

Body image, social anxiety and psychological distress among young adults

Abstract

For human beings, judgement about self is extremely important and this evaluation becomes the most definitive factor in the process of psychological evolution. One of the area in which individuals judge is regarding body image which is a mental image they have of their body. The aim of this research is to investigate the relationship between body image, social anxiety and psychological distress among young adults. The sample consisted of 156 participants and the tools used were Body Image Concern Inventory (BICI), Social Interaction Anxiety Scale (SIAS) and Kessler Psychological Distress Scale (K10). It was found that there was a positive correlation between Body Image and Social Anxiety as well as in Body Image and Psychological Distress. It is important for the mental health professionals to provide interventions to individuals with high levels of social anxiety and psychological distress due to their perceived body image.

Keywords: body image, social anxiety, psychological distress

Volume 9 Issue 1 - 2018

Sanjeevini S Dixit,¹ Nadeem Luqman²

¹Student, AIBAS, Amity University Haryana, India

²AIBAS, Amity University Haryana, India

Correspondence: Nadeem Luqman, Assistant Professor, AIBAS, Amity University Haryana, Haryana, India, Email: nluqman2307@gmail.com

Received: March 03, 2017 | **Published:** February 20, 2018

Introduction

For human beings, there is more important than judgment about self and this evaluation becomes the most definitive factor in the process of psychological development. One of the cases in which an individual deals with the judgment about himself/ herself is regarding their own body. Body image means a mental image which an individual has from his/her body and figure. Perceptual component for body image is that how we see our size, figure, and weight, face, movement and actions, while the viewing/ outlook parts are that how we feel regarding these features and how our feelings direct our behavior. The image which an individual has from self or ego appears in all of his/ her valuing reactions implicitly. Terms of "Body image" was first given by Schilder as an image of our soma and body which we have made in our mind and manner of its appearance according to our opinion. This definition includes both outlook and perception. Research on psychological factors that are related to body image, Izgiç, Akyüz, Dogcaron, and Kugcaron (2004) found that individuals who had suffered from a social phobia in the past were at high risk of suffering from lower body image. Cafri et al.¹ found that 'internalising the thin idea' meaning taking on the board societal thin ideals as standards were key contributing factor of negative body image. Also, increased levels of social comparison, that is, an increased tendency to evaluate self by comparing to others is linked to an increased risk of low body image satisfaction. In a study that explored the interaction between parental and peer relationships with body image concern Holsen et al.,² found that good quality relationships with parents and peers were associated with higher levels of body satisfaction. However, poor quality relationships with parents and peers were associated with lower body satisfaction. Several researchers highlight the importance of the role of parents to improve body image amongst young people. Fathers and mothers are able to influence body image in positive directions through words of encouragement and praise and negative directions through criticism.³ Especially the case for girls.⁴

A general perception that society will only accept an individual if they have an 'ideal' body shape is also related to low body satisfaction. Individuals feel pressurised by society to achieve an ideal body and are more likely to have lower body satisfaction than individuals who do not feel pressurised.¹ Especially females appear to be more likely

to feel pressurised to have an ideal body than males.⁵ and will hence often 'internalise' it. Body image has been defined in many ways. Baker JH et al.,⁶ gave the definition of body image as a person's thoughts, perception and feelings about their body overall, including appearance, age, race, sexuality and functions. They discussed body image as being multidimensional, consisting of an emotional and cognitive dimension. Cognitive body image includes self- statements and beliefs about the body. Emotional body image is made up of experiences of the looks and appearance, whether the experiences they go through are comfortable or uncomfortable and if there is satisfaction with the body or not. Body image is a very subjective experience and depends on how the individual interprets self. The way a person perceives their body is how they perceive themselves. Barry DT et al.,⁷ postulated that body image is multidimensional and identified three aspects: cognitions and affect regarding body, perceptual body image and body importance and dieting behavior. The cognitive dimension relates to beliefs and thoughts about body shape and the affective dimension includes the feelings that a person has towards their bodies' appearance. Although most of the researchers agree that body image is multidimensional in construct they do not completely agree on the nature or amount of the dimensions. Body image is not static as it can change over time or within a few moments. Cash and Pruzinsky (1990) found that watching television for a lot of time could change a person's body image by influencing them to think about their weight, attractiveness, or appearance. Body image is static in the sense that it keeps changing over the life span. Grogan (1999) concluded from several studies that body image is influenced by many different factors which could be family, friends, peer, teacher and society and when a person gets older, the influences on body image change and may become weaker or stronger, thus creating flux in body image over the entire life-span. Social anxiety which will be examined in relation to self-esteem of a person, body shape concern and BMI levels. Social anxiety as defined by DSM is "persistent fear of one or more social or performance situations in which the person is exposed to unfamiliar people or to possible scrutiny by others".⁸ It has been studied that social anxiety is a possible "risk factor" in the development of eating disorders and these disorders "often occur in comorbidity with anxiety disorders".⁹ Researchers have found a significant relationship between social anxiety and shame in eating

disorders and those together, play a role in the development of eating pathology and disturbed eating behaviours as well as acting as a mediator between body dissatisfaction.⁹ Leary & Kowaliski.¹⁰ stated that social anxiety has a moderate correlation with trait self-esteem and that the relationship between them is indirect as it is mediated by people and their personal beliefs about how others may perceive them because people with low self-esteem assume that they are regarded in a less favourable to others and approving manner than people who have high self-esteem and therefore, experience higher levels of social anxiety. Psychological distress is defined as an emotional difficulty associated with psychological Leary & Kowaliski.¹⁰ and physical symptoms. It is considered as a common mental disorder associated with non-psychotic symptoms such as insomnia, fatigue, difficulty concentrating, irritability, forgetfulness, and somatic complaints like headaches, coughs, stomach pains, or weakness. Body and somatic related issues also are a factor of distress. This body related complaints are the manifestations or responses to a particular type of psychological suffering or disturbance and are not necessarily associated with the existence of a diagnosable organic pathology as such.¹¹

Need of the study

Psychologists and practitioners need to outline the context of social anxiety and psychological distress and figure out the role of body image concern as well as the outcomes, functions and effects of false perception of self. We need to encourage people to recognise that emotional qualities, character and individuality are equally expressive of beauty as physical appearance by providing interventions and counselling.

Objectives

The present study aims at:

- I. To assess the relationship between Body Image and Social Anxiety.
- II. To assess the relationship between Body Image and Psychological Distress.

Hypotheses

- I. There will be significant relationship between Body Image and Social Anxiety.
- II. There will be significant relationship Body Image and Psychological Distress.

Methods

Sample

Purposive random sampling method was employed for the data collection. The sample included 156 participants aged between 21 and 25 living in India. A total of 65 male (41.6%) and 91 female (58.3%) participants took part in the study.

Tools

- I. Demographical variables:** Standardized questionnaires were used to collect data and the demographic information such as name, age, gender and place was collected.
- II. Body image:** Body Image was measured with the help of Body Image Concern Inventory.¹² This is a 5 point scale ranging from “1 = Never” to “5= Always” with reliability and the validity of the scale was satisfactory and the tool had high reliability of 0.75 and validity of 0.72.

III. Social anxiety: To measure the social anxiety, Social Interaction Anxiety Scale (RP Mattick & Clark) was used. This is a 5 point scale ranging from “0. = Not at all” to “4. = Extremely” and the reliability and the validity being 0.73 and 0.68 respectively.

IV. Psychological distress: To measure psychological distress, Kessler Psychological Distress Scale (Kessler R, 2001) was used. This is a 5 point scale ranging from “1= None of the time” to “5= All of the time” and the reliability and validity being 0.74 and 0.58 respectively.

Procedure

Data was collected using standardized questionnaires from the respondents. Each participant was given three scales. Each questionnaire was explained in an easier way to make them understand. Any misconceptions were removed. All data collection and interviews were conducted face to face in English. The following instructions were provided- “Here are a set of questionnaires to measure the body image concern, social anxiety and psychological distress. Please rate yourself after reading the scale. The first answer that comes into your head is probably the right one for you. If you find some of the questions difficult, please do ask me.” They were also informed that there are no right or wrong answer. Confidentiality of the study was emphasized. They were informed that the data will be used for academic purpose only.

Ethical considerations

The data were anonymized and identified, with careful protection on confidentiality. Approval was obtained from the guides at Amity University, Haryana prior to data analysis.

Data analysis

The analysis of data was done using Statistical Package for the Social Sciences version 16 (SPSS 16.0). A correlation analysis was constructed among all the variables. The relationship between body image and social anxiety as well as psychological distress was tested using Pearson correlation analysis. The participant’s Body Image score, Social Anxiety score and Psychological Distress score was entered. The amount of missing data for all the independent and dependent variables tested was less than 5% to ensure quality of data and generalizability of the research conclusions.

Result and discussion

Table 1 shows the mean, standard deviation and the maximum and minimum values of the results obtained from a total of 156 samples. Mean values of 66.38, 57 and 18.40 were obtained for body image, social anxiety and psychological distress respectively. From the above Table 2 it is clear that there is significant correlation at 0.01 level between Body Image and Psychological Distress. For body image concern and psychological distress, a value of .780 significance was obtained. The above result was obtained with the help of SPSS. According to the results obtained, it is seen that there is a positive correlation between Body Image Concern and Social Anxiety among youth. When the amount of concern regarding body image increases, the social anxiety of individuals also increases. Study conducted by Veenhoven (2007) also shows that there is a positive correlation as confirmed by the result obtained. People get anxious and worried to face the world due to their perceived body image concern. From Table 3 there is significant correlation at 0.01 level between Body Image Concern and Psychological Distress among youth as is evident and a value of .780 was obtained which is significant. According to the

results obtained, it is seen that there is a positive correlation between the two variables. When the amount of body image concern increases, the psychological distress also increases. Study conducted by Krause (2009) also shows that there is a positive correlation as confirmed by the result obtained. As the concern for an ideal body increases, there will be significant increase in the level of psychological distress and unpleasant emotions. Table 4 shows T-test analysis which says that gender i.e. male and female plays no role on the variables. There was no significance on body image, social anxiety and psychological distress among males and females. A standard deviation of 12.56 and 12.18 was obtained for males and females respectively for body image, 10.57 and 10.44 for social anxiety and 4.79 and 5.49 for psychological distress. The t-values obtained when equal variances were assumed and not assumed were .259 and .260 respectively for body image, .169 and .169 for social anxiety and -.066 and -.064 for psychological distress.¹³⁻²⁰

Table 1 Showing the descriptive statistics

	N	Minimum	Maximum	Mean	Std. Deviation
Body Image	156	44	88	66.3846	12.34058
Social Anxiety	156	36	72	57	10.48501
Distress	156	8	29	18.4038	5.0759
Male Female	1		11	1.4744	0.91192
Valid N (listwise)	156				

Table 2 Shows correlation between body image and social anxiety

	Social Anxiety
Body Image	.861**

**Correlation is significant at the 0.01 level (2-tailed).

Table 3 Shows correlation between body image and psychological distress

	Psychological Distress
Body Image	.780**

**Correlation is significant at the 0.01 level (2-tailed).

Table 4 Shows the T- Test among male and femalea

	Mean	Std. Deviation	t	Sig.
Body Image: Male	66.5714	12.5664	0.259	0.771
Female	66.0469	12.18955		
Social Anxiety: Male	57.0549	10.57498	0.169	0.876
Female	56.7656	10.44371		
Psych Distress: Male	18.3516	4.79901	-0.066	0.401
Female	18.4062	5.49088		

Limitations

There are variety of influences on social anxiety and psychological distress, from personality factors to genetic influences to chronic and temporary life events and not just body image concern. Thus, any one factor by itself would not be expected to be particularly potent. Also, the study used only one population (young adults) undergoing a particular life transition over a relatively brief time period. The generalizability of the findings would be improved through replication in other diverse populations. However, college students adapting to university are arguably an important population in their own right.

Conclusion

This research adds knowledge on the associations between body image, social anxiety and psychological distress. A significant

correlation was found between body image concern and social anxiety as well as between body image concern and psychological distress. However, there was no significant difference between males and females. It can be concluded that individuals should be encouraged to recognise that emotional qualities, character and individuality are equally expressive of beauty as physical appearance by providing interventions and counselling.²⁰⁻³²

Acknowledgments

None.

Conflicts of interest

None.

References

1. Cafri G, Yamamiya Y, Brannick M, et al. The influence of sociocultural factors on body image: A metaanalysis. *Clinical Psychology: Science and Practice*. 2005;12(4):421–433.
2. Holsen I, Carlson Jones D, Skogbrott Birkeland M. Body image satisfaction among Norwegian adolescents and young adults: a longitudinal study of the influence of interpersonal relationships and BMI. *Body Image*. 2012;9(2):201–208.
3. Rodgers R, Chabrol H. Parental attitudes, body image disturbance and disordered eating amongst adolescents and young adults: a review. *European Eating Disorders Review: The Journal of The Eating Disorders Association*. 2009;17(2):137–151.
4. Van der Berg PA, Mond J, Eisenberg M, et al. The link between body dissatisfaction and self-esteem in adolescents: Similarities across gender, age, weight status, race/ethnicity and socio-economic status. *J Adolesc Health*. 2010;47(3):290–296.
5. Esnaola I, Rodriguez A, Goñi A. Body dissatisfaction and perceived sociocultural pressures: Gender and age differences. *Salud Mental*. 2010;33(1):21–29.
6. Baker JH, Maes HH, Lissner L, et al. Genetic Risk Factors for Disordered Eating in Adolescent Males and Females. *Journal of Abnormal Psychology*. 2009;118(3):576–586.
7. Barry DT, Grilo CM, Masheb RM. Gender differences in patients with binge eating disorder. *International Journal of Eating Disorders*. 2002;31(1):63–70.
8. American Psychological Association [APA] (2000) DSM-IV-TR.
9. Ko N. The Role of Body Shame, Social Appearance Anxiety, and Body Checking Behavior on Body Dissatisfaction and Disordered Eating Behaviors: A Cross Cultural Study in Germany and Korea, Universitätsbibliothek Freiburg, Germany 2010.
10. Leary MR, Kowalski RM. *The Self-Presentation Model of Social Phobia*. In: Heimberg RG, et al., editors. *Social Phobia: diagnosis, assessment and treatment*, Guilford Press, USA, 1995. p. 435.
11. Nunn AL. *Eating Disorder and the Experience of Self: An Interpretive Phenomenological Analysis*. University of Hertfordshire, UK, 2009. p. 1–204.
12. Hudson CLF. *The Relationship of Body Image, Body Mass Index and Self-Esteem to Eating Attitudes in a Normal Sample*. University of Canterbury, New Zealand 2008.
13. Arnett JJ. Emerging Adulthood: A Theory of Development from the Late Teens Through the Twenties. *Am Psychol*. 2000;55(5):469–480.
14. Bearman SK, Martinez E, Stice E, et al. The Skinny on Body Dissatisfaction: A Longitudinal Study of Adolescent Girls and Boys. *J Youth Adolesc*. 2006;35(2):217–229.

15. Centers for Disease Control and Prevention [CDC] Body Mass Index. USA. 2011.
16. Cooper PJ, Taylor MJ, Cooper Z, et al. The development and validation of the Body Shape Questionnaire. *International Journal of Eating Disorders*. 1987;6(4):485–494.
17. Di Pietro M, Da Silveira D. Internal validity, dimensionality and performance of the Body Shape Questionnaire in a group of Brazilian college students. *Revista Brasileira De Psiquiatria*. 2009;31(1):21–24.
18. Fleming JS, Courtney BE. The dimensionality of self-esteem: II. Hierarchical facet model for revised measurement scales. *Journal of Personality And Social Psychology*. 1984;46(2):404–421.
19. Heatherton TF, Polivy J. *Chronic dieting and eating disorders: A spiral model*. In: Crowther JH, et al., editors. *The etiology of bulimia nervosa: The individual and familial context*, Hemisphere Publishing Corp, USA, 1992. p. 133–155.
20. Heatherton TF, Wyland CL. *Assessing Self-Esteem. Positive psychological assessment: A handbook of models and measures*. American Psychological Association, USA, 2003. p. 219–233.
21. Kuan PX, Ho HL, Shuhaili MS, et al. Gender Differences in BMI, Body Weight Perception and Weight Loss Strategies among Undergraduates in Universiti Malaysia Sarawak. *Mal J Nutr*: 2011;17(1):67–75.
22. Leary MR, Kowalski RM. The Interaction Anxiousness Scale: Construct and Criterion-Related Validity. *J Pers Assess*. 1993;61(1):136–146.
23. Leary MR, Kowalski RM. The Interaction Anxiousness Scale: Construct and Criterion-Related Validity. *J Pers Assess*. 1993;61(1):136–146.
24. Pingitore R, Spring B, Garfield D. Gender Differences in Body Dissatisfaction. *Obes Res*. 1997;5(5):402–409.
25. Polivy J, Herman CP. Causes of Eating Disorders. *Annual Review of Psychology*. 2002;53:187–213.
26. Pook M, Tuschen-Caffier B, Braehler W. Evaluation and comparison of different versions of the Body Shape Questionnaire. 2008;158(1):67–73.
27. Rudat DA. *The Relationship of Self- and Other-Compassion with Body Dissatisfaction*. Emory University. USA. 2008.
28. Spangler DL, Allen M. An fMRI investigation of emotional processing of body shape in Bulimia Nervosa. *International Journal of Eating Disorders*. 2012;45(1):17–25.
29. Striegel-Moore, RH, Silberstein LR, Rodin J. The social self in bulimia nervosa: Public self-consciousness, social anxiety, and perceived fraudulence. *J Abnorm Psychol*. 1993;102(2):297–303.
30. Striegel-Moore RH, Smolak L. *Eating Disorders: Innovative directions in research and practice*. 1st edn. American Psychological Association, USA. 2001. p. 305.
31. Swinbourne JM. *The Comorbidity Between Eating Disorders and Anxiety Disorders*. The University of Sydney, Australia 2008.
32. Taylor SE. *Health Psychology*. 6th edn. McGraw Hill, USA 2006.