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Investigating the Relationship between Body Image, Clinical Correlates and General Health in Young Adults

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ABSTRACT

The current research aimed to study young adults (18–25 years old) body image, clinical correlates (stress, anxiety, and depression), and general health examined in connection to each other. Measures of Body appreciation (BAS-2), Psychological distress (DASS-10), and General health (GHQ-12) were completed by a sample of 150 participants (75 men and 75 women). The findings showed a strong negative association between general health (r = -.439) and clinical correlates (r = -.394) as well as body appreciation. Clinical correlates and general health were shown to be positively correlated (r =.687). These results imply that whereas body dissatisfaction is linked to higher psychological distress and poor general health outcomes among young adults, good body image is associated with better mental health and overall well-

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being. The intricate relationships emphasises how critical it is to encourage healthy body image in order to enable the best possible psychological and physical functioning in this population. The research paper discusses the implications for initiatives aimed at preventing and treating body image problems in young adults.

Keywords: *Body image, clinical correlates, depression, anxiety, stress, general health, quality of life, young adults*

INTRODUCTION

Body image is a multifaceted construct that includes thoughts, feelings, and perceptions about one's own physical appearance. It is an essential component of an individual's overall wellbeing and can have a significant effect on an individual's physical and mental well-being. Researchers studying health and wellbeing are becoming increasingly interested in the connection between clinical correlates, overall health, and body image. Several studies have proven the significant influence that body image has on a person's self-esteem, emotional wellbeing, and health-related behaviours, among other elements of their life.

Individuals who have a poor perception of their bodies are more likely to struggle with mental health conditions like anxiety, depression, and disordered eating, which can make their physical health conditions worse (Grogan, 2017). On the other hand, greater contentment, healthier lifestyle choices, and higher levels of self-confidence have all been linked to positive body image (Tylka & Wood-Barcalow, 2015). Clinical correlates of body image that have been extensively examined include body mass index (BMI), body composition, and levels of physical activity. Studies have indicated that a greater body fat percentage or BMI is frequently associated with a more negative self-image, which can result in improper weight-management practices and a higher chance of developing chronic health disorders (Neumark-Sztainer et al.,

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2006). On the other hand, consistent exercise has been connected to better general wellbeing and body image (Hausenblas & Fallon, 2006).

Furthermore; there are many moving parts and a complex interaction between general health and body image. Through the adoption of harmful behaviours, a negative body image can contribute to the development of a number of health problems, including metabolic disorders, cardiovascular disease, and musculoskeletal concerns (Atlantis & Ball, 2008). On the other hand, a person's view of their own body and self can also be affected by the existence of specific medical disorders, such as physical impairments or chronic pain (Mancuso et al., 2011).

The purpose of the study is to investigate the complex relationships that exist between clinical indicators, overall health, and body image. Through a thorough analysis of extant literature and empirical data, the research will offer a thorough comprehension of the intricate interactions among these components.

Body Image

A person's body image, which is a crucial component of their mental and emotional well-being, is defined as their opinions, feelings, and thoughts about the way they look. It encompasses subjective evaluations of one's own shape, size, and beauty that are typically influenced by past encounters and societal expectations. An individual's behaviour, mental health, and self-esteem can all be impacted by their body image. Addressing the intricacies of self-perception and advancing mental health requires an understanding of and investigation into this construct. Body image is a complex and multifaceted notion that encompasses people's beliefs, emotions, actions, and ideas about their own bodies. It transcends physical appearance and includes a dynamic interplay of psychological, social, cultural, and developmental

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elements. Body image features are the particular facets, attributes of body image that people may be drawn to, or observe. These characteristics include both anatomical characteristics and psychological impressions.

A positive body image for young adults includes having an acceptance and appreciation of one's appearance in addition to feeling content, joyful, and at ease with one's body. On the other hand, embarrassment, low self-esteem, and unhappiness with one's physical appearance can result from having a negative body image. Studies have indicated that problems with body image can arise in children as early as 3–4 years old and persist throughout adolescence and early adulthood. Of the youth aged 13–19, 35% report that their body image worries them often. Numerous things, such as peers, relationships, the media, social media, and the job, have an impact on one's body image. Young adults who have a negative body image are more likely to experience sadness, anxiety, disordered eating, and have suicidal thoughts.

Clinical Correlates

Depression, anxiety, and stress are clinical correlates that are significant in assessing an individual's overall well-being. These mental health factors are intimately linked to an individual's body image viewpoint, both impacting and being impacted by it. This relationship is crucial because having a distorted body image can make stress, anxiety, and hopelessness worse. Our understanding of the subtle psychological factors that influence people's mental health will be furthered by this research by exploring the intricate connections between body image and different clinical characteristics. Clinical correlates are elements or variables related to a clinical condition, disease, or phenomenon. In medical and psychiatric contexts, clinical correlates are often used to describe the components or characteristics linked to a certain diagnosis, symptom, or outcome.

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Clinical correlates offer important insights on an individual's general health, notably in relation to mental health, particularly in terms of psychological distress. Measures of psychological distress acquired with tools like the Depression Anxiety Stress Scales (DASS) are one example of a clinical correlates. Elevated stress, anxiety, or depression may indicate high scores on these tests, which might impact several aspects of an individual's general health. Long-term psychological discomfort has been linked to detrimental effects on physical health, including weakened immune systems, cardiovascular disease, and an increased chance of death. Furthermore, psychological distress can impair social functioning, reduce productivity, and degrade overall quality of life.

General Health

The term “general health” refers to a person's overall state of physical, mental, and social well-being and functioning. It comprises having excellent physical health, mental clarity, and social ties in addition to being free from illness or disease. Maintaining good general health requires adopting healthy lifestyle habits including regular exercise, a balanced diet, getting adequate sleep, and managing stress. In addition, maintaining strong social ties, engaging in meaningful activities, and asking for help when needed all contribute to overall wellbeing. The general state of health, which is closely linked to mental health, is greatly influenced by an individual's perception of their body. In addition to boosting self-esteem, a positive body image reduces the likelihood of mental health conditions including anxiety and depression. Poor body image, on the other hand, can be a sign of mental health problems that could affect overall wellbeing.

The study aims to determine the factors that impact a thorough understanding of people's mental and physical well-being by examining the intricate relationship between

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general health and body image. Stress, anxiety, or depressive symptoms are examples of clinical correlates linked to mental health that may indicate psychological distress, which may have an impact on overall health outcomes. Reduced life expectancy, heart attacks, and compromised immune systems are among the negative physical health consequences linked to high psychological distress. Food, exercise, smoking, and alcohol consumption are examples of lifestyle factors that significantly affect overall health outcomes. These elements correspond clinically. Healthy practices like self-care, regular exercise, and a balanced diet may be encouraged by having a positive body image. Individuals with positive body image are more likely to engage in activities that support their overall well-being, which will eventually improve their physical health outcomes. As a whole, there is a complicated and bidirectional relationship between general health, body image, and clinical correlates.

Rationale of the Study

The significance of the study lies in the fact that young adults frequently struggle with body image issues, which can have a major impact on their general health. Poor general health outcomes and a number of clinical illnesses, including eating disorders, depression, and anxiety, have been associated with body dissatisfaction. The purpose of this study is to investigate the intricate relationships that exist among young adults between body image, clinical correlates (such as mental health disorders), and general health indicators (such as physical well-being and quality of life). Researchers can create more thorough and successful interventions to support positive body image and enhance the general health and well-being of this vulnerable population by having a better grasp of these linked elements.

METHODOLOGY

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Purpose

To study the relationship between body image, clinical correlates (depression, anxiety, stress) and general health of young adults.

Research Objectives

To study the relationship between Body Image, Clinical Correlates and General Health among young adults.

Hypothesis

- There will be a significant relationship between Body Image and Clinical Correlates (depression, anxiety, stress) among young adults.
- There will be a significant relationship between Body Image and General Health among young adults.

Research Design

The current study is a quantitative correlational research where the aim is to explore the relationship between body image, clinical correlates and general health of young adults.

Variables

Independent Variable: Body Image

Dependent Variable: Clinical Correlates and General Health

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Sample

- Sampling technique: Purposive Non probability sampling
- Sampling size: 150 individuals were taken for this study, of which 75 were males and 75 were females. Young adults (18 to 25 years old) comprised the age range of the subjects.

Tools

Body Appreciation Scale (BAS-2): Body Appreciation Scale-2 (BAS-2) is a 10-item scale used to measure individuals positive body image perceptions. This scale is an adaptation of the original 13-item Body Acceptance Scale (BAS) developed in 2005.It was created as an improved version of the Body Appreciation Scale in order to improve its psychometric qualities and more accurately measure different facets of body appreciation (Avalos, Tylka, & Wood-Barcalow, 2005). The 5-point Likert scale is used for scoring. With responses ranging from 1 (Never) to 5 (Always). Higher scores indicate higher body appreciation the split-half reliability and Cronbach's alpha coefficient were 0.83 and 0.87, respectively. The BAS-2's construct, face, content, and convergent validity were all found to be consistent with those of other measures.

Depression Anxiety Stress Scale (DASS-10): Halford and Frost (2021) as a shorter version of the original DASS-42 and DASS-21 (Lovibond & Lovibond, 1995) created DASS-10. There are two items each subscale (Depression, Anxiety, and Stress) out of ten items. On a 4-point Likert scale, respondents rank the frequency or severity of each symptom over the previous week. Greater severity of symptoms is indicated by higher ratings. In clinical and research contexts, the DASS-10 offers a quick and efficient method for assessing and tracking psychological distress. The higher-order Distress factor and both subscales exhibited strong internal consistency (Cronbach's alpha values of 0.89, 0.85, and 0.83, respectively. It has been

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discovered that the DASS-10 has strong validity and reliability across a range of demographics and environments.

General Health Questionnaire (GHQ-12): General Health Questionnaire-12 (GHQ-12) is a screening instrument that is used to determine a person's current state of mental health and to identify signs of psychological distress. Goldberg developed the General Health Questionnaire (GHQ) in the 1970s, it has been widely utilised in a variety of contexts and cultural contexts as a tool for assessing mental health. Each item is assigned a four-point rating: (less than usual, no more than usual, rather more than usual, or much more than usual) Total scores range from 0 to 36 with a score of 11 or 12 considered typical, scores > 15 suggesting evidence of distress, and scores > 20 are considered severe problems with psychological distress. The GHQ-12's Cronbach's α coefficient was 0.892, and after excluding specific questions, the Cronbach's α coefficient ranged from 0.877 to 0.888. The split-half reliability was 0.843. Between the item-total score, the correlation value varied from 0.465 to 0.762.

Procedure

After deciding the objectives of the study, young adults received the instruments questionnaires with the variables to gather data. Instructions were brief because all of the surveys used in the study are self-report questionnaires. The participants were asked for their consent and were ensured that their personal information will be kept confidential. Individual scores were computed for each questionnaire, and SPSS was used to provide the statistical analysis of the scored data.

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Statistical Analysis

Descriptive statistics and Pearson's product-moment correlation is used.

RESULTS

Table 1

Descriptive statistics

Descriptive Statistics

	Mean	Std. Deviation	N
BAS	38.34	8.343	150
DASS	9.39	6.330	150
GHQ	12.51	6.680	150

- The mean BAS (body image) score of 38.34 indicate moderate levels of body dissatisfaction.
- A mean DASS score of 9.39 indicates a mild level of depression, anxiety, and stress.
- Moderate general health and quality of life levels are indicated by the mean GHQ (general health) score of 12.51

Table 2

Pearson's correlation among Body Image, Clinical correlates and General Health

Correlations

		BAS	DASS	GHQ
BAS	Pearson Correlation	1	-.394**	-.439**
	Sig. (2-tailed)		.000	.000
	N	150	150	150
DASS	Pearson Correlation	-.394**	1	.687**
	Sig. (2-tailed)	.000		.000
	N	150	150	150
GHQ	Pearson Correlation	-.439**	.687**	1
	Sig. (2-tailed)	.000	.000	
	N	150	150	150

**. Correlation is significant at the 0.01 level (2-tailed).

- There is a significant negative correlation (r = -.394, p < 0.01) between BAS and DASS.
- There is a significant negative correlation (r = -.439, p < 0.01) between BAS and GHQ.
- There is a noteworthy positive connection (r =.687, p < 0.01) between DASS and GHQ.

DISCUSSION

The objective of the study is to examine the relationship Body Image, Clinical Correlates and General Health in young adults.

According to the rationale behind the research, body image dissatisfaction is a significant predictor of the detrimental effects on one's mental and general health. The purpose of this research was to at the connection between body image, clinical correlates, and general health in young adults. The General Health Questionnaire (GHQ-12), the Depression Anxiety

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Stress Scale (DASS-10), and the Body Appreciation Scale (2005) were chosen in order to calculate the findings for the same. Data was collected, entered into the SPSS, and then examined using linear regression and Pearson's correlation.

Table 1 displays descriptive statistics for a sample of 150 people on three different measures: BAS, DASS, and GHQ. The table displays descriptive statistics for a sample of 150 observations for three measures: BAS, DASS, and GHQ. The mean score for the BAS measure is 38.34, meaning that individuals generally scored in the vicinity of this figure. The BAS scores exhibit a moderate degree of variability around the mean, as indicated by the standard deviation of 8.343. The DASS test has moderate variability in scores, with a mean score of 9.39 and a standard deviation of 6.330. Similar moderate variability is suggested by the GHQ measure, which has a mean score of 12.51 and a standard deviation of 6.680. The sample size remains constant at 150 observations for all three metrics. An overview of the three measures scores' central tendencies and dispersions within this specific sample is given by these descriptive statistics. The sample as a whole shows, on average, moderate general health/quality of life levels, moderate clinical symptoms (depression, anxiety, stress), and moderate body image problems. The standard deviations, however, show that there is variation in the sample, with some people having more serious problems with their body image, clinical symptoms, or overall health. These descriptive statistics offer a summary of the sample's attributes with respect to the major variables of interest in the study looking at the associations between young adults general health, clinical correlates, and body image.

Based on a sample of 150 observations, Table 2 shows the Pearson correlation coefficients between the three measures (BAS, DASS, and GHQ).The correlation table provides evidence to support the hypothesis that there is a significant relationship between body image, clinical correlates, and general health in young adults. Between BAS and DASS, there is a substantial negative correlation of -.394, which is statistically significant at the 0.01

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level. This suggests that there is a correlation between lower scores on the DASS measure and higher scores on the BAS test, and vice versa. Comparably, BAS and GHQ have a substantial negative correlation of -.439 that is likewise statistically significant at the 0.01 level. This implies that there is a tendency for lower scores on the GHQ measure to be correlated with higher scores on the BAS test, and vice versa. Likewise, BAS and GHQ have a substantial negative correlation of -.439 that is also statistically significant at the 0.01 level. This implies that there is a tendency for lower scores on the GHQ measure to be correlated with higher scores on the BAS test, and vice versa. However, there is a statistically significant positive correlation between DASS and GHQ of.687, which is significant at the 0.01 level. This is a correlation between higher scores on the GHQ measure and greater scores on the DASS measure. Considering the sample size of 150 observations, the significance levels of 0.000 for all correlations suggest that the associations are very unlikely to be the result of chance. Overall, the correlations show a pattern of links between the three measures, with DASS and GHQ having a positive association and BAS having a negative relationship with both of them. These results emphasise the interconnectedness of young adults' body image, mental health problems, and general well-being, highlighting the significance of treating these variables comprehensively in studies and interventions aimed at this population. Hence, hypothesis will be accepted.

The findings of this study highlighting the significant relationships among body image, clinical correlates of depression/anxiety/stress, and general health in young adults are well supported by previous literature. The detrimental effects of body dissatisfaction on psychological health have been shown in numerous studies. For instance, a meta-analysis conducted by Sharpe et al. (2018) discovered that, among a variety of demographic groups, higher levels of body dissatisfaction are linked to higher levels of anxiety, depression, and low self-esteem as well as general psychological well-being. Furthermore, over a 4-year follow-up

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period, Pinto et al. (2021) found that alterations in body image predicted the occurrence of depressive and anxiety disorders in adolescents and young adults. This study's findings are consistent with previous research showing a relationship between clinical correlates such as anxiety and depression and negative body image. Research indicates that those who are more dissatisfied with their bodies have lower quality of life and are engaged in heath related risky behaviours, which is consistent with the negative correlation between body appreciation and general health (Mond et al., 2013; Griffiths in et al., 2017). On the other hand, positive body image is associated with improved mental health and wellbeing, such as increased optimism, life satisfaction, and self-esteem (Tylka & Wood-Barcalow, 2015; Gillen, 2015). Results showing that changes in body image mediate reductions in depressive symptoms after therapy further illustrate the connection between body image and clinical characteristics such as depression and anxiety (Hilbert et al., 2019). Overall, the findings of this study are consistent with a strong body of research that emphasises the critical role that young adults body image plays in their mental health, psychological well-being, and general functioning. This emphasises the necessity of interventions that support positive body image in this vulnerable demographic.

SUMMARY AND CONCLUSION

The primary objective of this research was to look at the relationship between young adults general health, clinical correlates (stress, anxiety, and depression), and body image. The results showed significant association between these variables, confirming the theory that in young adults, body image, clinical correlates, and general health are related.

Findings revealed, there was a somewhat negative association between clinical indicators of stress, anxiety, and depression (measured by DASS) and body appreciation

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(measured by BAS). This implies that those who value their bodies more have a tendency to be less depressed, anxious, and stressed out. On the other hand, people who value their bodies less are more likely to feel psychologically distressed, which is consistent with earlier studies that found a negative relationship between poor mental health outcomes and body image (Grogan, 2017; Tylka & Wood-Barcalow, 2015). Secondly, the study discovered a somewhat negative relationship between general health (as determined by GHQ) and body appreciation. This suggests that people who value their bodies more generally report higher levels of overall well-being and quality of life, whereas people who value their bodies less generally are more likely to have poorer general health. The idea that having a good body image can encourage healthier lifestyle choices and general well-being is supported by this research (Tylka & Wood-Barcalow, 2015).Additionally, the positive link between general health (GHQ) and clinical correlates (DASS) emphasises how closely related mental and physical health are. Excessive levels of stress, anxiety, and depression were linked to worse overall health and quality of life. This finding is in line with previous research on the negative impacts of psychological distress on general wellbeing (Atlantis & Ball, 2008; Mancusoet al., 2011).

In conclusion, the study's findings emphasize the complex and bidirectional relationships among body image, clinical correlates, and general health in young adults. When it comes to mental health and general well-being, positive body image seems to be associated with better results, whereas negative body image is linked to psychological discomfort and poor general health. These findings highlight the importance of helping young adults with their body image issues and encouraging a positive body image, since this can have a profound impact on their mental and physical health.

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Limitations

- The correlational nature of the study makes it impossible to demonstrate a causal relationship between the variables.
- The fact that only young adults were included in the sample may have limited the findings applicability to other age groups.
- Self-report measures were used in the study, which raises the possibility of response biases.
- Potential moderating or mediating variables that might affect the associations found were not taken into account in this study.

Future Recommendations

- To determine the directionality and causal links between clinical correlates, general health, and body image, conduct longitudinal research.
- Expanding the research to diverse populations, including different age groups, cultural backgrounds, and clinical populations.
- Examining the impact of interventions aimed at promoting positive body image and its relationship to mental health and overall well-being.
- Examining the role of potential mediating or moderating variables, such as personality traits, coping strategies, and sociocultural factors.
- Expanding the research to diverse populations, such as those with mental illnesses or disabilities.
- Assessing the impact of interventions aimed at promoting positive body image on mental health and overall well-being. Investigate the particular experiences and

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difficulties related to body image and health among subgroups, such as those with disabilities or chronic illnesses.

- Incorporating qualitative methods to gain a deeper understanding of the lived experiences and perceptions of body image and its relationship with both mental and physical health.

Researchers can further advance our understanding of the complex relationship between body image, clinical correlates, and general health by addressing these limitations and considering future recommendations. This will ultimately inform the development of more effective preventive and therapeutic interventions for promoting overall well-being in young adults and other populations.

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