

**BODY IMAGE AS A PREDICTOR OF MENTAL HEALTH
PROBLEMS IN MARRIED ADULTS**

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ABSTRACT

The present study aimed at examining the predictive association between dimensions of body-image (i.e. appearance evaluation, appearance orientation, fitness evaluation, fitness orientation, subjective weight and body areas satisfaction) with mental health problems (i.e. depression, anxiety and stress) in married adults. The sample comprised of 200 adults (100 males & 100 females) with an age range of 22 to 40 years ($M=34.27$, $SD= 5.13$) and wedlock limit of minimum 2 years and maximum 20 years. The Multidimensional Body Self-Relations Questionnaire (MBSRQ) (Cash, 2000) and the Depression Anxiety Stress Scale (DASS) (Lovibond & Lovibond, 1995) were employed to assess the variable of interest. The results of Multiple regression analysis demonstrated that of six body image dimensions, only Appearance Evaluation and Body Areas Satisfaction predicted Mental Health Problems of Depression, Anxiety and Stress. The other four dimensions didn't predict mental health in married adults. The implications of the findings and future avenues are suggested

Keywords: *Body Image, Mental Health, Married, Adults*

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INTRODUCTION

Body-image is a notion which has a significant value in modern society. It is defined as a multidimensional construct consisting of one's thoughts, feelings and behavior pertaining to one's physical characteristics (Gil, 2007). The body image has nothing to do with the way one actually looks rather it is concerned with how one feels about the ways one sees and perceive his own physical appearance.. Body-image develops through life time interaction with others and own body through the perceptual process (Haavio-Mannila & Purhonen, 2001). People perception of their body and comments about their body-image such as attractive or unattractive have significant social and psychological meaning for them.

Globally, body image is recognized as a significant factor in people's life. It has been estimated that 74.4% women and 46% men possessing average weight reported thought preoccupation with their physical appearance (Grogen, 2008). Preoccupation with appearance is suggested as a risk factor negatively impacting the body image. The body image is defined as the variance between one's actual and ideal body. It is just not restricted to weight and shape but also includes skin color, facial features, muscle tonus and height. Body image concerns can touch people of both gender at any age, however it is found more common in age group of 20 to 24 years than in 15-19 years and 11-14 years (Grogen, 2008).

Each society has its own cultural norms for an individual to attain a specific and idealized body representation. This sociocultural pressure leads to the development of negative body-image. Media, friends, family and spouses have a great contribution in promoting and creating such societal pressure. An individual's negative body image is shaped by negative evaluation by family and significant others and also by unfavorable standards as portrayed by media, fashion styles, and model industry (Standford & McCabe, 2002). This negative evaluation of body image have serious repercussion for the person's mental health. The negative body image not only contributes to the development of negative health behaviors, sexual dysfunctions, and relationship dissatisfaction but also leads to serious mental health problems such as depression, anxiety and other psychiatric disorders (World health organization, 2013).

Mental health is a broad term and it is not just restricted to the absence of mental disorders. It is described as the state in which an individual is capable to realize his or her own capability to make informed choices and adequately deal with stressors (World health organization, 2013). Mental health is affected by a

broad spectrum of biological, psychological and social constituents which in turn leads to the development of negative and unhealthy behaviors and symptoms. These unhealthy behaviors adversely impact the interpersonal relationships, coping ability and other domains of an individual (American Psychiatric Association, 2013).

Depression is the most frequent yet manageable mental health problem which is characterized by feelings of hopelessness, loss of interest in everyday actions, lack of joy, feelings of sadness and suicidal thoughts and negative thinking related to self and others (American Psychiatric Association, 2013). Depression can lead an individual to engage in negative behaviors which can be harmful for his mental and physical health such as drug use, alcohol dependence and disturbed pattern of eating and obesity. The other most common mental health problem is anxiety disorder. It is characterized by feelings of apprehension and worry. Anxiety is defined as a psychological as well as physiological state that includes emotional, cognitive, somatic and behavioral aspects of an individual that incorporates the core feelings of fear, worry and unease (American Psychiatric Association, 2013).

Body image concerns are associated with mental health issues and it was found that overweight individuals had a more negative body image and they tend to experience more mental health difficulties such as low self-esteem, relationship problems, depression and anxiety, (Belue, Francis, & Colaco 2009; Goldfield, Moore, Henderson, & Flament, 2010). Feedback from significant others as well as media messages are a strong predictor of body image disturbances and it was found that satisfaction with life, coping and positive psychological adjustment is negatively correlated with body image dissatisfaction. It was also suggested that negative body image is associated with poor mental health (Begeron, 2007). Cheng (2006) found that negative perception about one's body size, anatomy and physical attractiveness lead to high levels of perceived stress, feelings of inadequacy and body image dissatisfaction. In another study, Samadzadeh, Abbasi, and Shahbazzadegan (2011) investigated the link of body image with mental wellness and found a statistically significant connection between body image dissatisfaction and mental wellness. A significant negative association of positive evaluation of body parts and satisfaction with physical appearance with depression, anxiety and stress was found. Whilst perception of being obese, preoccupation with appearance was found to be positively related with depression, anxiety and mental distress.

The difference between perception of married and non-married individuals regarding their body-image and marital relationship are a subject matter of many

researches. A significant inverse relationship between marital satisfaction and body-image dissatisfaction is suggested (Meltzer & McNulty, 2010; Shaheen, Ali, Kumar, & Makhija, 2016). In a romantic relationship or marriage physical appearance is considered very important (Meltzer, McNulty, Jackson, & Karney, 2014). People emphasize more on physical attractiveness while selecting a partner (Carmalt, Cawley, Joyner, & Sobal, 2008). This pressure leads to worries about body size and weight. For marriage the ideal weight are different with respect to gender; thinness for women and muscular physique for men is usually considered (Neighbors, Sobal, Liff, & Amiraian, 2008). Studies showed that over-weight women and under-weight men both were disadvantage for marriage (Puhl & Heuer, 2009) and even people less likely to date with them (Sheets & Ajmone, 2005). Furthermore on average couple frequently compare with each other on the basis of physical appearance and weight as compared to comparison of abilities and work. In romantic relationship people often engage in weight related talk which leads to body-dissatisfaction (Bove & Sobal, 2011) Individual feel pressure to achieve the ideal body image in order to be accepted by family, friends and their romantic partners. Views of family members, friends and spouse are important predictors of developing positive and negative body image (Standford & McCabe, 2002). The greater concern related to body shape and weight increases the propensity to evoke negative body image and eventually mental health problems such as depression, anxiety and psychological distress (Pakki & Sathiyaseelan, 2018).

In a nutshell, there are ample amount of evidences that indicate the link between negative body image and mental health problems in both married and unmarried population. However, there is real dearth of studies in this area in Pakistani cultural context. Hence, keeping the context of Pakistani culture in view, it is important to explore the connection between these variables. Therefore, present study grounded on previous researches intends to explore the association of body image dimensions with mental health problems in married adults Pakistani culture context.

Keeping in view the existing literature, it was hypothesized that

1. Body image dimensions (i.e. appearance evaluation, appearance orientation, fitness evaluation, fitness orientation, subjective weight and body areas satisfaction) would predict depression in married adults.

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2. Body image dimensions (i.e. appearance evaluation, appearance orientation, fitness evaluation, fitness orientation, subjective weight and body areas satisfaction) would predict anxiety in married adults.
3. Body image dimensions (i.e. appearance evaluation, appearance orientation, fitness evaluation, fitness orientation, subjective weight and body areas satisfaction) would predict stress in married adults.

METHOD

Participants

The sample comprise of 200 married adults (100 men and 100 women). The women's sample was further divided into working ($n=50$) and non-working women ($n=50$). Data of working adult women and adult men was collected from different workplace settings in Karachi. The snowball sampling techniques were used to gather data of non-working women, through acquaintance of the researcher. The participants ranged in age between 22 to 40 years with mean age of 34.27 years ($SD = 5.13$). The years of wedlock were minimum 2 years and maximum 20 years. The participants belonged to the middle socioeconomic status that was calculated based on Household Expenditure and Survey (2001). Their minimum education was graduation and above. They belonged to nuclear and joint family structures.

Measures

Demographic Information Form

Demographic Information Form focused on obtaining personal and family related information of participants.

Multidimensional Body-Self Relations Questionnaire

The Multidimensional Body-Self Relations Questionnaire (MBSRQ) (Cash, 2000) is a 34-item measure of facets of body-image encompassing, evaluation and orientation towards appearance, fitness and health. The MBSRQ has six sub-scales which are as follow: *Appearance evaluation subscale* assesses feelings pertaining to physical attractiveness or unattractiveness and contentment or discontentment with one's look. *Appearance Orientation subscale* measures the

degree of efforts one puts on appearance. *Fitness Evaluation subscale* assess the feelings pertaining to one's physical fitness or unfitness. *Fitness Orientation subscale* assess one's degree of investment to be physically fit or athletically competent. *Subjective weight subscale* assesses the perception of being overweight to underweight. *Body Areas Satisfaction subscale* assesses one's degree of satisfaction or dissatisfaction with particular body areas. The participants responds to each item on a 5 point Likert-type scale. The Cronbach's alpha values for the subscales indicate satisfactory internal consistency and are as such: .88 for appearance evaluation and appearance orientation; .77 for fitness evaluation; .91 for fitness orientation; .77 for body areas satisfaction; and .73 for subjective weight (Cash, 2000).

The Depression Anxiety Stress Scale

The Depression Anxiety Stress Scale (DASS) (Lovibond & Lovibond, 1995) is a 21-item (short version) self-reported measure consisting of three subscales: depression, anxiety and stress. Each subscale has 7 items and total score on each sub-scale is obtained by summing the items on that respective sub-scale. The participants respond to each item on a 4 point Likert-type scale. The DASS is a validated scale and it's both versions, 42-item and 21-item, have demonstrated good internal consistency, such as: Depression = .91 and .97 respectively; Anxiety = .81 and .92 respectively; and Stress = .88 and .95 respectively.

Procedure

The present study is conducted in accordance with ethical standards of APA with human participants and a formal approval was also sought from Board of Advance Studies and Research (BASR), University of Karachi. The informed consent, formal permissions (from the authorities of the study site, participants, participant's family if it deemed obligatory and scale publishers) and right to recede the participation were observed.

The working women and men were approached at their workplaces whereas to collect the data of non-working women, the researcher visited their home places. Initially the researcher introduced herself and briefly stated the purpose of research and established rapport with participants. The researcher also assured the matter of confidentiality to the participants. Formal consent to participate in research was taken through Consent Form. Next, participants completed the Demographic Information Form and MBSRQ. After 10 minutes

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break, the DASS was administered. The participants were expressed gratitude for their time and cooperation upon completion of procedure.

Statistical Analysis

The responses on MBSQR and DASS were put down and scored according to the respective scoring procedures. The Multiple Regression Analysis was computed to test the hypothesis of the present study. Descriptive statistics was also utilized.

RESULTS

Table 1

Descriptive Statistics (Mean & Standard Deviation) for Age of the Sample

Variables	<i>M</i>	<i>SD</i>
Age	34.27	5.13
Duration of Marriage	2.5	1.26

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Table 2
Descriptive Statistics (Frequencies and Percentages) for Demographic Characteristics of the Sample (N = 200)

Characteristic	<i>f</i>	%
Gender		
Male	100	50
Female	100	50
Educational Level		
Graduation	81	40.5
Masters	69	34.5
Post Masters	50	25
Family System		
Nuclear	93	46.5
Joint	107	54.5
Type of Marriage		
Love	144	72
Arrange	56	28
Occupation		
Government Job	81	40.5
Non-Government Job	69	34.5

Table 3
Descriptive Statistics for Study Variables

Variables	<i>M</i>	<i>SD</i>
Multidimensional Body-Self Relations Questionnaire		
Appearance Evaluation	11.84	4.19
Appearance Orientation	24.46	2.81
Fitness Evaluation	7.05	1.91
Fitness Orientation	24.08	3.23
Subjective Weight	8.70	2.31
Body Areas Satisfaction	30.65	6.64
Depression Anxiety Stress Scale		
Depression	6.83	4.19
Anxiety	5.76	3.45
Stress	7.36	3.45

Table 4
Summary of Multiple Regression Analysis with Body Image Dimensions as Predictors of Depression in Married Adults

Predictors	<i>R</i> ²	ΔR^2	<i>F</i>	<i>Sig.</i>
Body Image Dimensions	.30	.27	13.50	.00*

**p* < .05

Table 5
Coefficients of Multiple Regression Analysis with Body Image Dimensions as Predictors of Depression in Married Adults

Model	<i>B</i>	<i>SE B</i>	β	<i>t</i>	<i>Sig.</i>
Constant	9.72	3.58		2.71	.01*
Appearance Evaluation	.31	.11	.17	2.69	.01*
Appearance Orientation	-.07	.09	-.04	-.72	.47
Fitness Evaluation	-.05	.14	-.02	-.38	.70
Fitness Orientation	.10	.08	.08	1.21	.23
Subjective Weight	.15	.12	.08	1.24	.22
Body Areas Satisfaction	-.27	.04	-.43	-6.46	.00*

* $p < .05$

Table 6
Summary of Multiple Regression Analysis with Body Image Dimensions as Predictors of Anxiety in Married Adults

Predictors	R^2	ΔR^2	<i>F</i>	<i>Sig.</i>
Body Image Dimensions	.18	.15	6.98	.00*

* $p < .05$

Table 7

Coefficients of Multiple Regression Analysis with Body Image Dimensions as Predictors of Anxiety in Married Adults

Model	<i>B</i>	<i>SE B</i>	β	<i>t</i>	<i>Sig.</i>
Constant	4.56	3.19		1.43	.16
Appearance Evaluation	.35	.10	.23	3.41	.00*
Appearance Orientation	-.06	.08	-.05	-.74	.46
Fitness Evaluation	.7	.12	.04	.53	.60
Fitness Orientation	.10	.07	.09	1.38	.17
Subjective Weight	.04	.11	.02	.34	.74
Body Areas Satisfaction	-.15	.04	-.27	-4.06	.00*

* $p < .05$

Table 8

Summary of Multiple Regression Analysis with Body Image Dimensions as Predictors of Stress in Married Adults

Predictors	R^2	ΔR^2	<i>F</i>	<i>Sig.</i>
Body Image Dimensions	.22	.19	8.80	.00*

* $p < .05$

Table 9
Coefficients of Multiple Regression Analysis with Body Image Dimensions as Predictors of Stress in Married Adults

Model	<i>B</i>	<i>SE B</i>	β	<i>t</i>	<i>Sig.</i>
Constant	5.68	3.48		1.63	.10
Appearance Evaluation	.35	.11	.21	3.12	.00*
Appearance Orientation	-.07	.09	-.05	-.77	.44
Fitness Evaluation	.20	.14	.10	1.48	.14
Fitness Orientation	.08	.08	.06	.96	.34
Subjective Weight	.20	.12	.12	1.71	.09
Body Areas Satisfaction	-.19	.40	-.32	-4.62	.00*

* $p < .05$

DISCUSSION

The present study examined the predictive association of dimensions of body image with mental health problems in married adults

The results reveal some interesting and unique trends in our Pakistani cultural context. Pertaining to first hypothesis, the results of multiple regression analysis (Table 4 & 5) indicate that six dimensions of body-image accounted for 27% variance in the scores of depression (Table 4). Out of six dimensions, only two dimensions i.e. appearance evaluation and body area satisfaction predicted depression (Table 5). The remaining four dimensions, the appearance orientation, fitness evaluation, fitness orientation, and subjective weight didn't predict depression (Table 5).

Pertaining to second hypothesis of the study, the results of multiple regression analysis (Table 6 & 7) indicate that six dimensions of body-image

accounted for 18% variance in the scores of anxiety (Table 6). Out of six dimensions, only two dimensions i.e. appearance evaluation and body area satisfaction predicted anxiety (Table 7). The remaining four dimensions didn't predict anxiety (Table 7).

Pertaining to third hypothesis of the study, the results of multiple regression analysis (Table 8 & 9) indicate that six dimensions of body-image accounted for 22% variance in the scores of stress (Table 8). Out of six dimensions, only two dimensions i.e. appearance evaluation and body area satisfaction predicted stress (Table 9). The remaining four dimensions didn't predict stress (Table 9).

These findings are congruent with findings from the previous studies which suggested the link between overall body image and mental health problems such as depression, anxiety and stress (Goldfield, Moore, Henderson, Obeid, & Flament, 2010; Franko & Striegel, 2002; Hatata, Awaad, El Sheikh & Refaat, 2009; Shin & Paik, 2003; Stice, Hayward, & Cameron, 2001). Further, these findings are also consistent to findings from previous study by Samadzadeh, Abbasi, and Shahbazzadegan (2011) which supported the link between appearance evaluation and body area satisfaction and mental health problems. Their study also suggested the association between other dimensions i.e. appearance orientation, fitness evaluation, fitness orientation, and subjective weight and mental health problems. However findings from the present study didn't support the association between these dimensions and mental health problems and warrant further investigation.

Thus, the findings from present study suggest that two dimensions of body image are of significance in Pakistani cultural context i.e. appearance evaluation and body areas satisfaction. This implies that the more unfavorable appearance evaluation one has the more mental health problems one experiences. Further, the less satisfied one is with parts of the body, the more one experiences the mental health problems. The plausible explanation underlying these findings may be the role of cultural changes and media globalization. Traditionally, the heavy body was symbolized with affluent life style and considered attractive in Eastern culture especially in Pakistan. However, due to cultural evolution and media globalization, the scenario in today's modern era has drastically changed. Societal expectations and perception are transformed into physically attractive and ideal body and heavy body is no more acceptable. Media is playing a vital role in promoting ideal body image for both genders. As in developing countries like Pakistan fashion holds a significant place in people's lives and fashion industry is constantly promoting

through television, magazines, newspapers and other kinds of media the ideal body that emphasizes upon one's physical appearance and promotes thin body for women and muscular body for men. The repeated exposure to these idealized bodies in the media impacts the way men and women wants to look (Mills, Shannon, & Hogue, 2017) and eventually exerts an undue pressure and concern regarding one's appearance, body shape and weight. When men and women perceive and evaluate themselves inadequate in comparison to these ideals, a sense of dissatisfaction, guilt and shame evokes related to their weight and shape of body. This eventually leads to host of psychological and mental health problems such as eating disorders, unhealthy weight management strategies, surgeries and use of steroids (Leavy, 2004; Quinn & Zoino, 2006; Poorani, 2012), depression, anxiety and stress (Samadzadeh, Abbasi, & Shahbazzadegan, 2011).

In conclusion, the findings of the present study suggest that of all the dimensions of body image only two dimensions i.e. appearance evaluation and body areas satisfaction contribute to and are linked with mental health problems i.e. depression, anxiety and stress in married adults in our Pakistani cultural context. The study has its significance as it improves the understanding of body image variables and the contribution its different dimensions play in mental health of married adults in Pakistani cultural context. Mental health professionals can incorporate the two identified dimensions i.e. appearance evaluation and body areas satisfaction while formulating interventions to enhance mental health in targeted married individuals where body image is the underlying reason for their mental health problems.

There were some limitations in the present study. Importantly, the current study was performed only in Karachi city on a small sample size. Secondly all participants were from middle socioeconomic status and more homogeneous in terms of social and educational background. Karachi is a metropolitan city with composition of various ethnic and cultural groups. Hence, our sample limits the generalizability of the results. Therefore, it is recommended that future studies may be done more extensively in other urban and rural areas and incorporating larger sample size from diverse cultural/ethnic representations.

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