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The Role of Cognitive Distortions in Young Women's Body Image Perception

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Abstract. The analysis of modern psychological research and the practice of psychological assistance indicates the relevance of the problem of body image, especially for girls and young women. Therewith, most of the available papers focus on the study of the body image of adolescent girls, which makes it necessary to clarify the predictors of body image in other age periods. The purpose of the study is to highlight the results of a theoretical and empirical study of the role of cognitive distortions in the perception of the body image of adolescent girls. The methodological basis of the research was T. Cash's cognitive-behavioural concept of understanding body image, the interpretation of psychological mindedness by H. Conte, and A. Freeman's theory of cognitive errors. The role of various factors in the perception of body image is considered: 1) cognitive distortions as one of the predictors of an irrational strategy of human behaviour and thinking; 2) interest in one's own personality and understanding of one's own experiences as a factor of full self-acceptance. A Multidimensional Body-Self Relations Questionnaire-Appearance Scales by T. Cash, Cognitive error questionnaire by A. Freeman and R. DeWolf, psychological mindedness scale by H. Conte, and the author's questionnaire were used. The study confirmed the influence of social stereotypes on the perception of young women's own body image. In particular, it is identified that a substantial number of respondents (78.3%) emphasise the existence of social standards and express a desire to lose weight or change the shape of their bodies. It was determined that 71% of respondents have a normal body weight, which does not require changes in terms of health. Correlation analysis showed weak to moderate associations between women's psychological mindedness indicators and how they perceive their own bodies. A comparison of groups of women who expressed a desire to change their own bodies with women who did not have such a desire identified substantial differences between these groups in the severity of cognitive distortions, such as catastrophisation ($p \leq 0.01$) and trust in criticism ($p \leq 0.05$). The use of regression analysis confirmed the substantial impact of catastrophisation on how respondents perceive their own body image. There is also a moderate association between catastrophisation and the desire and willingness to discuss their own experiences, which should be considered when creating methods of psychological assistance for women with an irrational perception of their own body image

Keywords: self-assessment of appearance, psychological mindedness, cognitive errors, catastrophisation, trust in criticism, correlation analysis

INTRODUCTION

The image of one's own body is an essential component of each person's self-esteem; it plays an important role in the self-attitude of the individual, which also affects the self-regulation of their behaviour. Modern psychological studies and psychological practice show that the negative perception of body image is very relevant for women, especially at a young age. Therewith, there is an insufficient number of modern psychological studies devoted to the examination of predictors of the problem of negative body image in young women, which can lead to substantial negative psychological consequences and health problems, including, in particular, such serious eating disorders as anorexia, bulimia, etc.

Analysis of psychological studies shows that most of them are focused on investigating the body image of teenage girls because at this age there are substantial changes associated with the hormonal restructuring of the body. In studies, the external environment (influence of peers, family, mass media), eating disorders, and bad habits are considered predictors of body image [1-3]. In Ukrainian psychological science, this area of research is not sufficiently developed, in fact, there are separate studies in this area [4; 5], which do not cover all aspects of the problem.

As noted in studies [2; 3; 6], some adolescent girls successfully overcome the problems of this sensitive age period and move into a new stage of life without any negative consequences associated with body image, but there are many girls whose problems worsen in adolescence. Researchers emphasise the substantial influence of sociocultural factors on the development of women's body image, especially at a young age, when through the assimilation of social stereotypes and expectations, social comparison, girls build their own ideals regarding appearance and try to achieve them by changing eating behaviour [2; 3; 6]. Therewith, it can be assumed that certain individual psychological factors also play an important role in the development of the body image of young girls, in particular, cognitive distortions of the psyche and the ability of self-reflection (self-awareness). Therefore, this age period deserves special attention, because a negative body image in adolescence indicates the existence of influencing factors that can lead to problems with psychological health, eating disorders, depression, and anxiety disorders.

The purpose of the study is to analyse the role of cognitive distortions in the perception of the body image of adolescent girls, which can be useful for creating psychocorrective and psychotherapeutic programmes.

LITERATURE REVIEW

The concept of body image

The analysis of modern psychological studies of body image, in particular, as a predictor of eating disorders, indicates a variety of methodological approaches. Thus, there are many approaches to defining the concept that reflects a person's perception of their own body, in particular: "physical self", "bodily experience", "bodily self", "physicality" etc. This study uses the concept of "body image" as well-founded and most common in modern psychological research.

According to the American Psychological Association (APA), body image is a mental picture of one of the body forms in general, which includes the physical characteristics of the body and attitudes to these characteristics. According to the National Eating Disorders Association, body image is how a person relates to their own body and its shape, how they physically feel in their own body [7].

Body image, according to the views of modern psychologists, can be positive or negative [8-10]. A positive body image means that a person feels comfortable in their own body, regardless of whether it corresponds to socially accepted ideals, and is associated with the ability to correctly and rationally assess their own shape, weight, body condition, combined with a sense of satisfaction from their own body, regardless of its condition and the assessment of others. A negative body image is manifested in a high criticality of one's own body, an untrue comparison of the real weight and state of the body with the vision of oneself. Self-assessment of this format, in turn, affects how an individual considers the value of their own body and their value as a person.

Researchers defined body image as a person's subjective experience of their body as a mental spatial image formed due to interpersonal interaction, that is, it includes not only a perceptual component but also social attitudes, the experience of interaction with other people; as a mental picture of the body with a component of the individual's affective reaction to it [11]. In the 90s of the 20th century, the study of the influence of culture on body image became relevant, since then Western society promoted slimness for women as a cultural ideal. It was identified that dissatisfaction with the body can manifest itself from the age of eight ("fear of fat"), and age, class, ethnic origin, and gender emphasised the factor of socio-cultural pressure on women's perception of themselves [12].

Analysing body image: Psychological approaches and concepts

In the early 2000s, people were greatly influenced by the media field, which idealised underweight women, which became a role model. That is why most studies have focused on the influence of media on the development of body image and the examination of eating behaviour. In particular, within the framework of the socio-cultural concept, it was investigated how people, comparing their appearance with the ideal created by society, or any other idealised person, face anxiety about their own body image, and it is the pressure of society on the individual through the ideal of appearance that is the main factor in disrupting the perception of body image [6].

The feminist approach also emphasises the importance of public pressure on the development of body image. Because of the social standards of flawless beauty, women begin to suffer from the objectification of their own bodies, which includes constant observation of their own bodies, the development of beliefs about control over them, the

development of labels and the interiorisation of beauty ideals. This creates a big problem because some women are so committed to the ideal, that they are even ready for extreme practices of changing their own bodies, which, admittedly, does not give the expected results due to the anatomical features of people and leads to frustration and negative body image [2].

N.L. Wood-Barcalow et al. note that body image is linked to many factors, such as interpersonal relationships, social influence, spirituality and religion, biology and genetics, cultural values, society and media, and age-related changes (Fig. 1). Each of these factors of influence goes through a stage of information filtering; people with a positive body image perceive only part of the influence of these factors due to information filtering [13].

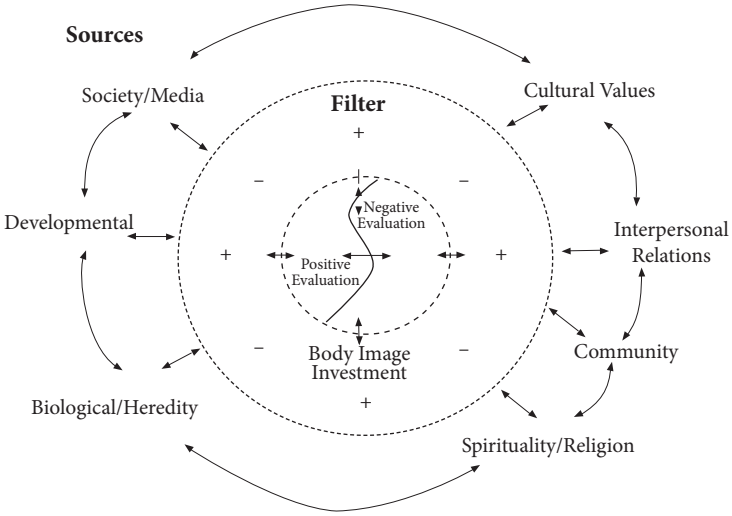

Figure 1. Body image model by N.L. Wood-Barcalow

Source: [13]

The cognitive behavioural concept of understanding body image is now one of the most substantial in the field of investigating physicality. This approach has become the leading one in this study since body image is defined as a multi-faceted construction that includes the perception of a person, their beliefs, thoughts, and feelings about their own appearance and how a person feels in their own body. A well-known representative of this approach, T.F. Cash, has created a toolkit that allows assessing a person's attitude to their own body, determining the scale of body image states, inventory strategies for overcoming body image, etc. According to the understanding of body image of T. Cash, this phenomenon can be divided into four categories:

1. Attitude to body image means how satisfied a person is with their own body and appearance.
2. Investing in body image refers to how much importance a person attaches to appearance when determining themselves and their own self-esteem.
3. The behavioural aspect is related to appearance and includes taking care of oneself, checking and hiding certain aspects of appearance, avoiding specific places, activities, or people.
4. Body image perception refers to how accurately a person evaluates their own body size and shape [14].

Body image is formed gradually, starting from childhood. It is influenced by both past and current experiences. The most common determinants of body image are cultural factors, interpersonal experiences, and physical changes. Factors that can enhance or maintain a sustained impact on body image include internal dialogues, body image-related emotions, and self-regulating behaviour. Certain life situations, according to T. Cash, due to their context can activate information processing and evaluating judgments about own appearance [14].

Cognitive distortions in body image development

Cognitive distortions can be considered fundamental errors of thinking that interfere with the individual's ability to make realistic formulations and interpretations of the world, others, and themselves [15; 16]. These are irrational thoughts and beliefs that are unconsciously reinforced over time. These patterns of thinking are often subtle; it is difficult for a person to recognise them in their own thinking when they become a permanent feature of a person's everyday thoughts. This is why they can be so destructive, as it is difficult for a person to change what they do not notice in themselves and do not consider it a problem.

The concept of "cognitive distortions" is justified by A.T. Beck, who defined them as the result of information processing in ways that predictably lead to errors in thinking [15]. In the paper, A. Beck identified six cognitive distortions: selective abstraction, over-generalisation, exaggeration, and minimisation, personalisation, and absolutist, dichotomous thinking. Later, the understanding of cognitive distortions was expanded and supplemented by other researchers. In particular, additional cognitive distortions identified by the researchers include externalisation of self-esteem, comparison, and perfectionism [16; 17]. This

study examined the following cognitive distortions and their impact on body image:

1. Exaggerating the danger. Avoidance of unforeseen circumstances, avoidance of risks, responsibility, and competition; avoidant alertness and passivity, self-restraint and increased self-control with references to numerous or exaggerated dangers, unfavourable circumstances, and unfriendly attitude.

2. Catastrophisation, which reflects the tendency to "increase" the scale of minor undesirable or negative situations. The individual exaggerates the importance of problems and reacts vividly to them, as a rule, due to the direct contact of idealised ideas about themselves and others with reality. An acute, negatively exaggerated response to problems is expressed in an unrealistic expectation of a threat to life, health, well-being, and social status; loss of trust and confidence that someone will act dishonestly in relation to the individual; a tendency to affective-shock and dissocial reactions.

3. Forced liability Identification with social norms, perfectionism, the desire to protect oneself by carefully following social norms, unconditional and not always critical adherence to the rules, norms of behaviour and etiquette. Diligence and thoroughness, excessive politeness and caution in relationships, and a tendency to evaluative judgments that follow from social standards adopted in a particular group.

4. Mind reading. Confidence in the ability to read people's minds and the ability of others to do so. The tendency to "think" for other people, based on unfounded expectations and projections. One-sided, often negative judgments about other people's intentions, actions, and assessments. Tendency to insufficiently substantiated conclusions.

5. Personalisation. The tendency to take everything personally, the willingness to take personal responsibility for everything that happens. In the perception of other people and phenomena, the focus is on moral judgments and assessments. Declaration of increased moral responsibility, striving to ensure it.

6. Categoricalness. Persistent desire to defend self-esteem, associated with the fear of making mistakes, egocentric hierarchy, and narrowing of the problem field. The inflexibility of judgments, the predominance of self-centred defensive judgments, and inaction, the tendency to explicitly or covertly deny the opinions and assumptions of other people "by principles", identifying oneself with the subject of dispute.

7. Maximalism. Striving for the ideal in all areas, extreme assessments and judgments. The tendency to exaggerate their achievements and reproach others for not doing enough, devaluing others for laziness and irresponsibility. The futile expectation of admiration as a reward for hard work and perfection.

8. Trust in criticism. Any criticism is perceived as objective. A disapproving, negatively biased attitude towards oneself is expected. Any lack of unity of mind or remark is perceived as a reproach, disgust, or humiliation. Fixation on critical comments, insults, distrust, and wariness.

9. Comparison with others. Repeated evident depreciation of own capabilities, status, achievements, depreciation of one's own "self", degrading of one's own abilities. Declaring weakness and helplessness as an excuse for failures and unwillingness to actively overcome life's difficulties. Learned helplessness, pessimistic attitudes, the desire to get rid of responsibility for life's failures, and the search for protection [16].

MATERIALS AND METHODS

The study used the Multidimensional Body-Self Relations Questionnaire-Appearance Scales – MBSRQ-AS and The Body Image States Scale – BISS, developed by T. Cash and under his guidance [18; 19]; a questionnaire of cognitive errors developed by A. Freeman and R. DeWolf [16]; Psychological mindedness by H.R. Conte [20]; questionnaire regarding socio-demographic data, body mass index of respondents, and their attitude to their own body.

Multidimensional Body-Self Relations Questionnaire-Appearance Scales – MBSRQ-AS [19] is a globally recognised research tool that implements a multidimensional approach to assessing attitudes to body image, considering various components – attitudes to appearance, physical fitness, and health, etc. The study used a variant of this questionnaire – MBRSQ-Appearance Scales (AS), which includes 34 survey elements, statements are evaluated on a scale from 1 to 5. The method includes 5 subscales:

1. Self-assessment of appearance – the scale shows the level of satisfaction or dissatisfaction with one's own appearance.

2. Orientation to appearance – characterises the degree of contribution to one's appearance (a high orientation to appearance means that the person attaches special importance and attention to it, a low one characterises indifference to one's own appearance).

3. Satisfaction with body parameters – the scale evaluates satisfaction with certain aspects of one's own body.

4. Concern for excess weight – demonstrates the level of alertness and fear of gaining weight.

5. Self-weight assessment – the scale determines how a person evaluates their weight, ranging from underweight to overweight.

Body image states scale (BISS) [18]) consists of six points and evaluates short-term affective/evaluative experiences related to one's own appearance. Points of the scale are aimed at evaluating such bodily experiences as: dissatisfaction/satisfaction with the appearance in general; dissatisfaction/satisfaction with the size and shape of the body; dissatisfaction/satisfaction with the weight; a sense of one's attractiveness/unattractiveness; feelings about one's appearance at the moment compared to feelings about the body usually, an assessment of one's appearance compared to the appearance of the "average" person.

Questionnaire of cognitive errors [16] includes 50 items. A cognitive distortion is understood as an exaggerated or irrational model of thinking that is fixed over time and affects the perception of information and behaviour of a person. The questionnaire measures the severity of the following scales: catastrophisation, mind reading, personalisation, self-confidence, trust in critics, maximalism,

comparison with others, exaggeration of danger, categoricalness, forced liability. Statements are evaluated on a scale of 1 to 4 points.

Psychological mindedness scale [20]. Psychological mindedness is the ability to introspect, reflect, understand own feelings, being open to new experiences. The questionnaire includes 45 statements, which are evaluated according to the degree of agreement of the respondent with them (completely disagree, disagree, agree, completely agree). It has 5 subscales:

1. Interest in the field of experiences – how important it is for a person to understand the deep reasons for their feelings and actions.

2. Accessibility of experiences – a person's understanding of what feelings they are experiencing and the ability to identify them.

3. The benefit of discussing experiences – how useful it is for a person to tell others about their feelings.

4. The desire and willingness to discuss experiences – the level to which a person is willing to discuss their own experiences with others.

5. Openness to new experiences – to what extent a person tends to have a positive attitude towards new experiences.

The questionnaire developed by the authors included questions about the socio-demographic data of the respondents, body mass index, and their attitude to their own bodies.

For the purpose of quantitive *data processing the following was applied*: primary descriptive statistics, Shapiro-Wilk distribution normality test, correlation analysis (Spearman's rank correlation coefficient), linear regression analysis, and Mann-Whitney *U*-criterion. Statistical analysis was conducted using the RStudio Integrated Development Environment.

Facebook Instagram, Telegram, Viber, social networks and instant messengers were used to collect the sample. The sample consisted of 69 women aged 18 to 23 years, mean age: 20.65 years, standard deviation: 1.161. The survey was anonymous and was conducted using a Google form. In the beginning, a short appeal to respondents was posted, explaining the purpose of the study, informing them about the voluntary involvement and confidentiality of the study, how to process and use the information (informed consent); after the respondents indicated their consent, they could start the examination. The questionnaire included mostly open-ended or multiple-choice questions; other questionnaires were used according to standardised options, which combined statements and questions with multiple-choice answers (scales).

In the course of the empirical study, the following assumptions were tested: 1) the presence of cognitive distortions is a factor in the negative perception of adolescent girls of their own body image; 2) the perception of body image is positively associated with the level of interest in the field of experiences, accessibility of experiences, desire and willingness to discuss them, openness to new experiences and benefits from discussing experiences.

RESULTS AND DISCUSSION

Analysis of the survey data identified the following:

1. 78.3% of the girls surveyed would like to change something in their body. Therewith, 71% of the subjects have a body mass index (BMI) within the normal range: from 18.5 to 24.99; 21.7% have a BMI of less than 18.5; 7.3% have a BMI of over 25.

2. The most common options for the desired changes, which almost every girl wanted, were the desire to reduce their own weight and gain muscle mass. Less common, but frequent, were the desire to change their nose, enlarge lips, chest, and reduce the waist. Occasionally there were options, such as: remove cellulite, have long hair, increase or decrease the size of the hips, improve the quality of the skin, change the shape of the face.

3. 78.3% of young women believe that there are social standards of physical attractiveness. The respondents paid special attention to the following characteristics of physical attractiveness standards: a slim body, an hourglass figure (voluminous breasts, thin waist, voluminous hips), symmetrical facial features, straight white teeth, and clean skin.

4. 91.3% of women surveyed believe that they have physical advantages; simultaneously, 85.5% state that they have flaws and imperfections in their appearance.

Checking the data obtained by psychodiagnostic methods for the normality of the distribution according to the Shapiro-Wilk test showed that only 7 out of 25 scales have a normal distribution, so it was decided to use nonparametric methods of statistical data processing. The next stage of the analysis was to identify relationships between the investigated variables by creating a correlation matrix considering nonparametric correlations, using the Spearman correlation coefficient (Table 1).

Table 1. Correlations between indicators of self-perception and psychological mindedness

Method scales Appearance assessment		Multidimensional Body-Self Relations Questionnaire			
		Focus on appearance	Satisfaction with body parameters	Worrying about being overweight	
Psychological mindedness scale	Interest in the field of experience	0.23	0.36*	0.03	0.15
	Accessibility of experiences	0.15	0.01	0.13	-0.11
	Benefits of discussing experiences	0.33*	0.30*	0.10	0.10
	Desire and willingness to discuss experiences	0.11	-0.31*	0.16	-0.09
	Openness to new experiences	0.04	0.07	-0.08	0.21

Note: * – substantiality level $p \leq 0.05$

Table 1 shows that there is a moderate positive relationship between the orientation of the surveyed women to appearance and interest in the field of experiences (r = 0.36), the benefit of discussing experiences (r = 0.30), but the inverse relationship between orientation to appearance and willingness to discuss experiences (r = -0.31). The assessment of appearance is directly related to the benefits of discussing experiences (r = 0.33). However, the substantiality of the connection is insufficient for further discussion of the hypothesis put forward about the relationship of interest in the field of experiences, accessibility to experiences, desire and willingness to discuss experiences, openness to new experiences, and benefits from discussing experiences with the attitude and perception of one's own body, which makes it necessary to test it on a larger sample. In addition, the correlations presented in Table 2 were obtained.

Table 2. Correlations of the investigated parameters with types of cognitive distortions (according to Spearman)

Cognitive distortions Interest in the field of experience		Indicators of psychological mindedness				
		Accessibility of experiences	Benefits of discussing experiences	Desire and willingness to discuss experiences	Openness to new experiences	
Cognitive errors questionnaire	Catastrophisation	0.12	-0.16	0.02	-0.35*	-0.06
	Mind reading	0.39*	0.03	0.33*	0.07	0.05
	Personalisation	0.08	-0.27*	0.06	-0.27*	-0.01
	Trust in criticism	-0.05	0.02	-0.07	-0.26*	-0.16
	Maximalism	0.07	-0.10	0.02	-0.16	-0.06
	Comparison with others	0.03	0.01	-0.05	-0.33*	-0.12
	Exaggeration of danger	0.18	-0.15	-0.02	-0.44*	-0.22
	Forced liability	0.31*	-0.12	0.09	-0.30*	-0.10
	Categoricalness	-0.14	-0.12	0.08	-0.15	-0.02

Note: * – substantiality level $p \leq 0.05$

As displayed in Table 2, moderate connections were identified between indicators of psychological mindedness and individual cognitive distortions. What attracts attention is that there is the closest relation ($p \leq 0.05$) between the desire and willingness to discuss one's own experiences and cognitive distortions, in particular, an inverse relationship with catastrophisation (-0.35), personalisation (-0.24), trust in criticism (-0.26), comparison with others (-0.33), exaggeration of danger (-0.44), forced liability (-0.30). Although these correlations are not strong, it can be assumed that it is a person's willingness to discuss, verbalise their own experiences, and therefore better understand them, that is the key factor that eliminates the severity of cognitive distortions. These results may be useful for future research on the cognitive field of young women, and for developing strategies for psychological assistance in an individual or group format.

On the other hand, some cognitive distortions were identified to be positively associated with certain indicators of psychological mindedness: mind reading with an interest in experience (0.39) and the benefits of discussing experiences (0.33); forced liability – with an interest in the field of experiences (0.31). That is, the more pronounced is the cognitive distortion, which consists in assigning meaningless assumptions about other people's opinions (mind reading), and following social norms, striving for the ideal, the greater the interest in the field of experiences and the tendency of the person to think that discussing their own experiences is a useful activity. Most interesting in terms of developing therapeutic programmes is the relationship between the cognitive distortion of "catastrophisation" and the desire and willingness of subjects to discuss their experiences. According to the results, the higher the level of catastrophisation, the lower the openness to discussing emotions, thoughts, and experiences with other people.

In the future, the differences between the two samples of young women in terms of levels of cognitive distortion were evaluated. The first sample (N = 15) consisted of subjects who did not want any changes in their body and appearance, and the second sample (N = 54) included those young women who wanted changes in their body and appearance. The results of statistical calculations using the nonparametric Mann-Whitney U-test are presented in Table 3.

Table 3. Differences between groups of subjects who want to change their body and appearance and those who do not

Cognitive distortion	W	P-Value	Cognitive distortion	W	P-Value
Catastrophisation	580.5	0.01026	Maximalism	530.5	0.06688
Mind reading	529	0.06792	Comparison with others	518	0.09812
Personalisation	423.5	0.7918	Exaggeration of danger	435	0.6651
Trust in criticism	539	0.05038	Forced liability	476.5	0.2982
			Categoricalness	506	0.1389

According to the results presented in Table 3, a substantial difference between the two groups in the level of catastrophisation was identified ($p \leq 0.01$). This can be explained by the fact that with this cognitive distortion, a person tends to irrationally assess the situation as much worse than it really is. Therefore, a girl who has a high level of catastrophisation can hyperbolise her own physical flaws, which can cause an obsession with this issue, and provoke a negative development of thoughts, spreading dissatisfaction with the whole body. In addition, the selected samples differ substantially in the level of such cognitive distortion as trust in criticism ($p \leq 0.05$). Thus, the group of young women who want to change their body and appearance and the group that does not, differ substantially in the severity of such cognitive distortions as catastrophisation and trust in criticism. Therefore, it can be argued that these types of cognitive distortions, based on hyperbolisation of one's own flaws and trust in criticism from others, are associated with a negative body image and its rejection.

Regression analysis confirmed the substantial impact of catastrophisation on the perception of body image by adolescent girls (Table 4).

Table 4. Regression model

Residuals:				
Min	1Q	Median	3Q	Max
-19.121	-3.874	0.126	5.044	15.044
Coefficients:				
	Estimate	Std. Error	t value	Pr(>|t|)
(Intercept)	31.9691	3.2082	9.965	7.4e-15
catastrophisation	-0.9177	0.3249	-2.824	0.00624
Multiple R-squared	0.1064	p-value (R-squared):	0.006236	

The results demonstrate that of all the cognitive distortions, it is the level of catastrophisation that causes young women to be satisfied or dissatisfied with their bodies. According to the regression model, if the level of catastrophisation is changed by one, the average, namely its forecast, will be reduced by 0.9177. The R-square score is 0.1064. These data indicate that catastrophisation explains 10% of the result of satisfaction with one's own body; the substantiality level of $p \leq 0.01$ indicates that this factor is quite substantial and the detected pattern extends to the general population.

The results of the study correspond to the data obtained in modern psychological research and complement them. Thus, in one of the studies of body image, it was identified that adolescent girls are characterised by comparing their own appearance with people who, in their opinion, look better than them, which is moderately associated with a negative body image [21]. Young women most often compare their own appearance with the appearance of their peers and rarely compare it with the appearance of representatives of their families [22]. In social networks, young women, in particular, women with eating disorders, often represent idealised images of themselves [4; 6]. This unecological comparison of one's own appearance with that of others is akin to cognitive distortion. A substantial number of studies confirm that the body image of young women is negatively affected by viewing beautiful photos of other girls on social networks, which certainly indicates that a large number of them suffer from the depreciation of their own body and personality due to social irrational comparison of themselves with others [6; 23].

From the perspective of the influence of cognitive distortions on body image, researchers have determined that women who are prone to cognitive distortions associated with the imaginary ideal of a slim body experience a fusion of thoughts and perception of their own body [24; 25]. In addition, it has been suggested that people with high levels of perfectionism in terms of appearance make large investments in the way they look, so they are more focused on appearance-related stimuli. Therefore, young women who invest heavily in their appearance may be particularly prone to negative cognitive distortions or vulnerable to negative assession after social comparison with other attractive women. Those who have a negative body image have distorted and dysfunctional knowledge of their appearance, such as increased appearance defects and biased social comparison [3; 26].

Some studies also point to a substantial impact of catastrophisation as a cognitive distortion and its positive association with weight dissatisfaction, which is one of the components of a negative body image [27]. Thus, the conducted study complements and concretises the data on the impact of cognitive distortions on the body image of young women, in addition, it was performed on the Ukrainian sample, which opens the way to a comparative analysis of the body image of women-representatives of different countries and cultures, because, as noted, socio-cultural factors have a substantial impact on this phenomenon.

CONCLUSIONS

Theoretical analysis of the problem of body image of young women and factors of its development has shown the presence of a substantial number of approaches and paradigms. One of the most productive modern research approaches is cognitive-behavioural, in particular, the concept of T. Cash's body image understanding, formulated on its basis, which considers socio-cultural and psychological factors of body image development.

Among psychological factors, cognitive distortions are considered as irrational thoughts and beliefs, fundamental errors of thinking that interfere with the ability of a person to make realistic interpretations of the world, others, and themselves, and over time become a distorting filter for information. The influence of cognitive distortions on the body image of young women, indicators of psychological mindedness, which include interest in the field of experiences, availability of experiences, benefits from discussing experiences, desire and willingness to discuss experiences, and openness to new experiences, is analysed.

The survey showed that 78.3% of young women surveyed emphasise the existence of social standards and want to lose weight or change the natural shape of their body. This fact is especially substantial given the fact that 71% of the sample have a normal body weight, which does not require correction from the standpoint of health.

Through correlation analysis, weak or moderate connections of the scales of psychological mindedness – interest in the field of experiences, accessibility to experiences, desire and willingness to discuss them, openness to new experiences and benefits from discussing experiences – with the perception of one's own body were identified. The most connections were identified between the desire and willingness to discuss one's experiences and cognitive distortions; these are inverse connections with catastrophisation (-0.35), personalisation (-0.24), trust in criticism (-0.26), comparison with others (-0.33), exaggeration of danger (-0.44), forced liability (-0.30). Since all connections are reversed, it can be concluded that it is a person's willingness to discuss, verbalise their own experiences, and therefore better understand them, that is the key factor that eliminates the severity of cognitive distortions. These results are of substantial practical importance for the development of strategies for psychological assistance to young women.

When comparing groups of young women depending on the desire or unwillingness to change their own bodies, substantial differences were identified between these groups in the severity of cognitive distortions such as catastrophisation ($p \leq 0.01$) and trust in criticism ($p \leq 0.05$). This indicates the destructive influence on the self-image of young women by their tendency to trust critical comments about their appearance and hyperbolise their flaws. The negative impact of catastrophisation on the perception of one's own body image was confirmed by regression analysis. Therewith, a moderate negative relationship was identified between catastrophisation and the desire and willingness to discuss their experiences, which can help in creating methods of psychological assistance for young women who are characterised by an irrational perception of their own body image.

The prospects for further research are to clarify the identified relationships in a larger sample of respondents, and a comparative analysis of cognitive distortions and their relationship to the body image of representatives of teenage and adolescent groups, which will allow identifying age dynamics, the most substantial factors of influence for these groups, and factors that retain or even increase their influence after the end of adolescence. The data obtained will be useful for the development of psychocorrective and psychotherapeutic programmes for girls and young women, which will help prevent the development of eating disorders in these groups of people.

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Роль когнітивних викривлень у сприйнятті образу тіла молодих жінок

Анотація. Аналіз сучасних психологічних досліджень і практики психологічної допомоги свідчить про актуальність проблеми образу тіла, особливо для дівчат і молодих жінок. Водночас більшість наявних досліджень сфокусовані на вивченні образу тіла дівчат підліткового віку, що зумовлює необхідність уточнення предикторів образу тіла в інших вікових періодах. Мета статті – висвітлення результатів теоретико-емпіричного дослідження ролі когнітивних викривлень у сприйнятті образу тіла дівчат юнацького віку. Методологічною основою дослідження стали когнітивно-біхевіоральна концепція розуміння образу тіла Т. Кеша, трактування психологічної розумності Х. Конте, теорія когнітивних помилок А. Фрімана. Розглянуто роль різних факторів у сприйнятті образу тіла: 1) когнітивних викривлень як одного з предикторів нераціональної стратегії поведінки та мислення людини; 2) зацікавленості у власній особистості та розуміння власних переживань як чинника повноцінного прийняття себе. Використано Мультимодальний опитувальник ставлення до власного тіла та Шкалу станів образу тіла Т. Кеша, опитувальник когнітивних помилок А. Фрімана та Р. Девульфа, шкалу психологічної розумності Х. Конте, авторську анкету. Дослідження підтвердило вплив соціальних стереотипів на сприйняття образу власного тіла

молодих жінок. Зокрема виявлено, що значна кількість опитаних (78,3 %) підкреслюють існування суспільних стандартів і висловлюють бажання схуднути або змінити форму свого тіла. Установлено, що 71 % опитаних мають нормальну масу тіла, яка не потребує змін з погляду здоров'я. Кореляційний аналіз показав слабкі та помірні зв'язки між показниками психологічної розумності жінок та тим, як вони сприймають власне тіло. Порівняння груп досліджуваних жінок, які висловлювали бажання змінити власне тіло, із жінками, які не мали такого бажання, виявило значущі відмінності між цими групами в рівні вираженості когнітивних викривлень, як-от катастрофізація ($p \leq 0{,}01$) та довіра до критики ($p \leq 0{,}05$). Застосування регресійного аналізу підтвердило істотний вплив катастрофізації на те, як опитувані сприймають образ власного тіла. Виявлено також помірний зв'язок між катастрофізацією і бажанням та готовністю обговорювати власні переживання, що слід враховувати під час створення методів психологічної допомоги жінкам з ірраціональним сприйняттям образу власного тіла

Ключові слова: самооцінка зовнішності, психологічна розумність, помилки мислення, катастрофізація, довіра до критики, кореляційний аналіз