



## Research Paper

# Self-Healing Therapy for Body-focused Social Anxiety and Body Management in Adolescent Females with Body Image Concerns



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## ABSTRACT

**Background:** Body image concerns and social anxiety, often intertwined, can be significant challenges faced by many adolescent girls and may also serve as symptoms of underlying mental health conditions such as depression or anxiety disorders

**Objectives:** The purpose of this study was to investigate the effectiveness of self-healing therapy on body-focused social anxiety and body management in adolescent girls with body image concerns.

**Materials & Methods:** A quasi-experimental pre-test-post-test control group design was employed. The study population consisted of all female high school students with body image concerns in Ahvaz in 2023. Thirty female adolescents were randomly selected using a multi-stage cluster sampling method and assigned to two groups: An experimental group (n=15) and a control group (n=15). Data was collected using the body-focused social anxiety scale and body management scale. Self-healing therapy sessions were conducted with the experimental group over 12 sessions of 90 minutes each, while the control group received no intervention. Data was analyzed using analysis of covariance.

**Results:** Self-healing therapy was found to be effective in significantly reducing body-focused social anxiety and improving body management in adolescent girls with body image concerns ( $P < 0.001$ ).

**Conclusion:** Self-healing therapy has been shown to effectively reduce body-focused social anxiety and improve body management in adolescent girls struggling with body image issues. The study's results highlighted the potential of this therapeutic approach as a promising intervention for this vulnerable population.

### Keywords:

Self-healing, Anxiety, Body image, Adolescent, Girls

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## Introduction

**T**he increasing prevalence of media and advertising worldwide, coupled with a significant rise in concerns about appearance and beauty, has become a major contributing factor to the development of body image concerns among adolescents [1, 2].

Adolescence is the most critical and sensitive period of human development. This period is accompanied by numerous physical, psychological, and interpersonal challenges [3]. During this phase, attention to physical appearance becomes more important than ever as a means of achieving social desirability [4]. Consequently, one of the most damaging challenges during this period is body image concern [5].

Body image is a complex psychological construct defined as an individual's mental representation of their body and the way they perceive their shape, size, and physical appearance [6]. Various studies have shown that women and girls are particularly sensitive and vulnerable to body image concerns and increasingly inclined towards thinness and body size reduction [7, 8]. Numerous studies indicate that body dissatisfaction is associated with decreased quality of life, well-being, life satisfaction, self-esteem, increased anxiety and depression, hopelessness, pessimism, suicide risk, and a propensity for various cosmetic surgeries [9-11]. Moreover, individuals who are dissatisfied with their appearance due to a negative body image experience emotional dysregulation and have a higher tendency towards substance abuse [12, 13].

Body image concerns can also lead to social anxiety and negative affect [14]. As a result of body dissatisfaction, individuals often seek to alter their appearance to align their perceived body image with their idealized self. To achieve this, they may engage in a wide range of behaviors, from extreme dieting and excessive exercise to cosmetic surgery [15]. These behaviors are often driven by a desire to conform to societal beauty standards and may have significant negative consequences for physical and mental health [16]. The pursuit of an unattainable ideal body image can contribute to the development of eating disorders, low self-esteem, and a distorted perception of reality [17].

Among the newly emerging approaches, self-healing appears to be a particularly promising intervention due to its comprehensive scope, encompassing five dimensions of human experience: Physical, psychological, social, spiritual, and ethical [18]. Self-healing is one in-

tervention that may effectively target these components [19]. Self-healing is a novel positive psychology therapy that focuses on managing and controlling physiological stress. This approach, presented as 'healing codes' refers to the innate ability to heal and restore oneself and highlights the individual's role in improving their health or resolving interpersonal issues [20]. Self-healing is an inherent therapeutic capacity that empowers the body and mind to achieve wholeness [21].

The self-healing approach emphasizes the individual's role in problem-solving, aiming to improve issues related to situational and physiological stress through various techniques including memory retrieval, identifying problematic personality traits, reducing harmful behaviors, self-soothing, prayer, and healing code exercises [22]. This approach focuses on addressing destructive thoughts, beliefs, and behaviors, promoting a healthy lifestyle, and fostering personal growth [23]. Research has shown that self-healing can be effective in improving quality of life, reducing distress, and addressing a range of psychological issues, including eating disorders, anxiety, and interpersonal difficulties [24-26].

Body image concerns and social anxiety, often intertwined, can be significant challenges faced by many adolescent girls, and may also serve as symptoms of underlying mental health conditions such as depression or anxiety disorders. While existing research has explored various interventions for these issues, there is a paucity of studies investigating the effectiveness of self-healing therapy in addressing body-focused social anxiety and body management in this specific population. Given the increasing recognition of the importance of self-care and holistic approaches to mental health, it is crucial to examine the potential benefits of self-healing therapy for adolescent girls struggling with body image concerns. This study aimed to fill this knowledge gap by rigorously evaluating the efficacy of self-healing therapy in reducing body-focused social anxiety and improving body management skills among adolescent girls with body image concerns.

## Materials and Methods

The present study employed a pre-test-post-test quasi-experimental design with a control group. The population for this study consisted of all adolescent girls with body image concerns in Ahvaz, Iran, in 2023. A sample of 30 students was selected using a multi-stage cluster random sampling method. Two high schools for girls in Ahvaz were randomly selected, and the body image anxiety scale was administered to all students in these

schools. Individuals who scored above the mean were identified. Thirty participants were selected based on inclusion and exclusion criteria and assigned to two groups of 15 (an experimental group and a control group). Inclusion criteria included: Providing informed consent, being between 15 and 18 years old, scoring above the mean on the body image concern questionnaire, not participating in other educational or therapeutic programs concurrently, and being physically and mentally capable of responding to the questions. Exclusion criteria included: Missing more than one therapy session, failing to complete the questionnaires, and the participant's unwillingness to continue the therapy sessions.

### Instruments

The present study utilized the 12-item body image anxiety scale (BIAS) developed by Hart et al. [27] to measure participants' levels of anxiety related to their body image in social situations. This scale, employing a 5-point Likert scale, assesses the extent of an individual's anxiety about their body shape in social contexts. Scores range from 12 (least anxiety) to 60 (highest anxiety), with higher scores indicating greater body image anxiety. Cronbach's  $\alpha$  for total score was 0.95 [28]. The body management questionnaire (BMQ), a 31-item instrument with four components, was employed to assess body management behaviors. Respondents rated each item on a 5-point Likert scale ranging from "strongly agree" to "strongly disagree". The four components of the BMQ are: 1) Attitude towards makeup, 2) Cosmetic surgery, 3) Body decoration, and 4) Weight loss procedures. The minimum and maximum possible scores on the BMQ are 31 and 155, respectively [29]. Higher scores on the BMQ indicate a greater tendency towards body management behaviors. Modaresi [30] reported that the BMQ demonstrated satisfactory internal consistency, with Cronbach's  $\alpha$  coefficients exceeding 0.70 for each dimension.

### Procedure

Of eligible sample, 30 students were randomly assigned to two groups of 15 (an experimental group and a control group). Before the intervention, both the experimental and control groups completed pre-test measures of social anxiety and body management. The experimental group then received a 12-week, self-healing therapy intervention, consisting of weekly 90-minute sessions. A summary of the therapy sessions is presented in Table 1. The control group received no intervention and served as a waiting list. Post-test measures were administered

to both groups following the intervention. Finally, the pre- and post-test data were collected and analyzed.

### Statistical analyses

Descriptive statistics, including Mean $\pm$ SD, were employed to summarize the data. The normality of the data was assessed using the Kolmogorov-Smirnov test. Levene's test was used to assess the homogeneity of variances assumption. Inferential statistics, specifically analysis of covariance (ANCOVA) controlling for potential confounding variables were utilized to test the research hypotheses. To analyze the research data, SPSS software, version 25 was used.

### Results

Participants in this study included 30 adolescent girls experiencing body image concerns, aged 15 to 18 years. The mean age of participants in the experimental and control groups was 16.45 $\pm$ 2.08 and 17.21 $\pm$ 1.75 years, respectively. In the experimental group, 4(26.67%) participants were in the 10<sup>th</sup> grade, 6(40.0%) in the 11<sup>th</sup> grade, and 5(33.33%) in the 12<sup>th</sup> grade. In the control group, 3(20.0%) participants were in the 10<sup>th</sup> grade, 5(33.33%) in the 11<sup>th</sup> grade, and 7(46.67%) in the 12<sup>th</sup> grade. There were no significant differences between the experimental and control groups in terms of demographic variables.

To assess baseline differences between the experimental and control groups, independent t-tests were conducted for both body-focused social anxiety and body management. No significant differences were found between the two groups at baseline for either variable. Following the intervention, significant differences emerged between the two groups. The experimental group exhibited a significant decrease in body-focused social anxiety scores (Mean $\pm$ SD 16.53 $\pm$ 5.42) compared to their pre-intervention scores (Mean $\pm$ SD 23.82 $\pm$ 5.15). In contrast, the control group showed no significant change in body-focused social anxiety scores (Mean $\pm$ SD 23.08 $\pm$ 9.65) from pre-intervention (Mean $\pm$ SD 25.34 $\pm$ 10.42). Similarly, the experimental group demonstrated a significant increase in body management scores (Mean $\pm$ SD 85 $\pm$ 13.9) compared to their pre-intervention scores (Mean $\pm$ SD 57.13 $\pm$ 9.81). The control group, however, did not show a significant change in body management scores (Mean $\pm$ SD 57.33 $\pm$ 9.65) from pre-intervention (Mean $\pm$ SD 59.8 $\pm$ 10.42) (Table 2). These findings indicate that the intervention was effective in reducing body-focused social anxiety and improving body management skills in the experimental group compared to the control group.

**Table 1.** Summary of self-healing therapy sessions

Sessions	Subject	Content
1	Introduction and Foundation	Introduction to group members and establishment of therapeutic rapport; setting goals and session guidelines; identification and management of situational stressors; explanation of the immune system, the impact of stress on immune function, and the effects of physiological stress, latent stress, harmful cellular memories, and false memories.
2	Reality Check and Memory Work	Teaching how to distinguish between real and perceived problems; training in realistic and problem-focused thinking; guided recall of past failures, conflicts, and disappointments; administration of an online memory recall assessment.
3	Uncovering Harmful Memories	Identifying the roots of harmful cellular memories; categorizing these memories into three groups: Resentment, false beliefs, and negative emotions; discussing harmful actions.
4	Healing the Past	Implementing the "glass elevator" technique; recalling traumatic events and significant life experiences; teaching and practicing the empty chair technique.
5	Cultivating Positive Emotions	Explaining the concept of positive and negative heart emotions; teaching forgiveness techniques; shifting group members' focus from the past to the future; identifying nine unhealthy beliefs and negative emotions; introducing the "poor me" syndrome; teaching effective emotional expression; teaching the art of detachment; analyzing group members' harmful actions and conducting a body scan meditation.
6	Breaking Bad Habits	Addressing harmful actions and negative habits through the development of willpower; implementing a four-factor program; teaching problem-solving and environmental modification techniques; teaching the technique of reverse memory recall.
7	Strengthening Healing Codes	Strengthening healing codes 1-4, including love, joy, peace, and patience. Teaching self-love therapy (reducing expectations, showing kindness, fair behavior, and a humanistic approach); understanding true happiness (recognizing individual differences, increasing social interactions, and engaging in pleasurable activities); teaching peace (self-discipline, time management, healthy mind-body connection, and overcoming perfectionism); teaching patience (managing anger, demonstrating patience, increasing resilience, and hope).
8	Strengthening Healing Codes	Strengthening healing codes 5-9, including kindness, goodness, trust, humility, and self-control. Teaching improved communication (with oneself, God, others, and nature); boosting self-esteem (focusing on the need for love, effective self-expression, increasing self-confidence and self-efficacy); addressing control issues (reducing stubbornness, developing communication skills, and positive thinking); addressing unhealthy pride, self-care, and care for others; strengthening spirituality; addressing the loss of control and increasing self-control.
9	The Power of Prayer and Visualization	Explaining the role of genuine requests, the effects of prayer, and the importance of maintaining focus on desires throughout life; providing scientific evidence for the role of prayer in self-healing; teaching the technique of creative visualization; teaching specific exercises for practicing healing codes.
10	Balancing Lifestyle	Teaching a balanced lifestyle: modifying lifestyle by identifying bad habits and harmful actions; adjusting sleep patterns and regulating diet, eating, drinking, leisure, travel, exercise, hygiene, and cleanliness.
11	Enhancing Quality of Life	Teaching how to improve quality of life in areas such as health and wellness, intimacy and relationships (parents, spouse, children, relatives, and others), academic growth, financial growth, career advancement, social activism, and improving home, neighborhood, and community. Continuing spiritual development exercises; identifying dissatisfaction in specific areas and taking steps to reduce dissatisfaction.
12	Integration and Future Focus	Modifying inner dialogue; re-evaluating stress and learning powerful breathing techniques; reviewing individual stressors; emphasizing ongoing self-care to prevent physical and psychological harm and managing emotions and relationships. Teaching spiritual development techniques, trust, and surrender; focusing on the spiritual purpose of life and increasing inner strength; the importance of introspection and spending time alone; reviewing all therapy sessions and emphasizing the continuation of healing code exercises.



Before data analysis, the assumptions underlying the analysis of covariance were verified to ensure data suitability. Normality was assessed using the Kolmogorov-Smirnov Z test, revealing that both body-focused social anxiety ( $Z=0.16$ ,  $P=0.202$ ) and body management ( $Z=0.14$ ,  $P=0.200$ ) variables adhered to a normal distribution. Lev-

ene's test was employed to evaluate the homogeneity of variances, confirming equal variances between the experimental and control groups for both body-focused social anxiety ( $F=0.11$ ,  $P=0.932$ ) and body management ( $F=1.05$ ,  $P=0.121$ ). These findings validated the appropriateness of analysis of covariance for the subsequent analysis.

**Table 2.** Mean scores of body-focused social anxiety and body management

Variables	Phases	Mean±SD		P (Between-group)
		Experimental Group	Control Group	
Body-focused social anxiety	Pre-test	24.82±5.15	24.34±4.54	0.789
	Post-test	16.34±5.42	24.2±4.34	0.001
P (within-group)		0.001	0.874	-
Body management	Pre-test	86.13±9.81	86.008.42	0.969
	Post-test	75.42±6.9	86.27±8.65	0.001
P (within-group)		0.001	0.916	-



Table 3 presents the results of the analysis of covariance for body-focused social anxiety and body management in adolescent girls with body image concerns, adjusting for baseline values as a covariate. According to the results of analysis of covariance, the self-healing therapy was found to be statistically significant in reducing body-focused social anxiety ( $F=29.33$ ,  $P<0.001$ ) and improving body management ( $F=25.20$ ,  $P<0.001$ ).

## Discussion

The present study aimed to investigate the efficacy of self-healing therapy in reducing body-focused social anxiety and improving body management among adolescent girls with body image concerns. The results revealed that self-healing therapy was effective in reducing body-focused social anxiety and enhancing body management in these girls. These findings are consistent with previous studies [19, 21, 26]. Latifi et al. [19] reported that self-healing training significantly enhanced self-compassion and alleviated body image concerns among patients diagnosed with skin cancer. In a similar vein, Soltani et al. [21] demonstrated that self-healing education had a positive impact on the disease progression in individuals affected by skin cancers. Furthermore,

Heydari et al. [26] observed notable improvements in anxiety, self-esteem, and forgiveness in betrayed women who underwent self-healing training. Collectively, these findings provide substantial evidence for the efficacy of self-healing therapies in fostering psychological well-being and effective body management.

The self-healing approach, a comprehensive intervention that addresses the multifaceted nature of human well-being—physical, psychological, social, spiritual, and ethical—shows promise as a highly effective treatment [22]. Based on the current literature, this approach can significantly mitigate social anxiety and enhance body management in adolescent girls grappling with body image concerns. Rooted in positive psychology, this novel intervention focuses on the management and control of physiological stress. It posits that individuals possess an innate capacity for self-healing, enabling them to actively participate in their own health and interpersonal relationships [21]. Self-healing is a therapeutic potential inherent in all individuals, facilitating the integration of body and mind toward a state of wholeness [18].

**Table 3.** Results of analysis of covariance on post-test scores of body-focused social anxiety and body management

Variables	Groups	Marginal Mean	95% Confidence Interval	df	F	P
Body-focused social anxiety	Experimental	16.34	(14.53, 18.15)	1	29.33	0.001
	Control	24.2	(23.32, 25.08)			
Body management	Experimental	75.42	(73.17, 77.68)	1	25.20	0.001
	Control	86.27	(85.42, 87.12)			



By emphasizing the individual's role in problem-solving, the self-healing approach aims to improve individuals' coping mechanisms with situational and physiological stress. This is achieved through teaching various skills such as memory retrieval, identification of problematic personality traits, reduction of harmful behaviors, self-soothing techniques, prayer, and healing code exercises. The approach focuses on the individual's efforts to eliminate destructive cellular-memory-false memory traces, challenge false beliefs, identify hidden fears, address unhealthy personality traits, and modify lifestyle.

Self-healing therapy promotes a healthy lifestyle and assists individuals in resolving their problems by modifying unhealthy and irrational beliefs. Accordingly, it appears that implementing self-healing therapy among adolescent girls with body image concerns has helped them to better accept themselves and experience reduced body-focused social anxiety [19]. Moreover, the body management of adolescent girls with body image concerns seems to have become more rational under the influence of self-healing therapy. These girls, while accepting themselves and their physical appearance, have resorted to unconventional body management methods less frequently [21].

## Conclusion

The findings of this study provide compelling evidence for the efficacy of self-healing therapy in addressing body-focused social anxiety and improving body management among adolescent girls with body image concerns. The results demonstrate a significant reduction in anxiety levels and enhanced body management skills, suggesting that this therapeutic approach holds promise as a viable intervention for this vulnerable population. Further research is warranted to explore the specific mechanisms underlying the therapeutic effects of self-healing therapy in this context. Additionally, investigating the long-term outcomes of this intervention and its potential generalizability to other populations with similar challenges are important avenues for future study.

While this study provides valuable insights into the effectiveness of self-healing therapy for adolescent girls with body image concerns, it is important to acknowledge certain limitations. First, the sample size of 30 participants, although reasonable for some research, may limit the generalizability of the findings to a larger population. Second, the study was conducted in a single city, Ahvaz, which may restrict the applicability of the results to other regions or cultural contexts. Third, the study fo-

ocused on a specific type of self-healing therapy, and the findings may not be applicable to other forms of self-healing interventions. Finally, the study did not assess long-term outcomes, and it remains unclear whether the observed improvements in body-focused social anxiety and body management would persist over time.

## Ethical Considerations

### Compliance with ethical guidelines

This study was conducted in accordance with the ethical guidelines outlined by the Ethical Committee of **Ahvaz Branch, Islamic Azad University**, Ahvaz, Iran (Code: IR.IAU.AHVAZ.REC.1403.297).

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### Authors' contributions

All authors contributed equally to the conception and design of the study, data collection and analysis, interpretation of the results and drafting of the manuscript. Each author approved the final version of the manuscript for submission.

### Conflict of interest

The authors declared no conflict of interest.

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