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Impact Social Skills Training on Psychological Factors in Students with Body Dissatisfaction

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Abstract: The aim of this study, was the effectiveness of social skills training on individual-social adjustment, aggression and self assertive of high school female students with body dissatisfaction. A sample were 60 girls with body dissatisfaction that parted in two separate groups 30 (control and experimental). Tools for measurement in this study were, the Physical Appearance Comparison Scale (PACS) California Personality Inventory (CPI), Ahvaz aggression Questionnaire (AGQ) and Adolescent Self Assertive (ASA) scale.pre-test exam were taken for two groups and then experimental group were put under test for a period of sessions each lasted one hour while they were under social skills training. Afterward, once again each group were put under test, but the conclusion of a multivariable variance analysis showed that social skills training will increase individual social adjustment, whereas will reduce the aggression and having an increase on self. Assertive among the female students with body dissatisfaction.

Key words: Social skills training, body dissatisfaction, individual- social adjustment, aggression, self assertive

INTRODUCTION

The definition of disfigurement depends on an interaction between social norms and individual and values. Some cultural practices, such as foot binding, ear piecing and circumcision, clearly alter appearance and sometimes compromise normal functioning, but are not necessarily experienced or perceived as disfiguring (Fallon, 1999). Approximately 1% of the adult population have a scar, blemish or deformity which severely affects (their) ability to lead a normal life'' but at least a quarter of men and a third of women report some degree of dissatisfaction with their overall appearance.

The natures of the difficulties experienced by disfigured people have been examined from two overlapping perspectives (Cash, 1990). The first perspective is largely social and cultural in nature and could be thought of as the "view from the outside." Studies that have examined the impact of appearance from this perspective have been concerned with how appearance influences social perceptions and interactions. The second perspective has been concerned with the impact of appearance on individual perceptions of self-concept, emotional well-being and quality of life and so could be thought of as the "view from the inside." There is a large amount of evidence that self- perceived appearance- the view from the inside-is only modestly related to the social reality of appearance and that this is equally true across the whole appearance spectrum (Ben-Tovim and Walker, 1995; Butters and Cash, 1987). It is therefore essential for research to consider both perspectives. In an attempt to bring these two standpoints together, the next section of this review will examine the literature pertaining to social and cultural aspects of appearance and disfigurement (outside views) and then examine psychological impacts (the "view from the inside").

Body image has been long studied in the context of physically healthy individuals and persons with eating disorders. Recent interest has extended to medical populations (Benrud-Larson *et al*., 2003) where appearance-related changes and disfigurements are readily visible and can interpersonally salient (e.g., facial scars) and can pose significant challenges to the preservation of positive self-esteem and body image (Rumsey, 2002).

Many studies have shown that body dissatisfaction is highly prevalent during adolescence (Kostanski *et al*., 2004; Ricciardelli and McCabe, 2001). Moreover, there has been substantial empirical evidence indicating that girls show greater body dissatisfaction that body (Barker and Galambos, 2003; Eisenberg *et al*., 2006; Kostanski *et al*., 2004; Muth and Cash, 1997). Muth and Cash (1997) found in their study focusing on gender differences in body image that 40% of females and 22% of

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males were not satisfied with their body. Results from a representative sample of 7420 adolescents in the Swiss Multicenter Adolescent Survey on health (Narring *et al*., 2004) showed that nearly 50% of girls and 18% of bodys were not satisfied with their body. Wardle and Marsland (1990) found similar results with 47% of girls and 72% of boys being satisfied with their body.

Whilst body dissatisfaction in girls is mostly related to a desire to be thinner (Kostanski *et al*., 2004; Ricciardelli and McCabe, 2001; Wardle and Marsland, 1990), in boys body dissatisfaction is related either to a desire to lose or gain weight or to be more muscular (Cohane and Pope, 2001; Ricciardelli and McCabe, 2001; Smolak *et al*., 2001; Smolak and Stein, 2006). Although, gender differences in frequency and intensity of body-image concerns are widely recognized, few studies have examined attitudes and beliefs that might contribute to these differences or the manner in which they operate. To address these issues, the present study aimed to compare the extent of internalization of media body ideals and the pressure to conform to these ideals, in adolescent girls and boys.

One explanation for gender differences in body dissatisfaction is that there is greater sociocultural emphasis placed on physical attractiveness for girls and women in western society (Mckinley, 1999) and Switzerland is no exception in this respect. Media images create a beauty standard for girls in which a perfect, thin, body is central. However, the thin ideal propagated in media is generally unattainable (Wiseman *et al*., 1992). It has been suggested that the discrepancy between actual and ideal body can result in body dissatisfaction (Durkin and Paxton, 2002; Thompson *et al*., 1999). Not surprisingly, under these circumstances, larger body size has consistently been observed to predict greater body dissatisfaction in girls (Barker and Galambos, 2003; Jones, 2004; Paxton *et al*., 2006; Presnell *et al*., 2004).

MATERIALS AND METHODS

Participants: Participants were 60 girls students high schools who take lowest score Physical Appearance Comparison Scale (PACS). These girls had body dissatisfaction and parted in two separate groups (30 girls control group and 30 girls experimental groups).

The 5-item Physical Appearance Comparison Scale (PACS) (Thompson *et al*., 1999) measures ones tendency to make personal physical appearance-related comparisons with others in various social situations. Participants indicate on a scale from 1-5 (1 = never, 5 = always), the frequency with which they carry out specific physical comparisons with others (e.g, "In social situations, I sometimes compare my figure to the figures of other people").Cronbach's alpha for the PACS was 0.78 in our sample.

The appearance orientation and evaluation scales from the Multidimensional Body-Self Relations Questionnaire-Appearance Scales (MBSRQ-AS) (Cash, 1990) were used to assess participants' body image. The appearance evaluation subscale measure overall feelings of physical attractiveness and satisfaction with the physical self (e.g." Most people would consider me good looking"). The appearance orientation scale assesses how important physical appearance is to the individual (e.g., " IT is important that I always look good"). Participants indicate on a 1-5 scale their agreement with each item. Cronbach's alpha for the scales were 0.86 and 0.90, respectively.

California Personality Inventory (CPI) was used to assess individual-social adjustment. This measure is comprised to two subscale, individual and social adjustment. Cronbach's alpha for the subscales were 0.86 and 0.87.

The Ahvaz Aggression Questionnaire (AGQ) was used to assess aggression. In this study cronbach's alpha was 0.88. The Assertion Scale for Adolescents (ASA) was used to assess self -assertive. cronbach's alpha was 0.80.

After selected samples and parted in 2 groups (control and experimental). The 1st asked of all samples completed the CPI, AGQ and ASA questionnaires then social skills training start for experimental group in 20 sessions every session is 60 min in 3 mounts. After 1 week the end of trial, once again asked 2 groups completed questionnaires.

RESULTS

Data were analyzed using SPSS for windows version 13.0. The pretest-posttest variables CPI, AGQ and ASA for control and experimental group are presented in Table 1.

Means values and standard deviation for CPI, AGQ and ASA for control group (pre-post-test) and experimental group (pre-post-test) are presented in Table 1 date were analyzed using a model MANOVA. AS hypothesized. Results showed, there was significant difference between two groups. The other means, social skills training will increase individual social adaptation whereas reduce the aggression and having an increase on self assertive among the female students with low body dissatisfaction.

Table 1: Means and standard deviation for variables in control and experimental group

	N = 30 Control group				N = 30 Experimental group					
	Pre-test		Post test		Pre-test		Post test		Deferential pre-post-test	
Variable	M	SD	M	SD	M	SD	M	SD	Control	Experimental
CPI	74/43	17/32	71/17	13/34	75/13	16/35	146/77	9/34	2/27	77/63
AGQ	54/83	6/78	54/73	8/06	56/57	10/75	34/30	11/18	10	22/27
ASA	19/60	3/18	8/07	2/60	10/07	5/05	29/43	2/32	1/53	19/37

DISCUSSION

The present study aimed, was the effectiveness of social skills training on individual-social adjustment, aggression and self assertive of high school female students with body dissatisfaction. As expected, social skills training will increase individual social adjustment, reduce the aggression and having an increase of self assertive among the female students with body dissatisfaction. There are several reasons to believe that helping disfigured individuals extend their repertoire of social skills would improve their psychological and social functioning. First, there is some evidence that people with disfigurements behave in ways that can be characterized as indicative of shyness and apprehension (Kapp-Simon and McGuire, 1997; Rumsey *et al*., 1986; Thompson, 1998). This may be a consequence of inhibition rather than a social skill deficit or personality attributes (Fichten and Bourdon, 1986).

Second, social competence is one of the better predictors of adjustment (Kapp-Simon *et al*., 1992) suggesting that improvement in this respect would have wider implications for well being.

Third, discrimination is commonly encountered (Myers and Rosen, 1999), so that providing individuals with the skills to deal with difficult social exchanges is likely to be empowering. Finally, a high level of social skill can serve to overcome any potentially negative effects of disfigurement on social interactions (Rumsey *et al*., 1986).

Robinson *et al*. (1996) examined the effects of a social skills work shop on the well being of participants with disfigurements. The social skills training package used a combination of instruction, modeling, role-play, feedback and discussion (Clarke, 1999). Adjustment was evaluated using the hospital anxiety and depression scale, the social Avoidance and Distress scale and an open-ended questionnaire. Robinson *et al*. (1996) Found significant decreases in anxiety and social avoidance at follow-up and 91% of participants felt that the workshops had been "useful." Fiegenbaum (1981) has also examined a social training program for facially disfigured people. The program consisted of 10, 2-h sessions of group therapy in which participant's role- played situation relevant for everyday life. In comparison to a matched control group, those receiving the social training program showed significant improvements in self- confidence and a reduction of anxiety in social situations. These improvements were maintained over a 2 year follow-up. However, there were no improvements in negative self-image and self- discontent.

There is growing evidence that the personality characteristics shame-proneness, low self- esteem and appearance consciousness that are first developed in childhood and later modified by wider social experiences can predispose people to be more or less socially anxious (Leary and Kowalski, 1995; Thompson, 1998). Family acceptance is crucial in the psychological development of a disfigured child and higher levels of social support are related to both lower levels of mortality and to better adjustment following injury or trauma (Robinson, 1997; Wills, 1997; Kalick *et al*., 1981). Noted that the low level of psychological morbidity found in their sample of port wine patients was related to extraordinary support from family members. Similar findings have been reported in other disfigured populations (Baker, 1992; Blakeney *et al*., 1990; Browne *et al*., 1985). It may be that social support assists individuals by providing a sense of being accepted through the maintenance of their self- esteem (Argyle, 1988), a possibility that is consistent with Gilbert's (1997) evolutionary approach.

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