

## The Role of Social Competence in Predicting the Body Image of Students with Body Dysmorphic Disorder

### Abstract

Adolescents undergo several mental and physical changes during puberty. They experience a transformation in self-perception and develop mental health issues, including body dysmorphic disorder, due to rapid changes in their physical appearance and the development of secondary features. In this regard, the present study evaluated the function of social competence in predicting the body image of female students with body dysmorphic disorder. The current research method is descriptive-correlational. In the academic year 2021-2022, all 354 female secondary school students with body dysmorphic disorder in Mashhad were included in the study's target population. Using the Krejcie and Morgan table and convenience sampling, 162 participants were selected for this study. Data were collected using Flener's Social Competence Questionnaire (1990), Fisher's Self-Concept Questionnaire (body image) (1970), Rabiei, Salahian, Bahrami, and Palahang's Body-Dysmorphic Disorder Questionnaire (2013). By Pearson's correlation coefficient and multivariate regression, data analysis was done. Hence, social competence has a role in predicting the body image of students with body dysmorphic disorder, according to a study of the data. In the therapy of body image in individuals with body dysmorphic disease, it is suggested that psychological aspects, such as social competency, be considered.

**Keywords:** *Social Competence , Body Image , Female Students , Body Dysmorphic Disorder*

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### Introduction

Adolescence, which signifies the end of childhood and the start of maturity in biological, psychological, and social aspects, is a crucial stage between childhood and adulthood in the process of human evolution and the cycle of psychological evolution of each person (Kadivar, 2021). People's bodies, minds, and social interactions change during this development phase. Teenagers pay close attention to their physical weight and form, especially girls entering puberty, for various reasons, such as cultural, social, and ethnic considerations (Striegle, Smolak, Farburn & Brownell, 2021; quoted by Roshan, 2021). According to statistics, most teens, on their physical development, express dissatisfaction with their bodies, and it appears that body dysmorphic disorder is a pathological reaction to these physical and hormonal changes that take place throughout puberty (Rudiger, Cash, Roehrig & Thompson, 2017; quoted by Sayyad, 2021).

Body dysmorphic disorder is a pseudo-physical disorder characterized as a mental preoccupation with an imagined physical deficiency or an excessive distortion of minor physical imperfection (Bakhtiari, 2021). The profound conviction or dread of a person's lack of appeal or even

discomfort in their appearance is the heart of body dysmorphic disorder. Despite the patient having a typical look, this disease makes it unusual for praise and assurance from others to allay this worry (Sadock & Sadock, 2021).

Spending much time in front of the mirror, comparing one's physical attributes to others, attempting to conceal the body parts they see as flaws, and looking for external validation of one's looks are all symptoms of body dysmorphic disorder. These individuals typically avoid close relationships with others and various social situations. When someone has this disorder, their self-satisfaction and body image differ from others in quantitative and qualitative aspects (American Psychiatric Association, 2021). This condition shares psychopathological traits with social phobia and obsessive-compulsive disorder, but it has comorbidity with these disorders (Veale, 2014). Due to its closeness, body dysmorphic disorder is frequently considered a subtype of obsessive-compulsive disorder. Individuals with BDD are preoccupied with their looks to an excessive degree and may engage in obsessive behaviors (such as checking their appearance in the mirror). However, a distinct diagnosis of obsessive-compulsive disorder is established only when the obsessive

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thoughts and behaviors are not confined to the individual's preoccupation with their looks and have an Ego-dystonic condition (Rabiei, Bahrami and Kalantari, 2020).

Girls experience this condition a little more than males; it often manifests between the ages of 15 and 20. (Sadock & Sadock, 2021). According to Asna Ashari, Bakhshayesh, and Afshani's research (2021), the prevalence of body dysmorphic disorder in teenage females was expected to be 7.1%, with the age of onset at 17 being the most common. According to Safarzadeh, Tohidi Nik, and Mahmoudi Khurandi (2020), 4.23% of females suffer from body dysmorphic disorder. Teenage females of various racial groups were found to have this disease with a prevalence of 2.2%, according to Mayville et al. (2020; quoted by Sayyad, 2021).

Body dysmorphic disorder is characterized by the destruction of a person's body image, which is the nature of their experience of their physical appearance as a multidimensional structure (Mehdizadeh, 2020). One of the psychological concepts and a key idea for health psychologists is body image. Body image refers to a person's perception of their physical attributes, including their size, shape, and emotions toward each component of their body (Saravani and Shirazi, 2020). Body perception is a multi-faceted process with cognitive, perceptual (touch and vision), and emotional (a person's thoughts about themselves) elements. People's perceptions of their bodies cause them to overestimate or underestimate the size of bodily parts, and the emotional and cognitive changes that ensue are connected to thoughts of dissatisfaction and concern about one's form and organs (Grogan, 2016; quoted by Zad Hasan and Seraj Khorrami, 2019).

Studies reveal that while body image is essential for both girls and boys, it holds a unique position for females since current societal norms strongly emphasize the desire to be skinny (Rasouli, 2020). Physiology (body mass index), psychological (perfectionism and low self-esteem), social and cultural (family, peers, and media) aspects, as well as perfectionism and low self-esteem, all play a part in developing a negative body image (Chen, Gao Xiao & Jackson, 2017; quoted by Rezaei, Aflak Seir, Mohammadi, Yavari and Ghayour, 2020). Social competence is one of the psychological constructs described in body image (Dehghani and Shirazi, 2021). Long-term psychological and social performance is best predicted by social competence, which is one of the most crucial parts of growth (Gresham & MacMillan, 2021). Social competence is the possession of behaviors and social skills that enable successful engagement in various social contexts, culminating in successfully maintaining social and communication abilities (Segrin, 2015). In other words, social competence refers to a person's capacity for social responsibility and personal independence (Issazadegan, Soleimani, Khosravian, and Sheikhi, 2020).

According to Felner, Lease, and Philips (2020; quoted by Abolghasemi, Rezaei Jamalouei, Narimani, and Zahed Babolan, 2021), there are four components of social competence: a) Cognitive skills consisting of knowledge storage, information processing, and acquisition skills, effective and ineffective beliefs, and a documentary style. b) Behavioral skills include persuasion, role-playing, self-expression, conversational skills for initiating and maintaining social relationships, learning skills, and being amiable toward others. c) Emotional and emotional skills for developing positive relationships with people, establishing and growing trust and mutual support relationships, and detecting and effectively responding to emotional symptoms in social interactions or stress management. d) Motivational skills consist of a person's value system, their level of moral development, sense of effectiveness and control, and sense of self-efficacy.

Social scientists have recently discovered that people link exterior attractiveness to positive psychological attributes, including intellect, competence, and social acceptability. As a result, people's fear of social inadequacy plays a significant role in developing negative body image (Keyvan Ara, Haghghatian, and Kaveh Zadeh, 2021). Negative body image is likely among those who experience social rejection and ineptitude (Park, Calogero, Harwin & DiRaddo, 2016). According to research findings, social competence can have a crucial influence on body image satisfaction and people's aversion to cosmetic surgery (Issazadegan, Soleimani, Khosravian, and Sheikhi, 2020). Additional research demonstrates a connection between social anxiety and body image (Rashidipour, 2021). In their study, Cooper & Osman (2017) found that those with body dysmorphic disorder exhibit worse social self-efficacy than those who are healthy. In this regard, the findings of Javo & Sorlie's research (2020) also demonstrated that failing to meet the basic demands of competence and sufficiency is a predictor of negative body image and cosmetic surgery.

According to the provided materials and research findings, social competence plays an essential part in people's mental health, impacts their overall performance, and produces psychological diseases such as body dysmorphic disorder and negative body image. It appears vital to pay attention to these causes and their implications in the cultural framework of Iranian culture, particularly among a population (female students) prone to these attitudes and behaviors. Therefore, the current research focuses on determining whether social competence can predict female students with body dysmorphic disorder body image.

Following is a list of studies that are relatively comparable to the current research:

The study "Investigating the link between social anxiety and fear of body image in female students with disability sisters/brothers" by Bajm, Nasiri Dashtaki, and Shadman (2021) revealed that social anxiety is one of the main contributing factors to fear of body image.

Bahadori and Rahmani (2019) researched "the relationship between body image and social anxiety thoughts in students." Results indicated a significant link between students' body image and social anxiety thoughts.

The research conducted by Seydan and Pourkhalil (2020) on "explaining the relationship between body dysmorphic disorder and obsessive-compulsive disorder among students" found a substantial correlation between body dysmorphic disorder and obsessive-compulsive disorder among students.

Alashti and Vatandoust's (2019) study "Investigating the Mediating Role of Body Image Perception in the Relationship between Anxiety Sensitivity and General Health" indicate the relationship between anxiety sensitivity and body image perception in all aspects of students' general health is significant. Furthermore, there is a link between body image perception and anxiety sensitivity.

Seraj Khorrami and Zad Hasan's (2020) study titled "Investigating the relationship between body image concern and social anxiety among female students" revealed a significant and positive connection between the two factors.

Hafezi Birgani and Naderi (2018) researched "The relationship between body image concern and social anxiety among students of the Faculty of Nursing and Midwifery - Islamic Azad University of Ahvaz." The results demonstrate a positive and significant relationship between concern about body image and students' social anxiety.

The findings of Zandi and Homayoun Nia's (2018) study titled "The association between eating disorders and body image with body social anxiety in the elderly" demonstrated a significant correlation between eating disorders and body image with social anxiety in the elderly.

Ghaeini, Mousavi, Mirzaei, and Sotoudehzadeh (2018) conducted research titled "Relationship between symptoms of depression, social phobia, and intellectual and practical obsession with body deformity disorder among visitors to beauty clinics in Tehran." The results demonstrated a statistically significant relationship between obsessive-compulsive disorder, depressive symptoms, social anxiety symptoms, and body dysmorphic disorder.

Issazadegan, Soleimani, Khosravian, and Sheikhi (2020) investigated "the comparison of social competence and cognitive control of emotion in persons applying and not applying for rhinoplasty." The results demonstrated that social competence and emotional regulation might significantly influence body image satisfaction and people's reluctance to have cosmetic surgery.

According to the findings of Zareie and Zareie's (2017) investigation on the link between body image worry and self-esteem with the social self-efficacy of first-year female high school students, there is an inverse relationship between body image concern and social self-efficacy.

### **Research Methods**

The present study was fundamental in terms of objective and descriptive-correlational in terms of method.

### **Statistical population, Statistical sample, and Sampling method**

All female secondary school students in Mashhad with body dysmorphic disorder during the academic year 2021–2022 made up the statistical population for the current study. First, a list of all female secondary school pupils for the 2021-2022 academic year was compiled. Then, an electronic link for the surveys was created and distributed to the pupils. After the students had electronically submitted their questionnaires, the researcher identified those with body dysmorphic disorder and deemed them the statistical population for the present study (354 people). A score of more than 70 on the Rabiei et al. body dysmorphic disorder questionnaire served as the criterion (2011).

Based on the statistical population and the Krejcie and Morgan table, the sample size was 162 (Naderi and Seif Naraghi, 2020). Purposive sampling was used to select them (scores above 70 on the body dysmorphic disorder questionnaire).

### **Measurement Tools**

Flener's social competence scale (1990)

The social competence questionnaire was designed by Flener (1990) to measure social competence, translated by Parandin (2006).

This questionnaire measures social competence and comprises 47 questions, including four components of behavioral skills (questions 1 to 34), the factor of motivation and expectations (questions 35 to 41), the factor of cognitive skills (questions 42 to 44), and the factor of emotional adequacy (questions 45 to 47). It is based on a 7-point Likert scale with questions such as "How confident are you in your ability to deal with challenging situations?" (When I am angry with someone or something, I try not to react quickly.) The social competence questionnaire has seven options: Strongly agree, Agree, Somewhat agree, neither agree nor disagree, Somewhat disagree, Disagree, and Strongly disagree, and the subjects should choose the option that best expresses their feelings and opinions. The scoring method is Likert and follows the 1 to 7 system. If the subject decides Strongly disagree, they obtain a score of 1, Disagree a score of 2, Somewhat disagree a score of 3, Neither agree nor disagree a score of 4, Somewhat agree a score of 5, Agree on a score of 6 and Strongly agree on a score of 7. Gaining a high score suggests having a high level of social competence, and vice versa. This questionnaire's internal consistency score of

0.84 indicates that the scale has an acceptable internal consistency coefficient. In addition to the internal consistency method, the retest method was utilized to examine the scale's reliability, with a reliability coefficient of 0.88 between the two implementations using the retest method. Its content and construct validity were studied to investigate the scale's validity. Face validity and its logic have been proven in terms of content validity based on the theoretical support offered by Flener from the perspective of psychology and psychology experts. The construct validity of the scale has been examined using two methods. The correlation between the total scale and the subscales is powerful and significant at the 0.99 level of significance. In addition, factor analysis supported the scale's construct validity, and the KMO (sampling adequacy) for this questionnaire was reported as 0.82. Following the study of the test's key components, all numbers about the correlation between the questions and the entire test are over 50%, indicating a strong correlation between each question and the whole exam (Parandin, 2006). The content and face validity of this questionnaire have been assessed in the study by Piri et al. (2011). In the survey conducted by Piri et al. (2011), the estimated Cronbach's alpha coefficient for this questionnaire was 0.88. The entire questionnaire of Khalaj, Pakpor Haji Agha, and Mohammadi Zeidi's study (2020) has an alpha coefficient of 0.77. This questionnaire was assigned a Cronbach's alpha coefficient of 0.82 in the present study.

Fisher's self-concept test, body image, (1970)

The Body Image test with 46 items was created by Fisher in 1970 and translated by Yazdanjoo in 2000. This test measures 12 compounds on the head and face, ten substances on the upper limbs, and six substances on the lower limbs. Additional 18 items assess the subject's perspective on the body's general characteristics.

Each item has a value between 1 and 5 (Very Dissatisfied=1, Dissatisfied=2, Partly Satisfied=3, Satisfied=4, Very Satisfied=5). The scores for each question are summed together to determine an individual's body image score. A score of 46 on this exam suggests a disorder (negative self-concept), whereas a score of 230 or higher demonstrates no disorder. In Iran, Yazdanjoo (2000) assessed the validity of this test. He selected 99 students from the first, second, and third grades of high school and tested and retested them at intervals of ten days to verify this exam. The findings are detailed below. The Pearson method's first and second implementation of the test's correlation coefficient for first-year students is 81%, second-year students are 84%, third-year students are 87%, and total students are 84%. It is possible to agree that there is a significant correlation between the results received from the first execution of the test and the results acquired from the second execution of the image test, given the significant level of these coefficients ( $p > 0.0001$ ) with 99.99% confidence.

Asgari and Shabaki (2009) determined the reliability of the body image questionnaire to be 0.93 and 0.91, respectively, using Cronbach's alpha and the split-half method. In the study by Zamani, Ahadi, and Asgari (2014), Cronbach's alpha was 0.73, and reliability and retest at a 4-week interval were 0.69. This questionnaire was assigned a Cronbach's alpha coefficient of 0.92 in the present investigation.

Rabiei, Salahian, Bahrami, and Palahang's Body Deformation Disorder Questionnaire (2011)

Rabiei, Salahian, Bahrami, and Palahang (2011) designed this questionnaire to assess body deformity disorders. Each item of this questionnaire has been modified based on a review of the theoretical and empirical foundations and the clinical experiences of researchers with body deformity patients. According to the researchers, 64 questions were created to examine the metacognition of body dysmorphic disorder. Several of these questions were formulated using the metacognitive difficulties observed by Cooper and Osman (2007) in body dysmorphic disorder patients. The other questions were developed using questionnaires linked to metacognition in emotional illnesses, such as the questionnaire on thought confusion and clinical and research experience with individuals suffering from body dysmorphic disorder. Three experts analyzed and researched the test to determine its face and content validity, and after applying their opinion, 20 items that, in their view, do not assess metacognition of physical deformities were removed. In a preliminary investigation, the opinions of 30 students were surveyed over the questions' level of comprehension, and ten more items that the vast majority of participants thought were unintelligible were removed. The psychometric features of 34 implementation items were investigated. After participants completed the questionnaire and the data were analyzed, three items were removed due to low factor loading. On a Likert scale ranging from Strongly disagree = 1 to Strongly agree = 5, 31 items were then assessed. The questions relating to each of this questionnaire's four components are provided as follows: Metacognitive control methods (questions 1-14), thought-action coalition or fusion of thoughts (questions 15-22), positive and negative metacognitive views (questions 23-27), and safety behaviors (questions 28-30) were assessed (questions 28-31). The total scores for each question are put together to determine the final score for the questionnaire. A higher score on this questionnaire suggests that individuals are more dissatisfied with their looks. The cutoff score for this questionnaire is 75, and a score of more than 75 indicates a body deformity disorder. In the questionnaire by Rabiei et al. (2011), the validity and reliability of this questionnaire were validated, and its Cronbach's alpha coefficient was determined to be 0.85. Cronbach's alpha coefficient for this questionnaire was 0.82, according to Seyyedzadeh (2019). This questionnaire was

assigned a Cronbach's alpha coefficient of 0.88 in the present investigation.

### Implementation Research

A list of all female secondary school students for the academic year 2021–2022, together with the appropriate preparations with the Ministry of Education, was created after getting approval from the relevant authorities. The survey's electronic link was created and emailed to the proper students at the following stage. Students, researchers, and individuals with body dysmorphic disorder electronically filled out the surveys. A score of 70 or above on the body dysmorphic disorder questionnaire of Rabiei et al. (2011) was the criterion used to identify the statistical population of the present study (354

Table 1 - Description of research variables

Variable	Median	Standard deviation	Mean	Minima	Maxima
Social competence	2.89	0.81	2.68	1.49	4.49
Body image	2.64	0.76	2.69	1.57	3.78

According to the table above, the mean and standard deviation for social competence and body image are 2.89 and 0.81, respectively. The median values for social competence and

Table 2 - Correlation matrix

Variable		Behavioral	Expectations	Cognitive	Emotional
Head and Face	Pearson coefficient	0.35	0.36	0.33	0.34
	Significance level	0.000	0.000	0.000	0.000
Upper Body	Pearson coefficient	0.31	0.31	0.26	0.29
	Significance level	0.000	0.000	0.000	0.000
Lower Body	Pearson coefficient	0.33	0.34	0.31	0.31
	Significance level	0.000	0.000	0.000	0.000
Whole Body	Pearson coefficient	0.32	0.33	0.31	0.27
	Significance level	0.000	0.000	0.000	0.000

The table above indicates that the association between social competence and body image components is significant at the 0.05 level. The sign of Pearson's coefficient demonstrates positive relationships.

The regression analysis is now carried out in stages. Using the step-by-step method, the model has just the expectations

Table 3 - Results of body image regression analysis

people). Then, using the Krejcie and Morgan table, 162 individuals were chosen by convenience sampling, and Downey and Feldman (1996) and Flener (1990) rejection sensitivity and social competence questionnaires were electronically distributed to them. After mailing and completing the questionnaire digitally, the results were gathered and analyzed statistically.

### Methods of Data Analysis

The collected data were analyzed using descriptive statistics, such as the determination of mean and standard deviation, and inferential statistics, such as Pearson's correlation coefficient test and multivariate regression analysis, using SPSS 24 statistical software.

body image are 2.68 and 2.69, respectively. First, the association between the elements is examined:

variable. Before data analysis, the assumption of residual independence was confirmed using the Durbin-Watson Test. This value was determined to be 2.5, which falls within 1.5 and 2.5, showing that the premise of residual independence was not violated.

Sources of Change	S.S.	dF	M.S.	F	Significant level	r	r <sup>2</sup>	β	Durbin-Watson
Regression	11.31	1	11.31	22.14	0.000	0.34	0.12	0.34	
Remainder	81.78	160	0.51						2.5

Dependent Variable: Body image

The study hypothesis is verified based on the value of F, the significance level (P), which is less than 0.01, and the positive sign of the  $\beta$  coefficient. We conclude with 99% certainty that there is a positive relationship between the expectations component and the body image of body dysmorphic disorder students.

The model indicates that expectations account for roughly 13% of the observed variance in body image (R Square = 0.13). Additionally, for every unit increase in variable expectancies, body image rises by 34%.

T-test and its significance level (P), which is less than 0.05, reject the hypothesis that the coefficient of social competence equals zero. The relationship between this variable and body image may be linear.

### Discussion and Conclusion

The regression analysis findings revealed a correlation between body image and social competence expectations among students with body dysmorphic disorder. The sign of the correlation coefficients indicates that these relationships are positive.

According to the researcher's findings, no research was identified that studied the association between social competence and body image. Therefore, the results of the present study are somewhat consistent with the findings of Bajm, Nasiri Dashtaki, and Shadman (2021); Bahadori and Rahmani (2019); Hafezi Birgani and Naderi (2018); Zandi and Homayoun Nia (2018); Issazadegan, Soleimani, Khosravian, and Sheikhi (2020); Zareie and Zareie (2017); Rashidipour (2021); Keyvan Ara, Haghighatian, and Kaveh Zadeh, (2021); Zanjani, Goudarzi, Taghavi, and Mollazadeh (2009); Cooper & Osman (2017), Izgic (2014), Cash (2011) and Javo & Sorlie (2020) and it is inconsistent with the research findings of Cox, French, Madonia, Witty (2011) and Sujoldzic and Lucica (2007).

Cox, French, Madonia, and Witty (2011) and Sujoldzic and Lucica (2007) disagreed that social acceptance predicts body image issues in their respective investigations.

According to Bajm, Nasiri Dashtaki, and Shadman (2021), social anxiety is one of the most effective elements in body image anxiety. Bahadori and Rahmani (2020) research revealed a significant correlation between students' body image and social anxiety.

Hafezi Birgani and Naderi (2018) found from their research that eating disorders and body image are significantly associated with body social anxiety in the elderly. As

Issazadegan, Soleimani, Khosravian, and Sheikhi (2020), social competence may significantly impact body image satisfaction. According to Zareie and Zareie (2017), there is an inverse relationship between body image anxiety and social self-efficacy. Rashidipour (2020) research revealed a correlation between social anxiety and body image. According to Keyvan Ara, Haghighatian, and Kaveh Zadeh (2012), social acceptability is one factor that affects body image. People who struggle with social anxiety and shyness have a more negative attitude regarding their bodies than ordinary people, according to research by Zanjani, Goudarzi, Taghavi, and Mollazadeh (2009). Cooper & Osman (2017) concluded that people with body dysmorphic disorder and healthy people differ in social self-efficacy characteristics, and those with body dysmorphic disorder had lower social self-efficacy than healthy people. Izgic's (2014) research revealed that those with social phobia had a more distorted body image than those without social phobia. Cash (2011) found from his research that there is a significant correlation between social anxiety and bad body image. The relationship between the variable of a lack of social competence and a negative body image study was also studied and confirmed by Javo & Sorlie (2010).

Social competence is the presence of social abilities and behaviors that lead to successful interaction in various social circumstances, with the consequence being the preservation of communication and social skills (Segrin, 2015). In other words, social competence is the performance capacity to execute personal autonomy and social duty (Issazadegan, Soleimani, Khosravian, and Sheikhi, 2020).

In recent decades, social scientists have shown that individuals equate exterior appearance with desirable psychological attributes, including intellect, competence, and social acceptance. As a result, people's fear of social competence plays a significant role in developing negative body image (Keyvan Ara, Haghighatian, and Kaveh Zadeh, 2021). People who experience social rejection and ineptitude are more prone to a negative body image (Park, Calogero, Harwin & DiRaddo, 2016). In addition, research demonstrates that social competence can significantly impact body image satisfaction and people's aversion to cosmetic surgery (Issazadegan, Soleimani, Khosravian, and Sheikhi, 2020).

According to the research, social and interpersonal ties significantly influence people's sense of self. The acceptance or rejection of others can impact the concept of body image, which is connected to self-concept. Acceptance may enhance a person's attitude toward their body image, but rejection

generates psychological, emotional, and social issues and a negative body image.

In other words, people's attitudes regarding their desirable body image are frequently influenced by social interactions; therefore, the social environment dramatically impacts an individual's adaptability. People assume others to partake in their self-evaluation and view appearance as an essential feature when forming the social-cognitive schema. Due to their identity and physical changes, adolescents are more sensitive to how others see their bodies. According to the social comparison hypothesis, individuals compare themselves to others since there is no objective measuring scale by which they can evaluate themselves in many areas and features, and they tend to use others as a source for self-assessment. Comparing oneself to persons in the same social class might help people form a more favorable opinion of themselves. Good beliefs and social competence are crucial components of emotional and social adaptability and a healthy body image. Therefore, there is a link between social competence and body image among students with body dysmorphic disorder, as revealed by the present study's findings.

The variation in the age distribution of the examined groups with the listed studies or the study done in different populations might be used to explain the non-alignment of this research finding with the mentioned studies. Additionally, the impact of the various social competence measurement techniques influenced the different findings. The use of self-reporting instruments and the restriction of the statistical population of all female students with body dysmorphic disorder in secondary school were some of the research's limitations. According to the current study's findings, it is advised that social competence be considered while treating body dysmorphic disorder patients' body image. Considering that social competence factors are among the effective structures in the construction of students' body image and parents and teachers play a significant role in its formation, it is suggested that parents and teachers be instructed in this area. Therefore, by avoiding criticizing and adversely evaluating the personality and appearance of the students, the development of sensitivity to rejection and lack of social competence is prevented, and a good body image is encouraged.

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**Conflict of Interest:** The results of this research have been confirmed by the research of others in similar fields.

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**Ethical statement:** Hereby, I consciously assure that for the manuscript, insert title, the following is fulfilled Including This material is the authors' own original work, which has not been previously published elsewhere. The paper is not currently being considered for publication elsewhere. The paper reflects the authors' own research and analysis in a truthful and complete manner. The paper properly credits the meaningful contributions of co-authors and co-researchers, and The results are appropriately placed in the context of prior and existing research.

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