

**The Relationship Among Body Dissatisfaction, Social  
Physique Anxiety and Coping Strategies Among University  
Students**



**By**

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**National Institute of Psychology**

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**Quaid-i- Azam University, Islamabad**

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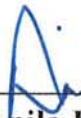
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## Certificate

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## Contents

List of tables	i
List of Appendices	ii
Acknowledgments	iii
Abstract	iv
<b>Chapter 1: INTRODUCTION</b>	
Introduction	1
Elements of Body Dissatisfaction	3
Occurrence of Dissatisfaction in Body	3
Theoretical Framework	3
Social Physique Anxiety	6
Theories of Social Physique Anxiety	10
Coping Strategies	12
Stages of Coping	13
Coping Resources	14
Hasting Types of coping strategies	14
Theoretical framework	16
Relationship among body dissatisfaction, social physique anxiety and coping strategies	18
Pakistani Literature	21
Rationale of the study	24
<b>Chapter2: METHODS</b>	
Objectives	26
Hypotheses	26
Operational definitions	26
Instruments	28

Sample	30
Procedure	30
<b>Chapter3: RESULTS</b>	31
<b>Chapter4: DISCUSSION</b>	41
<b>References</b>	45
<b>Appendices</b>	61

## List of Tables

		Page no
Table 1	Descriptive statistics of the scales and subscales using the present study ( <i>N=240</i> )	31
Table 2	Correlation of Brief Coping Scale, Body Dissatisfaction, Social Physique Anxiety and Demographics Variables: Age, Height, Weight And BMI ( <i>N=240</i> )	32
Table 3	Multiple Linear Regression Analysis for Body Dissatisfaction and Social Physique Anxiety Predicting Problem Focused Coping ( <i>N=240</i> )	34
Table 4	Multiple Linear Regression Analysis for Body Dissatisfaction and Social Physique Anxiety Predicting Active Avoidant Coping ( <i>N=240</i> )	35
Table 5	Multiple Linear Regression Analysis for Body Dissatisfaction and Social Physique Anxiety Predicting Positive Coping ( <i>N=240</i> )	36
Table 6	Multiple Linear Regression Analysis for Body Dissatisfaction and Social Physique Anxiety Predicting Religious Denial Coping ( <i>N=240</i> )	37
Table 7	Mean differences of Gender among Variables of Study ( <i>N=240</i> )	38
Table 8	Mean differences on Family Income among Variables of the Study ( <i>N=240</i> )	40

## List of Appendices

Annexure A	Consent Form	61
Annexure B	Demographic Sheet	62
Annexure C	Multi-dimensional Body Self Relation Questionnaire- Appearance Scale	63
Annexure D	Social Physique Anxiety Scale	66
Annexure E	Brief Cope Scale	68
Annexure F	Scale Permission	69
Annexure E	Scale Permission	70



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## Abstract

The present research aimed to investigate the relationship among body dissatisfaction, social physique anxiety and coping strategies among university students. Employing the technique of purposive convenience sampling data was collected from ( $N = 240$ ) university students from the area of Rawalpindi and Islamabad. The age of participants, ranged between 17-25 years. Multi-dimensional Body Self Relation Questionnaire Appearance Scale (Cash, 2000) was used to assess body dissatisfaction. It has 5 dimensions; appearance evaluation, appearance orientation, body area satisfaction, overweight preoccupation and self-classified weight. Social physique anxiety scale (SPAS; Hart, Leary, & Rejeski, 1989) was used to assess social physique anxiety. Brief cope scale (Carver, 1997) was used in order to assess which coping strategy is frequently used by young adults. Results indicated that there is positive relationship between overweight preoccupations, self-classified weight, problem focused coping and social physique. Social physique anxiety is positively related with religious denial coping and active avoidant coping. Overweight preoccupation is positively correlated with appearance orientation. Result of multiple regression analysis indicated that problem focused, active avoidant and religious denial coping are positive predictor of body dissatisfaction and positive coping is the negative predictor of body dissatisfaction. Results of *t* analysis on gender differences showed the significant mean differences on appearance evaluation and appearance orientation. Results were discussed in the light of existing literature.

# **INTRODUCTION**

## Chapter 1

### Introduction

Body dissatisfaction is a collection of cognitive, behavioral and emotional components that are associated to the body. They may include being displeased with one's parts of the body or an individual's general good looks related to physique, and self-negative evaluation of body including body shape, weight, abdominal area and buttocks (Cash, 2000). A person holding negative attitudes regarding weight of their body having a discrepancy between the ideal weight and current weight (Grogan, 2016). Dissatisfaction with the body is likely to be varied among gender. Boys have showed dissatisfaction by developing desire to be muscular and girls desire to be thin (McCabe & Ricciardelli, 2004). Overall, dissatisfaction with the body could lead to disorders related to eating among individuals.

Dissatisfaction of body attitudinal body image disruptions; bring into being to be in association of being obese along with being increased weight (Pallan, Hiam, Duda, & Adab, 2011). Stice and Shaw (2002) had described body dissatisfaction as referring to the person's negative self-evaluation of an individual's physique, including abdominal area, buttocks, weight and the overall body. Numerous studies have been conducted on the population of women who are with overweight concerns which proved the presences of self-negative evaluation of body. (Schwartz & Brownell, 2004). Dissatisfaction with body is likely to prevail further and further in the population of women specifically who are obese as compared to normal weighted women. (Cash, Melnyk, & Hrabosky, 2004).

The cognitional, perceptual and behavioral nature is a blend of the image of body of an individual and often it has to play the great roles in the feelings of women's self-esteem and self-worth. Dissatisfaction with the body is likely to be experienced by a woman when there is likely to be the perceived differences between the ideal body images and the current bodies (Skouteris, Carr, Wertheim, Paxton, Duncombe, 2005). On the other hand, very less has been recognized and discussed about the relationship of increased gestational weight in women with body dissatisfaction (Mehta, Siega-Riz, & Herring, 2011).

Image of the body is likely to portray that how the individuals conceptualize their physical appearances (Altabe & Thompson, 1990). Body dissatisfaction can be considered as the keen part of self-perceptions, as likely to be the distinctions between perfect bodies and current body sizes (Altabe & Thompson, 1990). Grogan (2008) has characterized dissatisfaction with the body as the negative contemplation of the individual about how his own or her own peculiar body looks like. This is likely to incorporate judgments regarding the sizes and shapes, muscle tones generally include the discrepancy in an individual physique, ideal body and their current appearance images number of researches are accepting this phenomena that self-perception is not a one-dimensional construct. Although, such constructs are multidimensional, but on the other hand, one is likely to comprise of emotions and cognitions. Body image is evidence of a progression of research regarding the construct beyond previous one-dimensional conceptualization, that through what means different dimensions are adjusted at one place, it is still not clear (Banfield & McCabe, 2002). Body dissatisfaction has been elaborated and documented by Cash (2000) that is considering one's own self as unattractive apparently, having dissatisfaction in the different aspects of the physique, over-weight vigilances in perceptions in an individual being obese or less weight too.

Social physique anxiety is caused by external pressure as well as internal self-evaluation. We always tend to compare ourselves with others resulting in distress, anxiety, negative self-evaluation social physique anxiety etc. there are number of factors which contributes to have social physique anxiety. The more we compare ourselves with superior the more we will be having social physique anxiety. We tend to evaluate our physique and compare with others. Some people can overcome this but most of the people remains under social pressure, distress and undergoes crash dieting, binge eating, isolation, anorexia nervosa, overly workout and, surgical procedures and to the maximum if stress and anxiety cannot overcome individual may commit suicide as well. Now a days due to social media, social pressure and demands people are more concerned about their physiques; height, weight, color complexion, physical features etc. If this criterion doesn't meet their desires they might experience social physique anxiety (Deci & Ryan, 2008).

## **Elements of Body Dissatisfaction**

Many factors have been associated with causes that can lead to body dissatisfactions which are likely to include appearances-based comparisons being social in nature. That is, when persons seem comparing their bodies with others whom they think are superior; they are likely to become dissatisfied with their bodies. Nearly all of the women either unconsciously or subconsciously can direct their attentions to their bodies of other women's with thin women (Glauert, Rhodes, Fink & Grammer, 2010). Many a factors also includes the evaluations being negative are likely to be personal tendencies that has involved body dissatisfaction. Numerous factors associated with risk that can be evaluated in terms of negative body images are that they have to be associated with in development of low self-esteem, avoiding activities being physical in nature, socially withdrawn, more and more concerns regarding their weights result in, lost interest in schools, avoiding dietary foods, and being dependent on drugs.

## **Occurrence of dissatisfaction in body**

Occurrence of dissatisfaction with the bodies ranges from 57 percent to 87 percent in girls who are in adolescence and ranges from 49 percent to 82 percent between adolescent's boys across many revisions (Lawler & Nixon, 2011). The Occurrence of body images being negative has been increased greatly over more than 25 years. Various results of surveys have presented that body dissatisfaction with the bodies have been found expanding which ranges from 23 percent to 56 percent between women since 1972-1996 (Garner & Garfinkel, 1997). Many studies (McCabe & Ricciardelli, 2001; Wood, Becker & Thompson, 1996) also depicted that generally dissatisfaction with body images lies in teens are comparatively high as 60% in girls, with 25% in all adolescents have been found reporting clinically higher levels of body dissatisfaction, which may put these individuals at greater risks for emotional as well as physical issues which may lead them to a disordered eating pattern.

## **Theoretical framework**

Because body images is likely to involve thoughts that are interrelated and feelings associated with physical appearances, clinicians from all over the world may

be benefitted from conceptualizing male body images from the social cognitive perspectives. Amongst the two most frequent theoretical bases for the growth and maintenance of the body image dissatisfaction of men are, one includes the model of social influences and the cognitive socio- model the body images (Cash, 2011). The second perspective which is conceptually most common is utilized for investigation of muscularity of males and dissatisfaction with the body weight includes the social cognitive model (Cash, 2011) and the sociocultural influence model (Jones, 2004; Tylka, 2011).

**Socio-cultural dimensional model.** In accordance by means of this representation, body images and the standards which are ideal for body (i.e., thin and well-developed male body) is explained via no. of ways (e.g., family members, friends, social media) and as a result, it may affects the ways men that what they perceived and feel about their physiques shape as well as size (Malebranche, Fields, Bryant & Harper, 2005; Monro & Huon, 2005; Stanford & McCabe, 2005). Some males may seem internalizing the messages delivered from these resources and may resultantly find themselves dissatisfied with the bodies they possess, which can be manifested into desires and wishes that include increase in heavy build or getting less in the fats of the body (Tylka, Bergeron, & Swartz, 2005). Socio-cultural theory seems to be describing regarding how the minds of the individuals are working, that is to be connected with the cultural, institutional and historical contexts. The essence of the socio-cultural perspectives is one of the roles that are found supporting social participation and socially dealt activities which may play in influencing psychological developments. Researches have prescribed that socio-cultural stresses and strains, thin and lean internalizations, and the personal-objectifications have been found connected with images of disappointments; while views of women might be of defensive capacities and the beliefs of women that may adequate the associations between awareness as far as media is concerned and ideal internalizations regarding thin bodies, but not the connections between social impacts and ideal thin internalizations (Myers & Crowther, 2007).

Socio-cultural theory as this has identified with disordered eating patterns and body image dissatisfactions depict that cultures of the west set unlikely desires for being attractive and the fact that is the most people do not acquire these standards. Accordingly, such people may hold on body dissatisfaction which at last, direct to

certain efforts regarding changing standards of physique. Pressure which has been perceived and strain regarding weight loss which has been particularly in association with eating conducts, including the implication associated through public examination, cover and dissatisfaction of physique (Halliwell & Harvey, 2008). For instance, a structural model has been studied in a current study; Tylka (2011) had made evaluations of a structural model by utilizing 473 male students in colleges. The study has revealed that dissatisfaction with the body has predicted internalizing body norms socially and also to which they had perceptions how others desired them to gain muscles. Internalizing and perceptual strain from significant others had an account for 40 percent of the variances in muscularity. Furthermore, being dissatisfied with the weight had made a prediction about pressures regarding losing weight on the behalf of the partner in relationship and willingness of men to using strategies of weight loss that were too extreme (i.e., restriction of eating or supplements for weight loss) for decreasing body weights. These primary variables had accounted for 55 percent of the variances in dissatisfaction of the weight.

**Social cognitive model.** Cash's (2011) social model of cognitive body image has focused on three core aspects of image related to body. The very firstly, being is the dimension of investment which has designated the social and psychological importance's related to appearances based on physique and also the meanings which one has been found attaching to peculiarly body image self-evaluations. Further, that is the dimension which being evaluative in nature, that refers to satisfaction associated with personal image, or being dissatisfied, with one's physical appearances. Lastly, the affective dimension has been found reflecting emotions which have been related with physical appearances, more particularly about being anxious of others' opinions and judgments that are most of the time negative. Additionally, it seems to be recognizing that body image affect dimension and evaluation perspective has involved largely historical as well as proximal (current/daily) events that has been found influencing one's self-schemas regarding body image. Another primary aspect of this model is that the relevancies of discrepancies self-ideal, where says that body images of men have been found continually evolving based recurrent and repeated self-evaluations and other cognitive mechanisms which are found to be related with the attitudes about the muscle mass and muscularity and dissatisfaction weight/body fat.



In accordance with Cash (2011), attitudes about body image are involving evaluations as well as dimensions of investments which have their basis on schematic processes (i.e., appearance schema) which can play important roles in the ways the people seem thinking and feeling about themselves (Beck & Haigh, 2014; Cash, 2011). These schemas tend to be organized, refined, and stored information about the social environment in the forms of discourses held internally and dialogues and mental rehearsals and recollections of mind that can subsequently be effective in shaping and defining how people make process/interpretations about feedbacks from their socially defined environment with regard to their self-referent information (Beck & Haigh, 2014).

In general, schemas function in order to protecting individuals from threatening of largely interpersonal by triggered responses which are affective (e.g., anxiety) in order to combat perceived dangers. Although, these schemas could also be manifested in functions that are maladaptive and which may get resulted in interpretation of external situations in a biased manner, having an exaggerated response to threats that are perceived interpersonally, and self-evaluations of negative nature which have been derived from perceived intrapersonal flaws (Beck & Haigh, 2014; Cash et al., 2004; Markus, 1977). Although, the model should not been considered a theory of body image, it has successfully underlined most body image researches in body images and conceptual element, aspects and dimensions of the factors related to individuals that are relevant to body image dissatisfaction (Cash, 2011). Mostly, this model has been used in concurrence with the socio-cultural influence models, as social factors seem influencing attitudes towards body images. Biased self-schemas and hypersensitivities to perceiving threats to one's body image self-evaluation are the key features of dissatisfaction with body image.

### **Social Physique Anxiety**

Before the couple of decades, Social Physique Anxiety (SPA) had been studied as the phenomenon of body image by Hart, Leary and Rejeski (1989). This had been stated among subtypes of social anxieties which are experienced by people who are concerned about the evaluations of the physique. Over the couple of decades, numerous researches, articles, and public and social media had paid attention to the concept. Social Physique Anxiety has been explored and be associated with numerous

aspects about the self (e.g., self-esteem, physical self-efficacy). Excluding events and situations social in nature, messages which are passed from others have been found having significant antecedents of social physique anxiety (Jones, 2011). For instance, Cash, Theriault and Annis (2004) studied the relationships between body image and social anxiety. They had highlighted the importance in order to extending studies on body image context to the context being interpersonal, and had discovered that evaluations negatively in nature of body image (i.e., BID) were related with experiences of anxiety in evaluations of social setting for both females and their male counterparts. The relationships between social physique anxiety and dissatisfaction with the body images have been ambiguous and vivid. Though, studies conducted previously have been found supporting that Social physique anxiety is correlated positively with body image dissatisfaction (Mehmat, Serdar, Meliha & Faith, 2010; Russel & Cox, 2003). In settings which are general, the influences of specific social agents (e.g., friends and family or romantic partners etc.) on body image, social physique anxiety and the relationships between these have yet to be investigated in the studies.

Apart from social physique anxiety, numerous other factors that are affective may also have been found influencing the relationships between cognitions of body checking and other behaviors. Recently conducted researches suggest that the social appearance anxiety construct may have been found more salient towards symptoms of e disorders of eating than that of social physique anxiety (Weidman et al., 2012). While anxiety related to physique may describe concerns which are particular regarding structures of the body and compositions, social appearance anxiety may have been found encompassed overall evaluation that is based on appearance. Evaluations which have basis on appearance have been based on more than merely physique or body compositions (Cunningham, 1986); so, it is crucial to measure social appearance anxiety and anxiety related to physique. Secondly, the original model of physique anxiety had been developed while utilizing only sample of undergraduate students who were females.

Resultantly, it has been unknown whether the model described above equally holds true for males or whether the results obtained from this sample will be replicated to other undergraduate college samples. Because having strong basis on the extant literature on differences of the sex in body images (Demarest & Allen,

2000; Furnham, Badmin, & Sneade, 2002), males have been found to be showing more concerns with being muscular and attaining body fat that may be much lower (Olivardia, 2002). On the other hand, females have been showing more concerns with being thin and lower body weights (Fallon & Rozin, 1985).

In researches which have been examining affect and pathology of eating, among various constructs which have been found to be received substantial attention in the existing literature is the social physique anxiety. Social physique anxiety may refer to showing concerns regarding one's physique that can be manifested in social milieus (Hart, et al., 1989). Physique refers to body forms or structures, including fat of the body, muscles tone, and general body proportion (Hart et al., 1989). In the original article, Hart and colleagues (1989) had distinguished social physique anxiety from various related constructs of body image and body esteemed. Body image is the construct being multidimensional with along various components, which may include the attitudinal and perceptual experiences of one's body (Cash & Pruzinsky, 1990). On the other hand, body esteem is related to the extent how much one is satisfied with one's body. These types of constructs are thought to be distinct from social physique anxiety, that may describe individuals' are concerned about other's perceptions of the body. Although considerable researches have examined about perception or feelings about one's body so, there are limited researches in the domains of other's perceptions (Hart et al., 1989). Therefore, the concept of social physique anxiety had been introduced regarding redressing the loopholes in literature existed. To that end, Hart and colleagues (1989) have developed the Social Physique Anxiety Scale (SPAS) which briefly measures anxiety that is resulted from perceived perceptions of one's physique by significant others. Numerous studies which have been validated studies have demonstrated that anxiety associated with physique (as measured by the SPAS) is different from general social anxiety (Hart et al., 1989).

Efforts and endeavors which are used in order to manage social physique anxiety found in consonance with the perspectives of coping. Specifically, a young woman might tend to avoiding the situation in which she is to be evaluated or accentuated by her physique, or may attempt in order to improve the physique which she possesses by using behaviors remedial in nature (Hart et al., 1989). Efforts which may include to change the physique including engagement in behaviors that promote health (i.e., physical activities and weight management of weight healthily), actions

which are harmful (i.e., excessive dieting dietary behaviors, substance uses), and actions that are short termed such as having makeups and alter the styles of clothing (Hausenblas & Fallon, 2002; Kowalski et al., 2006; Sabiston, Sedgwick, Crocker, Kowalski, & Mack, 2003; Thompson & Chad, 2002).

There are also evidences that the individuals might be seeking support from members of the family and peers too (Kowalski et al., 2006; Sabiston et al., 2003) and may be feeling anxious though less when friends are included in the social context. So, with the comprehensions of the aftermaths which are to be related with the efforts of coping and the initial appraisals that are threatening and also being cognitive in nature and emotions. Social physique anxiety has roots theoretically grounded in body image as well as body esteem literature regarding bridging the gap between one's image of his/her physique with the satisfaction and dissatisfaction of this image (Hart et al., 1989). The construct which has been defined as body image that has multi dimensions consisted of perceptions, cognitions, emotional perspectives, and behavioral domains (Cash & Smolak, 2011). Social physique anxiety is often been understood the aspect of the affective dimensions (Bane & McAuley, 1998). Furthermore, social physique anxiety has been introduced as one of the aspects of body esteem that is interpersonal since it is concerned how the others perceptions are making them feel about their bodies. The perspectives described in later has been emanated in the self-presentation theory wherein peoples feel compelled and motivated in order to deliver positive impressions for others not for social but also for gains material in nature (Schlenker & Leary, 1982).

Broadly speaking, self-presentation has been defined the attempts which are directed to goals in controlling how the people will make a perceptions of them (Schlenker & Leary, 1982) and is a complicated process which may involve how an individual is motivated in order to make the desirable impressions and perceived abilities and capabilities constructing desirable impressions for others too (Leary & Kowalski, 1990; Martin, Ginis & Leary, 2004). Especially in cultures of the west, the impressions which are desired are likely to be focused on appearances being attractive and physical characteristic such as lean and toned shape of the body for girls and a muscled toned bodies and muscular physical appearance for boys (Thompson, Heinberg, Altabe, & Tantleff-Dunn, 1999). Whenever impressions which are positive and are described favorable are not possibly gained or likely, this may lead to

emotional experiences of social anxiety (Schlenker & Leary, 1982). Experiences of social physique anxiety are resulted in individuals being (or perceiving themselves to be) unable to make favorable impressions which may target their physical characteristics such as body sizes and appearances (Hart et al., 1989).

Based on perspectives that in turn based on presentation of the self, persons might opt to be engaged in an activity or avoiding physique anxiety which may hamper in delivering the desired impressions from avoiding the situations in which they are evaluated negatively (Crawford & Eklund, 1994; Hart et al., 1989). These are the arguments that are brought forward made when authors find either a positively or negatively associations between social physique anxiety and physique anxiety. Undoubtedly, social physique anxiety is often used as a proxy of self-presentational processes (Martin et al., 2006) or body image affects (Bane & McAuley, 1998).

### **Theories of Social Physique Anxiety**

**Theory of Self-determination.** Self-determination theory (SDT) is an approach that is linking personality, motivation level of humans and ideal functions. It has been suggested motivation has two major types—intrinsic and extrinsic—and both shapes powerfully in how we behave and who we are (Deci & Ryan, 2008). The theory of Self-determination (SDT) is a comprehensive theory of personality of human and motivation that is concerned with the way an individual engages with and relies socially. The theory of Self-determination describes intrinsic and numerous types of extrinsic motivation and frameworks how these motivations effect responses of the situation in various fields, along with socially and cognitively development of the personality. Self-determination theory has been focused on the autonomy and its psychological requirements, capability, and relatedness and their basic role well-being and growth of self-determined motivation.

The theory of Self-determination has basis on the beliefs that the nature of human is likely to show features that are persistently positive, that shows repeated efforts, agency (motivation) and commitments in the routine what the theory calls “tendencies of inherent growth”. People do have intrinsic psychological requirements that are the center for self-motivation and integration of personality. The theory of Self-determination recognizes the three instinctive requirements that, if they are

fulfilled, let prime function and competency of growth, understanding, and the autonomy (Deci & Ryan, 1985).

**Self-presentation theory.** Literatures of body image and body esteem has theoretical roots with the social physique anxiety and links a person's image of his/her body with being satisfied or dissatisfied by his image (Hart et al., 1989). The body image is a multidimensional construct which comprises the domains of perception, cognition, effectiveness, and behaviors (Cash & Smolak, 2011). Social physique anxiety has been often explored as one dimension of the essential part (Bane & McAuley, 1998). Furthermore, the interpersonal domain of body esteem has been introduced by Social physique anxiety as it is concerns with how people feel about how others perceive their bodies. This last point of view is deep rooted in the theory of self-presentation where as individuals are optimistic in making their impression influential on others for self-interest (Schlenker & Leary, 1982).

Specifically, self-presentation is an aim-oriented to manage that how assumed real observers perceive the self (Schlenker & Leary, 1982). It is a complicated procedure that includes both a person's level of motivation to make an impression that is desirable and the ability to form impression that is desirable for other individuals (Leary & Kowalski, 1990; Martin et al., 2006). Mostly in the cultures of foreign countries, these all 'desired' impressions are frequently aimed for eye-catching looks and physical features of the physique as skinny and toned form of the body for women and a toned build for men (Thompson, Heinberg, Altabe, & Tantleff-Dunn, 1999). When positive impressions are not likely to possible, then individuals experience social anxiety (Schlenker & Leary, 1982).

Social physique anxiety is due to evaluating of one's own self which is not able to make impressions that are favorable targeting their physical features that includes size of the body and appearance (Hart et al., 1989). On the basis of the approach of self-presentation dimension, an individual may either prefer to involve in or avoid physique anxiety so that there positive impressions can be improved or might be avoiding the conditions in which their physique could be possibly assessed negatively by people (Crawford & Eklund, 1994; Hart et al., 1989). These arguments are put forward when research scholars are finding positively or negatively associations between Social physique anxiety and physique anxiety. In fact, social

physique anxiety is frequently used as a substitution of self-presentational processes (Martin et al., 2006).

### **Coping Strategies**

There is a limited research on coping as far as concerns related to body images concerned. There is a limited researches on the concerns of coping with body-image-then social support, avoiding the situations and appearance management based on short term perspectives have been found mostly used strategies of coping among adolescents who are professional sportspersons (Kowalski, Mack, Croker, Nierfer, & Fleming, 2006; Sabiston et al., 2007). (Kowalski et al., 2006) had explored that activities like games and sports are the strategies of coping by adolescents and these types of strategies of coping are as reported frequently as other activities although they have been not reported as. Recently meta-analytic studies have demonstrated that being involved in physical activities like doing exercises have more positively body image perceptions the than those who don't exercisers. Significant improvements in the perception of body images had been achieved after the intervention of exercise (Hausenblas & Fallon, 2006). Other meta-analysis studies have also revealed that being engaged in exercise and related exercise is to be generally very effective strategies of coping for body image dissatisfactions. Although it had been a great emphasis by Lazarus (1999) that there is neither effective nor ineffective strategy of coping universally, yet, being engaged in exercise is a worth-noting strategy as far as coping is concerned because it can lead to considerable change in physical appearances that will eventually help in improving images of physique.

Coping has been broadly perceived as an array of individuals to combat the sources related to stress, to thwart the barriers and obstructions which are to be responsible for frustration, and resolving the conflicts (Tarnow, Seth & Silverman, 1982). It has been delineated by Lazarus and Folkman effectively has defined coping as: constant and consistently efforts of changing related to cognition and behavior in order to manage the demands both externally and internally which are to be recognized as being taxed or may exceed the resources for the individuals. In other words coping response is defined as what one thinks and does as dealing with demands. The process of coping has not been related about what should be done by one, what can one do, must or what would be done by one, it is to be what one, in fact

does as one react to particular circumstances and conditions and one's own response to the events. So, coping is ongoing, being dynamic in nature and also an interactional process. How one repeatedly responds to the stressors and such type of patterns of coping become one's coping styles (Leventhal, Leventhal & Schafer, 1992).

In accordance with Erickson, (as cited in Riaz, 2002) "The term coping is related to the attempts and endeavors which the person is taking actively in order to resolve the stressors in one's life and creating other ways and means how to handle the circumstances and situations at each life stage." In accordance with Goosh (as cited in Riaz, 2002) "strategies of coping are to be conscious means having awareness of these, being rational in nature in order to deal with the strains and anxieties of life. Coping behavior can be taken place before the occurrences of strains, during or after the events of a stress including conditions: at various stages it can be directed towards preventing or removing the stressors condition or also towards preventing or undoing the catastrophic consequences of the stressors (McGrath, 1994).

**Stages of Coping.** In accordance with Lazarus and Folkman (Leventhal et al., 1992), the persons move three stages as they cope with difficult situations such as two coming exams, three assignments, also a date that is fixed nearly and delivering a speech in front of the audiences. Firstly one may be engaged in primary appraisal of the stressors. At this juncture it is decided by the one provided the knowledge is given of oneself and the situations, whether one has been jeopardized or one has been threatened potentially. And the situations if perceived not relevant and potentially threatening the stress coping process of coping continues. Next you are to be engaged in secondary appraisal, in order to deal with the stressors; you are to access the resources which you are possessing. As Holroyd and Lazarus note, these type of assessments are to be influenced by previous experiences of the past in situations that are similar, beliefs which have been generalized which one is possessing and the environment and the availability of personal resources for example social support or money resources. One thing that is considered necessary regarding the process of secondary appraisal is how much one is having control over the situations. Significant to the secondary level of appraisals in the evaluation that how much one can have a control over the prevailing situation. If one perceives that one is having the less control over the situations and these situations are perceived to be much threatening then one will be more prone to mental as well as physical.



## Coping Resources

Generally, the term coping resources is used to refer the relative factors which are to be stable both socially and personally and which also do have influences how individuals try to manage crises of life and traditions too.

**Personal coping resources.** Personal coping resources are thought to be complicated patterns of personality and attitudinal as well as factors having basis cognitively which can provide part of the contexts of coping psychologically. Personal resources are thought to be relative dispositional characteristics which are stable that affect the selection of appraisals and processes of coping (Levinger, 1983).

**Ego development.** Levinger (1983) has conceptualized development of the ego as the “master trait” which encompasses individual’s frame of reference and also the processes by which new experiences are to be integrated into a sense of coherence. The ego progressively is unfolded achieving the more differentiated perceptions of self and social world. The higher levels of development of the ego are to be associated with more varying varieties and coping styles that are very effective.

**Self – efficacy, optimism, and sense of coherence.** Researchers of the personality have made attempts in order to measure different aspects of the self-concept which are thought to be functioning as personal resources as far as managing adverse events are concerned. Generally persons who hold the higher self-efficacy tend to approach the situations which are challenging in nature in an active and through persistent style and active styles, as compared to those who hold lower levels are less active or tend to avoid such situations.

**Hasting’s types of coping strategies.** Hasting et al., (2005) identified the four factors of Brief cope (Carver, 1997) which includes:

**Problem-focused coping.** These are strategies which are directed in order to reduce or eliminate the stressors or the causes of problems. This may include getting more information about the issues, by learning new skills in order to manage problem, or evaluating the merits and demerits of the alternatives. It is basically aimed at reducing the root causes of stressors. Problem focused coping and positive coping is what the individuals are giving meaning to the situations or labeling the situations or events occurring in their lives. (Lazarus & Folkman, 1984) and it is associated with

less anxiety and so we can assume that individuals using problem focused coping experience less anxiety and active avoidant and religious denial they are associated with more physique anxiety.

**Active avoidance coping.** Direct seeking in order to overcoming the stress and stressors and reducing the effects through (a) proper planning, (b) activities that are competing be suppressed (i.e., being focused on the stressors), (c) restraint type of coping (i.e., wait unless suitable time comes for acting), (d) seeking social support (Carver et al., 1989). Coping based on avoidance might enhance the risk factors of individuals dealing with the problems; this type of coping is not considered the healthy coping strategy. Many individuals who have been diagnosed with various anxiety disorders and disorders of the eating seem using avoidant coping strategies. For instance, anxiety disorder individuals avoid allowing someone leaving them in the room. Similarly, individuals with eating disorders avoid eating in order to save them from being fat and gaining weight (Girgis et al., 2013). People keep more their secrets to themselves and keep on waiting when they are prone to use active avoidant coping strategy (Holahan & Moos, 1987).

**Positive coping.** Positive coping has been defined as taking positive steps that will be accepted in society and they will not avoid the norms of (Holahan & Moos, 1987). It might include problem solving immediately that is to fix the problem as far as the causes of the problems are concerned. Finding the benefit: it is thought to be related to optimism and seeking the good even among the bad and looking for positive results. Spiritual growth: it might include molding the problems in a way in order to allow it to grow both spiritually and emotionally too. For instance, if a student who has failed in the exams, now instead adopting an avoiding approach in order to solve the problems, he or she may deepen or broaden their knowledge and learning to avoid the problems or stressors to reoccur. Positive coping is to be related to deal and see the issues in a way that is positive and to take rationale act to solve it. It includes temperament, consistency and continuity and maturity to solve the problems (Sigman, Stanton & Snyder, 1995).

**Denial/ religious coping.** In this type of coping one is not willing to admit that the event which one thinks is an unfortunate or other bad thing has happened to one. In this of coping one may become religious and adapt to the religious traditions



or one totally refuse the situations which are distressful for. One may act like that nothing bad is happened. In accordance with Freud, there are two aspects in it, one is sub-conscious element and other is conscious elements. Sub-conscious element is to be suffered may have been mystified by behaviors shown by the individuals and also significant others and these are perceived to be conscious because one who is suffering is trying to denying consciously or by turning the blind eye. Students who study day and night might deny that they have failed in examinations. One who is an optimist may deny that thing might go from bad worst and the pessimists deny that they too can accomplish tasks (Holahan & Moos, 1987). If we talk about diseases it has been found out that most of the time active avoidance, positive and problem focused coping is used by patients and no religious or denial coping is used usually (Ograczyk, Miniszewska, Kępska, & Zalewska-Janowska, 2014; Sowinska-Gługiewicz & Kaliszewska, 2013 ).

### **Theoretical framework**

**Cognitive-Motivational-Relational Theory and Integrated Model.** This approach is rooted deep in the revolutions of cognition; the cognitive-motivational-relational theory (CMRT) has made contributions in the evaluations that how they are appraised and the method of cognition in the coping as well as motivation process. Coping has been described another pertinent construct in CMRT. It had been defined behavioral and cognitive efforts and endeavors which individuals have made in order to manage psychological stressors. Coping had been perceived a process of dealing with stress and also a trait that has direct influences by appraisals which are cognitive in nature (Lazarus, 1999). There are two types of coping which have been recognized: emotion-focused coping (for example gaining social support from others) and problem focused coping (for example being engaged in the programs of mass and weight training). Generally, whenever cognitive appraisals are resulted in challenges, more and more strategies of problem-focused coping have been utilized. On the other contrary, whenever harms or losses are appraised, emotion-focused coping will be utilized frequently (Ntoumanis, Edmunds & Duda, 2010). It has been suggested by some researchers who have found that females use strategies of problem-focused coping more frequently as compared to males whenever they are faced with body dissatisfaction (Ptacek, Smith, & Zanas, 1992). But Kowalski, Mack, Croker, Nierfer

and Fleming (2006) have explored that there is a non-significant difference between females and their male counterparts as far as strategy of problem-focused coping for social physique anxiety is concerned.

**Social expectancy theory.** The theory states that performance does have effects on perceptions of the persons in a chain like response in which performance of an individual does have impact another individual's performance and so does have influences on body images of each one. Social expectancy theory is offering numerous presumptions which have been identified with being attractive physically. In order to start within that there are already known desires present in every society about being attractive and attractiveness and also there are irregularities among what is to be seen as appealing among sections of society. Other suspicions which are that individuals could accompany on diversely about individuals who are not appealing and also who are attractive and these shared opposite reasons, makes the differences in the self-image concepts (Antonucci, Jackson & Biggs, 2007).

**Implicit theory.** The Implicit approach of personality tends to concentrate on the structures of learning which individual uses in order to make comprehensions of the social worlds and foreseeing the activities and practices by others (Antonucci et al., 2007). This theory of personality is thought to be viewed setting mental developments including coordination and cooperation's among the convictions of the persons and also what the individuals are inducing other's identity qualities the social methodology.

**Status generalization theory.** The theory does have the connections with body image and tend to identify the social methodology. This is thought to be much advanced from previously defined sociological perspectives and speculations and aimed at looking at an individual outside (position in a general public). It does have impacts on collaborations which are social. The qualities of men which are considered as social positions can be used by the in general in building up presumptions which are specific about how the individuals should be performing. Attractiveness of the physique of individuals is viewed as attributions and attributes that are diffused since desires might be, made the accomplishment in the attraction of males has no link with the execution in particular situations. Speculations of the position regarding body attraction are connected regularly with the constructive components vis-a-vis

pessimistic components and populations in general are found to be having more positively desires for individuals who are attractive (Antonucci et al., 2007).

### **Relationship between Body Dissatisfaction, Social Physique Anxiety, Coping Strategies**

One of the ways of advancing understanding regarding mechanisms which have linked the modalities of body image which might be from the frameworks of coping management related to stress. In Accordance with Lazarus' (1999) cognitive-motivational-relational (CMR) framework, the potential confluences of individual as well as environmental variables which have direct influence on meanings of those individuals who are to construct, the perceived threats of the situations, and also the ways in which the individuals dealing with the situations. Thus, the CMR framework tends to explain experiences that are emotional in nature (such that concerns related to body image) as being contingent on appraisals based on cognitions and coping. Appraisals based on cognition tend to leading to the affective component and behaviors through categorizing the circumstances in accordance with the significance for happiness (Lazarus & Folkman, 1984). Perceived dangers directed towards self-worth tend to indicate one of the most negative important appraisals of cognition. (Hobfoll, 1989). Throughout the time of puberty, it has been broadly admitted that presuppositions regarding physique and perceptions of bodily appearances then similarly the assessments have been found the most influences as far as self-esteem of one is concerned (Harter, 1999). So, circumstances and the situations which bring strain for those perceptions of the self may be manifested as a threatening or full of harm appraisals cognitively and may be resulted in negative outcomes both physically and emotionally. For example, if the situations are to be appraised as a threat to adolescents psychological as well as physical health (that is damage of worth and self-worth, negatively evaluations of appearances), the outcomes of emotions, and one might be such as social physique anxiety, may result. Subsequently coping endeavors and efforts are then pertinent in order to managing social physique anxiety. Coping is referring adaptations that are cognitive as well as behavioral in nature in a progressive manner to the process linked to the emotions and is to be depending on an individual's own characteristics and also of the sources available (Hunter & Boyle, 2004; Lazarus, 1999; Lazarus & Folkman, 1984). A coping is likely to entail behavioral as well as cognitive mechanisms which could be either attempted in

altering the situations or managing the negative emotions and cognitions that are linked with stressors and the stress (Lazarus, 1999; Lazarus & Folkman, 1984). In support and in addition to the advancement of these perspectives, researches which aim at exploring responses of coping regarding adolescents' to cognitive appraisals and emotional outcomes have brought attention towards three specific coping processes (Ayers, Sandier, West, & Roosa, 1996; Connor-Smith, Compas, Thomsen, Wadsworth, & Saltzman, 2000). Firstly, active coping strategy tends to involve problems solving and other endeavors and efforts which are directed at altering the situations, appraisals, and one's reactions which are produced from emotions. Secondly, coping related to accommodations likely to encompass the attempts aimed to effectively managing the situations and including possible strategies like strategies of acceptance from others, proper cognitive distraction and reformation. Thirdly, strategy of avoidance coping entails endeavors being disengaged behaviorally and cognitively through the sources of stress, cognitive appraisals, and emotional reactions.

Nevertheless, people who are obese are not to be the only population that shows concerns regarding body appearances. Attractive appearances can help in facilitating success in reproduction and also in relationships (dating and mating), hunting of the jobs, making new friend and enhancing friends circle and appreciated by the people (Tiggemann & Williamson 2000). Bodily appearances are objectively be capable of influences for social engagement, and one's personal experience of his physical appearance has been found to be influencing on his cognitive level, behavior and emotional reactions. It had been claimed by Cash (2004) that the perceptions formed by an individual about physique image subjectively are thought to be perhaps more powerful psychological influence than that of the objectification physique. This fundamental statement also has been given explanation in Carl Roger's person-centered perspectives about psychotherapy in which it is believed that it is the internal reality which guides the human behavior instead of external reality (Flanagan & Flanagan, 2004). Cash (2004) has also made a description that these subjective perspectives of body are "inside view" that had been termed body image by him. In many different ways the term body image has been used in present researches which is related to the meaning of perceptions about satisfaction, size accuracy, regarding ones weight, self-esteem of the body, and body dissatisfaction or satisfaction (Grogan,

2008). Grogan (2008) has defined the body image as perceptions of the persons, thinking, and feeling about their body and more explained Body Image Dissatisfaction (BID) as the negative attitudes towards one's body.

Differences related to gender in the dissatisfaction of the body image are being studying and explored. Mostly findings from the researches tend to be supporting the notions that females have been found more frequently and more degree of dissatisfaction of their physiques as compared to males. Females in adolescence are more under the influence by today's powerful mechanisms of communication which includes electronic media and also significant others than that of boys (Jackson et al., 2011). In the same manner, females who are adult also seem having awareness that their bodies are being noticed and observed by people, particularly by their male counterparts (Ivezaj et al., 2010). Numerous research findings have demonstrated differences in gender about different aspects of perceptions of body images. However, this has been ambiguous how women and men are differing when they connect body image perceptions in their romantic relationships. Among few studies, one study seems to be addressing these concerns which has reported that trust of partners and jealousy in romantic relationships has predicted for women physique self-worth, whereas none of loving relationships variables have found physique self-worth, intended for the opposite (Ambwani & Strauss, 2007). Ambwani and Strauss (2007) have made a claim in their qualitative research that relationships which are romantic are of greater significance in self-esteem of the body for women than that of men. The search for the relevant literature which concerned distress, dissatisfaction with the body image, and strategies of coping have begun by exploring multiple disciplines in order to gain a view that is holistic. The researchers of the study have a thorough independent review about the researches that are existing and they then had discussed the key contents and other areas and emerging theme, which resulted in following of a qualitative grounded theory methodology (Goulding, 2005). The concepts which emerged had seemed to be fitting into an antecedents and consequences framework analysis, i.e. (1) how researchers should deal with the variables and their measurement? (2) How do the imagery of advertisement and stereotypes of this kind can affect them? And finally (3) and also how do marketers are attempting to tie both the solutions and problems? Hence it has been identified three subdomains regarding research which are important in order to addressing those three core questions, which

are as following: (1) dissatisfaction with body image and distress measures; (2) impacts of advertisement in relations to strategies of coping and dissatisfaction of body images, and (3) and the relationships between body image dissatisfaction, distress and strategies of coping. The extant literature which has explored the relationships between these variables is described.

### **Pakistani literature**

Ishfaq (2007) has explored that there exists a link in body image with assertive-self of one in adolescent girls and also has depicted about girls who seem to having higher perceptions of body image, are likely to be more self-assertive as compared to those girls who have the lower body image. Zubair (2008) had conducted a study and also had found that satisfaction with the body is found to be positively related with the contentment of the individuals. It had been studied by Ambreen and Hassan (2005) that existence of one's body-images is due to one's own perceptions of bodies, self-images of physique and its relationships with the self-respect comparatively with females and there exists a strong relationship of satisfaction with the body with the self-respect in females as compared to males. Zaman (2014) has conducted a study which looked at the dissatisfaction with the body and disorderedly behaviors of eating among mothers during period of lactation.

Sanam (2009) has done a study that aimed at examining the relationships between body images, self-efficacy and satisfaction with life in young girls. They found that positive perceptions of body images were related with higher self-efficacy and higher life satisfaction. Najam and Ashfaq (2012) had conducted different studies regarding the differences in body shapes and preferences about body figures in men and women. The study was conducted in Lahore; findings from the study had revealed that women have shown higher prominent dissatisfaction of the body shapes as it was at variance with their ideal body shapes. Traeen, Markovic and Kvaalem (2016) has also conducted the study in order to find the association between image of the body and generalized contentment among students they also have positive relationship between the study variables. Naseem and Khalid (2010) have conducted research on Positive Thinking in coping with numerous stressors and outcomes of health. The higher we do positive thinking; stress is perceived as not threatening as, may enable one for coping with it in an effective manner.



## **The Relationship among, Social Physique Anxiety, Body Dissatisfaction, Coping Strategies and Demographic Variables**

**Gender.** Perceptions related to body image may vary enormously between men and women under same age groups (Barlett, Vowels, & Saucier, 2008). It has been found in a research that females as compared to males have shown greater inclinations to perceive themselves not showing compliance with the, weight standards whereas, males as compared to females have shown little inclination towards these judgments. That is to be more prevalent in young females. Perceived status of the weight coupled with actual status of the weight proved as a relevant determinant regarding losing weight and eating patterns (Cheung, Ip, Lam & Bibby, 2007) on the other hand, actual measures of the weight depends on the body mass index and it is significant to remember that the actual weight is not necessarily the reflective of the assumed status of the weight. Numerous studies have been conducted by health researchers possibly including differences based on gender in body dissatisfaction. Results have indicated that females are experiencing higher rates of body dissatisfaction and at greater risks as compared to boys (Green & Pritchard, 2003). Similarly another study had revealed that men as well as women show body dissatisfaction but girls as compared to boys manifest higher levels of body dissatisfaction than boys do (Digioacchino, Sargent, & Topping, 2001).

Although earlier studies also focused on finding the link between Social Physique Anxiety and females (5, 6, 8) but there is a lack of researches and literature in finding the occurrence of social physique anxiety in males and females. Higher level of social physique anxiety has been found in women than men, and lower level of social physique anxiety has been found in athletes as compared to nonathletic (Gill, 2007). There are number of previous circumstances for social physique anxiety. In a qualitative study Sabiston et al (2007) found that swimming pools, shopping malls, locker rooms, sports teams, and the areas where men or friends are around were antecedents of social physique anxiety for the girls in adolescence. Excluding public events and the situations, the messages which have been forwarded from others are important antecedents of social physique anxiety (Jones, 2011). Social physique anxiety has been considered to be distinctive negative body image type which has been conceptualized as a component of the affective aspect (Katula, Mcauley, Mihalko, Bane, 1998). Likely to the general body image literature, it has been found

that women usually account higher level of social physique anxiety in comparison to men. (Hart et al., 1989; Kowalski, Mack, Crocker, Niefer, & Fleming, 2006). Efforts have been done to deal with social physique anxiety in consistent with these perspectives of coping. Specially, a female who is an adolescent may tend to stay away from situations in which her body is being noticed or evaluated, or put efforts in looking good with her physique by means of different remedies (Hart et al., 1989). Efforts to change her body by getting engaged in health-promoting activities (i.e., exercise and the activities related to healthy weight management) potentially damaging behaviors (i.e., excessive dieting, drug usage), and temporary mild attempts like using cosmetics and changing the styles of cloths (Hausenblas & Fallon, 2002; Kowalski et al., 2006; Sabiston et al., 2007; Thompson & Chad, 2002). McAuley, Bane, Rudolph, and Lox (1995) looked at the physique anxiety in relation with the composition of body along with exercise in 114 women and men between 45 and 64 years old. With respect to social physique anxiety, the older age groups (55 to 64) were significantly less anxious than the younger participants (45 to 54). Women had considerably higher level of social physique anxiety compared to men in the sample. The authors also reported that those who exercised more frequently had less physique anxiety.

**Age.** Various literatures has shown that girls experience higher rates of body dissatisfaction and depression or fear of developing negative evaluations about their bodies and all of these changes regarding changes in body are to be increased as the age does (Zebrowitz & Montepare, 2008; Oberg & Tornstam, 1999; Tiggemann & Williamson, 2000). McAuley, Bane, Rudolph, and Lox (1995) looked at social physique anxiety with respect to body. Composition along with exercise in 114 women and men between 45 and 64 years old. With Respect to social physique anxiety, the older age groups (55 to 64) were significantly less anxious than the younger participants (45 to 54). Women showed considerably more social physique anxiety compared to male members in the sample. The authors also reported that those who exercised more frequently had less physique anxiety. Literature has also revealed that females report greater dissatisfaction than their male counterparts (Lawler & Nixon, 2011). From a behavioral perspective, anxiety is maintained through the avoidance of Anxiety-provoking experiences and is eventually reduced when individuals participate in the experiences they fear (O' Brien & Angela, 2017).

**Socioeconomic status.** Socio-economic status can also influence the people by numerous ways of comparison. Literature has also described that dissatisfaction with the body is to be higher in adolescents who belongs to higher socio-economic status described that they are heavier as compared to lower socioeconomic status (McLaren & Kuh, 2004).

### **Rationale of the Study**

Although body image concerns occur across the lifespan and may have a considerable effect on wellbeing regardless of age, young adult women (aged 17 to 25 years) attending university were the population investigated in all three studies. This sample will be chosen for four reasons. First, body image concerns are especially relevant to this sample of women, who are persistently concerned with weight and shape. Researchers found that 82% of young female college students stated they wanted to lose weight and men also had serious apprehensions about their appearance and had indulged themselves in physical exercises, although very few were actually overweight. In fact, universities have been described as “breeding grounds” for body image concerns. Secondly, a wide variety of measures to assess the development of body image concerns and its validation for use in this particular sample. Cafri & Thompson (2004) stated that it is critical in body image research to use measures with established validity and reliability, specifically in the population of interest. Moreover, previous researches have been conducted on women and men have not been taken into consideration as far as the phenomenon of body dissatisfaction and its concerns related to body image. Finally, these samples will be convenient. Given these four reasons, young adult men and women attending university will be the population used in this research. Furthermore, previous researches are lacking that how do the men and women cope with the threats with the body dissatisfaction and how do men and women differ in coping with anxiety as far as how they are evaluated based on their social physique. Different coping styles have been studied in this research along with body dissatisfaction and social physique anxiety. This study will also help to find which coping strategies are more frequently used by young adults now a days and the level of dissatisfaction of body among university going students. With the advent of social media and other stimulators regarding body image concerns are being seen in young adolescents in both men and women and the

pertinent thing that is how individuals cope with the stressors necessarily associated with body image and other possible consequences.

## METHOD



## Method

### Objectives

1. To see relationship between body dissatisfaction, social physique anxiety, and coping strategies among university students.
2. To explore the age and gender related differences on body dissatisfaction, social physique anxiety, and coping strategies among university students.

### Hypotheses

1. There is a positive relationship between over-weight preoccupations, self - classified weight and social physique anxiety among university students.
2. Overweight preoccupation is positively correlated with appearance orientation among university students.
3. Problem focused coping and religious denial coping are the positive predictor of the appearance orientation among university students.
4. Active avoidant coping is the positive predictor of self-classified weight among university students.
5. Social physique anxiety is positively related with religious denial coping and active avoidant coping among university students.
6. Women score higher on appearance orientation as compared to men among university students.

### Operational Definitions

**Social physique anxiety.** Hart et al., (1989) describe it as a type of social anxiety faced by a person who is anxious about the impending body image assessment.

**Coping strategies.** Lazarus and Folk man (1984) describes coping strategy as: continuously fluctuating attempts of cognition and behavior in order to overcome specified external and internal demands that assess as demanding or outside the range of an individual.

**Emotion focused coping.** Emotion-focused coping alters an individual expressive response towards a stressor. Emotion-focused coping techniques aimed in order to reduce the emotional reactions that are negatively experienced by an individual because of the stressors.

**Problem-focused strategies.** Problem focused strategy is concerned to eliminate the root cause of the problem or the stressor. Lazarus and Folkman (1984) argued that people used to support different coping types and mechanisms. Emotion focused and Problem focused coping. Problem focused coping is concerned with the root cause of problem but it cannot be implemented in every situation especially those situation which the reason of stress is not under the control of a person for e.g. death of closed ones or loosing loved ones. Emotion focused coping styles is more used by the people who have low self-esteem as compared to problem focused coping.

**Active avoidance coping.** In order to reduce the effect and to overcome the stressors by (a) planning (b) suppression of the challenging behavior (i.e., put attention on the stressor at hand), (c) restraint coping (i.e., to wait for the right moment of action), (d) looking for being socially supported and other ways from people (Carver et al., 1989).

**Positive coping.** Positive coping aimed to take positive and building steps that are socially acceptable in manner and concerned with the demands of the situation to resolve the problem. It includes immediate problem solving that is to find the solution of the problem related to the actual cause of the problem. This may includes t includes temperament, consistency and maturity to overcome the problem (Snyder & Dinoff 1999).

**Body dissatisfaction.** Body dissatisfaction may define as negative evaluation of body image of one's own self (Grogan, 2008). Multi-dimensional Body Self-Relation Questionnaire Appearance Scale has been used in the present study. It has 5 subtypes:

**Appearance evaluation.** It approaches to the negative and positive feelings and image of appearance attractiveness or unattractiveness, satisfaction or dissatisfaction of physique (Cash, 2000). The high scoring in this subscale shows satisfaction with ones looks and low scores show more dissatisfaction/distress with their looks.

**Appearance orientation.** It predicts the level of investment in the physique of an individual (Cash, 2000). The high score in the appearance orientation subscale shows appearance satisfaction and low scores shows dissatisfaction with one's body.

**Body Area satisfaction.** It describes the physical appearance satisfaction of an individual (Cash, 2000). Appearance evaluation and Body area satisfaction is comparably same, high score in its subscale shows greater satisfaction with appearance and low scores show more dissatisfaction/ unhappiness with an individual's physical appearance.

**Overweight preoccupation.** It describes the construct that may include dieting fat and anxiety (Cash, 2000). The subscale of it describes high score that shows dissatisfaction with self-body image and low scores will show less dissatisfaction with their body image.

**Self-classified weight.** It describes the observation of person of being overweight and skinny. It has been defined operationally as high level score individual of MBSRQ-AS on self-classified weight perceive oneself as obese or overweight whereas whole low score individual perceives his or her body as underweight (Cash, 2000).

## **Instruments**

**Brief Cope Scale.** In the present study that aimed to explore the relationship between coping strategies, the instrument required to measure the coping strategies was The Brief Cope (Carver, 1997). This scale has been firstly developed by Carver (1989) and its translation has been done by Akhter (2005) in Urdu. It contains 28 items, and the items are arranged in a 4 point Likert type scale (*1= Never, 2= very less, 3 = sometimes and 4= a lot*). Factor structure of Hastings et al. (2005) for Brief Cope has been used in the current study. It includes four scales namely: Problem focused coping, Active avoidance coping, Religious denial coping and positive coping. Problem focused coping include items from original Brief Cope scale subscales planning active coping, seeking instrumental social support and one item from seeking emotional support scale. Item no. (2, 5, 7, 10, 14, 23 and 25). Active avoidance coping include all items from original Brief Cope scale subscales for substance use , behavioral disengagement, self-blame, venting of emotions and one



item from the distraction scale. Item no (1, 4, 6, 9, 11, 13, 16, 19, 21 and 26). Religious denial coping in the mixed factor that included the entire Brief cope item for religious denial item no. (3, 8, 22 and 27). Positive coping includes items from the subscales of Brief Cope for the use of humor and positive reframing and one item each from the acceptance and emotional support scale. Item no. (12, 15, 17, 18, 20, 24 and 28). Lower level of scores on every subscale shows that the particular coping strategy has been used less and high range of the score shows the more use of that coping strategy.

**The Multidimensional Body-Self Relations Questionnaire Appearance Scale (MBSRQ-AS).** This is a 34-item self-report inventory for the evaluation of self-attitudinal aspects of the construct of body-image. The subscales of MBSRQ-AS includes: Appearance Evaluation, Appearance Orientation, Overweight Preoccupation, Self-Classified Weight, and the BASS. The options of scoring from items no. 1 to 22 are 1 (*definitely disagree*), 2 (*mostly agree*) 3 (*neither agree nor disagree*) 4 (*mostly agree*) 5 (*definitely agree*). Item no. 23 is scored as 1 (*never*), 2 (*rarely*), 3 (*sometimes*), 4 (*often*), 5 (*very often*). Item no 24 and 25 are scored as 1 (*very underweight*), 2 (*somewhat underweight*), 3 (*normal weight*), 4 (*somewhat overweight*), 5 (*very overweight*). 5 point rating options for item no. 26-34 are classified as 1 (*dissatisfied*) to 5 (*satisfied*). The 7 item in appearance evaluation are 3, 5, 9, 12, 15, 18 and 19 with score range 7-35. The 12 items in appearance Orientation are 1, 2, 6, 7, 10, 11, 13, 14, 16, 17, 20 and 21 with score range 12-60. The 9 items in body area satisfaction ranges from 26-34 and 2 items in self classified weight are 24 and 25 with score range 2-10. Reversed score items i.e.; 18, 19, 11, 14, 16 and 20 (Cash, 2000).

**Social Physique Anxiety Scale.** Social Physique Anxiety Scale (SPAS) a 12-item self-report scale. It has been developed to evaluate the extent by which people get worried when others assess their physical appearances. The Social Physique Anxiety Scale (SPAS; Hart, Leary, & Rejeski, 1989). All Items in this scale has been rated on an agreement scale which is from *not at all characteristic of me* (1) to *extremely characteristic of me* (5). It has demonstrated high internal consistency (coefficient alpha = .90), adequate test-retest reliability over a two-week period ( $r = .82$ ) in a non-clinical college students sample.

## Sample

This sample has been gathered through purposive convenient sampling. Total sample comprises of 240 and participants from various public ( $n = 150$ ) and private ( $n = 90$ ) sector universities. Age of students vary from 17 years to 25 years ( $M = 20$ ;  $SD = 8.23$ ). Sample consisted of 142 men and 98 women. Students lied on different educational levels i.e. BS/Msc ( $n = 170$ ) MPhil/Phd ( $n = 70$ ).

## Procedure

Data was gathered from different universities of Rawalpindi/ Islamabad. The students were approached individually after the permission of concerned authorities of each institution. The students were approached individually after getting the authorization from the concerned authorities of every institute. The nature and purpose of the study had been explained to them. The instructions were clearly highlighted so that they could answer properly. Full confidentiality of the participants was ensured about their data that is the purpose of research only. The participants were free to ask any question linked to the instrument. After that questionnaires were provided to them and by their consent information was gathered. Lastly the participants of the research and the concerned and authorities of the institution were thanked for their cooperation.



## RESULTS

## Results

Table 1

*Descriptive Statistics of the Scales and Sub Scales Used in the Present Study (N=240)*

Variables	$\alpha$	$M$	$SD$	Ranges		Skew	Kurt
				Actual	Potential		
PFC	.66	20.77	3.62	9-29	7-28	-.49	-.03
AAC	.55	24.16	4.22	12-41	10-40	.12	.73
RDC	.55	11.07	2.43	4-18	4-16	-.24	-.00
PC	.62	19.40	3.76	7-28	7-28	-.20	-.08
SPA	.63	34.62	7.15	14-54	12-60	.48	.14
AE	.79	24.81	4.83	10-35	7-35	-.32	-.03
AO	.67	39.91	6.95	19-59	12-60	-.11	.01
BAS	.66	33.64	6.85	11-45	9-45	-.54	.10
OWP	.87	9.90	3.70	4-18	4-20	.14	-.77
SCW	.68	6.02	1.60	2-10	2-10	-.02	.41

*Note* BCS= Brief Cope Scale, PFC= Problem-Focused Coping, AAC= Active Avoidant Coping, RDC= Religious Denial Coping, PC= Positive Coping, SPA= Social Physique Anxiety, BD= Body Dissatisfaction, AE= Appearance Evaluation, AO= Appearance Orientation, BAS= Body Area Satisfaction, OP= Overweight Preoccupation, SCW= Self-Classified Weight, M= Mean, SD= Standard Deviation, Skew= Skewness, Kurt= Kurtosis.

Table 1 illustrates descriptive, alpha-coefficient, skewness and kurtosis for scales. The reliability analyses indicates that the alpha coefficient of the problem focused coping (.66), active avoidance coping (.55), religious denial coping has (.55), positive coping (.62), social physique anxiety (.63), appearance evaluation (.79), appearance orientation (.67), body area satisfaction (.66), over weight preoccupation (.87), and self-classified weight. Positive coping subscale shows relatively low alpha coefficient as compared to rest of all scales and subscales.



Table 2

*Correlation of Brief Cope Scale, Body Dissatisfaction, Social Physique Anxiety And Demographic Variables; age, height, weight, and BMI.*

Scales	PFC	AAC	RDC	PC	SPA	AE	AO	BAS	OWP	SCW	Age	Height	Weight	BMI
PFC	-													
AAC	.41**	-												
RDC	.46**	.51**	-											
PC	.54**	.43**	.40**	-										
SPA	.21**	.31**	.19**	.11	-									
AE	.15*	.02	.04	.10	.12	-								
AO	.27**	.26**	.30**	.09	.33**	.31**	-							
BAS	.16*	-0.01	.09	.15*	.09	.49**	.13	-						
OWP	.18**	.15*	.17**	.02	.35**	-.06	.30**	-.10	-					
SCW	.05	-.00	-.01	.12*	.10	-.15*	-.05	-.10	.37**	-				
Age	.07	.03	.03	.04	.06	.08	.05	.10	.07	.11	-			
Height	.03	.02	.09	.02	.00	.19**	.03	.02	-.09	-.03	.00	-		
Weight	.03	.03	.08	.05	.05	.15*	.00	-.01	-.15*	-.15*	.05	-.93**	-	
BMI	.04	.02	.05	.05	.03	.14*	.00	-.03	.15*	.16**	.04	-.94**	.97**	-

Note PFC= Problem-Focused Coping, AAC= Active Avoidant Coping, RDC= Religious Denial Coping, PC= Positive Coping, SPA= Social Physique Anxiety, AE= Appearance Evaluation, AO= Appearance Orientation, BAS= Body Area Satisfaction, OWP= Overweight preoccupation, SCW= Self-Classified Weight.

\* $p < .05$ , \*\* $p < .01$ .

Table 2 shows correlation for subscales of coping and body dissatisfaction and social physique anxiety and demographic variables. Pearson product moment correlation was computed. Active avoidant coping, problem focused coping, Religious denial coping, is positively correlated to problem focused coping. Positive coping is positively correlated with Problem-Focused Coping, Social physique anxiety, Active avoidant coping, religious denial coping and non-significant with positive coping. Appearance evaluation is positively correlated with Problem-Focused coping and social physique anxiety and non-significant with Problem-Focused coping, active avoidance coping and religious denial coping. Appearance orientation is positively correlated with Problem-Focused coping, active avoidance coping religious denial coping social physique anxiety and non-significant with positive coping. Body area satisfaction is positively correlated with Problem-Focused coping, positive coping, and appearance evaluation and negatively correlated with active avoidance coping and non-significant with religious denial coping, social physique anxiety and appearance orientation. There is a positive relationship between over-weight preoccupations, self-classified weight, emotional focused coping and social physique anxiety among university students.

Table 3

*Multiple Linear Regression Analysis for Body Dissatisfaction and Social Physique Anxiety Predicting Problem Focused Coping (N= 240)*

Variables	PFC			95% CI	
	<i>B</i>	<i>SE</i>	$\beta$	<i>LL</i>	<i>UL</i>
Constant		2.026	10.98**	6.988	14.971
AE	.035	.056	.026	-.084	.136
AO	.183	.037	.11**	.022	.169
BAS	.123	.042	.073	-.010	.156
OWP	.092	.073	.090	-.053	.234
SCW	.034	.153	.076	-.226	.379
SPA	.104	.035	.052	-.016	.121
<i>R</i>	.23				
$R^2$	.12*				
$\Delta R^2$	.032				
F	5.0*				

*Note.* PFC= Problem-Focused Coping, AE= Appearance Evaluation, AO= Appearance Orientation, BAS= Body Area Satisfaction, OP= Overweight Preoccupation, SCW= Self-Classified Weight.

\* $p < .05$ , \*\* $p < .01$ .

Table 3 shows regression analysis of problem focused coping with appearance evaluation, appearance orientation, body area satisfaction, overweight preoccupation and self- classified weight. It is observed from the results that appearance orientation is the positive predictor of problem focused coping.

Table 4

*Multiple Linear Regression Analysis for Body Dissatisfaction and Social Physique Anxiety Predicting Active Avoidant Coping (N= 240)*

AAC				
Variables	SE	$\beta$	95% CI	
			LL	UL
Constant	2.026	10.980	6.988	14.971
AE	.035	.056	-.084	.136
AO	.183	.037	.12**	.169
BAS	.123	.042	-.010	.156
OWP	.092	.073	-.053	.234
SCW	.034	.153	-.226	.379
SPA	.104	.035	-.016	.121
<i>R</i>	.23			
<i>R</i> <sup>2</sup>	.11*			
$\Delta R^2$	.032			
F	5.09*			

*Note.* AAC= Active Avoidant Coping, AE= Appearance Evaluation, AO= Appearance Orientation, BAS= Body Area Satisfaction, OP= Overweight Preoccupation, SCW= Self-Classified Weight.

\* $p < .05$ , \*\* $p < .01$

Table 4 shows regression analysis of active avoidant coping with appearance evaluation, appearance orientation, body area satisfaction, overweight preoccupation and self- classified weight. It is observed from the results that appearance orientation, and self-classified weight are the positive predictor of active avoidant coping.



Table 5

*Multiple Linear Regression Analysis for Body Dissatisfaction and Social Physique Anxiety Predicting Positive Coping (N= 240)*

PC					
95% CI					
Variables	B	SE	$\beta$	LL	UL
Constant		2.17	11.85	7.56	16.13
AE	.03	.06	.03	-.09	.14
AO	.06	.04	.04	-.04	.11
BAS	.12	.04	.08	-.01	.16
OWP	-.06	.07	-.07	-.22	.08
SCW	.16	.16	.39**	.06	.71
SPA	.08	.03	.04	-.03	.11
R	.23				
R <sup>2</sup>	.16*				
$\Delta R^2$	.32				
F	2.31*				

*Note.* PC= Positive Coping, AE= Appearance Evaluation, AO= Appearance Orientation, BAS= Body Area Satisfaction, OP= Overweight Preoccupation, SCW= Self-Classified Weight.

\* $p < .05$ , \*\* $p < .01$

Table 5 shows regression analysis of positive coping with appearance evaluation, appearance orientation, body area satisfaction, overweight preoccupation and self- classified weight. It is observed from the results that self-classified weight is the positive predictor of positive coping.

Table 6

*Multiple Linear Regression Analysis for Body Dissatisfaction and Social Physique Anxiety Predicting Religious/Denial Coping (N= 240)*

RDC					
Variables	<i>B</i>	<i>SE</i>	$\beta$	95% CI	
				<i>LL</i>	<i>UL</i>
Constant		1.364	6.37**	3.682	9.058
AE	-.090	.038	-.046	-.119	.028
AO	.258	.025	.11*	.041	.140
BAS	.094	.028	.03	-.018	.094
OWP	.090	.049	.05	-.037	.156
SCW	-.052	.103	-.07	-.282	.125
SPA	.082	.023	.02	-.018	.074
<i>R</i>	.33				
<i>R</i> <sup>2</sup>	.11**				
$\Delta R^2$	0.91				
F	5.00**				

*Note.* RDC= Religious/ Denial Coping, AE= Appearance Evaluation, AO= Appearance Orientation, BAS= Body Area Satisfaction, OWP= Overweight Preoccupation, SCW= Self-Classified Weight, SPA= Social physique anxiety

\* $p < .05$ , \*\* $p < .01$

Table shows regression analysis religious denial coping with appearance evaluation, appearance orientation, body area satisfaction, overweight preoccupation and self- classified weight. It is observed from the results appearance orientation is the positive predictor of religious denial coping.

Table 7

*Mean Differences on Gender among Variables of the Study (N=240)*

Variables	Men		Women		<i>t</i> (238)	<i>p</i>	95% CI		Cohen's <i>d</i>
	(n=141)		(n=98)				LL	UL	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>					
PFC	20.68	3.64	20.90	3.61	.46	.64	-1.15	.71	-
AAC	24.07	4.23	24.29	4.24	.40	.68	-1.32	.87	-
RDC	10.86	2.39	11.36	2.48	1.5	.11	-1.12	.12	-
PC	19.25	3.98	19.60	3.44	.71	.47	-1.32	.62	-
SPA	34.95	7.76	34.15	6.19	.85	.39	-1.04	2.65	-
AE	24.20	4.82	25.66	4.75	2.3	.02	-2.70	- 2.18	.30
AO	39.16	6.79	40.97	7.05	2.0	.04	-3.60	-.03	.26
BAS	33.83	7.39	33.38	6.03	.50	.61	-1.32	2.22	-
OWP	10.09	3.61	9.62	3.84	.95	.33	-.49	1.42	-
SCW	5.95	1.54	6.13	1.68	.82	.41	-.58	.24	-

Note BCS= Brief Cope Scale, PFC= Problem-Focused Coping, AAC= Active Avoidant Coping, RDC= Religious Denial Coping, PC= Positive Coping, SPA= Social Physique Anxiety, BD= Body Dissatisfaction, AE= Appearance Evaluation, AO= Appearance Orientation, BAS= Body Area Satisfaction, OP= Overweight Preoccupation, SCW= Self-Classified Weight, M= Mean, SD= Standard Deviation.

Table 7 illustrates the results of *t*-analysis for measuring the gender differences on the study variables. The results showed no significant mean differences among men and women on body dissatisfaction, social physique anxiety and coping strategies where females scored almost equal to males. Appearance evaluation and appearance orientation shows positive significant difference among men and women.

Whereas, there is a nonsignificant difference among problem focused coping, active avoidant coping, religious/denial coping, positive coping, social physique anxiety, body area satisfaction, overweight preoccupation, self-classified weight.

Table 8

*Mean Differences on Family Income among Variables of the Study (N=240)*

Variables	Less than 50,000 PRs (n=128)		More than 50,000 PRs (n=112)		<i>t</i> (238)	<i>p</i>	95% CI		Cohen's <i>d</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>			<i>LL</i>	<i>UL</i>	
PFC	20.76	3.70	21.42	3.22	.80	.42	-2.33	.99	-
AAC	24.36	3.85	24.73	4.18	.37	.71	-2.37	1.62	-
RDC	11.24	2.43	11.10	1.98	.26	.79	.91	1.18	-
PC	18.82	3.25	19.46	3.54	.64	.51	-2.23	1.14	-
SPA	34.00	7.71	36.20	8.19	1.11	.26	-6.14	1.73	-
AE	23.40	5.16	24.75	5.18	1.06	.29	-3.89	1.18	-
AO	40.04	8.47	40.67	6.41	.36	.72	-4.14	2.87	-
BAS	29.52	8.18	30.04	6.31	.30	.76	-3.94	2.90	-
OWP	10.60	3.67	10.00	3.77	.65	.51	1.23	2.43	-
SCW	6.20	1.60	6.38	1.70	.45	.64	-1.00	.62	-

*Note* BCS= Brief Cope Scale, PFC= Problem-Focused Coping, AAC= Active Avoidant Coping, RDC= Religious Denial Coping, PC= Positive Coping, SPA= Social Physique Anxiety, AE= Appearance Evaluation, AO= Appearance Orientation, BAS= Body Area Satisfaction, OP= Overweight Preoccupation, SCW= Self-Classified Weight, M= Mean, SD= Standard Deviation.

Family income has been found as nonsignificant for study variables. Results of present study revealed that family income do not contribute in the body dissatisfaction, social physique anxiety and coping strategies among university student

## **DISCUSSION**

## Discussion

The primary purpose of the study was to establish the relationship between social physique anxiety and body dissatisfaction and how these impending challenges are overcome with in present-day era. The research was conducted on university students including men and women. It was hypothesized that social physique anxiety was positively correlated with weight preoccupation in students. Although the subsequent analysis in this study revealed that social physique anxiety was positively correlated with overweight preoccupation but that relationship was not found to be significant.

Hypothesis 1 stated that there is a positive relationship between overweight preoccupation, self-classified weight and social physique anxiety. Results also supported this hypothesis. Table 2 reported that there is a positive relationship between overweight preoccupation, self-classified weight and social physique anxiety. These consequences are constant with the previous findings. The study by Cash and Hicks, (1990) on the relationship between body image dissatisfaction, eating behaviors and wellbeing showed that there is a positive relationship between over-weight preoccupation and self-classified weight. Another study was conducted by Thompson and Chad, (2000) on the relationship of body image dissatisfaction and social physique anxiety. A preoccupation with weight and nutritional status in young females and found that there is a positive relationship between social physique anxiety and overweight preoccupation.

Hypothesis 2 stated that Overweight preoccupation is positively correlated with appearance orientation among university students. Grogan, Hartely, Conner, Fry and Gough (2010) did research on Appearance concerns and smoking in young men and women: Going beyond weight control and they found that there is a positive relationship between overweight preoccupation and appearance orientation.

Hypothesis 3 stated that Problem focused coping and religious denial coping are the positive predictor of the appearance orientation among university students. Results are consistent with the previous findings. Table 2 of correlation

reported that there is a positive relationship between problem focused coping and religious denial coping with appearance orientation. Study was conducted by Faith, Leone, Ayers, Heo, and Pietrobelli (2002) conducted a study on weight criticism during physical activity in children and found that there is a positive relationship between overweight preoccupation and active avoidant coping.

Hypothesis 4 Active avoidant coping is the positive predictor of self-classified weight among university students. Results are consistent with the previous findings. Table 2 reported that Active avoidant coping is positively correlated with self-classified weight. The study was conducted by Sabinston, et al (2007) on social physique anxiety in adolescent to explore influences, coping strategies and health behaviors among adolescent females during semi structured interview. They found that females experiencing social physique anxiety using problem focused coping and active avoidant coping most of the time.

Hypothesis 5 stated that there is a positive relationship between social physique anxiety with religious denial coping and active avoidant coping among university students. Table 2 of correlation reported that there is a positive relationship between social physique anxiety with religious denial coping and active avoidant coping. These consequences are constant with the previous findings.

Hypothesis 6 stated that Women score higher on appearance orientation as compared to men among university students. Table 2 of correlation reported that there is a Women score higher on appearance orientation as compared to men among university students. These consequences are constant with the previous findings.

Lazarus and Folkman's transactional coping model describes as one evaluate whether the situational is threatening and then evaluate available resources to resolve the situations. Based on the evaluations, an individual are ready to take cognitive or behavioral actions to cope with the distressing situations. The influential determinants of selection of coping strategies maybe found in the context of situational. It is clear that distressing events, such as physical appearance-related teasing, influence the coping strategies.



## **Conclusion**

This study has shown the relationship among body dissatisfaction, social physique anxiety and coping strategies among university students. Additionally, results have substantiated evidence that adults are more vulnerable to the development of high levels of body dissatisfaction. This study adds to the literature, the role of coping strategies, the development of body dissatisfaction and social physique anxiety by highlighting these key aspects in a sample of young adults who are at an influential stage in the development of body image. However, despite the growing amount of literature in this area, body image concerns continue to be a significant problem for a many young people. There are clearly areas in need of further investigation to further knowledge about how such problems manifest, and in order to develop interventions to prevent their development.

## **Implications**

1. The findings of the present study can be helpful for future study and learning practice.
2. Findings can be utilized in clinical settings for the sake of preventions, interventions and treatment programs needed to address health issues among young adults.
3. Psychologist and psychological interventions can be helpful for those who have high body image dissatisfaction and how they can cope up and accept to changes in the parts of their body, e.g. promoting the habit of exercise among these individuals.

## **Limitations and suggestions**

1. This research cannot be generalized to all university students because the data has been collected from only three universities. If wide no. of participants were studied, the findings would be more implacable to the general or global public.
2. The main focus of this study was on young adults. In future researches, it should be studied on the participants of all age groups in order to accurately find out the effects of all variables on it.

3. Present study includes has age range from of 17-25 so result cannot be generalized. It has is limited implication.
4. Another limitation of the research is the use of self-report measures. Response set is one of the major problems in using self- report measures.
5. Future studies could be aimed at finding differences among heterogeneous groups of age and race.
6. There is no. of factors that could contribute in body image dissatisfaction, only a small number of which were observed in this study.

## REFERENCES

## References

- Al-Gamal, E., Alhosain, A., & Alsunaye, K. (2018). Stress and coping strategies among Saudi nursing students during clinical education. *Perspectives in psychiatric care, 54* (2), 198-205.
- Alliance, F. C. (2006). *Caregiver assessment: principles, guidelines and strategies for change: Report from a National Consensus Development Conference*. Family Caregiver Alliance (vol. 1). San Francisco.
- Ambreen, M., & Hassan, A. (2005). *Relationship between body image and self-esteem in male and female university students* (Unpublished master's thesis). Behavioral Sciences Department, Fatima Jinnah Women University, Rawalpindi
- Andersson, G., & Willebrand, M. (2003). What is coping? A critical review of the construct and its application in audiology. *International Journal of Audiology, 42*, 97-103.
- Andrews, F. M., & Withey, S. B. (2012). *Social indicators of well-being: Americans' perceptions of life quality*. Springer Science & Business Media (pp. 22-29). New York, Springer US.
- Archbold, P. G., Stewart, B. J., Greenlick, M. R., & Harvath, T. (1990). Mutuality and preparedness as predictors of caregiver role strain. *Research in Nursing And Health, 13* (6), 375-384.

- Aronson, K. J. (1997). Quality of life among persons with multiple sclerosis and their caregivers. *Neurology*, *48* (1), 74-80.
- Baker, F., & Intagliata, J. (1982). Quality of life in the evaluation of community support systems. *Evaluation and Program Planning*, *5* (1), 69-79.
- Bane, S., & McAuley, E. (1998). Body image and exercise. In J. L. Duda (Ed.), *Advances in sport and exercise psychology measurement* (pp. 311-322). Morgantown, WV: Fitness Information Technology.
- Bartlett, C.P., Vowels, C.L., & Saucier, D.A. (2008). Meta-analyses of the effects of media Images on men's body-image concerns. *Journal of Social and Clinical Psychology*, *27* (3), 279-310. DOI: 10.1521/jscp.2008.27.3.279
- Beck, A. T., & Haigh, E. A. (2014). Advances in cognitive theory and therapy: the generic cognitive model. *Annual Review of Clinical Psychology*, *10*, 1-24. DOI: 10.1146/annurevclinpsy-032813-153734
- Bergeron, D., & Tylka, T. L. (2007). Support for the uniqueness of body dissatisfaction from drive for muscularity among men. *Body Image*, *4* (3), 288-295. DOI:10.1016/j.bodyim.2007.05.002
- Borden, W., & Berlin, S. (1990). Gender, coping, and psychological well-being in spouses of older adults with chronic dementia. *American Journal of Orthopsychiatry*, *60* (4), 603-610.
- Borthwick-Duffy, S. A. (1992). Quality of life and quality of care in mental retardation. *Mental retardation in the year 2000* (pp. 52-66). Springer: New York: Washington, DC: American Association on Mental Retardation.

- Bowers, B. J. (1987). Intergenerational caregiving: adult caregivers and their aging parents. *ANS. Advances in Nursing Science*, 9 (2), 20-31.
- Bowling, A., Rowe, G., Adams, S., Sands, P., Samsi, K., Crane, M., & Manthorpe, J. (2015). Quality of life in dementia: a systematically conducted narrative review of dementia-specific measurement scales. *Aging And Mental Health*, 19 (1), 13-31.
- Braithwaite, V. (1996). Understanding stress in informal caregiving: Is burden a problem of the individual or of society? *Research on Aging*, 18 (2), 139-174.
- Brod, M., Stewart, A. L., Sands, L., & Walton, P. (1999). Conceptualization and measurement of quality of life in dementia: the dementia quality of life instrument (DQoL). *The Gerontologist*, 39 (1), 25-36.
- Brookmeyer, R., Johnson, E., Ziegler-Graham, K., & Arrighi, H. M. (2007). Forecasting the global burden of Alzheimer's disease. *Alzheimer's & dementia: the Journal of the Alzheimer's Association*, 3 (3), 186-191.
- Butcher, H. K., Holkup, P. A., & Buckwalter, K. C. (2001). The experience of caring for a family member with Alzheimer's disease. *Western Journal of Nursing Research*, 23 (1), 33-55.
- Campbell, J., & Ehlert, U. (2012). Acute psychosocial stress: does the emotional stress response correspond with physiological responses? *Psych neuroendocrinology*, 37 (8), 1111-1134.

- Cash, T. F., & Hicks, K. L. (1990). Being fat versus thinking fat: Relationship with Body Image and Well-being. *Cognitive Therapy & Research, 14* (3), 327-341.
- Cash, T. F., & Pruzinsky, T. (1990). *Body images: Development, deviance, and change*. New York : Guilford Press.
- Cash, T. F. (2002). Cognitive-behavioral perspectives on body image. In T. F. Cash, & T. Pruzinsky (Eds.), *Body image: A handbook of theory, research, and clinical practice* (pp. 38–46). New York : Guilford Press.
- Cash, T. F. (2004). Body image: Past, present, and future. *Body Image, 1*(1), 1-5. DOI:10.1016/S1740-1445(03)00011-1.
- Cash, T. F., Thériault, J., & Annis, N. M. (2004). Body image in an interpersonal context: Adult attachment, fear of intimacy and social anxiety. *Journal of Social and Clinical Psychology, 23* (1), 89-103. DOI: 10.1521/jscp.23.1.89.26987
- Cash, T. F. (2005). The influence of sociocultural factors on body image: Searching for constructs. *Clinical Psychological Science And Practice, 12*, 438-442. DOI:10.1093/clipsy/bpi055
- Cash, T. F. (2011). Cognitive-behavioral perspectives on body image. In T. F. Cash & L. Smolak (Eds.), *Body image: A handbook of science, practice, and prevention*. New York : Guilford Press.

- Cash, T. F & Hick, K.L (1990). Being fat versus thinking fat: Relationships with body image, eating behaviors, and well-being. *Cognitive Therapy and Research*, 14, (3), 327–341.
- Carver, C. S. (1997). You want to measure coping but your protocol ‘too long: Consider the brief cope. *International Journal of Behavioral Medicine*, 4 (1), 92-98.
- Carver, C. S., Scheier, M. F., & Weintraub, J. K. (1989). Assessing coping strategies: a theoretically based approach. *Journal of Personality and Social Psychology*, 56 (2), 267-269.
- Cheung, P. C., Ip, P. L., Lam, S. T., & Bibby, H. (2007). A study on body weight perception and weight control behaviours among adolescents in Hong Kong. *PubMed*, 13 (1), 16-21.
- Cho, E. (2007). A proposed theoretical framework addressing the effects of informal caregivers on health-related outcomes of elderly recipients in home health care. *Asian nursing research*, 1 (1), 23-34.
- Chronister, J., Johnson, E. T., Chan, F., Tu, W. M., Chung, Y. C., & Lee, G. K. (2016). Positive person–environment factors as mediators of the relationship between perceived burden and quality of life of caregivers for individuals with traumatic brain injuries. *Rehabilitation Counseling Bulletin*, 59 (4), 235-246.
- Chumbler, N. R., Grimm, J. W., Cody, M., & Beck, C. (2003). Gender, kinship and caregiver burden: the case of community-dwelling memory impaired seniors. *International Journal of Geriatric Psychiatry*, 18 (8), 722-732.



- Chwalisz, K. (1996). The Perceived Stress Model of Caregiver Burden: Evidence from spouses of persons with brain injuries. *Rehabilitation Psychology, 41* (2), 91-99.
- Cooper, C., Katona, C., Orrell, M., & Livingston, G. (2008). Coping strategies, anxiety and depression in caregivers of people with Alzheimer's disease. *International Journal of Geriatric Psychiatry: A Journal of the Psychiatry of Late Life and Allied Sciences, 23* (9), 929-936.
- Corallo, F., Bonanno, L., De Salvo, S., Giorgio, A., Rifici, C., Buono, V. L., & Marino, S. (2015). Effects of counseling on psychological measures in caregivers of patients with disorders of consciousness. *American Journal of Health Behavior, 39*(6), 772-778.
- Cronin, J., Arnstein, P., & Flanagan, J. (2015). Family members' perceptions of most helpful interventions during end-of-life care. *Journal of Hospice & Palliative Nursing, 17* (3), 223-228.
- Doombos, M. M. (1996). The strengths of families coping with serious mental illness. *Archives of Psychiatric Nursing, 10* (4), 214-220.
- Etters, L., Goodall, D., & Harrison, B. E. (2008). Caregiver burden among dementia patient caregivers: a review of the literature. *Journal of the American Association of Nurse Practitioners, 20* (8), 423-428.

- Faith, M. S., Leone, M. A., Ayers, T.S., Heo, M., & Pietropelli, A. (2002). Weight criticism during physical activity, coping skills and reported physical activity in children. *Pediatrics, 110* (2), 5-8.
- Felce, D., & Perry, J. (1995). Quality of life: Its definition and measurement. *Research in Developmental Disabilities, 16* (1), 51-74.
- Fitzpatrick, R., Davey, C., Buxton, M. J., & Jones, D. R. (1998). *Evaluating patient-based outcome measures for use in clinical trials. Health Technology Assess. 2* (14) 1-74.
- Folkman, S., Lazarus, R. S., Dunkel-Schetter, C., DeLongis, A., & Gruen, R. J. (1986). Dynamics of a stressful encounter: cognitive appraisal, coping, and encounter outcomes. *Journal of Personality and Social Psychology, 50* (5), 992-999.
- Frederick, C. M., & Morrison, C. S. (1996). Social physique anxiety: Personality constructs, motivations, exercise attitudes, and behaviors. *Perceptual and Motor Skills, 82*, 963-972.
- Frederick, D. A., Peplau, L. A., & Lever, J. (2006). The swimsuit issue: Correlates of body image in a sample of 52,677 heterosexual adults. *Body Image, 3* (4), 413-419. DOI: 10.1016/j.bodyim.2006.08.002

- Frederick, D. A., Buchanan, G. M., Sadehgi-Azar, L., Peplau, L. A., Haselton, M. G., Berezovskaya, A., & Lipinski, R. E. (2007). Desiring the muscular ideal: Men's body Satisfaction in the United States, Ukraine, and Ghana. *Psychology of Men and Masculinity* 8 (2), 103-117. DOI: 10.1037/1524-9220.8.2.103
- Furnham, A., Badmin, N., & Sneade, I. (2002). Body image dissatisfaction: Gender differences in eating attitudes, self-esteem, and reasons for exercise. *Journal of Psychology*, 136, 581-596. DOI:10.1080/00223980209604820
- García-Alberca, J. M., Lara, J. P., Garrido, V., Gris, E., Gonzalez-Herero, V., & Lara, A. (2014). Neuropsychiatric symptoms in patients with Alzheimer's disease: the role of caregiver burden and coping strategies. *American Journal of Alzheimer's Disease And Other Dementias*, 29 (4), 354-361.
- Gaugler, J. E., Kane, R. L., Kane, R. A., & Newcomer, R. (2005). The longitudinal effects of early behavior problems in the dementia caregiving career. *Psychology and Aging*, 20 (1), 100- 105.
- Ginis, M. K., & Leary, M. (2006). Single, physically active, female: The effects of information about exercise participation and body weight on perceptions of young women. *Social Behavior and Personality: An International journal*, 34, 979-990.
- Grogan, S. (2008). *Body image: Understanding body dissatisfaction in men, women, and children* (2<sup>nd</sup> ed.). New : Routledge.

- Grogan, S., Hartely, L., Conner, M.T., & Fry, G. (2010). Appearance concerns and smoking in young men and women: Going beyond weight control. *Drugs: Education Prevention and Policy*, *17*(3), 261-269
- Hagger, M. S., & Stevenson, S. (2010). Social physique anxiety and physical self-esteem: Gender and age effects. *Psychology and Health*, *25*, 89-110. DOI: 10.1080/0887044090316099
- Hart, E. A., Leary, M. R., & Rejeski, W. J. (1989). The measurement of social physique anxiety. *Journal of Sport & Exercise Psychology*, *11*, 94-104.
- Hart, T. A., Flora, D. B., Palyo, S. A., Fresco, D. M., Holle, C., & Heimberg, R. G. (2008). *Development and examination of the Social Appearance Anxiety Scale Assessment*, *15*, 48-59. DOI:10.1177/1073191107306673
- Haase, A. M. (2011). Weight perception in female athletes: Associations with disordered Eating correlates and behavior. *Eating Behaviors*, *12*, 64-67. DOI:10.1016/j.eatbeh.2010.09.004
- Haase, A. M., & Prapavessis, H. (2001). Social physique anxiety and eating attitudes in female athletic and nonathletic groups. *Journal of Science and Medicine in Sport*, *4*, 396-405. DOI:10.1016/S1440-2440(01)80049-9
- Haussenblas, H. A., & FALLON, E. A. (2002). Relationship among body image, exercise behavior , and exercise dependence symptoms *international Journal of Eating Disorders*, *32*, 179-185.

- Hayes, L., Hawthorne, G., Farhall, J., O'Hanlon, B., & Harvey, C. (2015). Quality of life and social isolation among caregivers of adults with schizophrenia: Policy and outcomes. *Community Mental Health Journal, 51* (5), 591-597.
- Hope, T., Keene, J., Gedling, K., Fairburn, C. G., & Jacoby, R. (1998). Predictors of institutionalization for people with dementia living at home with a carer. *International Journal of Geriatric Psychiatry, 13* (10), 682-690.
- Hunt, C. K. (2003). Concepts in caregiver research. *Journal of Nursing Scholarship, 35* (1), 27-32.
- Iavarone, A., Ziello, A. R., Pastore, F., Fasanaro, A. M., & Poderico, C. (2014). Caregiver burden and coping strategies in caregivers of patients with Alzheimer's disease. *Neuropsychiatric disease and treatment, 10*, 1407- 1412.
- Imran, N., Bhatti, M. R., Haider, I. I., Azhar, L., Omar, A., & Sattar, A. (2010). Caring for the caregivers: Mental health, family burden and quality of life of caregivers of patients with mental illness. *Journal of Pakistan Psychiatric Society, 7* (1), 23-30.
- Iseselo, M. K., Kajula, L., & Yahya-Malima, K. I. (2016). The psychosocial problems of families caring for relatives with mental illnesses and their coping strategies: a qualitative urban based study in Dar es Salaam, Tanzania. *BMC Psychiatry, 16* (1), 146-155.

- Jeong, Y. G., Jeong, Y. J., Kim, W. C., & Kim, J. S. (2015). The mediating effect of caregiver burden on the caregivers' quality of life. *Journal of Physical Therapy Science, 27* (5), 1543-1547.
- Jones, S. L. (1996). The association between objective and subjective caregiver burden. *Archives of Psychiatric Nursing, 10* (2), 77-84.
- Jones, D.C. (2011). Interpersonal and familial influences on the development of body image. In T.F. Cash & L. Smolak (Eds.), *Body image: A handbook of science, practice, and prevention* (2<sup>nd</sup> ed., pp. 110-118). New York: The Guilford Press.
- Jones, D. (2004). Body image among adolescent girls and boys: a longitudinal study. *Developmental Psychology, 40* (5), 823-835. DOI: 10.1037/0012-1649.40.5.823
- Jones, D., Bain, N., & King, S. (2008). Weight and muscularity concerns as longitudinal predictors of body image among early adolescent boys: a test of the dual pathways model. *Body Image, 5* (2), 195-204. DOI: 10.1016/j.bodyim.2007.12.001
- Kajantie, E., & Phillips, D. I. (2006). The effects of sex and hormonal status on the physiological response to acute psychosocial stress. *Psychoneuroendocrinology, 31* (2), 151-178.
- Kartalova-O'Doherty, Y., & Doherty, D. T. (2008). Coping strategies and styles of family caregivers of persons with enduring mental illness: a mixed methods analysis. *Scandinavian Journal of Caring Sciences, 22* (1), 19-28.

- Kasuya, R. T., Polgar-Bailey, M. P., & Takeuchi, M. S. W. (2000). Caregiver burden and burnout a guide for primary care physicians. *Postgraduate Medicine, 108* (7), 119-130.
- Keefe, F. J. (1982). Behavioral assessment and treatment of chronic pain: current status and future directions. *Journal of Consulting and Clinical Psychology, 50* (6), 896-906.
- Kowalski, K. C., Mack, D. E., Crocker, P. R. E., Niefer, C. B., & Fleming, T. (2006). Coping with social physique anxiety in adolescence. *Journal of Adolescent Health, 39*, 270- 275.
- Kramer, B. J., & Kipnis, S. (1995). Eldercare and work-role conflict: Toward an understanding of gender differences in caregiver burden. *The Gerontologist, 35* (3), 340-348.
- Landesman, S. (1986). Quality of life and personal life satisfaction: *Definition and measurement issues. Mental Retardation, 24*(3), 141-143.
- Langa, K. M., Chernew, M. E., Kabeto, M. U., Regula Herzog, A., Beth Ofstedal, M., Willis, R. J. & Fendrick, A. M. (2001). National estimates of the quantity and cost of informal caregiving for the elderly with dementia. *Journal of General Internal Medicine, 16* (11), 770-778.
- Lawton, M. P., Kleban, M. H., Moss, M., Rovine, M., & Glicksman, A. (1989). Measuring caregiving appraisal. *Journal of Gerontology, 44* (3), 61-71.

- Lazarus, R. S. (2006). *Stress and emotion: A new synthesis*. Springer Publishing Company. *Psychology*, 8 (5) 37-39.
- Lazarus, R.S. (1993), Coping theory and research: past, present and future, *Psychosomatic medicine*, 55, 234-247.
- Leary, M. R. (1999). Making Sense of Self-Esteem. *Current Directions in Psychological Science*, 8 (1), 32-35. DOI: 10.1111/1467-8721.00008
- Leit, R. A., Pope, H. G., & Gray, J. J. (2001). Cultural expectations of muscularity in men: The evolution of playgirl centerfolds. *International Journal of Eating Disorders*, 29 (1), 90-93. DOI: 10.1002/1098-108x(200101)29:1<90:aid-eat15>3.0.co;2-f
- Litzelman, K., Kent, E. E., & Rowland, J. H. (2018). Interrelationships between Health Behaviors and Coping Strategies among Informal Caregivers of Cancer Survivors. *Health Education and Behavior*, 45 (1), 90-100.
- Martin-Joy, J. S., Malone, J. C., Cui, X. J., Johansen, P. Ø., Hill, K. P., Rahman, M. O., & Vaillant, G. E. (2017). Development of adaptive coping from mid to late life: a 70-year longitudinal study of defense maturity and its psychosocial correlates. *The Journal of Nervous and Mental disease*, 205 (9), 685-691.
- McCabe, M. P., & Ricciardelli, L. A. (2004). Body image dissatisfaction among males across the lifespan: A review of past literature. *Journal of Psychosomatic Research*, 56 (6), 675-685. DOI: 10.1016/s0022-3999(03)00129-6



- McLaren, L. & Kuh, D. (2004). Women's Body Dissatisfaction, Social Class, And Social Mobility. *Social Science and Medicine* 58 (2004) 1575–1584.
- Naseem, Z., & Khalid, R. (2010) Positive Thinking in Coping with Stress and Health outcomes. *Journal of Research and Reflections in Education*, 4, (1), 42 -61.
- Pingitore, R., Dugoni B.L., Tindale R.S., & Spring, B. (1994). Bias against overweight job applicants in a simulated employment interview. *Journal of Applied Psychology*, 79(6), 909-917.
- Rahnavard, F., Sadati, A. K., & Amini, M. (2014) How do Obese Women Cope with Social Stigma? A Phenomenological Study. *Journal of Health Sciences and Surveillance System*, 2(4), 15-18.
- Sabiston, C. M., Sedgwick, W., Farrell, R., Crocker, P. R. E., Kowalski, K. C., & Stevens, D.(2003). *Body-related anxiety and coping strategies used by Canadian female adolescents*. In Proceeding of XI European Congress of Sport Psychology. Copenhagen, Denmark.
- Snyder, C. R., & Dinoff, B. L. (1999). Coping: Where Have You Been? In C. R. Snyder (Ed.), *Coping: The Psychology of What Works* (pp. 3-19). New York: Oxford University Press.
- Stanley, S., Balakrishnan, S., & Ilangovan, S. (2017). Psychological distress, perceived burden and quality of life in caregivers of persons with schizophrenia. *Journal of Mental Health*, 26 (2), 134-141.
- Stice, E. (2002). Risk and maintenance factors for eating pathology: A meta-analytic review. *Psychological Bulletin*, 12, 825-848.

- Stucki, B. R., & Mulvey, J. (2000). *Can Aging Baby Boomers Avoid the Nursing Home: Long-term Care Insurance for "aging in Place"*. American Council of Life Insurers.
- Sultan, S., Fatima, S., Kanwal, F., & Khurram, S. (2017). Factors Associated with Caregivers Burden: Do Coping Strategies make any difference? *Pakistan Heart Journal*, 50 (1), 10-16.
- Suls, J., & Fletcher, B. (1985). The relative efficacy of avoidant and non-avoidant coping strategies: a meta-analysis. *Health Psychology*, 4 (3), 249- 251.
- Traeen, B., Markovic, A & Kvolem, I. L (2016) Sexual satisfaction and body image: a cross-sectional study among Norwegian young adults. *Sexual and relationship therapy*, 31 (2) 123-137.
- Tatsumi, H., Nakaaki, S., Torii, K., Shinagawa, Y., Watanabe, N., Murata, Y., & Furukawa, T. A. (2009). Neuropsychiatric symptoms predict change in quality of life of Alzheimer disease patients: A two-year follow-up study. *Psychiatry and Clinical Neurosciences*, 63 (3), 374-384.
- Thomson, A. M., Chad, K. E. (2000). The relationship of Pubertal status, Body Image, Social Physique Anxiety, Preoccupation with weight and Nutritional status in young females. *Canadian Journal of Public health*, 91 (3), 207-209.
- Thompson, A. M., & Chad, K. E. (2002). The relationship of social physique anxiety to risk for developing an eating disorder in young females. *Journal of Adolescent Health*, 31, 183-189. DOI:10.1016/S1054-139X(01)00397-4

Zautra, A., & Goodhart, D. (1979). Quality of life indicators: A review of the literature. *Community Mental Health Review*, 4 (1), 1-14.

## **APPENDICES**

### Inform consent

I am a student of M.Sc at National institute of psychology, Quaid-i- Azam university, Islamabad. The partial fulfillment of my degree requires conducting the research thesis. For this purpose, I am planning to explore the relationship among body dissatisfaction, social physique anxiety, and coping strategies among young adults. Your participation is extremely important. I request you to support my purpose and participate in this research project. Please do find necessary time to complete the enclosed questionnaires. Your contribution will be valuable one. All the information in results will be confidential and used only for research purpose. If you are not willing to be the part of research purpose, please sign and proceed. You have full right to withdraw the information during any stage of research.

Your support and participation will be appreciated.

Thank you!

Signature \_\_\_\_\_

### Demographic Sheet

Age \_\_\_\_\_

Gender \_\_\_\_\_

Education \_\_\_\_\_

Family monthly income \_\_\_\_\_

Height \_\_\_\_\_

Weight \_\_\_\_\_

Family system Nuclear \_\_\_\_\_ Joint \_\_\_\_\_

Exercise Yes \_\_\_\_\_ No \_\_\_\_\_

## Multidimensional Body Self-Relation Questionnaire- Appearance Scale

Read the statements carefully and give the answer that is most accurate for you.

		1	2	3	4	5
Sr. No.	Statements	Definitely disagree	Mostly disagree	Neither Agree Nor Disagree	Mostly Agree	Definitely Agree
1	Before going out in public, I always notice how I look.					
2	I am careful to buy clothes that will make me look my best.					
3	My body is sexually appealing.					
4	I constantly worry about being or becoming fat.					
5	I like my looks just the way they are.					
6	I check my appearance in a mirror whenever I can.					
7	Before going out, I usually spend a lot of time getting ready.					
8	I am very conscious of even small changes in my weight.					
9	Most people would consider me good looking.					
10	It is very important that I always look good.					
11	I use very few grooming products.					
12	I like the way I look without clothes on.					
13	I am self-conscious if my grooming isn't right.					
14	I usually wear whatever is handy					

	without caring how I look.					
15	I like the way my clothes fits me.					
16	I don't care what people think about my appearance.					
17	I take special care with my hair grooming.					
18	I dislike my physique.					
19	I am physically unattractive.					
20	I never think about my appearance.					
21	I am always trying to improve my physical appearance.					
22	I am on a weight- loss diet.					

For the remainder of items, use the response scale given with the items.

23. I have tried to lose weight by fasting or going on crash diets.

- a) Never
- b) Rarely
- c) Sometimes
- d) Often
- e) Very Often

24. I think I am:

- a) Very Underweight
- b) Somewhat Underweight
- c) Normal
- d) Somewhat Overweight
- e) Very Overweight

25. By looking at me, most other people would think I am:

- a) Very Underweight
- b) Somewhat Underweight
- c) Normal
- d) Somewhat Overweight
- e) Very Overweight



26-34. Use this 1 to 5 scale to indicate how dissatisfied or satisfied you are with each of the following areas or aspects of your body:

		1	2	3	4	5
Sr. No.	Statements	Very Dissatisfied	Mostly Dissatisfied	Neither Satisfied nor Dissatisfied	Mostly Satisfied	Very satisfied
26	Face (facial features, complexion)					
27	Hair (color, thickness, texture)					
28	Lower torso (buttocks, hips, thighs legs)					
29	Mid torso (waist, stomach)					
30	Upper torso (chest/ breasts, shoulders, arms)					
31	Muscle tone					
32	Weight					
33	Height					
34	Overall appearance					

### Social Physique Anxiety

Instructions: Read each item carefully and indicate how characteristic it is of you according to the following scale. The following questionnaire contains statements concerning your body physique or figure. By physique or figure we mean your body's form and structure; specifically, body fat, muscular tone, and general body proportions.

S. No.	Statement	Not at all	Slightly	Moderately	Very Often	Extremely
1	I am comfortable with the appearance of my physique or figure					
2	I would never worry about wearing clothes that might make me look too thin or overweight.					
3	I wish I wasn't so up-tight about my physique or figure.					
4	There are times when I am bothered by thoughts that other people are evaluating my weight or muscular development negatively.					
5	When I look in the mirror I feel good about my physique or figure					
6	Unattractive features of my physique or figure make me nervous in certain social settings.					
7	In the presence of others, I feel apprehensive about my physique or figure					



permission for scale

**Carver, Charles S.** <ccarver@miami.edu>

to me

I apologize for this automated reply. All measures I have developed are available for research and teaching applications. I can ask me to send you a letter authorizing the use of a scale, because this message is all I am going to send.

Information concerning the measure you are asking about can be found at the website below. I think most of your information is found there. If no information is there about the language of your interest, that means I do not know of a published measure.

If questions remain, do not hesitate to contact me. Good luck in your work.

<http://www.psy.miami.edu/faculty/ccarver/CCscales.html>

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