated that this, in turn, appears to have contributed to their engaging in behaviours and having experiences aligned with those discussed in the literature on ZD and BDD: preoccupation with their own facial features, increased anxiety, reduced mood, lowered self-esteem, and feelings of inadequacy when comparing their appearance to that of others. In addition, study participants reported various behaviours seemingly intended to mitigate or cope with these effects, including grooming practices, using face filters, choosing clothes that camouflaged their appearance, and adjusting the camera angle. Also, nearly all participants in the study underwent cosmetic procedures, either minimally invasive or (in the case of one) invasive, which they attributed to concerns about their appearance that had been fostered by their use of videoconferencing platforms. These behaviours may be interpreted as an attempt to regain some of the personal agency the women may have lost due to obligatory videoconferencing or other restrictions imposed by the pandemic environment.

Although videoconferencing usage declined for many of the study’s participants after the end of the pandemic, adverse effects of body image concerns continued to be experienced outside this medium. Participants in the study reported continued AD and experiences aligned with ZD even after restarting face-to-face interactions. These included preoccupation with and anxiety over their appearance, decreased self-worth, lowered self-esteem, withdrawal from social interactions, and continued comparison of their physical appearance to that of others outside of the videoconferencing setting. These data suggest that the experiences the women attributed to videoconferencing-related AD during the pandemic may have been long-lasting. The women also reported a desire for additional

cosmetic procedures, which may be interpreted as an attempt to realign their embodied, objectified appearance—as perceived during the videoconferencing process—with prevailing cultural beauty standards in an effort to avoid being negatively evaluated.

Finally, it was argued that, on the level of practical application of the findings, existing service providers may not possess the awareness or knowledge to understand the unique difficulties faced by young women who may be experiencing ZD. Therefore, it is crucial for providers to learn to recognise the indications of potential ZD so they may provide more informed, effective support. Given the overlap between ZD and BDD (Teodoro, 2023), timely intervention is crucial. In summary, it is hoped that this study has made a substantial contribution to the small but growing body of research on videoconferencing and body image so that the voices of individuals with AD may be heard and the quality of services offered to them be improved.

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Appendices

Appendix A	Recruitment Poster
Appendix B	Participant Information Sheet
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Appendix E	Demographics Questionnaire
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Appendix A

Recruitment Poster

Figure A2

Recruitment

WOMEN NEEDED FOR RESEARCH

Have you been experiencing appearance dissatisfaction when using Videoconferencing?

Participants will receive a £15 amazon voucher



I am looking for participants to take part in a study of:

The experiences of women in the UK that have experienced appearance dissatisfaction from using videoconferencing platforms in the COVID-19 pandemic

- Recent research has indicated that that videoconferencing platforms (i.e., Zoom, Microsoft teams) can lead to experiencing appearance concerns
- The results of the study will help in developing a better understanding of the ways in which UK health services may benefit women with appearance dissatisfaction
- Appearance Dissatisfaction is where a person holds negative thoughts and feelings about his or her body/appearance often related to their physical appearance

Your participation in the study will involve taking part in a research interview with me either face to face (at a London Library) or over a videoconferencing i.e., Microsoft Teams, Zoom (with the option to turn off the camera) *Interviews may last approximately one hour*

I would like to hear from you if you are:

- ✓ A female aged between 18-25 years old
- ✓ Self-identify as not having any previous appearance dissatisfaction before the COVID-19 pandemic (from the first lockdown; 23rd March 2020) and self-identify as having experienced appearance dissatisfaction from using videoconferencing platforms in the COVID-19 pandemic (from the first lockdown; 23rd March 2020)
- ✓ Currently/or have used videoconferencing platforms regularly (at least 30 minutes a day from the first lockdown; 23rd March 2020)
- ✓ A UK resident and have lived in the UK from the start of the COVID-19 Pandemic (from the first lockdown; 23rd March 2020)





If you are interested in taking part or would like to know more, please contact me: Sofia Sheikh (Trainee Counselling Psychologist) at Sas1611@my.londonmet.ac.uk

Due to the sensitive nature of the topic, there will be a screening process taking place in the endeavour to reduce the risk of distress being elicited.

Note. Amended recruitment poster with Amazon voucher

Appendix B

Participant Information Sheet

PARTICIPANT INFORMATION SHEET

Study Title: An exploration of women aged 18-25 that have experienced appearance dissatisfaction from using videoconferencing platforms in the COVID-19 Pandemic. An Interpretative Phenomenological Analysis.

This research is being carried out by Sofia Sheikh, a Trainee Counselling Psychologist at London Metropolitan University. The intention of the study is to explore the experience of women that are concerned about their appearance whilst using videoconferencing in the COVID-19 Pandemic. Appearance Dissatisfaction is where a person holds negative thoughts and feelings about his or her body/appearance often related to their physical appearance. I am interested in understanding participants' experiences of appearance dissatisfaction whilst using videoconferencing. The results of the study will help in developing a better understanding of the ways in which UK health services may benefit women with appearance dissatisfaction.

If you do decide to take part a screening form will be conducted over the telephone. This will ask about a history of mental illness and eating disorders and will indicate your suitability to take part. If you meet the inclusion requirements, you will receive an email with the participant information sheet and asked to give verbal and written consent. A £15 Amazon voucher will be given following participation. Due to the ongoing threat of the COVID-19 pandemic, a time convenient for you will then be arranged to meet at a London Library (most convenient to you) or over videoconferencing (with the option to turn off your camera).

The interviews may last approximately 60 minutes and will be audio-recorded in order to allow the data to be transcribed and analysed at a later stage. At the end of the interview, you will be asked to complete a brief demographic questionnaire to obtain basic background information. Following the end of the interviews, you will be given the opportunity to ask any questions and will be debriefed about the nature of the research and given a debrief sheet. This will include information about further support services available to you should you experience any distress after the interview (your GP Surgery/Counselling services, i.e., Direct Counselling UK). Your name and any other identifying information will not be attached to the recording, or any transcripts made from the recording. All data will be kept confidential and anonymised using pseudonyms and other identifying information omitted from transcripts. In line with the Data Protection Act (1998) all electronic data will be stored on a password-protected computer known and accessed only by the researcher and all hard paper data stored in a locked cabinet accessed only by the researcher.

Confidentiality will only be broken in the unlikely event that anything you disclose suggests that harm will come to yourself or others. You have the right to leave the interview at any time and the opportunity to withdraw your data from the study within four weeks following the interview where all the information and data collected from you, to date, will be destroyed and your name removed from all the study files.

You can contact me by email or mobile on: sas1611@my.londonmet.ac.uk, 07931258020.

Alternatively, you may contact my lead supervisor: Dr Raffaello Antonino

r.antonino1@londonmet.ac.uk

Thank you for taking part in my research.

Appendix C

Participant Consent Form

CONSENT FORM

Study Title: An exploration of women aged 18-25 that have experienced appearance dissatisfaction from using videoconferencing platforms in the COVID-19 Pandemic.
An Interpretative Phenomenological Analysis.

Name, position and contact address of Researcher: Sofia Sheikh, Trainee counselling psychologist, London Metropolitan University, email: sas1611@my.londonmet.ac.uk

Please Initial

1. I confirm that I have read and understand the information sheet for the above ☐
study and have had the opportunity to ask questions.

2. I understand that my participation is voluntary and that I am free to withdraw up ☐
to one month after the interview, without giving a reason.

3. I agree to take part in the above study. ☐

4. I agree to the interview being audio recorded ☐

5. I agree to the use of anonymised quotes in publications ☐

Name of Participant:

Date:

Signature:

Name of Researcher: Miss Sofia Sheikh

Date:

Signature:

Appendix D

Semi-Structured Interview Schedule

Interview Schedule

Introduction

- Welcome and Introduction
- Revisit information contained within the Participant Information Sheet
- Give participants time to ask any questions and sign the consent form (in-person/via email/verbal consent)
- Housekeeping: (i.e., time boundaries, mobiles, toilets, needing a break, exits etc.)
- Explain the withdrawal procedure (e.g., the participant can decline questions or end the interview at any time)

“I am interested in exploring your thoughts, feelings, perceptions, and reflections. There are no right or wrong answers, and I would like you to be as open and honest as possible. I may say very little because I am interested in listening to your views. Some questions may seem obvious, but this is because I am interested in hearing your personal thoughts and feelings. Please take your time in thinking and talking”

- 1. Are there any questions you would like to ask before we begin?**
- 2. Is it okay for us to start with you telling me a bit about yourself? (Age, gender identity, ethnicity, background, student, work full time)**
- 3. What made you interested in taking part in this study?**
- 4. You have self-identified as having appearance dissatisfaction since the COVID-19 pandemic (since the first lockdown). To begin with, could you tell me about your experience of developing and subsequently living with appearance concerns?**
Possible prompts: How do you feel about how you look?/your appearance/ Have you always felt this way?
- 5. Can you tell me how you have found videoconferencing during the COVID-19 Pandemic?**
Possible prompts: What platforms do you mainly use? How often do you use them? For what purpose? (i.e., work). Are there any particular moments or experiences that you want to share? /What is it like looking at yourself/others on camera/videocall?

6. What is your experience of engaging with videoconferencing *with* appearance concerns?

Possible prompts: How does it made you feel about yourself? Has it always been like this?/ Has the way you feel about using videoconferencing changed? If so, how? / Has it changed how you see yourself? If so, how?

7. Can you tell me what the process is like for you, before you appear on videocall?

Possible prompts: How do you feel? Do you do anything in particular? (i.e., with your appearance/background?)

8. How have you coped with any struggles you have faced in regard to your appearance during the COVID-19 lockdown?

Possible prompts: What did you do? What was it like for you? Did beauty salons/clinics closures affect anything for you?

9. Can you tell me about your experience after you've finished a videocall?

Possible prompt: How do you feel? /Is there anything you do specifically?

10. As we are approaching the end of the interview is there anything else that you feel would be important for me to know about your experience?

Additional Prompts:

Can you tell me more?

Can you please expand on that?

Might sound like a silly question ... what does xxxx mean?

Is there any more you can say about that?

I'd be really interested to hear more about that, if you've got more to say on that? How was that different?

How did you think/feel?

Appendix E

Demographics Questionnaire

DEMOGRAPHIC FORM

Participant Name : (Your name will not be used in any public files. All public research reports will use pseudonyms)

Age:

Gender:

Religion:

Place of birth:

Nationality:

What is your ethnicity? (Please select/circle)

- a. White, British
- b. White, Irish
- c. Any other White background (please specify)
- d. Mixed, White and Black Caribbean
- e. Mixed, White and Black African
- f. Asian
- g. Other (please specify)

What videoconferencing platforms (i.e., Zoom, Microsoft Teams, Skype) do you use the most

.....

Since the first lockdown in the UK (23rd March 2020) how much time on average have you spent using videoconferencing (i.e., Zoom, Microsoft teams, Google hangout), please indicate

per day: (a day)

Mainly what purpose do you/have you used videoconferencing for (please select/circle)

- a. Social
- b. Work
- c. Education
- d. Other (please state)

Employment status (please select/circle below)

1. Employed for wages/salary part-time
2. Self-employed
3. Out of work and looking for work
4. Out of work but not currently looking for work
5. A homemaker
6. A student
7. Retired
8. Unable to work/disabled

If you work what is your occupation?

What is your town/city and county of residence?

Appendix F

Debriefing Information Sheet

DEBRIEF SHEET

Study Title: The experiences of women between the ages of 18-25 in the UK that have experienced appearance dissatisfaction from using videoconferencing in the COVID-19 pandemic: An Interpretative Phenomenological Analysis.

Thank you for your participation in this study, your contribution is invaluable and will aid in contributing to the understanding of how women that self-identify as having appearance dissatisfaction from using videoconferencing platforms experience this. The results of the study will help in developing a better understanding of the ways in which UK health services may benefit women with appearance dissatisfaction.

Please do not hesitate to contact me via email at sas1611@my.londonmet.ac.uk or via phone on 079 3125 8020. If you have any concerns or complaints about this project, please contact my research supervisor Dr Raffaello Antonino r.antonino1@londonmet.ac.uk

If participation in this research has raised any concerns or issues that you wish to discuss further, please contact your GP in the first instance, they will be able to refer you to other services if they feel you need extra support. A number of agencies can also provide advice and support in confidence:

Helplines

Young MINDS - Gives support and guidance to Young People between 18-24. Contact: — 0207 336 8445

If you find it upsetting to talk about your experiences, you can contact the Samaritans by telephone on 116 123 (24-hour helpline) or by email: jo@samaritans.org

BEAT (Eating Disorders): For the Adult Helpline, please call 0845 634 1414. This helpline is available to anyone over the age of 18 and is open Monday to Thursday 1.30pm – 4.30pm. Alternatively, you can email help@b-eat.co.uk

Counselling

Direct counselling UK - Offer support and counselling for individuals who have low body image, self-esteem and low confidence. contact: 9-5 Monday to Friday. — 03332007206

Thank you for your participation

Appendix G

Distress Protocol

Distress Protocol

This distress and risk management protocol has been devised by Cocking, (2008) and will be adapted to use for interviews that will be conducted via videoconferencing. This protocol was developed to address the possibility that certain participants could become agitated or anxious in the study whilst describing their experience face to face and will be adapted for videoconferencing. The Trainee Counselling Psychologist is well versed to manage such emotions if necessary and has experience in managing situations where distress occurs. There follows below a three-step protocol detailing signs of distress that the researcher will look out for, as well as action to take at each stage. It is not expected that extreme distress will occur, nor that the relevant action will become necessary. This is because most of the participants will have been accessed professional services within which there will usually be an existing structure set up to deal with extreme distress which professionals can implement. However, it is included in the protocol, in case of emergencies where such professionals cannot be reached in time.

Signs to look out for:

Mild distress:

Signs to listen out for:

- 1) Sounds that indicate participant may be weeping, e.g., sniffing, hesitation.
- 2) Voice becomes choked with emotion, or the participant has difficulty speaking or has a tremulous voice
- 3) Verbal signals such as "This is really hard for me to talk about", or "I didn't realise it would affect me so much to talk about it".

Actions to take:

- 1) Ask participant if they are okay to continue
- 2) Offer them time to pause and compose themselves
- 3) Remind them they can stop at any time they wish if they become too distressed

Severe distress:

Signs to listen out for:

- 1) Uncontrolled crying/ wailing/heavy sobs, inability to talk coherently
- 2) Expressions of strong feelings of personal guilt or responsibility for a negative event or harm to others (if applicable to topic)
- 3) Signs of high anxiety or panic attack, as heard by researcher and/or as reported by participant, e.g., hyperventilation, shaking

Actions to take:

- 1) The researcher should intervene to terminate the interview
- 2) The debrief will begin immediately

- 3) Relaxation techniques will be suggested to regulate breathing and reduce agitation
- 4) The researcher should acknowledge the participant's distress, and reassure him/her that (for example, according to topic) the experience that they're describing can be quite traumatic or difficult and can sometimes result in traumatic stress reactions.
- 5) If any unresolved issues arise during the interview, accept, and validate the participant's distress, but suggest that s/he discuss with mental health professionals and remind the participant that this is not designed as a therapeutic intervention.
- 6) Offer details of counselling/therapeutic/helpline services available to participants (see point under "steps taken prior to commencement of interview questions", above)

Extreme distress:

Signs to listen out for:

- 1) Severe agitation, lack of coherence, especially coupled with sudden termination of telephone/videoconference
- 2) Verbal indications of suicidality, especially coupled with sudden termination of telephone/videoconference connection.

Action to take:

- 1) If termination of telephone /videoconference connection has occurred, attempt to re-contact. If this is unsuccessful, and termination occurred in the context of a level of agitation or emotionality that caused the researcher concern for the participant's or others' safety, inform emergency contact and/or local emergency services.
- 2) If the researcher has concerns for the participant's or others' safety and the participant is still on the line, s/he will inform them that s/he has a duty to inform the emergency contact provided and/or local emergency services. If the researcher believes that either the participant or someone else is in immediate danger and the participant is still on the line, then the researcher will suggest that the participant presents him- or herself to the nearest Accident & Emergency department, and it may also be necessary for the researcher to contact the emergency contact.

© Adapted from the Distress Protocol written by Chris Cocking, London Metropolitan University Nov 2008

Appendix H

Example of Steps 2 and 3: Exploratory Annotation and Constructing Experiential Statements

Annotated Transcript: Participant Naila (Pseudonym)

		Exploratory note		32
		Conceptual statement		
		Linguistic note		
EXPERIENTIAL STATEMENTS			EXPLORATORY NOTES	
	998 Researcher 54:36			
	999 Okay..			
	1000		"trial and error"- experimentation with makeup	Seems to be resentful?
Experimentation of Cosmetic makeup	1001 Participant 54:37			
	1002 ... so there was a lot of like <u>trial and error</u> with the colours so it would			Applying makeup as if "attending a wedding": contrast between then and now
Difference in grooming habits between then and now	1003 <u>take me such a long time to just apply makeup on</u> and I would do that			
	1004 <u>for a video call ... it ... it wouldn't even be like I'm attending a wedding</u>			
	1005 <u>or an actual occasion that would have like, you know from before how</u>			
	1006 <u>I used to think yeah, how do I apply my makeup if I did this before it</u>			Effort required burdensome?
	1007 <u>would be because I'm going to a wedding ... but now I'm putting the</u>			
Effort for preparation onerous	1008 <u>same effort, but for a video call ...</u>			"Just to"— preparation for video calls perhaps burdensome
	1009	Intonation of voice here alludes to the effort required being onerous		
	1010 Researcher 55:03			
	1011 ... okay, yeah, how does that make you feel			Interjection—& pauses to think, perhaps emphasising the influence of preparing for a video call
	1012 in terms of you doing all that effort?			
	1013		"time- consuming"	
Preparation for video calls Physically and emotionally demanding	1014 Participant 55:11			
	1015 It's <u>very much exhausting</u> .. uhm ... it's <u>really exhausting</u> , it's <u>time</u>			Repetition of the word "exhausted"/ "exhausting" (x5), emphasising the physical and emotional cost of preparation
	1016 <u>consuming</u> , I feel ... when I say I feel <u>exhausted</u> .. I mean, I'm			
	1017 <u>physically exhausted</u> , and I'm also like, <u>emotionally exhausted</u> , at the			
Appearance concerns persisting despite effort and time into preparation	1018 same time, you know, because physically, <u>I'm waking up much earlier</u>			
	1019 <u>than I need to</u> , I'm <u>having to</u> do so many different things to <u>prepare</u>			Repeats the word "having to"— requirement to prepare?
	1020 <u>myself</u> , and then, <u>by the time I do sit on the call</u> , and I'm still kind of			
	1021 <u>self-conscious</u> , and I'm <u>having to</u> set up a whole other Microsoft			Despite effort implemented, still self- conscious of appearance
	1022 Teams meeting on my own, <u>just to see how I would appear on the</u>			
	1023 <u>screen</u> ... it just kind of <u>drains you</u> ...			viewing herself on the self-view prior to a video call—acting as a reflective surface
Different techniques used to present herself on video	1024		"Than I need to"— appears cognisant of her awareness of the obligation she is placing on herself	
	1025 Researcher 55:53			
	1026 ... Okay ...			
	1027	Emphasising longevity of getting ready?	"just to"— maybe make the statement stronger	Metaphor "drains"—sapped of emotional and physical energy

- 1028 **Participant 55:53** Preparation is draining
- 1029 ... it takes your energy away.
- 1030
- 1031 **Researcher 55:56** caught by surprise/unexpected?
- 1032 Okay, how have you coped with any struggles that you faced in
- 1033 regards to your appearance during the COVID 19 pandemic? use of other technology-phone
- 1034
- 1035 **Participant 56:23** utilising social media to search for ways to "look better on camera"
- 1036 So, what I would catch myself doing a lot of the time after I'm done
- 1037 with a meeting is that I'm just sitting on my phone, I would go on my
- 1038 phone, I would go on social media platforms, sometimes even
- 1039 YouTube, and I would search you know, fastest way to lose weight, for
- 1040 instance ... and ... uhm ... I would also you know, I would also search
- 1041 what are the best ways to look better on camera, I would look into
- 1042 cosmetic procedures which cost so much and I would kind of put it in
- 1043 my mind, you know, it's just something I really want to do, and it
- 1044 would be quite expensive to carry out this procedure, but I just
- 1045 genuinely felt and still somewhat feel that I needed to look better, and
- 1046 that if I look better, then I'll feel better, and then I'll perform better ... Thoughts → feelings → behaviour (performance)
- 1047 uhm ... and ... but, but even things like you know, even non-surgical
- 1048 procedures like Botox, like, you know, a non-surgical facelift, so that
- 1049 you know, my face can appear kind of thinner, it would give the
- 1050 illusion that you know, I've lost some weight, or just kind of, you know,
- 1051 making my eyes appear more snatched my face appear more snatched
- 1052 ... and because ... uhm ... and because I knew that they were not
- 1053 really permanent, it made it easier for me to make that decision.
- 1054
- 1055 **Researcher 56:45** Non-permanence of procedures-ease of decision
- 1056 Okay ... Okay ...
- 1057
- Search strategies used to improve self-image for videocalls
- Desire to improve appearance through cosmetic procedures
- Enhancing appearance would increase confidence and optimise performance
- Search for non-surgical procedures
- Desires Western beauty ideals-thinner
- Non-permanent solution to appearance concerns-easier
- Weighing up pros and cons of cosmetic procedures—Desire/cost
- Justification for cosmetic procedures: "Needed to look better"
- Procedures to give appearance/'illusion' of being "thinner"
- Use of the word "snatched" x 2 — which means 'very attractive as a result of doing something to improve appearance. (Colloquial term), perhaps she feels at ease/ relaxed tone in conversation

- 1058 **Participant 58:13**
- 1059 ... if that makes sense?
- 1060
- 1061 **Researcher 58:15**
- 1062 Yeah ... so I know there was a period of time it was kind of the salons
- 1063 were close during lockdown, did that affect you at all? because when
- 1064 you were thinking about kind of doing these, potentially these
- 1065 procedures ... and you said it made it easier, did that affect you at all
- 1066 ... the beauty salons being closed?
- 1067
- 1068 **Participant 58:39**
- 1069 ... uhmm ... definitely, and I think that's why I was looking for these
- 1070 procedures, because, you know, I just felt like it would make my life a
- 1071 lot easier than having to spend so much time and money on makeup,
- 1072 when I could just have a procedure done that would instantly give you
- 1073 that effect, but then that was you know ... full wrinkles on my
- 1074 forehead whenever I would speak and form an expression ... uhm ...
- 1075 you know, or my cheekbones, for instance, you know?, so it definitely
- 1076 pushed me further to want to take that decision.
- 1077
- 1078 **Researcher 59:13**
- 1079 Then did you go ahead and do these?... any procedures... because you
- 1080 said you were thinking about it, and you were searching for ... on
- 1081 different social media ... looking for these procedures, did you actually
- 1082 go ahead and do any of these procedures at the time or even later?
- 1083
- 1084 **Participant 59:32**
- 1085 ... after lockdown, I did get some Botox and some threads to get a lift
- 1086 ... uhm ... and it made my face looked a lot more snatched ... at the
- Cosmetic procedures offer a convenient solution*
- The ease of cosmetic procedures influenced her decision*
- Observing perceived flaws in her face on movement-led to cosmetic procedures*
- underwent non-invasive procedures after lockdown restrictions lifted*
- Desires to look more attractive*
- Life is more difficult now?*
- No choice?/necessity?*
- "Time and money"—expense of preparation*
- Procedures give quick fix/solution to tackle appearance concerns*
- Observing perceived flaws—"full wrinkles", "cheekbones"*
- Seeing dynamic facial expressions on video impelled her to take action*
- undergone cosmetic procedures after lockdown*
- use of the word "snatched" again: (slang): this may mean she feels empowered/or at ease*

Disadvantages of non-surgical procedures

Pleased to have a non-permanent solution to concerns

Cosmetic procedures boosted her self-confidence

Continual search for additional physical modifications to increase self-esteem

Progressive increase in noticing flaws

Engaging in comparisons to others on social media to those seen as superior

Plans to get cosmetic interventions—even invasive

35

Pauses here—could be alluding to Cons/disadvantages of non-invasive procedures

Non-permanence of cosmetic procedures made decision easier/reversible

Perhaps this gives her a sense of control

Weighed down in a metaphorical sense

Progressive/on going search:

urge/impulse?

Procedures undertaken may be inadequate to address her concerns

"Still looking" - repeats x 2

Seeking further gratification?/boost in self-confidence

Changes to perceived flaws

"Enough" -for her own standard or the observed beauty standard

She is not "perfect"

"Thoughts" and "plans" for cosmetic changes

Engaging in comparisons to others on social media, who she perceives as looking better

Thoughts of invasive procedures

1087 time ... and as I mentioned, because things ... procedures like that do

1088 require maintenance as well ...

1089

1090 **Researcher** 59:57

1091 ... okay...

1092

1093 **Participant** 59:58

1094 ... but not as often ... so ... uhhh ... yeah, knowing that this wasn't a

1095 permanent thing that I could potentially change it whenever I wanted

1096 to ... uhm ... I was happy with the decision I made. I didn't feel ... uhm

1097 ... I didn't feel like it was such a heavy thing on me, it was quite easy to

1098 take that decision, and it made me feel a lot more confident about

1099 myself ... uhm ... but then I found myself still looking for the things

1100 that I could potentially get done, it kind of didn't stop there ... I'm

1101 constantly finding myself still looking for the next thing to do to make

1102 myself look or appear better, so that I could feel better.

1103

1104 **Researcher** 1:00:46

1105 What kind of ... would you mind sharing what kind of things that you

1106 were looking into or thinking about?

1107

1108 **Participant** 1:00:54

1109 So for instance, my teeth ... getting veneers ... uhm ... because then I

1110 started to think well, my, my teeth are not really straight enough, and I

1111 would compare myself to other people on social media who have

1112 perfect straight teeth and they were white, and so I find myself doing

1113 that quite a lot ... uhm ... and I'm still thinking about it and planning to

1114 kind of go ahead with it ... uhm ... even potentially getting a nose job,

1115 but that's something that I'm really taking into consideration.

1116 Especially after the pandemic because I, I noticed that it's not

Thoughts of
cosmetic
procedures
consistently
prevalent

1117 something I'm happy about, it's not something that makes me feel
1118 quite confident ... uhm ... and I'm always thinking about that, whether
1119 I'm on a video call now, even when I'm not using video when in a face
1120 to face...

Perpetual thoughts of
changing appearance
while video calling
and in in-person

1121

1122 **Researcher** 1:01:43

1123 ... okay ...

1124

1125 **Participant** 1:01:45

1126 ... Yeah ...

1127

1128 **Researcher** 1:01:46

1129 ... So would you say ... then it kind of sounds like, from what you're

1130 saying ... in face to face ... would you say you're still self-conscious

1131 about yourself about your appearance face-to- face?

1132

1133 **Participant** 1:01:58

1134 Yeah, I think it ... it definitely made me perceive myself differently,

1135 because after I'd finished from the video call I'd look in the mirror and

1136 I'm now not happy with what I'm seeing in reality, like face to face ...

1137 so yeah, I did definitely do it, and I think during that time, it made

1138 more sense to do it because you know, if I was ... if there was a perfect

1139 time to get any procedures done without it being quite obvious to

1140 other people, it would be it would have been around that time

1141 because everyone was still wearing masks

1142

1143 **Researcher** 1:02:31

1144 ... okay ...

1145

1146 **Participant** 1:02:31

Alteration in
self-perception

unsatisfaction
with appearance
in reality

Rationalisation
for cosmetic
procedures

Strategies
utilised to hide
cosmetic
procedures

Change in self-
perception

Negative perception
transferred from
mirrors to reality

"Perfect time"

utilising face masks-
which appears to be as
strategy to hide
procedures carried out

Discretion with
procedures/hiding from
judgement /scrutiny
from others

Greater advantages of getting cosmetic procedures during the pandemic	1147 1148 1149 1150 1151	... and so it was just more when I was kind of weighing out the pros and cons there was more pros than cons when making those decisions about those procedures ... Researcher 1:02:44	"pros" outweighed "cons" for getting cosmetic procedures
Increased desire for additional cosmetic interventions	1152 1153 1154 1155 1156	... and would you say then you ... just in hindsight, looking back on getting these procedures done ... what do you feel about getting those procedures done now that you've had a few done? Participant 1:02:53	"do more" dissatisfaction still present despite cosmetic procedures?
Confidence boost following cosmetic procedures	1157 1158 1159 1160 1161 1162	I think I still want to do more as I said, because after I got those procedures done like the Botox and the tooth whitening and the threads ... the non-surgical face lift, I definitely felt a lot more confident ... so I feel like now the next thing I want to do is, you know, definitely the ...	Cosmetic procedures increased confidence Is this addictive? fix one thing move to another?
Desire for more procedures	1163 1164 1165	Researcher 1:03:16 .. sorry, did you say you did get your teeth whitened?	Underwent cosmetic teeth whitening
Considering invasive cosmetic interventions	1166 1167 1168 1169 1170	Participant 1:03:1 I did get them whitened, but now I'm looking into getting veneers to have them straightened ... and also getting a nose job, I think that would really make me feel a lot better about my face because when you're speaking to somebody, you're directly looking at their teeth and	Exploring further cosmetic procedures to "feel... better" more permanent/invasive procedures
Facial features focal point of attention in interactions with others	1171 1172 1173	then you directly see their nose because it's ... it's the first thing you kind of look at after ... and it's like in the middle of your face.	Seems to be an escalation of perceived flaws
	1174 1175 1176	Researcher 1:03:26 Right ... so what do you think about that kind of, you know, the cosmetic procedures and the non-surgical cosmetic procedures that	Features (teeth & nose) are the focal point of attention when speaking

- 1177 you've mentioned that you've had done... and you're wanting to do
 1178 more procedures?
 1179
 1180 **Participant** 1:04:11
 1181 It's how I felt after I did it...
 1182
 1183 **Researcher** 1:04:13
 1184 ... okay...
 1185
 1186 **Participant** 1:04:14
 1187 ... yeah, it definitely made me it made me feel a lot more confident
 1188 made me feel a bit more ... it made me feel a bit more happier, it gave
 1189 me ... the confidence to be able to use these platforms go out and
 1190 socialise now you know, and I think that feeling that I got ... I don't
 1191 want to lose. So the idea for me now is you know, there's something
 1192 I'm not happy about. I can do something about it and it's gonna make
 1193 me feel really confident and help me ... progress better and what I'm
 1194 doing then it's something I would do.
 1195
 1196 **Researcher** 1:04:56
 1197 Do you feel like it's increased your confidence that also up in using
 1198 videoconferencing platforms as well as in person in your life?
 1199
 1200 **Participant** 1:05:07
 1201 I think on ... on using the video calls, yeah, I do have a lot more
 1202 confidence after having some of that procedures done, but I wouldn't
 1203 say like, I still entirely love it. I don't, but it does make me feel slightly
 1204 better.
 1205
 1206 **Researcher** 1:05:25r
- Enhanced confidence in videoconferencing and in-person exchanges after cosmetic procedures
- Sense of empowerment following cosmetic interventions
- Limited confidence increase following procedures
- Cosmetic procedures increased "confidence" and "happiness"
- Desires to retain confidence
- Repetition of the word 'confident' x 3, perhaps emphasising the influence of cosmetic procedures on her
- Cosmetic procedures seem to give her a sense of control, amongst the uncertainty of the pandemic.
- Outward appearance influences other areas—maybe her work?
- Dissatisfaction seems to be still present despite implementing cosmetic procedures

- 1207 Okay, so can you tell me about your experience after you've finished a
 1208 video call ... so tell me about kind of, after you finish a video call, how
 1209 do you, how does that make you feel?, is there anything that you do
 1210 specifically?
 1211
- 1212 **Participant** 1:05:48
 1213 I think usually, after I'm done with a video call, whether that was
 1214 during a lecture, or the breakout rooms, activities, or even from my
 1215 clinics that were done ... uhm ... as soon as I'd be done, I just don't
 1216 really want to look at my laptop, I would just put it away ... uhm ... It
 1217 just felt like I was wearing this mask and now ... you know, I've had to
 1218 be kind of very presentable and perfect in that sense ... so ... you
 1219 know, I just kind of put it away completely, and even sometimes with
 1220 face-to-face encounters, I find like afterwards, I just want to go, I don't
 1221 want to I don't ... I limit the ... time I spend outside and with people.
- 1222
 1223 **Researcher** 1:06:44
 1224 Okay, because you mentioned earlier that, you know, having these
 1225 procedures has given you more confidence when using these
 1226 videoconferencing platforms, but would you say that in real life,
 1227 there's still a struggle there in terms of you going outside and seeing
 1228 others?
 1229
- 1230 **Participant** 1:06:59
 1231 ... uhm ... I think because I'm still looking at getting other procedures
 1232 done ... naturally, I'm still comparing myself to other people, and I still
 1233 do that till, like till today, whether that was on social media, or in real
 1234 life, and in person, and just seeing how other people are confident,
 1235 and how they're competent with themselves and the way they appear
 1236 and the way they look, and even their maintenance, you know, how
- Appears to exhibit Disdain at videoconferencing*
- Appearing on video akin to wearing a disguise*
- Limits time spends outdoors following a video call*
- Comparisons to others on social media and in person to gage cosmetic interventions*
- Others appear confident and competent*
- Hint of contempt at videoconferencing*
- Wearing a metaphorical mask—perhaps presenting as something she is not/to obscure the procedures*
- "presentable"/"perfect"*
- Repetition of word "put it away" x 2*
- Paradox: Contradicts earlier statement, where she mentioned cosmetic procedures have allowed her to socialise more.*
- Outside of the pandemic, but still isolated?—although by choice/ VC makes her feel bad?*
- Comparison to others encompassing social media and in 'real-life'*
- Articulation: confident, something quite obvious, both procedures & comparisons linked*
- Seems to use others as a measure/bar for cosmetic procedures*
- Others preserving their outward appearance*
- Perhaps implying that she is not "competent?"*

40

Others are
maintained in
their physical
appearance

1237 there make up looks, or how they have they done their hair, how they,
1238 how their teeth looks ... when they talk ... so I do definitely still find
1239 myself doing that.
1240

Seems to believe
others have the
skills/knowledge to
maintain their
physical beauty

Comparisons-
focusing on others
physical
characteristics

Appendix I

Example of Step 3: Constructing Experiential Statements

List of Experiential Statements: Zoe (Pseudonym)

The pandemic was an overwhelming experience for her (p. 4:123-124)
 Conscious of her appearance and comparison to others (p. 5:132-137)
 Observing others causes her desire to alter her physical appearance (p. 5:137-140)
 Conscious of appearance when observing self on camera (p. 5: 140-142)
 Diminished confidence and self-esteem (p. 5:142-144)
 Dissatisfaction with appearance and desires to undergo alterations (p. 5:144-145)
 Others affect perception of self (p. 5: 145-147)
 Heightened self-consciousness of her appearance (p. 5:154-156)
 Persistent appearance concerns present in the lockdown (p. 6:166-168)
 Self-consciousness developed by being influenced by the observations of others (p. 6:169-175)
 Preoccupation with physical appearance resulted in a desire for alteration (p. 6:175-177)
 In the spotlight creates fear of judgement (p. 6:177-183)
 Attention from others due to perceived flaws (p. 6:182-184)
 Observing herself on camera induces self-consciousness (p. 6:184-186)
 The camera window fosters the development of self-focused attention (p. 7:193), (p. 7:199-201)
 Helplessness impacted mood (p. 7:201-205)
 The camera magnifies facial features (p. 7:206-208)
 Considering further appearance modification (p. 7:209-210)
 Drawing attention to features she dislikes (p. 7:218-219)
 Disguising features to appear smaller on camera (p. 8:225-228)
 Cosmetics increase self-awareness of features (p. 8:228-230)
 The necessity of cosmetic injectables to change features (p. 8:230-234)
 Different compared to others (p. 8:234-236)
 Experiencing self-doubt and negative emotions (p. 8:236-239)

Observing herself in the mirror (p. 8:239-240)
 Experiencing a sense of inadequacy (p. 8:240-242)
 Examining her appearance on the camera prior to a videocall (pp. 8-9: 254-257)
 Anxiety and frustration (p. 9:263-264)
 Engaging in altercations in the way she appears on camera (p. 9:264-266)
 Observed concerns affected emotional state (p. 9:275-277)
 Obsessive thinking to change appearance (p. 9:277-279)
 Experiencing feelings of inadequacy (p. 9:279-281)
 Self-aware of her own and others appearance (p. 9:281-283)
 Experiencing a sense of inferiority in comparison to others' physical appearance (p.9:283-285)
 Feeling inferior lead to contemplation of the use of cosmetic injectables (p. 9: 285-286)
 Observing self and others (p. 10:294-296)
 Questioning her appearance (p. 10:296-297)
 Participation on camera is necessary (p. 10:298-301)
 Contemplating strategies for altering her appearance (p. 10:301-303)
 Her appearance has affected her motivation (p. 10:303-304)
 Questions whether alterations in her appearance will satisfy her (p. 10:310-314)
 Possesses a particular aesthetic preference for her appearance (p. 10:314-316)
 Fixation to resemble colleagues that look good (p. 10: 316-318)
 Not meeting the standards of beauty (p. 11:331-332)
 Skincare regime to improve appearance (p. 11:p333-334)
 Questions use of further cosmetic treatments (p. 11:335-338)
 Videoconferencing platforms used for work and socialising (p. 11:346-348)
 Finds videoconferencing tiresome (p. 11:348-349)
 Preoccupied with her physical appearance (p. 11:349-351)

Videoconferencing takes a toll on her emotional wellbeing (pp. 11-12:351-352)
 Videoconferencing induces exhaustion (p. 12:352-353)
 Overwhelming pressure to meet expectations (p. 12:353-356)
 Observation of others on camera impacted her mood (p. 12:363-365)
 Could not meet standards of appearance set by others (p. 12:365-366)
 Awareness of appearance concerns affected her confidence (p. 12:366-367)
 Engaging in excessive self-observation (p. 12:373-378)
 Desire to conceal or minimise appearance on camera (p. 2: 377-379) (p.13:385-387)
 Heightened awareness of appearance (p. 13:397-398)
 Videoconferencing features increase awareness of appearance (p. 13: 399-409)
 Minimal emphasis on personal appearance prior to the pandemic (p. 13:409-410) -
 Now obligated to continuously face herself and others on camera (p. 13: 411-413)
 Presented with observing appearance and inspecting features (p. 13-14: 413-416) -
 Self-view camera has brought flaws to attention (p. 14:422-423)
 Questioning her appearance (p. 14:423-424)
 Preoccupation with altering her physical appearance (p. 14:430-431)
 Desire to conceal herself (p. 14: 437-438)
 Using videoconferencing features to hide background (p. 14:438-439)
 Ambivalent about the use of background filters (pp. 14-15:445-450)
 Frustration at not looking like co-workers (p. 15:451-453)
 Self-expectation regarding physical appearance (p. 15:453-455)
 Cannot conceal her appearance due to the nature of the interaction (p. 15:455-457)
 Desire to conceal her appearance (p.15:464)
 Aspiration to modify her physical appearance (p. 15:470-471)

Desire to hide from others due to her appearance (p. 15:471-472)
 Fearful of criticism from others regarding physical appearance (p. 16:478-481)
 Seating strategically to conceal perceived imperfections (p.16:487-491)
 The camera can make you appear larger (p. 16:499-501)
 Excessively preoccupied with achieving weight loss (p.16:501-502)
 Feels she appears larger in comparison to others (p. 16:502-506)
 Experiences anxiety about her weight (pp. 16-17:507-512)
 Wearing darker colours to disguise size (p. 17:513-516)
 Disguising her appearance exacerbated her distress (p. 17:519-521)
 Lacks self-recognition (p. 17:521-525)
 Observing her body during a videocall (p.17:536-538)
 Altering behaviour as a result of appearance consciousness (p.17-18:539-544)
 Questions whether weight gain was brought on by a health issue (p. 18:544-548)
 Negative perception of her appearance (p. 18:548-551)
 Anxious about how this will impact her: (p. 18:552-553)
 Exercising and eating healthy during the lockdown (p. 18:559-562)
 Others have maintained their appearance (p. 18:562-566)
 Concerned why she has not kept up her appearance (p. 18:566-569)
 Others have an aesthetically pleasing physical appearance (p. 19:578-584)
 Inferior physical appearance in comparison to others (p. 19:584-589)
 Feels less than others, even after applying cosmetics (p. 19:596)
 Doubt about whether it is something she sees herself or what she really looks like (p. 19:596-597)
 Engaging in negative comparison with colleagues (p. 19-20:603-608)
 Not meeting ideal standards of beauty expectations from self (p. 20:608-611)
 Using cosmetics to conceal flaws (p. 20:611-12)
 Hiding perceived flaws with her hand (p. 20:613-617)
 Avoidance of appearing on camera and being observed by others (p. 20:617-622)
 Anxiety when appearing on camera (p. 20:622-623)
 Others will judge her appearance negatively (p. 20:624-626)
 Examining herself in the mirror to mask perceived defects (p. 20:626-630)

Reduced confidence (p. 21:648-652)
 Self-perception altered by appearance concerns (p. 21:652-654)
 Desires to conceal herself and maintain a state of seclusion (p. 21:660-661)
 Others would not comprehend her feelings (p. 21: 661-664)
 Challenging to meet standard of beauty set by others (p. 21: 664-665)
 Attempted to improve camera quality (p. 21:672-675)
 Camera filters to enhance appearance (p. 21:675-678)
 Camera filter made her feel inauthentic (p. 21:677: 682)
 Conflict regarding her appearance (p. 21:688-690)
 Face filters did not meet expectations (p. 21:690-694)
 Hesitant in real life interactions (p. 21:694-696)
 Hesitant appearing on camera (p. 23:702-705)
 Looking at herself on video creates anxiety (p. 23:706-708)
 Searching for methods to enhance appearance (pp. 23-24:723-726), (726-733)
 Searching for techniques to contour features (p. 24:739: 741)
 Practicing strategies to improve appearance (p. 24:741-743)
 Watching videos obsessively to improve attractiveness (p. 24:749-751)
 Cosmetic application is time consuming (p. 24:757-758)
 Gazing in the mirror led to the recognition of further flaws (pp. 24-25:758-764)
 Preparation before and after a videocall (p. 25:770-777)
 Thoughts regarding injectable cosmetics (p. 25:783- 787)
 Uncertain of the pursuit of cosmetic procedures (p. 25:787-789)
 Appearance concerns impacted emotional health (p. 26:795-797)
 Significant change in herself (p. 26:798-804)
 Skincare preparation before a videocall (p. 26:817-823)
 Prolonged mirror gazing (p. 26:823-824)
 Buying expensive skincare (p. 27:828-831)
 Pursuit to purchase correct cosmetics (p. 27:831-834)
 Time spent preparing for a video call (p. 27:842-847)
 The process of preparing for a videocall can be mentally and physically draining (p. 27:847-850)
 The preparation process is time-consuming (pp. 27-28: 859)

Failing to meet one's standards can cause emotional distress (p. 28:859-861)
 Desires to refrain from engaging in videoconferencing (p. 28:867-869)
 Concerned about receiving criticism regarding her appearance (p. 28: 869-871), (877-882)
 Frequent observation of self in front of a mirror (pp. 28-29:889-893)
 Examines what to wear in order to avoid appearing larger (p. 29:893-895)
 Appearing inconspicuous on camera (p. 29:902-908)
 Positioning the camera away to appear smaller (p. 29:909-913)
 Others noticing her presence on camera (p. 29: 913-919) (p. 30: 925-929)
 Concealing herself on camera (p. 30:943-948)
 Beauty care impacted due to salons being closed (p. 30:948-952)
 Attire used to appear smaller (p.31: 958- 962)
 Unhappy about weight gain (p. 31:962-966)
 Thoughts of unhealthy weight loss strategies (p. 31:966-970)
 Avoiding unflattering lighting (pp. 31-32: 978-979, 985-988)
 The use of beauty filters (p. 32 988-996)
 Wants to look like the face filter (p. 32:996-998, 1004-1006)
 Concern appearing in person (p. 32:1006-1010)
 Filters not accurately representing her (p. 33:1019-1020)
 Fear of others seeing her in real life (p. 33:1026- 1035)
 Beauty filters conceal her appearance (p. 33:1035-1037)
 Struggled coping during the lockdown (p. 34:1071-1073)
 Use of social media to aid in her beauty routine (pp. 34-35:1079-1083)
 Judgment from self and others increased anxiety (p. 35:1083-1088)
 Ordering cosmetic products online (p. 35:1089-1091)
 Use of online and social media to appear better in videoconferencing (p. 35:1091-1095)
 Desire to avoid videoconferencing due to rigorous preparation (p. 35:1101-1105)
 Limited exploration of cosmetic procedures due to lockdown (p. 36:1114-1119)
 Relief after beauty clinics opened (p. 36:1120—1121)
 Cosmetic consultations during lockdown (p. 36:1121-1123)

Recuperation from cosmetic surgery easier during lockdown (p. 36:1123-1125)
 Delay of surgical procedures due to lockdown (p. 36:1131-1135)
 Cosmetic surgery abroad (p. 36:1135-1136, 1142)
 Aesthetic surgery boosted her sense of self-worth (p. 37:1148-1151)
 Lockdown restrictions prevented cosmetic surgery (p. 37:1152-1153)
 Desired to undergo cosmetic procedures (p. 37:1153-1154)
 Observed appearance concerns while using the self-view camera (p. 37:1154-1156)
 Experiencing a sense of powerlessness (p. 37:1156-1159)
 Zooming in on perceived flaws when videoconferencing (p. 37:1166-1167)
 Analysing facial features in the mirror prior to a videocall (p. 37:1168-1170)
 Difficult to use cosmetics to cover up apparent defects (p. 37:1171-1174)
 Avoidance of appearing on camera (p. 37:1174-1176)
 Cosmetic procedures after lockdown restrictions (pp. 37-38:1177-1180)
 Cosmetic procedures increased self-esteem (p. 38:1187-1191)
 Conscious of others noticing changes in her face (p. 38:1191-1193)
 Unrelenting interest to alter her appearance further (p. 38:1199-1205)
 Fears that others may notice changes in her looks (p. 38:1205-1209) (1210-1212)
 Avoiding face to face interactions (p. 39:1213-1215)
 Considering further cosmetic adjustments (p. 39:1215-1216)
 Using videoconferencing has altered her self-perception (p. 39:1225-1227)
 Altered her viewpoint regarding cosmetic surgery (p. 40:1247-1250)
 Gazing in a mirror after a videocall (p. 40:1260-1262)
 Observation of body after a videocall (p. 40:1268-1270)
 Reflection on appearing on camera after a videocall (pp. 40-41:1271-1274) (p. 42:1310-1311)
 Mirror checking after a videocall (p. 41:1280-1282)
 Examining anticipated flaws in the mirror (p. 41:1296-1298)
 Videocalls are draining (p. 42:1319-1322)
 Experiencing self-doubt following a video call (p. 42:1334-1336)
 Noticed concerns when viewing her own self on camera (p. 42:1336-1337)
 Displaying various expressions upon observing her own image on camera (p. 43:1338-1340)

Self-disgust results in the desire to avoid others (p. 43:1340-1341)
 Thoughts of further changes (p. 43:1350-1354)
 Analysing facial features for further changes (p. 43:1354-1361)
 Conscious of self in real life interaction (p. 43:1361-1367)
 Different to before (p. 44:1363-1365)
 Obsessively conscious about appearance (p. 44:1365-1371)
 Disappointment at self (p. 44:1381-1383)
 An irreversible transformation in self-perception (p. 44:1383-1387)
 Helpless in regard to usage (p. 44:1387-1389)
 Willingness to do further cosmetic changes (p. 44:1359-1397)
 Maintaining satisfaction with her appearance poses challenges (p. 44:1397-1398)
 Concerned about the impact of videoconferencing on her image (p. 45:1412-1416)
 Reduced socialisation due to confidence (p. 45:1417-1424)

Appendix J

Example of Step 4: Searching for Connections Across Experiential Statements: Clustering and Mapping

Clustering and Mapping: Zoe (Pseudonym)

Heightened awareness of appearance when videoconferencing

Heightened awareness of appearance due to videoconferencing

Heightened awareness of appearance (p. 13:398-399)
 Observing self and others (p. 10:294-297)
 Observing her body during a videocall (p. 17:536-539)

Conscious of appearance when observing self on camera (p. 5: 140-142)
 Heightened self-consciousness of her appearance (p. 5:154-156)
 Persistent appearance concerns present in the lockdown (p. 6:166-168)
 Looking at herself on video creates anxiety (p. 23:706-708)
 Unhappy about weight gain (p. 31:962-966)
 Exercising and eating healthy during the lockdown (p. 18:559-562)
 Experiences anxiety about her weight (pp. 16-17:507-512)
 Observing herself on camera induces self-consciousness (p. 6:184-186)

Engaging in excessive self-observation
 Engaging in excessive self-observation (p. 12:373-378)
 Examining herself in the mirror to mask perceived defects (p. 20:626-630)
 Gazing in the mirror led to the recognition of further flaws (p. 24:25:758-762)
 Zooming in on perceived flaws when videoconferencing (p. 37:1166-1168)
 Displaying various expressions upon observing her own image on camera (p. 43:1336-1340)
 Analysing facial features for further changes (p. 43:1354-1359)
 Examining her appearance on the camera prior to a videocall (pp.8-9:254-257)

Fight or flight for a video call

Methods used to enhance appearance

Use of online and social media to appear better in videoconferencing (p. 35:1091-1095)
 Searching for methods to enhance appearance (pp. 23-24:723-726), (726-733)
 Ordering cosmetic products online (p. 35:1089-1091)
 Ambivalent about the use of background filters (pp. 14-15:445-450)
 Attempted to improve camera quality (p. 21:672-675)
 The use of beauty filters (p. 32:988-993)
 Avoiding unflattering lighting (p. 31-32:978-979, 985-988)
 Engaging in altercations in the way she appears on camera (p. 9:264-266)

Filters not accurately representing her (p. 33:1019-1020)
 Camera filter made her feel inauthentic (p. 21: 677-682)
 Buying expensive skincare (p. 27:828-831)
 Use of social media to aid in her beauty routine (p. 34-35:1079-1083)
 Cosmetics increase self-awareness of features (p. 8:228-230)
 Using cosmetics to conceal flaws (p. 20-611-12)
 Pursuit to purchase correct cosmetics (p. 27: 831-834)
 Experiencing a sense of powerlessness (p. 37:1156-1159)
 Skincare regime to improve appearance (p. 11: 333-334)
 Face filters did not meet expectations (p. 22:690-694)
 Camera filters to enhance appearance (pp. 21-22: 675-678)
 Searching for techniques to contour features (p. 24:739-741)
 Cosmetic application is time consuming (p. 24:757-758)
 The preparation process is time-consuming (pp. 27-28: 859)

Internal struggle and preoccupation with her physical appearance

Obsessive about appearance

Obsessive thinking to change appearance (p. 9:277-279)
 Fixation to resemble colleagues that look good (p. 10:314-318)
 Watching videos obsessively to improve attractiveness (p. 24:749-751)
 Unrelenting interest to alter her appearance further (p. 38:1199-1201)
 Reflection on appearing on camera after a videocall (p. 40:41:1271-1274) (p.42: 1310-1311)

Preoccupation with altering her physical appearance (p. 14: 430-431)
 Obsessively conscious about appearance (p. 44: 1365-1371)
 Preoccupied with her physical appearance (p. 11:349-351)
 Excessively preoccupied with achieving weight loss (p. 16:501-502)
 Thoughts of unhealthy weight loss strategies (p. 31: 966-970)

Alterations to appearance

Thoughts regarding injectable cosmetics (p. 25:783-787)
 Relief after beauty clinics opened (p. 36:1120—1121)
 Cosmetic consultations during lockdown (p. 36:1121-1123)
 Recuperation from cosmetic surgery easier during lockdown (p. 36:1123-1125)
 Cosmetic surgery abroad (p. 36:1135-1136, 1142)
 Cosmetic procedures after lockdown restrictions (pp. 37-38-1177-1180)
 Questions use of further cosmetic treatments (p. 11:335-338)

Analysing facial features in the mirror prior to a videocall (p. 37:1168-1170)

Observing herself in the mirror (p. 8:239-240)

Prolonged mirror gazing (p. 26:823-824)

Gazing in a mirror after a videocall (p. 40:1260-1262)

Observation of body after a videocall (p. 40:1268-1270)

Mirror checking after a videocall (p. 41:1280-1282)

Examining anticipated flaws in the mirror (p. 41:1296-1298)

Frequent observation of self in front of a mirror (p. 28-29: 889-893)

Others affecting her appearance

Experiencing a sense of inferiority in comparison to others' physical appearance (p. 9: 283-285)

Frustration at not looking like co-workers (p.15: 451-453)

Others have an aesthetically pleasing physical appearance (p. 19: 578-584)

Inferior physical appearance in comparison to others (p. 19: 584-582)

Feels she appears larger in comparison to others (p. 16: 502-506)

Different compared to others (p. 8: 234-236)

Feels less than others, even after applying cosmetics (p. 19:596)

Engaging in negative comparison with colleagues (p. 19-20: 603-608)

Others affect perception of self (p. 5:145-147)

Feeling inferior lead to contemplation of the use of cosmetic injectables (p. 9: 285-286)

Observation of others on camera impacted her mood (p. 12: 363-365)

Others have maintained their appearance (p. 18:562-566)

Observing others causes her desire to alter her physical appearance (p. 5:137-140)

Self consciousness developed by being influenced by the observations of others (p. 6:169-175)

Self aware of her own and others' appearance (p. 9:281-283)

Conscious of her appearance and comparison to others (p. 5: 132-137)

Others will judge her appearance negatively (p. 20: 624-626)

Videoconferencing features

The camera window fosters the development of self-focused attention (p. 7: 193), (p.7:199-201)

The camera magnifies facial features (p. 7:206-208)

Videoconferencing features increase awareness of appearance (p. 13:399-409)

Preparation before and after a video call (p. 25:770-777)

Skincare preparation before a videocall (p. 26: 817-823)

Practicing strategies to improve appearance (p. 24:741-743)

Fear of judgement from others

In the spotlight creates fear of judgement (p. 6:177-183)

Fearful of criticism from others regarding physical appearance (p. 16: 478-481)

Concerned about receiving criticism regarding her appearance (p. 28: 869-871), (877-882)

Others noticing her presence on camera (p. 29: 913-919) (p. 30: 925-929)

Attention from others due to due to perceived flaws (p. 6: 182-184)

Desire to conceal appearance

Disguising features to appear smaller on camera (p. 8: 225-228)

Desire to conceal or minimise appearance on camera (p. 12:376-379) (p.13:385-387)

Using videoconferencing features to hide background (p. 14:438-439)

Seating strategically to conceal perceived imperfections (p. 16:487-491)

Altering behaviour as a result of appearance consciousness (pp. 17-18: 538-544)

Wearing darker colours to disguise size (p. 17:513-516)

Hiding perceived flaws with her hand (p. 20:613-617)

Beauty care impacted due to salons being closed (p. 30:948-952)

Avoidance of appearing on camera and being observed by others (p. 20:617-621)

Positioning the camera away to appear smaller (p. 29:908-913)

Concern appearing in person (p. 32:1006-1010)

Desire to avoid videoconferencing due to rigorous preparation (p. 35:1101-1105)

Concealing herself on camera (p. 30:943-948)

Appearing inconspicuous on camera (p. 29: 902-908)

Desire to conceal herself (p. 14:437-438)

Difficult to use cosmetics to cover up apparent defects (p. 27: 1171-1174)

Examines what to wear in order to avoid appearing larger (p. 29:893-895)

Considering further appearance modification (p. 7: 208-210)

Cosmetic procedures increased self-esteem (p. 38:1187-1191)

Preoccupation with physical appearance resulted in a desire for alteration (p. 6:175-177)

The necessity of cosmetic injectable's to change features (p. 8:230-234)

Dissatisfaction with appearance and desires to undergo alterations (p. 5:144-145)

Thoughts of further changes (p. 43:1350-1354)

Contemplating strategies for altering her appearance (p. 10:301-303)

Aspiration to modify her physical appearance (p. 15:470-471)

Limited exploration of cosmetic procedures due to lockdown (p. 36:1114-1119)

Lockdown restrictions prevented cosmetic surgery (p. 37:1152-1153)

Desired to undergo cosmetic procedures (p. 37:1153-1154)

Altered her viewpoint regarding cosmetic surgery (p. 40:1247-1250)

Delay of surgical procedures due to lockdown (p. 36:1131-1135)

Impact of videoconferencing

Diminished confidence and self-esteem (p. 5:142-144)

Wants to look like the face filter (p. 32: 996-998, 1004-1006)

Concerned about the impact of videoconferencing on her image (p. 45:1414-1416)

Aesthetic surgery boosted her sense of self-worth (p. 37:1148-1151)

Conscious of self in real life interaction (p. 43:1359-1365)

Doubt about whether it is something she sees herself or what she really looks like (p. 19:596-597)

Questions whether alterations in her appearance will satisfy her (p.10:310-314)

Experiencing self-doubt following a video call (p. 42:1334-1335)

Willingness to do further cosmetic changes (p. 44:1359-1397)

Lacks self-recognition (p. 17:521-525)

Her appearance has affected her motivation (p.10:303-304)

Reduced confidence (p. 21: 648-652)

Now obligated to continuously face herself and others on camera (p. 13:411-413)

Presented with observing appearance and inspecting features (p. 13:14:413-415)

The camera can make you appear larger (p. 16:499-501)

Observed appearance concerns while using the self-view camera (p. 37:1154-1156)

Self-view camera has brought flaws to attention (p. 14:422-423)

Noticed concerns when viewing her own self on camera (p. 42:1336-1337)

Drawing attention to features she dislikes (p. 7:218-219)

Not meeting standards of beauty by set by self or others

Not meeting the standards of beauty (p. 11:331-333)

Could not meet standards of appearance set by others (p. 12: 365-367)

Self-expectation regarding physical appearance (p. 15: 453-455)

Challenging to meet standard of beauty set by others (p. 21: 664-665)

Not meeting ideal standards of beauty expectations from self (p. 20: 608-611)

Failing to meet one's standards can cause emotional distress (p. 28: 859-861)

Overwhelming pressure to meet expectations (p. 12:353-356)

Possesses a particular aesthetic preference for her appearance (p. 10: 314-316)

Not meeting the standards of beauty (p. 11:331-332)

Attire used to appear smaller (p. 31:958-962)

Beauty filters conceal her appearance (p. 33:1035-1037)

Avoidance of appearing on camera (p. 37:1174-1176)

Desire to conceal her appearance (p. 15:464)

Disguising her appearance exacerbated her distress (p. 17:519-521)

Self-disgust results in the desire to avoid others (p. 43:1340-1341)

Cannot conceal her appearance due to the nature of the interaction (p. 15:455-457)

Emotionally overwhelming experience

Judgment from self and others increased anxiety (p. 35:1083-1088)

Anxiety when appearing on camera (p. 20: 622-623)

Experiencing self-doubt and negative emotions (p. 8:236-239)

The process of preparing for a videocall can be mentally and physically draining (p. 27:847-850)

Negative perception of her appearance (p. 18:548-551)

Finds videoconferencing tiresome (p. 11:348-349)

Experiencing feelings of inadequacy (p. 9:279-281)

Videocalls are draining (p. 42: 1319-1322) (1328)

Videoconferencing takes a toll on her emotional well-being (p. 11: 12:351-352)

Experiencing a sense of inadequacy (p. 8:240-242)

Helplessness impacted mood (p. 7:201-205)

Anxiety and frustration (p. 9:263-264)

The pandemic was an overwhelming experience for her (p. 4:123-124)

Observed concerns affected emotional state (p. 9:275-277)

Participation on camera is necessary (p. 10: 298-301)

Videoconferencing platforms used for work and socialising (p. 11: 346-348)

Hesitant appearing on camera (p. 23:702-705)

Struggled coping during the lockdown (p. 34:1071-1073)

Helpless in regard to usage (p. 44:1387-1389)

Videoconferencing induces exhaustion (p. 12:352-353)

Concerns regarding her appearance impacted her emotional health (p. 26:795-797)

Awareness of appearance concerns affected her confidence (p. 12:366-367)

Conscious of others noticing changes in her face (p. 38:1191-1193)

Others would not comprehend her feelings (p. 21:661-664)

Anxious about how this will impact her (p. 18:552-553)

Desires to refrain from engaging in videoconferencing (p. 28:867-869)

An irreversible transformation in self-perception (p. 44:1383-1387)

Conflict within self

Doubt about whether it is something she sees herself or what she really looks like (p. 19:596-597)

Self-perception altered by appearance concerns (p. 21:652-654)

Questioning her appearance (p. 14:423-424)

Questioning her appearance (p. 10:296-297)

Questions whether weight gain was brought on by a health issue (p. 18:544-548)

Conflict regarding her appearance (p. 21:688-690)

Uncertain of the pursuit of cosmetic procedures (p. 25:787-789)

Filters not accurately representing her (p. 33:1019-1020)

Concern in face-to-face interactions

Hesitant in real life interactions (p. 21:694-696)

Reduced socialisation due to confidence (p. 45:1417-1421)

Fears that others may notice changes in her looks (p. 38:1205-1209) (1206-1209)

Camera filter made her feel inauthentic (p. 21:677-682)

Fear of others seeing her in real life (p. 33: 1026-1035)

Avoiding face to face interactions (p. 39:1213-1215)

Current self-perception

Maintaining satisfaction with her appearance poses challenges (p. 44:1397-1398)

Minimal emphasis on personal appearance prior to the pandemic (p. 13:409-410)

Using videoconferencing has altered her self-perception (p. 39:1225-1227)

Disappointment at self (p. 44:1381-1382)

Concerned why she has not kept up her appearance (p. 18:566-569)

Appendix K

Example of Step 7: Cross-Case Analysis of Personal Experiential Themes

Provisional Sub-theme: Self-Comparisons Resulting in Inferiority

Realisation of this negative perception of the continuing comparisons

"... you know, realise how kind of negative that was, and it was just the comparison wasn't stopping, and then just pick out new things that I was unhappy with." (Gia, p. 31:966-969)

Judgement of self to others

"... but at first, I think there was so much comparison ... uhhh ... firstly like with appearances, but even like, the person themselves ..." (Gia, p. 19:592-594)

Comparison to others resulted in a negative impact on her self-esteem

"I felt much worse about myself, I think after comparing." (Gia, p. 20: 632)

Belittling and disparaging others as a means of boosting her own self-esteem

"I didn't even look that different, but I was still comparing myself to other people ... uhhh ... and I was almost trying to put them down to make myself feel better." (Gia, p. 31:963-966)

Negative self-perception of her physical appearance

"I was just kind of thinking that I really did not look good, and I was just like, have I always looked like this? ... uhhh ... yeah ... I just felt like ... inferior almost." (Gia, p. 13:409-411)

Alone with 'imperfections'

"It's just like, I'm the only one with these imperfections." (Brie, p. 26:803-804)

Feeling negative towards herself when observing others

"... because when I look at others, it's like I'm ... just seeing the negative but it's uh ... in my mind." (Brie p. 8: 250-251)

Feelings of inadequacy as compared to others

"..I actually feel that I do not fit in the shoes of other people. I am not ... I'm not just in the ... you know. I'm just not fit to be with them, yeah, that's what I feel" (Brie, p. 25: 793-795)

Desiring the facial characteristics of others

"... when I would FaceTime with some of my friends ... or, with other colleagues, or clients or students, I will just compare myself to them and be like, okay, you know what, I would look so much nicer if my face were as taut as that person's face, with my skin was a good as that person's skin, if my eyes are as big as that person's eyes." (Zakia, pp. 11-12:323-327)

Others devoid of imperfections

"So, ... when they smile, they don't have those wrinkles, you know, when they ... uhhh ... when they're sort of talking ... their face, you know, looks normal, they

don't look older than their age ... uhhh ... they don't need a whole lot of make-up to make themselves look good they don't need all the lighting to make themselves look good" (Zakia, p. 26:753-756)

Unfavourably comparing herself to others on video

"I felt like I was comparing myself ... comparing my face ... my face to others ... and... feeling ... uhhmm I'm not good enough, my face is not good enough, and no amount of makeup it was going to make me look prettier, because this is just the kind of face, I've been given" (Zakia, p. 11: 305-309)

Thoughts of cosmetic procedures to enhance esteem

"It is really hard not to ... look at ... like, you know, my ... White Caucasian peers and be like, "Oh, maybe I should do some treatments, or get something else done or feel better about myself" ... uhhh ... be more able to, like, you know, connect with them." (Sandra, p. 22:607-613)

Mirroring others

"Like after classes or like, even in between classes, we had a break. If I looked at someone and they would have done something like differently, then I would like look it up and be like, 'Oh I ... I need to compare myself to that. I need to see how that person is done so and so things.'" (Sandra, p. 22:607-613)

Comparison of difference in physical appearance to peers

"I think its just really hard not to compare myself to others, like, you know, it's also like, you know, with the colour of my skin and being from like a different continent." (Sandra, p. 22:607-609)

Different from other girls

"No, I was one of the very few people in class who actually wouldn't do those things and it was like most girls I knew would like, come with a full face of makeup early in the morning" (Sandra, p. 13:350-353)

Others have an aesthetically pleasing physical appearance

"I was noticing how..how.. they [colleagues] were in their makeup and how they looked really nice, especially the women in my group, they had such nice skin..uhmm.. two of my colleagues had really nice small nose and the way they applied their makeup it looked so... defined..uhmm.. and so.. like, nicely kind of formed" (Zoe, p. 19: 578-582)

Frustration at not looking like co-workers

"... and I see my colleagues they're all looking very pretty, and they're all looking very delicate, and it just feels like it's just impossible for me to look like them" (Zoe, p. 15:451-453)

Note. Example of initial grouping of similar PETs under one provisional sub-theme

Experiencing a sense of inferiority in comparison to others' physical appearance

"I keep comparing myself to others, like, Oh, she's got a really nice nose, she's got a smaller nose than me, she's got a nice featured mouth" (Zoe, p. 9: 283-285)

Inferior physical appearance in comparison to others

"I was seeing them [colleagues] looking this really nice kind of well looked [*sic*] looking way, you know, the makeup was really nicely kind of done ... uhm ... and their skin appeared really, really smooth and like glowing and shiny, uhm ... and I want to look at mine, you know, just looked dry and just, you know, it wasn't shiny..." (Zoe, p. 19: 584-589)

Observing self and others

"When I noticed myself, I noticed other people, and I thought, Oh, I'm looking at ... I keep looking at myself in this little window [self-view camera] and looking, how do I look?" (Zoe, p. 10: 295-297)

Challenging to meet standard of beauty set by others

"... because my colleagues ... don't think they would understand especially when they're looking a certain way, and so it's difficult to to match up to, to the ... to their standard." (Zoe, p. 21: 663-665)

Self-comparisons to peers emphasised insecurities

"... and just even pictures of girls or even some of the girls that are on my course that I had on social media, and I'm just comparing the way I look to the way they look at [*sic*] a lot of the time ... uhm ... which was emphasising my insecurities even more." (Naïla, p. 22:680-683)

Experiences a sense of inferiority in comparison to others

"... a 9am lecture when you've woken up, I'm so tired, I already don't feel that great, you know, my face is ... I feel my face is very puffy, and I see some of my

classmates appear on and they don't appear to have like an ounce of makeup on, and they look really, really good and ... very confident, so I did find myself a lot of the time and looking at how they put themselves together and comparing the way they looked." (Naïla, p. 21:661-666)

Provisional Sub-theme: Self-Comparisons Resulting in Inferiority

Judgement of self to others

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"I didn't even look that different, but I was still comparing myself to other people ... uhmm ... and I was almost trying to put them down to make myself feel better ... " (Gia, p. 31:963-966)

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"I felt much worse about myself, I think after comparing." (Gia, p. 20: 632)

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"... you know, realise how kind of negative that was, and it was just the comparison wasn't stopping, and then just pick out new things that I was unhappy with." (Gia, p. 31:966-969)

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"I felt like I was comparing myself ... comparing my face ... my face to others ... and... feeling ... uhmmmm I'm not good enough, my face is not good enough, and no amount of makeup it was going to make me look prettier, because this is just the kind of face, I've been given" (Zakia, p. 11: 305-309)

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Others devoid of imperfections

"So, ... when they smile, they don't have those wrinkles, you know, when they ... uhmm ... when they're sort of talking ... their face, you know, looks normal, they don't look older than their age ... uhmm ... they don't need a whole lot of make-up to make themselves look good they don't need all the lighting to make themselves look good" (Zakia, p. 26:753-756)

Thoughts of cosmetic procedures to enhance esteem

"It is really hard not to ... look at ... like, you know, my ... White Caucasian peers and be like, "Oh, maybe I should do some treatments, or get something else done or feel better about myself" ... uhmm ... be more able to, like, you know, connect with them." (Sandra, p. 22:607-613)

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Mirroring others

"Like after classes or like, even in between classes, we had a break. If I looked at someone and they would have done something like differently, then I would like look it up and be like, 'Oh I ... I need to compare myself to that. I need to see how that person is done so and so things.'" (Sandra, p. 22:607-613)

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Experiencing a sense of inferiority in comparison to others' physical appearance

"I keep comparing myself to others, like, Oh, she's got a really nice nose, she's got a smaller nose than me, she's got a nice featured mouth" (Zoe, p. 9: 283-285)

Admiration for the beauty in other's appearances

"I was noticing how..how.. they [colleagues] were in their makeup and how they looked really nice, especially the women in my group, they had such nice skin..uhmm.. two of my colleagues had really nice small nose and the way they applied their makeup it looked so... defined..uhmm.. and so.. like, nicely kind of formed" (Zoe, p. 19: 578-582)

Frustration at not looking like co-workers

"...and I see my colleagues they're all looking very pretty, and they're all looking very delicate, and it just feels like it's just impossible for me to look like them" (Zoe, p. 15:451-453)

Alone with 'imperfections'

"It's just like, I'm the only one with these imperfections." (Brie, p. 26:803-804)

Others seen as perfect

"... because of my blemishes, because you know, I feel that other people are perfect, because I've never seen whether they have any flaws." (Brie, p. 26:801-803)

Feelings of inadequacy as compared to others

"I actually feel that I do not fit in the shoes of other people. I am not ... I'm not just in the ... you know. I'm just not fit to be with them, yeah, that's what I feel." (Brie, p. 25: 793-795)

Note. Narrowing of PETs under one umbrella term. PETs have also been moved from other provisional sub-themes into this provisional category

Feeling negative towards herself when observing others

"... because when I look at others, it's like I'm ... just seeing the negative but it's uh ... in my mind." (Brie, p. 8: 50-251)

Experiences a sense of inferiority in comparison to others

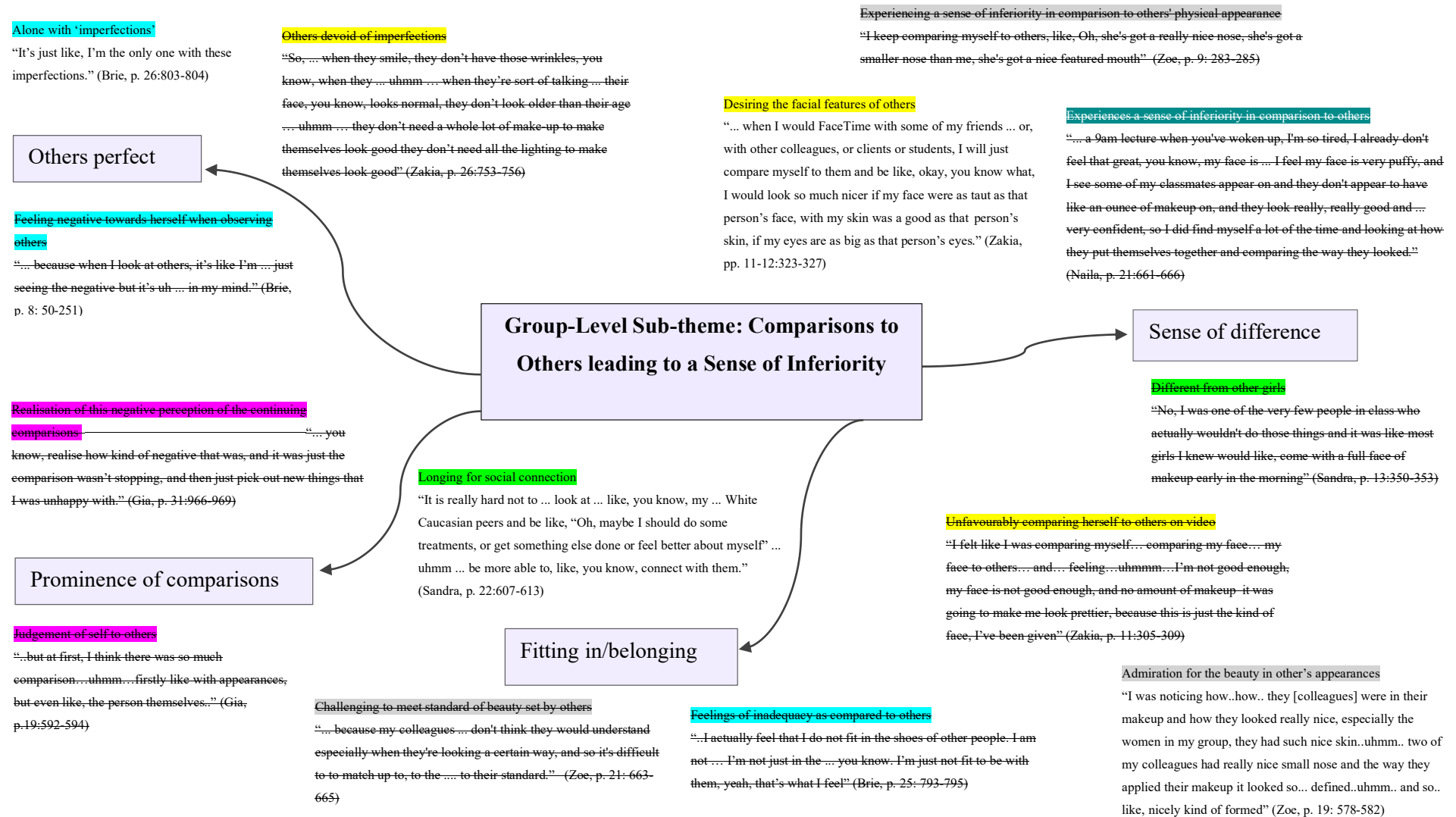
"... a 9am lecture when you've woken up, I'm so tired, I already don't feel that great, you know, my face is ... I feel my face is very puffy, and I see some of my classmates appear on and they don't appear to have like an ounce of makeup on, and they look really, really good and ... very confident, so I did find myself a lot of the time and looking at how they put themselves together and comparing the way they looked." (Naila, p. 21:661-666)

Self-comparisons to peers emphasised insecurities

"... and just even pictures of girls or even some of the girls that are on my course that I had on social media, and I'm just comparing the way I look to the way they look at [*sic*] a lot of the time ... uhm ... which was emphasising my insecurities even more." (Naila, p. 22:680-683)

Figure K1

Convergence and Divergence Within one Potential Sub-theme



Note. Example provided for one sub-theme: Consideration of possible convergence and divergence

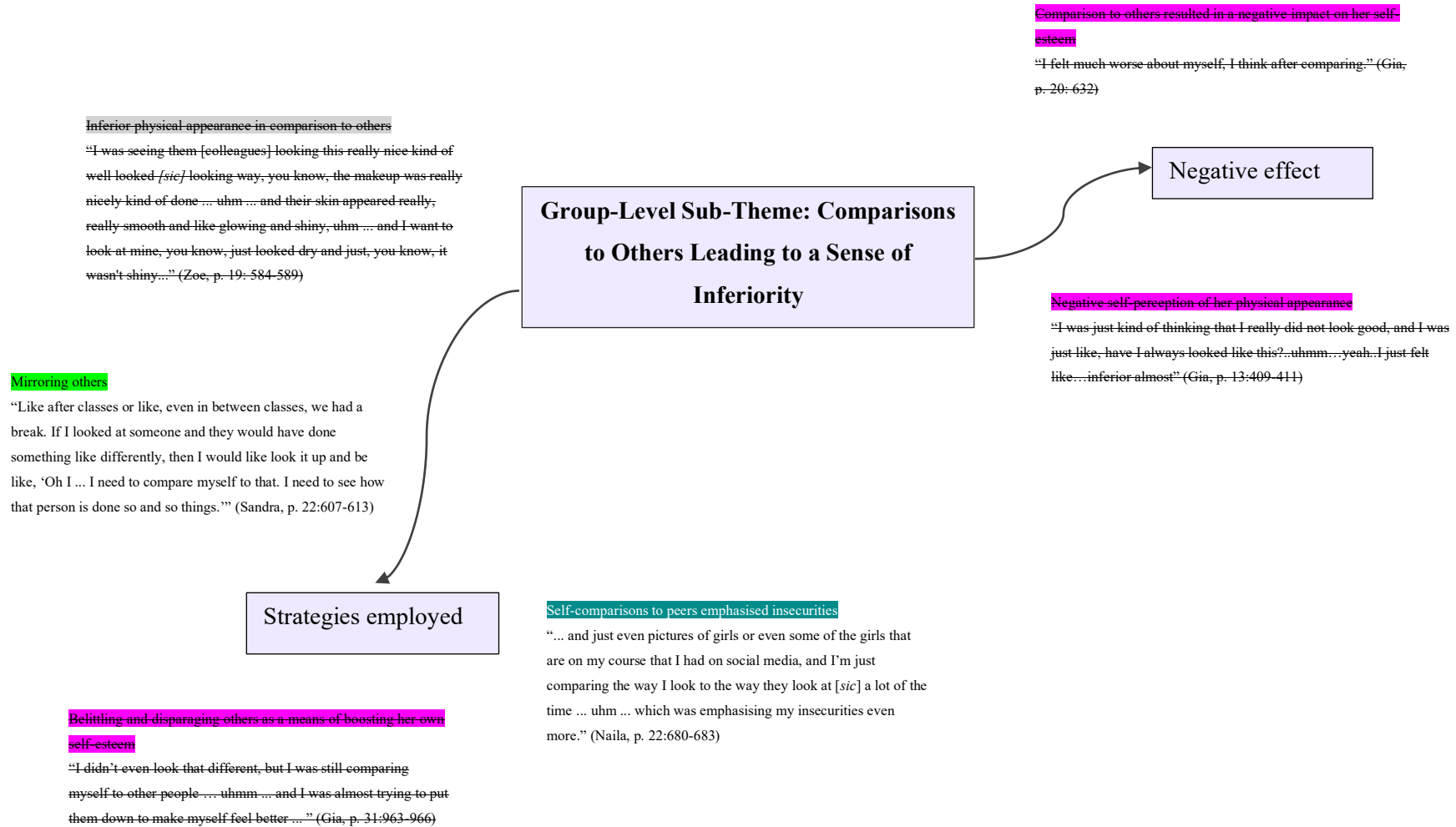
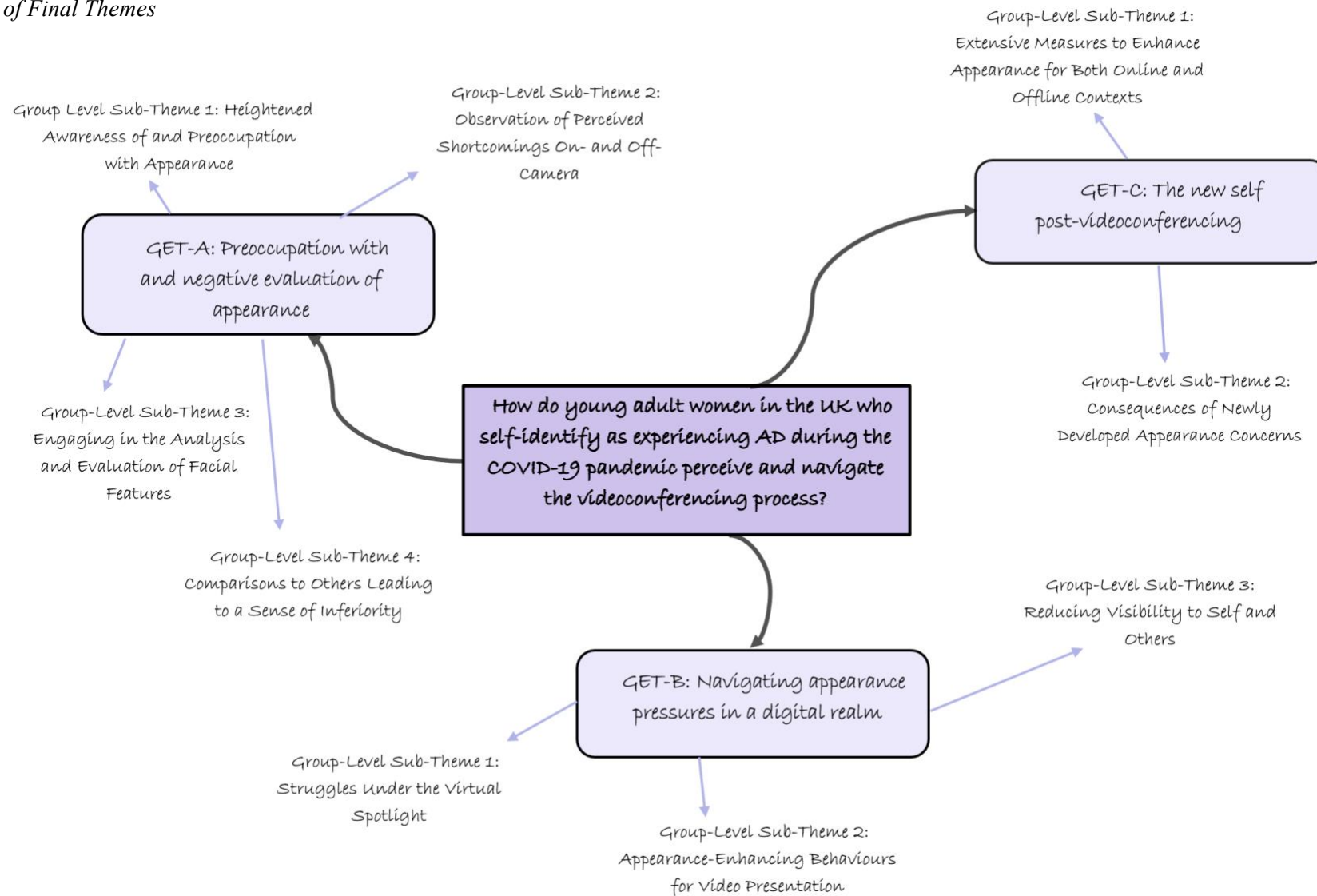


Table K2

Cross Case Analysis

Experiences of the videoconferencing process?	Gia	Brie	Zakia	Sandra	Zoe	Naila
GET A: PREOCCUPATION WITH AND NEGATIVE EVALUATION OF APPEARANCE						
Group Level Sub-Theme 1: Heightened awareness of and preoccupation with appearance	X	X	X	X	X	X
Group-Level Sub-Theme 2: Observation of perceived shortcomings on- and off-camera	X	X	X		X	X
Group-Level Sub-Theme 3: Engaging in the analysis and evaluation of facial features	X	X	X	X	X	X
Group-Level Sub-Theme 4: Comparisons to others leading to a sense of inferiority	X	X	X	X	X	X
GET B: NAVIGATING APPEARANCE PRESSURES IN A DIGITAL REALM						
Group-Level Sub-Theme 1: Struggles under the virtual spotlight	X	X	X	X	X	X
Group-Level Sub-Theme 2: Appearance-enhancing behaviours for video presentation	X	X	X	X	X	X
Group-Level Sub-Theme 3: Reducing visibility to self and others	X		X	X	X	X
GET C: THE NEW SELF POST-VIDEOCONFERENCING						
Group-Level Sub-Theme 1: Extensive measures to enhance appearance for both online and offline contexts		X	X	X	X	X
Group-Level Sub-Theme 2: Consequences of newly developed appearance concerns	X	X	X	X	X	X

Figure L1*Map of Final Themes***Appendix L****Map of Final Themes**

Appendix M

Group Experiential Themes

Table M1*Table of Group Experiential Themes*

A. PREOCCUPATION WITH AND NEGATIVE EVALUATION OF APPEARANCE

Heightened awareness of and preoccupation with appearance

Videoconferencing analogous to mirror gazing

“It [videoconferencing] is like being sat in a room with a mirror all day long” (Gia, p. 17:537–538)

Attention diverted by self-image concerns

“I found myself, uhm, not even focusing too much, this was mainly at first, I wouldn’t be focusing on the lecture slides so much, I’d be, uhm, so concerned about the little icon [self-view feature]” (Gia, p. 9:284–287)

Hyperfocusing on facial characteristics

“So I always had it [glasses] but again, had always liked it and always been used to it. ... during videoconferencing your focus is so much on the person’s face, rather than their whole appearance ... that I just started to hyperfocus on that as well as like, you know, my glasses being one of my not so good features anymore, and that’s how it affected me to say that, ‘oohh, wouldn’t it be better if I didn’t have glasses, wouldn’t it be better if I didn’t have like the need to wear glasses, maybe I had contacts or something else?’” (Sandra, pp. 40–41:1147–1166)

Urge to self-scrutinise

“So it was it was just a very, very difficult time, you know and even when I had the opportunity to get away from the camera for a little bit during the breaks, you know, I’d go back and look at myself in the mirror and trying to like conceal my spots even more with makeup.” (Zoe, p. 20:626–630)

Distracted by perceived flaws beyond videoconferencing

“When I was driving, I started getting a little, (brief pause), well, (pause) distracted, uhm, so I was looking in the mirror at myself, not the road.” (Gia, p. 14:430–432)

Obsessive documenting of self

“I just started taking so many selfies of myself, I took so many selfies. I took so many videos of myself, I think about 50, 60, 70 on my phone. And afterwards, I would sit there for hours just analysing it looking at each angle on my face.” (Zakia, p. 27:787–790)

Videoconferencing proliferating “narcissism in us”: akin to celebrities

“Almost like we’re like mini celebrities now, because before we were normal, and now that attention is on us and the focus is on us, and just how, you know celebrities are in the public eye, and they’re so conscious, self-conscious, and of their appearance and the image. We’re becoming like that, and it’s almost promoting the kind of a narcissism in us.” (Zakia, pp. 49–50:1455–1460)

Observation of perceived shortcomings on- and off-camera

Incongruence with appearance

“I was kind of picking out things I didn’t like about myself more, uhm, but then, I guess it was a couple of weeks in that I was really like, ‘wow, okay, what’s going on here?’ (laughs). ... my teeth was a massive thing, uhm, I just thought they looked a bit straighter really ... I was really unhappy with them when I was seeing them all the time, uhm, my skin, it just looked kind of dull, if that makes sense. ... like my hair as well uhm, I had very short hair at the time uhm ... I was really spending time focusing on that as well.” (Gia, pp. 11–12:349–375)

“Freaked” out with flaws mirrored back via the self-view feature

“I kept noticing in the FaceTime image that the video was on [*sic*] that I had, like wrinkles under my eyes ... and that freaked me out” (Zoe, p. 37:1153–1155).

Prolonged mirror gazing intensifying perception of flaws

“Because you’re spending so much time looking at yourself in the mirror. When you’re doing that, you start to realise other things about yourself, like your cheeks, you know, your cheeks look downwards, and you look really pale and you start thinking.” (Zoe, p. 24:757–762)

Appearance discrepant from reality

“I saw the side of my face [on the self-view feature], and I saw the way it looked really saggy and really sort of like lined, and I had sort of hollows in my cheeks. It just started to make me think okay, so this is what I really looked like. ... you know in my head I thought I looked fine before, but this is what I really look like, and I remember getting off my call when I finished ... when I finished actually taking [*sic*] I was so disturbed. I was so kind of like, ‘oh my god, oh my god, do I look this bad in real life?’” (Zakia, p. 27:780–787)

Seeing her face in motion leads to dissatisfaction

“So, I always used to have a bump on my nose, but I was fine with it, but obviously, since looking at myself, in the video calls and it’s just, it’s just annoyed me more, because now that I see myself, how I look, when I smile, laugh and talk, you know, in the video calls it, it almost kind of, you know, it’s not that same as looking in the mirror because your face is moving, and you’re actually looking at yourself talking in the video call so you know what your features look like, and I just didn’t like the way my nose looks when I laugh and talk.” (Zakia, pp. 40–41:1182–1189)

Engaging in the analysis and evaluation of facial features

Careful analysis of appearance

“The process basically begins with me applying makeup on my face, because feel that ... makeup is going to boost my confidence level, and also, it will also impact the way I’m going to speak, so what I do is apply makeup, and, I just stared at myself in the mirror for about 10 minutes or so, actually, yeah, I’m just like, looking whether I applied makeup correctly, whether there are any blemishes that are visible, that’s how it begins before I log into the [videoconferencing] meeting.” (Brie, p. 16:493–501)

Contortion of facial muscles during mirror gazing

“Where I would start sort of every time I look in the mirror I’ll make faces because I feel like my jaw was too saggy for someone who was 25 or my eyes were not big enough or ‘Why did I have these lines on the side of my face? Why do I have these lines around my mouth area? Is it because I laugh too much?’” (Zakia, p. 9:258–262)

Zooming in on perceived flaws

“When I zoom myself in, especially just before the video calls were to start, I would look at myself closely and on the videos and in camera and on the mirrors” (Zoe, p. 37:1165–1167)

Experimentation of facial gestures

“Sometimes I noticed, I would try and pout and make my lips look a bit bigger, or holding up by holding up my top lip, or pulling my hair back off my face to see how I would look.” (Zoe, pp. 43–44:1336–1339)

Assessing on-screen presence from an observer’s perspective

“I would create my own, (brief pause), it’s quite embarrassing, but this is something that I would do quite often because I was so self-conscious about the way I looked, and I still find myself doing it now even. What I would do is I would create a meeting a meeting [*sic*] link and just include myself. ... and then I would, (brief pause), I would start the meeting and kind of see how I look and how I would appear to other people.” (Naila, p. 31:968–979)

Comparison to others leading to a sense of inferiority

Desiring the facial features of others

“When I would FaceTime with some of my friends, or, with other colleagues, or clients or students, I will just compare myself to them and be like, ‘okay, you know what, I would look so much nicer if my face were as taut as that person’s face, if my skin was as good as that person’s skin, if my eyes are as big as that person’s eyes.’” (Zakia, pp. 11–12:324–328)

Feeling alone with “imperfections”

“I actually feel that I do not fit in the shoes of other people ... I’m just not fit to be with them. ... because of my blemishes, I feel that other people are perfect, I’ve never seen whether they have any flaws. It’s just like, I’m the only one with these imperfections.” (Brie, pp. 26–27:793–804)

Seeking connection by conforming to cultural beauty standards

“With the colour of skin and being from a different continent, it is really hard to, look at, like, you know, my White Caucasian peers and be like, ‘Oh, maybe I should do some

treatments, or get something else done or feel better about myself,' (brief pause), uhm, be more able to, like, you know, connect with them." (Sandra, p. 22:607–613)

Mirroring others' appearance

"Like after classes or like, even in between classes, we had a break. If I looked at someone and they would have done something like differently, then I would like look it up and be like, "Oh I, I need to compare myself to that. I need to see how that person is done so and so things". ... I was looking at like ... like how to eat better, like you know like in terms of lose weight and like food, and like exercises as well." (Sandra, p. 25:693–708)

Admiration for the beauty in others' appearances

"I was noticing how, how, they [colleagues] were in their makeup and how they looked really nice, especially the women in my group, they had such nice skin, uhm, two of my colleagues had really nice small noses and the way they applied their makeup it looked so, defined, uhm, and so, like, nicely kind of formed." (Zoe, p. 19: 578–582)

Self-comparisons to peers extended to social media

"I feel my face is very puffy, and I see some of my classmates and they don't appear to have an ounce of makeup on, they look really good ... and I did find myself comparing the way they looked and how I look and feeling as if though I'm not good enough or don't meet, you know, the beauty standard. Even after we'd be done in my spare time, I'll sit on social media and scroll through Instagram or TikTok, and just even pictures of girls or even some of the girls that are on my course that I had on social media, and I'm just comparing the way I look to the way they look at [*sic*] a lot of the time." (Naila, p. 22:662–683)

B. NAVIGATING APPEARANCE PRESSURES IN A DIGITAL REALM

Struggles under the virtual spotlight

Self-scrutiny of face while speaking

"I did find myself struggling a lot with my appearance, especially, you know, with my, with my nose, my teeth, you know, I would catch myself kind of looking at how I'm speaking, you know, the way my, the way my teeth looked when I was talking or even like my, the size of my lips, (brief pause), and as much as that may sound a bit silly, but

at the time, it really, you know, was something I was struggling with, and even now I'm still kind of, uhm, struggling with that" (Naila, p. 6:177–183)

Virtual presence unavoidable

"It made me feel, (brief pause), uhm, really depressed, it made me more anxious knowing that, you know, the next day, I've got a meeting online ... where I had to have my camera on, so it did put me in a low mood, and it made me not want to interact with anyone, added a lot of anxiety, uhm, and you know, this pressure of not being able to, feeling stuck, you can't even switch off the screen, you can't not take part or not participate, you have to log in and kind of show up and do your task and speak to your patients and get through, so yeah, I just find it really, really hard." (Naila, p. 22:691–699)

Diminished self-esteem

"Yeah, I think, uhm, again, like self-image really knocked my confidence uhm, for a little while, uhm, which was, definitely, it was just a very new thing to me really, and I wasn't sure how to kind of deal with that, how to manage that." (Gia, p. 21:640–644)

Adaptation to the virtual mirror

"I think now I'm used to it, I don't mind so much, I think if they'd been an option, or, (brief pause), to just completely remove like seeing my face [on the self-view] that would have been so useful at the time. ... I do think now I'm used to it, but just in the start, it was such a strange concept." (Gia, p. 17:527–538)

Public scrutiny leading to helplessness

"Because it's like, because when I look at others, it's like I'm just seeing the negative, but it's, uhh, in my mind, it's like I'm just feeling like these people, 'oh my god, they're just staring at me, what am I gonna do?', yeah. ... which makes speaking, (brief pause), or rather it makes speaking really challenging, quite challenging for me." (Brie, p. 8–9:251–261)

Professional identity disrupted under virtual scrutiny

"The whole experience is taking a toll on me, actually, and I'm not, (brief pause), I'm not quite comfortable talking to people (brief pause), and it's even made me question myself about my communication skills, which is quite weird, because personally I'm a communications officer." (Brie, p. 10:307–312)

Coping strategies to alleviate anxiety

“I’m just feeling you know, nervous, I’m really sweaty, my arms are sweating, (brief pause), and ... I take a bath, and then I just have to drink after that ... you know, just forget what happened.” (Brie, p. 25:768–771)

Appearance-enhancing behaviours for video presentation

Retrospective regret at actions undertaken

“At that time if you looked at my Instagram or like I think TikTok was what people were using, (brief pause), TikTok like even Google searches. It was just horrible, (brief pause), it was just like beauty hacks and this ideas about ideas [*sic*] and skin lightening that was horrible.” (Sandra, p. 22:624–628)

Resorting to DIY methods

“I initially tried ordering a lot, (brief pause), a bunch of things from Amazon but then, Amazon wasn’t doing a good job delivering things that, (pause), I even took things into mind own hands, I would DIY stuff from like whatever was at home, and like, things like, things that would show up on my TikTok, (brief pause), like, (brief pause), Indian.. ... our Indian, like recipes, (brief pause), desi, (brief pause), brown recipes.” (Sandra, p. 39:1107–1114)

Adoption of novel practices

“I did do a lot to change my appearance, I think, uhm, (brief pause), yeah, yeah. ... like skincare wasn’t actually something I’d done beforehand, which, then I introduced that whole skincare routine. ... and makeup, I wasn’t particularly big on before, but I’d put it on just to sit in my room and do a video call now, and actually did hair extensions as well ...” (Gia, pp. 23–24:725–735)

Sculpting facial features: illuminating or camouflaging

“Before that it [wearing makeup] wasn’t as much, I think I would just put a bit of blusher on and I was pretty much good to go, and maybe a bit of lip balm, sometimes I put a bit of concealer here and there, but it wasn’t a full face of makeup as I found myself now putting foundation, concealer, blusher or bronzer to kind of make my face appear smaller or you know kind of emphasised cheekbones, uhm, contour my nose, you

know things I was never ... something I would never do before I had to kind of learn and then like watching videos on how to apply this makeup on.” (Naila, p. 20:610–618)

Spending excessive amounts of money to conceal flaws

“I’ve had to use a lot of ... spend a lot of money or rather use a lot of money uhh ... purchasing makeup products, so that I can hide my flaws ... my acne.” (Brie, p. 8:230–232)

Desire to emulate the filter’s effect in reality

“Using different kind of filters, which I’ve mastered. ... they’re not as good as Snapchat filters, but still, you can use like the lipstick filter, and filters that smooth your skin ... I did that too, but it’s weird after I started using those [face filters], it makes me wish that I, (brief pause), that my skin can look that good in real life. ... because I, I wish that my skin can look that smooth and healthy and shiny, uhm, you know, but mainly the smoothness of it because it makes you look so young and energetic.” (Zoe, p. 32:990–1006)

Extensively researching how to present oneself

“I started watching a lot of videos on YouTube about how to make yourself look good in video calls, so, I sort of studied that, you know, where the light needs to be in front of you, so there’s no shadows cast on your face, uhhh, and, uhh, yeah, so the lighting needs to be a certain way for you to look good, and then put a filter over it as well. So I would almost look like a different person.” (Zakia, p. 24:692–698)

Strategic preparation prior to video calling

“I take about an hour to do my make-up, then I think I’ll spend about 15-20 minutes setting up the lighting in a certain way. So that’s flattering, then I’ll choose, I’ll choose the filter as well, and make sure I do a little test run to see how I look.” (Zakia, p. 35:1034–1038)

Reducing visibility to self and others

Avoidance of being observed by others

“Yeah, uhm, so for seminars you had to have your camera on, uhm, and yeah, sometimes I would just be feeling quite insecure. I didn’t really want to sit there, (pause), with my face on show for the whole hour. So, I would just put in the chat and

say uhm, (brief pause), ‘webcam wasn’t working, or my laptop was playing up’, (brief pause), uhm, just making complete excuses, but I did that maybe once or twice a week or so. ... It made me feel relieved, for a little bit, uhm, I also felt very guilty. ... and I think it was also a barrier to kind of, uhm, making connections and friends with people. ... because at the end of the day, I was still trying to make friends, but you can’t really, if you don’t have, (brief pause), if they can’t see who you are.” (Gia, pp. 25–26:810–822)

Concealing oneself in moments of vulnerability

“On my most days ... I was taking the effort to make myself look nice and feel better. Some days were really like, the days that I wasn’t putting on any makeup, and the days I had to like, hide myself from the camera, or like do some like filter the days [*sic*] or like, or like hard work because I was like, (brief pause), ‘what am I, (brief pause), what am I supposed to do?’” (Sandra, p. 36:1021–1027)

Blurring visibility to reduce virtual scrutiny

“My friend told me this trick, which is really stupid if you think about it, she was like, ‘you can put like sellotape or like your thumbprint on the camera, it makes it a little blurry’. So you don’t have to be seen as like, very visible, and I was like, ‘that’s just not great’, but. ... I did try it a couple of times. I mean, I was actually kind of fascinated with how well it worked, and it kind of made me feel better, because on those days, I actually didn’t have to, like get up and get dressed and put in all effort to look better.” (Sandra, p. 19:524–538)

Increasing lighting to obscure the face

“I just have the lighting behind, (brief pause), like, I have a massive lamp behind my camera. So, behind my laptop, and that is directly in the middle. So, it shines a light directly on my face, almost kind of making it too bright. So that not so many of my features are obvious.” (Zakia, p. 30:865–868)

Measures to reduce anxiety: Hiding self-view

“I get dread, like, ‘oh, gosh, I’m going to have another Zoom call or another Zoom meeting’. I try and keep the, (brief pause), you know, the selfie mode off so that I can’t see what I look like, because I know it’s going to bring up more anxiety in me. ... I mean, this is a way of coping, because uhm, I just don’t think it’s healthy, me just constantly looking at my own face while I’m actually trying to talk and trying to have

my lecture, trying to have my consultations, uhm, that was my way of doing it.” (Zakia, p. 29:832–845)

Strategic clothing choices and manipulation of camera to appear smaller

“I’m trying to put on like, you know, dark clothes, dark coloured clothes, like mainly I’ve just changed all my wardrobe to just black. ... then it’s deciding what I want to wear, because if I wear a hoodie it made me look bigger, if I wore a basic top that made me look smaller, but yeah, it’s still it’s still showing my features in terms of like, you know ... my arms and my shoulder, and then it’s kind of positioning the camera further, further away from my face, but my face is still appearing, (brief pause), because the further away you are from the camera, the smaller you look, so that’s another technique that I’ve mastered.” (Zoe, p. 29:902–913)

C. THE NEW SELF POST-VIDEOCONFERENCING

Extensive measures to enhance appearance for both online and offline contexts

“Extended measures” to address appearance concerns

“I’ve never used [any] kind of Botox or filler, but I feel like it’s like, uhm, (brief pause), I’m thinking of, you know, having to do it because of, because of the way I’m appearing because I feel like, if the makeup is not, you know working for me, then maybe I need to take extended measures, to perhaps either do a surgery or do fillers and Botox.” (Zoe, p. 25:783–787)

Contemplating strategies to hide potential procedures

“I was relieved when the clinic started to open again, uhm, in the pandemic. I got a video consultation with a cosmetic surgeon to try and see if I could get a surgery on my nose, (brief pause), I had that option, but that was the best time I could do this, and, uhm, (brief pause), pretend that my camera had broken just to kind of recover.” (Zoe, p. 36:1120–1124)

Consideration of cosmetic procedures; reluctance to disclose having undergone a cosmetic procedure

“Yeah, I was told that all the surgeries were delayed due to COVID and the lockdown, and you know, there was no kind of certain time as to when they would open, so I was even thinking to go down to Turkey ... to get the surgery there, because it was a lot cheaper too, (brief pause), then, you know, I didn’t want to say it earlier, but I had, uhm,

(pause), a nose surgery, uhm, (pause), I went to Turkey, and had it done there. ... I think it [rhinoplasty] has definitely improved my self-esteem and the way I see myself and my appearance.” (Zoe, pp. 36–37:1130–1147)

Consideration of cosmetic procedures despite reservations

“That’s when I got like an appointment with like, like the eye optician that I usually go to, and to consider that, you know, like, ‘oh, what if I got like surgery? Laser, you know, fix my eyes later?’ ... No, I am actually really scared of needles and doctors in general.” (Sandra, p. 42:1182–1193).

Re-evaluation of self: “a different dimension of myself”

“I don’t think I would have even got those consultations [laser eye surgery; laser hair removal] or thought about that. I don’t think normally I would have considered it at all, even now, I wouldn’t go back and do those things or get consultations for those things at all, I just don’t think I am the kind of person that needs to take, like such serious kind of measures to feel better about myself ... the pandemic time was just different, kind of like being in a different dimension of myself.” (Sandra, p. 44:1234–1242)

Risk-taking behaviour amidst the lockdown

“It [the lockdown] was really, really hard, and actually got to the point where I actually went on Gumtree and I found someone that does filler, and actually got my lips done, and this woman just charged £100. ... who was willing to do it because everything was closed, and there was, you know, you couldn’t actually go to a proper place because it was closed because of COVID ... So, I went to her house. ... I don’t know if she was qualified or anything. ... I wouldn’t have done that before, I would have definitely gone to a proper doctor, a proper place, but I felt it was almost out of desperation, because it was just really stupid.” (Zakia, pp. 42–44:1239–1278)

Consequences of newly developed appearance concerns

Change in self-perception

“I feel I was at peace with myself, I feel as if I never used to criticise myself, I never used to look in the mirror and think to myself, ‘I’m ugly, or I’m not good enough.’” (Zakia, p. 18:507–510)

Avoiding visibility to others post-lockdown

“So the masks have actually helped me a lot ... but I do stay indoors a lot more, and I have actually hidden behind masks, because, uhm, I felt that was kind of a protective thing, you know. ... I know it sounds weird, but I felt like the mask is kind of protecting me from other people judging how bad I look.” (Zakia, pp. 45–46:1331–1345)

Persistent discontent

“It [non-surgical thread lift] isn’t actually considered surgery, because, uhm, it’s just a thread that’s inserted under your skin that’s pulled up. So it’s not like an extreme surgery or anything like that. ... I do feel there is some hollowness in my cheeks still, even after the fillers, and I do feel it’s not as taut as it should be, (brief pause), inside of my cheeks and I do feel that’s going to sort of make me look and feel better about myself. ... I mean I hope I can get to a point where I’m happy with how I look.” (Zakia, pp. 39–40:1129–1157)

Comparison with others in both digital and in-person interactions

“I think because I’m still looking at getting other procedures done, (brief pause), naturally, I’m still comparing myself to other people, and I still do that till, like till today, whether that was on social media, or in real life, and in person, just seeing how other people are confident ... competent with themselves and the way they appear, and the way they look, their maintenance, how their makeup looks, how they have done their hair, how their teeth looks when they talk.” (Naila, p. 39:1231–1238)

Insecurities with self-image persisting outside of the virtual landscape

“It was knocked ... like my self-esteem, and then I noticed, even when I was going out, and I wasn’t on Zoom, or anything, those issues was [*sic*] still there.” (Gia, p. 14:422–424)

Reduction in cosmetic enhancements: emphasis on the natural

I did take the extensions out, I stopped getting the lashes, uhm, I think, uhm, I think right now I’ve stuck with the skincare, but I’ve tried to make more emphasis on like, (brief pause), natural again. (Gia, p. 36:1121–1124)

Feeling “fake” with acquired beauty enhancements

“Yeah, I think everyone was so like positive about it [lashes and hair extensions], they were like, ‘oh, like it looks so lovely,’ uhm, which again, it just made me feel a little bit fake, (brief pause), obviously, there’s nothing wrong with getting those done at all, but it

wasn't me that was kind of like, 'you're not complimenting me, you're complimenting these things I've paid for,' and it did feel better for a bit because for a while in myself I felt more confident, but yeah ... it just didn't feel like me." (Gia, pp. 34–35:1075–1082)

Disheartened when reflecting on pandemic era cosmetic changes

"I think it's very disheartening, uhm, and it's also makes you feel like disappointed in myself for being so like, (brief pause) ... bothered about appearance and that time, (pause), uhhh, and it does make me a little bit frustrated that perhaps if, (pause), like, (brief pause), COVID hadn't happened, this wouldn't be an issue, uhhh, that I now like, have to take steps to kind of work on things." (Gia, p. 37:1156–1162)

Hesitation to speak because conscious of artificially enhanced appearance

"I just felt like these filters, make me look better, but obviously quite different to how I really look, uhm ... yeah but I noticed that (brief pause), now that we've kind of, we have gone back to in person like face to face. Although I still use these platforms, I've noticed that I'm kind of more hesitant when I speak to others. ... I'm quite aware of how I'm presenting myself ... I always have makeup on." (Zoe, pp. 22–23:694–704)

Concern that others will notice discrepancy between filtered and actual appearance

"Almost felt that if some of my colleagues saw me in real life, they're going to think I didn't look that good. ... I did use them [face filters], it just made me feel good in that instant moment, but at the back of my head, it made me aware and conscious of you how I was looking, uhm, you know, because this is not, this is not my authentic self, this is not how I looked naturally." (Zoe, pp. 32–33:1006–1035)

Acknowledgement that cosmetic changes haven't brought contentment

"'What's the point of doing all these [physical] changes when, you know, I'm not feeling, (brief pause), I'm not going to be happy, because I'm wondering, even when I do make these changes, am I going to feel happy?. ... Is the result gonna give me what I want?'" (Zoe, p. 10:310–314)

Appendix N

Extracts from Journal Entries

23rd November 2020

I find it really fascinating to read about the literature on body image and videoconferencing, but it looks like there are only a few studies on this topic, and a lot of them are unpublished. I'm not sure I can devise a literature review based on this alone.

A lot of the literature I'm finding is also focused on social media and body image, and the topic seems to be quite saturated. I have a feeling I might find it difficult to develop a critical literature review if this is the case. I definitely need to continue to do research, to see if other studies get published in this specific area.

I'm really excited about the upcoming research and some of the findings of the research I've found on this topic. I feel like it's quite new and could potentially be impactful. I could really help individuals who may be experiencing dissatisfaction with their appearance.

14th June 2023

I had another interview, and I think I'm getting more comfortable in the role of researcher as time goes on, although I still feel at times that I get pulled into my counselling psychology role. In the interview, I noticed that when the participant was telling me about the difficulties she was having with videoconferencing and her body image, as a therapist I wanted to show empathy and 'hold' her. But I was happy that I was able to notice this urge/impulse in me, and continued to be neutral and ask more questions, at the same time being vigilant to detect any distress on her part. (Note to self: Take a step back and allow participants to express themselves.)

During the interviews, I have noticed that it has been difficult to navigate my separate roles as a researcher and trainee counselling psychologist, I'll need to keep reminding myself in the rest of the interviews, I am a researcher in this role, not a therapist!

But actually, it has been really helpful to have the interview schedule side by side on the computer screen to use as a guide.

09th July 2023

Analysing the first transcript has taken a lot of time! More than expected, as I'm analysing in depth and closely following the steps in IPA. Smith et al's (2021) book is very helpful, as it breaks the process down in detail.

I think this process has also taken a lot of time because I really want to do justice to the participants and ensure that their voices are heard, rather than make assumptions that are not grounded in what the participant is saying. But I'm finding myself questioning whether I'm analysing 'correctly'. I think I'm on the right path, but I hope my next supervision will clarify whether I'm doing so with the required depth.

When carrying out Step 3 of the analysis (i.e., constructing experiential statements). I found that I ended up with quite a few experiential statements, and some of them were overlapping. Perhaps I need to be more analytical and move away from the exploratory noting.

9th September 2023

In analysing a transcript from a participant from India, they mentioned searching for and buying skin lightening treatments, as well as making DIY treatments at home. Looking at the transcript, in hindsight I would have liked to have delved into this further with her in the interview and expanded on it so I could get more of her background of her skin lightening journey and perhaps where it was coming from, and how familiar she was with this.

With this participant it is important for me to be very transparent about my experience and background, especially as I also come from a South Asian background, and I have been exposed to skin lightening treatments when visiting Pakistan with my family, and am one of the darker family members amongst my siblings. I think my concern was that I would overidentify and project my experience on to her. Therefore, I acknowledge that when analysing a transcript. It is important for me to stay as close to the participant's perspective, and to acknowledge my assumptions and background, and 'bracket' my experiences.

However, I acknowledge that I cannot eliminate the existence of my prior experiences: I can only attempt to limit its influence on my research by engaging in this reflexivity. This is especially

important in this case as I had assumed that this participant's struggle to the difference she saw between herself and her peers in skin colour, which was what I had experienced with my siblings. Going to therapy has really helped by giving me space to talk about my experience with body dissatisfaction and unpack my journey of feeling different from that of my siblings. It has made me realise that I've come along way, and made me aware of how much my perspective has changed in regard to skin colour and beauty.

These observations led me to reconsider whether the way I view my own personal experience may have been influencing how I interviewed this participant, so I revisited her audio recording to see whether I had been pulling the participant towards reporting the kinds of experiences that I expected. I also went all the way through the transcript and ensured that I was engaging entirely with the participant's perspective rather than my own, in regard to her wanting to carry out treatments in order to "connect" with her White peers. This involved a cyclical process of being immersed in the data but also checking with my peers to see whether they were drawing similar perspectives, and ensuring that it was grounded in the participant's views.

Interestingly, this participant chose to keep her camera turned off during the interview, so I couldn't actually see her. I'm glad she was able to participate in the study and share her experience.

19th December 2023

Looking at my transcript within peer review has been a great learning experience. I was concerned whether I was analysing with the right amount of depth required, but reviewing a transcript within my peers has been helpful. The feedback I've received has shown, for example, that my writing that a participant was 'depressed' in the earlier stages of the analysis—when this was not mentioned by the participant themselves—indicated that I was coming from more of a psychological perspective. The peer group pointed out that I should try and keep this broader—not 'diagnose' the participant—and avoid taking an explanatory or a formulative focus.

Speaking to my peers in the course and reviewing a transcript helped me go back and improve my skills as a researcher. It also helped relieve some of the anxiety I was feeling and reassured me

that other researchers would likely interpret the data differently. There is no perfect way to interpret the data.

08th November 2023

The analysis process has been both laborious and rigorous. I initially started analysing the first transcript by printing the transcript and writing on the first couple of pages, but I found it tricky to delete and edit stuff when going back, so I decided to do this electronically. It's been a lot easier that way. I have also been able to delete, highlight/underline, strikeout and pick up points in the transcripts, which is really helpful.

I think one downside could be that I am not able to cut apart the separate experiential statements and spread them on the floor to do a scattering and then clustering of their interconnections as I would be able to do with paper, and this might lead me to overlook certain statements in step 4 of the analysis, but I encountered the problem by changing the layout of the electronic page to landscape mode and by colour coding the statements so that I could move them around easily. I also made sure to not to privilege early experiential statements in the list. It was easier to move them around electronically and map their interconnections. I had multiple experiential statements, and I stacked similar ones close together into larger groupings. This made it easier for me to see if they were similar or not so relevant to each other.

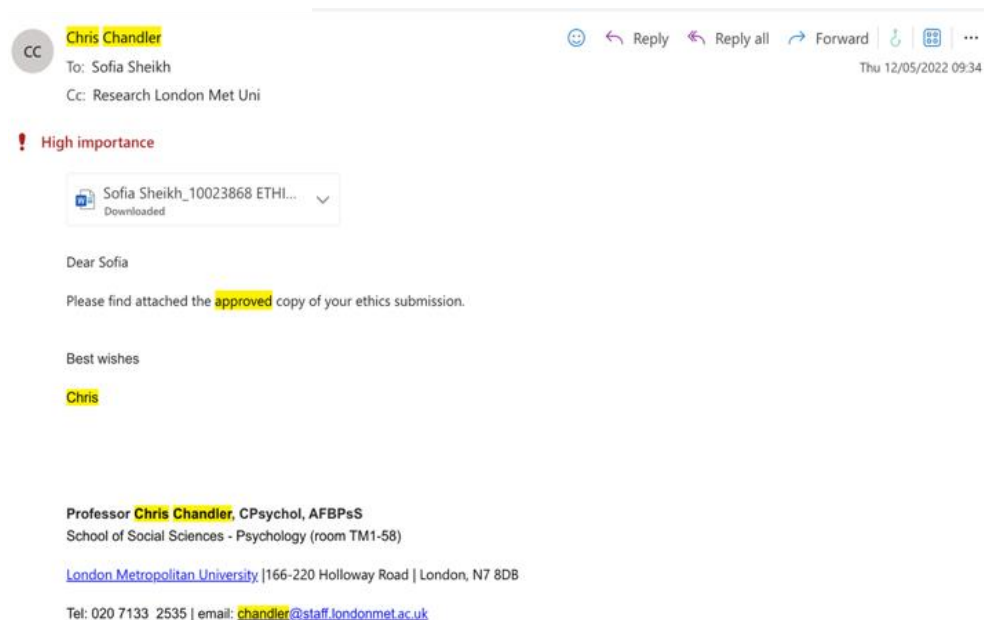
It also worked better for me to view multiple pages side by side in a Word document and move between the statements to see possible links. Throughout the whole process, if I was unsure, I would go back to the transcript itself to see the connection.

Appendix O

Ethical Approval

Figure O1

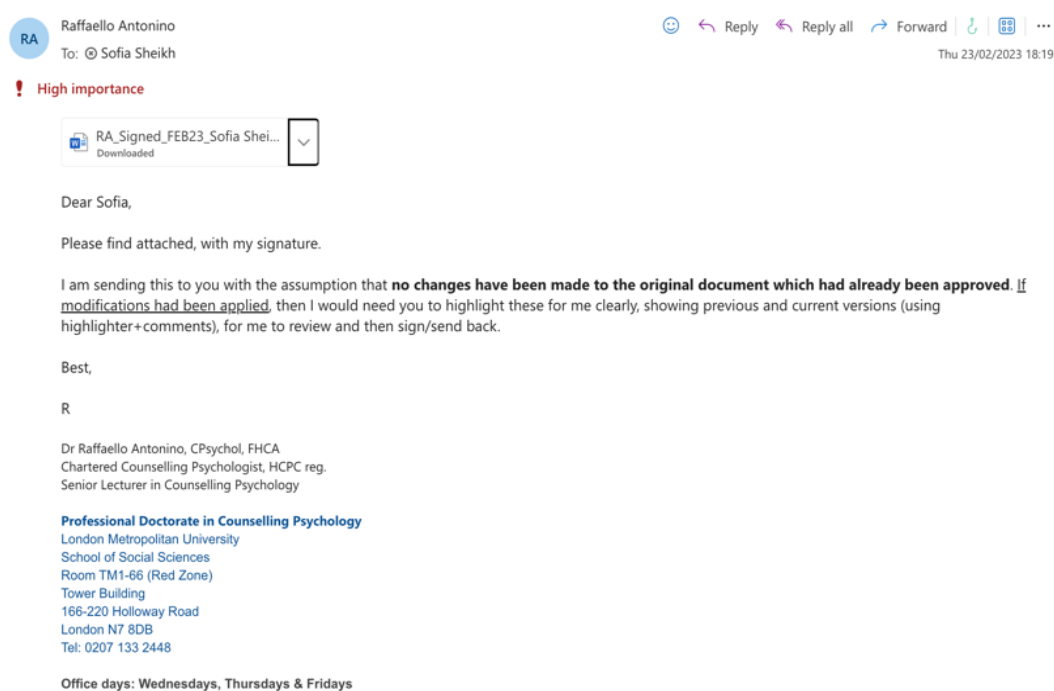
Ethical Approval



Note. Initial approval of ethics

Figure O2

Ethical Approval



Note. Amended ethical approval with Amazon voucher