



THE MEDIATING ROLE OF RESILIENCE BETWEEN BODY IMAGE ATTITUDES AND ITS SOCIAL CONSEQUENCES

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Abstract

Introduction: Body and appearance are viewed from affective, behavioural, and cognitive vantage points known as body image attitudes. This study looks at two different kinds of attitudes towards one's body: investment attitudes and evaluation attitudes. The term "body image investment" describes the cognitive and behavioural weight that a person gives to his or her physical appearance and body. It is one's own body's cognitive schema. Evaluations of one's body that are either positive or negative and that lead to satisfaction or dissatisfaction are referred to as body image evaluations. Body image evaluations are measured in this study using scales for body image discrepancy, body area satisfaction, and appearance evaluation. In this study, scales measuring overweight preoccupation and appearance orientation are used to measure investment attitudes.

Objective: Major objective of this study was to explore the mediating role of resilience between body image attitudes and related social consequences.

Method: The sample consists of 383 students from the University of Allahabad and affiliated colleges. Multidimensional body-self relations questionnaire-appearance scale (MBSRQ-AS), The Figure Rating Scale (FRS), Social Appearance Anxiety Scale (SAAS), The UCLA Loneliness Scale (UCLA-6) and Brief Resilience Scale were used in the current study.

Analysis and Results: The obtained data were examined using SPSS 26 and PLS-SEM. According to the findings, resilience significantly mediates both the relationship between appearance evaluation and social consequences as well as the relationship between appearance orientation and social consequences. Resilience did not significantly influence the connection between weight preoccupation and loneliness, body area satisfaction and social appearance anxiety, body image discrepancy (one measure of evaluation attitudes) and social consequences. However, resilience plays a significant mediating role in the associations between overweight preoccupation, social appearance anxiety, body area satisfaction, and loneliness.

Conclusion: Resilient People resist external pressure and are willing to stand their ground under trying conditions to maintain their self-worth. As a result, resilience as a personality trait helps to lessen the negative effects of having a negative body image. The results of this study lend credence to the idea that resilience plays a significant role in the adverse effects of having a negative body image by assisting individuals in coping with external pressures relating to their physical appearance and self-image.

Keywords: Body image attitudes, Resilience, Social loneliness

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1. Introduction

Body image attitudes

In a factor analysis of 11 measures of attitudes, Cash (1994) identified two factors: the evaluative or affective factor and the cognitive-behavioural investment factor. The first factor included thoughts about both a positive and negative body image as well as how well certain body parts fit into one's idealised self. Factor two included the significance of physical ideals, appearance orientation, appearance schemas, and overweight preoccupation. Body image attitudes were found to be associated with maladjustment and eating disorders by Keeton, Cash, and Brown in 1990. According to Cash and Hicks (1990), a normal-weight person's classification of their body weight and attitude towards their appearance are strongly correlated. When normal and overweight people were compared, Cash, Counts, and Huffine (1990) discovered that overweight women experience more weight-related anxieties than normal women. Additionally, compared to normal-weight females, normal-weight females who were previously overweight thought their bodies were fatter, less satisfying, and expressed more fat anxiety. The evaluation of appearance also revealed a significant group difference. In a study by Bond and Cash (1992), it was discovered that satisfaction with skin colour was positively correlated with satisfaction with one's face and overall appearance. According to a study by Cash and Green (1986), the evaluations of overweight people's appearance were significantly lower than those of a normal and underweight sample. According to Cash and Brown's (1989) research, women were more focused on their physical appearance, were more concerned about their weight and reported being heavier, and reported going on weight-loss diets and exercising restraint more frequently.

According to Cash and Szymanski's (1995) study, appearance evaluation and body area satisfaction were negatively correlated with body image discrepancy and importance measured by the Body Image Ideal Questionnaire (BIQ) but positively correlated with appearance orientation. According to Cash (1995), there is a negative correlation between the frequency of criticism and teasing related to appearance and the distress it causes. According to a study by Cash and Labarge (1996), core beliefs about the significance, meaning, and effects of appearance in one's life were negatively correlated with satisfaction with one's body and appearance evaluation but positively correlated with appearance orientation. According to a study by Rucker and Cash (1992), compared to white women, black women evaluate their appearance significantly more and are less concerned with their weight. The findings of a study by Davis, Dionne, and Shuster

(2001) showed that narcissistic and neurotic traits were positively related to appearance orientation and that women who scored higher on facial attractiveness also scored higher on appearance focus, but only if perfectionism was low. According to research by Bolton, Pruzinsky, Cash, and Persing in 2002, abdominoplasty surgery significantly improved how people rated their appearance and how satisfied they were with their bodies. The greater psychological investment was found to predict favourable attitudes towards cosmetic surgery by Sarwer et al. in 2003.

By comparing obese and non-obese individuals, Annis, Cash, and Hrabosky (2004) discovered that overweight women currently reported higher levels of body area dissatisfaction, overweight preoccupation, and dysfunctional appearance investment, as well as higher levels of binge eating, lower self-esteem, and lower levels of life satisfaction. In a 2005 study, Colabianchi, levers-Landis, and Borawski discovered that Caucasian female adolescents who were considered to be more attractive reported significantly more weight preoccupation than those who were considered to be less attractive. When other factors were taken into account, observed attractiveness did not correlate with the youth of African American or Hispanic descent worrying about their weight. In their 2009 study of patients with anorexia nervosa (AN), bulimia nervosa (BN), and body dysmorphic disorder (BDD), Hrabosky et al. discovered no statistically significant differences between the AN, BN, and BDD groups in terms of their overall assessments of their bodies, as determined by the Appearance Evaluation scale. However, compared to their gender-matched controls, all three groups indicated that people gave them lower appearance ratings. The two eating disorder groups did not statistically differ in their dissatisfaction with any physical characteristics, according to group comparisons among the various body parts and attributes that make up the Body Areas Satisfaction Scale (BASS), they added. Except for height, where there was no difference between the five groups, participants with anorexia nervosa and those with bulimia nervosa expressed greater dissatisfaction with all characteristics than female controls. Except for the AN group, the body dysmorphic disorder group expressed greater dissatisfaction with their facial features and hair than any of the other groups. More BDD participants than controls expressed dissatisfaction with their lower torso and muscle tone. While AN patients expressed greater dissatisfaction with their lower (buttocks, hips, thighs) and upper (chest, shoulders) torsos than BDD patients, BN and BDD patients did not statistically differ in their level of dissatisfaction in these shape-related areas. The AN and BN groups reported greater dissatisfaction with their weight and

mid-torso (waist, stomach) than the BDD group. The BDD group reported comparable levels of overweight preoccupation compared to gender-matched controls, whereas the AN and BN groups reported higher levels of weight preoccupation than the BDD or female control groups.

In patients with eating disorders, body image disturbance was examined by Brytek-Matera and S. Chiltz in 2011. The ideal self, which is a person's representation of the qualities they wish they possessed, is less pathological in anorexic patients than in bulimic patients, according to the study's findings. However, the ought self—a representation of the qualities one thinks a person ought to have—is more pathological in a group of people who have anorexia nervosa. In Delhi, Cavale, Singh, and Gupta (2014) compared the levels of body image disturbance and schematic investment in appearance in 120 male alcohol users and 123 male non-alcohol users. This study found that among urban Indian men who used alcohol, there was a higher prevalence of body image disturbance and schematic investment in appearance. The relationship between orthorexia nervosa characteristics and attitudes towards body image, fitness, and health in normal-weight university students was examined by Brytek-Matera et al. in 2015. Researchers discovered a strong correlation between anorexia nervosa characteristics and scores for overweight preoccupation, appearance orientation, fitness orientation, health orientation, body area satisfaction, and appearance evaluation in female students. Orthorexia nervosa characteristics and attitudes towards one's body were not correlated in male students. High body area satisfaction, low fitness orientation, low overweight preoccupation, and low appearance orientation were found to be independent predictors of greater fixation on eating healthy food in female students with orthorexia nervosa, according to a multivariable linear regression analysis. They discovered that aspects of body image in male students were not connected to an obsession with healthy eating. Among Polish female students with orthorexia nervosa, a strong obsession with healthy and appropriate food was not linked to an unhealthy body-self relationship.

Resilience

Another factor in this study's analysis is resilience. The Latin word "resile" (from re- "back" + salire- "to jump, leap") is the root of the English word "resilience," which means "to bounce or spring back". It may be crucial to evaluate and research the capacity to recover from stress on its own. Additionally, those who are already ill or are dealing with ongoing health-related stress may find this ability to be of particular importance. Carver (1998) provided a clear distinction between "thriving" and "resilience," distinguishing the former as moving to

a higher level of functioning following a stressful event, and the latter as returning to the previous level of functioning (e.g., bouncing back or recovery). Another word for resilience is "adaptation," which refers to changing one's behaviour in response to a new circumstance. According to the current study, resilience is the capacity to recover, resume previous levels of functioning, thrive for higher levels of functioning, adapt, and resist.

Resilience was identified as a protective factor by Mcgrath, Julie, and Caron. (2009); greater resilience was linked to a more positive body image. Higher incidences of mental illnesses, such as eating disorders, have been linked to individuals who have lower levels of resilience. According to a study by Stewart-Knox et al. (2012), lower resilience was associated with higher BMI among Portuguese people. In a within-group study of 100 breast cancer patients, Naz et. al. (2017) discovered that pre-assessment body image satisfaction scores were higher than post-assessment scores. Similarly to this, pre-testing scores on resilience and distress were higher than post-testing scores. Women who had lumpectomies scored higher on resilience and body image satisfaction than those who had mastectomies. In the pre and post-assessments of women who had undergone breast cancer surgery, there were notable differences in body image satisfaction, distress, and resilience.

In a study by Izydorczyk and Sitnik-Warchulka (2018) involving 150 female participants between the ages of 20 and 55, it was discovered that mental toughness and one's cognitive-emotional attitude towards one's own body are related. They also discovered that resilience was a better predictor of self-esteem. They found that psychological resilience plays a significant protective role in body image in post-mastectomy women with breast cancer by preventing the excessive development of low self-esteem.

Social Consequences of Body Image

Body image has some social and psychological repercussions. This section will concentrate on the social and psychological effects and provide a review of studies that have addressed these effects. Social consequences of body image include the presence or absence of social appearance anxiety and social isolation.

Social Appearance Anxiety

"The fear that one will be negatively evaluated because of one's appearance" is the definition of social appearance anxiety (Hart et al., 2008). Measures of social anxiety and a negative body image are positively correlated with social appearance anxiety (Levinson et al., 2013). Beyond negative body image, depression, personality, and affect, social appearance anxiety taps a special

portion of social anxiety variability (Hart et al., 2008; Levinson and Rodebaugh, 2012). According to Moscovitch (2009), one of the primary fears causing people with seasonal affective disorder (SAD) to fear public criticism may be perceived flaws in appearance. In the literature on eating disorders, Rieger et al. (2010) proposed that people who put more emphasis on their physical appearance are more likely to exhibit symptoms like disordered eating as a result of the social evaluation of appearance. In an undergraduate sample, Levinson and Rodebaugh (2012) discovered that social appearance anxiety was a shared risk factor for disordered eating and social anxiety and that it was associated with disordered eating more so than other measures of social anxiety. Koskina, Van den Eynde, Meisel, Campbell, and Schmidt (2011) discovered that individuals with bulimia nervosa had significantly higher levels of social appearance anxiety than healthy controls in a clinical sample. In women with eating disorders, Claes and colleagues (2011) discovered that social appearance anxiety was positively correlated with body mass index (BMI), the desire to be thin, and body dissatisfaction.

Instead of social anxiety, body mass index and resulting negative body image are positively correlated with social appearance anxiety (Titchener and Wong, 2015). Lavell et al. (2014) discovered that appearance-based rejection sensitivity partially mediated the relationship between social anxiety and body dysmorphic symptoms in a study involving 237 Australian undergraduate psychology students. Morno and Huon (2005) found that viewing advertisements with idealised images increased appearance anxiety in their study of 39 female university students. According to Sahin et al. (2013) social anxiety and low self-esteem are inextricably linked. According to Shumaker, E. A., & Rodebaugh, T. L. (2009), people with high levels of perfectionism also have high levels of social anxiety. This study also claimed that parental education may act as a barrier against the emergence of social anxiety about appearance.

According to Kang, Johnson, and Kim (2013), social appearance anxiety is related to neuroticism and is more prevalent in people who have high levels of perfectionism. In their study, Koskina et al. (2011) found that the social appearance anxiety of the female patients was significantly higher than that of healthy women, comparing 30 patients with eating disorders with 40 healthy women. In his study of Turkish University students, Bakalim (2016) discovered that for both men and women as well as the entire sample, general body appreciation serves as a mediator in the relationship between the self-confidence approach and social appearance anxiety. Social appearance anxiety was identified by Levinson et al. (2013) as a shared risk factor

between social anxiety and eating disorder symptoms using structural equation modelling in two different samples. In their research, Amasyal and Sabuncouglu (2017) discovered that patients with dental misalignment had higher levels of social appearance anxiety. People with dental misalignment reported higher levels of social anxiety. However, it was gender-neutral.

In their study of 493 college students, Amil and Bozgekili (2015) discovered a positive correlation between social anxiety and loneliness and that social anxiety is a significant predictor of loneliness. In their study of the relationship between loneliness, body image dissatisfaction, body mass index, and gender, Levinson, Fernandez, and Rodebaugh (2011) found that social appearance anxiety plays a role in the relationship between loneliness, body image dissatisfaction, and loneliness. They also found that social appearance anxiety can be reduced by reducing loneliness. Results from a different study by Levinson and Rodebaugh (2013) showed that social appearance anxiety differed between genders. The results showed that social appearance anxiety was significantly higher in women than in men and that it was positively correlated with social relationship anxiety, fear of being judged negatively, and neuroticism.

Social Loneliness

Body image issues can also lead to social isolation. People who are just entering adulthood often experience loneliness as a significant affective state. According to Gierveld, J. & van Tilburg, Theo & Dykstra, Pearl. (2006) adolescents and young adults frequently experience loneliness. Age-related differences in loneliness affect adolescents and young adults (Heinrich and Gullone, 2006). The definition of loneliness is the absence of a relationship with another person (Gierveld, Tilburg and Dykstra, 2006). According to Peplau and Perlman (1982), a disconnect between expectations and realities in a relationship is the root cause of loneliness. Weiss (1973) proposed that loneliness has two dimensions: emotional and social, despite the belief of some academics that loneliness is unidimensional. The absence of close relationships (family or a spouse), causes emotional loneliness, and the lack of social connections, which causes social loneliness (friend, neighbour or co-worker). Being or feeling physically unattractive is one of the many causes of loneliness suggested by Michela, Peplau, and Weeks (1982). They claimed that loneliness is a result of people feeling unattractive in circumstances that they view negatively. According to a 2014 study by Michael et al., body image dissatisfaction and peer loneliness have a positive correlation. In a study, Zinovyeva et al. (2016) discovered that adolescents with poor body image frequently felt lonely.

In a study, Chaney (2008) discovered a connection between muscle dysmorphia, loneliness, and self-esteem. Higher levels of muscle dysmorphia were associated with higher levels of loneliness and consequently lower levels of self-esteem. According to Forste et al. (2017), body dissatisfaction among girls was a significant predictor of loneliness and it has a positive relationship with loneliness. In a 2014 study by Abebe et al., loneliness was found to be a significant predictor of disordered eating in men but not in women.

Levinson, Fernandez, and Rodebaugh (2012) investigated the connections between gender, body image dissatisfaction, social anxiety, and loneliness. The findings indicated a connection between negative body image, loneliness, and social anxiety. Amil and Bozgeyikli (2015) discovered that loneliness and social anxiety were positively correlated and that social anxiety was a significant predictor of loneliness.

Objectives

1. To examine the connection between attitudes towards body image and social consequences (social appearance anxiety and social loneliness).
2. To investigate how resilience mediates the relationship between body image attitudes and their social consequences.

2. Method

Sampling Method: A convenient sampling technique was used in the current research following the research objectives and the characteristics of the research population.

Sample Description: The sample consists of 383 university and college students with a mean age of 22.91 years. Out of 383 participants, 213 were female and 170 were male. Based on BMI categories 86 participants were underweight, 159 of overweight and 138 were of normal weight. Participants were from both rural (n= 165) and urban (n=218) backgrounds. In the sample 272 students were from the undergraduate level, 59 were from the post-graduate level and 52 were D. Phil students.

Measurement Tools:

1. Thomas F. Cash (2015) created a 34-item scale known as **the multidimensional body-self relations questionnaire-appearance scale** to measure attitudinal body image. There are five subscales, out of which four given below were chosen for this study.

1.1) **Appearance Orientation** (12 items); The degree to which one places importance on appearance. High scorers pay more attention to their appearance, value their appearance more, and groom

themselves extensively. Low scorers are unconcerned with their appearance; they do not make a lot of effort to "look good," and their appearance is not particularly important to them. This subscale uses a five-point Likert scale with the options "definitely disagree" and "definitely agree" as the response options. For the male and female participants, Cronbach's Alpha was reported to be .88 and .85, respectively. For one month, test-retest reliability was reported to be 0.89 for males and 0.90 for females, respectively.

1.2) **Appearance Evaluation** (7 Items); Physical Attractiveness; Satisfaction or Dissatisfaction with One's Appearance. High scorers are generally happy and satisfied with their physical appearance, while low scorers are generally unhappy. This subscale uses a five-point Likert scale with the options "definitely disagree" and "definitely agree" as the response options. Male and female participants' Cronbach's alphas were reported to be .88 and .88, respectively. For one month, test-retest reliability for males and females, respectively, is reported to be .81 and .91.

1.3) Nine-item **Body Areas Satisfaction Scale** (BASS); The BASS measures satisfaction with specific aspects of one's appearance, unlike the Appearance Evaluation subscale. High composite scorers typically feel good about the majority of their bodies. Low scorers are dissatisfied with several areas' size or appearance. This subscale uses a five-point Likert scale for responses, ranging from "very dissatisfied" to "very satisfied". For the male and female participants, Cronbach's Alpha was reported to be .77 and .73, respectively. For one month, test-retest reliability for males and females, respectively, is reported to be .86 and .74.

1.4) A construct reflecting weight anxiety, vigilance, dieting, and eating restraint is called **overweight preoccupation** (OP) (four items). This subscale uses a five-point Likert scale from "definitely disagree" to "definitely agree" for responses to the three questions and a five-point Likert scale from "never" to "very often" for the answer to the one question. For the male and female participants, Cronbach's Alpha was reported to be .73 and .76, respectively. For one month, test-retest reliability for males and females, respectively, is reported to be .79 and .89.

2. **The Figure Rating Scale (FRS)**, created by Albert Stunkard (1983), was used to measure the respondents' discrepancies. This figure rating scale includes nine schematic images of men or women ranging in weight from underweight to overweight. Each image is assigned a number that corresponds to a different body size. The participants must double-

tick the figure that best represents them and circle the figure that represents their ideal selves, or the figure they would like to achieve, to reveal their true selves. According to Stunkard, A. (2000), this scale has a.67 correlation coefficient with BMI and a.59 correlation coefficient with body weight.

3. Social Appearance Anxiety Scale- The Hart et al. (2008) 16-item scale is used to measure social anxiety related to appearance and fear of situations where appearance may be evaluated. In various samples, internal consistency was reported with Cronbach Alpha values ranging from.94 to.95. Test-retest reliability for a month was reported to be.84.

4. The UCLA Loneliness Scale (UCLA-6) - This scale is used to measure feelings of social isolation or loneliness. Six questions on the scale are used to gauge how lonely the respondent feels. Each question starts with the phrase "How often do you

feel," followed by a favourable or unfavourable assessment of social interactions. For each question, the respondent is asked to indicate how frequently (never, rarely, sometimes, always) he or she feels that way. The scale's internal consistency was recently reported to have a Cronbach Alpha of.73 by Nazzal, F.I. et al (2018).

5. Brief Resilience Scale- Smith et al. created a six-item scale. On a five-point Likert scale, each response is given a score. The brief resilience scale was created to assess the ability to bounce back, recover from stress, resistance to illness and adapt. Smith et al. (2008) discovered the internal consistency of this scale, with a Cronbach's Alpha range of.80-.91. Reliability between tests was discovered. 69 for a month and.62 for a period of three months.

3. Results

Table 1: Predictors of Resilience

Dependent Variable: Resilience				
Variables (Predictors)	Estimate	Std. Error	t-value	Sig.
Appearance Orientation	.43	.056	7.57	.00
Overweight Preoccupation	.06	.055	1.10	.27
Body Image Discrepancy	.02	.043	.47	.67
Body Area Satisfaction	.34	.041	8.27	.00
Appearance Evaluation	.02	.057	.29	.77

The impact of attitudes towards one's body on resilience is shown in Table 1. Body image discrepancy predicts a 2% variance, appearance evaluation predicts a 2% variance, appearance orientation predicts a 43% variance, overweight

preoccupation predicts a 6% variance, body area satisfaction predicts a 34% variance, and appearance orientation predicts a 2% variance in resilience. Together, they forecast a resilience variance of 40%.

Table 2: Predictors of Social Appearance Anxiety

Dependent Variable: Social Appearance Anxiety				
	Estimate	Std. Error	t-value	Sig.
Appearance Orientation	.06	.068	1.16	.24
Overweight Preoccupation	.14	.061	2.41	.01
Body Image Discrepancy	.21	.048	4.33	.00
Body Area Satisfaction	.22	.049	4.53	.00
Appearance Evaluation	.11	.053	2.23	.02
Resilience	.52	.057	9.04	.00

The impact of resilience and body image attitudes on social anxiety is shown in Table 2. A 6% variance is predicted by appearance orientation, a 14% variance by overweight preoccupation, a 21% variance by body image discrepancy, a 22% variance by body

area satisfaction, an 11% variance by appearance evaluation, and a 52% variance by resilience in terms of social appearance anxiety. Together, they forecast a 25% variation in social appearance anxiety.

Table 3 Predictors of Social Loneliness

Dependent Variable: Social Loneliness				
	Estimate	Std. Error	t-value	Sig.
Appearance Orientation	.14	.059	2.41	.01
Overweight Preoccupation	.06	.053	1.16	.24
Body Image Discrepancy	.15	.042	2.51	.01
Body Area Satisfaction	.06	.043	1.59	.11
Appearance Evaluation	.17	.046	3.69	.00
Resilience	.60	.049	12.10	.00

Table 3 details the contribution of resilience and body image attitudes to social loneliness. Body image discrepancy predicts a 15% variance; appearance evaluation predicts an 11% variance; appearance orientation predicts a 14% variance;

overweight preoccupation predicts a 6% variance; body area satisfaction predicts a 6% variance; and resilience predicts a 60% variance in the Social Loneliness. Together, they forecast a 44% variation in social isolation.

Table 4: The mediation role of resilience between body image attitudes and its social consequences (Direct effect, indirect effect and Total effect)

SN		Original	Mean Boot	Std. Error	Per. 025	Per. 975
1	AO -> SAAS	0.2093343796	0.205998521	0.06969794	0.076845582	0.335385266
2	AO -> LON	0.1158787992	0.120987823	0.07199895	0.142068480	0.239705883
3	OWP-> SAAS	0.1802485535	0.176322474	0.05916065	0.066096359	0.283324232
4	<u>OWP -> LON</u>	<u>0.0986454160</u>	<u>0.089718578</u>	<u>0.07029764</u>	<u>-0.040466770</u>	<u>0.228721610</u>
5	<u>BID -> SAAS</u>	<u>0.0144813358</u>	<u>0.018541266</u>	<u>0.04974165</u>	<u>-0.071383515</u>	<u>0.114895567</u>
6	<u>BID -> LON</u>	<u>0.0175131528</u>	<u>0.019299639</u>	<u>0.05061690</u>	<u>-0.071442492</u>	<u>0.118106106</u>
7	<u>BAS -> SAAS</u>	<u>0.0490797706</u>	<u>0.046558651</u>	<u>0.06826379</u>	<u>-0.076360040</u>	<u>0.184033020</u>
8	BAS -> LON	0.2729025636	0.266880692	0.04561115	-0.359675489	-0.193805153
9	AE -> SAAS	0.1190286473	0.123976421	0.06263850	0.005377028	0.240450924
10	AE -> LON	0.1705929475	0.173312437	0.04992700	-0.274123718	-0.077041352

*Not significant results are presented in Italics and underlined.

Resilience significantly mediates relationships between appearance orientation and social appearance anxiety, loneliness, overweight preoccupation and social appearance anxiety, body areas satisfaction and loneliness, and relationships between appearance evaluation and social appearance anxiety and loneliness, as shown in Table 4. Weight preoccupation and loneliness, body discrepancy and social anxiety, body discrepancy and loneliness, and satisfaction with one's body areas and social anxiety are not significantly mediated by resilience.

4. Discussion

In the current study, the social effects of body image were examined, and social anxiety about appearance was considered one of these effects. The findings indicate that social appearance anxiety is negatively associated with body area satisfaction, appearance evaluation, and resilience and positively associated with appearance, overweight preoccupation, and discrepancy. These conclusions are well supported by a wealth of evidence. According to a Claes et al. (2012) study, body image is linked to social anxiety and other negative social outcomes. According to Leigh, E., & Clark, D. M. (2018), social anxiety about appearance is frequently seen in adolescents and young adults. At this age, people evaluate their physical appearance based on what others think. This judgement may cause extreme anxiety as well as a negative evaluation of one's body. People who

struggle with social anxiety and negative body image become afraid of going to social events and experience social anxiety that lasts for a long time. According to the results of the current study, young adult students' levels of social anxiety do not significantly differ based on gender. However, gender differences in social anxiety about appearance were discovered by Osman et al. (2015). A positive correlation between body image disturbance, loneliness, and social anxiety was also discovered Fang, A., & Hofmann, S. G. (2010). The relationship between body image issues and social anxiety was found to be favourable (Cash, Theriault, & Annis, 2004; Hart et al., 2008). A negative body image and outward appearance, according to Hart et al. (2008), are causes of social appearance anxiety. Levinson and Rodebaugh (2012) also discovered that eating anxiety, bulimic symptoms, and social appearance anxiety are all predicted by social appearance anxiety. The drive for thinness, body dissatisfaction, and body mass index (BMI) are all positively correlated with social appearance anxiety (Claes et al., 2012). Social anxiety is frequently seen as the result of a person's negative body image. Weeks et al. (2008) noted that cognitive theorists support the idea that the primary cause of social appearance anxiety is the fear of receiving negative feedback from other society members in a social setting. Whether it is positive or negative, this fear of criticism makes people anxious. In other words, it can be said that people experience more social anxiety when they believe they will be judged by other significant members of society in social contexts or in situations where they are likely to succeed. This encourages feelings of shame and embarrassment as well as the fear of being evaluated negatively. In another study conducted by Sabiston et al. (2007), it was found that social appearance anxiety is an outcome of negative body image and body dissatisfaction. Another social repercussion of disturbed body image was considered to be social isolation. People who said they felt lonely were less resilient and had lower levels of body area satisfaction, overweight preoccupation, and greater appearance orientation. These conclusions are supported by studies done by Goldfield et al. (2010), Paxton et al. (2006), and Stice et al. (2000). Twamley and Davis (1999) asserted that women are capable of minimising the negative effects of distorted internalisation of body ideals and sociocultural pressures if they do not blindly adhere to social norms of physical appearance or beauty. Cash et al. (1997) also discovered that women who engage in developing their ideas of physical appearance and reject the socially or culturally propagated notions of physicality and beauty disregard the common notions of beauty as portrayed in society and the media. Similarly to this, Snyder, R., & Hasbrouck, L. (1996) argued that

participation in the creation of one's standards of physical attractiveness and beauty reduces one's dissatisfaction with their appearance, which reduces the influence of outside social pressure.

The goal of the current study was to comprehend resilience's mediating role in the relationship between body image attitudes and their social and psychological effects. According to research, a person's personality has a significant impact on how they feel about their body. The importance of resilience (as a personality factor) was investigated in the current study. Through the use of path analysis, it was revealed how resilience mediates the relationship between body image attitude and its social repercussions. Resilient people resist external pressure and are prepared to fight in challenging circumstances to uphold their sense of worth. Therefore, resilience as a personality trait aids in reducing the various effects of a poor body image. The findings of this study support the claim that resilience helps people cope with external pressures related to their physical appearance and body image and plays a significant role in the negative consequences of having a negative body image.

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