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# The mediating role of cognitive emotion regulation strategies in the relationship between self-objectification and body shame with body dysmorphic disorder in women referring to beauty clinics

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## Abstract

**Aim:** This study was conducted with the aim of evaluating the mediating role of cognitive emotion regulation strategies in the relationship between self-objectification and body shame and body deformity disorder symptoms. **Methods:** This research is based on the objective criterion in the applied research group, based on the data collection time criterion in the survey research group, based on the nature of data criterion and the basis of the research is quantitative research. The statistical population of this research includes women and girls who refer to the beauty clinics of the 4th and 8th districts of Tehran. The sample size in this research is equal to 232 people using Spss Sample power sampling software and the sampling method in this research is available sampling. The tool for collecting information in this research is the objectified body awareness scale (McKinley and Hyde, 1996), the cognitive regulation of emotion questionnaire (Garnefsky, Kraij, and Spinhaven, 2001) and the body deformity questionnaire (Stozin et al., 1998). The statistical software SPSS and AMOS are used to analyze the questionnaire data of this research. In order to determine the presence or absence of influence between variables and estimate and generalize the results obtained from the sample size to the statistical population, correlation model, Pearson correlation coefficient test and regression models (mediator model) have been used to evaluate research hypotheses. **Results:** According to the findings of this research, self-objectification has a positive and significant relationship with the symptoms of body deformity disorder ($P<0.001$). Body shame has a positive and meaningful relationship with the symptoms of body deformity disorder. Also, self-objectification has a significant relationship with the symptoms of body deformity disorder with the mediation of cognitive emotion regulation strategies ($P<0.001$). Body shame has a significant relationship with symptoms of body deformity disorder through the mediation of cognitive emotion regulation strategies ($P<0.001$). **Conclusion:** It can be concluded that cognitive emotion regulation strategies play a mediating role in the relationship between self-objectification and body shame with symptoms of concern about body deformity.

**Keywords:** *self-objectification, body shame, cognitive emotion regulation strategies, body deformity disorder symptoms.*

## Introduction

Worldwide today, there has been a rapid increase in the demand for beauty treatments, especially in the last ten years. According to the American Society of Plastic Surgery, 91% of these surgeries are performed by women (Sharp, Tigman, & Matisk, 2014). Iran is also known as one of the countries with a high ranking in performing cosmetic surgeries worldwide. The motivation to seek cosmetic surgery is based on a combination of psychological, emotional, and personality factors (Cocca, 2008). Many studies show that mental disorders, including body deformities, are more prevalent among cosmetic surgery applicants than normal people (Kuka, 2008). Body dysmorphia is a psychiatric disorder characterized by excessive concern about a minor flaw or defect in physical appearance that leads to dysfunction in one or more areas of the body. This disorder was identified more than a hundred years ago by Kraeplin and he called it fear of body deformity, and it was mentioned for the first time in the third edition of the Diagnostic and Statistical Manual of Mental Disorders, and until today it has been mentioned as body deformity disorder. (Lekakis, Picaut, Gabriel, Greitens and Helling, 2016). In this disorder, a person has a mental preoccupation with a defect in appearance, which is either imaginary or if there is a physical abnormality in the person, the person's anxiety about it is extreme and painful. Among the characteristics of this disorder are looking in the mirror, comparing one's physical characteristics with others, extreme concealment, manipulation of the skin and seeking reassurance (Rabiei, Salahian, Bahrami, and Palahang, 2013). These people usually have misconceptions about their body and physical appearance, such as the face, nose, ears, breasts, and thighs, and constantly preoccupy and ruminate about these parts (Bohlmann, Atkoff, & Willemhelm, 2008). According to Kash's etiology model, various causes, including cultural, social, and interpersonal experiences, physical characteristics, and personality attitudes, affect a person's perception of his body (Naziroglu, Kemlani-Patel, and Weil, 2008). Women who suffer from self-objectification are constantly preoccupied with their appearance and body. This process is called body monitoring and the main defining element is self-objectification. Body monitoring can lead to body shaming, because people who constantly monitor and check their bodies are likely to realize that there is a drastic difference between their bodies and the ideal body, which leads to body shame. (Daniel and Bridge, 2010). The social messages that play a role in creating a sexualized view of girls are not only the result of the media and commercial products, but also include other factors such as interpersonal relationships and intrapsychic factors (Brown & Gilligan, 1992), which are used to create a To explain the comprehensive etiology, it is important to pay attention to these variables. One of the cognitive-emotional systems involved in worrying about the body is the differences between people in regulating their emotions. Therefore, it is important to focus on the individual differences of women in protective and risk factors that can increase or decrease body concern (Hogg, Galon, 2011). It has been found that people, when facing stressful events, use different emotion regulation strategies to correct or moderate their emotional experience. The current research question was: Do cognitive emotion regulation strategies mediate the relationship between narcissism and body shame and body dysmorphia symptoms?

## Method

This research is based on the objective criterion in the applied research group, based on the data collection time criterion in the survey research group, based on the nature of data criterion and the basis of the research is quantitative research. The statistical population of this research includes women and girls who refer to the beauty clinics of the 4th and 8th districts of Tehran. The sample size in this research is equal to 232 people using Spss Sample power sampling software and the sampling method in this research is available sampling. The tool for collecting information in this research is the objectified body awareness scale (McKinley and Hyde, 1996), the cognitive regulation of emotion questionnaire (Garnefsky, Kraij, and Spinhaven, 2001) and the body deformity questionnaire (Stozin et al., 1998). The statistical software SPSS and AMOS are used to analyze the questionnaire data of this research. In order to determine the presence or absence of influence between variables and estimate and generalize the results obtained from the sample size to the statistical population, correlation model, Pearson correlation coefficient test and regression models (mediator model) have been used to evaluate research hypotheses.

## Results

The average of the variable of cognitive emotion regulation is reported as 103.97 with a standard deviation of 13.50. The acquired average of the components of cognitive regulation of emotion, which includes positive cognitive regulation and negative cognitive regulation, respectively from the highest to the lowest average, are: 1. Positive cognitive regulation 2. Negative cognitive regulation. The acquired average of the sub-components of the cognitive regulation of emotion, which includes the sub-components of positive cognitive regulation, in order from the highest to the lowest average, are: 1. Positive refocusing and planning 2. Positive reappraisal 3. Positive refocusing 4. Downsizing (perspective) 5. Acceptance. The acquired average of the sub-components of the cognitive regulation of emotion, which includes the sub-components of negative cognitive regulation, in order from the highest to the lowest average, are: 1. Self-blame (self-blame) 2. Rumination 3. Catastrophizing (disaster-making) 4. Other-blame (others' blame). The average acquisition of the self-objectification (body monitoring) variable is 39.15 with a standard deviation of 7.21. The acquired mean of body shame variable is equal to 49.18 with a standard deviation of 10.33. The acquired average of the body deformity syndrome variable is equal to 16.58 with a standard deviation of 3.61. The results of the Kolmogorov-Smirnov test to check the normality of the distribution of the variables showed that the significance levels of all the variables are greater than 0.05, it can be concluded that all the variables follow the normal distribution and parametric tests should be used in this research. Because the value of the significance level in the Pearson test table and the standardized covariance output is 0.0001 and 0.0001, respectively, and this value is smaller than the critical level and the standard error of 0.05 with a confidence of 0.95. So it can be concluded that the above hypothesis is confirmed. The value of the correlation coefficient of these two variables is positive and equal to 0.56, indicating that these two variables have a good correlation. Also, according to the test value, which indicates a positive relationship between the two variables, it can be concluded that self-objectification (body monitoring) has a positive and significant relationship with the symptoms of body deformity disorder; Thus, as the amount of self-objectification (body monitoring) increases, the amount of symptoms of body deformity disorder will also increase and vice versa.

Because the value of the significance level in the Pearson test table and the standardized covariance output is 0.0001 and 0.0001, respectively, and this value is smaller than the critical level and the standard error of 0.05 with a confidence of 0.95. So it can be concluded that the above hypothesis is confirmed. The value of the correlation coefficient of these two variables is positive and equal to 0.63, which indicates that these two variables have a good correlation. Also, according to the test value, which indicates a positive relationship between the two variables, it can be concluded that body shame has a positive and meaningful relationship with the symptoms of body deformity disorder; In this way, as the amount of body shame increases, the amount of symptoms of body deformity disorder will also increase and vice versa. The value of RMSEA for the present study indicates a relatively acceptable fit of the model with the data. Examining other model fit indices indicates that the desired models have a good fit with the data.

## Conclusion

The direct and indirect effect of self-objectification on the symptoms of body deformity disorder is significant. The conceptual examination of mediation in structural equation modeling shows that there are two basic concepts in the discussion of mediation, one is the direct effect and the other is the indirect effect of variables on each other. In the mediation model, if the direct effect of one variable on another variable is statistically significant, but the indirect effect is not significant, it can be concluded that there is no mediation. In the mediation model, if the direct effect of one variable on another variable is not statistically significant, but the indirect effect is significant, it can be concluded that complete mediation prevails. In the mediation model, if both the direct and indirect effects are statistically significant, it can be concluded that the mediation is partial. According to the bootstrap or self-adjustment test used for this model. Also, according to the principles governing the discussion of mediation in structural equation modeling in general, it can be concluded that in this model, since both the direct and indirect effects of self-objectification on the symptoms of body deformity disorder have been reported to be significant, it can be concluded that there is mediation. Moreover, the variable of cognitive emotion regulation strategies has a partial mediating role in the effect of self-objectification on the symptoms of body deformity disorder and the above hypothesis is confirmed. So, in general, it can be concluded that self-objectification has a significant relationship with the symptoms of body deformity disorder through the mediation of cognitive emotion regulation strategies.

The direct and indirect effect of body shame on the symptoms of body deformity disorder is significant. The conceptual examination of mediation in structural equation modeling shows that there are two basic concepts in the discussion of mediation, one is the direct effect and the other is the indirect effect of variables on each other. In the mediation model, if the direct effect of one variable on another variable is statistically significant, but the indirect effect is not significant, it can be concluded that there is no mediation. In the mediation model, if the direct effect of one variable on another variable is not statistically significant, but the indirect effect is significant, it can be concluded that complete mediation prevails. In the mediation model, if both the direct and indirect effects are statistically significant, it can be concluded that the mediation is partial.

According to the bootstrap or self-adjustment test used for this model. Also, according to the principles governing the discussion of mediation in structural equation modeling, in general, it can be concluded that in this model, since both direct and indirect effects of body shame on the symptoms of body deformity disorder have been reported to be significant, it can be concluded that there is mediation. Moreover, the variable of cognitive emotion regulation strategies partially mediates the effect of body shame on the symptoms of body deformity disorder, and the above hypothesis is confirmed. So, in general, it can be concluded that body shame has a significant relationship with symptoms of body deformity disorder through the mediation of cognitive emotion regulation strategies.

## *References*

Aldao, A., Nolen-Hoeksema, S., & Schweizer, S. (2010). Emotion-regulation strategies across psychopathology: A meta-analytic review. Clinical Psychology Review, 30, 217-237.

Auerbach, R. P., Abela, J. R. Z., Ringo Ho, M. (2007). Responding to symptom of depression and anxiety: Emotion regulation, neurotism and engagement in risky behaviors. Behavior Research and Therapy, 45, 2182-2191.

Berking, M., Poppe, C., Luhmann, M.,Wupperman, P., Jaggi, V., Seifritz. (2012). Is the association between various emotion-regulation skills and mental health: mediated by the ability to modify emotions? Results from two cross-sectional studies. Journal of Behavior Therapy and Experimental Psychiatry, 43, 931-937.

Brown, L. M., & Gilligan, C. (1992). Meeting at the crossroads:Women's psychology and girl's development. Cambridge, MA: Harvard University Press.

Carlson, j. M., Dikecligil, G. N., Greenberg, T., Mujica-Parodi, L. R. (2012). Trait reappraisal is associated with resilience to acute psychological stress. Journal of Research in Personality, 46, 609-613.

Cash, T. F., & Pruzinsky, T. (Eds.) (2002) A negative body image: Evaluating epidemiological evidence. Body image: A handbook of theory, research, and clinical practice. New York. Guilford Press.

Daniel, Samantha & Bridges, Sara K. (2010) The drive for muscularity in men: Media influences and objectification theory, Body Image. 7, 32 – 38.

Dillon, D. G., Deveney, C. M., & Pizzagalli, D. A. (2011). From basic processes to realworld problems: how research on emotion and emotion regulation can inform understanding of psychopathology, and vice versa. Emotion Review, 3, 74- 82.

Fredrickson, B. L., & Roberts, T-A. (1997). Objectification theory: Toward understanding women's lived experience and mental health risks, Psychology of Women Quarterly, 21, 173 – 206.

Garnefski, N., Boon, S., & Kraaij , V. ( 2003). Relationships between cognitive strategies of adolescents and depressive symptomatology across different types of life event . Journal of Youth and Adolescence, 32, 401-408.

Garnefski, N., & Kraaij, V. (2006). Relationships between cognitive emotion regulation strategies and depressive symptoms: a comparative study of five specific samples. Personality and Individual Differences, 40, 1659-1669.

Garnefski, N., Kraaij, V., & Spinhoven, P. h. (2001). Negative life events, cognitive emotion regulation and depression. Personality and Individual Differences, 30, 1311-1327.

Granefski, N., Kraaij, V., Spinhoven, P. (2002). Manual for the use of the cognitive emotion regulation questionnaire. Leiderorp: Datec.

Gross, J. J., & Thompson, R. A. (2007). Emotion regulation: Conceptual foundations. In J. J. Gross (Ed.), Handbook of emotion regulation. New York: Guilford Press.

Harrell, Z. A. (2002).Trait self-objectification in college women's mental health: An examination of smokers and never-smokers. Dissertation Abstracts International, 63(2), 1079.

Hasani, J. (2010). Reliability and validity of Persian of the cognitive emotion regulation questionnaire (CERQ). Journal of clinical psychology, 24,139-152. (Persian).

Hughes, E. k., Gullone, E. (2011). Emotion regulation moderates relationships between body image concerns and psychological symptomatolog. Journal of Body Image, 8, 224–231.

Kring, A. M., & Sloan, D. M. (Eds.). (2010). Emotion regulation and psychopathology: A transdiagnostic approach to etiology and treatment. New York: The Guilford Press.

Mauss, I. B., Cook, C. L., Cheng, J. Y. J., & Gross, J. J. (2007). Individual differences in cognitive reappraisal: Experiential and physiological responses to an anger provocation. International Journal of Psychophysiology, 66, 116-124.

Nejati, S., Sabahi, P., Rafienia, P., Rajezi Esfehani, S. (2014). The Comparison of Emotion Regulation Strategies in Obese Women with Negative and Positive Body Image, Iranian Journal of Cognition and Education, 1(1), 1-5.

Ochsner, K. N., Gross, J. J. (2004). Thinking makes it so: A social cognitive neuroscience approach to emotion regulation. In R. F. Baumeister & K. D. Vohs (Eds.), Handbook of self regulation: Research, theory, and application. New York: Guilford Press.

Ochsner, K. N., Gross, J. J. (2005). The cognitive control of emotion. Trends in Cognitive Science, 9, 242-249.

Roemer, L., Salters, K., Raffa, S., & Orsillo,. S. M. (2005). Fear and avoidance of internal experience in GAD: Preliminary tests of a conceptual model. Cognitive Therapy and Research. 29, 71-88.

Rottenberg, J., & Johnson, S. L. (Eds.). (2007). Emotion and psychopathology: Bridging affective and clinical science. Washington, DC: American Psychological Association.

Salimi, H. (2014). The relationship between self objectification and sexual abstinence: moderating role of sexual self-steam in girls. Master's Thesis. University of allme tabatabaei. (Persian).

Slater, A., & Tiggemann, M. (2002). A test of objectification theory in adolescent girls. Sex Roles, 46, 343- 349.

Tolman, D. L., Impett, E. A.,Tracy, A. J., & Michael, A. (2006). Looking good, sounding good: Femininity ideology and adolescent girls' mental health. Psychology of Women Quarterly, 30, 85-95.

Troy, A. S., Mauss, I. B. (2011). Resilience in the face of stress: Emotion regulation as a protective factor. In S. M, Southwick, & B. T, Litz, & D, Charney, & M. J, Friedman. (Eds.), Resilience and mental health: Challenges across the lifespan. London: Cambridge University Press.

Troy, A. S. (2012). Cognitive reappraisal ability as a protective factor: Resilience to stress across time and context. Doctoral Dissertation of Philosophy. University of Denver.

Werner, K., & Gross, J. J. (2010). Emotion regulation and psychopathology: A conceptual framework. In A. M. Kring, & D. M. Sloan (Eds.), Emotion regulation and psychopathology: A transdiagnostic approach to etiology and treatment. New York, NY, US: Guilford Press.

Zurbriggen, E. L., Collins, R. L., Lamb, S., Roberts, T. A., Tolman, D. L., Ward, L. M, & et.al. (Eds.). (2010) Reports of the APA Task Force on the Sexualization of Girls. Washington DC: American Psychological Association.