

Objectified Body Consciousness, Self Esteem and Psychological Well Being in women



Submitted by

Rimsha Rehman

SP20-BPY-012

Supervised by

Ms. Bareera Saeed

DEPARTMENT OF HUMANITIES

COMSATS UNIVERSTY ISLAMABAD,

LAHORE CAMPUS

**OBJECTIFIED BODY CONSCIOUSNESS, SELF ESTEEM AND PSYCHOLOGICAL
WELL BEING IN WOMEN**

Rimsha Rehman

SP20-BPY-012

Session (2020-2024)

BS Psychology

A thesis Submitted in Partial Fulfillment of the Requirements for the
Degree of BS Psychology

DEPARTMENT OF HUMANITIES

COMSATS UNIVERSITY ISLAMABAD, LAHORE CAMPUS.

2024

Research Completion Certificate

It is certified that the research work in this title "Objectified Body Consciousness, self Esteem and Psychological Well Being " has been completed and carried out by Rimsha Rehman Registration No:SP20-BPY-012: student of BS Psychology, session 2020-2024. The study is an independent research work carried out under instructions and deliberation.

Dated:

Mam Bareera Saeed

(Supervisor)

External Examiner

Dr. Musferah Mehfooz

(Head of Department)

Declaration

I, Ms. Rimsha Rehman, Student ID: SP20-BPY-012, student of BS in Psychology, session 2020-2024, hereby declare that the material printed in this thesis title “**Objectified Body Consciousness, Self Esteem and Psychological Well Being in Women**” is my own original work and has not been printed, published or submitted as research work, thesis or published in any form, in any university or research institute in Pakistan or abroad.

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Dedication

With the name of Allah, the most Beneficial and the most Merciful. My wholeheartedly dedication goes to my beloved parents for their prayers, praise and their moral, spiritual, emotional, and financial support. I will further dedicate this to my supervisor Ms. Bareera Saeed who helped me, supported me, and encouraged me to complete my thesis. Her kindness and support were why I was able to complete this study. Without her support, I would not have been able to complete my thesis. I will always appreciate all your struggles and hard work for me.

Acknowledgement

In the name of ALLAH who is the most merciful and most beneficial, first I am profoundly thankful to Allah for providing me with this chance and the ability to finish my dissertation despite every challenge.

Secondly, my most heartedly appreciation goes to Dr. Mian Muhammad Farooq and Ms. Bareera Saeed, my advisor and mentor, for her time, effort, and understanding in helping completing this study. Their vast wisdom and wealth of experience have inspired me throughout my studies. I am thankful that I had the opportunity to work with you.

I would love to express endless gratitude towards my parents, Abdul Rehman Abid and Sahnaaz, who did not just believe in me in fact they did everything in their might to support me and my decisions. They helped me become a well-mannered and careeroriented individual who should be resilient and sturdy enough to go through the hardest circumstances on her own.

My friends have been an ultimate source of strength for me during the thesis work and even the whole university life. I would not have done it without their constant reminders of how I am worthy of achieving the heights of success if I work wholeheartedly. I am grateful to Muqdas Fatima, Kinza Hameed, Oula Tanveer, Hira Saifullah and Iqra Sultan for always having my back in the past years. If they had not been here emotionally I would not have imagined to come this far.

I would like to thank the all Faculty of psychology at COMSATS University Islamabad, Lahore campus for providing me with the resources and their guidance to pursue my graduate study in the Humanities Department.

. The instructors who provided me with resources and aided me in completing this research are equally appreciable. I would like to express my thanks to the people who have been here through thick and thin during my university life. Their kindness, capability, intellect, and endless support has helped me achieve my goal of completing this thesis. If it were not for all of the people who supported me, I might not have attained this much over these university years.

Rimsha Rehman

Table of Contents

Chapter 1	1
Introduction.....	1
1. 1 Objectified Body Consciousness.....	1
1.1.1 Sub Dimension of Objectified Body Consciousness	1
1.2 Self Esteem.....	6
1.3 OBC and Self Esteem.....	8
1.4 Psychological well-being background	8
1.4.1 Negative effects on Psychological Well-being.....	9
1.4.2 Neuroscience of Psychological Well-being	9
1.4.3 Enhancing Psychological Well-being.....	10
Chapter 2	11
Literature review	11
2.1 Rational of the Study.....	21
2.2 Objective	21
2.3 Hypotheses	21
Chapter 3	22
Method	22
3.1 Research Design.....	22
3.2 Sampling Strategy	22
3.3 Sample.....	23
3.3.1 Inclusive Criteria	23
3.4 Operational Definitions	24

3.4.1 Objectified Body Consciousness	24
3.4.2 Self Esteem	24
3.4.3 Psychological wellbeing:	24
3.5 Measures.....	25
3.5.1 Demographic Information Form.....	25
3.5.2 Objectified Body Consciousness Scale (OBCS)	26
3.5.3 Rosenberg Self Esteem Scale:	27
3.5.4 Ryff Psychological Wellbeing Scale	28
3.6 Procedure:.....	29
3.7 Ethical Considerations:	30
3.8 Statistical analysis:	30
Chapter 4	31
Results	31
Summary of Results:	35
Chapter 5	36
Discussion.....	36
5.1 Conclusion:.....	38
5.2 Limitations	39
5.3 Suggestions:	39
5.4 Implications of Study:	39
References	40

List of Tables

Table No	Page #
Table 1: Descriptive Characteristics of Study Participants.....	25
Table 2: The descriptive statistics and Cronbach's alpha are shown in Table 2.	31
Table 3: Correlation of Demographics with Study Variables (N=400).....	32

List of Appendices

Appendix A Informed Consent

Appendix B Demographic Sheet

Appendix C Objectified Body Consciousness Scale (Mckinley)

Appendix D Self Esteem Scale (Rosen Berg)

Appendix E Psychological Well Being (Ryff)

Appendix F Author's Permission Letters

Appendix G Data Collection Permission Letters

Appendix H Plagiarism Report

List of Abbreviations

α = Alpha

β = Beta

C = Conflict

K = Kurtosis

LL = Lower Limit

M = Mean

$M.M$ = Mood Modification

n = Number of Items

N = Number of Participants

p = Significance Value

SI = suicidal ideation

CP= Corporal punishment

IP= Intimate partner violence

SNS = Social networking sites

SA= Salienc

WI= Withdrawal

CO= Conflict

r = Correlation

RE = Relapse

S = Skewness

SD = Standard Deviation

SE = Standard Error

Abstract

The purpose of this quantitative study was to evaluate the relationship objectified body consciousness, self-esteem and psychological well-being in women. A convenient sampling methods used to collect data for this quantitative study from 400 participants age ranging between 18 to 30 years ($M=20.02$, $SD= 1.79$). Demographic Questionnaire, objectified body consciousness, Revised Attitudes towards self-esteem was used. The correlation analysis demonstrated that objectified body consciousness and self-esteem positively and significantly correlated with psychological well-being. It was hypothesized that objectified body consciousness initiative is likely to correlation self-esteem and psychological well-being in women. The results did not prove an association between objectified body consciousness, self-esteem, and psychological well-being. The finding of the study revealed that there is a significant positive relationship between objectified body consciousness (OBC), self-esteem, and psychological well-being in women. All paths are showed to be significant. These findings have important implications for clinical practice, education, research, policy-making and public health policy. This study will contribute on prevention measures as emerging adults have to go later in their marital, social, and professional life.

Keywords: social networking addiction, violent attitudes, suicidal ideation, prevention strategies

Chapter 1

Introduction

The complex relationship between objectified body consciousness, self-esteem, and psychological health has risen to the forefront in modern society, especially among women. This worry results from objectification's ubiquitous effect, which has crept into many facets of contemporary life, such as media depictions, advertising, and interpersonal relationships. Women's mental health and general well-being are significantly impacted by the phenomenon of objectified body consciousness, or the internalization of social beauty norms that reduce women to inanimate objects. (De-Juanas et al., 2020)

1. 1 Objectified Body Consciousness

Objectified Body Consciousness (OBC) is another person's viewpoint that embeds the individuals' body-self relationship, specifically in their body's appearance as another observer, rather than how their body feels or what their body can do (John, 2003).

1.1.1 Sub Dimension of Objectified Body Consciousness

The objectified body consciousness (OBC) is a complex concept encompassing various aspects of how individuals view and experience their bodies. The sub-dimensions of objectified body consciousness were initially conceptualized.

(M. McKinley and Janet. Hyde 1996).

1.1.1.1 Body Surveillance

This refers to the constant monitoring and self-objectification of one's body, often with the expectation of being judged by others. (M. McKinley and Janet. Hyde 1996)

i. *Internalized Gaze*

This refers to the internalization of societal expectations and the imagined judgment of others, leading to self-monitoring and critical evaluation of one's body. (Wolf, N. 1991)

- ***Sub-dimensions***

- ***Self-criticism***

Engaging in constant negative self-talk and focusing on perceived flaws.

- ***Body mapping***

Mentally mapping and assessing different body parts based on perceived flaws and societal standards.

- ***Anticipatory judgment***

Imagining and pre-empting the negative evaluations of others.

ii. *External Monitoring*

This refers to the heightened awareness of external cues and actual or anticipated scrutiny, leading to anxiety and self-consciousness about body movements and appearance. (Bartky, S. L. 1990)

- ***Sub-sub-dimensions***

- ***Hypervigilance***

Constantly scanning the environment for potential sources of judgment and scrutiny.

- ***Body language control***

Attempting to control body movements and posture to avoid appearing unattractive or judged.

- **Social anxiety**

Feeling anxious and self-conscious in social situations due to fear of negative evaluation.

- iii. ***Comparison and Competition***

This refers to the tendency to compare one's body to others, particularly idealized images in media, leading to feelings of inadequacy and insecurity. (Bordo, S. 1993)

- ***Sub-sub-dimensions***

- ***Downward social comparison***

Comparing oneself to others perceived as more attractive, leading to feelings of inferiority.

- ***Social media envy***

Comparing oneself to idealized online images, experiencing envy and dissatisfaction with one's own body.

- ***Competitive body culture***

Engaging in constant competition to achieve the "ideal" body, often leading to unrealistic expectations and unhealthy practices.

1.1.1.2 Body Shame

This refers to negative feelings about one's body, often related to the belief that it does not meet societal standards of beauty and attractiveness.

- ***Sub-dimensions of Body Shame***

- i. ***Disgust and Aversion***

This refers to negative emotions towards one's body, often fueled by feelings of imperfection, inadequacy, and failure to meet beauty standards. (Orbach, S. 2012)

- ***Sub-sub-dimensions***

- ***Physical disgust***

Feeling disgusted by one's own body, based on perceived flaws or imperfections.

- ***Dissociation from the body***

Feeling disconnected or estranged from one's physical self.

- ***Avoidance of physical intimacy***

Avoiding situations involving physical touch due to body shame.

- ii. ***Embarrassment and Humiliation***

This refers to the fear of being exposed and judged for one's perceived flaws, leading to a desire to hide and avoid social situations. (Goffman, E.1959)

- ***Sub-sub-dimensions***

- ***Fear of exposure***

Worrying about others seeing or revealing perceived flaws and imperfections.

- ***Hiding and covering up***

Using clothing and accessories to conceal perceived flaws and avoid negative attention.

- *Social withdrawal*

Isolating one from social interactions to avoid potential judgment and humiliation.

- iii. *Loss of Control and Helplessness*

This refers to the feeling of being powerless over one's body and its perceived flaws, leading to feelings of despair and hopelessness. (Foucault, M. 1977)

- *Sub-sub-dimensions*

- *Feeling powerless over one's body*

Believing that one cannot change or improve one's appearance, leading to feelings of hopelessness.

- *Obsessive focus on appearance*

Spending excessive time and energy on trying to change one's body, often leading to anxiety and stress.

- *Loss of self-worth*

Basing one's self-worth on appearance, leading to low self-esteem and negative self-image.

1.1.1.3 Control Beliefs

This refers to the belief that one's body must be constantly controlled and managed to be acceptable and avoid negative judgments. (Brown, L. S 2008).

- i. *Dieting and Restrictive Eating*

This refers to the adoption of strict dietary practices and rules to control weight and achieve desired body shape, potentially leading to eating disorders.

- ***Sub-sub-dimensions***

- ***Constant calorie counting and food restriction***

Obsessively tracking calories and restricting food intake to achieve weight loss.

- ***Fear of certain foods***

Avoiding specific foods or food groups perceived as unhealthy or fattening.

- ***Disordered eating behaviors***

Engaging in unhealthy eating patterns like binge eating, purging, or excessive exercise.

1.2 Self Esteem

Self-esteem is the overall feeling of worth, dignity, and importance a person has about himself or herself." (Rosenberg, M 1965) Rosenberg viewed self-esteem as a relatively stable internal trait that influences an individual's thoughts, feelings, and behaviors. He believed that high self-esteem leads to positive outcomes like better mental health, greater social competence, and improved academic performance. Conversely, low self-esteem can be associated with depression, anxiety, and difficulties in social relationships.

Self-esteem is a favorable or unfavorable mindset about oneself and an overall measure of one's thoughts and emotions. Based on one's human value, self-esteem is like a personal psychological trait related to self-judgment (Park & Park, 2019). It includes a range of beliefs about oneself, like appearance, values, feelings, and actions (Cherry, 2019). Both high and low self-esteemed people may act similarly to positive feedback, but they show different negative

feedback responses. Specifically, people with low self-esteem appear to have adverse reactions. In contrast, it seems that those with high self-esteem are less affected, as they tend to deny or limit the impact of negative feedback (Brown & Mankowski, 1993).

Self-esteem refers to a person's overall sense of his or her value or worth. It can be considered a sort of measure of how much a person "values, approves of, appreciates, prizes, or likes him or herself" (Adler & Stewart, 2004).

Neff explored the concept of self-compassion, emphasizing its role in moderating the relationship between self-esteem and psychological well-being. Findings suggested that even individuals with low self-esteem could experience improved well-being if they practiced self-compassion (being kind and understanding towards oneself). This highlights the complex interplay between these factors and the potential for interventions that focus on developing self-compassion alongside self-esteem.

The term Self-esteem is frequently defined as the subjective evaluation of one's own self-esteem (Orth & Robins, 2014). As reported by Cast and Burke (2002), where they argued that self-esteem consists of two distinct measures which are competence and worth. These measures are evaluated differently in the aspect of self-esteem. Firstly, competence refers to the individual's efficacy in which the individual perceives themselves as a capable and successful person (Cast & Burke, 2002). On the other hand, the dimension of worth indicates the extent of an individual feeling good about themselves and developing a sense of worth and preciousness in their life (Stets & Burke, 2014).

1.3 OBC and Self Esteem

When people start contrasting themselves too often to other people, self-esteem always gets affected. One study revealed that seeing objectified body consciousness frequently results in decreased self-esteem and decreased life satisfaction. There have been few studies exploring both self-objectification and self-esteem. The findings showed that self-objectification could decrease self-esteem (Calogero & Thompson, 2009).

1.4 Psychological well-being background

A wholesome life is a prerequisite for psychological well-being. It consists of having a cheerful outlook and performing well. The witnessing of painful emotions (for example, disappointment, failure, or sorrow) is a natural part of life, and being able to control these unpleasant or painful emotions is crucial for long-term well-being. Therefore, sustained well-being does not require people to always feel pleasant. (Huppert, 2009) One of the key components of mental health is psychological well-being. As public knowledge and understanding have evolved over the past few years, the significance of mental health has been stressed more and more. It is now known that psychological well-being and the absence of mental illness are both components of mental health. A complex concept, psychological well-being refers to optimal psychological experience and functioning. (Tang, Tang, & Gross, 2019) Possessing an idea of balance in emotions, thoughts, social interactions, and pursuits is a sign of psychological well-being. (Brown & Ryan, 2003; Feller et al., 2018)

Psychological well-being can be described as resilience (coping mechanisms, problem-solving), as well as hedonic, or joy, and eudemonic (meaning: satisfaction) happiness. (Tang et al., 2019)

Psychological well-being is often defined as living a feel good life with prolonged effectiveness (Huppert, 2009). It is a very subjective part of life, where feeling good does not only focus on happiness but also the aspects of motivation, endearment, and the ability to perform well in daily life. Other scholars such as Matteucci & Soncini (2021) stated that psychological well-being indicates how a person's life consists of the choice of freedom, life satisfaction, discovering the purpose of life, building healthy relationships with people, self-esteem as well as self-acceptance.

1.4.1 Negative effects on Psychological Well-being

Negative emotions that are severe or persistent and interfere with an individual's capacity to function in daily life are a threat to that individual's psychological well-being, therefore, boosting positive mood and reducing negative emotion cause a boost in positive physiological/biological changes (such as reduced inflammation and improved immunological function) and contributes to a variety of beneficial health outcomes (such as improved cardiovascular health). (Diener & Chan, 2011; Howell, Kern, & Lyubomirsky, 2007; Kiecolt-Glaser, McGuire, Robles, & Glaser, 2002)

1.4.2 Neuroscience of Psychological Well-being

A person's usual emotional style is correlated with baseline levels of asymmetric activation in the prefrontal cortex, according to Davidson and his colleagues. Using EEG or functional magnetic resonance imaging (fMRI), it is concluded that people with positive emotional styles typically exhibit greater levels of left than right prefrontal activity at rest, whereas people with negative emotional styles typically exhibit higher levels of right than left prefrontal activation at rest. (Davidson, 1992) Additionally, according to Davidson and colleagues, induced negative

mood increases relative right-sided activity and induced happy mood increases relative left-sided activation, regardless of emotional style. (Davidson, 2004; Davidson, Chapman, Chapman, & Henriques, 1990)

1.4.3 Enhancing Psychological Well-being

Numerous systematic reviews and meta-analyses have suggested that therapies like mindfulness training can improve psychological well-being. (Brown & Ryan, 2003; Hutcherson, Seppala, & Gross, 2008) The human body's immunological responses may be enhanced by boosting psychological well-being, which may also increase resistance to illnesses (including infectious diseases) and lead to a more affluent physical and spiritual life. (Abdurachman & Herawati, 2018)

Chapter 2

Literature review

The following researches will provide a review of the literature discussing relationship between Objectified Body Consciousness, Self-Esteem and Psychological Well-Being in Women.

Objectification theory provides the framework for understanding women's body image and well-being in a sociocultural context that objectifies women's bodies and equates their self-worth with their body appearance and sexual functions (Fredrickson & Roberts, 1997). The present study sought to understand the relationship between self-objectification, body shame, body image, self-esteem, and psychological well-being among Latina women. Participants included 190 Latina women of which the majority (41.6%) was between 20 and 29 years of age. It was hypothesized that self-objectification would be positively related to body shame. A Pearson r Correlation analysis showed that self-objectification was positively related to body shame ($r = 0.29$, $p < 0.01$). It was hypothesized that self-objectification would be negatively related to self-esteem, body image, and well-being in Latina women. A Pearson r correlation analysis showed that self-objectification was negatively and not significantly related to well-being ($r = -0.13$, $p > 0.05$), positively related to body image ($r = 0.30$, $p < 0.01$), and positively related to self-esteem ($r = 0.40$, $p < 0.01$). It was hypothesized that self-objectification, body shame, self-esteem, and body image, would predict well-being. A linear regression analysis revealed that self-objectification, body shame, self-esteem, and body image accounted for 6.2% of the variation in well-being ($F(4, 185) = 3.04$, $p < 0.05$). Furthermore, self-objectification ($\beta = -7.50$, $p < 0.05$) and body shame ($\beta = 5.49$, $p < 0.05$) were the only statistically significant predictors of wellbeing. This means that a 1-point increase in self-objectification is associated

with a 7.50-point decrease in well-being. There is a 1-point increase in body shame, while well-being increased by 5.49 units.

Appearance contingent self-worth has been shown to be associated with low appearance self-esteem but little is known about the role that objectified body consciousness may play in this relationship. The purpose of the present study with 465 female undergraduates was to examine whether objectified body consciousness mediates the association between appearance contingent self-worth and low levels of appearance self-esteem. This was accomplished using a multiple mediation model to examine whether components of objectified body consciousness (i.e., body surveillance, body shame, and control beliefs) play unique roles in the connection between appearance contingent self-worth and appearance self-esteem. Results showed that body surveillance and body shame were significant mediators of the connection between appearance contingent self-worth and low levels of appearance self-esteem. Discussion focuses on the implications of these results for the ways in which appearance contingent self-worth may promote heightened body consciousness and possibly contribute to low levels of appearance self-esteem. (Virgil Zeigler-Hill 2013)

In this study we investigated the interrelationships between self-objectification, body satisfaction, body esteem, and self-esteem. A questionnaire that assessed each of these constructs was completed by 104 female participants between the ages of 16 and 25 who exercised regularly at a fitness center. Self-objectification and appearance-related reasons for exercise were significantly negatively related to body satisfaction, body esteem, and self-esteem, and functional reasons for exercise were positively related to each of these outcome measures. Self-objectification also predicted the reasons women exercise. More important, reasons for exercise were found to mediate the relationships between self-objectification and body satisfaction, body

esteem, and self-esteem. It was concluded that objectification theory can be extended usefully into the realm of exercise and that, among women who exercise, motivations for exercise account for the reduced body satisfaction and self-esteem for women high on self-objectification.

In a patriarchal society, women acquire lower status and less power. They tend to be seen more in terms of the function they fulfill in society than as human beings in and of themselves. In other words, they tend to be objectified. Objectification takes place in the media as well as in interpersonal interactions. When women internalize this third person perspective of themselves, they experience self-objectification, a phenomenon that has been found to have an adverse

effect on various aspects of life. The present research aims to study self-objectification, self-esteem and life satisfaction in young adult women. Standardized scales were used to measure self-objectification, self-esteem and life satisfaction. 45 women in the age group 18-25 participated in the study. A significant negative correlation was found between self-objectification and self-esteem, as well as between self-objectification and life satisfaction. The study has important implications such as the need for more research on this topic in non-Western cultures, and the need to consciously adopt a healthy way of looking at one's own body. (Adiba Kalimi July 2023)

Previous work has shown that both an appearance-contingent self-worth (i.e., staking one's overall self-evaluation on one's physical appearance) and self-objectification are associated with higher appearance anxiety and lower self-esteem among women. Although prior evidence separately links both appearance-contingent self-worth and self-objectification to these negative outcomes, no work has examined the mediating processes that may underlie this relationship. With the current project, we examined the relationship between appearance-contingent self-worth and self-objectification, and the degree to which this relationship is

associated with higher appearance anxiety and lower overall self-esteem. We hypothesized that appearance-contingent self-worth would be positively associated with self-objectification; in turn, we expected self-objectification to be related to higher appearance anxiety, and ultimately, lower self-esteem. Across two studies, one cross-sectional ($N = 208$) and one short-term longitudinal ($N = 191$), we found compelling support for this hypothesis. These findings have practical and theoretical significance for both the self-objectification and contingent self-worth literatures.2017

This study examines the relationship between body surveillance, a key component of OBC, and eating disorder symptoms in female college students. Sample Size: The study by Tiggemann & Hutchinson (2011) involved 131 female college students. The article likely specifies characteristics like age, ethnicity, and year in college. . It finds that body surveillance has a direct negative impact on self-esteem, which in turn, increases the risk of eating disorder symptoms. This highlights the importance of addressing body surveillance for improving both mental and physical health. The study specifically focuses on female college students, meaning it doesn't generalize to other populations such as men, younger women, or women from different age groups or backgrounds.

Researchers have examined critical factors associated with sexual risk taking, including self-objectification. Self-objectification has been linked to sexual self-esteem, which was associated with higher levels of engagement in sexual activity. Though the exact mechanism through which this occurs remains unknown. To better understand the effects of self-objectification and self-esteem on sexual initiation in emerging adults, the present study aimed to investigate the role of self-objectification and self-esteem in predicting age of sexual initiation across the sexual timetable. Emerging adults were presented with self-report assessments of self-

objectification and self-esteem, as well as a retrospective questionnaire on age of sexual initiation. Results showed that self-esteem did not mediate the relationship between self-objectification and sexual initiation. However, self-objectification and self-esteem appeared to be independent risk factors of sexual initiation. Self-objectification, specifically appearance control, was associated with the initiation of French Kissing, touch penis, vaginal sex, and sexting. Body shame was associated with the initiation of anal sex. Self-esteem was associated with the initiation of more intimate sexual behavior including vaginal sex, anal sex and sexting. These results should inform future research to explore intra-individual factors, especially self-objectification to enhance the specificity of education-, prevention-, and treatment program. (Adriana Gramsas 2014)

A lot have been said and seen about people making different kind of attempts to change at least some thing about their body. This attempts ranges from skin bleaching to cosmetology surgeries and lots more that borne out of body shaming and self-objectification. This study examines the impact of self-objectification and body shame on self-esteem and life satisfaction. 210 respondents were sampled through internet and SPSS was used to analyses the data obtained from them. The findings of the study revealed that body-shame is a serious phenomenon that exerts a negative influence life satisfaction but positively impact self-esteem. The study also found that self-objectification and life satisfaction has negative impact on self-esteem. Limitations and recommendation for further study discussed in this study.

Research on objectification theory (Fredrickson and Roberts in *Psychology of Women Quarterly* 21:173–206, 1997) has demonstrated relations among self-objectification, body shame, and negative health outcomes. Less research has focused on the relation of self-objectification to indicators of well-being. We examined associations among self-objectification, body shame, and

two indicators of well-being (i.e., self-esteem and satisfaction with life) in a path analytic model. We also tested explicitly whether body shame mediated the relation between self-objectification and self-esteem and whether self-esteem mediated the relation between body shame and life satisfaction. Female undergraduates ($N = 227$) from the United States completed questionnaires assessing the constructs of interest. Results indicated that the proposed model fit the data and that body shame and self-esteem mediated as predicted. Implications of these findings are discussed.

Laboratory experiments and surveys show that self-objectification increases body shame, disrupts attention, and negatively predicts well-being. Using experience sampling methodology, the authors investigated self-objectification in the daily lives of 49 female college students. Building on the predictions of objectification theory, they examined associations between internalizing an observer's perspective on the self and psychological well-being, and examined the moderating roles of trait self-esteem and appearance-contingent self-worth. Within-person increases in self-objectification predicted decreased well-being, but this association was moderated by trait self-esteem and trait appearance-contingent self-worth; high self-esteem, highly appearance-contingent participants reported increased well-being when they self-objectified. Furthermore, perceived unattractiveness partially mediated the main effect and the three-way interaction: high self-esteem, highly contingent participant's experienced smaller drops in well-being when they self-objectified, in part because they felt less unattractive. These results suggest that in daily life, some women receive a boost from self-objectification, although most women experience decreases in well-being when self-objectifying. (Breines, J. G., Crocker, J., & Garcia, J. A. 2008)

Objectified body consciousness theory provides a framework for understanding young women's negative body experiences and their impact on well-being. This study examined the

impact of body surveillance, body shame, and appearance control beliefs, the 3 components of objectified body consciousness, on wellness in college women. Data indicated a negative relationship between body surveillance and body shame and several components of wellness and a positive relationship between appearance control beliefs and aspects of wellness. (Stacey L. Sinclair and Jane E. Myers 2011)

The objectification of women by our society can become internalized by women, resulting in negative psychological outcomes. Using Fredrickson and Roberts' (1997) objectification theory, we tested a model of the relationships between self-objectification and disordered eating and depressive symptoms in a sample of undergraduate women (n=384). One postulate of self-objectification theory is that self-objectification can lead to a lack of internal awareness, which may mediate the relationship between self-objectification and restrictive eating, bulimic, and depressive symptoms. Results of structural equation modeling suggest that self-objectification has a direct relationship to restrictive eating, bulimic, and depressive symptoms. The meditational role of internal awareness was relevant for depressive symptoms but not for restrictive eating or bulimic symptoms. Depressive symptoms did, however, mediate the relationship between self-objectification and bulimic symptoms. The relevance of our findings to the understanding of objectification theory is discussed and future areas of research recommended.

Body Image and Psychological Well-Being Cash and Fleming (2002) has conceptualized that body-image is an important key factor in women's physical and psychological health; whereas, many college-aged women believed that possessing a thin and attractive body-image would lead to happiness and overall success (Evans, 2003) Researches had also observed that dissatisfaction related to body is associated with different forms of psychopathology such as

depression, and anxiety (Davis & Forman 2005; Tylka, 2004). Similarly, further evidence explained that young adult women relate their physical appearance with their overall self-worth and psychological wellness more as compared to men (Crocker & Sanchez, 2005). Similarly, perceptions of body image of men and women are associated with self-esteem and psychological well-being (Befort et al., 2005). Neff and Pommier (2012) found that preoccupation with body image is high among female college students and is positively linked with happiness and subjective well-being.

Sexual objectification as a form of sexist discrimination accounts for the higher prevalence of psychological problems among women. More specifically, sexual objectification manifests itself in different ways with different intensities, in turn affecting women's psychological well-being differently. On one hand, experiences of body evaluation are more subtle and work by perpetuating sexist attitudes among women themselves. On the other hand, more explicit forms of sexual objectification (unwanted explicit sexual advances) are linked to higher levels of anxiety and lower levels of self-esteem. The first study, on a sample of 343 Spanish women, aims to analyze the consequences of different forms of sexual objectification on women's psychological well-being and the effect of sexism and enjoyment of objectification on these consequences. The second study, on a sample of 144 Spanish women, focuses on analyzing the ideological variables that have an effect on response to acts of sexist discrimination. Both studies reveal the significance of the more subtle experiences of sexual objectification as a mechanism that plays a part in keeping women in a subordinate position, where they end up feeling that this process is positive or pleasing.

Hypotheses about age-related differences in objectified body consciousness (OBC; McKinley & Hyde, 1996) based on the cultural, developmental, and familial contexts of

women's body experience were tested on 151 undergraduate women and their middle-aged mothers. Mothers had lower levels of surveillance (watching the body as an outside observer) and body shame (feeling one is a bad person when appearance does not meet cultural standards) than daughters. No differences were found in appearance control beliefs, body esteem, or restricted eating, even though mothers weighed more and were less satisfied with their weight than daughters. OBC was related to measures of psychological well-being in both age groups; body esteem was more strongly related to some measures of daughters' psychological well-being than mothers'. Relationships of partner and family approval and OBC and body esteem were also examined. (PsycINFO Database Record (c) 2016 APA, all rights reserved). McKinley, N. M. (1999)

Due to the enormous popularity of social networking sites (SNSs), online and offline social lives seem inextricably linked, which raises concerns for how SNS use relates to psychological health. Similarly, the omnipresence of selfies on SNSs as a form of appearance-related exposure raises concerns regarding psychological health. This study aimed to investigate the relationships between body image, self-objectification, self-esteem, and various selfie behaviors among young women (N = 179). We hypothesized that a worsened body image (i.e., higher body dissatisfaction or lower body appreciation), higher levels of self-objectification, and lower self-esteem would precede greater engagement in selfie behaviors. Structural equation modeling showed that body appreciation is associated with greater engagement in selfie selection and deliberate posting, and that self-objectification is related to greater engagement in all selfie behaviors assessed. In support of our proposed model, a reversed model was also tested that showed poorer results. These findings suggest that body image may serve not only as an outcome of SNS use but also as a motive preceding selfie behaviors. (Keijer, M., & Konijn, E. A. 2020)

To study women's body experience, a set of scales were developed based on feminist theory about the social construction of the feminine body as an object "to be looked at." The objectified body consciousness (OBC) scales were found to be both valid and reliable and to consist of three dimensions: 1) surveillance (viewing one's body as an outside observer), 2) internalization/body shame (internalizing cultural body standards and feeling shame when one's body does not conform), and 3) control beliefs (believing one's appearance can be controlled). In Study 1, OBC was examined in young adult women (N = 278), their middle-aged mothers (N = 151), and fat women who advocated fat acceptance (FAAs) (N = 128). Body esteem (Franzoi & Shields, 1984) and psychological well-being (Ryff, 1989) were also measured. For all groups, surveillance and body shame correlated negatively with body esteem and psychological well-being. Control beliefs correlated positively with body esteem and psychological well-being. Middle-aged women had lower OBC and higher body esteem than young adult women and FAAs had higher body esteem and lower OBC than any group when body size was controlled. Mothers' and daughters' body esteem and surveillance were positively related. For young women and FAAs, body esteem was related to their perception of their family's approval. Fat women who were fat acceptance activists had higher body esteem and psychological well-being, and lower OBC than fat women who were not. In Study 2, undergraduate women (N = 164) and men (N = 163) rated a woman who was fat or average weight and high or low on the OBC scales. There was little negative evaluation of the woman on the basis of size, but OBC was important in people's evaluations and liking of the woman, with the most negative evaluations occurring when the woman was low on surveillance. These two studies confirmed the importance of objectified body consciousness for women's body esteem and psychological well-

being and how some women resist negative body experience in the face of intense cultural pressure.

2.1 Rational of the Study

There is no empirical work done on this Study in Pakistan. This work focuses on the associations between psychological wellbeing, objectified body consciousness, and self-esteem of young adults' students from different universities of Pakistan. There is no research on this topic in Pakistani culture as these are typically performed in western countries. Therefore, this area needs to be explored concerning Pakistani culture, and researchers need to focus attention on this behavior affecting issues with several other psychological variables.

2.2 Objective

The present study was carried out with the primary objective of determining the relationship between, objectified body consciousness, and self-esteem and psychological wellbeing in women.

2.3 Hypotheses

There is a significant relationship between objectified body consciousness, self-esteem and psychological wellbeing in women.

Chapter 3

Method

In this chapter, the methodology that has been used in this study will be explained. The topics of discussion would be research design, sampling method, sample size, participants chosen, location of study, data collection procedures, measurement and design of instrument and lastly data analysis of results that will be collected upon distribution of survey.

The study was conducted after the approval of the Ethical Review Board of COMSATS University, Lahore, by students of Spring 20, with registration number, SP20-BPY-012 Semester 8th, in 2024.

3.1 Research Design

The current research design is using quantitative research method. Quantitative research involves calculation and analysis of data for every measurement used (Watson, 2015). Person correlational research design was used in the present study to study the relationship between, Objectified Body Consciousness, Self-Esteem and Psychological Well-Being in Women.

3.2 Sampling Strategy

In this study, the sampling method that has been used to match the criteria of current condition is the convenience sampling method. Convenience sampling method is a type of non-probability sampling method that can retrieve data directly from a targeted sample such as the sample student's from different universities. To conduct this correlation study, the sample comprised of 400 women student. A convenience sampling techniques was used to collect data from different universities. Study also found out that convenience sampling method is also

considered as a less-time consuming and cost-effective sampling method to obtain the sample participants (Speak et al., 2018).

3.3 Sample

400 participants ranging in age between 18 to 30 women students will be selected from COMSATS university Lahore campus and The Lahore University through convenient sampling.

3.3.1 Inclusive Criteria

Only those will participate in the study that is:

- Young adults include in my research.
- Participating of students in different institutes
- Residents of Lahore, Pakistan
- Only the educated participants who comprehended English well were contacted because the survey was English.
- Other than that, only the participants in Pakistan were approached and included in the study.

3.3.2 Exclusive Criteria

- Furthermore, participants who sought any psychological or psychiatric assistance and who had any mental or physical disability were excluded from the sample.

3.4 Operational Definitions

3.4.1 Objectified Body Consciousness

Objectified body consciousness (OBC) tends to perceive one's body as an object for others to stare at and judge. It is theorized that adolescents, particularly adolescent girls, undergo sexual objectification during sexual maturation (Lindberg, 2007)

3.4.2 Self Esteem

In psychology, self-esteem helps to evaluate the general perception of individual's worth or personal value. Self-esteem is often viewed as a personality trait, which means that it remains balanced and persistent (Cherry, 2019).

3.4.3 Psychological wellbeing:

The variable psychological well-being was measured by the shortened 18-item version of the Psychological Well-being scale (PWB). This instrument consisted of 18 items in order to measure psychological well-being. The score was computed by summing up the total score that an individual obtained. The higher score indicates the higher level of psychological well-being.

Psychological well-being is a core feature of mental health, and may be defined as including hedonic (enjoyment, pleasure) and eudaimonic (meaning, fulfillment) happiness, as well as resilience (coping, emotion regulation, healthy problem solving). Taking this stance, Ryff proposed a theoretical model of psychological well-being which comprises six different aspects of positive functioning, namely autonomy, environmental mastery, personal growth, purpose in life, positive relations with others and self-acceptance. (Ryff, 1989)

3.5 Measures

3.5.1 Demographic Information Form

Demographic information form was included all the basic information of the participant.

Name (Optional), Age, Gender, Marital Status, Family System, and Number of Siblings (Including You) Birth Order, Area of Residence, Family Income (Rs), Employment Status, Marital Status, University Name, Subject, Degree Program Name, and Education (in years)

Table 1 Descriptive Characteristics of Study Participants

	N	Range	Mean	Std. Deviation
Age	400	1	20.02	1.7
Family system	400	1.00	1.35	.478
Birth order	400	1	1.13	.339
Gender	400	1	1.00	.223
Siblings	400	1	1.26	.436
Residence	400	1	1.55	.498
Employment	400	3	3.35	1.073
Marital status	400	2	1.04	.226
University	400	1	1.26	.439

Degree	400	1	1.02	.148
Education	400	5	14.30	1.205
Income	400	1	1.43	.495

3.5.2 Objectified Body Consciousness Scale (OBCS)

Objectified Body Consciousness Scale (OBC) is a 24-item measure of the degree to which females view their bodies as an object that can be changed after internalizing societal expectations. The scale contains three subscales: 1) surveillance (viewing the body as an outside observer), 2) body shame (feeling shame when the body does not conform) and 3) appearance control beliefs. 1=Strongly Agree, 2=Agree, 3=Slightly Agree, 4=Neither Agree nor Disagree, 5=Slightly Disagree, 6=Disagree, 7=Strongly Disagree. Body surveillance (items 1 to 8); Body shame (items 9 to 16); Control beliefs (items 17-24).

In the body image literature, the McKinley Objectified Body Consciousness Scale is a popular measure of important constructs. The OBCS has aided research into sociocultural frameworks for understanding body image in adults, as well as identifying significant risk factors for associated psychiatric symptomatology. Despite the OBCS's influence and popularity, research into its factor structure has been limited. This scale consists of 24 items on seven -point Likert scale 1=Strongly Agree, 2=Agree, 3=Slightly Agree, 4=Neither Agree nor Disagree, 5=Slightly Disagree, 6=Disagree, 7=Strongly Disagree. There are three subscales of objectified body consciousness: 1) Body surveillance (viewing the body as an outside observer), 2) body shame (feeling shame when the body does not conform) and 3) appearance control beliefs. Body surveillance (items 1 to 8); Body shame (items 9 to 16); Control beliefs (items 17-24).

The objectified body consciousness has .918 reliability. Body surveillance, body shame and appearance control belief are component of this scale. (Moradi & Varnes, 2017). The 24-item measure has been adapted for use with preadolescent and adolescent youth, including updated terminology and syntax. The results show that the OBC-Youth scale is a valid and reliable measure of OBC. (McKinley and Hyde, 1996).

3.5.3 Rosenberg Self Esteem Scale:

Rosenberg Self-Esteem Scale. Rosenberg Self-Esteem Scale (RSES) is a widely used instrument to assess one's self-esteem including the measurement of both positive and negative feelings about self. The scale is a unidimensional model and it equalizes discrimination based on a standard model. It is a self-report type instrument consisting of 10 items to evaluate self-esteem. The scale for RSES is a 4-point Likert scale ranging from 1=Strongly Disagree, 2=Disagree, 3=Agree to 4=Strongly Agree. In the scale, there are 5 reverse scoring items (2,5,6,8,9) while another 5 items are positive scoring items (1,3,4,7,10). The negative scoring items indicate negative Self-Esteem while the positive scoring items indicate positive Self-Esteem. The scoring method is calculated by summing up all the items in the scale; higher score indicates higher level of self-esteem of an individual. By using item no.5 which was negative worded as an example for reversed scoring item, "I feel I do not have much to be proud of."

The Rosenberg Self-Esteem Scale assesses a person's overall self-esteem. It is made up of 10 different items out of which 5 items are negatively coded and 5 items are positively coded. It is used in psychological research to measure self-esteem. Rosenberg Self-Esteem Scale is a convenient scale. This scale has good reliability and validity. Rosenberg's Self-Esteem Scale is the most widely used measure of self-esteem for adult populations. Participants are asked to rate

their responses on a 4-point Likert scale [i.e., strongly disagree (1), disagree (2), (agree (3) and strongly agree (4)]. (Rosenberg, 1965).

3.5.4 Ryff Psychological Wellbeing Scale

Psychological well-being scale of 18 items was created by psychologist Ryff & Keyes (1995). This version of scale is the shortest version of the original scale which has 42 items in comparison. It is used to measure the psychological well-being of adults. The scale takes about 5 minutes to finish and it consists of a Likert scale of point where 1 indicates strongly agree, 2 indicates somewhat agree, 3 indicates a little agree, 4 indicates neither agree nor disagree, 5 indicates a little disagree, 6 indicates somewhat disagree and lastly 7 indicates strongly disagree. There are 10 reversed score items which are Q1, Q2, Q3, Q8, Q9, Q11, Q12, Q13, Q17, Q18. The scoring would be reversed where point 1 will indicate strongly disagree (point 7), point 2 will indicate somewhat disagree (point 6), point 3 will indicate a little disagree (point 5), point 4 remain the same with the original scoring (point 4), point 5 will indicate a little agree (point 3), point 5 will indicate somewhat agree (point 2) and lastly point 7 will indicate strongly agree (point 1). Other than that, Ryff's Psychological well-being scale of 18 items include 6 sub-elements of PWB which are Environmental Mastery (Q4, Q8 and Q9), Self-Acceptance (Q1, Q2 and Q5), Autonomy (Q15, Q17, and Q18), Purpose in Life (Q3, Q7, and Q10), Positive Relations with Others (Q6, Q13, and Q16) and lastly, Personal Growth (Q11, Q12, and Q14).

The Ryff Scale of Psychological Well-Being is a widely-used psychological assessment tool that measures six different dimensions of well-being:

Autonomy: the ability to act independently and make decisions based on one's own values and interests.

Environmental Mastery: the ability to manage and control one's environment effectively.

Personal Growth: the belief in one's own potential for growth and development.

Positive Relations with Others: the ability to maintain positive and meaningful relationships with others.

Purpose in Life: the belief that one's life has meaning and purpose.

Self-Acceptance: the ability to accept and be satisfied with oneself.

The study investigated the validity and reliability of the Turkish version of the Scales of Psychological Well-being (Ryff, 1989a). The sample of the study consists of 1214 university students. Results of language equivalency showed that correlations between the Turkish and English forms were .94 for autonomy, .97 for environmental mastery, .97 for personal growth, .96 for positive relations with others, .96 for purpose in life, and .95 for self-acceptance. The total variance explained was 68% and factor loadings ranged from .30 to .94. Fit index values of the model were RMSEA=.072, NFI=.97, IFI=.98, RFI=.97, CFI=.98, GFI=.93, and SRMR=.062. Internal consistencies varied between .87 and .96 and test-retest reliability coefficients ranged between .78 and .97 for six subscales. These results demonstrate that the scale is a valid and reliable instrument.

3.6 Procedure:

First, permission was taken from the Authority education institutions to collect data from young women. After that, participants gave their informed consent. They were told what the study was about and how long it would take them to complete the questionnaire. They were told that the goal of the study was to see how objectified body consciousness and self-esteem affected their psychological wellbeing. The demographic sheet was filled out by the participants after the

introduction and informed permission form, and they were requested to complete the McKinley Objectified Body Consciousness Scale Rosenberg Self Esteem Scale, and Ryff scale psychological wellbeing.

3.7 Ethical Considerations:

During the research, ethical considerations were considered when collecting data and performing the study. Participants had the option of withdrawing from the study at any time. After obtaining the authors' permission, the scales (Rosenberg Self Esteem Scale, Objectified Body Consciousness Scale and psychological wellbeing) were used in the study.

3.8 Statistical analysis:

In the current study, the data was processed and analyzed using descriptive statistics. On the other hand, inferential statistics were also estimated by running the Correlational Analysis. The analysis was carried out using IBM-SPSS version 26. Through descriptive statistics, categorical variables were determined as frequencies and their percentage

Chapter 4

Results

In this chapter, the study will be focusing on interpretation of the results that will be conducted in order to answer to the research question and hypothesis. Data was analyzed using SPSS version 26. Descriptive statistics for demographic variables and study variables. Cronbach Alpha values were calculated to assess the internal consistencies of the scales in the given study. Initially correlations between variables were calculated with Pearson Correlation.

Table 2 The descriptive statistics and Cronbach's alpha are shown in Table 2.

<i>Study Variables</i>	<i>No. of Items</i>	<i>A</i>	<i>M</i>	<i>SD</i>	<i>Range</i>
Objectified Body	24	.918	50.7200	16.5	62
Consciousness					
Body Surveillance	8	.801	16.7100	6.12	25
Body Shame	8	.776	17.0050	5.80	25
Control Belief	8	.783	17.0050	5.89	29
Self Esteem	10	.695	20.2100	4.05	23
Psychological Wellbeing	18	.893	51.5225	18.7	75

All scales indicated good reliability above 0.6. It was hypothesized that there will be a significant correlation between objectified body consciousness, self-esteem and psychological well-being in women. Intercorrelation among demographic and study variables are shown in Table.

Table 3 Correlation of Demographics with Study Variables (N=400)

	Age	OBC	BS	BSH	CB	SE	PW
1. Age	1	.033	.011	.027	.054	.015	.020
2. Objectified Body Consciousness		1	.930**	.933**	.928**	.674**	.732**
i. Body Surveillance			1	.802**	.787**	.634**	.678**
ii. Body Shame				1	.807**	.610**	.686**
iii. Control Belief					1	.638**	.679**
3. Self Esteem						1	.604**
4 Psychological Wellbeing							1

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

Table 3 showed that objectified body consciousness was positively correlated with self-esteem and psychological well-being. Hence, the hypothesis was not approved.

Prediction hypothesis It was hypothesized that objectified body consciousness will negative the relationship between self-esteem and psychological well-being in women. The correlation coefficient (r) value between objectified body consciousness and body surveillance is .930** which shows that very highly positive correlation association between both the variables. The p value is <0.01 which means the relationship statistically significant. So we can say that increase the level of objectified body consciousness can also increase the level of body surveillance. We see the relationship between the variable of objectified body consciousness and the sub-variable of objectified body consciousness. The sub variable of objectified body consciousness is body shame. The correlation coefficient (r) value between objectified body

consciousness and body shame is $.933^{**}$ which shows that very highly positive correlation association between both the variables. The p value is <0.01 which means the relationship statistically significant. Again so we can say that increase the level of objectified body consciousness can also increase the level of body shame. We also see the relationship between the variable of objectified body consciousness and the sub-variable of objectified body consciousness. The sub variable of objectified body consciousness is control belief. The correlation coefficient (r) value between objectified body consciousness and control belief is $.928^{**}$ which shows that very highly positive correlation association between both the variables. The p value is <0.01 which means the relationship statistically significant. Again so we can say that increase the level of objectified body consciousness can also increase the level of control belief.

Now we see the relationship between the variables of objectified body consciousness and self-esteem. The correlation (r) value between objectified body consciousness and self-esteem is $.674^{**}$. You can see this value in the table. According to the values moderate positive correlation both the variables objectified body consciousness and self-esteem. The (p) value is <0.01 which mean the relationship is statistically significant between the both values according the finding results. Here, we see the correlation between the both variables objectified body consciousness and psychological well-being. The value of both variables is $.732^{**}$ which shows that very moderate positive correlation association between both the variables. The p value is <0.01 which means the relationship statistically significant according to the given values.

We also see the relationship between the variable the sub-variable of objectified body consciousness. The correlation coefficient (r) value between body surveillance and body shame is $.802^{**}$ which shows that high positive correlation association between both the variables. The p

value is <0.01 which means the relationship statistically significant. So we can say that increase the level of body surveillance can also increase the level of body shame. While we also see the relationship between the variable the sub-variable of objectified body consciousness. The correlation coefficient (r) value between body surveillance and control belief is $.787^{**}$ which shows that high positive correlation association between both the variables. The p value is <0.01 which means the relationship statistically significant. So we can say that increase the level of body surveillance can also increase the level of body shame values according the finding results. The sub variable of objectified body consciousness and self-esteem both shows that moderate relationship according to the given value, The (r) value of body surveillance and self-esteem is $.634^{**}$. The p value is <0.01 which means significant relationship between the both variables. While the relationship between body surveillance and psychological wellbeing is statistically significant relationship according the given value in the table. The value of variables is $.678^{**}$ which shows that moderate relationship between the two variables.

Now we see the relationship between the both variables body shame and controls belief. . The correlation coefficient (r) value between body surveillance and body shame is $.802^{**}$ which shows that high positive correlation association between both the variables. The p value is <0.01 which means the relationship statistically significant. So we can say that increase the level of body shame can also increase the level of control belief. We also see the relationship between the both variables body shame and self-esteem. The (r) value of both variables is $.638^{**}$ means according to the given value which shows that moderate positive relationship between the variables. The p value is <0.01 which means the relationship of both variables statistically significant. While the relationship between the body shame and psychological wellbeing shows a

moderate relationship according to the r value. The r value of both variable is $.686^{**}$ which shows that both variables statistically significant in given value.

Now we see relationship between both variable control belief and self-esteem. The (r) value of control belief and self-esteem is $.638^{**}$ which shows that moderate positive relationship between both variables. The p value is <0.01 which means the relationship between of both variables statistically significant according to the given value. While we also see relationship between both variable body control and psychological wellbeing. The (r) value of control belief and self-esteem is $.679^{**}$. The p value is <0.01 which means the relationship between of both variables statistically significant according to the given value.

The correlation coefficient (r) value self-esteem and body surveillance is $.604^{**}$ which shows that very moderate positive correlation association between both the variables. The p value is <0.01 which means the relationship statistically significant. So we can say that increase the level of self-esteem can also increase the level of psychological wellbeing.

Summary of Results:

- Correlation analysis indicated that objectified body consciousness was significantly positively correlated with self-esteem and psychological well-being.
- There is no negative significant relationship objectified body consciousness, self-esteem and psychological wellbeing.
- Correlation analysis was also run to assess the respective differences of study variables between demographic variables. Results indicated that there is a positive significant difference among variables.

Chapter 5

Discussion

The present study was intended to investigate the relationship objectified body consciousness, self-esteem and psychological well-being in women. For this purpose objectified body consciousness scale (OBCS) McKinley and Hyde, Rosenberg Self Esteem Scale (RSES) and Ryff's Psychological Well Being Scale (PWBS) were utilized. This part of the current research aims to discuss the current results in light of the previous studies, theories, and local context. Moreover, conclusion, limitations, suggestions and implications about the current study are given in the end of this chapter.

It was hypothesized that objectified body consciousness initiative is likely to correlation self-esteem psychological well-being in women. The results did not prove an association between objectified body consciousness, self-esteem, and psychological well-being. The finding of the study revealed that there is a significant positive relationship between objectified body consciousness (OBC), self-esteem, and psychological well-being in women. Previous research has been supported by current study findings. This study followed a group of adolescent girls over two years, examining the relationship between body image, appearance, and self-esteem. Interestingly, they found that girls who perceived themselves as having more control over their appearance reported higher self-esteem, suggesting a potential positive association between certain aspects of OBC and well-being in this specific age group. Direct and indirect effects, this suggests a potential direct positive association between certain aspects of OBC (perceived control) and well-being (self-esteem). Additionally, it might also be an indirect effect, where perceived control over appearance leads to increased engagement in healthy behaviors (e.g., exercise, healthy eating) that ultimately contribute to higher self-esteem.

Cash, T. F., & Cash, D. W. (2000)

The results of the current study were also consistent with the study by (Breines, J. G., Crocker, J., & Garcia, J. A. 2008). Laboratory experiments and surveys show that self-objectification increases body shame, disrupts attention, and negatively predicts well-being. Using experience sampling methodology, the authors investigated self-objectification in the daily lives of 49 female college students. Building on the predictions of objectification theory, they examined associations between internalizing an observer's perspective on the self and psychological well-being, and examined the moderating roles of trait self-esteem and appearance-contingent self-worth. Within-person increases in self-objectification predicted decreased well-being, but this association was moderated by trait self-esteem and trait appearance-contingent self-worth; high self-esteem, highly appearance-contingent participants reported increased well-being when they self-objectified. Furthermore, perceived unattractiveness partially mediated the main effect and the three-way interaction: high self-esteem, highly contingent participant's experienced smaller drops in well-being when they self-objectified, in part because they felt less unattractive. These results suggest that in daily life, some women receive a boost from self-objectification, although most women experience decreases in well-being when self-objectifying. (Breines, J. G., Crocker, J., & Garcia, J. A. 2008)

Another study by (Fredrickson & Roberts, 1997) also supported the findings of our study that objectified body consciousness, self-esteem and psychological wellbeing can be positive or negative relationship in women. In women Objectification theory provides the framework for understanding women's body image and well-being in a sociocultural context that objectifies women's bodies and equates their self-worth with their body appearance and sexual functions.(Fredrickson & Roberts, 1997) The present study sought to understand the relationship

between self-objectification, body shame, body image, self-esteem, and psychological well-being among Latina women. Participants included 190 Latina women of which the majority (41.6%) was between 20 and 29 years of age. It was hypothesized that self-objectification would be positively related to body shame. A Pearson r Correlation analysis showed that self-objectification was positively related to body shame ($r = 0.29$, $p < 0.01$). It was hypothesized that self-objectification would be negatively related to self-esteem, body image, and well-being in Latina women. A Pearson r correlation analysis showed that self-objectification was negatively and not significantly related to well-being ($r = -0.13$, $p > 0.05$), positively related to body image ($r = 0.30$, $p < 0.01$), and positively related to self-esteem ($r = 0.40$, $p < 0.01$). It was hypothesized that self-objectification, body shame, self-esteem, and body image, would predict well-being. A linear regression analysis revealed that self-objectification, body shame, self-esteem, and body image accounted for 6.2% of the variation in well-being ($F(4, 185) = 3.04$, $p < 0.05$). Furthermore, self-objectification ($\beta = -7.50$, $p < 0.05$) and body shame ($\beta = 5.49$, $p < 0.05$) were the only statistically significant predictors of wellbeing. This means that a 1-point increase in self-objectification is associated with a 7.50-point decrease in well-being. There is a 1-point increase in body shame, while well-being increased by 5.49 units.

5.1 Conclusion:

The purpose of the present study was to investigate the relationship between objectified body consciousness, self-esteem and psychological well-being in women by using quantitative method to generalize the findings to a large population. The results of the present study show there is no negative relationship between objectified body consciousness with self-esteem and psychological well-being. The results of present study show that there is a positive correlation between objectified body consciousness with self-esteem and psychological well-being.

5.2 Limitations

Research on OBC has primarily focused on women, neglecting the experiences of men and individuals of non-binary genders. Expanding research to these groups is essential for a more comprehensive understanding.

The research has primarily focused on women's physical appearance as the main driver of OBC, neglecting other facets like perceived competence, social value, or sexual objectification.

5.3 Suggestions:

Cultural shifts towards valuing diverse body types and challenging harmful beauty standards are necessary to create a supportive environment for everyone to maintain positive self-esteem and well-being regardless of their appearance.

Studying OBC in men, individuals of non-binary genders, and across different cultural contexts is crucial for a more inclusive and representative understanding of its effects.

5.4 Implications of Study:

According to the findings of this study, women are particularly mindful about their bodies. Objectified body consciousness has an impact on women's self-esteem and psychological well-being hence a study with a focus on the Pakistani setting is required to address this issue.. The findings bolster women's self-esteem, implying that strengthening their psychological well-being can help them become stronger. This research could be useful in introducing various therapies to improve women self-esteem and psychological well-being.

References

- Fredrickson, B. L., & Roberts, T. A. (1997). Objectification theory: Toward understanding women's lived experiences and mental health risks. *Psychology of Women Quarterly*, 21(2), 173-206.
- Ackerman, C.E. (2020). What is Self-Esteem? A Psychologist Explains. <https://positivepsychology.com/self-esteem>.
- Adler, N., & Stewart, J. (2004). Self-esteem Psychosocial Working Group. <http://www.macses.ucsf.edu/research/psychosocial/selfesteem.php>
- John, D. H. (2003). Objectified body consciousness: a theory-to-practice approach. https://ir.library.oregonstate.edu/concern/graduate_thesis_or_dissertations/sq87bx27.
- McKinley, N. M. (1998). Gender differences in undergraduates' body esteem: The mediating effect of objectified body consciousness and actual/ideal weight discrepancy *Sex Roles*, 39, 113–123.
- Diener, E., Suh, E. M., Lucas, R. E., & Smith, H. L. (1999). Subjective well-being: Three decades of progress. *Psychological Bulletin*, 125(2), 276-302.
- Baron, R. M., & Kenny, D. A. (1986). The moderator-mediator variable distinction in social psychological research: Conceptual, strategic and statistical considerations. *Journal of Personality and Social Psychology*, 51, 1173–1182.
- Beck, A. T., Brown, G. K., Steer, R. A., Kuyken, W., & Grisham, J. (2001). Psychometric properties of the Beck Self-Esteem Scales. *Behavior Research and Therapy*, 39, 115–124.

- Blascovich, J., & Tomaka, J. (1991). Measures of self-esteem. In J. P. Robinson, P. R., Shaver, & L. S. Wrightsman (Eds.), *Measures of Personality and Social Psychological Attitudes: Volume 1 in Measures of Social Psychological Attitudes Series* (pp. 115–160). San Diego, CA: Academic.
- Breines, J. G., Crocker, J., & Garcia, J. A. (2008). Self-Objectification and Well-Being in Women's Daily Lives. *Personality and Social Psychology Bulletin*, 34(5), 583-598. <https://doi.org/10.1177/0146167207313727>
- Calogero, R.M. (2004). A test of objectification theory: The effect of the male gaze on appearance concerns in college women. *Psychology of Women Quarterly*, 28, 16-21.
- Cook-Cottone, C., & Phelps, L. (2003). Body dissatisfaction in college women: Identification of risk and protective factors to guide college counseling practices. *Journal of College Counseling*, 6, 80-89.
- Impett, E. A., Henson, J. M., Breines, J. G., Schooler, D., & Tolman, D. L. (2011). Embodiment Feels Better: Girls' Body Objectification and Well-Being Across Adolescence. *Psychology of Women Quarterly*, 35(1), 46-58. <https://doi.org/10.1177/0361684310391641>.
- Mercurio A. E., Landry L. J. (2008). Self-objectification and wellbeing: the impact of self-objectification on women's overall sense of self-worth and life satisfaction. *Sex Roles*, 58, 458–466.
- Moradi B., Yu-Ping H. (2008). Objectification theory and psychology of women: A decade of advances and future directions. *Psychology of Women Quarterly*, 32, 377–398.

- McKinley, N. M. (2006). The developmental and cultural contexts of objectified body consciousness: A longitudinal analysis of two cohorts of women. *Developmental Psychology*, 42(4), 679–687. <https://doi.org/10.1037/0012-1649.42.4.679>.
- Ackard, D. M., Kearney-Cooke, A., & Peterson, C. B. (2000). Effect of body image and self-image on women's sexual behaviors. *The International Journal of Eating Disorders*, 28, 422–429.
- Miller, L. C., Murphy, R., & Buss, A. H. (1981). Consciousness of body: Private and public. *Journal of Personality and Social Psychology*, 41, 397–406.
- McKinley, N. M., & Hyde, J. S. (1996). The objectified body consciousness scale: Development and validation. *Psychology of Women Quarterly*, 20, 181–215
- Myers, J. K., & Weissman, M. M. (1980). Use of a self-report symptom scale to detect depression in a community sample. *American Journal of Psychiatry*, 137, 1081–1084
- McKinley, N. M. (1999). Women and objectified body consciousness: Mothers' and daughters' body experience in cultural, developmental, and familial context. *Developmental Psychology*, 35(3), 760–769. <https://doi.org/10.1037/0012-1649.35.3.760>
- Emily Hanna, L. Monique Ward, Rita C. Seabrook, Morgan Jerald, Lauren Reed, Soraya Giaccardi, and Julia R. Lippman Cyber psychology, Behavior, and Social Networking 2017 20:3, 172-179
- An, J. S., & Cooney, T. M. (2016). Psychological well-being in mid to late life: The role of generativity development and parent–child relationships across the lifespan. *International Journal of Behavioral Development*, 30, 410–421.
- Ryff, C. D., Almeida, D. M., Ayanian, J. S., Carr, D. S., Cleary, P. D., Coe, C. Williams, D. (2007). National Survey of Midlife Development in the United States (MIDUS II), 2004-

- 2006: Documentation of the Psychosocial Constructs and Composite Variables in MIDUS II Project 1. Ann Arbor, MI: Inter-university Consortium for Political and Social Research.
- Ryff, C. D., Keyes, C. L. M., & Hughes, D. L. (2003). Status inequalities, perceived discrimination, and eudaimonic well-being: Do the challenges of minority life hone purpose and growth? *Journal of Health and Social Behavior*, 44(3), 275-291.
- McKinley, N. M., & Hyde, J. S. (1996). The Objectified Body Consciousness Scale: Development and validation. *Psychology of Women Quarterly*, 20, 181-216.
- McKinley, N. M. (1998). Gender differences in undergraduates' body esteem: The mediating effect of objectified body consciousness and actual/ideal weight discrepancy. *Sex Roles*, 39, 113–123.
- Mary Crawford & I-Ching Lee & Galina Portnoy & Alka Gurung & Deepti Khati & Pinky Jha & Anjana Chalise Regmi, (2009). Objectified Body Consciousness in a Developing Country: A Comparison of Mothers and Daughters in the US and Nepal. *Sex Roles*, 60, Issue 3-4, 174-185

Informed Consent

Dear Participant,

I am a BS Psychology student from COMSATS University Islamabad, Lahore Campus, conducting a research study to investigate Objectified Body Consciousness, Self-Esteem and Psychological Wellbeing in Women. Your participation in this study is greatly appreciated. The questionnaire consists of four sections and should take approximately 10-15 minutes to complete. Your participation is voluntary, and you have the right to withdraw at any time without penalty or consequence. All information provided will be kept confidential and only used for research purposes. Please be assured that your anonymity and privacy will be maintained throughout the study. Please note that there are no known risks associated with participating in this study, and it is completely anonymous. However, if you experience any discomfort or distress while filling out the questionnaire, you may choose to skip any questions or stop the survey altogether. If you have any questions or concerns about the study or the questionnaire, please feel free to contact me. Thank you for your cooperation and valuable contribution to this study.

Signature of Participant: _____

Signature of Researcher: _____

Demographic Sheet

Personal Information

Age (In Years): _____ Family System: Nuclear Joint

Number of Siblings (Including You): _____ Birth Order: _____

Area of Residence: Rural Urban Family Income (Rs):

Employment Status:

Full Time Employment Part time Self employed Unemployed

Marital Status:

Single M Married Divorced/Separated/Widowed

Academic Information

University Name: _____ Subject: _____

Degree Program Name: _____

Education (in year)

(I)

Please rate the following statements according to the scale given below:

Statements	Strongly agree	Slightly agree	Neither Agree Nor Disagree	Slightly Disagree	Disagree	Somew hat disagree	Strongly Disagree
I rarely think about how I look.	1	2	3	4	5	6	7
I think it is more important that my clothes are comfortable than whether they look good on me.	1	2	3	4	5	6	7
I think more about how my body feels than how my body looks.	1	2	3	4	5	6	7
I rarely compare how I look with	1	2	3	4	5	6	7

how other people look.							
During the day, I think about how I look many times	1	2	3	4	5	6	7
I often worry about whether the clothes I am wearing make me look good.	1	2	3	4	5	6	7
I rarely worry about how I look to other people.	1	2	3	4	5	6	7
I am more concerned with what my body can do than how it looks.	1	2	3	4	5	6	7
When I can't control my weight, I feel like something must	1	2	3	4	5	6	7

be wrong with me.							
I feel ashamed of myself when I haven't made the effort to look my best.	1	2	3	4	5	6	7
I feel like I must be a bad person when I don't look as good as I could.	1	2	3	4	5	6	7
I would be ashamed for people to know what I really weigh.	1	2	3	4	5	6	7
I never worry that something is wrong with me when I am not exercising as	1	2	3	4	5	6	7

much as I should.							
When I'm not exercising enough, I question whether I am a good enough person.	1	2	3	4	5	6	7
Even when I can't control my weight, I think I'm an okay person.	1	2	3	4	5	6	7
When I'm not the size I think I should be, I feel ashamed.	1	2	3	4	5	6	7
I think a person is mostly stuck with the looks they are born with.	1	2	3	4	5	6	7
I think a person is mostly stuck with	1	2	3	4	5	6	7

the looks they are born with.							
A large part of being in shape is having that kind of body in the first place.	1	2	3	4	5	6	7
I really don't think I have much control over how my body looks.	1	2	3	4	5	6	7
I think a person's weight is mostly determined by the genes they are born with.	1	2	3	4	5	6	7
It doesn't matter how hard I try to change my weight, it's probably always going to be about	1	2	3	4	5	6	7

the same.							
I can weigh what I'm supposed to when I try hard enough.	1	2	3	4	5	6	7
The shape you are in depends mostly on your genes.	1	2	3	4	5	6	7

(II)

Below is a list of statements dealing with your general feelings about yourself. Please indicate how strongly you agree or disagree with each statement.

Statements	Strongly Agree	Agree	Disagree	Strongly Disagree
I feel that I am a person of worth, at least on an equal plane with others	1	2	3	4
I feel that I have a number of good qualities.	1	2	3	4
All in all, I am inclined to feel that I am a failure.	1	2	3	4
I am able to do things as well as most other people.	1	2	3	4
I feel I do not have much to be proud of	1	2	3	4
I take a positive attitude toward myself.	1	2	3	4
On the whole, I am satisfied with myself.	1	2	3	4
I wish I could have more respect for	1	2	3	4

myself.				
I certainly feel useless at times.	1	2	3	4
At times I think I am no good at all.	1	2	3	4

(III)

Please rate your perception about the following statements regarding your psychological well-being in academics. Kindly rate according to the given scale:

Statements	Strongly agree	Somewhat agree	A little agree	Neither agree or disagree	A little disagree	Somewhat disagree	Strongly disagree
I like most parts of my personality.	1	2	3	4	5	6	7
When I look at the story of my life, I am pleased with how things have turned out so far.	1	2	3	4	5	6	7
Some people wander aimlessly through life, but I am not one of them.	1	2	3	4	5	6	7
The demands of everyday life often get me down.	1	2	3	4	5	6	7
In many ways I feel disappointed about my achievements in life.	1	2	3	4	5	6	7

Maintaining close relationships has been difficult and frustrating for me.	1	2	3	4	5	6	7
I live life one day at a time and don't really think about the future.	1	2	3	4	5	6	7
In general, I feel I am in charge of the situation in which I live.	1	2	3	4	5	6	7
I am good at managing the responsibilities of daily life.	1	2	3	4	5	6	7
I sometimes feel as if I've done all there is to do in life.	1	2	3	4	5	6	7
For me, life has been a continuous process of learning, changing, and growth.	1	2	3	4	5	6	7
I think it is important to	1	2	3	4	5	6	7

have new experiences that challenge how I think about myself and the world.							
People would describe me as a giving person, willing to share my time with others.	1	2	3	4	5	6	7
I gave up trying to make big improvements or changes in my life a long time ago.	1	2	3	4	5	6	7
I tend to be influenced by people with strong opinions.	1	2	3	4	5	6	7
I have not experienced many warm and trusting relationships with others.	1	2	3	4	5	6	7
“I have confidence in my own opinions, even if they are different from the way most other people	1	2	3	4	5	6	7

think.							
I judge myself by what I think is important, not by the values of what others think is important.	1	2	3	4	5	6	7