Comparing thought control strategies of adolescent girls with body dimorphic disorder and normal subjects

Bahareh Deljoo
Department of Educational Psychology, Tabriz Branch, Islamic Azad University, Tabriz, Iran

Amir Panah Ali*
Department of Educational Psychology, Tabriz Branch, Islamic Azad University, Tabriz, Iran
*Corresponding Author

Abstract

This study aimed to examine the differences in thought control strategies adolescent girls suffering dysmorphic disorder with persons is normal. Participants included 111 high school students who were randomly selected. Data from the Yale-Brown Obsessive Compulsive Scale modified for BDD (YBOCS-BDD) and thought control questionnaire (TCQ) were collected and through (MANOVA) inferential test was analyzed. The results showed that adolescent girls with body dysmorphic disorder and normal persons were different in components of thought control strategies, including: distraction, social control, fear, punishment and there is a re-evaluation.

Keywords: body dysmorphic disorder, thought control strategies.
Introduction

People with body dysmorphic disorder in one or more defects or imaginary flaw in his physical appearance preoccupation, which say ugly, unattractive, perverse, or appear deformed. This imaginary defects not visible to others or minor mental seen. Worries can be seen on or more parts of the body, mainly on skin, hair or nose to concentrate. However, each part of the body can be a concern. This mental engagement annoying, unwanted, time-consuming and often difficult to resist them or control them. Repetitive behaviors or mental acts are extreme in response to the employment subjective. The individual feels compelled to do these behaviors, which are not enjoyable and anxiety and boredom may increase the average age at onset of the disorder is 16 to 17 years old, average age 15 years, the most common age at the time starting from 12 to 13 years old. This disorder can be content and themes ranging from education and employment difficulties, psychosocial and quality of life issues encompass (APA, 2013).

Metacognition is a term first used by Flavell (1979) was used and the knowledge about cognitive processes and how efficient use of them to achieve the goal of learning is said (Baylr Vasnvn, 1993). In fact, metacognition is awareness of one's own cognitive and control and guidance system. So, metacognition, thinking about thinking, cognition, knowledge, understanding or knowledge about the phenomena described (Flavell, 1988). Zimmerman (quoted from united, 1386) as well as the active monitoring of cognitive and metacognitive strategies as through better use of knowledge comes into action. In other words, metacognition refers to information about a person's cognitive system so that, according to Thompson, Heroes, Prussia, Turner, Gordon and Penicuik (2011) meta-cognitive judgment in making people feel good analytical thinking and doing things, increase intuition and reasoning plays a role in the increase. Metacognition means knowledge also can be one of your thinking process and its ability to control this process is (Kakiroghlu, 2007; Dysot and Azsoy 2009, Hakr and Donlvesky, 2003). In general, metacognition range of factors related to both describe and include any knowledge or cognitive process of interpretation, review or control their role (Wells, 1995). So, metacognition is a cognitive model that works on a higher level and is based on monitoring (Efklydz, 2001). Research on thought control strategies, components and their effects on behavior, began when Wagner et al (1987), paradigm of thought suppression was introduced in the etiology of mental disorders (Wells and Davis, 1994). Means of repression, intentional effort to unthinkable about a particular topic or idea. The process of suppressing a thought, a deliberate search and alert not suppress thoughts or thinking about the purpose and keep the chosen alternative consciousness. Each individual event is thought to be what causes the target variable uncomfortable divert his attention. This can be distracting external stimuli (such as talking to others) or internal stimuli (eg thoughts thinking about coordinating with the People). The second process is called automatic search target where repression requires a monitoring presence of the target thought to be frustration, diversion process and to be searched (Pordon, 1999). Various studies done on the relationship between strategies syndrome and psychological problems, have shown interest and concern punishment of two strategies with the possibility of injuries and psychological problems such as depression, obsessive-compulsive disorder, post-traumatic stress disorder, stress and slow recovery from major depression, generalized anxiety disorder and aggressive behavior, thoughts and positive relationship with (Reynolds and Wells, 1999; Coles and Hymbrg, 2005; Rvsys and Wales, 2006; Nagtygal and Racine and Morris, 2006).
In this regard, Taylor, Groves and stupa (2009) concluded that the disorder of paranoid people, using strategies of self-punishment and worry, and those with paranoid disorder to manage and control unwanted thoughts and disturbing of these methods across the board. The results Yamaguchi et al. (2009) has approved the issue. The results nugget Gal et al (2006) found that social strategies and distraction, was adaptive in nature and can reduce unwanted thoughts. Distraction by reducing aggressive thoughts and fantasies and feelings of anger, positive relationship. Social strategies can help to alleviate the concerns of the above strategies, re-evaluation, the ambiguous nature and its actual impact on thought control is not clear. Some research about positive and negative relation between this strategy and some psychopathology have shown. Wells and Davis (1994) that when a re-evaluation period is flexible, effective and are more likely to lead to a reduction in unwanted thoughts, but if used rigid and repetitive work may turn out to be a bad strategy.

Methodology

The study is causal-comparative, cross-sectional designs have been implemented. The sample method was random cluster sampling. The population consisted of all secondary school students in the academic year 2015-2016 are 4th Educational District of Tabriz. The sample size was 120 person, 9 members of the sample were excluded because of incomplete answers their questionnaires and final sample’s size was 111 people. Data gathered included: Yale Brown obsessive compulsive scale corrected for body dysmorphic disorder, which contains 12 questions. Control Questionnaire think that this questionnaire by Wells and Davis (1994) to assess individual differences in the use of various strategies to control thought and its relation to emotional vulnerability has been developed. After testing the assumptions used to analyze the data from this test were used for statistical evaluation MANOVA.

Results

1. "Thought control strategies among adolescent girls with normal and body dysmorphic disorder were different."

To test this hypothesis of multivariate analysis of variance (MANOVA) we use. For this purpose, the main assumptions of this approach, including normality, homogeneity of variances, linearity and lack of co-linearity is considered.

Figure 1. Scatter plot matrix between each pair of variables in normal and with body dysmorphic groups
The above diagram is clear evidence of a nonlinear relationship between each pair of variables did not show thought control strategies. So our assumption of linearity is estimated.

Table 1. Correlation between the components of "thought control strategies"

<table>
<thead>
<tr>
<th></th>
<th>Distraction</th>
<th>Distraction</th>
<th>Distraction</th>
<th>Distraction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Distraction</td>
<td>1/000</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Distraction</td>
<td>1/000</td>
<td>0/636</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Distraction</td>
<td>1/000</td>
<td>-0/653</td>
<td>-0/658</td>
<td></td>
</tr>
<tr>
<td>Distraction</td>
<td>1/000</td>
<td>0/387</td>
<td>-0/235</td>
<td>-0/168</td>
</tr>
<tr>
<td>Distraction</td>
<td>1/000</td>
<td>-0/055</td>
<td>-0/257</td>
<td>0/311</td>
</tr>
</tbody>
</table>

Also according to Table 1 it can be seen that any pair of variable components of "thought control strategies" strong correlation (higher than 0.8) with each other. As a result of the
assumption of the absence of co-linearity between the components of "thought control strategies" is established.

Table 2. MANOVA test results

<table>
<thead>
<tr>
<th>Sig</th>
<th>Error df</th>
<th>Hypothesis df</th>
<th>F</th>
<th>Value</th>
<th>Effect</th>
</tr>
</thead>
<tbody>
<tr>
<td>0/000</td>
<td>105</td>
<td>5</td>
<td>4631/78</td>
<td>0/995</td>
<td>Pillai's trace</td>
</tr>
<tr>
<td>0/000</td>
<td>105</td>
<td>5</td>
<td>184/496</td>
<td>0/898</td>
<td>Groups</td>
</tr>
</tbody>
</table>

According to Table 2, given that the probability of the effect Pillai line group virtually zero and this amount is less than 0.05. So significant level of 0.05 can be concluded that the thought control strategies among adolescent girls with normal and body dysmorphic disorder was different. As a result of research hypothesis is accepted.

Now we want to know whether the girls with normal body dysmorphic all components and control strategies that are significantly different or not? This information is summarized in Table 3. Because the number of separate analyzes in this table we can see a higher alpha level to reduce the risk of Type I error (ie finding meaningful results when really there is no difference) we choose. The most common way to do this is to use the Bonferroni adjustment. In its simplest form, this involves dividing our main alpha level (0.05) in the number of analysis that you want to do it (Tbachynk and Fidel, 2007, p. 270). In this case we have five dependent variable for search, so we will split up 0.05 5 new Alpha (0.01) is obtained. When the amount is less than 0.01 Sig will consider the results significant.

According to results of MANOVA test : between adolescent girls with normal and with body dysmorphic every element of thought control strategies including "distraction", "social control", "worry", "punishment" and "re-evaluation" There is a significant difference. Because the probability (Sig) to every element of "thought control strategies" is less than 0.01. So between adolescent girls with normal and with body dysmorphic every element of thought control strategies including "distraction", "social control", "worry", "punishment" and "re-evaluation" There is a significant difference.

Conclusion

Research showed that the results about distraction with results of Wells and Davis (1994) and Amir (1997)'s researches is consistent. In this context, the results of Wells and Davis (1994) and Amir and colleagues (1997) showed that normal subjects compared with those with OCD, the more they use distraction. In explaining the relationship of thought control strategies and exacerbate the symptoms of obsessive-compulsive disorder, studies have shown that control strategies metacognitive thinking, to remove and expel the thoughts of consciousness done, and back again to increase the deterrent think, to be, so , long-term strategy is not constructive(Poordon,1999). In this context, social control of thought control strategies revealed This finding is consistent with model predictions and meta-cognitive research findings The positive relationship between strategic use of social control and fewer
have reported concerns (Kols & Himberg, 2005). Social control strategies and distraction, and adaptive in nature can reduce unwanted thoughts. Distraction by reducing aggressive thoughts and fantasies and anger, positive relationship. Social strategies can help to ease concerns (Naktigal et al., 2006). The results of the research component of the concerns of thought control strategies and the results of the component Mnadarvjdadasht difference significant difference was observed discipline of thought control strategies. In this regard, various research findings that are consistent with this research. Regarding the strategies syndrome and psychological problems, have shown that the use of worry and punishment strategies, with the possibility of injuries and psychological problems such as depression, obsessive-compulsive disorder, post-traumatic stress disorder, stress and generalized anxiety disorder and aggressive thoughts and behaviors are positively related.
References


