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Examining the relationship between attachment styles and body dysmorphic disorder with the mediating role of irrational beliefs among clients of cosmetic clinics in eastern Gilan province

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ABSTRACT

This research aimed to investigate the relationship between attachment styles and body dysmorphia with the mediating role of irrational beliefs among clients of beauty clinics in eastern Gilan province. This study is a descriptive-analytical study. The statistical population consists of clients of beauty clinics in the eastern part of Gilan province in the time period of April to June 2024, of which 200 people were selected by available sampling method using Cochran's formula. The data collection tools were the Collins and Read Attachment Styles Questionnaires, the Lostozin Body Dysmorphic Disorder Questionnaire, and the Irrational Beliefs Questionnaire (1868). Data were analyzed using SPSS version 23 software and structural equation modeling using PLS software.

According to the results obtained, there is a positive and significant relationship between the components of secure, anxious-ambivalent, and avoidant attachment styles and body dysmorphia, with values of 0.095, 0.535 and 0.335 respectively. Additionally, irrational beliefs play a mediating role in the relationship between attachment styles and body dysmorphia.

Securely attached people are comfortable with open and honest communication. They can express their feelings and needs effectively, and they are also good at listening to and understanding their partner's perspective. People with an ambivalent attachment style are often reluctant to get close to others and worry that others will not reciprocate their expressions of emotion. Also, people with an avoidant attachment style have excessive self-reliance, which deprives them of relationships and emotional support, which in all these cases may lead to the formation of negative beliefs and thoughts in relation to the body and the overall shape of the face. When a person develops irrational and incorrect beliefs about themselves and their body, these beliefs affect their other decisions and perspectives, and this dysmorphia is always present in their imagination, which ultimately leads to cosmetic surgery

Keywords: Attachment styles, body dysmorphia, beauty clinics, Gilan province

Introduction

The study of body dysmorphic disorder has a long history in the last century. Body dysmorphic disorder was first mentioned as an example of a specific somatoform disorder under the name of "body dysmorphia" in the third edition of the Diagnostic and Statistical Manual of Mental Disorders (American Psychiatric Association, 1980). In the fourth edition (American Psychiatric Association, 2000), this disorder was specifically named Body Dysmorphic Disorder (BDD).

Phillips, Didie and Menrad[1],call this feature body dysmorphic disorder, which was identified by Kereplin over a hundred years ago and called it fear of deformity, and it was first introduced in the third edition of the Diagnostic and Statistical Manual of Mental Disorders and has been referred to as body dysmorphic disorder until today[1].

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Body dysmorphic disorder is a mental health condition where a person becomes extremely preoccupied with a perceived flaw in their body, no matter how minor or imagined it may be, and constantly dwells on it. This deficiency is usually imaginary, and if a physical defect really exists, people with this disorder will greatly exaggerate it [2].

People with this disorder are ashamed of their perceived physical flaws and only speak about them in general terms, and may always refer to themselves as ugly. People with body dysmorphic disorder (BDD) are preoccupied with a perceived flaw in their physical appearance, most commonly the face. This preoccupation causes significant clinical distress and impairment in important areas of functioning. If there is a slight physical abnormality, the person's worry and distress about it is exaggerated and agonizing.

At a stage of this disorder, the individual, in response to their concerns about their appearance, exhibits repetitive behaviors (such as repeatedly checking themselves in the mirror, excessively combing their hair, or applying makeup) or performs repetitive mental acts (such as comparing their physical appearance with that of others) [3].

One of the factors that can contribute to body dysmorphic disorder is irrational beliefs. According to Albert Ellis, human behavior and emotions are the result of a person's beliefs, convictions, and way of thinking. Anxiety, depression, anger, and fear are all caused by a person's way of thinking and beliefs about the world and others. Ellis named these beliefs irrational beliefs and stated that irrational beliefs are a set of desires and goals in which there is compulsion, obligation, duty and absolutism, and if these types of beliefs are not satisfied, the person becomes anxious and upset. Another psychological variable that appears to be changing across generations is irrational beliefs. Every person has a set of general thoughts that are called central beliefs or core beliefs.

These beliefs are usually subconscious and reveal how each individual reacts to life. When an event triggers a train of thought, what a person consciously thinks depends on the core beliefs that are subconsciously applied to that event, and whether certain facts have meaning for individuals depends on the person's beliefs, which can be logical or illogical [4]. Reducing irrational beliefs through the theory and application of rational emotive behavioral therapy leads to a decrease in body dependence and the relationship between irrational beliefs, body image, and exercise behavior [5].

Another factor that affects body dysmorphic is attachment styles. Another factor influencing body dysmorphic is attachment styles. One theory that can effectively predict and explain harmful socio-emotional behaviors is the theory of adult attachment styles, which proposes three types of attachment in adult relationships: secure, avoidant, and anxious [6].

Studies have shown that behaviors resulting from attachment styles are an integral part of everyday life behaviors. Although these behaviors are largely shaped during parent-child interactions and in the early years of life, they can determine a person's future behaviors in various areas of interpersonal relationships, such as social relationships, friendships, and intimate and emotional relationships [7].

Patients with body dysmorphic disorder (BDD) reported a significantly higher history of cosmetic surgery (15.6% vs. 3%), higher rates of suicide attempts (31% vs. 3.5%), and suicide attempts due to appearance concerns (2.22% vs. 1.2%) compared to individuals without BDD. Based on research conducted in Iran, the most prevalent age group is 20-50 years old, and 20.7% of those affected had a history of visiting psychology clinics with a psychiatrist. 17.2% of the subjects had undergone cosmetic surgery, of whom 20% were dissatisfied and 80% were relatively satisfied. The prevalence of body dysmorphic disorder (BDD) in the general population is reported to be about 7%. Considering the high prevalence of various reconstructive surgeries among individuals with BDD, and their efforts to undergo plastic and cosmetic surgeries, it indicates their dissatisfaction with their physical appearance. 95% of rhinoplasty applicants in Iran are women and girls aged 14-45, and the rate of plastic and cosmetic surgery in Iran is 7 times higher than in Western countries, in most cases there is no need for surgery [3].

The research by Soleimani et al. indicates that emotional schema therapy can be an effective method in modifying irrational beliefs and body image of women with body dysmorphic disorder [8]. In addition, the results of the research by Mousavi et al. showed that there is a significant difference between irrational beliefs in patients with personality disorders and healthy individuals. Furthermore, there is a significant difference between the mean scores of the dimensions of the irrational beliefs scale in the two groups of personality disorders and healthy individuals.

There is also a significant difference between the mean scores of secure attachment style, insecure avoidant attachment style, and insecure ambivalent attachment style in the two groups of personality disorders and healthy individuals [9]. Zakari et al. stated in a study entitled "Comparison of Identity Styles and Attachment Styles in Delinquent and Non-Delinquent Adolescents in Qom" that delinquency in adolescence is one of the abnormal behavioral patterns that seriously damages the natural course of life of the adolescent and those around him [10].

Individuals with body dysmorphic disorder often have poor interpersonal relationships, whereas Mikulincer and Shaver's research found that a secure attachment style is associated with positive relationships such as stability, satisfaction, and trust.

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Anxious-preoccupied attachment style is associated with a conflict between passionate love and jealousy, an inappropriate level of self-disclosure, and ultimately, an avoidant attachment style, which is associated with a lower level of trust and self-disclosure, and a higher rate of breakups [11]. Also, the research by Miller et al. showed that in our study of 2 class groups, where class 1 was characterized by high irrational beliefs and inflexibility of body image, and class 2 was characterized by low irrational beliefs and inflexibility of body image, individuals in class 1 reported significantly more depression, anxiety, stress, and dependence on exercise compared to individuals in class 2 [12]. Diyala et al. stated in their research that the thoughts of learners are important for academic motivation and learning in secondary schools, and irrational beliefs affect students' motivation [13]. The research of Yeganeh et al. indicates that symptoms of body dysmorphic are one of the common problems among adolescent girls. The experience of security or insecurity in childhood attachment can be one of the most important personality and fundamental factors influencing physical deformity. The results of the correlation test showed that there is a positive and significant relationship between attachment styles and body dysmorphic [14].

The research findings of Salehi et al indicated that based on the cutoff score of the Body Dysmorphic Disorder Questionnaire, 1.7% of men and 8.8% of women suffered from body dysmorphic disorder. The research results indicate the role of personality traits, attachment styles, and emotional schemas in body dysmorphic disorder in men and women [2]. Also, the research findings of Heshmati et al. indicate that an anxious-ambivalent attachment style has a positive relationship with body image. The direct effect of anxious-ambivalent attachment style on body dysmorphic symptoms is significant. The path between body image and body dysmorphic symptoms is significant and negative [15]. The research results of Davoodi Firoozi and Zargar indicate that the avoidant attachment style is a significant predictor of concern about body image [16]. Additionally, Millie and Rocky showed that anxious and avoidant attachment styles are inversely related to individuals' body trust [17], and Hardit and Hanum's research indicates the moderating role of anxious attachment in the impact of sociocultural attitudes on body dissatisfaction [18]. The main question of the present study is whether there is a relationship between attachment styles and body dysmorphic among clients of beauty clinics in the east of Gilan province?

Method

This research is classified as an applied research in terms of its purpose, and in terms of research methodology, it is a descriptive-correlational research that was conducted as a cross-sectional study. This research is considered correlational because it seeks to examine the relationship between the research variables. This research sought to investigate the relationship between attachment styles and body dysmorphic disorder among clients of beauty clinics in eastern Gilan province. The statistical population of this study consisted of clients of beauty clinics in the east of Gilan province in the period of April to June 2024, the number of which was unlimited, and according to the Cochran formula, the appropriate statistical sample size for a population with this number was 200 people. The data collection tool in this study was a questionnaire. For this purpose, the Collins and Read Attachment Styles Questionnaire, the Oosthuizen Body Shape Questionnaire, and the Jones Irrational Beliefs Questionnaire were used. The data obtained were then analyzed using SPSS version 23 and structural equation modeling with PLS software.

The content validity of the questionnaire was confirmed by the professors; to determine the internal consistency, Cronbach's alpha formula was used. The reliability coefficient for the questionnaires on attachment styles, body image distortion, and irrational beliefs were found to be 0.84, 0.78, and 0.79, respectively, indicating desirable reliability in the studied population. In this study, the subjects were included in the study by means of convenience sampling and were evaluated. Then, using appropriate charts, graphs, and indices, the sample individuals were described in terms of demographic variables. Quantitative variables were described using the central indices of mean and median, and the dispersion index of standard deviation, and qualitative nominal and ordinal variables were described using frequency and percentage frequency with SPSS version 23 software. The data obtained in this study were analyzed using the structural equation modeling method using PLS software.

Results

Table 1 shows the frequency distribution of the sample population in terms of demographic variables. Based on the results obtained from the individuals studied, women, with 87.5%, had the highest distribution among the sample population, and individuals aged 36-40 years made up more than 29% of the studied population. Also, according to the research findings, 61% of the sample individuals had a bachelor's degree or higher.

Table1. Frequency Distribution of Sample Individuals Based on Demographic Variables

Variable	Variable surfaces	Frequency (percentage)
Gender	Female	175 (87/5)
	Male	25 (12/5)
Age	18-23	3 (1/5)
	24-39	15 (7/5)
	30-35	36 (18/0)
	36-40	59 (29/5)
	41-50	43 (21/5)
	Above 50	44 (22/0)
Level of Education	Diploma	45 (22/5)
	Advanced Diploma	33 (16/5)
	Bachelor	66 (33)
	Master	50 (25)

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Table 2 shows the overall information of the statistical indicators of the research variables, including the indicators of central tendency (mean) and the indicators of dispersion (standard deviation). As observed in Table 2, the mean and standard deviation of the total score of attachment styles are equal to 6/86+- 51-68, for body dysmorphic 18/71+-57/98, and for irrational beliefs 12/66+-130/30, respectively.

Table 2: Descriptive Statistics of Research Variables (n=159)

Variables	Mean	Standard deviation	Minimum grade	Maximum grade
Attachment styles	51/68	6/86	35	75
body dysmorphic disorder	57/98	18/71	31	124
Irrational beliefs	130/30	12/66	88	172

The results of the factor analysis test are presented in Table (4,5). As shown in this table, all factor loadings are greater than 0.5. Therefore, the model has good reliability.

Table 3: Table of factor loading specifications, composite reliability, and average variance extracted (AVE) of the attachment styles questionnaire measurement model.

Component	Question number	Factor loading	Mean variance	composite reliability
Attachment styles	S1	0/843	0/824	0/949
	S2	0/792		
	S3	0/854		
	S4	0/850		
	S5	0/847		
	S6	0/801		
	S7	0/817		
	S8	0/834		
	S9	0/796		
	S0	0/853		
	S11	0/895		
	S12	0/864		
	S13	0/857		
	S14	0/790		
	S15	0/822		
	S16	0/887		
	S17	0/854		
	S18	0/860		

Table 4: Table of Factor Loadings, Composite Reliability, and Average Variance Extracted of Body dysmorphia

Component	Question number	Factor loading	Mean variance	Composite reliability
Body Dysmorphia	B01	0/681	0/836	0/915
	B02	0/687		
	B03	0/801		
	B04	0/721		
	B05	0/801		
	B06	0/894		
	B07	0/915		
	B08	0/915		
	B09	0/933		
	B10	0/903		
	B11	0/921		
	B12	0/918		
	B13	0/864		
	B14	0/766		
	B15	0/783		
	B16	0/839		
	B17	0/788		
	B18	0/853		
	B19	0/902		
	B20	0/897		
	B21	0/737		
	B22	0/839		
	B23	0/815		
	B24	0/818		
	B25	0/756		
	B26	0/858		
	B27	0/729		
	B28	0/746		
	B29	0/831		
	B30	0/702		
	B31	0/859		

Table 5: Table of specifications for factor loadings, composite reliability, and average variance extracted of irrational beliefs

Component	Question number	Factor loading	Mean variance	Composite reliability
Irrational beliefs	BG01	0/695	0/633	0/932
	BG02	0/672		
	BG03	0/595		
	BG04	0/709		
	BG05	0/683		
	BG06	0/707		
	BG07	0/759		
	BG08	0/795		
	BG09	0/739		
	BG10	0/693		
	BG11	0/798		
	BG12	0/535		
	BG13	0/706		
	BG14	0/644		
	BG15	0/583		
	BG16	0/660		
	BG17	0/690		
	BG18	0/729		
	BG19	0/677		
	BG20	0/815		
	BG21	0/771		
	BG22	0/668		
	BG23	0/541		
	BG24	0/647		
	BG25	0/752		
	BG26	0/791		
	BG27	0/803		
	BG28	0/815		
	BG29	0/838		
	BG30	0/795		
	BG31	0/791		
	BG32	0/776		
	BG33	0/657		
	BG34	0/753		
	BG35	0/869		
	BG36	0/843		
	BG37	0/803		
	BG38	0/747		
	BG39	0/677		
	BG40	0/854		

As it is clear from the table above, the extracted mean and variance values are greater than 0.5 in all cases, which indicates the validity of the research variables.

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Also, the values of composite reliability in all components are greater than 0.7. Therefore, the reliability of the attachment styles questionnaire is confirmed.

The extracted variance (AVE) is greater than 0.5 in all cases, which indicates the validity of the research variables. Also, the values of composite reliability in all components are greater than 0.7. Therefore, the reliability of the body dysmorphic disorder questionnaire is confirmed.The numbers written on the routes indicate the route multipliers. To test the significance of the path coefficients using the bootstrapping method, student's t-test values were calculated. The t-student test values, if the value is greater than 1.96, the path coefficient is significant at the 0.05 level. Therefore, the reliability of the attachment styles questionnaire is confirmed.

Table 6: Results of structural model evaluation to examine the research hypothesis

	Path	Path coefficient (β)	Significant number (t-value)	Results
1	Attachment styles…> body dysmorphic	0/589	10/762	Approved
2	Attachment styles…> irrational beliefs	0/543	10/454	Approved
3	Irrational beliefs…> body dysmorphic	0/266	6/043	Approved

According to Table 6, the significant statistic between the variable of attachment styles and body dysmorphic disorder is equal to (10.762), which is greater than the value of (1.96) and indicates that the relationship between attachment styles and body dysmorphic disorder is significant at the confidence level of (95%). Additionally, the path coefficient between these two variables is (0.589), indicating a positive effect of attachment styles on body dysmorphic. In other words, a one-unit change in attachment styles will result in a 0.589-unit increase in body dysmorphic disorder. This means that attachment styles have a positive and direct effect on body dysmorphic.

Also, there is a significant statistic between the variable of attachment styles on irrational beliefs equal to (10/454), which is greater than the value of (1/96) and indicates that the relationship between attachment styles and irrational beliefs at the confidence level (95%) is significant. Also, the path coefficient between these two variables is equal to (0.543) and shows the positive effect of attachment styles on irrational beliefs. In other words, a one-unit change in attachment styles will result in a 0.543-unit increase in irrational beliefs.

This means that attachment styles have a positive and direct effect on irrational beliefs. In addition, there is a significant statistic between the variable of irrational beliefs on equal malformation (6/043), which is greater than the value (1.96) and indicates that the relationship between irrational beliefs on malformation at the level of confidence (95%) is significant. Also, the path coefficient between these two variables is equal to (0.266) and shows the extent of the positive effect of irrational beliefs on body dysmorphic. In other words, a one-unit change in irrational beliefs will result in a 0.266-unit increase in body dysmorphic. This means that irrational beliefs have a positive and direct effect on body dysmorphic disorder. Therefore, the research hypothesis is confirmed.

Discussion

As the results of the research show, the regression coefficients based on the share of each of the components in predicting dysmorphic, considering that the significance level of the tests in all predictor variables is less than 0.01, it can be said that the two variables are significantly able to predict dysmorphic. The styles of attachment with the highest beta value were the best predictors of negative body image (β=0.457, t=5.239, P<0.01), followed by irrational beliefs (β =0.041, t=0.457, P<0.01), which had a significant ability to predict negative body image.

These results are consistent with the findings of Miller et al. (2023), Heshmati et al. (2023), Soleimani et al. (2024), and Mousavi et al. (2023). Therefore, it can be stated that with the increase in attachment styles and irrational beliefs in individuals, the level of dysmorphic increases in them.

In explaining these findings, it can be stated that the quality of attachment is the main construct in vulnerability to depression. Insecure attachments are a product of experiences of loss or inconsistent access to the attachment figure. This instability and fluctuation can manifest itself in mood irregularities and swings. Individuals with an insecure attachment style have less self-confidence in interpersonal relationships, and this negative self-perception prevents them from forming deep and effective bonds in interpersonal settings.

Therefore, this state of isolation and failure to establish relationships in insecure individuals can increase the likelihood of developing depression. On the other hand, many individuals with body dysmorphic disorder have experienced emotional abuse and sexual abuse during their childhood.

Also, the injuries caused by car accidents that lead to the creation of wounds or skin complications can affect people's appearance and ultimately cause unnecessary attention to appearance. Early negative experiences (images of negative experiences, being ridiculed, neglect, bullying, etc.) may prepare a person for the negative affect that they feel in later years when viewing various parts and organs of their own body. These experiences may shape fundamental beliefs about the value of attractiveness in people. Also, based on the findings of this study, the Pearson correlation coefficient used and results shows below findings.

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Secure attachment styles and body dysmorphic disorder ($r = 0.095$, $p < 0.01$), ambivalent attachment styles and body dysmorphic disorder ($r = 0.535$, $p < 0.01$), and avoidant attachment styles and body dysmorphic disorder ($r = 0.335$, $p < 0.01$) is statistically positive and significant. Therefore, it can be concluded that higher attachment styles are associated with higher body dissatisfaction, and vice versa. The findings of this study are consistent with the results of research by Miller et al. (2023), Heshamti et al. (2033), Soleimani et al. (2024), and Salehi et al. (2019).

In explaining these findings, it can be stated that individuals with a secure attachment style tend to have long-lasting relationships and trust their emotional partners in adulthood. Other key characteristics of these individuals include high self-esteem, enjoying intimate relationships, seeking social support, and the ability to share their feelings with others. Therefore, these individuals always have a better view of themselves and, in the face of others' compliments, experience less doubt about themselves, which can lead to less body dysmorphia in them. It can also be said that people with an ambivalent attachment style are often reluctant to approach others and worry that others will not reciprocate their feelings, which leads to frequent separations in their relationships. These people become very upset, especially after a relationship ends. Therefore, this perspective leads to the development of a negative view towards the opinions of others in individuals, causing them to constantly hold a negative outlook. In such circumstances, any commentary regarding a person's physical attributes results in the creation of a negative self-image. In addition, the avoidant attachment style means not feeling comfortable and intimate with others, having controlled emotions and feelings, and having significant problems in stressful situations that require high levels of activity and creativity.

People with an avoidant attachment style have excessive self-reliance, which deprives them of relationships and emotional support. Accordingly, individuals with an avoidant attachment style, due to their lack of feeling safe and having a negative view of themselves (the body is part of one's identity and personality), may develop a negative view of it, which leads to the formation of negative beliefs and thoughts regarding the body and the overall shape of the face. Also, based on the excessive self-reliance, which is one of the characteristics of this style, it should be said that if individuals have a perception of deformity in their bodies, and since they avoid intimacy with others, even if their bodies are approved by the most intimate people, they still insist on their belief that they are deformed, which leads to the formation of defects, flaws, beliefs, and negative perceptions about the body, which they undergo cosmetic surgery to reduce and eliminate their imaginary defects.

Based on the results obtained in this research, it is suggested that by creating educational programs and holding seminars and courses for individuals seeking beauty in areas such as establishing communication with others, helping to create closeness with others, creating a positive view towards others, etc., which are factors influencing people's attachment, the level of attachment can be strengthened in them. By this means, the level of body dysmorphic disorder in individuals, including reducing the preoccupation of thoughts and perceptions related to being malformed in appearance in individuals, reducing worries about thoughts related to malformation, improving people's psychological energy towards appearance, etc., should be eliminated as much as possible.

Conclusion

One of the dimensions of health is physical health. Despite the role of physical health in a person's overall well-being, some individuals, despite having a normal or near-normal physical appearance, have a constant preoccupation with their physical appearance, which causes them to report an excessive and worrisome fear of being ugly, unattractive, or deformed. The individuals with body dysmorphic disorder tend to focus excessively on details. Deficits in global and local visual processing and task switching are observed. People with body dysmorphic disorder (BDD) are preoccupied with a perceived or slight flaw in their physical appearance or face, and this preoccupation causes significant clinical distress or impairment in important areas of the individual's functioning. If there is a slight physical abnormality, the person's worry and distress about it is exaggerated and agonizing. Meanwhile, the more attached a person is, the more their sense of ugliness is reinforced. Also, the existence of irrational beliefs can also affect a person's perception of their body image, leading them towards cosmetic surgeries. Therefore, based on theoretical foundations and research evidence, if we understand that body dysmorphia is influenced by irrational beliefs and attachments, we can take steps to eliminate or reduce this dysmorphic view by addressing these issues and bringing them under control.

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