

Objectified Body Consciousness, Social Appearance Anxiety and Disordered Eating Patterns in Young Adults

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This study aimed to examine the relationship between Body Objectification Consciousness (OBC), Social Appearance Anxiety (SAA), and Disordered Eating Patterns (DEP) among young adults in Pakistan. Additionally, to assess the mediating role of SAA in developing eating disorders. A sample of N=306 young adults (Male=114, Female=192), aged 18 to 26 were selected using purposive sampling and correlational research design was used. The data was collected by both physical and online means and the Objectified Body Consciousness Scale (McKinley & Hyde, 1996), The Eating Attitude Test-26 (Garner et al, 2008), and Social Appearance Anxiety Scale (Hart et al., 2008) was administered after taking permission and informed consents. Data was analyzed using IBM SPSS version 26. Descriptive analysis including mean, standard deviation, frequencies, percentages, skewness and inferential statistics including Pearson Product Moment Correlation and Mediation analysis were calculated. Findings from correlational analysis revealed a significant, strong, and positive correlation among all three variables. The mediating link of SAA with OBC and DEP by keeping age, gender and BMI as covariates was statistically analyzed. The analysis revealed a crucial mediating role of SAA between OBC and DEP. Mediation analysis revealed SAA to be a significant predictor of DEP among young adults. Sample size, unavailability of indigenous tools, and the use of the demographics as covariates are some limitations of the study. However, the findings have both practical and theoretical implications highlighting the prevalence and severity of these concerns and also offers valuable insight for developing intervention to address body image concerns and disturbed eating patterns

Keywords: body objectification consciousness, social appearance anxiety, disordered eating patterns, young adults

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Introduction

The study explored the connection between objectified body consciousness (OBC), social appearance anxiety (SAA) and disordered eating patterns (DEP) among young adults in Pakistan, highlighting the psychological effects of internalized beauty norms. The need for this research originated from the observed escalating body concerns among the young adults of the country amidst the rapidly evolving aesthetic beauty standards and growing aesthetic clinics. Living in a society like Pakistan where the assessment of one's value is intricately intertwined with their physical appearance, it is not uncommon to find teenagers and young adults struggling with their self-images and self-esteem.

Research suggests that children begin forming opinions about their bodies at a very young age, and these early perceptions can significantly influence their self-confidence well into adulthood (Xian & Tink, 2022). Individuals who experience higher levels of peer-related and emotional difficulties are more likely to develop negative body perceptions, including body objectification, weight preoccupation, social anxiety, and disordered eating patterns. A key contributor to these issues is the internalization of societal beauty standards, which fosters heightened body surveillance, appearance-related anxiety, and unhealthy eating behaviours (Zahra & Saleem, 2021).

The relentless pursuit of idealized and often unattainable body images can lead to chronic feelings of inadequacy and a sense of social exclusion. This is especially evident in individuals who fear negative evaluation based on their appearance or who feel pressure to conform to rigid socio-cultural beauty norms, both of which are strongly associated with the development of social anxiety and eating pathology. Fashion magazines, media and social media are some platforms from where people internalize and idealize the perfect body images. These platforms cultivate the desire for an ideal body among young people and encourages them to compare their flawed self with the online altered ideal figures prompting the feeling of extreme distress and body dissatisfaction (Grabe et al., 2008). According to Butkowski et al (2019), the exposure of body ideals

on media and social media can be a leading cause of developing body objectification and self-consciousness among individuals.

According to a recent report by the Pakistan Telecommunication Authority (PTA, 2023), approximately 127 million people in Pakistan now have access to the internet. That means that more than a hundred million people are getting exposed to global ideal beauty standards. This widespread digital connectivity has significantly increased exposure to global beauty standards, placing a large portion of the population especially young people at heightened risk for developing appearance-related concerns. These include self-objectification, body dissatisfaction, appearance anxiety, body shame, and unhealthy eating behaviors (Masood, Sulman, Rashid, Ashraf, & Qaisar, 2018).

Internationally, the impact of objectifying media has been well-documented; for instance, a meta-analysis by Grabe, Ward, and Hyde (2008), which reviewed 77 studies, found a consistent association between media exposure and increased body dissatisfaction, internalization of the thin ideal, and disordered eating, particularly among women. Similar patterns have been observed in the South Asian context. In Pakistan, Rizwan and Tariq (2020) found that appearance-based comparisons significantly mediate the relationship between social media use and body dissatisfaction, indicating that individuals who frequently compare themselves to idealized online images are more likely to experience negative psychological outcomes.

Objectified Body Consciousness (OBC) is an individual's tendency to perceive their body from an external perspective and as an object for societal evaluation. Three components including body surveillance, body shame, and control beliefs about one's appearance collectively explain the concept of OBC. Body surveillance means excessive monitoring of one's body to align with cultural beauty standards, often mistaken for self-care or personal achievement. Body shame is the negative and stressful self-perception that emerges due to a gap between one's actual and idealized body image. Control beliefs are the personal beliefs revolving around altering body shape and appearance through extra effort and omitting the presence of genetic and biological constraints (Mustafa & Akram, 2022).

Empirical studies highlight gender differences in body image concerns, with male students aspiring to a lean and muscular physique, while female students idealize a slim body shape, fair complexion, healthy hair, and well-defined features. The internalized body ideals, appearance-based comparisons, and societal commentary significantly impact self-worth, confidence, and mental well-being of people and also exacerbates eating disturbances and psychological distress (Acar, 2022; Masood et al., 2018).

Research has shown a strong positive correlation of body objectification with women since they have been historically a main target of societal demands (Strahan et al., 2006). While body objectification among women has been historically a topic of interest for researchers, recent studies have highlighted its growing prevalence among men. Research suggests that westernized beauty ideals emphasizing muscularity and aesthetic appeal have contributed to increased body dissatisfaction and body concerns among Pakistani men (Boursier & Gioia, 2022; Daniel, Bridges, & Martens, 2014). Similarly, research on Australian adolescents also suggests that while girls report higher levels of body shame and self-surveillance, body objectification is also evident in boys (Slater & Tiggemann, 2010).

Another study by Yamamiya, Cash, and Thompson (2006) revealed that body surveillance and body shame significantly predicted maladaptive eating behaviors and were more pronounced in individuals with high appearance-contingent self-worth. Barbeau et al., (2022) explained that the individuals who have a higher perceived negative body talk by the family and friends are usually prone to higher fear of judgement by others, more self-negative body talk, and problematic eating attitudes. According to Trompeter et al., (2019) body objectification due to the fear of negative evaluation by others is a core feature of social anxiety, and is also considered a risk factor in developing eating problems in young women.

Other than the fear of negative evaluation by friends and family, the ideal body images on social media also plays a role in developing body objectification and eating problems. In a recent longitudinal study,

Fardouly and Vartanian (2016) also emphasized the cumulative effect of social media exposure on young individual's body image concerns, especially those who frequently engage in appearance-based comparisons online.

Disordered eating patterns include restrictive eating, binge eating, and purging behaviors which often stem from stress, appearance-related anxiety, and psychological distress. Although these behaviors may not meet the criteria for clinical eating disorders, they pose significant physical and psychological risks (Kärkkäinen et al., 2018). In Pakistan, literature on eating disturbances remains limited; however, a study found that 39.5% of first-year nursing students exhibited disturbed eating patterns, a rate surpassing that of any other South Asian nations (Muazzam & Khalid, 2008).

Research indicates that individuals with heightened self-consciousness often engage in excessive body-checking behaviors and are more vulnerable to social anxiety, body dissatisfaction and frequently think about their appearance in public and how people might be evaluating them based on their behaviors and appearance. Increased self-consciousness leads to increased motivation to achieve standard social beauty goals and consequently elevates the individual's susceptibility to social appearance anxiety (Mustafa & Akram, 2022). This obsession and dissatisfaction with one's own body also contributes to restrictive eating, cosmetic surgery, and digital self-enhancement behaviors among adults particularly women (Dakanalis et al., 2014). Data shows that women exhibit higher levels of SAA, higher sensitivity to appearance-related feedback, and a stronger tendency to engage in maladaptive eating behaviors as a coping mechanism than men (Mustafa & Akram, 2022).

Abbas et al. (2022) examined self-consciousness in social settings and its impact on psychological and physical well-being among (N=200) university students in Sialkot. Using a mixed-method approach, results revealed a negative relationship between body consciousness and both mental and physical health. Female participants exhibited greater body consciousness and social evaluation concerns than males. Similarly, Shahid et al. (2022) investigated self-consciousness, negative appearance fear, and self-esteem among (N=561) Pakistani university students (66%

female). Using correlation analysis, findings indicated significant relationships among body surveillance, body shame, anxiety, and self-esteem. Female students demonstrated heightened body dissatisfaction, body surveillance, and lower self-esteem compared to males. On the other hand, Masood et al. (2018) conducted a study on OBC, perceived body image, and DEP among (N=300) Pakistani medical students (150 males, 150 females). Pearson correlation and multiple regression analysis revealed significant positive associations among OBC, body image perception, and DEP. No significant gender differences were observed, potentially due to social desirability bias or the absence of gender-specific assessment tools.

Khan, Bibi, Naz, and Afsar (2023) conducted a cross-sectional study on Pakistani young females to investigate the relationship between body surveillance, body dissatisfaction, and the moderating role of social comparison. A sample of 400 females between the ages of 16-30 years participated in the study. The Physical Appearance Comparison Scale-Revised (PACS-R), the Objectified Body Consciousness Scale (OBCS), and the Body Satisfaction Scale was used to assess the levels of social comparison, body surveillance, and dissatisfaction with one's body respectively. The results indicated that all three variables are positively correlated with each other. Moreover, social comparison plays a significant moderating role between body surveillance and body dissatisfaction. Lastly, significant differences were found between overweight and average weight women.

Theoretical Framework

Objectification theory, and self-discrepancy theory, also explain the study variables well and the literature is consistent with the theories. The Self-discrepancy theory developed by Higgins (1987) explained this feeling by stating that the difference or inconsistencies between an individual's actual self and desired self (who they idolize to be) leads to variety of emotional vulnerabilities like low self-esteem, shame, self-criticism, social anxiety, mental disorders like anxiety and depression and eating disorders. Recent studies confirm the theory and show that when an individual's actual and desired self does not match then they experience

psychopathological symptoms like distress, anxiety, depression, and disordered eating (Mason et al, 2019).

Objectification theory, which explained the impact of social and cultural objectification on an individual's mental well-being. This theory states that individuals, especially women, are easily susceptible to adopting an observer's perspective of their own bodies and prioritizing external appearance over internal experiences. This self-objectification results in heightened physical body concerns, excessive body surveillance, body shame, appearance anxiety, unipolar depression, sexual dysfunction, and diminished awareness about internal body state (Calogero, 2012).

Socio-cultural theory has been a prominent framework which helps in conceptualizing body concerns and eating patterns of individuals (Tiggemann, 2012). According to socio-cultural theory, our cognitions are shaped by social agents (such as parents, peers, social media) around us. These socio-cultural factors instill the idea of perfect body shapes, culturally attractive appearances inside us and create the pressure to conform to these ideal beauty standards. The difficulty in conforming to these ideal semblances or discrepancy in perceived ideal bodies and reality leads to negative consequences such as body dissatisfaction followed by objectification of body, and eating attitude disturbances (Rogers, 2016). Similarly, the Dual pathway model suggests that when an individual internalizes the concept of unrealistic ideal slender bodies, it leads to the likelihood of developing bulimic symptoms.

This occurs through a two way mechanism, eating restraints and negative affect. First, people restrict their eating patterns to control weight and achieve the ideal body through dieting. Then after some time the enhanced experience of hunger and cravings takes them to binge eating attitudes. The second pathway is negative emotions. When people want to run away from their negative emotions like stress, anxiety or low self-esteem, they turn to food as a coping mechanism to alleviate their negative emotions. However, this eating phase is followed by episodes of guilt and shame for eating too much and moving away from ideal body goals. Both pathways lead to the use of compensatory behaviors like binge eating, purging etc to control body weight (Maraldo, Zhou, Dowling, Jillon & Wall, 2016).

Rationale

The rationale to conduct this study lies in examining the young generation of the country which is being more exposed to the ideal beauty standards on social media and is becoming more desperate to achieve external validation. As the trend of young adults being easily influenced by sociocultural feedback is rising it is observed that they are potentially at a higher risk of developing psychological problems like eating disorders and social anxiety. Therefore, the rationale to conduct this study is to explore the presence of body objectification and dissatisfaction among young adults and to detect early signals of a potential increase in cases of social anxiety and eating disorders in upcoming years.

Despite the global rise in research addressing body image concerns, there remains a significant gap in empirical studies examining these phenomena within the cultural context of Pakistan. Existing literature tends to be either Western-centric or focused on clinical populations, with limited attention to non-clinical, gender-diverse samples in South Asian societies. Moreover, the interplay between objectified body consciousness, social appearance anxiety, and disordered eating remains underexplored in local populations, particularly in terms of identifying early psychological indicators that may contribute to long-term mental health challenges.

This study aims to address these gaps by exploring the relationship between OBC, SAA, and DEP among young adults in Pakistan. By including participants of both genders, the research offers a more comprehensive understanding of how internalized appearance standards affect diverse individuals. The findings are expected to contribute to the growing body of literature on body image and mental health, while also informing culturally appropriate interventions. This study may aid mental health professionals and policymakers in developing awareness campaigns and preventive strategies that promote body positivity, emotional well-being, and early identification of appearance-related psychological risks in the youth population.

Objectives

- To investigate the relationship between objectified body consciousnesses, social appearance anxiety and disordered eating patterns among young adults.
- To explore the potential for social appearance anxiety to act as a mediator between objectified body consciousness and disordered eating patterns among the young adults.

Hypotheses

- There is likely to be a significant positive relationship between objectified body consciousness, social appearance anxiety, and disordered eating behaviors among young adults.
- Social appearance anxiety is likely to mediate the relationship between objectified body consciousness and disordered eating patterns among young adults.

Method

Research Design

A correlational research design was used to explore the association between OBC, SAA, and DEP. This research design was selected to identify the potential relationship within the variables and to serve as a base for making future predictions and analysis. The research design was not used to identify the causation between the variables.

Sample

The study was conducted on young adults of Pakistan with an age range between 18-26 years (NCBI, 2015). The sample consisted of (N=306) young adults, male and female (M=114, F=192) between the age range of 18 to 26 (M=23.08, SD=2.30) from Pakistan. The education level was Intermediate (9.2%), Bachelors (62.7%), Masters (26.1%), and others (2.1%) respectively. Most of the students (56.2%) had normal weight according to their BMI, (11%) were underweight, and (24.5%) fell into the category of overweight according to their BMI. Interestingly, more than half of the participants (59.5%) were unsatisfied with their weights and had different ideal weight goals.

Purposive sampling, also known as judgment sampling, was used in this research. It is a non-probability sampling strategy in which the intentional selection of the participants is done due to the desired

characteristics they possess (Etikan, Musa, & Alkassim, 2016). *Inclusion criteria:* only the participants between the age range of 18 to 26 years old and a minimum education level of intermediate were selected. *Exclusion criteria:* The participants who did not fit the age range and had any sort of physical, psychological, language, and intellectual disability were exempted from the research.

Table 1

Demographic Characteristics of the Sample (N=306)

Variables	M (SD)	f(%)
Age	23.08 (2.30)	
Gender		
Women		192(62.7)
Men		114 (37.3)
Education		
Intermediate		28 (9.2)
Bachelors		192 (62.7)
Masters		80 (26.1)
PhD		6 (2.1)
Current Weight in Kgs	64.69 (13.05)	
BMI		
Underweight		34 (11.1)
Normal weight		172 (56.2)
Overweight		75 (24.5)
Obesity		25 (8.2)
Satisfied with Current		
Weight	124 (40.5)	
Yes	152 (59.5)	
No		
Reference weight in Kgs for age group	59.59 (9.40)	

Note= f= Frequency, %= percentage, M= Mean, SD= Standard Deviation.

After the analysis of demographic form the data showed the participation of a total 306 male and female participants among which there were 114 males and 192 females. The mean age was 23 years, and more than half of the participants (62.7%) had bachelor's level education. According to their BMI, 56.2% of the participants had a normal weight but interestingly the demographics showed that 59.9% participants were

unsatisfied with their overall body shape and weight, including the students who had normal weights.

Operational Definitions

Objectified Body Consciousness (OBC): McKinley and Hyde (1996), described OBC as the level to which an individual perceives him/herself from an outsider's or observer's point of view, internalizes the beauty standards in culture and social circle, and believes that it is possible to attain these rigid standards if tried hard enough, even when the reality is suggesting otherwise.

Social Appearance Anxiety (SAA): The degree of distress or anxiousness that an individual feels in gatherings or social circumstances is SAA. It includes heightened fear of negative judgement from others and constant self-consciousness about one's body (Hart et al, 2008).

Disordered Eating Patterns (DEP): Eating behaviors that deviate from normal or healthy eating patterns such as dieting, bingeing-purging, restrictive eating, and preoccupation with shape and weight. People often adopt these behaviors to attain an ideal body shape and appearance. These behaviors are not categorized as full-blown eating disorders but are disturbing and problematic (Harrelson et al, 2009).

Assessment Measures

All the scales and subscales used in the study fell between the acceptable range of skewness and kurtosis ± 1.96 and exhibit normal distribution. The values of the EAT-26 scale falls within the range of ± 2 for skewness and ± 7 for kurtosis, which are commonly considered justifiable ranges for assessing normality (Hair et al. 2010 & Bryne 2010).

Demographic Information Sheet

The demographic form was self-constructed and semi structured. It was used to gather information of participant's characteristics like their gender, age, weight, height, and any sort of physical or psychological comorbid conditions.

The Objectified Body Consciousness Scale (OBCS). The OBCS is a 24 items tool that was used to assess the degree to which a participant objectifies his or her body and perceives themselves as a thing to be judged by others in the surroundings. The scale yielded a Chronbach's alpha of .70, with (M=98.68, SD=14.92). It has 3 subscales with moderate to high

reliability; Body Surveillance ($\alpha = .71$, $M=34.14$, $SD=8.10$), body shame ($\alpha = .82$, $M=30.31$, $SD=9.92$), and control beliefs ($\alpha = .72$, $M=34.4$, $SD=7.74$) respectively (McKinley & Hyde, 1996). Body Surveillance includes how a person stays occupied with their body, performs body checking behaviors and looks at his/her body from an observer's perspective. High scores indicate frequent body checking and a preoccupation with how one looks, while low scores suggest less focus on appearance and more on how the body feels.

Body Shame includes the embarrassment a person feels when their actual self does not align with the cultural and societal standards. High scores mean preoccupation with socio-cultural ideals and feeling shame for not fulfilling the ideal body standards, while low scores suggest acceptance of one's body even if it doesn't conform.

Appearance Control Belief Scale is the third subscale which explains the degree of perceived control a person has on his/her appearance. Higher scores on the scale indicate that a person has a strong belief that their appearance can be controlled by putting effort and low scores indicate otherwise. All the subscales of the tool have 8 items, and each subscale is measured on a 7-point Likert scale. The Likert scale reading ranges from, 1=strongly agree to 7=strongly disagree for each item (McKinley & Hyde, 1996).

The Eating Attitude Test (EAT-26). Garner, Olmsted, Bohr, and Garfinkel (1982) developed the revised version (EAT-26) of the original Eating Attitude Test-40. It was developed to assess several aspects of problematic eating and relevant behaviors, such as concerns about body weight and shape, relationship with food including restrictive eating, binge eating, dieting behaviors, and risk of eating disorders among people. It is suitable for both clinical and non-clinical populations and has a high reliability ($\alpha = 0.90$) and test-retest reliability for EAT-26 ranged from .84 to .89.

EAT-26 are designed to capture three eating behaviors including dieting ($k=13$, $M=7.86$, $SD=7.80$), bulimia and food preoccupation ($k=6$, $M=2.93$, $SD=3.24$), and oral control ($k=7$, $M=3.58$, $SD=3.38$). The overall score on the test helps in assessing people's attitudes towards eating and

indicates the potential risk of developing any eating disorder. All 26 items of EAT-26 are composed on six points Likert scale ranging from “Always” to “Never”.

A score above 20 indicates a strong potential risk of eating disorders and such individuals must seek professional help for further assessment. Another small section of items is also present in the tool whose score is not counted in the evaluation, but the items help to assess the eating behaviors of the respondents (Garner et al, 2008).

Social Appearance Anxiety Scale (SAAS). SAAS is used to measure the type of anxiety that a person experiences in social situations. This anxiety is related to the fear of appearing ugly or unappealing in social situations and about being negatively evaluated by others because of their overall appearance including body type. It consists of 16 items and was created by Hart, Wearing, and Newlove in 1999. The scale has a good internal consistency ($\alpha = .94$), high reliability ($r = .84$) and good construct validity (Hart et al., 2008) with $M=40.68$ and $SD=17.10$. Moreover, it is a valid and reliable measure of the SAA across various populations, including adults, adolescents, and people with eating disorders. The items are rated on a 5-point Likert scale from 1 (indicating not at all) to 5 indicating (extremely). The total score can range from 16 to 80 and the higher scores indicate higher social appearance anxiety and vice versa (Hart et al., 2008).

Procedure

The initial step in the research process included seeking permission from the authors of the assessment tools to be utilized in this study and from the head of departments from different universities for data collection. Then, a pilot study including 50 participants address any potential issues reported by them, ensuring the smooth execution of the main study. The participants were reached through physical and online means. Through online platforms questionnaires along with the consent forms were shared. The physical data collection was done in different colleges and universities of Lahore. After obtaining the required approvals, participants were approached and briefed about the study nature, objective, and participant rights. First informed consent was received from the participants, and it was assured that all the participation was voluntary. The

right of confidentiality, anonymity, and the right to withdraw were explained to the participants. No deception or harm was involved, and the participants were informed about their right to access the results of the study once published.

All three assessment tools, The Objectified Body Consciousness Scale (OBC), The Eating Attitude Test (EAT-26), and Social Appearance Anxiety Scale (SAAS) were administered. It took almost 10-12 minutes for each participant to respond to the questionnaire. After data collection, the data analysis was done by using IBM SPSS version 26. The results were honestly and accurately reported.

Data Analysis

Descriptive analysis (means, standard deviations, frequencies, percentages, skewness, kurtosis, and outliers) was done to describe the characteristics of the study sample, including demographic factors and scores on the scales were assessed. Then reliability analysis was done to measure the internal consistency of the scales.

For inferential statistics, Pearson Product Moment Correlation was run to assess the relationship between the study variables. Simple mediation analysis was run to find out the mediating role of social appearance anxiety in objectified body consciousness and disordered eating patterns.

Ethical Guidelines

The research adhered strictly to the ethical guidelines set by the Institutional Review Board (IRB), ensuring the protection and rights of all human participants. Prior approvals were obtained from both the original authors of the assessment tools and the relevant institutional authorities. Participants were fully informed about the purpose, significance, procedures, and nature of the measures used in the study. Informed consent was obtained, and participation was entirely voluntary. Confidentiality and anonymity were assured, and participants were informed of their right to withdraw at any stage without any consequences. The study also ensured that no physical, psychological, or social harm would result from participation.

Results

The study aimed to find out the relationship between objectified body consciousness (OBC), social appearance anxiety (SAA), and disordered eating patterns (DEP) among young adults of Pakistan. Moreover, to assess the mediating role of social appearance anxiety. The need of the study arises from the increased observed body dissatisfaction and appearance issues among the young adults. For this purpose, to find the relationship between the variables and the mediating role of the SAA, Pearson Moment Correlation and Mediation Analysis were run.

Firstly, the distribution of data, reliability and validity of the variables were checked. After running the analysis, it was revealed that the skewness and kurtosis values of all the scales fall between the normal ranges of ± 1.96 . The values of the EAT-26 scale fall within the range of ± 2 for skewness and ± 7 for kurtosis, which are commonly considered justifiable ranges for assessing normality (Hair et al. 2010 & Bryne 2010). Moreover, Cronbach alpha values of OBCS had fair reliability ($\alpha=.70$). The SAAS and EAT-26 scale had excellent and good reliability ($\alpha=.96$, $\alpha=.88$) respectively.

Table 2

Pearson Moment Correlation showing the Relationship between Objectified Body Consciousness (OBC), Social Appearance Anxiety (SAA), and Disordered Eating Patterns (DEP) among Young Adults (N=306)

Variables	1	2	3	4	5	6	7	8	9
1.OBC	-	.78***	.72***	.18**	.417***	.314***	.38***	.15**	.07
2.Surveillance		----	.47***	-.14*	.15***	.24***	.27***	.09	.13*
3. Body Shame			-----	-.39***	.64***	.50***	.48***	.41***	.18***
4. Control Beliefs				-----	-.45***	-.29***	.18***	.32***	.23***
5. SAA					-----	.540***	.50***	.46***	.26***
6. DEP						-----	.93***	.76***	.57***
7. Dieting							-----	.61***	.32***
8. Bulimia								-----	.28***
9. Oral control									-----

*Note: OBC= Objectified Body Consciousness, SAAS= Social Appearance Anxiety, DEP= Disordered Eating Patterns, N=306, * $p < .05$, ** $p < .01$, *** $p < .001$*

Table 2 shows correlation analysis conducted between the scale and subscales used in the study. The results showed that OBC had a positive significant and moderate correlation with SAA and DEP. This indicates that heightened body checking behaviors, and more objectification of one's own body is more likely to increase the anxiety in people during social situations and can also disturb the eating patterns among young adults. It also revealed that body surveillance exhibited a significantly positive yet weak correlation with SAA and DEP. Additionally, it showed a weak but significant positive association with the dieting and oral control subscales of DEP. However, no significant relationship was observed between body surveillance and the bulimia and food preoccupation.

The analysis also revealed that body shame had a significantly positive and moderate relationship with SAA and DEP. This means that young adults who are more embarrassed and shy about their bodies tend to feel more anxiety in social gatherings or situations and such adults have more unhealthy relationships with food. On the contrary, control beliefs had a significant, weak, and negative correlation with SAA and DEP. A negative correlation suggests that individuals who have weaker beliefs in their ability to change their appearance through extra effort may experience high levels of eating problems and social anxiety as compared to those who have a stronger belief in themselves that they can change their appearance if they try hard.

Moreover, the results indicated that there was a strong positive and significant correlation between SAA and DEP among young adults. SAA had a significant, positive and moderate relationship with dieting, bulimia and preoccupation. It also had a significantly positive and weak relationship with oral control. This means that the individuals who experience higher levels of SAA are more likely to exhibit higher levels of disturbed eating such as dieting to control weight, bulimia, food preoccupation, and binge etc.

Table 3
Simple Mediation Analysis Showing the Direct and Indirect Effect of Objectified Body Consciousness and Social Appearance Anxiety in predicting Disordered Eating Patterns among Young Adults (N=306)

Criterion Variables	Predictor Variable	β	ρ	95% <i>CI</i>	
				<i>LL</i>	<i>UL</i>
Direct Effects					
DEP	OBC	.08*	<.05	.00	.15

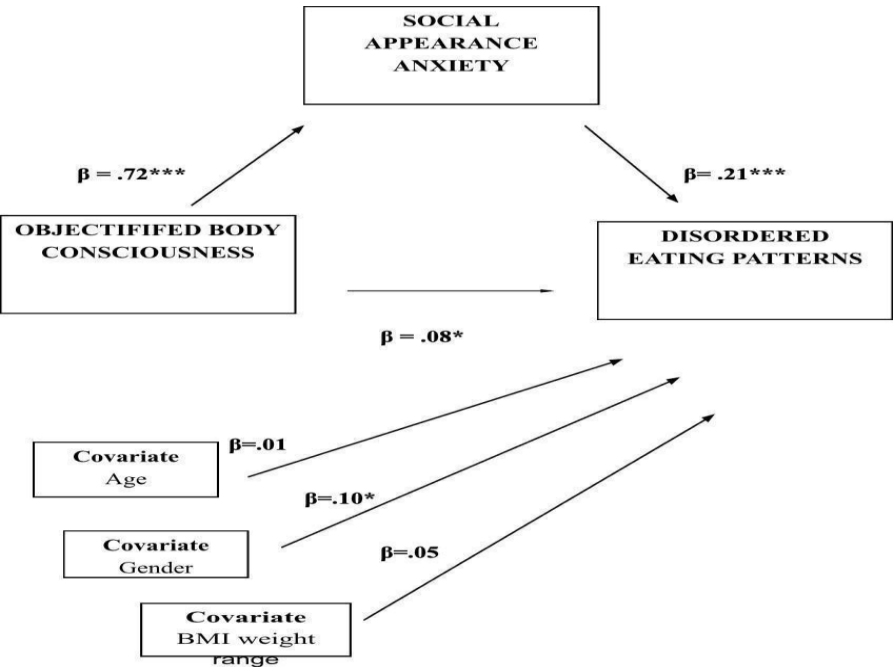
SAA	OBC	.70***	<.001	.52	.87
DEP	SAAS	.19***	<.001	.15	.24
DEP	Age	.01	.22	-.01	.08
DEP	Gender	.10*	<.05	.01	.19
DEP	Weight range	.05	.10	-.01	.11
Indirect Effect					
DEP	OBC through SAA	.13		.08	.20

Note: DEP= Disordered Eating Patterns, SAA= Social Appearance Anxiety, OBC=Objectified Body Consciousness, CI= Confidence Interval, UL=Upper Limit, LL=Lower Limit, * $p<.05$, ** $p<.01$, *** $p<.001$.

The SPSS Macro Process developed by Hayes (2018) was run to investigate the mediating role of SAAS between OBC and DEP. A bias-connected non-parametric bootstrapping technique with 5,000 re-samples was employed to estimate the direct, indirect, and total effect of OBC on DEP. The table shows the direct effect of objectified body consciousness (IV) on disordered eating patterns (DV) is significant and positive ($\beta=.08$, $SE=.04$, $p<.05$). This indicates that the individuals who feel more preoccupied with their appearance and see their bodies as objects; they are more likely to be inclined towards disordered eating patterns like dieting or purging etc.

The study shows that the direct effect of OBC (IV) on SAA (mediator) is also positive and significant ($\beta=.70$, $SE=.09$, $p<.001$). This suggests that adults who are more body conscious are more likely to exhibit appearance anxiety in social situations. Moreover, the direct effect of SAA (mediator) on DEP (DV) is also positive and significant ($\beta=.19$, $SE=.02$, $p<.001$). This indicates that adults with more social appearance anxiety are more likely to be at the risk of developing disordered eating patterns. The indirect effect of OBC on DEP through SAA is also statistically significant as bootstrap confidence interval does not include zero ($\beta=.13$, 95% CI= .08, .20). This suggests that social appearance anxiety partially mediates the relationship between objectified body consciousness and disordered eating patterns. Furthermore, covariate variables such as age, gender, and weight range were also included to control their effects on disordered eating patterns among young adults and reduce bias and unexplained variability. Among the covariates added in the analysis, gender was founded to have a significant impact on the relationships between objectified body consciousness, social appearance anxiety, and disordered eating patterns ($\beta=.10$, $SE=.05$, $p<.05$).

Figure 1
Emergед Mediation Model Showing Social Appearance Anxiety as a Mediator between Objectified Body Consciousness and Disordered Eating Patterns



Discussion

The findings of this research provided empirical support for the proposed hypotheses and aligned with prior literature on the subject. It was hypothesized that there would be a significant positive relationship between OBC, SAA, and DEP among young adults. The results confirmed that individuals engaging in self-objectification are more conscious of their appearance and at higher risk for disordered eating.

Consistent with the literature, Masood et al. (2018) examined the association between OBC, perceived body image, and disordered eating behaviors among medical students in Lahore. Their study indicated that individuals with heightened body objectification have negative body image perceptions and more disordered eating. This result is consistent across various cultures including studies from China, Russia, and Germany. Tahseen and Yousaf (2023) also identified self-objectification as a significant predictor of body surveillance, body shame, disordered

eating, and range of negative outcomes like depression and anxiety, among young adults, especially women due to their greater exposure to media and fashion trends (Fitzsimmons, Cone, & Kelly, 2012).

Khan et al. (2023) examined body surveillance, dissatisfaction, and social comparison among 400 Pakistani females (16–30 years). Findings revealed significant positive relationships, with social comparison moderating the link between surveillance and dissatisfaction. Overweight women reported higher dissatisfaction. Naqi et al. (2022) also studied 300 Pakistani sports students, finding significant correlations between self-objectification, body shame, and appearance anxiety, with self-objectification predicting both outcomes.

The findings also align with objectification theory (Noll & Fredrickson, 1998) and social comparison theory (Turel et al., 2018), which suggest that internalizing societal beauty standards heightens body dissatisfaction and extreme eating behaviors. Gender differences in body objectification and dissatisfaction are also evident in literature which suggests women as more dissatisfied with their appearances and at higher risk of disordered eating behaviors compared to men (Keski-Rahkonen & Mustelin, 2016). However, recent studies indicate that men are increasingly affected by body image concerns, with rising dissatisfaction related to achieving an ideal lean and muscular physique (Kassarr, 2008). Furthermore, while women often experience a decline in self-esteem due to minor weight fluctuations, men tend to perceive themselves lighter and attractive and typically exhibit body dissatisfaction only in cases of obesity (Shriver et al., 2013; McCreary & Sadava, 2001).

Social appearance anxiety has also been identified as a significant predictor of disturbed eating patterns including bulimia, restrictive dieting, and anorexia nervosa. Individuals with a heightened fear of negative evaluation in social settings are at an increased risk of developing symptoms of eating disorders (Jin et al., 2022; Claes et al. 2012). While numerous studies support the link between social appearance anxiety and disordered eating, some research presents alternative perspectives. Ozkan and Cepikkurt (2021) found that social appearance anxiety and disordered eating behaviors were not significantly correlated among physically active individuals, such as physical education teachers. These

findings suggest that higher levels of physical activity may mitigate the adverse effects of appearance-related anxiety. Similarly, Toprak and Saraç (2018) reported that while male athletes exhibited higher appearance anxiety than their female counterparts, no significant gender differences were observed in eating attitudes, possibly due to their knowledge of proper nutrition and fitness. The study further confirmed that SAA partially mediates the relationship between OBC and DEP among young adults. These findings align with research by Levinson and Rodebaugh (2012), who demonstrated that fear of negative evaluation contributes to body dissatisfaction, increased appearance concerns, and symptoms of eating disorders, including bulimia and restrictive eating. Similarly, Li (2020) examined appearance-related social anxiety among adolescents and found that SAA partially mediated the relationship between self-body image and disordered eating behaviors.

Objectification theory (Moradi et al., 2005) and cognitive theory (Bi et al., 2021) further explain how internalized beauty ideals contribute to body dissatisfaction and eating disorders. Cultural pressures in Pakistan, including rigid beauty standards for women and increasing fitness ideals for men, intensify these concerns, driving unhealthy weight control behaviors. The negative evaluation develops cognitive biases in adults that lower self-esteem, increase vulnerability to eating disorders and the pressure to maintain a desirable appearance by engaging in activities like excessive weight control behaviors, unhealthy dieting, fasting, and excessive exercise.

This research contributes to the literature by highlighting the mediating role of social appearance anxiety, offering insights for clinical interventions. Targeted awareness programs addressing body dissatisfaction and social anxiety could aid in preventing disordered eating among young adults. Future research should explore these dynamics across diverse populations to deepen our understanding.

Conclusion

The study confirmed a significant positive relationship between OBC, SAA, and DEP, with SAA partially mediating this link. Gender differences were notable, with women more vulnerable to body

dissatisfaction and disordered eating. The results align with global literature, demonstrating that young adults increasingly prioritize physical appearance over mental well-being, heightening their risk for eating disorders. These findings also emphasize the need for awareness programs to address body objectification and self-love deficits. By recognizing underlying psychosocial factors, young adults can mitigate the negative impact of societal beauty pressures on their mental and physical health.

Strengths

- The current study can contribute to filling the existing literature gap by providing valuable insight about the relationship between the variables and its impacts on the eating attitudes of young adults.
- Unlike most of the literature which focuses on body objectification and eating disturbances of women, this study includes both male and female gender to have better understanding.
- The study's findings hold significant implications for clinical practice, aiding healthcare practitioners in early identification of eating disorder risks among youth and facilitating the development of evidence-based intervention programs.
- The study's insights can inform psycho-educational efforts in schools and colleges, fostering awareness about the harms of unrealistic body ideals and promoting healthy mindsets and self-love. By instilling values of self-acceptance and resilience, such programs can mitigate societal pressures and prevent disordered eating patterns among young individuals.

Limitations and Recommendations

- Researchers are advised to incorporate and explore other crucial aspects such as cultural factors, sexual orientations, peer pressure, exposure to social media, academic stress, family eating patterns and attitudes which were not included in the study.
- They are recommended to include some other important and potential variables as moderators and mediators such as self-esteem, perceived social support, lifestyle and other psychosocial factors to better understand and strengthen the study results.

Future Implications

The findings of this current study hold significant importance for the future well-being of Pakistani youth. It can help mental health professionals to identify the potential risk and early indicators of eating disorders within young adults. This knowledge can inform the development of targeted interventions that promote body positivity and self-acceptance among young adults. To expand access to support services, it is proposed that the government establish youth wellness centers in collaboration with local NGOs, offering culturally sensitive counseling and nutritional guidance. It can also be useful for the mental health professionals with the insights necessary to create effective awareness campaigns focused on body image and healthy eating habits.

Furthermore, the study's exploration of these issues within the specific context of Pakistani culture, while considering both genders, has the potential to bridge a critical gap in current research. This data can be instrumental in creating public health policies such as implementing disclaimers for digitally altered media content, encouraging body positivity and diversity through various digital and electronic platforms.

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