

**THE IMPACT OF DEPRESSION, ANXIETY, STRESS AND
SELF-ESTEEM ON BODY IMAGE COMPARISON OF YOUNG
ADULTS**

A

Thesis submitted

In the partial fulfilment of the requirement for the degree of

**MASTER OF ARTS
IN PSYCHOLOGY
(Clinical)**

Submitted By:

Ishana (862102027)

Under The Guidance Of:

Prof. (Dr.) Sohinee Ganguly

School of Liberal Arts and Sciences

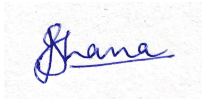
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CERTIFICATE

This is certify that the thesis entitled “**The impact of depression, anxiety, stress and self-esteem on body image comparison of young adults**” being submitted in partial fulfilment of requirements for the award of degree of **Master of Arts in Psychology**, submitted in the **School of Liberal Arts and Sciences, Thapar Institute of Engineering and Technology , Patiala** is a bonafide work carried out under the supervision of Dr. Sohinee Ganguly, Professor, School of Liberal Arts and Sciences, Thapar Institute of Engineering and Technology, Patiala and that no part of this project has been submitted for the award of any other degree.



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This is to certify that the above statement made by the student concerned is correct and true to the best of my knowledge.



(Dr. SOHINEE GANGULY)

Professor, TSLAS

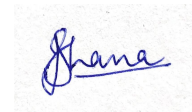
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CANDIDATE'S DECLARATION

I hereby declare that the work presented in this thesis entitled, "**The impact of depression, anxiety, stress and self-esteem on body image comparison of young adults**" in partial fulfillment of the requirement for the award of Degree of **Master of Arts in Psychology**, submitted in the **School of Liberal Arts and Sciences, Thapar Institute of Engineering and Technology, Patiala**, is an authentic record of my own work carried out under the supervision and guidance of Dr. Sohinee Ganguly, Professor, School of Liberal Arts And Sciences, Thapar Institute of Engineering and Technology, Patiala and refers other researcher's work which are duly listed in the reference section.

The matter embodied in this thesis has not formed the basis for the award of any other degree of this or any other university.

Date: May, 2023



Place: Patiala

(ISHANA)

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(Dr. SOHINEE GANGULY)

Professor, TSLAS

Thapar Institute of Engineering and Technology, Patiala

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ISHANA (8620102027)

ABSTRACT:

The current study aims to evaluate the impact of depression, anxiety, stress and self-esteem on the body image comparison of young adults. The sample comprised 201 young adults (144 females, 57 males) between 18-25 years of age group. The data was collected using The Body Comparison Scale, Rosenberg self-esteem Scale and the Depression, Anxiety and Stress Scale - 21 Items. The results were computed using the Statistical Package for the Social Sciences (SPSS) and Microsoft Excel. The findings revealed a significant negative relationship between self-esteem and body image comparison.

Keywords: Depression, Anxiety, Stress, Self-esteem and Body image comparison

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CHAPTER 1: INTRODUCTION

The Austrian physician Paul Ferdinand Schilder first proposed the idea of body image as a psychological phenomenon in 1935, suggesting that the mental pictures that people have of their bodies illustrate how their bodies are presented to them. He stated that our senses, ideas, and feelings form our mental body image predominantly, which is unconscious. Throughout life, this image is created and rebuilt. Body image is a multifaceted, dynamic construct that is affected by both internal biological and psychological variables and also by exterior cultural and societal aspects.

In general terms, body image can be referred to as an individual's perception, thoughts, and feelings toward their own body. The judgement made by the individual is enormously impacted by cognitive, affective, attitudinal, and other variables. Talking cognitive factor can be described as how a person anticipates their body. This can promote continuous thoughts about physical shape and weight. The outlook an individual carries about their body is an affective facet of body image. It involves feelings of happiness or disgust and the contentment and discontentment one has with their body shape, weight, or specific body parts. Behavioural body image is the behaviour in which one gets engrossed as a consequence of one's body image. Dissatisfied behaviour associated with body image leads to isolation and unhealthy behaviours.

Individuals with a poor perception of their bodies in terms of culturally valued characteristics may have low self-esteem, low life contentment, and a sense of inadequacy, putting them at an elevated risk for melancholy, anxiety, or eating disorders. Extreme levels of dissatisfaction can cause impairment in social, scholastic, and/or occupational performance. Beautiful is presently regarded as desirable, and thinness is synonymous with beauty, so it is idolised by society, whereas on the opposite side, obesity is severely rejected. Even though the standards of female beauty vary based on the esthetical standards in use at the time, studies have shown that women have tried to change their bodies in order to adhere to these standards.

Children, adolescents, and adults who are overweight have lower self-esteem than their normal-weight peers, especially females (Mendelson et al., 1996). It is a common misconception that body image distortion and its effects on society are exclusively Western phenomena. However, it has impacted many societies, including those of emerging nations.

The media industry has glamorized some unrealistic beauty standards raising body image concerns among youth nowadays. Earlier, research has particularly focused on female body dissatisfaction, and college women have been demonstrated to involve in hazardous weight reduction behaviours, including the use of laxatives, dieting, self-induced vomiting, and extreme exercise (Mintz & Bentz, 1988). The current studies have revealed that male body image discontentment is expressed in the form of concerns related to weight and muscularity, implying that male body dissatisfaction may be more complicated than females (Bergstrom & Neighbors, 2006).

According to a survey conducted in the United Kingdom in 2021 stated that during the COVID pandemic, social distancing and lockdown period led to rising in poor eating habits and body dissatisfaction, which affected to a great degree people's perception of body image. Women found more difficulty with eating and discontentment with their body image than men.

The period of transition from adolescence to adulthood marks young adulthood. It is an influenceable period because the habits formed during this stage remain for life long. As most of them go for higher studies in college and have to move out of the city they live in. They usually fall into bad eating choices, and unknowingly, these choices hamper their health in the long run. According to McGeechan & Allman-Farinelli (2017), young adults are the highest users of sugar-sweetened drinks and fast meals, with very less intake of fruits and vegetables.

Body image is perceived on a spectrum from positive to negative. People with negative body image (body dissatisfaction) are unhappy with their looks and feel a sense of a gap between their actual and desired appearance (Grogan et al., 2006). The more dissatisfied a person is with their physique, the more likely they are to suffer from low self-esteem, depression, and impaired quality of life (Comiskey & McGilloway, 2016). Negative BI raises the chance of a disordered diet.

When a female starts comparing themselves with their peers and comprehends others as being more appealing or slimmer, specifically upper body comparisons form the basis of body dissatisfaction (Perloff, 2014). A propensity for being involved with social comparisons on social media could be a fundamental process (referred to as a mediator) affecting the development of body image dissatisfaction (Rodgers & Melioli, 2016), according to objectification theory which states that the sexual depiction of women in society fosters a culture in which women are viewed as belongings to be admired by others. It is claimed that this persuades women, in general, to involve themselves in self-objectification. Self-objectification can be defined as the extent to which a person personalizes a third-person view of themselves and becomes concerned with how their body appears to others. This can lead to a constant review of their bodies' appearance. Young adults can participate in self-objectification practices on social networking sites by posting pictures of themselves that attract remarks and responses from others (Perloff, 2014). Long-term manifestations of self-objectification include body shame, body surveillance, appearance anxiety, internalization of the thin ideal, and an increased risk of disordered eating behaviours (Calogero, 2012).

1.1 Factors affecting body image:

Parents: Body perception is formed early in life. Parents shape our thoughts and views in numerous ways. Expectations, words, and behaviour of parents can have a substantial impact on their children's body image. Children whose parents criticize their looks, make frequent remarks about their weight, have rigorous dietary regulations, or are often critical of them, those children are more susceptible to having a negative body image. Moreover, children also get affected by parents' remarks about their bodies.

Peers: According to research, friends with similar body image concerns and people in friend groups who mostly talk about weight, dieting, or looks tend to have body dissatisfaction. Spending time with peers who are preoccupied with thoughts of weight and appearance and frequently speak negatively about their own or other people's bodies has the potential to negatively impact one's body image and vice-versa.

Past experiences: Past experiences with body image can aid in understanding present-day conditions that may influence one's current body image. Body image is often damaged by

prior physical or sexual abuse or by being taunted, bullied, or troubled by body size, gender, skin color, or physical abilities.

Culture and Media: Body standards influenced by culture can significantly affect body image, and the media frequently depicts these body ideals. According to studies, viewing pictures of an idealized beauty increases body dissatisfaction and depression and reduces self-esteem (Vitelli, 2013). Images of ultra-thin, primarily white models in publications, television, ads, or social media can either create or perpetuate negative emotions about one's body. These pictures can cause people to have bad emotions about their size, skin colour, or other physical characteristics that are rarely seen in the media. There are numerous methods to counteract the negative effect that media can have on body image.

1.2 DEPRESSION:

Depressive disorder is a mood disorder characterized by depressive mood and loss/lack of interest in day-to-day activities (American Psychiatric Association, 2013). This illness is one of the main reasons for impairment in the world, impacting almost 300 million people of all age groups. It is more susceptible in people from the age range of 18 to 29 and is three times greater than in people over 60 years old (American Psychiatric Association, 2013).

Depression elevates substantially through adolescence, being less intense in childhood and progressively rising until the age of 19, commonly more profound in girls (World Health Organization, 2017). In adolescence, due to the fluctuation of hormones and new emotions, there is increased emphasis and critical evaluation of the body, as well as a greater susceptibility to emotional discomfort. This spike in emotion combines with the fact that females give more importance to the appearance of the body, whereas males give more importance to its potency. By evaluating that adolescence is a crucial phase for the fabrication and foundation of the body image concept, it has become very necessary to comprehend more about the consequences that body image dissatisfaction might have on psychological factors during this period of life (Duchesne et al., 2017). Research indicates a potential bidirectional relationship between depression and body image. Hence, either depression influences body image interpretation or a disrupted perception of body portrayal promotes depression (Paans, 2018). People with a negative body image are prone to experience symptoms of depression, according to research that has consistently demonstrated this link. This is because pessimistic self-perception can prompt sensations of

low confidence, disgrace, and uselessness, typical side effects of depression. People unhappy with their appearance may also experience social isolation, which can exacerbate depression.

It is also crucial to note that cultural and societal pressures can contribute to depression and a negative body image. Media depictions of "perfect" bodies, for instance, can engender unfounded expectations and foster feelings of inadequacy and low self-esteem.

Rierdan, Koff, and Stubbs (1989) conducted a study on the relationship between body image and the symptoms of depression. Their findings suggested that negative thoughts undermined adolescents' perceptions of their bodies, resulting in high levels of body dissatisfaction in both male and female depressed adolescents.

According to a study conducted in the United States on survivors of breast cancer in which, 70 females participated in the age group 23 to 79 years. The results found that depression is positively correlated with low body image, attractiveness, and femininity, while the overall quality of life is negatively correlated (Chmielewski, Iwuagwu & Chapman, 2012). Another study was conducted with 1868 adolescents in Portugal by Almeida, Severo, Araújo, Lopes & Ramos (2012). It was found that the relation between dissatisfaction with the body and depressive symptoms was more significant in non-obese people, particularly in those who want to be slimmer.

1.3 ANXIETY:

Anxiety is often defined as a feeling of unease or apprehension because it is a natural response to stress or danger. Changes in one's life, traumatic experiences, environmental factors, or genetic factors can all contribute to anxiety. Fear and anxiety are often confused with each other. But they are different, so the distinction between fear and anxiety is: Fear is the emotion that arises when the source of danger is readily apparent. Anxiety appears to be a troubling inner state in which we anticipate something terrible but cannot identify the actual risk. Anxiety is more focused on the future. Anxiety disorders are indicated by unreasonable, illogical apprehensions or nervousness that create significant despair or impairment in work. Specialized or social phobia sufferers experience anxiety or panic not only when confronted with the object or situation they are afraid of but also when they

consider confronting their condition. People with panic disorder frequently experience panic attacks and are extremely anxious about experiencing another one. And people dealing with agoraphobia will put in a lot of effort to avoid a wide range of frightening situations, including crowded public places and bridges, and open streets. On the other hand, people who suffer from a generalized anxiety disorder experience widespread diffuse anxiety and worry about a wide range of things that could go wrong; some might have an occasional panic episode. However, it isn't the focal point of their anxiety.

People who struggle with body image issues, for instance, may experience feelings of anxiety regarding their appearance out of fear that they will be criticized or rejected by others. Additionally, they may experience social anxiety or avoid certain situations where their appearance is embarrassing or uncomfortable. The steady stress over their appearance can prompt meddlesome considerations, distraction with appearance, and low confidence, which further worsen their uneasiness. Additionally, unhealthy behaviours like disordered eating, substance abuse, and compulsive exercise can be exacerbated by negative body image and anxiety, which can have a negative impact on a person's overall health and well-being.

Mood (e.g., depression) and anxiety problems are common outcomes of scarcity in people with and without eating disorders, and they are found to be substantially connected with weight and body image irregularities (Cooper & Goodyer, 1997). Anxiety disorders (such as social phobia and obsessive-compulsive disorder) have also been reported to be common in people with identified eating disorders.

In community samples of adolescents, body image dissatisfaction has consistently been associated with more concurrent overall anxiety symptoms and, specifically, more signs of a generalized anxiety disorder (GAD), panic disorder (PD), social anxiety disorder (SAD), and separation anxiety disorder (SEP) (Abdollahi et al., 2016). Adolescents who are satisfied with their bodies report fewer anxiety symptoms (Cromley et al., 2012).

1.4 STRESS:

Stress can be characterized as a condition of worry, apprehension, or mental pressure created by a tough spot. Stress is a normal human reaction that causes us to confront threats and challenges in our lives. In some way, stress affects everyone. We have trouble relaxing when

we are stressed, and it can cause a variety of emotions, such as irritability and anxiety. Concentration may be difficult for us when we are stressed. Headaches and other body pains may occur. Situations that are stressful can also cause or aggravate mental health issues, such as depression and anxiety, which necessitate access to medical care. At the point when we experience the serious effects of a psychological well-being condition, our health could be at stake and begin influencing our everyday work, including at work or school. Teens' negative body image has been linked to stress, according to research. It's normal to feel stressed out. Stress can be divided into two categories: Intense pressure: This is momentary pressure that disappears rapidly. When you slam on the brakes, fight with your partner, or ski down a steep slope, you can feel it. It assists you with overseeing risky circumstances. It also takes place whenever you try something novel or exciting. At some point or another, acute stress affects everyone. Persistent stress: A longer-lasting form of stress is this one. If you're having financial issues, a bad marriage, or problems at work, you might experience chronic stress. Chronic stress is any kind of stress that lasts for several weeks or months. Chronic stress can become so ingrained in you that you don't realize it's a problem. You risk developing health issues if you don't find ways to deal with stress. As children get older, they may have to deal with bigger life changes like new groups of friends, more schoolwork, and more access to social media and global news, which can cause stress. Social issues like discrimination and climate change cause a lot of stress in teenagers.

Stress in adolescence clearly leads to the emergence of mental health issues. However, no research has looked into its role in dysfunctional body image, which is particularly prevalent during adolescence. The current study analyzed the connection between stress and self-perception, as well as confidence and burdensome side effects, in 533 secondary school understudies in grades 7 to 10. The best exploratory model included stress, self-esteem, and gender, indicating that stress accounts for a significant portion of the variance in body image. In addition, body image was linked to specific stressors in different ways: Both genders had significant correlations with body image (Murray, Byrne and Rieger, 2010).

According to current research, obese persons feel more dissatisfied with their bodies than normal-weight people, with the gap being significantly greater in women than males (Weinberger et al., 2016) and body dissatisfaction and the desire to be slim influence perceived stress in obese people (Junne et al., 2017). Recent research indicates that greater depressive symptoms and a poor quality of life are connected with higher (perceived) stress

in obese people compared to the general population (Preiss, Brennan & Clarke, 2013). Different forms of stress (e.g., chronic stress) may be associated with increased food consumption and consequent weight gain: Higher food intake was connected with higher stress levels (Torres, 2007). Increased cortisol levels as a result of physiological stress reactions may lead to the selection of higher calories meals, resulting in an increase in food intake (Adam, 2007). As a result, perceived stress can be viewed as a barrier to good weight control in obesity, perhaps leading to additional weight gain (Junne et al., 2017).

The domains of adolescent stress that are associated with body image dysfunction can be better understood through sociocultural research. Cultural ideals of the body are passed down and reinforced by social processes that occur in the family and among peers (Ata, Ludden, & Lally, 2007). In the family, remarks about the body, consolation to get thinner (Ricciardelli and McCabe, 2001), and displaying of negative eating mentalities and ways of behaving (by an equivalent sex parent) connect with self-perception concerns (Levine and Smolak, 2002). According to Ricciardelli & McCabe (2001), males are influenced by teasing and perceived pressure from peers of the same sex, while females are influenced by a subculture that equates appearance with acceptance and encourages social comparison (Ata et al., 2001). Adolescent relationships with family and peers also undergo significant change and are linked to higher levels of stress (Heaven, 1996). Negative sociocultural influences on body image may begin, exacerbate, or coincide with stressors in these domains.

1.5 SELF-ESTEEM:

Self-esteem refers to the opinion or thoughts that an individual carries about himself. It can be either positive or negative. Self-esteem is widely explored in areas of psychology such as clinical, developmental, and counselling psychology. Rosenberg (1965), one of the pioneers in this domain, opined that self-esteem refers to a person's positive assessment of themselves. He also stated that a person with high self-esteem has a high regard for himself and considers himself worthy. The concept of self-esteem is also demonstrated in Abraham Maslow's theory of the hierarchy of needs. According to Maslow, esteem needs include two components. The first involves the feeling of self-confidence, while the other involves being valued by others, i.e. our achievements and contributions are recognized by other people. If these needs are not met, it leads to feelings of inferiority and inadequacy.

Self-esteem signifies recognition of one's value system and emotional interpretation of one's self-worth (Schunk, 1985). A high level of social adjustment is indicated by high self-esteem (Martin et al., 2014). And social maladaptation is associated with low self-esteem. A person with high self-esteem and a person with low self-esteem may elicit similar responses to positive input, but they could respond differently to negative input. Individuals with lower self-esteem are more prone to have negative reactions, whereas people with high self-esteem are less likely to get impacted since they reject or limit the scope of negative feedback (Brown and Mankwoski, 1993). Self-esteem has a positive correlation with psychological health, social adaptability, and quality of life; it is an important aspect of personal well-being (Boyd et al., 2014).

According to research, people with a negative body image tend to have lower self-esteem. This could be because they think their appearance needs to be better, making them believe they need to be better, whereas people who have a positive body image believe to have a higher sense of self-worth because they are more at ease and feel more confident in their skin. Peer pressure, social norms, and the media can exacerbate negative body image and low self-esteem. If someone does not fit the mould, unrealistic beauty standards and messages that equate physical attractiveness with worthiness can make them feel inadequate and inferior. This can hurtfully affect psychological well-being, prompting discouragement, uneasiness, and dietary issues. Encouraging people to appreciate their bodies and focus on their strengths and capabilities rather than their physical appearance is essential to promote positive body image and self-esteem. Engaging in activities that give one a sense of accomplishment or mastery, seeking out supportive social relationships, and practising self-care and self-compassion are all ways to raise one's self-esteem.

Self-esteem has also been linked to body image and has been used to check the validity of other measurements (Alesi & Pepi, 2016). As a result, in a social setting where people live alongside others, self-esteem is a vital aspect in terms of both personal and societal dimensions. Koff, Rierdan, and Stubbs (1990) conducted a comprehensive examination of body image and self-concept in teenagers, discovering that higher levels of body satisfaction were connected with higher levels of self-esteem in both boys and girls. Similarly, Thompson and Altabe (1991) discovered that body dissatisfaction was inversely associated with self-esteem, especially in women.

Our personality, behaviour, and mental health are all influenced in significant ways by our self-esteem, which is an important component of our overall well-being. It's about how much we value ourselves and our abilities, as well as how much we believe in our ability to be happy and successful. For a life full of fulfilment and self-assurance, having a healthy self-esteem is essential. Then again, low confidence can adversely affect our connections, vocation, and emotional well-being. Understanding self-esteem and learning how to cultivate and uphold positive self-worth can assist us in overcoming life's obstacles with resiliency and confidence in this setting.

CHAPTER -2: REVIEW OF LITERATURE

Body image, which is a multidimensional construct, can be defined as the internal depiction of a person's body physique and physical outlook regarding themselves and others (Cash et al., 1990). According to Neves et al. (2017), adolescents are particularly concerned about their body shape and are especially concerned about being overweight. Body image dissatisfaction, characterised as a negative assessment of one's physical appearance through unpleasant feelings (Jung & Peterson, 2007), is connected to prejudice against young people whose physical shapes do not correspond to the established standards (Silva, 2014). For example, a thin body for girls and a muscular and tall body for boys are examples of body image dissatisfaction (Silva, 2014). The pressure to be accepted by peers, the stress from family, and the pressure from social media are the primary factors that explain adolescent body dissatisfaction (Sharpe, Damazer, Treasure, and Schmidt, 2013).

2.1 Relationship between depression and body image:

Based primarily on clinical observation, researchers and theorists have speculated about the connection between body image and depression (Cash, 1988). Bedrosian et al., (1981) opined that depressed people had distorted self-images due to their concerns about their physical attributes. Peto (1972) stated that body image plays a significant role in both psychotic and nonpsychotic depression. According to the cognitive theory of depression by Beck, "disruption of body image" is incorporated within the cognitive features of depression. Marsella, Shizuru, Brennan, and Kameoka (1981) scrutinised body cathexis and depression. They divided college students into groups based on their Zung Self-Report

Depression Scale scores and discovered that depressed students were more discontented with 17 areas of the body. Using a clinical inpatient sample, Archer and Cash (1985) found that patients who evaluated themselves as less appealing in appearance were more external in the locus of control and more apprehensive, socially introverted, and depressed on the Minnesota Multiphasic Personality Inventory (MMPI). A person's appearance, as viewed by others, may contribute to depression, in addition to a probable relationship between acknowledged attractiveness and depression. Based on studies showing that unattractive people receive less social reinforcement than their attractive peers (Berscheid & Walster, 1974), one might predict that less attractive people are more vulnerable to depression based on Lewinsohn's (1974) reinforcement theory. Cash and Smith (1982) discovered that male individuals with inferior physical appearances, as considered by reliable witnesses, had significantly greater self-reported depression.

Gender differences in pubertal development, including pubertal timing and transition velocity, result in various patterns of body fat accumulation, which may be associated with a varied sense of body image issues and teenage depression risk (Siegel, Yancey, Aneshensel & Schuler, 1999).

Dissatisfaction with one's body image, which is defined as one's attitudinal dispositions toward the physical self, and greater dissatisfaction, which is quantified as the extent of discrepancy between one's self and ideal perception, be more common among overweight adolescents than among youth who are not overweight (Cash et al., 1990). As a result of being overweight, dissatisfaction with one's body image may eventually manifest as depressive symptoms (Faith et al., 2002). There is also growing evidence that body image dissatisfaction elevates the risk of perinatal depression (Clark, Skouteris, Wertheim, Paxton, & Milgrom, 2009).

A Dutch study has examined how being overweight and having a depressive episode affect people's feelings about their bodies. Dissatisfaction with one's body image is linked to a higher diagnosis of depression and a higher BMI and depression severity (Paans et al., 2018).

According to Kim, Baek, Hwang, & Kim (2014), a study was conducted on obese people planning surgery to lose weight, obese people on a diet without surgery, and people of normal weight in Seoul. They observed that body discontentment was positively associated

with depression and interpersonal relationship issues and negatively associated with relationship self-efficacy and self-esteem.

Body image disruption, particularly in patients with head and neck cancer, is a multifaceted term that might consist of deformity, psychological distress, and loss of function (Rhoten, Murphy, & Ridner, 2013). In a cross-sectional examination of HNC patients, altered body image has been linked to depression before the treatment (Fingeret et al., 2010). According to several studies, psychosocial distress can result from HNC treatment for some patients (Buchman et al., 2013). Depression is one of the more prevalent signs of psychosocial distress.

Depression and decreased quality of life are frequently observed in people suffering from upper-extremity lymphedema as a result of breast cancer therapy. A cross-sectional sample of breast cancer patients with lymphedema was taken. Pain intensity and bodily integrity beliefs were found to be positively related to depressive symptoms. Furthermore, body image dissatisfaction mediated the connection between pain and depressive symptoms, showing that higher levels of pain resulted in higher levels of body image dissatisfaction, which resulted in higher levels of depressive symptoms. Body image dissatisfaction also mediated the association between body integrity beliefs and depressive symptoms, implying that higher body integrity beliefs were associated with higher unhappiness with one's body and, as a result, higher depressive symptoms (Teo, Novy, Chang, Cox & Fingeret, 2015).

The present study explores the association between body image and depression among 150 male and 150 female Chandigarh adolescents. The results show that male and female adolescents scored considerably differently on depression, with males scoring higher than females. Significant differences in body image were found between the two groups, with females scoring higher than males. Body image and depression were found to have a significant association. It was also shown that body image is essential to teenage depression (Kaur, Singh & Javed, 2003).

2.2 Relationship between anxiety and body image:

In response to body dissatisfaction and social and cultural pressures regarding ideals of physical appearance, adolescents may be particularly prone to anxiety. The strain to adjust to

sociocultural standards and take part in friendly examinations with peers is of focal significance during this formative period (Rose & Rudolph, 2006), showing negative-based inspections particularly striking (Myers & Crowther, 2009).

Adolescent anxiety disorder symptoms may also be rooted in dissatisfaction with one's body image. On the other hand, adolescents who are satisfied with their body image report having fewer symptoms of anxiety (Koronczai et al., 2013). Few studies have evaluated the prospective relationship between body image dissatisfaction and anxiety disorder symptoms, despite consistent cross-sectional associations. Higher baseline body image satisfaction was linked to lower trait and state anxiety one year later in the only known prospective study involving adolescents (Ohannessian, Lerner, Lerner, & von Eye, 1999).

It has been seen that females may feel pressure to obtain a thin body shape from comparing their figures and what they believe to be the ideal female figure. Body-related anxiety may be exacerbated by these comparisons of ideal and current body shapes (Sabiston, Crocker, & Munroe-Chandler, 2005).

According to Striegel-Moore, Silberstein, and Rodin (1993), people experience social anxiety and self-consciousness when they believe they are physically inadequate. Izgiç, Akyüz, Dog̃an, and Kug̃u (2004) propose that the body image view of social phobics is more unsettled than others. As earlier research demonstrates, social anxiety is a common component of all body image problems. People with high social physique anxiety (SPA), like people with social anxiety, want to make a good impression on others and fear being judged poorly (Schlenker & Leary, 1982). However, individuals with social physique anxiety (SPA) experience anxiety, particularly regarding their physical appearance. Thus, social physique anxiety (SPA) is the fear of being adversely assessed regarding one's appearance (Hart, Leary, and Rejeski, 1989). People with high social physique anxiety feel anxious in most situations where their bodies are visible to others (Diehl, Johnson, Rogers, & Petrie, 1998). As a result, they tend to avoid confrontation or disguise themselves to avoid criticism (Smith, 2004). Females, adolescents, and young adults tend to have high social physique anxiety (SPA) levels. According to Aşçı, Tüzün, and Koca (2006), it is hypothesised that social physique anxiety (SPA) is strongly correlated with body shape and weight concern.

Several eating disorder models propose that anxiety is the primary process through which body image dissatisfaction leads to and sustains disordered eating behaviours (Aspen, Darcy & Lock, 2013). Actual and expected unfavourable evaluations of one's physical appearance are hypothesised to become feared repercussions that represent significant risks to one's self and feelings of worth in those who internalise societal body standards.

Depression and anxiety are more common in postmenopausal and perimenopausal women (Mulhall et al., 2018). In addition, although many women experience depression and anxiety during menopause, the causes of these disorders are not limited to menopause alone. It is not possible to neglect the effects of socioeconomic factors like education level and ethnicity (Llaneza et al., 2012) and psychosocial factors like the way of life, culture, interpersonal relationships, and body image (Deeks, 2003). Additionally, midlife women experience elderly-related anxiety because they are ageing. Some sources say anxiety may result from a negative body experience caused by ageing-related physical changes (McKinley & Lyon, 2008).

2.3 Relationship between stress and body image:

In everyday life, change is a major source of stress. Puberty, shifting relationships with parents and peers, school transitions and assessments, and the search for a secure self-identity are just a few of the many changes that occur during adolescence (Frydenberg & Lewis, 1993). According to Seiffge-Krenke (1993), a historical overview of such research trends, studies on adolescents have identified stress as a significant cause of physical and mental health issues.

In the present society and culture climate of thinness and dieting, which is evident in the modern world, even if they are of normal weight, many adolescent girls are unhappy with their bodies and weight, which can have severe effects on their mental and physical health (Currie, 2009). As youngsters arrive at adolescence, their bodies change, and they become more mindful of their appearance. Many young people do not like how they look. Even though their mirror image suggests otherwise, they may still experience feelings of being overweight and unattractive. Boys may worry they are not big enough, whereas girls frequently believe they are overweight. However, according to Koff and Rierdan (1991), girls value their size and shape more than boys.

Johnson and Wardle (2005) discovered an association between body discontentment, stress, low self-esteem, and depressive symptoms in adolescent and young adult females. Murray et al., (2011) found a relationship between body dissatisfaction and peer stress in male adolescents. Warren, Holland, Billings, & Parker (2012) found a moderating role for stress in the relationship between fat talk and dissatisfaction in the body in young adult females. This indicates that fat talk only predicted body dissatisfaction in people with low to moderate stress levels. Those with high-stress levels reported high body dissatisfaction and a drive for thinness independently of fat talk. For instance, it has been demonstrated that early adolescent females' weight management efforts and body dissatisfaction over time are predicted by cumulative stress associated with puberty, academic demands, and the onset of dating (Levine et al., 1994), and young adult female dieting has been linked to interpersonal stress (Cain, Bardone-Cone, Abramson, Vohs, & Joiner, 2010).

Warren & Rios (2013) studied Hispanic male college students. The results stated that according to self-report measures, acculturative stress was significantly positively correlated with the endorsement of Western media, a tendency toward social comparison, and issues with body image.

Body image and dissatisfaction have long been related to obesity and eating disorders. Eating disorders are linked to stress (Bekker & Boselie, 2002), in which disturbances in one's body image are crucial (Stice, 2002). During adolescence, the interaction of stress and body image may indicate an early susceptibility to eating disorder pathology. Nonetheless, the connection between stress and psychological wellness is dynamic and complex (Award et al., 2006) to comprehend the connection between stress and body image and the function of additional psychological variables.

In a study at five elementary schools in Seoul, participants perceived their body images as being more obese, which led to a decline in exercise preference and frequency. In addition, those who had body image dissatisfaction as a result of the discrepancy between their actual and ideal body image were more likely to be stressed out about obesity, more likely to be stressed out about criticism from friends, more likely to be afraid of failing, less likely to be able to exercise, and more likely to be stressed out about vigorous exercise (Hong & Chang-Sun, 2012).

The stresses and anxiety brought on by the COVID-19 pandemic may pose unique threats to body image (Cooper et al., 2020). This could be due to changes in daily routines (like how you exercise, eat, and sleep) that make it harder for adaptive body image coping mechanisms to work and make it easier for maladaptive coping, more worries about weight and shape changes, and more negative body ruminations. Some pre-pandemic research on undergraduate women found that greater body dissatisfaction was linked to perceived stress (a person's assessment of stress caused by environmental conditions) and stressful life events (Haddad et al., 2019). Similarly, body dissatisfaction is significantly associated with trait anxiety (i.e., a differential trait reflective of a tendency to worry), independently of perceived stress, in both men (Barnes et al., 2020) and women (Davey & Chapman, 2009).

2.4 Relationship between self-esteem and body image:

Self-esteem has also been linked to body image and used to check other measurements' validity (Alesi & Pepi, 2016). As a result, in a social setting where people live alongside others, self-esteem is vital in terms of both personal and societal dimensions. Mendelson and White (1982) stated that children's feelings about their bodies were linked to self-esteem. People with high self-esteem are more resilient and overcome difficulties easily than those with lower self-esteem. An individual with high self-esteem welcomes everything warmly and handles life's demanding situations more effectively. They are more likely to form close relationships and have more stability. In contrast, individuals with low self-esteem are those individuals who are highly dependent on external validation and whose behaviour shows a cautious orientation (Campbell and Lavallee, 1993). A person with low self-esteem is more likely to be dissatisfied with their life, resulting in feelings of worthlessness, inferiority, and emotional instability.

Various studies have examined the relationship between body image and self-esteem. Self-esteem is closely related to body image (Stuart & Stuart et al., 1973). This is because we attach a great value to how we appear to ourselves, especially to others and what they think and say about us. Self-esteem is an essential factor in regulating emotional well-being. It is possible to assert that body image (dis)satisfaction (BID/BIS) and related affective states also play a crucial role in maintaining self-esteem. This is demonstrated by the

argument made by Allgood-Merten, Lewinsohn, and Hops (1990) that body image is an essential aspect of self-esteem (SE).

According to Pole-Lynch, Myers, Kliewer, & Kilmartin (2001), self-esteem is an essential psychological construct in adolescence. Stress is linked to it (Moksnes et al., 2010), and it has been believed that the failure to adapt to occasions beyond one's reach prompts serious insecurities and worthlessness (Youngs Jr et al., 1990). Body image problems have also been linked to low self-esteem. Green & Pritchard (2003) stated that people with low self-esteem are likelier to have eating disorders and a negative body image. For example, research proposes that low self-esteem leads to young female's weakness to body pressures and estimates body disappointment over a while (Paxton, Eisenberg, and Neumark-Sztainer, 2006), while in males, low self-esteem is related to media pressures in regards to the body and utilisation of procedures to heighten strength (Ricciardelli & McCabe, 2001). These findings indicate the role of self-esteem as a mediator in the stress-body dissatisfaction relation.

Appearance is vital to adolescents' self-esteem, and body weight is one aspect that directs attractiveness (Tomori & Rus-Makovec, 2000). Also, another study by Lennon, Lillethun, and Buckland (1999) found that low self-esteem is linked to body dissatisfaction in both sexes, which seems to intensify in adolescence. Due to the physical changes occurring in the body, adolescents concentrate on physical appearance, and any divergence from the ideal figure can lead to social isolation and low self-esteem (O'Dea, 1995). It means contentment with one's body image can be protective of psychological well-being. In contrast, dissatisfaction with one's body can deliberately impact health by declining life satisfaction and self-esteem.

In the past, women were more susceptible to societal pressure to achieve social standards of beauty, but now men are also susceptible to this pressure. As a result, there is continuous pressure to attain an ideal body image. If unable to satisfy, it results in body dissatisfaction and other problems. Most of the studies have focused on females to examine body dissatisfaction. Not various studies have been conducted on this aspect among males. A recent survey revealed that 41% of men were dissatisfied with their weight, and 44% were terrified of turning fat. All these factors cause body dissatisfaction, leading to negative body image. As a result, body dissatisfaction rises, and body image satisfaction decreases,

reducing self-esteem. Depression, aggression, and less competence to solve problems and reduced adolescent well-being (Stavropoulos et al., 2015).

Western society gives high importance to appearance. Those who are considered attractive have higher self-esteem than those who are not assumed attractive. Girls, in particular, are more concerned with their appearance than boys and believe they are less attractive than boys. According to Currie (2009), there is a positive correlation between dieting behaviour and disturbed psychological functioning in previous studies, and girls who perceived themselves as less attractive had lower self-esteem scores than girls who were more satisfied with their appearance.

CHAPTER-3

3.1 RESEARCH GAP:

Numerous studies have been conducted to explain body image. These studies are usually done in Western countries, and their results cannot be fully generalised to the Indian population because of cultural differences. And the ideal body image in India may differ from that in Western nations, which may influence how mental health affects body image. Research in this area can fill this void and give useful knowledge to researchers and clinicians in India.

3.2 OBJECTIVES :

The current study aims to evaluate the impact of depression, anxiety, stress and self-esteem on body image comparison of young adults. The study will assess its aim via the following objectives:

1. To study the relationship between depression and body image comparison
2. To study the relationship between anxiety and body image comparison
3. To study the relationship between stress and body image comparison
4. To study the relationship between self-esteem and body image comparison

3.3 HYPOTHESES:

H1: There will be a positive relationship between depression and body image comparison

H2: There will be a positive relationship between anxiety and body image comparison

H3: There will be a positive relationship between stress and body image comparison

H4: There will be a negative relationship between self-esteem and body image comparison

CHAPTER-4: METHODOLOGY

4.1 Sample:

The sample was collected via convenience sampling and comprised 201 participants (144 females, 57 males) of 18 and 25 years from different parts of Punjab who met the inclusion criteria for participation. Everyone had a good command of the English language and had a smartphone. Convenience sampling was used in this study. These participants were accessed by exchanging Google forms via various application modes such as WhatsApp, Facebook, and Instagram. It has been made sure that each participant in the study must be between 18 and 25 years of age.

4.2 Design:

The correlation design was used in this study. The Independent variable was stress, depression, anxiety, and self-esteem. The Dependent variable was body image comparison.

4.3 Tools Used:

Body Comparison Scale

The Body Comparison scale was developed by Thompson et al., (1999) is a 25-item test that measures a person's propensity to compare particular body parts (like their ears, upper arms, and thighs) with the same-sex individual. Using a 5-point Likert scale, respondents indicate how frequently they engage in each comparison, with 1 denoting "Never" and 5 denoting

"Always." Higher measurement scores indicate the respondent's tendency to engage in appearance comparisons more frequently. Internal consistency of the scale was found to be satisfactory, with Cronbach's alpha of 0.95

The Depression, Anxiety and Stress Scale - 21 Items (DASS-21)

The Depression, Anxiety, and Stress Scale - 21 Items (DASS-21) is a collection of three self-report measures to assess depression, anxiety, and stress. This scale was developed by researchers Lovibond and Lovibond (1995) at the University of New South Wales and is a well-established, self-administered instrument with 21 items that help individuals identify, explain, and quantify clinically important emotional states. Each of the three DASS-21 scales has seven items, which are subdivided into subscales with identical content. A four-point Likert scale, ranging from 0 to 3, is used to evaluate each of the 21 items. Dysphoria, despair, devaluation of life, self-deprecation, lack of interest/involvement, anhedonia, and lethargy are all assessed on the depression scale (items 3, 5, 10, 13, 16, 17, and 21). The anxiety scale measures autonomic arousal, skeletal muscle effects, situational anxiety, and subjective anxious affect experience (items 2, 4, 7, 9, 15, 19, and 20). The stress scale is responsive to persistent nonspecific arousal levels (items 1, 6, 8, 11, 12, 14, and 18). It evaluates trouble relaxing, anxious arousal, being quickly disturbed / agitated, irritable / overly reactive, and impatient. Summing the values for the relevant elements, multiplied by 2, yields the scores for depression, anxiety, and stress. The DASS-21 has excellent Cronbach's alpha values of 0.81, 0.89, and 0.78 for the depressive, anxiety, and stress subscales. It was discovered to have high internal consistency and discriminative, concurrent, and convergent validity.

Rosenberg self-esteem Scale

The Self-Esteem Scale was developed by Rosenberg (1965) to measure self-esteem or self-acceptance. It is the most popular measure of global self-esteem; It contains only 10 Likert-type items, which adds to its ease of administration and evaluation. The relatively high internal consistency of the measure and test-retest reliability undoubtedly contribute to its popularity. Although this scale was initially developed for adolescents, it is also widely used in adults (Blascovich & Tomaka, 1991). This 10-question scale is rated with a 4-point answer, 1 = strongly disagree to 4 = strongly agree. For items 2,5,6,8 and 9 reverse scoring

was done. This scale ranges from 0-30. Scores between 15 and 25 are within the normal range, and scores below 15 indicate low self-esteem. This response format is placed next to statements such as "I certainly feel useless sometimes", "On the whole, I am satisfied with myself", and "I wish I could have more respect for myself". The scale often has high reliability: test-retest correlations are in the range of 0.82 to 0.88, and Cronbach's alpha for various samples is in the range of 0.77 to 0.88

4.4 Procedure:

The inspection was conducted through a Body Comparison Scale containing 25- items based on 5-point Likert-type items. The subject was instructed that for the items below, use the following scale and circle the numbers 1,2,3,4 or 5 to rate how often he/she compares these aspects of your body to those of other individuals of the same sex.

Rosenberg's self-esteem scale included 10 Likert-type items. The participant was required to respond to statements like "I feel I do not have much to be proud of" and then indicate how strongly the subject agreed or disagreed with each statement.

The DASS-21 contains 21 items. The subject is asked to answer how much the statement applied to them over the past week using the scale below, and the rating of the scale is as follows:

- 0 Did not apply to me at all
- 1 Applied to me to some degree, or some of the time
- 2 Applied to me to a considerable degree or a good part of the time
- 3 Applied to me very much or most of the time

All these three questionnaires were distributed among 201 participants through Google Forms and dispensed among them via numerous social media applications like WhatsApp, Facebook, and Instagram. These participants were selected through convenience sampling. The participants were selected from all over Punjab. Informed consent was obtained, and any doubts asked were also addressed. After all, responses were obtained, the results were computed using the Statistical Package for the Social Sciences (SPSS) and Microsoft Excel.

4.5 Instructions and Precautions:

The instructions were vividly explained in the form itself, which are written below:

1. Your participation is entirely voluntary.
2. Your identity as a participant, as well as your responses, will remain strictly confidential.
3. The information will be used only for educational research purposes.
4. There are no right or wrong answers.
5. Please respond to the statement as truthfully and accurately as possible.

In case of any queries or confusion arose, the subjects were free to contact the researcher, and the mail id of the researcher was mentioned in the Google form itself.

CHAPTER- 5: RESULTS

For the data analysis, the mean and standard deviation was computed for all the variables. Correlation and regression were also done to analyze the data of 201 participants.

TABLE 5.1: DESCRIPTIVE STATISTICS

	BODY IMAGE COMPARISON	STRESS	ANXIETY	DEPRESSION	SELF- ESTEEM
N	201	201	201	201	201
Mean	59.6	14.7	12.9	14.0	27.5
Standard deviation	23.4	9.25	8.88	10.4	5.32

In table 1, the mean value of young adults in the body image comparison l is 59.6, and the standard deviation is 23.4. The mean value of the stress for young adults is 14.7, and the standard deviation is 9.25. On the other hand, the mean value for anxiety turned up to be 12.9, with a standard deviation is 8.88. Likewise, the mean value for depression is 14.0, and the standard deviation is 10.4 whereas the mean value for the mean value for self-esteem is 27.5, and the standard deviation is 5.32

TABLE 5.2: SUMMARY OF CORRELATION ANALYSIS OF DEPRESSION, ANXIETY, STRESS, SELF-ESTEEM, AND BODY IMAGE COMPARISON

	BODY IMAGE COMPARISON	DEPRESSION	ANXIETY	STRESS	SELF- ESTEEM
BODY IMAGE COMPARISON	—				
DEPRESSION	0.282 ***	—			
ANXIETY	0.291 ***	0.711 ***	—		
STRESS	0.302 ***	0.750 ***	0.769 ***	—	
SELF-ESTEEM	-0.291 ***	-0.587 ***	-0.429 ***	-0.463 ***	—

Note. * $p < .05$, ** $p < .01$, *** $p < .001$

The results indicate that a significant positive correlation was found between depression and body image comparison ($r = 0.282$, $p < .001$). Furthermore, it was also discovered that a significant positive correlation was found between anxiety and body image comparison ($r = 0.291$, $p < .001$). It was also found that a significant positive correlation exists between stress and body image comparison ($r = 0.302$, $p < .001$). Moreover, it was also found that negative correlation exists between self-esteem and body image comparison ($r = -0.291$, $p < .001$).

TABLE 5.3: SUMMARY OF REGRESSION ANALYSIS OF DEPRESSION, ANXIETY, STRESS, AND SELF-ESTEEM WITH BODY IMAGE COMPARISON

Model		B	SE	Beta	t	Sig	F	Adj R Sq.
1	Constant	50.68	2.66		19.03	<0.01		
	Depression	0.63	0.15	0.28	4.15	<0.01	17.22	0.75
2	Constant	48.54	2.87		16.89	<0.01		
	Depression	0.34	0.21	0.15	1.58	0.116		
	Anxiety	0.48	0.25	0.18	1.91	0.057	10.55	0.08
3	Constant	47.38	3.01		15.69	<0.01		
	Depression	0.21	0.24	0.09	0.85	0.39		
	Anxiety	0.31	0.29	0.11	1.02	0.31		
	Stress	0.36	0.29	0.14	1.22	0.22	7.55	0.09
4	Constant	73.09	11.92		6.13	<0.01		
	Depression	-0.02	0.26	-0.01	-0.07	0.93		
	Anxiety	0.31	0.29	0.11	1.04	0.29		
	Stress	0.34	0.29	0.13	1.15	0.25		
	Self Esteem	-0.81	0.36	-0.18	-2.22	0.02	7.02	0.1

From the last step of the regression table it is seen that self esteem predicts body image comparison every one unit increase in self esteem leads to a 0.81 unit decrease in body image comparison. Further, 10% variance in body image comparison was explained by self esteem.

CHAPTER-6: DISCUSSION

The aim of the current study was to assess the impact of depression, anxiety, stress, and self-esteem on body image comparison.

It was hypothesised that there would be a positive relationship between depression and body image comparison, a positive relationship between anxiety and body image comparison, a positive relationship between stress and body image comparison, and a negative relationship between self-esteem and body image comparison. However, from the computed results, it was found that there is no significant positive relationship between depression and body image comparison, no significant positive relationship between anxiety and body image comparison, and no significant positive relationship between stress and body image comparison. However, a significant negative relationship was discovered between self-esteem and body image comparison.

Body dissatisfaction has been associated with numerous negative psychosocial results, such as low self-esteem, depression, eating disorders, and obesity (Darby et al., 2007). According to Jamesian self-concept theories (James, 1890), dissatisfaction in a specific area has an effect on overall global self-esteem to the degree that the domain is fundamental to the individual's self-definition. In a meta-analysis study, Miller and Downey (1999) found a modest connection between weight and self-esteem, with lower self-esteem linked with higher weight. For example, research proposes that low self-esteem leads to young female's weakness to body pressures and estimates body disappointment over a while (Paxton, Eisenberg, and Neumark-Sztainer, 2006), while in males, low self-esteem is related to media pressures in regards to the body and utilisation of procedures to heighten strength (Ricciardelli & McCabe, 2001). These findings indicate the role of self-esteem as a mediator in the stress-body dissatisfaction relation.

Adolescents become focused on how they look as a result of physical changes, and any deviation from the ideal figure can lead to social isolation and low self-esteem (O'Dea, 1995). In that sense, being satisfied with one's own body image can protect one's psychological well-being. In contrast, body dissatisfaction can seriously harm one's health by lowering one's sense of self-worth and satisfaction with life.

Jones (2005) discovered that when comparing oneself to a beautiful peer, women with high self-esteem showed an assimilation effect, but women with low self-esteem showed a contrast effect. Fortes (2014) opined that positive and negative self-esteem subscales affected teenage females' body dissatisfaction. Oktan (2010) suggested a negative and substantial association between body image and self-esteem in female teenagers, with increased body image content leading to increased self-esteem. According to Dorak (2011), sporty teenage females had a greater association between self-esteem and body image than sedentary girls. Overall, these studies indicate that self-esteem is important in body image, particularly in how people compare themselves to others and how they feel about their own bodies. A cross-sectional study conducted by Mellor (2010) observed that higher self-esteem was associated with lower body dissatisfaction.

Body image and self-esteem are two important aspects that significantly affect how young adults grow up. Numerous studies have examined the connection between young adult self-esteem and body image. Body image and self-esteem have been linked empirically, according to Baker and Gringart (2009), but the connection between older adults and body image has been overlooked. An investigation by Ahadzadeh et al. (2017) found that self-esteem moderates the correlation between body mass index (BMI) and body image. The study found that people with higher self-esteem had a more positive body image regardless of BMI.

Several studies have investigated this relationship and discovered that self-esteem is important in determining body image. Positive feedback, body-related shame and guilt, and self-weighing behaviours can affect self-esteem. Promoting healthy body image and self-esteem in young people is critical for their well-being.

Our hypothesis was rejected that there would be a positive relationship between depression and body image comparison, a positive relationship between anxiety and body image

comparison, and a positive relationship between stress and body image comparison. The possible reasons why no significant relationship was found between these variables could be that some individuals who can manage stress and negative emotions are less likely to feel anxiety associated with body image comparison, and individuals who utilise adaptive coping methods such as seeking social support, participating in physical exercise, or practising relaxation techniques, for example, maybe less prone to depression, anxiety and stress connected to body image comparison. Another reason could be that certain people are more receptive to the negative impacts of body image comparison than others. Those with high confidence and less concerned with physical beauty may be less vulnerable to the negative impacts of body image comparison.

CHAPTER-7

7.1 CONCLUSION:

The main aim of the present study was to determine the impact of depression, anxiety, stress and self-esteem on body image comparison of young adults. A significant negative relationship was discovered between self-esteem and body image comparison. Hence, accepting the hypothesis. On the other hand, no significant positive relationship was found between depression and body image comparison, anxiety and body image comparison, and no stress and body image comparison. Hence, rejecting hypotheses.

7.2 LIMITATIONS:

The instruments used to collect the data were the self-report measures. So it entirely depended upon whether the participants performed honestly or not. As convenience sampling was used, the sample could not be randomised. The sample size is too small for data to be generalised. Our study is cross-sectional, which has drawbacks. Body figures and perceptions of body image may alter over time, but we were unable to investigate these changes since our study was not longitudinal.

7.3 IMPLICATIONS:

Although this study has some limitations, it may provide critical insight into the need to investigate this topic further. The purpose of the findings is to shed light on the widespread nature of this problem and the most effective methods for counselling adolescents who suffer from low self-esteem and are unhappy with their bodies. Proper regimens for regular exercise, a healthy balanced diet, counselling, and mental care can be carried out.

Preventative programs can be developed with a better understanding of the risk factors and protective factors associated with body image issues. Young adults may experience a significant decrease in their quality of life, including their social, psychological, and physical well-being, due to concerns about their body image. However, addressing these concerns could enhance their overall quality of life.

7.4 SCOPE FOR FUTURE RESEARCH:

We can conduct similar studies on the issue with different age groups, extended with cross-cultures, social statuses, financial backgrounds, etc. Such studies in this field can give us a deeper understanding of the variables and their relation to body image. Results that do not find significant differences should be equally valued if we want to have a balanced and complete perspective on this issue. Significant results should be replicated to increase confidence in these findings.

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APPENDICES

APPENDIX-A: CONSENT FORM

I, a student at Thapar Institute of Engineering and Technology pursuing a Master's in Clinical Psychology, and I am conducting research as a part of my dissertation on young adults. You're eligible to fill out this form if you fall in the age group 18-to-25 years old. Please read the instructions carefully and respond to every statement truthfully. There is no right or wrong answer.

Anonymity:

- All your responses will be kept strictly confidential and used for research purposes only.
- No identifiable information will be collected or shared with any third parties.

Please participate after acknowledging the following

I understand that I have given my consent to participate in this study. I know my identity and responses will remain confidential.

(SIGNATURE)

APPENDIX-B: BODY COMPARISON SCALE

For the items below, use the following scale to rate how often you compare these aspects of your body to those of other individuals of the same sex. NOTE: Please be sure that you read and respond to all of the questions according to how you would compare yourself to your same sex peers.

- 1 Never
- 2 Rarely
- 3 Sometimes
- 4 Often
- 5 Always

1.	Ears	1	2	3	4	5
2.	Nose	1	2	3	4	5
3.	Lips	1	2	3	4	5
4.	Hair	1	2	3	4	5
5.	Teeth	1	2	3	4	5
6.	Chin	1	2	3	4	5
7.	Shape of face	1	2	3	4	5
8.	Cheeks	1	2	3	4	5
9.	Forehead	1	2	3	4	5
10.	Upper arm	1	2	3	4	5

11.	Forearm	1	2	3	4	5
12.	Shoulders	1	2	3	4	5
13.	Chest	1	2	3	4	5
14.	Back	1	2	3	4	5
15.	Waist	1	2	3	4	5
16.	Stomach	1	2	3	4	5
17.	Buttocks	1	2	3	4	5
18.	Thighs	1	2	3	4	5
19.	Hips	1	2	3	4	5
20.	Calves	1	2	3	4	5
21.	Muscle tone of upper body	1	2	3	4	5
22.	Overall shape of upper body	1	2	3	4	5
23.	Muscle tone of lower body	1	2	3	4	5
24.	Overall shape of lower body	1	2	3	4	5
25.	Overall body	1	2	3	4	5

APPENDIX-B: THE DEPRESSION, ANXIETY AND STRESS SCALE - 21 ITEMS (DASS-21)

Please read each statement and circle a number 0, 1, 2 or 3 which indicates how much the statement applied to you over the past week. There are no right or wrong answers. Do not spend too much time on any statement.

The rating scale is as follows:

0 Did not apply to me at all

1 Applied to me to some degree, or some of the time

2 Applied to me to a considerable degree or a good part of time

3 Applied to me very much or most of the time

1 (s)	I found it hard to wind down	0	1	2	3
2 (a)	I was aware of dryness of my mouth	0	1	2	3
3 (d)	I couldn't seem to experience any positive feeling at all	0	1	2	3
4 (a)	I experienced breathing difficulty (e.g. excessively rapid breathing, breathlessness in the absence of physical exertion)	0	1	2	3
5 (d)	I found it difficult to work up the initiative to do things	0	1	2	3
6 (s)	I tended to over-react to situations	0	1	2	3
7 (a)	I experienced trembling (e.g. in the hands)	0	1	2	3
8 (s)	I felt that I was using a lot of nervous energy	0	1	2	3
9 (a)	I was worried about situations in which I might panic and make a fool of myself	0	1	2	3
10 (d)	I felt that I had nothing to look forward to	0	1	2	3
11 (s)	I found myself getting agitated	0	1	2	3
12 (s)	I found it difficult to relax	0	1	2	3
13 (d)	I felt down-hearted and blue	0	1	2	3
14 (s)	I was intolerant of anything that kept me from getting on with what I was doing	0	1	2	3
15 (a)	I felt I was close to panic	0	1	2	3
16 (d)	I was unable to become enthusiastic about anything	0	1	2	3
17 (d)	I felt I wasn't worth much as a person	0	1	2	3
18 (s)	I felt that I was rather touchy	0	1	2	3

19 (a)	I was aware of the action of my heart in the absence of physical exertion (e.g. sense of heart rate increase, heart missing a beat)	0	1	2	3
20 (a)	I felt scared without any good reason	0	1	2	3
21 (d)	I felt that life was meaningless	0	1	2	3

APPENDIX-C: ROSENBERG SELF-ESTEEM SCALE

Below is a list of statements dealing with your general feelings about yourself. Please indicate

how strongly you agree or disagree with each statement.

Strongly Agree Agree Disagree Strongly Disagree

1. I feel that I'm a person of worth, at least on an equal plane with others.
2. I feel that I have a number of good qualities.
3. All in all, I am inclined to feel that I am a failure.
4. I am able to do things as well as most other people
5. I feel I do not have much to be proud of.
6. I take a positive attitude toward myself.
7. On the whole, I am satisfied with myself.
8. I wish I could have more respect for myself.
9. I certainly feel useless at times.
10. At times I think I am no good at all.