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Appearance Anxiety and Self-Esteem Among Young Adults

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Abstract: ***The purpose of the study is to assess the relationship between appearance anxiety and self-esteem among young adults. The study also assesses whether there are significant differences in gender with respect to appearance anxiety and self-esteem. A sample of 300 young adults aged between 18-25 years participated in the study. The Appearance Anxiety Inventory (AAI) by Veale et al. and The Rosenberg's Self-Esteem Scale (RSES) by Rosenberg M. were used to measure the variables in the study. The data was statistically analysed using the independent sample t-test and spearman rank correlation. According to the results, appearance anxiety and self-esteem have a moderate positive correlation. Appearance anxiety and self-esteem in males and females does not significantly differ based on gender.***
Keywords: Appearance anxiety, Self-esteem, Young adults

I. INTRODUCTION

This study aims to find out the relationship between appearance anxiety and self-esteem among young adults. University students are the primary users of social media and are therefore subjected to a great deal of attention and comparison over their appearance, which raises the risk of appearance anxiety. (Hawes T. et. al., 2020) 2,063 university students countrywide participated in a questionnaire poll on appearance concerns, which was performed by China Youth Daily's campus media. (C. Ningning, 2021) According to the findings, 59.03% of college students had anxiety related to their appearance. Moreover, a negligible proportion (7.87%) expressed great satisfaction with their appearance, whereas 9.66% expressed dissatisfaction, and 2.45% expressed extreme dissatisfaction. According to the findings, 59.03% of college students had anxiety related to their appearance. Moreover, a negligible proportion (7.87%) expressed great satisfaction with their appearance, whereas 9.66% expressed dissatisfaction, and 2.45% expressed extreme dissatisfaction. Numerous psychiatric disorders have been linked to high attention or a negative perception of appearance, according to previous research. These disorders include body dysmorphic disorder (Jordan CD et al., 2022), anorexia nervosa, bulimia nervosa (Brosof LC & Levinson CA, 2017), pathological narcissism (Boursier V& Gioia F, 2020), and social anxiety (Reilly EE et al., 2018). Consequently, it is critical to look into the causes of students' appearance worries as well as their contributing aspects. The definition of appearance anxiety is an obsession with one's looks combined with a fear that others will judge one's appearance (weight, height, and shape of the face and body) unfavourably. (Hart TA et al., 2008). Subclinical appearance anxiety is a sign of body dysmorphic disorder, which is characterized by excessive worry over particular physical flaws that are frequently taken for granted by others. (Davis C. et al., 1993). Social anxiety is generally accepted in the literature to be most closely associated with appearance anxiety among the spectrum of psychiatric disorders. According to research, for instance, being unhappy with one's looks can have a big impact on social interactions (Stor MLE et al., 2022) and raise the possibility of developing social anxiety (Sedova E et al., 2021) or other mental health issues. (Bilsky SA et al., 2022). Social anxiety can result from unfavourable opinions about one's height in addition to unhappiness with one's weight and appearance. (Bai BY & Mo QL, 2022). In young adults who are affected by social anxiety disorders (Swami V et al., 2022), appearance anxiety may also raise the likelihood of dating anxiety and dieting behaviours (Fu T et al., 2022).

Self-esteem is an individual's overall favourable assessment of themselves, according to Rosenberg (1965). He continued by saying that having a high sense of self-worth comes from appreciating and valuing oneself. Similarly, Sedikides and Gress (2003) defined self-esteem as an individual's subjective evaluation of their own value, their level of confidence and self-respect, and how much they believe they are a positive or negative personal trait. Personal views regarding talents, abilities, and interpersonal connections are linked to self-esteem. Another definition of self-esteem is a global barometer of self-evaluation that includes emotive experiences of the self that are connected to these global appraisals and cognitive assessments of one's overall self-worth (Murphy et al., 2005). On the other hand, Wang and Ollendick (2001) claimed that self-esteem entails an assessment of oneself and an emotional response to oneself.

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In terms of the dimensionality of self-esteem, performance, social, and physical self-esteem are independent subcomponents that are viewed as distinct aspects by some authors, who regard it as a single, global attribute (Heatherton & Wyland, 2003). According to Branden (1969), having high self-esteem is made up of two things: (a) believing in one's own ability to think, learn, make wise decisions, overcome obstacles, and effect change; and (b) respecting oneself, believing in one's right to happiness, and believing that people are deserving of respect, love, and self-fulfilment. In a more contemporary perspective, Reasoner (2005) saw competence and worth as the two separate components that make up self-esteem. Based on these two elements, he characterizes self-esteem as "the knowledge that one is worthy of happiness and capable of overcoming obstacles in life." Self-esteem development suggests a protracted process. It is associated with how one's self-conscience and self-image are formed. Over time, it has experienced downturns, particularly during times of transition from one stage to another and from one status to another, such as in adolescence (because of psychosomatic changes) or old age (because of retirement and changes in duties and responsibilities). Self-esteem seems to rise in early adulthood but decreases during adolescence (Tsai et al., 2001).

According to studies, one key factor influencing emotional well-being is self-esteem (Baumeister et al., 2003). One of the pioneers of Western psychology, William James, stated that self-esteem has a significant role in mental health as early as 1890. In addition to feeling less depressed, anxious, and in a bad mood, those with high self-esteem also report greater levels of motivation, enjoyment, and optimism. When faced with challenging activities, people who have high self-esteem are more likely to persevere than those who have low self-esteem (Baumeister et al., 2003). When bad life events occur, it is also thought that having a high sense of self-worth favourably moderates the manifestation of dysfunctional schemata and depressive symptoms (Stavropoulos et al., 2015). Research has indicated that people with high self-esteem exhibit greater persistence when faced with setbacks compared to those with poor self-esteem. According to Di Paula and Campbell (2002), those with high self-esteem also seem to be better at controlling their own goal-directed behaviour. Individuals with high self-esteem are able to both drive and shape human behaviour (Mackinnon, 2015, p. 18). According to earlier studies, self-esteem increases when someone achieves, receives praise, or is loved by another person. As a result, self-esteem is influenced by both one's own and other people's opinions of oneself (Schmidt & Padilla, 2003). Individuals who have low self-esteem experience emotional instability, feelings of worthlessness, and inferiority, which make them unhappy with life (Ha, 2006). Additionally, individuals with low self-esteem tend to view many things negatively in general, including other people and their own circumstances (Mackinnon, 2015, p. 15). According to Stavropoulos et al. (2015), low self-esteem has been connected to depression, violence, a reduced capacity for overcoming obstacles, and a worse degree of wellbeing during adolescence. According to Aydin and Sari (2011), there was a substantial negative correlation between internet addiction and self-esteem. In their 2016 study, Andreassen et al. used a cross-sectional handy national sample of 23,532 Norwegians to explain how the compulsive use of social media reflects a need to feed the ego, or narcissistic personality traits, and an attempt to prevent a low opinion of oneself, or depressive self-perception. According to some theories (Leary et al., 1995), low self-esteem is an experiential sign of social rejection. A lack of positive resources within oneself, a self-protective and cautious attitude toward life, persistent internal conflict, and confusion or ambiguity in self-knowledge are all indicators of low self-esteem. They're vulnerable to events and shifting circumstances because they don't have a coherent sense of who they are (Baumeister, 1993). Psychiatric problems are often associated with lower self-esteem. According to Silverstone & Salsali's 2003 study with 957 psychiatric patients, all psychiatric patients have low self-esteem to some extent. Patients with major depressive disorders, eating disorders, and substance abuse had the lowest levels of self-esteem. Low self-esteem has been associated with behavioural issues, subpar academic achievement, and severe behavioural issues, including suicidal thoughts and maladjustment. It also causes psychological issues like melancholy, social anxiety, loneliness, and alienation, among other things (Sharma & Agarwala, 2015). The vulnerability model, which holds that psychopathology is more likely to occur in people with low self-esteem, and the scar model, which holds that psychopathology results from low self-esteem rather than causes it, are the two most widely accepted theories explaining the relationship between psychopathology and low self-esteem (Zeigler & Hill, 2011).

Young adulthood is a unique developmental stage that lasts from 18 to 25 years of age. It involves important developmental tasks that enable the young adult to engage in identity creation and self-examination. (Elena Highley, 2019). Though they happen more gradually, bodily changes still happen to young people as they transition from adolescence to adulthood. Though these changes are not as abrupt as they are at the start of adolescence, people start to acquire weight steadily, which will define adulthood (Cole, 2003; Zagorsky & Smith, 2011). Havighurst (1972) outlines a few of the duties involved in young adult development. Among them are: Trying to establish oneself as an autonomous individual with a life of one's own is the goal of achieving autonomy. Creating an identity: putting preferences, philosophies, likes, and dislikes more firmly in place; gaining emotional stability: this is regarded as a sign of maturing as one's emotional stability increases; Choosing and pursuing a job, or at least a starting professional path, as well as pursuing schooling, is the process of establishing a career.

Developing initial intimate, committed partnerships in order to find intimacy; Joining a group or community: Young adults may join a variety of groups in the community for the first time. They might start volunteering, joining civic associations (scouts, religious groups, etc.), or voting. This is particularly valid for parents who join organizations; Finding a place to live and learning how to run a household: understanding how to maintain a budget; becoming a parent and raising children: understanding how to run a household with children; adjusting to a married life or relationship and gaining parenting skills. Juvenile adulthood undoubtedly brings forth the greatest amount of life change of any stage (Arnett, 2000). During this time, people go through a lot of changes in their lives, such as having new jobs, social groups, and physical surroundings, in addition to living independently and developing romantic connections. Certain people even tie the knot, have kids, or purchase a house. Active participation in identity building is necessary to successfully navigate this stage of transition into adulthood. Because identity formation has a major impact on life's outcomes and successes, it must be developed in conjunction with good familial and social interactions in order to provide a strong foundation (Scales et al., 2016).

Although early theorists did not distinguish between stages of early adulthood, more recent theorists have recognized the developmental differences between young adults and adolescents. Changes in culture and demography over the past few decades are probably to blame for this. High post-secondary education rates and the lengthening of the time it takes to start a job, get married, have a family, and start living independently are a few examples of these shifts (Arnett, 2000). Since about 40% of people between the ages of 18 and 25 are deemed obese, the average proportion of young adults' body mass index (BMI) has climbed dramatically over the past several decades (Stroud, 2014).

II. METHOD

A. *Objectives of the Study*

1) To find out if there is any significant relationship between appearance anxiety andself-esteem among young adults
2) To find out if there is any significant difference in appearance anxiety among male and female young adults
3) To find out if there is any significant difference in self-esteem among male and female young adults

Hypotheses

- H01: There is no significant relationship between appearance anxiety and self-esteem amongyoung adults
- H02: There is no significant difference in appearance anxiety among male and female young adults
- H03: There is no significant difference in self-esteem among male and female young adults

B. *Research Design*

Correlational research design is used in this study.

C. *Variables*

The variables of the study were appearance anxiety and self-esteem. The demographic variable was gender.

D. *Sample Distribution*

In the present study, purposive sampling method was used to collect data from 300 participants including young adults aged between 18-25 years. The study consisted of students, undergraduates, postgraduates and working individuals. The responses were collected from the participants using the Google Form which was a one-time response. The consent of the participant was taken before filling the google form to participate in the current study.

1) Inclusion Criteria

a) Young adults aged between 18-25 years.
b) Residents of India

2) Exclusion Criteria

a) Young adults who don’t fall between the age group of 18-25 years.
b) Who are not Indian residents.
c) Samples from a clinical population are excluded.

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E. Research Ethics Followed

1) Informed consent of participant taken.
2) Anonymity of the participant maintained.
3) Confidentiality maintained.

F. Tools for the study

1) Appearance Anxiety Inventory (AAI) by Veale et al. (2014)
2) Rosenberg's Self-Esteem Scale (RSES) by Rosenberg M. (1965)

G. Description of the tool

1) Appearance Anxiety Inventory by Veale et al. (2014)

The 10-item Appearance Anxiety Inventory (AAI) is a self-report tool used to assess the behavioural and cognitive components of body dysmorphic disorder (BDD) and general body image anxiety. Internal consistency was high with a Cronbach's Alpha of 0.86 and it has a good convergent validity. Three subscales of the AAI reflect common symptom clusters among BDD patients: Camouflaging: the propensity to employ techniques to conceal or mask perceived deficiencies in appearance (e.g., using clothing or heavy makeup); Threat Monitoring: Measuring the degree to which a person is watchful about potential risks related to their appearance (e.g., checking appearance); additionally Avoidance: assessing how much people shy away from events or activities because they are self-conscious about how they look (e.g., social withdrawal and mirror avoidance). A five-point Likert scale is used. The sum of each component determines the overall raw score. While Mastro et al. (2016) proposed a cutoff score of 20 as being indicative of high BDD symptoms, Veale et al. (2014) did not establish a cutoff score.

2) Rosenberg's Self-Esteem Scale by Rosenberg M. (1965)

A 10-item scale that measures one's overall sense of worth by accounting for both positive and negative self-perceptions. It has a test-retest reliability and internal consistency of 0.77 and minimum coefficient of reproducibility was 0.90. The Cronbach's alpha was 0.709. It has a good predictive validity. Every question has a 4-point Likert scale format for responses, ranging from strongly agree to strongly disagree. The reverse scoring items are 2,5,6,8 and 9. 1 point is given for 'strongly agree'; 2 points are given for 'agree'; 3 points are given for 'disagree' and 4 points are given for 'strongly disagree'. All the ten items are scored and the scores are kept on a continuous scale. Higher scores indicate higher self-esteem.

H. Statistical Analysis

The results were analysed using descriptive and inferential statistics. IBM SPSS-25 was used for the data analysis. Among descriptive statistics, mean and standard deviation were used, among the inferential statistics independent sample t-test and spearman rank correlation method was used to test the hypothesis.

III. RESULT AND DISCUSSION

H01: There is no significant relationship between appearance anxiety and self-esteem amongyoung adults

Table 1: represents the number of samples, mean, standard deviation and correlation for appearance anxiety and self-esteem

Variable	*N*	*M*	*SD*	*1*	*2*
Appearance anxiety	300	9.74	6.98	-	0.50
Self-esteem	300	20.86	5.71	0.50	-

Table 1 shows the total number of samples, mean, SD, and correlation coefficient between appearance anxiety and self-esteem among young adults. The mean of appearance anxiety and self-esteem is 9.74 and 20.86 respectively. The standard deviation of appearance anxiety and self-esteem is 6.98 and 5.71 respectively. Results show that appearance anxiety and self-esteem have a moderate positive correlation with a spearman rank correlation of 0.50. The significance value is less than 0.01, the null hypothesis is rejected and H1 is accepted. That is, there is significant relationship between appearance anxiety and self-esteem in young adults.

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H02: There is no significant difference in appearance anxiety among male and female young adults

Table 2: *represents mean, standard deviation, and difference in appearance anxiety based on gender*

Variables	Male		Female		t	p
	M	SD	M	SD		
Appearance anxiety	9.80	6.94	9.68	7.03	.155	.877

Table 2 shows the mean, SD, t-value and p-value obtained in appearance anxiety among male and female young adults. The results show that the t-value obtained for appearance anxiety is 0.15 and the mean and standard deviation of appearance anxiety among males is 9.80 and 6.94 respectively. The mean and standard deviation of appearance anxiety among females is 9.68 and 7.03 respectively. In order to test the significant difference between two groups, t-test was employed. The p-value was > 0.05 which indicates that there is no significant difference in appearance anxiety among male and female young adults. Therefore, the null hypothes**is is** accepted.

H03: There is no significant difference in self-esteem among male and female young adults.

Table 3: represents mean, standard deviation, and difference in self-esteem based on gender

Variables	Male		Female		*t*	*p*
	M	*SD*	*M*	*SD*		
Self-esteem	20.66	5.42	21.02	5.95	.547	.585

Table 3 shows the mean, SD, t-value and p-value obtained in self-esteem among male and female young adults. The results show that the t-value obtained for self-esteem is 0.54 and the mean and standard deviation of self-esteem among males is 20.66 and 5.42 respectively. The mean and standard deviation of self-esteem among females is 21.02 and 5.95 respectively. In order to test the significant difference between two groups, t-test was employed. The p-value was > 0.05 which indicates that there is no significant difference in self-esteem among male and female young adults. Therefore, the null hypothesis is accepted.

A. Implications

Understanding the correlation between appearance anxiety and self-esteem can facilitate the creation of focused therapies intended to enhance mental health in young adults. Programs aimed at boosting self-confidence and lowering concerns about appearance could be helpful in treating psychological discomfort. Curricula or seminars that address body image issues and encourage young adults to have positive self-esteem could be implemented by educational institutions. Giving students the skill they need to deal with social pressure and create a positive body image can help them become more emotionally resilient overall. Anorexia nervosa and bulimia nervosa are two eating disorders that are strongly associated with appearance anxiety. Interventions that address appearance-related concerns and promote positive self-esteem at an early age may help lower the likelihood that young adults will have these disorders. Programs that teach media literacy can enable youths to question incorrect perceptions of beauty and critically assess media messages. The detrimental effects of media representations on appearance anxiety and self-esteem can be lessened by promoting media literacy. Finally, fostering positive self-esteem and lowering appearance-related anxieties in young adults requires the creation of supportive settings in communities, families, and peer groups. An environment that is more inclusive and affirming can be achieved through promoting open communication, acceptance for all body types, and supportive interactions.

B. Suggestions for Future Research

The future study can include other socio-demographic details. More sample size can be helpful in generalizing the result._More geographical area may be covered for future studies. More variables could be added to assess more detailed characteristics about the population. More than one population could be added for the purpose of comparison.

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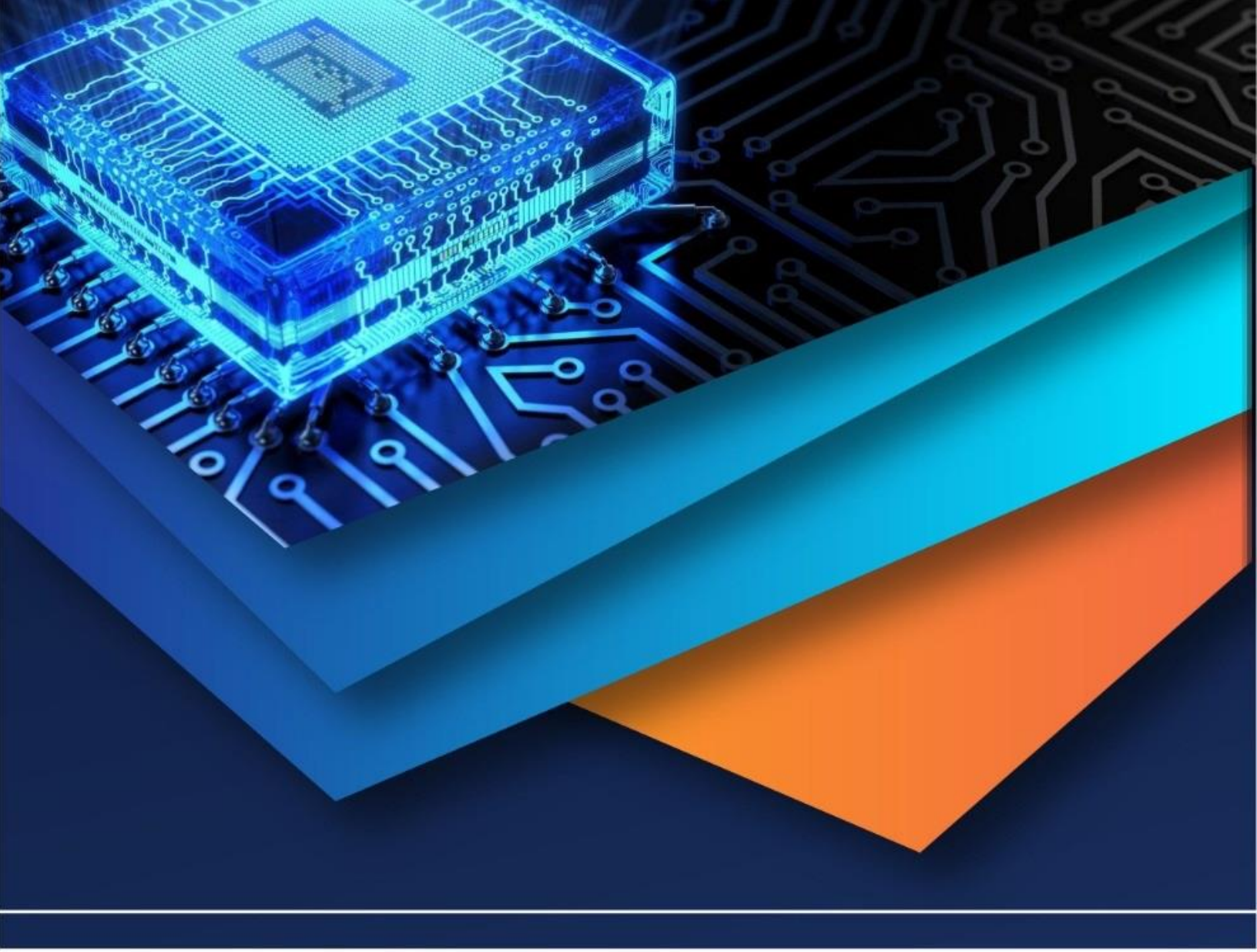
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