

Body Dissatisfaction, Stressful Life Events and Coping Styles in Models from Lima (Peru)

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Abstract

In this study we analyze the relationships between body dissatisfaction, stress and coping styles in a group of models from the city of Lima. A convenience sampling was taken, which was made up of 41 women between 18 and 25 years old, who are dedicated to professional modeling. The Body Shape Questionnaire, the Scale of Extraordinary Stressful Events and the Coping Methods Questionnaire were applied. The results indicate that 92.7% of the models feel satisfied with their body, while 92.68% show moderate or severe stress. Likewise, there were significant differences in two coping styles depending on the degree of instruction and body dissatisfaction depending on stress levels.

Keywords: Body Dissatisfaction; Stress; Life Events; Coping Styles; Models

Introduction

Eating disorders have been increasing in the last fifty years, with prevalences that range between 1% and 14% globally [1]. In Peru, numbers have been brought of up to 16.4% of teenagers that meet the diagnostic criteria for eating disorders, whereas 15.1% is in risk of suffering them [2]. Despite this, studies on eating disorders and their risk factors are very scarce in this country [2-7]. It is known that psychological, familiar and culture factors can be precedents of risk, affecting the obsession for thinness and corporal dissatisfaction [3]; while other study reported that there is a positive relationship between the negative self-perception of body image and the use of Facebook [5].

This research work analyzes the relationships between body dissatisfaction, stressful life events and coping styles that employ a group of models from the city of Lima, considering that women engaged in modeling are subject to various nutritional and behavioral requirements to maintain ideal physical measurements. In that sense, the corporal image derives in a degree of satisfaction or dissatisfaction that will be defined according to the articulation that occurs between its cognitive, perceptual and behavioral components [4]. It can be said that the body image is a part of the physical self-concept that is also part of the self-concept as a global construct, which is multidimensional, hierarchical and stable [8].

Regarding its multidimensionality, self-concept includes four dimensions such as sports competition, physical condition, physical attractiveness and strength. In terms of its hierarchy, Self-esteem is derived from self-concept, and from this emerges the physical self-assessment that has an influence on the various components of the physical self-concept [9]. It can be said, however, that the physical self-concept focuses on the competencies of the body and physical appearance [7], but it changes throughout the life cycle. For example, the perception of physical skill and physical condition decrease from adolescence to young adulthood, while the perceptions of physical attractiveness is greater during adolescence and youth [9].

Body image is a construct introduced by Paul Schilder [6] and defines body dissatisfaction, in a continuum [4] and it depends as much on the estimation of the forms and corporal size as on the attitude or feeling towards the own body [10]. In that sense, it has been shown that women tend to present greater discrepancy than men between their real physical self and their ideal physical self, as well as adolescents with respect to older women [11].

Likewise, 48% of adult women negatively evaluate their physical appearance, while 63% are dissatisfied with their weight and 49% are worried about being overweight [12]. However, body dissatisfaction is mediated by cultural factors that dictate the canons of beauty according to the culture in which each individual develops. For American women, for example, the ideal female prototype has a size of 1.70 cm tall with 50 kg of weight, thin, with long blond hair; while African-Americans tend to value wider hips and body curves [13]. On the other hand, Latin women value hips, buttocks and bust more than European women; and they also have a better physical self-concept [14]. In fact, being more demanding with their physical proportions, does that the prevalence of corporal dissatisfaction between Latin university students overcomes 70% [4].

As well as culture, mass media constitute another factor that affects the corporal dissatisfaction, this because it spreads an aesthetic corporal model, motivating these issues to be included in the school curriculum, given the high rates of body dissatisfaction among adolescents [15]. In fact, body dissatisfaction increases between 13 and 15 years and remains constant from 18 onwards [16]. And whereas 40% of all the young adult women does diet to be kept in form, this number reaches 60% of the teenagers [13]. In this sense, the study of body dissatisfaction is linked to body and its valuation, the monitoring of diets and the risk of presenting eating disorders [16] as well as to the use of laxatives, purgatives, physical exercises and cosmetic and surgical treatments [17].

In this regard, the alteration of body image is one of the diagnostic criteria of anorexia and eating behavior disorders [10] and plays an important role in the maintenance and prognosis of eating disorders, since body dissatisfaction has a prevalence of 80% in patients with this type of disorders [12]. It has also been seen that body dissatisfaction is negatively related to self-concept [17], self-esteem [18] and self-efficacy [19]; while eating disorders are related to personality disorders of the avoidant, schizoid [20] and borderline type [21].

These disorders, besides affecting psychically the persons who suffer them, have a very important negative impact on the social and family life of patients [22]. In this sense, an explanatory factor of eating disorders is found in family, because the family structure, family roles and parenting styles have been related to various eating pathologies [23]. Research has revealed that negative patterns of family interaction are very frequent in eating disorders, so that people with bulimia often come from very controlling families and people with anorexia from very troubled families [24]. Therefore, specific systemic family therapies for eating disorders have been developed with a certain degree of effectiveness [25].

In addition, in the biological plane, alterations in the cardiac response to food images have been recorded in eating disorders [26] and a decrease in the volume of the gray and white substance with an increase in the cerebrospinal fluid proportional to the weight loss; so that brain changes are associated with high concentrations of cortisol that are activated when we experience stress [27]. That is why the demands that respond to the need to achieve the ideal body image and the consequent reduction of body dissatisfaction are related to stress.

One of the first theories that explain stress, was raised by Hans Selye [28] who explains it as a state of tension that occurs when the demands of the environment exceed the resources of the person to face it. Stress activates the hypothalamic-pituitary-adrenal axis, so that cortisol and adrenaline are released into the bloodstream that weaken the immune system and make the body vulnerable, in response to various pathological diagnostics known as psychophysiological disorders.

The model of Selye focuses on the body's response to stress, while other theoretical models are more focused on the stressors as sources of psychic involvement. Foster was the first author to investigate the vital events, but it would be Thomas Holmes who states that there are two types of stressors [29]. The everyday life stressors that have a frequent occurrence and their effects are cumulative, but without significant clinical involvement, and the vital stressors that occur eventually, but have a direct and more intense effect on health. On the other hand, it has been seen that life events are more recurrent in certain periods of life, mainly in those that involve more drastic changes in lifestyle. In this way, adolescence, marriage, the birth of the first child, retirement, etc. will be periods of larger vulnerability because they involve vital transitions. From this we can conclude that the greater the change, the greater the likelihood of becoming ill. Also, vital life stressors would have a more harmful effect on health, in comparison with the everyday occurrences. However, it has been reported that daily stress impacts the development of the child and adolescent more negatively than stressful life events [30].

It has also been reported that, in work contexts, stressful life events are related to workers' eating habits, which means not eating at appropriate times or not eating properly, with balanced meals and low in saturated fats, can be a source of stress [29]. For the case of fitness women, it has been seen that physical exercise moderates the effect of everyday stressors [31], whereas those women who have a negative perception of themselves, have a higher risk of having depressive symptoms [32].

In this sense, an important variable that mediates between stressors and the body's response, is the cognitive evaluation that the person realizes to value the resources that he or she possesses to resist stress. In this way, a third theoretical model of stress, known as interactional, focuses on coping, understood as the cognitive and behavioral effort that a person makes to cope with stress [33]. The studies of Lazarus and Folkman have determined two basic styles of coping, those focused on the problem and those focused on emotion, founding that when the stressor can be confronted adequately it is suitable to use coping styles centered on the problem, but when the person does not have the resources to give solution to the stressful event it is better to use coping styles centered on the emotion [34].

Other coping styles are the active, passive and avoidant, which, according to the evidence gathered in various studies, have been associated with some psychophysiological disorders. For example, the active coping style, which implies confronting the problem has been related to coronary heart disease, whereas the style of passive coping, which involves ignoring stressful events, has been associated with depressive symptoms and cancer. Likewise, the passive and avoidant styles are highly correlated, while the active style is, despite its limitations, the one that best allows to combat stress [35]. Other theoretical models of coping distinguish between styles and coping strategies, within which one has to look for relaxing activities or physical distractions, focus on the positive or concentrate on solving the problem, seeking spiritual, social or professional support, etc [36].

Likewise, it has been reported that while men tend to have active coping styles and focus on the problem, women use more coping styles focused on emotion or the passive and avoidant type [37]. Freydenberg and Lewis pointed out that while adolescent boys opt for physical activities such as sports, to reduce stress, women resort to social coping styles that involve communicating with others, seeking social support, etc [38]. However, a certain stressor requires very particular coping styles, to be mitigated efficiently, that is, without affecting the health and well-being of the person [33].

Therefore, our research hypotheses indicate that 1) the models evaluated will have moderate levels of body dissatisfaction, 2) will score high in vital stressors linked to their eating habits, 3) there will be significant differences in body dissatisfaction and coping styles depending on the level of education and stress levels, and 4) there will be a positive relationship between body dissatisfaction, stress and coping styles.

Materials and Methods

Research design

We worked with a design of non-experimental research of associative type, in that it is intended to assess the degree of association between the variables.

Sample

The sample consisted of 41 women dedicated to professional modeling in the city of Lima with an average age of 20 years and a standard deviation of ± 1.94 within a range of 18 to 25 years. 73.17% have completed high school studies and 26.83% have university studies or are professionals. All of them were single and have no children. The method of sample selection was non-probabilistic using the quotas sampling technique.

Instruments

To measure body dissatisfaction we applied, the Body Shape Questionnaire by Cooper, *et al.* [39] validated for Latin population by Castrillón, *et al.* [40]. The test consists of 34 items on a Likert-type response scale ranging from Never (1) to Always (6) and offering four levels of body dissatisfaction, so that a score lower than 80 implies that there is no concern for the body shape, 80 to 100 implies a slight concern, from 100 to 140 a moderate concern and more than 140 a marked concern for the shape of the body.

To evaluate the vital events the Extraordinary Stressful Events Scale was applied, based on the Holmes theory that is validated for Spanish-speaking population by González de la Rivera and Morera. The test consists of 57 stressful situations that have scores of 15 to 95, so that the higher is the score, higher is the stress level. The answers have cumulative scores that are multiplied by values from 0 to 4 according to the level of importance attributed by the evaluated. If they add less than 500 indicate a low or mild stress, between 500 and 999 indicate moderate stress level, and scores above 1000 indicate a severe stress. The test has internal consistency indexes higher than 0.7 calculated for Peruvian sample by Arias [30].

To assess the coping styles, the Coping Methods Questionnaire validated by Labrador was applied for the Spanish-speaking population. The test consists of 67 items on a Likert-type scale with four response levels. According to the answers, they get eight coping styles: confrontation (items 6, 7, 17, 28, 34, 46), Distancing (items 12, 13, 15, 21, 41, 44), Self-control (10, 14, 35, 43, 54, 62, 63), Search for social support (items 8, 18, 22, 31, 42, 45), Acceptance of responsibility (items 9, 25, 29, 51), Escape and avoidance (items 11, 16, 33, 40, 50, 47, 58, 59), Planning (items 1, 26, 39, 48, 49, 52), positive re-evaluation (items 20, 23, 30, 36, 38, 55, 60). The test has construct validity and acceptable internal consistency indices obtained for Peruvian population by Arias [37].

Proceedings

The tests were applied after a fashion show that took place in the city of Lima, where the participating models were evaluated, previous coordination with the organizers of the show. All the participants decided to collaborate voluntarily, after we explained the purposes of the study. The models signed an informed consent in which we specify that their data will be manage with reservation and the confidentiality of their information was guaranteed. The tests were applied collectively and took approximately 30 minutes.

Results

Table 1 shows the descriptive statistics of the study variables, so that the skewness and kurtosis were low and are within the range -1.5/1.5, which suggests that the data have a normal distribution. Likewise, it can be observed that the average for body dissatisfaction is 43,46 and that of stress is 2490.04, which suggests that, although they do not show body dissatisfaction, they do have severe levels of stress. In terms of coping styles, the highest mean was for positive reevaluation style (12,39), followed by self-control (9,04), planning (8,75), social support (8,09) and distancing (7,68).

	Body dissatisfaction	Stress	Confrontation	Distancing	Self control	Social support	Acceptance	Avoidance	Planning	Positive re evaluation
Mean	43.46	2490.04	6.63	7.68	9.04	8.09	5.48	6.95	8.75	12.39
Desv. típ.	29.47	2263.81	3.18	2.91	3.31	2.77	1.92	3.20	3.19	8.54
Varaince	86.85	5124866.95	10.13	8.47	10.99	7.69	3.70	10.24	10.18	72.99
Skewness	-0.17	1.09	0.25	0.20	0.05	-0.26	0.31	0.70	-0.24	4.41
Kurtosis	-0.61	-0.13	-0.10	-0.86	0.00	-0.82	-0.41	-0.06	0.06	24.98
Minimum	0	125	1	3	2	3	2	2	1	1
Maximum	109	7571	14	14	16	13	10	14	16	60

Table 1: Descriptive statistics.

Body dissatisfaction had low values, so only 7.3% had mild levels of concern for their body shape while 92.7% had no concern for their physical appearance (Figure 1). Regarding stress levels, 7.31% is located at a mild level of stress, 24.39% at a moderate level and 68.29% at a severe level (Figure 2).

This supposes that the first hypothesis is not fulfilled, because the levels of body dissatisfaction of the models are not located at the expected level. The great majority they do not register dissatisfaction with the shape of their body.

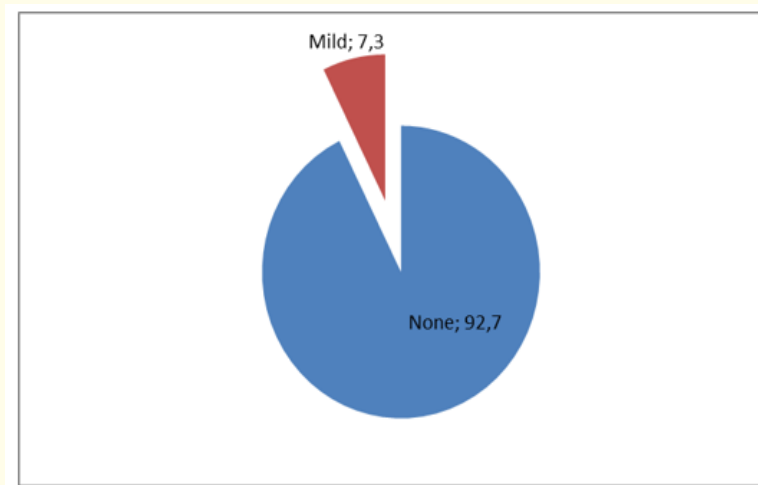


Figure 1: Body dissatisfaction.

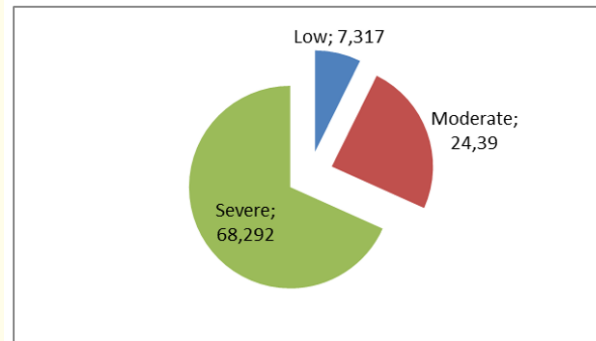


Figure 2: Stress levels.

Regarding extraordinary stressful events, the life event that has the highest score is the death of the spouse (21.95), followed by the reduction of income (12.2), personal success (9.76), the marital relationship, falling in love and death of a relative (7.32 for each one). The life events that had lower scores were problems with alcohol and drugs, separation of the couple, dismissal, Christmas, a new member in the family and pregnancy, with averages of 2.44 for each. This suggests that the models worry about achieving professional and economic success and their relationships, but they do not have stressors related to their eating habits, therefore the second research hypothesis is not fulfilled.

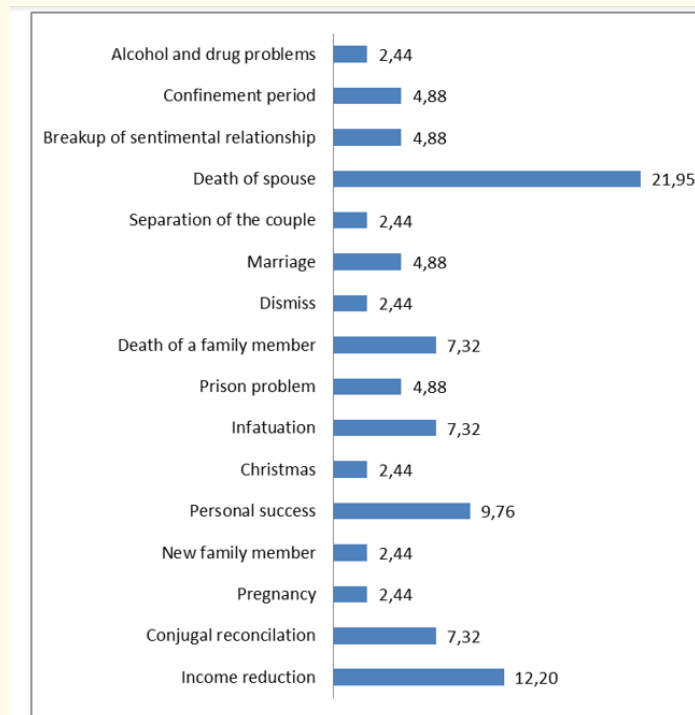


Figure 3: Extraordinary stressful events.

To assess if there are differences according to their level of education, given that there were only two response categories (secondary and university education), t Student was applied, and we found significant differences for acceptance and planning coping styles, with higher averages for models that have a higher level of education.

	Educational attainment	N	Mean	S.D.	t	df	p
Body dissatisfaction	High School	30	44.033	31.375	0.225	22.47	0.823
	University	11	41.909	24.837			
Stress	High School	30	2457.666	2428.497	-0.169	23.54	0.866
	University	11	2578.363	1839.756			
Confrontation	High School	30	6.266	2.887	-1.073	14.33	0.300
	University	11	7.636	3.854			
Distancing	High School	30	7.333	2.998	-1.384	20.93	0.180
	University	11	8.636	2.540			
Self control	High School	30	8.5	2.909	-1.549	14.05	0.143
	University	11	10.545	4.009			
Social support	High School	30	7.666	2.820	-1.823	21.11	0.082
	University	11	9.272	2.370			
Acceptance	High School	30	5.066	1.680	-2.182	14.69	0.045
	University	11	6.636	2.157			
Avoidance	High School	30	6.333	2.783	-1.847	14.18	0.085
	University	11	8.636	3.775			
Planning	High School	30	8.066	2.993	-2.387	17.43	0.028
	University	11	10.636	3.074			
Positive reevaluation	High School	30	10.866	3.729	-1.239	10.45	0.242
	University	11	16.545	15.022			

Table 2: Comparisons according to the degree of instruction.

Comparisons were also made depending on the level of stress through the analysis of variance, and significant differences were found for the body dissatisfaction variable, so that the models with higher levels of stress are those that present greater body dissatisfaction. Based on these comparative data the third hypothesis is partially confirmed, because it was established that there are significant differences depending on the degree of instruction in two coping styles and in terms of body dissatisfaction depending on the level of stress.

Finally, Pearson correlations were made between the different study variables, registering significant and moderate correlations between Stress, Social Support and Planning. Body dissatisfaction correlated positively and moderately with Confrontation, Self-control, Social support, Acceptance and Planning. Confrontation coping style was positively related to all coping styles with a moderate and high magnitude. Distancing style was positively and moderately correlated with Self-Control, Social Support, Acceptance, Planning and Positive Re-evaluation. The coping style centered on self-control is positively and moderately correlated with social support, acceptance, avoidance, planning and positive reevaluation. The Social Support style was positively related to Acceptance, Avoidance, Planning and Positive Reevaluation. Acceptance style was positively and highly correlated with Avoidance, Planning and Positive Reevaluation styles. Avoidance correlated positively and moderately with Planning and Positive Re-evaluation. Finally, Planning’s coping style was correlated with Cog-

		Sum of Squares	df	Square Mean	F	p
Body dissatisfaction	Inter-groups	7824.164	2	3912.082	5.520	0.007
	Intra-groups	26930.031	38	708.685		
	Total	34754.195	40			
Confrontation	Inter-groups	19.531	2	9.765	0.961	0.391
	Intra-groups	385.980	38	10.157		
	Total	405.512	40			
Distancing	Inter-groups	6.782	2	3.391	0.388	0.681
	Intra-groups	332.095	38	8.739		
	Total	338.878	40			
Self control	Inter-groups	17.621	2	8.810	0.792	0.459
	Intra-groups	422.280	38	11.112		
	Total	439.902	40			
Social support	Inter-groups	14.431	2	7.215	0.935	0.401
	Intra-groups	293.178	38	7.715		
	Total	307.609	40			
Acceptance	Inter-groups	4.720	2	2.360	0.624	0.540
	Intra-groups	143.523	38	3.776		
	Total	148.243	40			
Avoidance	Inter-groups	43.695	2	21.847	2.267	0.117
	Intra-groups	366.207	38	9.637		
	Total	409.902	40			
Planning	Inter-groups	7.315	2	3.657	0.347	0.708
	Intra-groups	400.245	38	10.532		
	Total	407.560	40			
Positive reevaluation	Inter-groups	54.010	2	27.005	0.358	0.701
	Intra-groups	2865.745	38	75.414		
	Total	2919.756	40			

Table 3: Comparisons according to the level of stress.

nitive Re-evaluation. All of this allows us to affirm that there are significant relationships between stress and body dissatisfaction with coping styles, but not between stress and body dissatisfaction. In addition, the relationships between coping styles do not always adhere to what is expected according to the theory therefore, our fourth hypothesis is only partially fulfilled.

Discussion and Conclusion

The present study analyze the relations between corporal dissatisfaction, stress and coping styles in a group of models from the city of Lima (Peru). The results only allow us to partially confirm our hypothesis, because we did not find significant levels of stress among the women who were part of the sample. In fact, while 92.7% have no body dissatisfaction, only 7.3% have mild levels in this variable. This may be due to the fact that, given their occupation, they perform physical exercise and follow diets that allow them to stay in shape and, therefore, have no concern for their physical appearance. For this reason, it could be that the levels of body dissatisfaction are higher

in samples of women who do not dedicate themselves to modeling, since the percentage of body dissatisfaction in adult women exceeds 40% [14].

In this case, the lifestyle of the women in the sample is determinant of their body dissatisfaction, because when engaging in modeling, cultivating their body is part of their daily activities, which is not the case with most women who have other professions or are engaged in other jobs. On the other hand, the level of stress of the models is considerable. The 92.68% obtained moderate and severe stress scores, although these are not related either to body dissatisfaction or to any of the coping styles proposed for this study. In addition, stressors that have a higher percentage are not related to eating habits, as reported in a previous study, carried out in workers in the industrial sector of the city of Arequipa [30].

Thus, the stressors that obtain high scores in the models refer to economic, labor and sentimental issues that could affect their professional success. Models are worried about their economic income, their job stability, their relationships, emotional breakups or the death of their partner; events that are stressors in their lives. Lara, *et al.* [31] took as sample 120 women from Mexico, which reported that the stressors that had the highest percentage of response were difficulties to educate children, changes in the behavior of a family member, alcohol consumption of the husband, husband's threats, economic problems, difficulties with relatives and family separation.

That is, issues related to the family, this because the sample was made up of people who goes to a mental health community center in Mexico City, which have a profile of a housewife of middle or lower middle class. Unfortunately, there are no previous data available in Peru, this work constitutes the second study conducted on the approach to life events, therefore, we do not have comparison criteria for people evaluated in the country. However, it becomes evident that, depending on the occupation and lifestyle of the women evaluated, vital events vary from one sample to another. In the case of models from the city of Lima that do not have children and are single, family concerns are not a priority.

At a comparative level, it could be verified that the educational attainment is associated with significant differences in Acceptance and Planning, which means that the models with university studies use more these styles in comparison with those that only have secondary studies. However, while the Acceptance style is passive, the Planning style is active, which suggests that models with higher educational attainment allow stressful events to happen or plan their actions better to reduce their harmful effects, more than models with high school studies. Also, although stress does not correlate significantly with body dissatisfaction, this variable does present significant differences depending on the level of stress, which means that the models with greater job dissatisfaction have a higher level of stress. A possible explanation for this is that there is a very low percentage of women with body dissatisfaction and a high percentage of women with moderate and severe stress.

However, the correlations between the styles of confrontation of the models suggest certain contradictions, because passive styles such as Acceptance or Avoidance, correlate positively, moderately and significantly with active styles such as Confrontation, Self-control, Planning and positive reevaluation. Instead, Distancing is negatively correlated with Avoidance, although both are considered as avoidant styles. In this sense, a previous study in Peru, reported that avoidant and passive styles correlate strongly with each other in a positive way, but in a negative way with active coping styles [37].

In the present work, very particular patterns of stress coping responses seem to be configured that deserve to be investigated. For example, given that Distancing style correlates positively and moderately with Self-Control, Social Support, Acceptance, Planning and Positive Re-evaluation; implies that, in front of stressors, models respond maintaining their distance, self-controlling their behavior, seeking support from other people and re-evaluating in a positive way the events that generate stress. On the other hand, given that there are no correlations between coping styles and stress, we can not specify the efficiency and inefficacy of coping responses used by models, but given the high levels of stress reported, we can infer that they are not very functional.

Finally, this work has various limitations such as the impossibility of generalizing data to women with multiple occupations or women from other regions of the country, due to the small amount of the sample and the applied sampling technique. On the other hand, the sample size also precludes a finer statistical treatment of the data, therefore, in future studies and with more representative samples, the hypotheses of this study should be tested, or formulated others hypotheses related to nutritional health and sources of stress.

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Conflict of Interest

The authors declare that they have no conflict of interest.

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