

The Relationship between Resiliency and Anxiety with Body Dysmorphic Concern among Adolescent Girls in Tehran

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ABSTRACT

Background: Resilience is enumerated as an adjusting factor in the development of mental illness by researchers and in some scientific literature, the role of resiliency, seemed important at dysmorphic disorder. Also, anxiety is a significant variable that can make a person susceptible to mental illness. The aim of this study was to investigate the relationship between resiliency and anxiety with body dysmorphic concern among adolescent girls in Tehran.

Method: *This is a correlation study* and 120 cases were selected randomly as the sample. In this study, we have used the Beck Anxiety Inventory, *Connor-Davidson Resilience Scale* (CD-RISC) and Body Image Concern Inventory (BICI). The data analyzed by SPSS statistical software.

Result: Results showed a statistically significant relationship between resiliency and anxiety with fear of deformity in adolescent girls.

Discussion and conclusion: The results show that the anxiety and psychological resiliency have crucial role in malformed seemed. Its means that people who had body dysmorphic concern, was more anxiety and less resilience.

KEYWORDS: psychological resilience, anxiety, fear of body dysmorphic

INTRODUCTION

Resiliency is very important properties that can have a significant impact in improving the mental health. Resiliency is known a Multidimensional structures that including Variables Constitutional Such as temperament and personality, with special skills like problem-solving skills by Masten. In fact, resilience is inherent capacity in person that can lead to self-improvement and change. Resiliency agrees with Adaptability and a level of balance after the creation of disturbances in previous equilibrium. One of the important variables, especially in adolescents is anxiety because of following reason: - Physical changes such as changing the physical appearance concerns, especially in young girls - Concerns earliness of puberty in girls - Fear and Embarrassment of physical changes And suffering caused by the rejection of physical changes - Rejection by peers – Independent - aggressive behavior - unreasonableness - Lack of necessary skills for life - sexuality and confusion in role. *Anxiety* is a feeling of fear, uneasiness, and worry that including Uncertainty, helplessness and Physiological arousal. Reoccurrence of previously stressful situations or situations have been harmed, causing anxiety in person. Therefore, recently the rate of dissatisfaction increased in teenagers and college kids and they willing to change their appearance.

Some of them are afraid of body image or physical disfigure. This fear and dissatisfaction can damage Social and interpersonal function, it's named as Body dysmorphic and researches revealed Patients with body dysmorphic concern that has two sets obsessive-compulsive symptoms related to physical appearance (For example, imagine a large body size, face size, etc.) and algebraic notation dependent on physical appearance (Such as avoiding the mirror, checking different parts of the body in the mirror, etc.). Dysmorphic is placed In the category of somatoform disorders In this disease, a person feels mentally handicapped or about ugliness and appearance of its face.

Sarwer et al. (1998) found that media ideals affect girls' satisfaction about their body image so that media may have the most effective influence among social-cultural factors on young's dissatisfaction about their body. Otto et al. (2009) believe that the most important predictive strategy of body change for girls are a good friend and mother. Though, the factors like family and media have considerable effect on corporal mental image evolution, coevals are more important effect on the evolution of this factor between boys and girls.

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Littleton (2003) in his research state that satisfaction of corporal mental image is affected by social, familial and individual factors. To him, these social factors are western culture affected, social-financial status, media, coeval and family affects for physical appearance change and individual factors are changes resulted from maturity.

Cooper (2003) mentions that social-cultural perspectives and values affect corporal mental image, since corporal mental image is compound of realities and ideals. Many researches in western society show that one of the most important dissatisfaction reasons for corporal mental image of adolescent girls is the symbol of unreal ideals of women beauty in recent years.

Bena (1999) also focuses on the effect of nurturing of features like social qualification, problem solving skill in adolescents as it results in inevitable danger and negative consequences. Studies on persons of problems like addictive material consumption and felony show that these people lack tolerance.

Basak Nejad (2009) found that human being in his life internalizes the image of his body and biological, environmental and psychological factors shape this image. The results of their research show that those who concern with their corporal appearance have more psychopathic problems.

Ali Pour (2012) declares that there is a meaningful relation between social anxiety and malformed imagination of body and the more social anxiety, the more malformed imagination and such a relation is more meaningful among women.

Razmjoie (2011) found that there is meaningful relation between fear of body malformation and stress so that adolescents who have more stress have more corporal malformed imagination and such a relation is more for girl adolescents compared to boys adolescents.

Maddai and Noghani (2005) state that tolerance makes people successful and happy in front of tough predicaments and being tolerant is multi-aspect feature that changes based on ground, time, age, gender and cultural background and such a feature changes in a person who confronts various conditions of the life.

METHODOLOGY

Statistical society is adolescent girls who go beauty institutes. The sample is 120 girl adolescents selected from 300 examinees who receive higher scores of malformed imagination. Sampling method is cluster multi-steps.

Measurement Tools

Conour and Davidson Tolerance Questionnaire: This tool is 25-indicator scale made by Conour and Davidson to measure tolerance on 5 degrees Likert. This questionnaire has stability and consistency. Mohammadi (2005) normalized this scale in Iran and applied it to 248 persons and found its stability with Cronbach alpha coefficient 0/89 and Shakerinia et al. found it 0/91.

Body Image Anxiety Questionnaire: This questionnaire consists of 31 phrases of 5 choices Likert that measures the perspective of a person about his/her appearance. Its purpose is to evaluate ultra-cognitive aspects of corporal malformation, controlling ultra-cognitive strategies, thought-practice coalition or thoughts mix, ultra-cognitive positive and negative beliefs and security behaviors. Littleton et al. (2005) study the stability of this questionnaire and the Cronbach alpha coefficient is 0/93. Correlative coefficient of each questions with total score of questionnaire are 0/32, 0/72 and the mean of 0/62 (Mohammadi and Sajadinejad, 2007).

Beck Anxiety Questionnaire: This questionnaire is one of the most valid personality tests to evaluate severity and symptoms of anxiety that has 21 questions to determine mental and corporal symptoms of anxiety or fear signs related to anxiety. It is scored from 0-3 and the questionnaire has high stability and consistency. In Iran, the results show that the consistency of this questionnaire is 0/72 and the stability 0/83 (Beck, 1990).

RESULTS

Table 4-1: Correlative Matrix of Predictive Variants and Criterion

group123			
1. Resilience	0.628	**	0.67
2. anxiety	0.771	**	
3. fear of body dysmorphic			
	0.01<P	**	0.05<P *

Table 4-2: Tolerance

sig	df	r
** 0.628	- 1180.000	

Based on the correlative coefficient, there is a contrary relation between resilience and fear of body dysmorphic. Thus, with the probability of 0/99, anxiety decreases with the increase of psychic tolerance.

Table 4-3: Anxiety

sig	df	r
** 0.67	- 1180.000	

Based on the correlative coefficient, there is a contrary relation between anxiety and anguish of body malformation. Thus, with the probability of 0/99, the anguish decreases with the increase of psychic anxiety.

Table 4-4: Malformation

sig	df	r
*0.771	1180.000	

Based on the correlative coefficient, there is a positive relation between malformation and anguish of body malformation. Hence, with the probability of 0/99, the anxiety increases with malformation.

Table 4-5: Summary of Multiple Correlative Coefficients

Predictive variant	R^2	STD. Err	R^2
anxiety	0.771	0.594	0.593
Anxiety and tolerance	0.807	0.651	0.645
			0.034

As shown in above table, both variants of malformation predict that anxiety variant predicts 59% and with tolerance they predict 64/5%, in other words, resilience variant can predict malformation.

Table 4-6: Summary of Regression Analysis for Anxiety Variant

si	F	MS	dfss	Change source groups
Anxiety	1834.41	1834.472	57	0.000
Rest	12.31	118	10.63	
Total	119	3088.79		

As shown in above table, meaningful level of F is 0/0005 which is smaller than alpha 0/01 and with the probability of 0/99 we say that anxiety can predict malformation.

Table 4-7: Summary of Regression Analysis for Anxiety and Tolerance

ss	df	MS	F	sig	Change source Groups
Anxiety and Resilience	2011.682	1005.84	109 /258	0.000	
Rest	1077.112	1179.206			
Total	3088.79	119			

As shown in above table, meaningful level of F is 0/0005 which is smaller than alpha level and with the probability of 0.99 we can say that anxiety can predict malformation.

Table 4-8: Beta Standard Coefficients and Non-standard Variants

variant	BSTD.Error	Betat	Sig
anxiety	0.853	0.065	0.77113.1370.000
Resilience	0.216 -0.490.308	-4.387	-0.000

Based on the above table, the meaningful level of Betas of anxiety and Resilience is 0/0005 which is smaller than alpha and with the probability of 0/99 we can say that anxiety and tolerance variant predict can malformation.

DISCUSSION AND CONCLUSION

The results show that there is a contrary meaningful relation between psychic tolerance and anguish of malformation in adolescent girls. This result is in line with the results of Jeffries and Fletcher (1999) and Werner (1992). In this research it is attempted to show negative performance of this problem with ultra-cognitive strategies on ultra-factors in relation to body malformation based on relatively high prevalence of body malformation problem and the lack of definite and inclusive therapy. Ultra-cognitive beliefs focus on thoughts' content, information processing process (like inflexibility in information processing), perceiving information from out (like excessive awareness to others' attention to self) and emitting information (like security behaviors).

This result is in line with that of Werner (1992) about problem solving related to tolerance. Werner believes that problem solving skill affects features of tolerant persons. Thus, problem solving is one of the factors of tolerant figures.

This research shows that these adolescent girls feel shelter less confronting unpleasant and unfavorable conditions and dangers and try to lose their security and confidence in front of dangers and unpleasant situations to gain unexpected results.

The results also show that there is contrary meaningful relation between anxiety and body malformation in adolescent girls. This study shows that thought chewing factors, inflexibility in information processing, anguish, fear and anxiety have a meaningful relation with malformed imagination of adolescent girls. This result is in line with that of Ghafari et al. (1389) and Emsaki et al. (1389).

The research of Ghafari (1389) is in line with the relation between anxiety and body malformation. Ghafari says that anxiety is a physiological provocation and depression and the lack of confident feeling that shows the roots of many allegedly logical anxieties of adolescents in the anxieties of corporal changes as anxiety about the body malformation especially for girls, fear and shame of corporal change and concern with inability in accepting corporal changes and not being accepted by coevals.

These results are in line with that of Emsaki et al. (1389) that there is a relation between tolerance and anxiety with fear of corporal malformation and anxiety is a predictive fear of body malformation. It shows that those who have less tolerance in mutual social relationships have more anxiety, more fear of body appearance and more sensitive about their body in terms of others' evaluations.

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