

Determination of the Relationship between Ego-Strength and Body Image with the Mental Health of Adolescent High School Female Students

Reza Pourhosein^{1*}, Fatemeh Dehghani¹ and Fereshteh Darabi²

¹Faculty of Psychology and Educational Sciences at University of Tehran, Iran

²Master graduated of General Psychology, University of Tehran, Iran

*Corresponding author

Reza Pourhosein, Faculty of Psychology and Educational Sciences at University of Tehran, Iran, Tel: +98 (21)61117485, 61117485; E-mail: prhosein@ut.ac.ir

Submitted: 11 Dec 2018; Accepted: 18 Dec 2018; Published: 05 Jan 2019

Abstract

Introduction: Mental health plays a prominent role in psychosocial development in period adolescence. Adolescents' mental health can be related to a wide range of features. This research aims to determine the relationship between ego-strength and body image and mental health in adolescent female high school student.

Material and Methods: Statistical population in this descriptive-correlation research includes all adolescent female high school student from 22 educational districts of Tehran in 2014-2015 years and its statistical sample consists of 250 girls students at the high school selected through simple random multi-stage sampling method. Data obtained in this study through questionnaires including Basharat Mental Health Basharat Inventory (MHI-28), Cash Multidimensional Body-Self Relations Questionnaire (MBSRQ) and Basharat Ego-Strength Scale (ESS). Pearson correlation method was used to analyze data.

Results: Results showed that there is a significant relationship between ego-strength and body image with psychological well-being and psychological distress. There was also a positive significant relationship between all components of ego-strength and psychological well-being and a negative effect with psychological distress and body image's components including face assessment, body fitness assessment, fitness orientation and satisfaction with the body had a positive significant relationship with psychological well-being and a negative one with psychological distress, but there was no relationship between body image's components including appearance orientation and mental weight with psychological well-being and distress.

Conclusion: According to findings, adolescents' mental health depends on their ego-strength and body image and high level of ego-strength and correct assessment of body image can provide adolescents' mental health and vice-versa.

Keywords: Ego-Strength, Body Image, Mental Health

Introduction

According to World Health Organization's definition, adolescence is considered as one of the main and most valuable periods of life for each person who is between persons 10 to 19 years old [1]. This stage, in the real sense, the change, and transformation period and, it is the best time for making effort to improve health [2,3]. On the other hand, adolescence in girls is an infrastructure and beginning to direct their subsequent stages of life and it will have a direct effect on their children and family and girl's health is the key of breaking the cycle of poverty between generations and access to Third Millennium Development Goals according to United Nations Population Fund [4]. Therefore, addressing the mental health of adolescent female students is one of the most important and basic aspects of community health.

Today, psychological health is not only the absence of mental damage, but it is the goal of presence in positive aspects of function such as

positive emotion, the objective in life and social cooperation [5,6]. According to World Health Organization (2014), mental health is a condition of well-being in which each individual knows his abilities and can deal with stressful conditions of life, work effectively and constructively and play a role in society.

Mental health is one of the most important components of a healthy life in which countless factors are involved in its correct or false formation [7]. Among these factors, ego-strength and body image are two variables refer to personality features and it seems that they can play role in mental health maintenance and prediction.

Ego-strength is one of these important attributes in mental health [8]. Ego-strength is the individuals' ability to tolerate anxiety, the person's capacity to adjust and channel the instinctive pressures and the demands of the superego and it is defined and assessed according to ego's actions and functions [9,10]. Accordingly, the ego-strength level is determined based on person's psychological abilities to settle inner psychological conflict and interaction with

environment including controlling the ego, tolerance of ego, defensive mechanisms, coping strategies and cognitive actions [11].

Several studies in this regards showed that tolerance in adolescents is related to mental health, depression, anxiety and obsession reduction, life satisfaction, developed defensive mechanisms are related to psychological well-being and coping strategies are related to mental health, mental pressure [12-18].

Body image is another variable which can predict mental health. Body image is one of the psychological structures and a pivotal concept for health psychologists [19]. Body image is a multi-dimensional structure consists of perceived experiences and personal and cultural attitudes towards the body and affected by the processes of time of experience and puberty [20]. This mental image is an abstract word including sense and understanding and also some information that person has about his or her body and it is as a curtain of goal or sign on which the person project his/her main personal feeling, anxiety, and values [21,22]. Therefore, since adolescence is one of the main and the most sensitive stages of evolution, the change in body image following visible or invisible changes of the body can have a great impact on the individual's personality; so that today, body image is one main concern in adolescents' life [23-25]. Many evidences suggest that body image is negatively experienced by the majority of adolescents, especially girls [26-28].

Following the dissatisfaction with body image and creating a negative self-concept, the person will want to change his physical image so that he can close his true body image to his ideal image [29]. So, the body dissatisfaction prevalence is considered as a major concern because it is associated with mental disorders such as depression, social anxiety, eating disorders, sexual disorders and diseases related to body deformity [30-32]. Several studies in this regard showed that body image in adolescents is related to depression, social anxiety, eating disorders and Cigarette and alcohol use [32-40]. So, it seems that having a positive body image is an important obligatory for health and well-being beyond the body's real dimensions [41].

Therefore, given that the new research findings in the field of mental health indicate the impact of ego-strength and body image variables on mental health, the present research aims to study the relationship between ego-strength and body image variables and their components with mental health (psychological well-being and psychological distress in teenage girls.

Method

The present research method is descriptive-correlation. Statistical population in this study includes all the adolescent female students at third high school from 22 educational districts of Tehran province 2016 years and research sample consisted of 250 students from all the adolescent female students at third high school of Tehran selected through simple random multi-stage sampling method.

Research tools

Mental Health Inquiry (MHI28)

Mental health scale-28, short-form 34-items mental health scale is a 28-item test and it measures two conditions including psychological well-being and psychological distress in 5-degree Likert scale sizes from 1 to 5. Psychometric properties of the 28-item form of this scale were checked at a sample consisting of seven hundred and sixty subjects in two groups including patient (n=277 173 woman, 104

men) and normal (n=483, 267 women and 216 men). Cronbach's alpha coefficients of psychological well-being and psychological distress subscales were respectively 0.94 and 0.91 for normal subjects score and 0.3 and 0.90 for the patient subject score which refers to a good inner consistency of scale. Correlation coefficients between scores of a number of normal subjects (n=92) were computed at two periods with the two-week interval to measure the reliability of re-test. These coefficients for psychological well-being and distress were respectively equal to $r=0.90$ and $r=0.89$ and they were significant at the level of $p<0.001$ which indicates a satisfactory re-test reliability of the scale. Pearson correlation coefficient's results showed that there is a negative significant correlation between a general score of subjects in general health questionnaire with psychological well-being subscale and it has a positive significant relationship with psychological distress ($r=0.89$, $p<0.001$).

Ego-strength scale

This scale measures the individual responses to difficult situations of life in five-degree sizes from 1 (very low) to 5 (very high) based on some subscales including ego control, ego-tolerance, developed defensive mechanisms, problem-centered coping strategies, and positive emotion-centered coping strategies. The minimum and maximum score of the subject in each ego-strength subscale is 5 and 25, respectively. Psychometric properties of ego-strength scale have been studied and confirmed in several types of research conducted during 2005 up to 2011 in samples including patient (n=372) and normal (n= 1257) [42-44]. Cronbach's alpha coefficients in these studies for questions of each ego-strength subscales were 0.73 to 0.79 for ego—control, 0.80 to 0.86 for ego-tolerance, 0.70 to 0.83 for developed defensive mechanisms, 0.81 to 0.90 for problem-centered coping strategies, 0.69 to 0.85 for positive emotion-centered coping strategies and 0.89 to 0.93 for ego-strengths total score. These coefficients confirm inner consistency of ego-strength scale. Reliability of ego-strength scale's re-test in two stage with 2 to 6 week intervals for patient sample (n=122) and normal (n=274) were 0.65 to 0.73 for ego-control, 0.70 to 0.84 for ego-tolerance, 0.73 to 0.85 for developed defensive mechanisms, 0.71 to 0.78 for problem-centered coping strategies, 0.67 to 0.81 for positive emotion-centered coping strategies and 0.83 to 0.88 for ego-strength scale's total score. These coefficients which all are significant at the level of $p<001$ confirm the reliability of ego-strength scale's re-test.

Multi-dimensional Ego-body Relations Questionnaire (MBSRQ)

This questionnaire is applied in order to assess a person's body image. A 46-items self-assessment scale is the five options which made by Cash et al and 1986. The revised Cash questionnaire (1997) is used in this research. This questionnaire's subscales includes: 1-Apparent status assessment, 2-Leaning toward apparent status, 3- Fitness assessment, 4-Leaning toward fitness, 5-Worry about overweight, 6- satisfaction with physical areas [45]. In the study conducted by Cash in 1994, inner consistency of apparent status assessment subscales was equal to 0.88 and inner consistency of satisfaction with physical areas was 0.77. Reliability of apparent status assessment subscale was 0.1 and reliability of satisfaction with physical areas subscale was 0.86. The reported reliability has been obtained according to two- times implementation [46]. Rahati in 2004 has studied the reliability and validity in Iranian samples. The first test's convergence has been assessed through evaluation of the relationship between body image and self-esteem questionnaire. The relevant results showed that the below correlations have been respectively obtained from body image and self-esteem in girls and

boys and total student sample: 0.52, 0.58, and 0.55. Total Cronbach's alpha and subscales including AE, AO, FO, FE, SW, BAS in girl subjects were respectively equal to 0.85, 0.60, 0.76, 0.46, 0.79, and 0.80 and 0.81 and in boy subjects were respectively equal to 0.88, 0.67, 0.79, 0.57, 0.83, 0.83 and 0.84 [46].

Results

In this part of the study, the Pearson correlation test has been used to assess the hypotheses. The mentioned hypotheses are investigated at an error level of $\alpha = 5\%$.

Table 1 shows the results of the Pearson correlation coefficient's findings in order to study the relationship between ego-strength and body image with mental health components. According to the results of table, there is a significant relationship between ego-strength with psychological well-being ($r=0.554$, $p<0.001$), ego-strength with psychological distress ($r= -0.433$, $p<0.001$), body image and psychological well-being ($r=0.396$, $p<0.001$) and body image with psychological distress ($r=-0.248$, $p<0.001$).

Table 2 shows the results of the Pearson correlation coefficient's findings in order to study the relationship between ego-strength components with psychological well-being. According to the results of the table, all the ego-strengths components have a positive significant relationship with psychological well-being.

Table 3 shows the results of the Pearson correlation coefficient's findings in order to study the relationship between ego-strength components with psychological distress. According to the results of the table, all the ego-strengths components have a negative significant relationship with psychological distress.

Table 4 shows the results of the Pearson correlation coefficient's findings in order to study the relationship between body image components with psychological well-being. According to the results of the table, there is a positive significant relationship between four components including apparent status assessment, fitness assessment, fitness orientation and satisfaction with the body and psychological well-being. But there is no significant relationship between apparent status orientation and subjective weight of teenage girls and their psychological well-being.

Table 1: The results of Pearson correlation test in order to study the relationship between ego-strength and body image with mental health components (Psychological well-being and psychological distress)

Variable	Pearson correlation coefficient	Significance level	Result
Ego-strength→ psychological well-being	0.544**	0.001	Accepted
Ego-strength→ psychological distress	-0.433	0.001	Accepted
Body image→ psychological well-being	0.396	0.001	Accepted
Body image→ psychological distress	-0.284	0.001	Accepted

Table1 shows the results of the Pearson correlation coefficient's findings in order to study the relationship between body image components and psychological distress. According to the table's results, four components including apparent status assessment, fitness assessment, fitness orientation, and satisfaction have a negative significant relationship with the body with psychological distress. But there is no significant relationship between apparent status orientation and subjective weight of teenage girls and their psychological distress.

Table 2: The results of the Pearson correlation test between ego-strength components and psychological well-being

Variable	Pearson correlation coefficient	Significance level	Result
Ego-control →psychological well-being	0.437	0.001	Accepted
Tolerance →psychological well-being	0.462**	0.001	Accepted
Developed defensive mechanism → psychological well-being	0.462**	0.001	Accepted
Problem-centered coping strategies → psychological well-being	0.440**	0.001	Accepted
Positive emotion-centered coping strategies→ psychological well-being	0.473**	0.001	Accepted

Table 3: The results of the Pearson correlation test between components of ego-strength and psychological distress

Variable	Pearson correlation coefficient	Significance level	Result
Ego-control →psychological well-being	-0.378**	0.001	Accepted
Tolerance →psychological well-being	-0.376**	0.001	Accepted
Developed defensive mechanism → psychological well-being	-0.381**	0.001	Accepted
Problem-centered coping strategies → psychological well-being	-0.346	0.001	Accepted
Positive emotion-centered coping strategies→ psychological well-being	-0.320**	0.001	Accepted

Table 4: The results of the Pearson correlation test between body image and psychological distress

Variable	Correlation coefficient	Significance level	Result
Apparent status assessment → psychological distress	-0.257	0.001	Accepted
Apparent status orientation→ psychological distress	0.003	0.962	Rejected
Body fitness assessment → psychological distress	-0.183	0.004	Accepted

Body fitness orientation→ psychological distress	-0.271	0.001	Accepted
Subjective weight→ psychological distress	0.042	0.509	Rejected
Satisfaction with body→ psychological distress	-0.301	0.001	Accepted

Table 4: The results of the Pearson correlation test between body image and psychological distress

Variable	Correlation coefficient	Significance level	Result
Apparent status assessment → psychological distress	-0.364**	0.001	Accepted
Apparent status orientation→ psychological distress	0.102	0.108	Rejected
Body fitness assessment → psychological distress	0.227	0.001	Accepted
Body fitness orientation→ psychological distress	0.319	0.001	Accepted
Subjective weight→ psychological distress	-0.058	0.359	Rejected
Satisfaction with body→ psychological distress	0.393**	0.001	Accepted

Discussion

This study aimed to determine the relationship between ego-strength and body image in teenage girls in high school with their mental health components including psychological well-being and psychological distress, in the other words, structures of ego-strength and desirable body image have a positive and significant relationship with psychological distress. This finding is consistent with findings of Basharat et al [33,42,47-53].

Basharat et al showed that there is a negative relationship between ego-strength in students with depressions signs [47]. Khoda Bakhshi and Kulayi showed that there is respectively a negative and positive relationship between desirable body image and emotion-seeking with the tendency to suicide in teenage girls. Asadi Gandomani and Teimour Zadeh (2014) showed that if the level of depression in students is high, the level of satisfaction body image will be decreased [48]. Sheikhi et al showed that mental health will be increased in adolescent female students suffered from body deformity [49]. Golian et al showed that depression, anxiety, and tension will be increased through inappropriate assessment of body image in cubby teenage girls. Lu e al in (2016) showed that there is a positive relationship between adolescents with perceived desirable physical apparent status with satisfaction with life. Mack Cabby, et al. (2010) showed that negative emotions and their incorrect understanding of physical changes will be decreased in teenage boys through training body image health. Haldon, et al. in 2007 showed that desirable body image and satisfaction with life in boys are related to satisfaction following plastic surgery.

In explaining this finding, we can say that ego-strength's characteristic structures will be enhanced through teenager's attempts for adjustment with its changes and life challenges and desirable body image with correct assessment of condition and its acceptance, skills, abilities and proficiencies lead to formation

of desirable recognitions and emotions related to its changes and surrounding which cause satisfaction with life and experiencing positive emotions and consequently mental well-being sense and on the other hand, it prevents experiencing positive emotions and consequently psychological distress through reasonable estimation of its changes and life's challenges and challenging the unreasonable thoughts.

Another finding showed that there is a positive significant relationship between all ego-strengths components including ego-control, tolerance, a developed defensive mechanism, problem-centered coping strategies and positive emotion-centered coping strategies in teenage girls and psychological well-being. This research's finding is consistent with the findings of [15,54,55-61].

The research's results of Moradi et al and Suleiman & Habibi showed that the increase in tolerance leads to an increase in the sense of psychological well-being in adolescents [54,56]. Esmaeli et al showed that emotion adjustment intervention is effective in increasing girls' psychological well-being [55]. Dusti et al showed that training tolerance leads to increase the psychological well-being of street girls with the externalized disorder [15]. Ahadi et al showed that the students who have the lower level of psychological well-being use more raw defensive mechanisms [57]. Sagone, E & Decaroli showed that tolerance cause satisfaction with life and happiness and increasing social networks in adolescence [58]. Zu et al showed that there is a positive relationship between problem-centered coping strategies and satisfaction with life in adolescents. Milova and Douzdelova showed that there is a positive relationship between adolescents' optimism and coping strategies. Burnet in 2009 also showed that there is a positive relationship between tolerance and optimism of adolescents.

In explaining this finding, we can say that ego-strengths components including ego-control, tolerance, and developed defensive coping strategies, problem-centered and positive emotion-centered coping strategies cause satisfaction with life and experiencing positive emotion and consequently psychological well-being because of positive consequences for the development of person's abilities and capabilities.

According to research's results, there is a negative significant relationship between all the ego-strengths components including ego-control, tolerance, and developed defensive coping strategies, problem-centered and positive emotion-centered coping strategies in teenage girls and their psychological distress. This finding is consistent with the findings of [62-67]. Jahed Motlaq showed that training tolerance causes a student's mental pressure decrease [63]. Momeni showed that training tolerance in adolescents has a significant effect on reducing anxiety [64]. Sepehrian Azar showed that there is respectively a negative and positive relationship between problem-centered and emotion-centered coping strategies with difficulties of emotional adjustment [64].

Faramarzi showed that there is a negative relationship between problem-centered and emotion-centered coping strategies with girls' depression [66]. Downey showed that adolescents with a higher level of intelligence apply more effective coping strategies when they are faced with stress. Philo et al (2010) showed that there is a reverse relationship between ability in adjusting emotion and signs and symptoms of mental disorders of depression and anxiety.

In explaining this finding, we can say that ego-strengths components including ego-control, tolerance, and developed defensive coping strategies, problem-centered and positive emotion-centered coping strategies prevent from this issue that negative assessment and negative emotion which play a basic role in psychological distress be replaced with because positive assessment, positive emotions and psychological distress formation of positive outcomes they cause for person.

Another finding showed there is a positive significant relationship between body image's components including apparent status assessment, body fitness assessment, body fitness orientation and satisfaction with the body in teenage girls and their psychological well-being, but there is no significant relationship between apparent status orientation and subjective weight of teenage girls and their psychological well-being. It means that the sense of apparent attraction, the sense of body fitness and activities for creating it and satisfied with different parts of body lead to psychological well-being. But the investments for apparent attraction and concern and anxiety about weight have no effect on psychological well-being.

This finding of the study is consistent with findings of Elahe Ghalilu [36, 68, 69]. The research's results of Elahe et al showed that in young women, there is a positive relationship between components including apparent status assessment, apparent status orientation, body fitness assessment and satisfaction with body and life. But there is no significant relationship between body fitness orientation and subjective weight and satisfaction with life [68]. Dehghan et al showed that adolescents are satisfied with their body image in three areas including apparent status assessment, satisfaction with different parts of their body and intellectual engagement with overweight except the area of the tendency to apparent status [69]. Goldfield et al showed that body fitness leads to improvement of body image; upgrade social competency and quality in cubby adolescents.

In explaining this finding, we can say that awareness of growth and evolution process and positive assessment of physical changes and events in life challenges can help the teenager to deeply understand objective physical changes and differences in order to bring their existential dimensions closer to their physical state that lead to satisfaction with life and positive emotion and consequently sense of psychological well-being and in justifying two components including apparent status orientation and subjective weight, we can also say that the increase in main issues of life and difficulties (for example Entrance Exam, university, occupation), they pay less attention to physical issues such as kind of face and weight. In explaining the inconsistency, we can also say that these components are more relative and variable and so, they may be affected by age, gender, personality, cultural and social features or inconsistency may be due to research method, for example, the number of sample, criteria and diagnostic tools.

In addition, research showed that there is a negative significant relationship between body image components including apparent status assessment, body fitness assessment, body fitness orientation and satisfaction with body in teenage girls and their psychological distress, but there is no significant relationship between apparent status orientation and subjective weights components in teenage girls and their psychological distress. It means that investment for apparent attraction and concern and anxiety about weight has no effect on psychological distress. This research's finding is consistent

with findings of Zad Hassan and Seraj Khorami in some components and it is inconsistent with some others [26,70,71].

The research of Zad Hassan and Seraj Khorami showed that concern about body image in students in all components of apparent status assessment, apparent status orientation; body fitness assessment, body fitness orientation and subjective weight and satisfaction with body areas have a positive relationship with social anxiety [70,71]. Hussein showed that there is a reverse relationship in youth between stress and dimensions of apparent status assessment, subjective weight, and satisfaction with body areas while there is no significant difference between stress and dimensions of apparent attraction, fitness assessment and tendency to fitness [26]. Chen showed that body mass indicator, sense of physical attraction and less satisfaction with the apparent condition are ones of the main predictors of dissatisfaction with subjective body image.

In explaining this finding, we can state that when adolescents know that many of changes made in body during the process of development and revolution and life events have inadvertently appeared in physical apparent status, but adopting attitudes and behaviors towards these changes is freely and one can surpass the limits by inefficient changing his attitude and behavior and they will not suffer from psychological and behavioral frailty and consequently psychological distress. In justifying two components of apparent status orientation and subjective weight, we can also say that adolescents have less concern about personal and physical issues such as face and weight change through increasing medical facilities, beauty and advertising different types of beautiful models. In explaining the inconsistency of research's findings with the results of other studies, as it was previously mentioned, we can refer to the difference in age, gender, personality, cultural and social features, and the number of samples, criteria and diagnostic tools.

Generally, this research's results showed that psychological well-being and distress of teenage girls are affected by personality structures of ego-strength, body image, and their components. Personality structures of ego-strength and body image lead to psychological well-being and lack or decrease in psychological distress through providing effective perceptual, cognitive and behavioral pattern against their own changes and the surrounding environment. Therefore, ego-strength and body image are a powerful resource for teenage girls' mental health.

One of this research's limitations is implementing it in teenage girls, so generalizing its results to opposite gender and adults is not correct. The present research is also based on relationship assessment and caution should be taken to arrive at a cause and effect conclusion.

Since the present research was conducted on teenage girls, a research in different age and sex groups is recommended to enhance the generalizability. With respect to the role of ego-strength, body image and their components in adolescents' mental health, training in the educational system, families along with enculturation and modifying cultural patterns in society by experienced experts is recommended.

References

1. World Health Organization (2013) Adolescent health <http://www.who.int/topics/adolescent-health/en>
2. Newman BM, Newman PR (2009) Development through life:

- A psychological the approach, 3rd ed. Stanford: Woodworth Learning.
3. Shin YH, Rew L (2010) Nursing student participation in mentoring programs to promote adolescent health: Practical issues and future suggestions. *Nurse Education Today* 30: 26-30.
 4. Jaskiewicz M (2009) An Integrative Review of the health care needs of the female adolescent. *The Journal for Nurse Practitioners* 5: 274-283.
 5. Keys CL (2007) Promoting and protecting mental health as flourishing: A complementary strategy for improving national mental health. *American Psychologist* 62: 95-108.
 6. World Health Organization (2014) Mental Health: A state of well-being. www.who.int/features/factfiles/mental-health/en/
 7. World Health Organization (2007) Mental Health: Strengthening mental health promotion.
 8. Basharat Mohammad Ali (2015) Comparison of parenting styles of parent and children's ego-strength. *Psychology Growth Quarterly Journal* 4: 109-126.
 9. Markstrom CA, Marshal SK (2007) The Psychosocial inventory of ego-strengths: Examination of theory and psychometric properties. *Journal of Adolescence* 30: 63-79.
 10. Basharat Mohammad Ali, Asadi Mohammad Mahdi, Tulaeen Fahimeh (2015) Mediator Role of Ego-Strength in the Relationship with Attachment Styles and Recognition Self-Discipline Strategies of Excitement, *Quarterly Journal of Developmental Psychology of Iranian psychologists* 46: 107-119.
 11. Basharat Mohammad Ali, Asadi Mohammad Mahdi, Qualm Ali Lavasani Masoud (2015) mediator role of ego-strength in the relationship with idealism dimensions and depression signs, *Quarterly Journal of Developmental Psychology of Iranian psychologists* 51: 229-243.
 12. Prince-Embury S (2008) The Resiliency scales for children and adolescents, psychological symptoms, and clinical status in adolescents, *Canadian Journal of School Psychology* 23: 41-56.
 13. Gutjahr AR (2007) Child resilience program: An intervention for children of chronically mentally ill parents. A dissertation submitted for the degree of doctor of psychology at the school of psychology, Spalding University.
 14. Hjemdal O, Vogel PA, Solem S, Hagen K, Stiles TC (2011) The Relationship between resilience and levels of anxiety depression, and obsessive-compulsive symptoms in adolescents. *Clinical Psychology Psychotherapy* 18: 314-321.
 15. Cohn MA, Fredrickson BL, Brown SL, Meikles JA, Conway AM (2009) Happiness unpacked: Positive emotions increase life satisfaction by building resilience. *Emotion* 9: 361-368.
 16. Ahadi Batul, Solitude Mohammad Baqer, Habibi Yaghub (2012) Compare the Psychological well-being and defensive mechanisms in students with and without stuttering. *School psychology journal*, the first year 4: 6-22.
 17. Zhang Y, Kong Wang L, Chen H, Gao X, Tan X, et al. (2010) Mental health and coping styles of children and adolescent survivors one year after the 2008 Chinese earthquake. *Children and Youth Services Review* 32: 1403-1409.
 18. Stagier KP, Melville F, Hides L, Kambouropoulos N, Lubman ID (2009) Can emotion-focused coping help explain the link between posttraumatic stress disorder severity and triggers for substance use in young adults? *Journal of Substance Abuse Treatment* 36: 220-226.
 19. Grogan S (2006) Body image and health: Contemporary Perspectives. *Journal Health Psychology* 11: 523-530.
 20. Olsen J (2012) Body image, Dissertation summaries and abstracts 9: 192.
 21. Hrabosky JI, Cash TF, Veale D, Neziroglu F, Soll EA (2009) Multidimensional body image comparisons among patients with eating disorders, body dimorphic disorder, and clinical controls: A multisite study. *Body Image* 6: 155-163.
 22. Grabe S, Ward LM, Shelby Hyde J (2008) The Role of the media in body image concern among women: A metaanalysis of experimental and correlational studies. *Psychological Bulletin* 134: 460-476.
 23. Aderka I, Hofmann S, Nickerson A, Hermesh H, Schechtman E, et al. (2012) Functional impairment in social anxiety disorder. *Journal to anxiety Disorder* 26: 393-400.
 24. Salter M (1997) Altered body images, the nurses' role (2nd Edition). London: Bailer 3: 22-53.
 25. Abbot B, Barber BL (2010) Embodied image: Gender differences functional and aesthetic body image among Australian adolescents. *Body Image* 7: 22-31.
 26. Chen LJ, Fox KR, Haase A, Ku PW (2010) Correlates of body dissatisfaction among Taiwanese adolescents. *Asia Pacific Journal of Clinical Nutrition* 19: 172-179.
 27. Presnell K, Barman SK, Stick E (2014) Risk factors for body dissatisfaction in adolescent boys and girls: A prospective study. *The International Journal of Eating Disorders* 36: 389-401.
 28. Kantanista A, Osinski W, Borowiec J, Tomczak M, Krol-Zielinska M (2015) Body image, BMI, and physical activity in girls and boys aged 14-16 years. *Body Image* 15: 40-43.
 29. Stick E, Hayward C, Cameron RP, Killen JD, Taylor CB (2000) Body image and eating disturbances predict the onset of depression among female adolescents: A longitudinal study. *Journal of Abnormal Psychology* 109: 438-444.
 30. Cash H, Proziensky N (1990) Body image: Development, deviance and change, New York: Guilford Press.
 31. Nye S, Cash TF (2006) Outcomes of mineralization cognitive-behavioral body image therapy with eating disordered women treated in a private clinical practice. *International Journal of Eating Disorders* 39: 31-40.
 32. Liao Y, Knoesen NP, Deng Y, Tang J, Castle DJ, et al. (2010) Body dimorphic disorder, social anxiety, and depressive symptoms in Chinese medical students. *Social Psychiatry and Psychiatric Epidemiology* 45: 963-971.
 33. Asadi Gandomani Rukhyeh, Timurzadeh Latifeh (2014) Evaluating the Relationship between self-esteem and depression and satisfaction with body image in teenage adolescent female students, *quarterly journal Future Studies in management* 25: 13-21.
 34. Ahmad Mohsen, Bagheri Masoud (2013) Mediating role of cognitive distortions related with body image with social anxiety in adolescents, the behavioral science journal 7: 321-329.
 35. Koyuncu M, Tok S, Canpolat AM, Catikkas F (2010) Body image satisfaction and dissatisfaction, social physique anxiety, self-esteem, and body fat ratio in female exercisers and non-exercisers. *Social Behavior and Personality* 38: 561-570.
 36. Elahe Ghalilu Kolsum, Abolqasemi Abbas, Dehghan Hussein, Imani Hassan (2012) The Relationship between friendly behavior and body image with satisfaction with life in women, *Mazandaran's Medical Science University Journal* 22: 139-146.
 37. Eftekhari Mohammad Hassan, Ahmadi Afsaneh, Khazri Hengame, Hassan Zadeh Jafar (2014) Investigating Prevalence of Attitudes Related to weight control and eating disorder and

- its relationship with body assessment indicators in teenage adolescent female students, *Yafteh research scientific quarterly journal* 16: 78-84.
38. Ivarsson T, Svalander P, Litler O, Nevenon L (2006) Weight concern, body image depression and anxiety in Swedish adolescents. *Eating behaviors* 7: 161-175.
 39. Tremblay L, Lariviere M (2009) The Influence of Puberty Onset, body mass index, and pressure to be thin on disordered eating behaviors in children and adolescents. *Eating Behaviors* 10: 75-83.
 40. Kornblau IS, Pearson HC, Breilkopf CR (2007) Demographic, behavioral and physical correlates of body esteem among low-income female adolescents. *Journal Adolescent Health* 41: 566-570.
 41. Gillen MM (2015) Association between positive body image and indicators of men's and women's mental and physical health. *Body Image* 13: 67-74.
 42. Basharat Mohammad Ali (2009) Reliability and validity of 28-item form mental health scale in the Iranian population. *Legal medical scientific journal* 54: 87-91.
 43. Basharat Mohammad Ali (2010) Review the psychometric properties of ego-strength scale, research report of Tehran University.
 44. Basharat Mohammad Ali (2016) Ego-strength scale make and validation, *Psychological, science journal*, No 58, under print.
 45. Sadeqi Sume Oliyayi Raheleh, Khoda Bakhshi Kulayi Anahita, Akbari Mohammad Ismaeel, Kuhsarian Mahdi, Kalthornia Golkar Mahdi (2012) Body image and self-esteem: comparison of two groups of women with breast cancer. *The quarterly journal of breast diseases in Iran* 5: 16-29.
 46. Assar Kashani Huda, Roshan Rasul, Khalaj Alireza, Mohammadi Jamileh (2012) Comparison of alexithymia and body image in cubby persons, with overweight and normal weight. *Health Psychology Quarterly Journal* 2: 70-80.
 47. Khodabakhshi Kulayi Anahita, Khalili Elham (2015) Relationship between body image and emotion-seeking and a tendency toward suicide in high school adolescent female students of Arak city. *Journal of law enforcement-social researches of women and family* 3: 55-63.
 48. Sheikhi Siamak, Hafez Nia Mohammad, Kargari Behrouz, Masoudi Sarah (2014) compare the dimensions of psychopathology and life quality of adolescent female students with Body Deformity Disorder and healthy ones, a journal of nursing and midwifery faculty of Urmia 12: 997-1004.
 49. Golian Shahnaz, Ghiasvand Maliheh, Mir Mohammad Ali Mandana, Mehran Abbas (2014) The Relationship between body image in cubby teenage girls of Tehran and depression, anxiety and tension, *growth journal* 13: 433-440.
 50. Moradi Manesh Fardin, Ahadi Hassan, Jamhaari Farhad, Rahgozar Mahdi (2012) The Relationship between body image and psychological distress in women with breast cancer, *Armaghan Danesh Monthly Magazine* 3: 194-204.
 51. Lu A, Hong X, Yu Y, Ling H, Tian H, et al. (2015) Perceived physical apparent status and life satisfaction: A moderated mediation model of self-esteem and life experience of deaf and hearing adolescents. *Journal of Adolescence* 39: 1-9.
 52. McCabe MP, Ricciardelli LA, Karantzas G (2010) Impact of a healthy body image program among adolescent boys on body image, negative affect, and body change strategies. *Body Image* 7: 117- 123.
 53. Holdun O, Komburoglu MD, Ozgur MD (2007) Postoperative satisfaction and the patient's body image life satisfaction, and self-esteem, A retrospective study comparing adolescent female students and boys after cosmetic surgery. *Aesthetic Plastic Surgery* 31: 739-745.
 54. Moradi Morteza, Baqer Poor Mahdi, Hassan Mohammad Hassan, Reza Poor Mostafa, Shahab Zadeh Sedigheh (2016) Mediator Role of self-respect and positive and negative emotions related to tolerance and psychological well-being, *Iranian psychologists' developmental psychology journal* 47: 289-305.
 55. Esmaeeli Leila, Abedi Mohammad Reza, Najafi Mohammad Reza, Aqayi Asgar, Esmaeeli Maryam (2014) The Effectiveness of emotion interference on psychological well-being of girls with epilepsy. *Behavior Science research journal* 2: 194-204.
 56. Dusti Marziye, Poor Mohammad Reza Masumeh, Qobari Bonab Baqer (2014) The Effectiveness of tolerance training on the psychological well-being of street girls with externalized disorders. *Quarterly Journal of Developmental Psychology of Iranian psychologists* 11: 43-54.
 57. Soleimani Ismaeel, Habibi Yaghub (2014) The Relationship between emotion adjustment and tolerance with psychological well-being in students, *School psychological quarterly journal* 4: 51-72.
 58. Sagone E, Decaroli ME (2014) Relationship between psychological well-being and resilience in middle and late adolescents. *Procedia-Social & Behavioral Sciences* 141: 881-887.
 59. Zhou T, Wu D, Lin L (2012) On The Intermediary function of coping styles: Between self-concept and subjective well-being of adolescents of hanging and Yi nationalities. *Psychology* 3: 136-142.
 60. Millova K, Dosedlora j (2010) Optimism and coping strategies in high school student, *Journal Psychology of Education* 13: 100-110.
 61. Bernat FP (2009) Youth resilience: Can schools enhance youth factors for hope, optimism, and success? *Journal Women & Criminal Justice* 19: 251-266.
 62. Jahed Motlaq Ezra, Yunesi Syed Jalal, Azkhosh Manuchehr, Farzi Marjan (2015) The Effectiveness of tolerance training on mental pressure of high school adolescent female students living in a dormitory. *School psychology journal* 2: 7-21.
 63. Momeni Khodamorad, Jalili Zahra, Mohseni Raja, Karami Jahangir Saeedi Mojgan, Ahmadi Syed Mojtaba (2015) The Effectiveness of tolerance training on decreasing anxiety of adolescents with heart disease. *Clinical research quarterly journal in Paramedical science* 2: 112.
 64. Faramarzi Salar, Abedi Mohammad Reza, Karimi Mohammad (2013) Relationship Between coping styles with depression in teenage boys and girls. *Recognition and behavioral science journal* 2: 17-26.
 65. Sepehrian Azar Firuzeh, Asadi Mojreh Samereh, Asad Nia Saeed, Farnudi Lida (2014) The Relationship between attachment styles and coping strategies with difficulties of emotion adjustment during adolescence stage. *Urmia Medical Journal* 10: 922-930.
 66. Downey LA, Johnston PJ, Hansen K, Birney J, Stough C (2010) Investigating the mediating effects of emotional intelligence and coping on problem behaviors in adolescents Australian. *Journal of Psychology* 62: 20-29.
 67. Feliu T, Bale M, Sees A (2010) Relationship between negative affectivity, emotion regulation, anxiety, and depressive

- symptoms in adolescents as examined through structural equation modeling. *Journal Anxiety Disorder* 24: 686-693.
68. Dehghani Maryam, Chehrzad Minu, Jafari Asl Masume, Soleimani Robabe, Kazemi Nejad Leila Ehsan, level of satisfaction with body image in teenage girls in Rasht, comprehensive midwifery and nursing journal 66: 7-12.
69. Goldfield GS, Adamou KB, Rutherford JR, Murray M (2012) The Effects of aerobic exercise on psychosocial functioning of adolescents who are overweight or pediatric. *Journal Psychology* 37: 1136-1147.
70. Zad Hassan Zohreh, Seraj Khorami Nasser (2016) The Relationship between concern about body image, primary maladaptive schema, and alexithymia and social anxiety among girl's students of Islamic Azad University. *Social Psychology Journal* 2: 61-80.
71. Hussein Syed Ibrahim, Qasemi Noshad, Malawi Gonbadi, Golnar Rezayi Leila (2010) compare the stress level and self-body image among 20 to 30 years old persons having cosmetic surgery and normal people in Ahvaz. *The Quarterly journal of news in organizational-industrial psychology* 3: 75-84.

Copyright: ©2019 Reza Pourhosein, et al. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.