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Original research

# Determining the Relationship between Sexual Schemas and Body Image with the Mediation of Perfectionism and Dysfunctional Beliefs in People with Body Deformities in Beauty Clinics

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**Abstract**

**Introduction:** People with body deformity disorder suffer from anxiety in different areas of their life due to their perceived defects and they are often attacked by disturbing or unwanted images and thoughts about their physical appearance, and as a result, their quality of life and daily functioning decreases, so the research The purpose of this study was to determine the relationship between sexual schemas and body image through the mediation of perfectionism and dysfunctional beliefs in people with body deformities in the beauty clinics of Mazandaran province.

**Research Method**: The current research method is correlational and structural equation modeling (SEM). The statistical population of the research was made up of people who referred to the beauty clinics of Mazandaran province (the cities of Amol, Babol, Sari and Qaimshahr). Based on Klein's opinion, the sample size was 330 people selected in a purposeful and random way. The data collection tool was Anderson and Siranoski's gender schema questionnaire, Ten Sooto and Garcia's body image satisfaction questionnaire, Trishort et al.'s perfectionism questionnaire, and Wiseman and Beck's dysfunctional beliefs scale. In this research, SPSS22 and Amose23 software were used to analyze the information obtained from structural regression equation modeling.

**Findings**: The results of the research showed that the lower limit is 0.46 and the upper limit is 0.65 between the two variables of perfectionism and ineffective beliefs as mediating variables between gender schema and body image. The confidence level for this confidence interval is 95. Considering that zero is outside this confidence interval, this relationship is a significant mediator.

**Conclusion**: considering that the extent to which people pay attention to their appearance largely depends on the schemas related to appearance. These body patterns are used as a cognitive format to evaluate a person's appearance and body image emotions - the body image is the shape that a person has of his body in his mind. When contextual trigger events occur, body image thoughts and emotions trigger adaptive and self-directed activities or coping strategies. Disturbance in these emotional, behavioral and cognitive elements of body image is the core of the pathology of anorexia nervosa, anorexia nervosa and body image disorder.

**Keywords**: Body Image, Dysfunctional Beliefs, Perfectionism, People with Body Deformities, Sexual Schemas

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**Introduction:**

Body image is a multidimensional construct that broadly describes mental and internal representations of physical appearance and bodily experiences. Researches have shown that negative body image is related to weak self-esteem, weak gender identity, and depression (1). People with a negative body image may suffer from negative feelings such as depression, loneliness, low self-esteem, negative perfectionism, and constant thoughts about losing weight. Sensitivity in interpersonal relationships and obsessive-compulsive behavior are predictors of fear of body deformity (2). Numerous findings indicate that fear of body deformity or dissatisfaction with physical appearance is related to disorders such as depression, obsession, social phobia, anxiety and substance abuse, eating disorders and body deformity (3).

Patients with body deformity disorder have two sets of obsessive symptoms related to physical appearance (imagination of large size, face size, low back hair and facial hair) and obsessive symptoms (avoiding the mirror, checking different physical parts in the mirror, repetitive behaviors) (4) The findings of Bellino et al. (5) show that the prevalence of fear of body deformity or fear of body image is about 2% in the general population and 12% in psychiatric populations. Physical malformation disorder causes constant mental preoccupation, tension and anxiety (6), increasing depression, introversion, shyness and loneliness (7), decreasing life satisfaction (8), decreasing self-esteem and increasing dependence and pity mood (9), decrease in quality of life (10), increase in social anxiety (11), increase in obsession (12), drug abuse (13), increase in anorexia and eating disorders (14). Such as perfectionism, attachment, gaining self-concept, social support, self-esteem and attitude towards gender roles (15) and dissatisfaction with the body image with ruminative thoughts of women (16), high competitiveness in both groups of women and men (17) and positive and weak joint communication is related in men and women (18).

Some studies, focusing on the relationship between body size and shape and perceived sexual schema, found that sexual schema is one of the important factors that motivates women to have a slim and proportionate body (19). Therefore, it seems that body image is closely related to sexual schema. Rand et al. (20) also showed in a study that there is a relationship between some dimensions of sexual schema and satisfaction with body image. In a study, Littleton and Ollendick (21) investigated the effect of body image on high-risk sexual behaviors in 1547 women. The results showed that poor body image predicts risky sexual behavior Donago (22) examined physical satisfaction, sexual schema and psychological well-being in 91 women aged 18 and above, the results showed that positive sexual schema is significantly related to physical satisfaction and elements of psychological well-being. The results of another study that investigated the relationship between body image, sexual schema and sexual function in 145 female and 118 male students, in both sexes, favorable sexual function was associated with less concern about the body and positive sexual schemas. (23).

Various biological, environmental and psychological factors play a role in the formation of body image. Among the psychological factors, we can mention the variables of perfectionism (24) and ineffective beliefs (25) of people. Perfectionism is characterized by having high standards (24). Negative perfectionism is associated with pathological consequences such as low self-esteem,

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depressive symptoms, and interpersonal problems, as well as with disorders such as anorexia nervosa, depression, obsessive-compulsive disorder, obsessive-compulsive personality disorder, and binge eating disorder (26). Perfectionism is one of the factors that wastes time, energy and disrupts daily functioning, which prevents enjoying life (24). The research results show that perfectionist people are exposed to many mental and physical disorders such as depression, anxiety, social phobia, obsession, low self-esteem, lack of concentration on activities and reduced ability to logically analyze things. Cardiovascular diseases, anorexia and suicide are included (27). The research of Alizadeh Sahrai and colleagues (28) also showed that there is a significant positive relationship between excessive worry combined with anxiety, emotional irresponsibility, helplessness towards change and avoiding problems with negative perfectionism. In the study of Hoffman, Tag and Simon (29), a significant relationship between perfectionism and body image disorder was obtained. The self-presentation of a perfectionist person or the need to appear perfect is evident in showing the appearance in a perfect way and covering up visible flaws and defects (24). The results of Debil et al.'s research (30) show that ethnicity, perfectionism and social message internalization are strong predictors of body dissatisfaction. Various theories have proposed perfectionism as a risk factor for body dissatisfaction, because people with high perfectionism set higher evaluation criteria for themselves. They may have an unrealistic ideal thinness that increases the risk of body dissatisfaction. They are always dissatisfied with their work and believe that they cannot achieve what they want (27). The term dysfunctional beliefs about appearance is a cognitive construct that includes dysfunctional attitudes regarding a person's appearance in their daily life. Beliefs about appearance determine the relationship between body image and appearance schemas that are made of ineffective and irrational attitudes (25).

The research results show that perfectionist people are exposed to many mental and physical disorders such as depression, anxiety, social phobia, obsession, low self-esteem, lack of concentration on activities and reduced ability to logically analyze things. Cardiovascular diseases, anorexia and suicide are included (27). The research of Alizadeh Sahrai and colleagues (28) also showed that there is a significant positive relationship between excessive worry combined with anxiety, emotional irresponsibility, helplessness towards change and avoiding problems with negative perfectionism. In the study of Hoffman, Tag and Simon (29), a significant relationship between perfectionism and body image disorder was obtained. The self-presentation of a perfectionist person or the need to appear perfect is evident in showing the appearance in a perfect way and covering up visible flaws and defects (24). The results of Debil et al.'s research (30) show that ethnicity, perfectionism and social message internalization are strong predictors of body dissatisfaction. Various theories have proposed perfectionism as a risk factor for body dissatisfaction, because people with high perfectionism set higher evaluation criteria for themselves. They may have an unrealistic ideal thinness that increases the risk of body dissatisfaction. They are always dissatisfied with their work and believe that they cannot achieve what they want (27). The term dysfunctional beliefs about appearance is a cognitive construct that includes dysfunctional attitudes regarding a person's appearance in their daily life. Beliefs about appearance determine the relationship between body image and appearance schemas that are made

of ineffective and irrational attitudes (25). If the researchers in several studies found a significant relationship between irrational beliefs and substance abuse, suicide attempts, family disorders and divorce (31), neurotic personality, depression, aggression and academic failure, which indicates the influence of individual beliefs on other psychological aspects. And it is social life. Negative thoughts and attitudes followed by negative emotions are the main factor in worrying about weight, physical appearance and extreme compensatory sports behaviors (32). Shatby and Karimi (33) concluded in their research that increasing satisfaction with body image can reduce irrational beliefs. Also, less and more negative body image satisfaction is correlated with higher irrational thoughts. Considering the mentioned theoretical and research bases, it seems that concern about body image is increasing in the society. Body image plays a very important role for mental health and affects all-round performance and causes some psychological disturbances. Researchers have found factors such as perfectionism, ineffective beliefs, sexual schemas, and eating attitudes to be the most important factors in creating body image concerns. In a review of the conducted researches, few researches were found that directly dealt with the relationship between body image and the mentioned variables. In this regard, the present research is conducted in order to answer this question, does perfectionism and dysfunctional beliefs have a mediating role in the relationship between sexual schemas and attitude towards eating and body image in people with body deformity disorder referring to beauty clinics in Mazandaran province?

**Research Method:**

According to its purpose, the method of the present research is of the type of fundamental research and in terms of the method of collecting data cross-sectionally and analyzing it by correlation method and of the type of structural equation modeling (SEM), specifically regression equations, and an approach based on covariance ( CBSEM) and this approach estimates path coefficients, factor loadings by minimizing the difference between the sample-based covariance matrix and the model-based covariance matrix.

The statistical population of this study was the people who referred to the beauty clinics of Mazandaran province (Amol, Babol, Sari and Qaim Shahr cities) during the 6 months of the second year. The selection of the statistical sample was done in a purposeful and random way; So that the people referring to the beauty clinics of Mazandaran province were screened based on the higher-than-average scores in this scale after responding to the Yale-Brown Obsession Scale. The sample size is determined by considering that the number of samples for each subscale of the variables in the data is 30 people. By including the subscales of the variables in the data (11 in total), the sample size was estimated to be 330 people.

The entry criteria were: 1. Women's gender; 2. People referring to the beauty clinics of Mazandaran province; 3. non-selection of people who perform cosmetic surgery due to medical problems and the exclusion criteria were: people who were undergoing psychotherapy during the examination. The Research Tools were:

**Sex Schema Questionnaire (SSQ):** This questionnaire was created in 1994 by Sirwanowski and Anderson. The sexual schema tool consists of 50 adjectives. The subject must specify on a seven-

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point Likert scale (from very little to very much) how much each of these attributes describes him and is reflected in his personality. This instrument has 26 main items and three factors: passionate/romantic, frank/relaxed and shy/cautious. The passionate/romantic factor has 10 items, the frank/comfortable factor has 9 items, and the shy/cautious factor has 7 items. The total score is scored in the range of 0 to 156. In the passionate/romantic factor, the minimum score is zero and the maximum is 60, in the frank/relaxed factor, the minimum score is zero and the maximum is 54, and in the shy/cautious factor, the minimum is zero and the maximum is 42. The Cronbach's alpha coefficient they calculated was 0.81 in the passionate/romantic factor, 0.77 in the frank/comfortable factor, 0.66 in the shy/cautious factor, and 0.82 in the total score, which indicates good reliability (34) Mojtabai et al. (35) Cronbach's alpha coefficient of this tool in a sample of 190 nurses, in the total score of 0.78, in the passionate/romantic factor 70.14, in the frank/relaxed factor 66.14, in the shy/cautious factor 39/ 56 have been obtained. Cronbach's alpha reliability was found to be 0.90 for the whole and for the passionate/romantic factor (0.89), frank/comfortable factor (0.83), and shy/cautious factor (0.86).

**Soeto and Garcia's Body Image Satisfaction Questionnaire (SWBI):** This scale was created in 2002 by Soeto and Garcia and has 23 items and evaluates a person's satisfaction or dissatisfaction with his body. The scoring of the questionnaire is based on a five-point Likert scale and is graded from never to always. The reliability of this scale was obtained by the test-retest method in Soeto and Garcia's research, where the correlation coefficient between two times of implementation was 0.71 (36). In Mousavi and Aghaei's research (37), the validity and reliability of this scale was calculated using Cronbach's alpha method of 0.91. The differential validity of the scale was also able to distinguish between the two groups of fit and obese. The factorial validity of this scale was analyzed by varimax rotation method on 361 students, which showed a general factor and the KMO coefficient was 0.89, which indicates the adequacy of sampling.

**The perfectionism scale by Trishort et al**. (1995) was created to measure positive and negative perfectionism and it consists of 40 items, 20 of which evaluate positive perfectionism and 20 of which evaluate negative perfectionism. The items on a five-point Likert scale measure the subjects' perfectionism from one to five in both positive and negative contexts. The minimum score of the subjects in each of the test scales will be 40 and the maximum score will be 200. This scale has been translated into Farsi and fully corresponds to its original form (38). Moltaft and Sadati Firouzabadi (39) used Cronbach's alpha method to determine the validity of this scale in a sample of 212 students, and the alpha coefficient for the positive and negative perfectionism subscales was 0.90 and 0.87, respectively, for all subjects, 91 0.0 and 0.88 for female students, and 0.89 and 0.86 for male students, which is a sign of high internal consistency of this scale.

**Weisman and Beck Dysfunctional Belief Scale (DAS):** The Dysfunctional Belief Scale was designed in 1982 by Wiseman and Beck and measures dysfunctional and negative beliefs. This scale has 26 questions that measure the four components of perfectionism, need for others' approval, need to please others, and vulnerability to performance evaluation. The scoring of the questionnaire is in the form of a seven-point Likert scale, in which I completely disagree with 1 and completely agree with 7, and there is no reverse scoring. Also, the lower limit of grades is 26

and the upper limit of grades is 182. In the research of Beck, Brun and Weisman (40), the two-half method was used to check the reliability of the test, and its coefficient was from 0.71 to 0.80. In Ebrahimi and Mousavi's research (41), the internal consistency of the questions of the 26-question version of DAS was obtained through Cronbach's alpha equal to 0.92, which is very favorable and stronger than the 40-question version and compared to the alpha obtained for short versions. DAS is more desirable.

In this research, structural regression equation modeling was used to analyze the obtained information. This method is one of the main methods of analyzing the structure of complex data and one of the methods of investigating cause and effect relationships, which means the analysis of various variables that show the simultaneous effects of variables together in a theory-based structure. Through this method, the acceptability of theoretical models can be tested in certain societies using correlational, non-experimental and experimental data. Modeling structural models is a very comprehensive and powerful multivariate analysis technique from the multivariable regression family that allows the researcher to simultaneously test sets of regression equations. Modeling is a comprehensive approach to test hypotheses about the relationships between observed and latent variables, which is sometimes called variance structural analysis or causal modeling. SPSS22 and Amose 23 software were used for data analysis.

**Findings:**

The results showed that among the participants present in the research, 83 people (25.15%) live in Amol, 75 people (22.73%) live in Babol, 92 people (27.87%) live in Sari and 80 people (25. 24 percent) were also residents of Qaimshahr city, and 71 people (21.52 percent) were between 20 and 30 years old, 87 people (26.36 percent) were between 30 and 40 years old, and 95 people (28.78 percent) were between 40 and 50 years old. and 77 people (23.34%) were over 50 years old.

**Table 1**. Descriptive findings related to research variables

| Descriptive indicators | M | SD | Minimum Score | Maximum Score |
|---|---|---|---|---|
| Dysfunctional beliefs | 140.38 | 26.14 | 26 | 175 |
| body image | 62.25 | 14.24 | 22 | 105 |
| Gender schema | 82.32 | 16.70 | 14 | 150 |
| perfectionism | 12.46 | 20.55 | 45 | 190 |

As shown in Table No. 1, the average and standard deviation of the subjects' scores in the ineffective belief's variable are 140.38 and 26.14, respectively, and in the tone image variable, 62.25 and 14.24 respectively in the gender schema variable, it is 82.32 and 16.70, respectively, and the perfectionism variable is 120.46 and 20.55, respectively.

**Table 2**. Matrix of correlation coefficients related to research variables

| Variable | 1 | 2 | 3 | 4 |
|---|---|---|---|---|

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| | | | | | |
|---|---|---|---|---|---|
| 1 | Dysfunctional beliefs | - | | | |
| 2 | body image | -0.24* | | | |
| 3 | Gender schema | -0.18* | -0.24* | - | |
| 4 | perfectionism | -0.48** | -0.23* | -0.24* | - |

As the contents of Table No. 2 show, all the obtained correlation coefficients are significant, some at $p < 0.05$ levels and some at $p < 0.01$ levels.

Before analyzing the data related to the purpose of PJ.Hash, to ensure that the data of this research estimate the underlying assumptions of the structural equation model, they were examined. For this purpose, four important assumptions of the structural equation model including, missing data, outlier data investigation, normality and multiple collinearities were investigated, which are stated in order.

**Missing data**: In the structural equation model, if raw input data is used for analysis, these data must be complete and without missing values. To work with incomplete data, there are several pre-empirical solutions. Listwise deletion, in which all scores related to missing data are deleted, and pairwise deletion, in which two-variable correlations are calculated only for cases where the data are complete and available another pre-experimental method for missing data is to replace these data with variable mean. In the present research, the method of data replacement with variable mean was used.

**Outlier data and multivariate normality**: Outlier data are scores that are far away from other data and are more than the expected value. There are two types of outlier data: univariate outlier data and multivariate outlier data. A subject who has single-variable outlier data has a high or low score on one variable, and a subject who has multi-variable outlier data has high or low scores in two or more variables, or the pattern of his scores is unusual. In fact, in multivariate outlier data, the subject has a significant distance from the mean of one or more predictor variables. In the present study, in order to examine single-variable outlier data using the software program S. P. S. S. Z scores of the variables were calculated. The results showed that the scores of no variables were 2 standard deviations above or below the average. Also, in order to check multivariate outlier data, Mahalanobis distance was calculated for predictor variables. If the maximum Mahalanobis distance is greater than the critical chi-square value with certain degrees of freedom (number of predictor variables) at $\alpha = 0.001$ level, there is a multivariate outlier data problem. The lowest and highest values of Mahalanobis distance in the current research were obtained 0.85 and 23.36, respectively. Considering that □2 of the table with 19 degrees of freedom (number of predictor variables) at the level of 0.05 is equal to 30.14 and, on the other hand, because the maximum value of the Mahalanobis distance (23.36), is less than x2 the table is (14/30), so the presence of multivariate outliers in the collected data is not evident.

**Univariate normality**: Another important assumption of the structural equation model is the normality of the distribution of variables. When the data is not normally distributed, the chi-square value is increased and the standard errors are lower than the actual estimate, which leads to the estimated indicators being significant, while they are not really significant. To check the normality, the Kolmogorov-Smirnov test was used. The criterion of the normality of the variables in this test

is the non-significance of the Z score of the variables in the said test. Table 2 shows the results of the normality test of the variables.

**Table 3**. The results of the normality test of research variables

| Variable | Z | Sig |
|---|---|---|
| Dysfunctional beliefs | 0.35 | 0.22 |
| body image | 0.65 | 0.20 |
| Gender schema | 0.43 | 0.30 |
| perfectionism | 0.74 | 0.07 |

As can be seen in Table No. 3, the Z score (and significance level) is respectively 0.53 and (0.22) for ineffective beliefs, satisfaction with body image 0.65 and (0.20), schema 0.43 and (0.30) for gender and 0.74 and (0.07) for perfectionism were obtained. The contents of table number 3 show that according to the criterion of normality, the research variables all have a significance level higher than 0.05, which indicates that their Z score is not significant, so A violation of the normality of the data is not visible.

Multiple collinearity: If the correlation coefficient between two independent variables is greater than 0.7, it indicates the existence of collinearity between the independent variables and we should have used only one of the independent variables in the analysis, but in the study Currently, the correlation coefficient between any pair of predictor variables is not more than 0.7, indicating that there is no co-linearity between the independent variables.

**Table 4**. Appropriateness indexes of the proposed model in the current research

| Fitness indicators | $x^2$ | P | Df | $x^2/df$ | GFI | AGFI | IFI | NNFI | CFI | NFI | RMSEA |
|---|---|---|---|---|---|---|---|---|---|---|---|
| proposed model | 12.682 | 0.006 | 9 | 2.11 | 0.991 | 0.988 | 0/987 | 0.992 | 0.985 | 0.946 | 058/0 |

In order to examine the fit of factor models from chi-square indices, degree of freedom, chi-square ratio to degree of freedom (χ2/df), root mean square approximation index (RMSEA), goodness-of-fit index (GFI), adjusted goodness-of-fit index (AGFI), index Normalized fit (NFI), relative brush index (CFI), incremental fit index (IFI) and unsmoothed fit index (NNFI) were used, which are equal to 12.682, 4.2, 11.2, 0.058, and 991. 0, 0.988, 0.987, 0.992, 0.985 and 0.986.

In measuring the suitability of the model, the fit and validity of the tool were tested using the indices mentioned above. If the two-part chi coefficient on the numerical degree of freedom is smaller than 3, it is desirable. Also, when the root mean square error of approximation (RMSEA) is less than 0.1, the analysis and the model report an acceptable fit (Klein, 2015) and the GFI, AGFI, NFI, CFI, and NNFI indices are closer to one. They indicate a better fit of the model. According to the indices obtained in the above table, the two-part chi index has been obtained with 2.11 degree of freedom and the values of GFI, AGFI, NFI, CFI, and NNFI fit indices are in the range of ninety percent to one, which indicates that these indices meet the necessary standards have earned Therefore, it can be said that the model has a good fit and is confirmed. Table No. 5 shows the measurement parameters of the direct relationships of the variables in the proposed model of the current research.

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**Table 5**. Measurement parameters of direct relationships of research variables in the proposed model

| Direction | Standard estimate | Non-standard estimate | standard error | Critical ratio | significance level (p) |
|---|---|---|---|---|---|
| Gender schema to perfectionism | 0.36 | 0.52 | 0.012 | 43.33 | P=0.001 |
| Gender schema to body image | -0. 25 | -0.44 | 0.028 | -15.71 | P=0.001 |
| Gender schema to dysfunctional beliefs | -0.23 | -0.41 | 0.032 | -12.81 | P=0.001 |
| Body image perfectionism | 0.38 | 0.55 | 0.011 | 50 | P=0.001 |
| Unbelievably ineffective to the body image | -0.35 | -0.51 | 0.013 | -39.23 | P=0.001 |

Based on the contents of Table No. 5, all paths related to the proposed model are significant at the level of at least $p \leq 0.05$.

In this research, the indirect relationships of variables (multiple mediation) were tested through Preacher and Hayes macro. For all indirect hypotheses, the level of confidence interval was 95 and the number of bootstrap resampling was 5000. In Table No. 6, the indirect effect data in the main sample and the boots mean the average estimates of the indirect effect in the bootstrap samples. Also, in these tables, the bias shows the difference between the data and the bootstrap, and the standard error shows the standard deviation of the estimates of the indirect effects in the bootstrap samples.

**Table 6**. The results of the mediation test (with two mediators) of indirect relationships using the Preacher and Hayes macro bootstrap method.

| hypothesis | data | boot | bias | standard error | Confidence level 0.95 | |
|---|---|---|---|---|---|---|
| | | | | | lower limit | upper limit |
| The relationship between sexual schemas and body image with the mediation of perfectionism and ineffective beliefs | 0.5724 | 0.5722 | 0.0002 | 0.0569 | 0.4687 | 0.6523 |

According to Table No. 6, the lower limit of the confidence interval for the two variables of perfectionism and ineffective beliefs as a mediating variable between gender schema and body image, the lower limit is 0.4687 and the upper limit is 0.6523. The confidence level for this confidence interval is 95. Considering that zero is outside this confidence interval, this relationship is significant and this hypothesis is confirmed.

**Discussion and Conclusion:**

The present study was conducted with the aim of determining the relationship between sexual schemas and body image with the mediation of perfectionism and ineffective beliefs in people with body deformities in the beauty clinics of Mazandaran province. The current research method is correlation and structural equation modeling. The results of examining the first hypothesis of the research showed that there is a relationship between sexual schemas with the mediation of perfectionism and body image in people with body deformity disorder. The results of the research are in line with the findings of Littleton and Ollendick (21) and Donagho (22). Littleton and Ollendick (21) showed in their research that there is a strong relationship between sexual avoidance and self-awareness and body image. Also, sexual efficiency of sexual schemas and physical attitude affects sexual adaptation Donago (22) examined body image, sexual schema and psychological well-being in 91 women aged 18 and above, the results showed that positive sexual schema is significantly related to body image and elements of psychological well-being.

The results of another study that examined the relationship between body image, sexual schema and sexual function in 145 female and 118 male students, in both genders, favorable sexual function was associated with less concern about the body and positive sexual schemas (16). In a study, Littleton et al. (21) investigated the effect of body image on high-risk sexual behaviors in 1547 women. The results showed that poor body image predicts risky sexual behavior. Different dimensions of body image have important consequences on the physical and mental health of people; For example, body dissatisfaction decreases self-esteem as well as increases depression, anxiety, and eating disorders (19), and the consequences of body image concerns related to sexual schema can have the greatest impact on sexual experience.

Yamamiya and his colleagues (42) acknowledged that body image (for example, specific to sexual encounters) has a greater effect on sexual experience than trait level assessments (evaluative or emotional assessments). Similarly, misleading thoughts about the body are strongly related to sexual health disorder, as shown in a sample assessed on Portuguese adult women. Interestingly, Bellino et al. (5) concluded that sexual schema is not influenced by body image. The differences in these findings are probably the result of the differences in the characteristics of the samples. His sample included married and single men and women. As a result, the effect of body image on sexual schema can be strengthened as a result of gender differences and communication status. In the explanation of the above findings, it can be stated that a weak and negative sexual schema can be a sensitive factor for the development of perversion and sexual problems, including low libido, arousal problems and ultimately sexual aversion. Stressors related to sexual issues that trigger sexual problems or perversions are more vulnerable.

According to Beck et al.'s cognitive behavioral theory (40), the extent to which people pay attention to their appearance largely depends on the schemas associated with appearance. These body patterns are used as a cognitive format to evaluate a person's appearance and body image emotions - the body image is the shape that a person has of his body in his mind. When contextual trigger events occur, body image thoughts and emotions trigger adaptive and self-directed activities or coping strategies. Disturbance in these emotional, behavioral and cognitive elements of body image is the core of the pathology of anorexia nervosa, anorexia nervosa and body image

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disorder. Research has shown that negative body image is related to poor self-esteem, poor gender identity, depression, eating disorders and body deformity.

Poor body image is often a thought associated with low confidence in interpersonal relationships, especially sexual relationships. Body image is the central aspect of women's lives. A person's confidence in his ability to establish and maintain satisfactory intimate relationships is influenced by his beliefs about the harmony between his own personal characteristics and the desirability of those characteristics from the point of view of a sexual partner. Research results showed that women's positive or negative meta-perception of attractiveness is related to the evaluation of close people (sexual partner, family and friends), while this issue is less common in the case of strangers (11). During the research conducted by Baker and Greengart (32) on 148 Australian women, there is a relationship between sexual schema and body image preoccupations. Miller and colleagues (43) found the relationship between body image dissatisfaction and psychological stress and depression among 183 American women. Internalization of the ideals of cultural structures is considered a key psychological process that exposes the elderly to a higher risk of body image dissatisfaction.

Wiederman (44) has stated that body dissatisfaction can be related to a decrease in sexual health in various ways, including avoiding sexual activity, being associated with negative cognitions and emotions such as body shame regarding sexual experiences, or appearing as a misleading factor during activity. Sexual. Increasing body self-awareness or body surveillance, which can be the result of dissatisfaction with the body, are one of the main mechanisms in understanding the relationship between the body and the sexual schema (11). Also, body image during sexual activity has an effect on sexual performance and health. The reason for this is that the cognitive perception about one's appearance can increase sexual courage and self-esteem, which is considered as a value during sexual relations; destroy (16). Therefore, as Wortman and Vanderbrink (43) pointed out; It can be said that satisfaction with one's physical condition increases one's confidence during sexual contact with one's partner. Oberg and Tornstam (44) also stated that a negative body image in women leads to a change in their sense of self-worth, and this change affects their social relationships, feelings and beliefs about their femininity. The mental image of the body is one of the important dimensions of self-appearance and self-evaluation in the formation of each person's personality, and it includes not only the physical, emotional, social and attitudinal understanding, but also various aspects of the psychological, social and sexual identity of the individual. According to the obtained results and the confirmation of other studies, having a positive mental image of the body is related to the sexual schema. People who have positive or negative sexual schemas show different sexual desires according to their schemas. People with a positive schema tend to be comfortable in their sexual attitudes and are generally free from social inhibitions such as self-consciousness or embarrassment and report a wider range of sexual activities throughout their sexual lives. People with a negative body image may suffer from negative feelings such as depression, loneliness, low self-esteem, negative perfectionism, and constant thoughts about losing weight. Sensitivity in interpersonal relationships and obsessive-compulsive behavior are predictors of fear of body disfigurement. In the research of Simon et al. (29), a significant relationship was

found between perfectionism and body image disorder. The self-presentation of a perfectionist person or the need to look perfect is shown in showing the appearance in a complete way and covering the defects and defects of the appearance.

**Research limitations:** This research, like other researches, has limitations, which include the large number of items in the questionnaires; The geographical scope of this research, which is limited to people who refer to the beauty clinics of Mazandaran province (Amol, Babol, Sari and Qaimshahr cities) and the lack of using other methods to collect information such as observation and interview, which is mentioned to reduce Limitations and suggestions are provided.

**Research Proposal:** Among the suggestions to use holistic approaches, in order to more accurately identify the factors that threaten sexual and mental health and to identify the moderating factors, conducting similar researches in the regions of the country according to different cultures, in addition to questionnaires from interviews or other information gathering methods should be used to test the samples and it is suggested to use the results of the present research in individual and group counseling sessions.

**Conflict of interest:** The authors declare that they have no conflict of interest.

**Ethical Considerations:** This article is taken from the treatise. Obtaining ethical permits and code of ethics IR.IAU.TON.REC.1400.039, obtaining informed consent from all participants in the study, explaining the implementation method and purpose of the research, and answering the questions of the participants were among the ethical considerations in this research observed.

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