



The Effectiveness of Schema Therapy training on Perfectionism and Fear of Intimacy in female with obesity

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ABSTRACT

Background and Aim: Currently, there is an agreement among health researchers that weight gain in people is the result of the interaction between biological and psychological factors. Despite this, researches have looked at the psychological issues of obese people more as the consequences of obesity rather than investigating the predictive role of psychological issues in the occurrence of obesity and overweight; the aim of this study was to evaluate the effectiveness of schema therapy training on perfectionism and fear of intimacy in women with obesity in Tehran in 2020. **Method:** The research method is quasi-experimental with pre-test-post-test design with control and follow-up groups. The statistical population of the study consisted of all obese women referred to the nutrition and diet therapy clinic in Tehran, from which 40 people were selected by purposive sampling method and randomly were assigned to an experimental group (20 people in each group) and one control group (20 people). The experimental group underwent 12 sessions of 60 minutes and the control group remained on the waiting list. The instruments used in the present study included the Perfectionism (Terry Short et al., 1995), and the Fear of Intimacy Questionnaire (Deskatner and Tellen, 1991). Analysis of information obtained from the questionnaire was performed in two parts: descriptive and inferential (analysis of variance with repeated measures). **Results:** The results showed that schema therapy training has an effect on the components of perfectionism (positive perfectionism and negative perfectionism) in women with obesity. The results also showed that schema therapy training has an effect on the components of fear of intimacy (fear of intimacy in relation to the spouse and fear of intimacy in relation to others) of women with obesity. **Conclusion:** The results showed the effectiveness of schema therapy training on perfectionism and fear of intimacy in obese women. Therefore, therapists can use this method to promote mental health in women with obesity.



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Introduction

Nowadays, obesity and overweight have become one of the public health challenges in societies. Obesity is associated with adverse health outcomes such as heart disease, hypertension, stroke, diabetes mellitus, various types of cancer, and premature death (World Health Organization, 2019). Much research have been done about the psychological roots of obesity. One of the most important areas of behavior that causes overweight and obesity in people is eating behaviors (Mesmar & Steinle, 2020).

Among the variables that can play an important role in the problem of obesity and overweight is perfectionism, defined as the search for unreasonable and very high standards in terms of personal goals and expectations (Bang & Chung, 2019). Positive perfectionism as a motivation to achieve a certain goal is just like achieving a desired result, and negative perfectionism as a motivation to achieve a specific goal and avoid the opposite results along with a negative attitude towards mistakes, severe self-criticism and a feeling of inconsistency between performance and Expectations are defined (Hosseini et al., 2016). Perfectionism is an antecedent for anorexia and bulimia nervosa and maladaptive eating attitudes, and a combination of high personal standards, worry about mistakes, and worry about evaluation as two dimensions of perfectionism dimensions are related to eating disorder symptoms. Negative perfectionism is related to bulimia symptoms. It is significant (Vanzhula et al., 2021).

On the other hand, establishing intimate relationships with others is one of the key factors in people's health and well-being (Raj, 2020). Fear of intimacy is formed when a person's capacity and ability to express intimacy is depleted. Fear of intimacy is the true counterpoint of a close relationship, hidden behind emotional walls and barriers (Panahi et al., 2017). Fear of intimacy is a silent individual problem and has become so common that it can be called a social disease; Because the fear of intimacy causes social anxiety, social phobia, lack of self-confidence, lack of social skills and lack of compatibility with the group (Lau & Chan, 2018). Fear of intimacy is observed when people fear the experience of sharing their deepest thoughts and feelings with others. These people are afraid of being deeply seen and

sharing love, emotions, smiles, happiness, and even sharing creativity with others (Manbeck, 2019). Fear of intimacy, which affects different emotional, cognitive and behavioral dimensions, severely disrupts interpersonal relationships and people's general health (Maitland & Neilson, 2021). With increasing fear of intimacy, establishing and maintaining communication, feeling positive about relationships, and expressing feelings and emotions are difficult, resulting in decreased life satisfaction (Dominguez-Pereira, 2018).

So far, various treatment programs have been designed to treat obesity and overweight and prevent related health problems. Considering that psychological factors play a role in the development and persistence of obesity, it seems necessary to pay attention to psychological treatments to treat this chronic disorder more effectively. This research aims to investigate the effect of this method on perfectionism and fear of intimacy and their temporary and permanent effects.

Method

The research method is quasi-experimental with pre-test-post-test design with control and follow-up groups. The statistical population of the study consisted of all obese women referred to the nutrition and diet therapy clinic in Tehran, from which 40 people were selected by purposive sampling method and randomly were assigned to an experimental group (20 people in each group) and one control group (20 people). The experimental group underwent 12 sessions of 60 minutes and the control group remained on the waiting list. The instruments used in the present study included the Perfectionism (Terry Short et al., 1995), and the Fear of Intimacy Questionnaire (Deskatner and Tellen, 1991). Analysis of information obtained from the questionnaire was performed in two parts: descriptive and inferential (analysis of variance with repeated measures).

Results

Regarding the within-group factor, the F value calculated for the effect of the steps (pre-test, post-test and follow-up) is significant at the 0.05 level for both components ($P < 0.05$). As a result, there is a significant difference between the average scores of pre-test, post-test and follow-up scores of perfectionism components in the three stages of pre-test, post-test and follow-up therapy. The results of the post hoc Bonferroni test were calculated in order to check the

difference between the means in the treatment stages. The results showed that there is a significant difference between the scores of the perfectionism components in the stages of pre-test and post-test, pre-test and follow-up. Also, there is no significant difference between the scores of the perfectionism components in the post-test stage compared to the follow-up stage, so the scores of the perfectionism components in the follow-up stage did not change significantly compared to the post-test stage. According to the results, in relation to the interaction between the stages and group factors, the F-value calculated for the stage effect between the two schema therapy groups and the control group is significant at the 0.05 level for perfectionism components ($P < 0.05$). As a result, there is a significant difference between the average scores of the pre-test, post-test and follow-up of the positive perfectionism component in the two groups.

Therefore, the results showed that schema therapy training has an effect on the components of perfectionism (positive perfectionism and negative perfectionism) in women with obesity. The results also showed that schema therapy training has an effect on the components of fear of intimacy (fear of intimacy in relation to the spouse and fear of intimacy in relation to others) of women with obesity.

Conclusion

Schema therapy can reduce overeating behaviors by correcting and adjusting maladaptive childhood schemas, cognitive and behavioral techniques, efficient behavioral patterns, and changing and modifying coping styles. This research was faced with limitations, among which the following can be mentioned: This research was conducted on samples of obese women in Tehran, so caution should be observed in generalizing the results. Another limitation is the use of available sampling method. Therefore, it is recommended to investigate the effectiveness of schema therapy on obese men and other psychological characteristics in future research. Another suggestion is to compare the effectiveness of schema therapy with other treatment methods such as drug therapy, diet, mindfulness, etc. The last suggestion is to use intervention plans to check the continuity of the results in the long term.

Conflict of Interest

According to the authors, this article has no financial sponsor or conflict of interest.

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