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Relationship between Body Image, Self-talk, and Social Anxiety among Young Adults

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Abstract: This study explored the relationships among self-talk, social anxiety, and five dimensions of body image in young adults. A sample of 102 participants completed measures of the self-talk scale (STS) for self-talk, Liebowitz Social Anxiety Scale (LSAS) for social anxiety, and Multidimensional Body-Self Relations Questionnaire–Appearance Scale (MBSRQ-AS) to measure body image. Pearson correlations revealed that self-talk was weakly positively correlated with social anxiety ($r = .229$, $p < .05$) and positively associated with Appearance Evaluation ($r = .228$, $p < .05$) and Appearance Orientation ($r = .266$, $p < .01$). Social anxiety was negatively related to Appearance Evaluation ($r = –.254$, $p < .05$) and Body Areas Satisfaction ($r = –.310$, $p < .01$). No significant links were found between either self-talk or social anxiety and weight-related concerns. These findings suggest that while self-talk is linked to both higher social anxiety and more positive appearance perceptions, its associations are specific and do not extend to weight-related aspects of body image.

Keywords: *Self-Talk, Social Anxiety, Body Image*

1. Introduction

1.1 *Body Image*

Paul Schilder (1950) developed the term "body image" to describe the mental image we have of our bodies - how they appear to us. Cash and Pruzinsky (1990) defined body image

as a person's ideas, perceptions, and feelings regarding their entire body, including appearance, age, race, sexuality, and functions.

Body image satisfaction refers to individuals' beliefs and attitudes about their physical appearance (Cash et al., 2002). According to Cash and Pruzinsky (2002), forming positive body image impressions supports both self-identity and social acceptance. It helps individuals understand and accept themselves and others. Body image results from a holistic evaluation of the body, involving attitude, cognition, behaviour, aesthetics, sensation, function, fitness, and health (Murray et al., 2011).

1.2 *Components of body image*

Body image is widely recognised as a multidimensional construct encompassing cognitive, behavioural, and affective components. Rucker and Cash (1992) emphasised the cognitive-affective aspects of body image, linking negative thoughts and emotions about one's body to body image disturbances. Similarly, Cash and Pruzinsky (1990) described body image as a multidimensional construct encompassing emotional, cognitive, and behavioural components, shaped by subjective perceptions of one's physical appearance. Expanding on this, Banfield and McCabe (2002) proposed a multimodal model including cognitive and affective responses, perceptual body image, and the importance placed on body shape and dieting behaviour, highlighting the complex interplay between thoughts, feelings, and behaviours related to body image.

1.3 *Adolescent Body Image Concerns and Societal Influence*

Adolescents often evaluate their body image primarily through physical appearance, especially body shape, which can significantly impact their self-confidence and lead to frequent comparisons with peers (Sofiah, 2012). When their body image expectations are unmet, it may result in psychological distress and behavioural issues such as anxiety, low self-esteem, depression, and a desire for thinness (Jones & Smolak, 2011; Glazzard & Stones, 2017; Aljomaa, 2018). Gender differences also play a role, as females are more prone to internalising these societal ideals, making them particularly vulnerable to body image-related issues (Esnaola et al., 2010).

1.4 *Social anxiety*

The DSM defines social anxiety as "persistent fear of one or more social or performance situations in which the person is exposed to unfamiliar people or possible scrutiny by others" (DSM-IV, 2012).

A person suffering from social anxiety disorder (SAD) experiences intense fear or anxiety in a social scenario in which they must perform or are seen or judged. (American

Psychiatric Association, 2013). They find it difficult to keep up with daily routines. Social interaction anxiety is a state of significant impairment in functioning that ranges from school dropouts (Stein & Kean, 2000) to students who struggle academically (Wittchen et al., 1999) to individuals experiencing decreased work productivity and even unemployment (Lecrubier et al., 2000).

1.5 *Self-talk*

Self-talk, also known as inner monologue or self-statements, refers to talking to or engaging in an internal dialogue with oneself (Brinthaupt et al., 2009). It is not limited to talking overtly to oneself in the first-person pronoun "I"; it can also be self-directed in the second-person pronoun "You" (Deamer, 2021).

Bunker et al. (1993) contend that self-talk is a cognitively controlled behaviour in which people address themselves through speech or thinking. According to psychological theorists, talking to oneself can serve essential cognitive and regulatory roles when monitoring and regulating one's behaviours (Hardy, 2006).

1.6 *Dimensions of self-talk*

Brinthaupt et al. (2009) identified four distinct forms of ST based on the findings of several studies. The first form, known as self-criticism, relates to ST caused by discouragement of saying or doing something. The second type is self-reinforcement, in which people speak to themselves when they are proud. Third, humans may talk to themselves when deciding what to do or say, a process known as self-management. The fourth form is social assessment, which involves using ST to examine the answers and reactions of others.

Theodorakis, Hatzigeorgiadis, and Chroni (2008) categorised self-talk into positive and negative types. Positive self-talk enhances self-esteem, motivation, and concentration, whereas negative self-talk is critical, self-judgmental, anxiety-inducing, and counterproductive (Johnson et al., 2004; Hatzigeorgiadis et al., 2004).

1.7 *Self-talk and anxiety*

1.7.1 Role of Self-Talk in Anxiety Management and Performance Enhancement

Positive self-talk (ST) helps reframe misinterpretations, reducing anxiety, emotional distress, and boosting self-esteem, while negative self-talk can increase anxiety, emotional exhaustion, and low self-worth (Safren et al., 2002). According to Clark and Beck's (2010) anxiety management model, constructive self-talk promotes problem-solving and lowers anxiety. Individuals who practice positive, self-managed ST tend to feel less anxious in various communication settings. As anxiety affects performance, self-talk is increasingly studied as an effective tool for reducing stress and enhancing outcomes.

1.7.2 Impact of Self-talk on Performance

Shi et al. (2015) conducted two studies exploring the relationship between self-talk, public speaking anxiety (PSA), and communication apprehension (CA). They found that individuals with high CA, especially those with high PSA, engaged more in self-critical and socially evaluative self-talk. In contrast, self-reinforcement was associated with lower anxiety, suggesting that positive self-talk can reduce stress and enhance performance. Similarly, while Hatzigeorgiadis and Biddle (2006) further noted that negative self-talk was more linked to cognitive distress than to physical symptoms or performance outcomes.

1.8 *Body image and anxiety (social anxiety)*

Individuals with body image dissatisfaction tend to show biased attention and memory for appearance-related cues, along with persistent rumination about actual or anticipated negative judgments. These cognitive vulnerabilities can directly trigger anxiety and lead to safety behaviours, such as frequent self-weighing to reduce fears of weight gain, which paradoxically increase anxiety over time (Vannucci & Ohannessian, 2017).

Similarly, obesity has been linked to mental health issues, with the risk increasing alongside anxiety episodes (Atlantis et al., 2011). Schneider et al. (2010) found that high trait anxiety was associated with food-specific intake in obese but not lean individuals, suggesting that obese women may be more prone to eating disorders due to higher body-related anxiety, poor food inhibition, and body image dissatisfaction.

Body image dissatisfaction has been linked to increased anxiety symptoms in adolescents, including GAD, PD, SAD, and SEP (Abdollahi et al., 2015; Cruz-Sáez et al., 2015). Those with higher body image satisfaction report fewer anxiety symptoms (Cromley et al., 2012; Koronczai et al., 2013). Izgiç, Akyüz, Dogcaron, and Kugcaron (2004) discovered that people who had previously experienced social phobia were more likely to have lower body image.

1.9 *Body image and self-talk*

By changing the negative signals people give to themselves, positive self-talk can challenge illogical views, reverse the distortion in students with low body image satisfaction who are addicted to social media (Petersen, 2016), and help them grow healthier brains (Bradley, 2017).

Similarly, positive self-talk can boost the confidence of female teenagers who have suffered body image dissatisfaction (Gafar, 2018). His study discovered that students with social media addiction might experience BIS from the lowest to the highest scores, indicating a correlation between self-confidence and BIS in social media addiction.

The current study aims to examine the complex relationships between self-talk, social anxiety, and body image. By exploring how internal dialogues influence self-perception and social interactions, this research seeks to uncover psychological mechanisms contributing to social anxiety and body image concerns. Understanding these dynamics is essential for developing effective interventions that promote mental well-being and foster a positive self-image.

2. Review of Literature

Aleem (2025) conducted a study examining public speaking anxiety (PSA) levels among Saudi EFL university students and the frequency of different types of self-talk. The study also explored the relationship between PSA and self-talk, along with learners' perceptions of both variables. Findings showed that 53.2% of participants experienced high PSA, while 24.8% were moderately anxious and 22% had low anxiety. All participants reported moderate to high use of self-talk and its subcategories, with none reporting low frequency. A negative correlation was found between PSA and self-reinforcement. Quantitative results were supported by qualitative analysis, leading to several key recommendations.

Wasyl and Kamionowska (2024) investigated whether negative self-talk mediates the relationship between perfectionism and body image. The study involved 214 overweight women or those actively losing weight. Participants completed the Body Attitude Test, Self-Talk Scale, and the Polish Adaptive and Maladaptive Perfectionism Questionnaire. Results indicated that maladaptive perfectionism fostered self-critical self-talk, leading to negative body image and reducing the use of self-reinforcing self-talk, which could have mitigated this effect. Contrary to the hypothesis, social-assessing self-talk did not mediate this relationship.

Adams and Mukwada (2024) conducted a study aimed at using quantitative data to investigate the effect of self-talk on anxiety in sports performance for student-athletes. This study included twenty (20) student-athletes, specifically football players. The data collection period spanned two weeks, with no intervention in week one and the self-talk intervention in week two. All student-athletes were required to complete the Competitive State Anxiety Inventory-2 questionnaire (CSAI-2) during both weeks. The findings indicated that self-talk has a significant effect on both cognitive anxiety and self-confidence among student-athletes.

Rusfa et al. (2022) conducted a study to examine how effective the Cognitive behavioural therapy self-talk technique is for body image satisfaction for students with social media addiction symptoms. A sample of 6 students was taken for the study, who completed A body image satisfaction scale, which is used to measure body image satisfaction and a scale

developed by the researchers to assess social media addiction. Then the students in the intervention group were provided self-talk techniques. The results show that the group which received the intervention of self-talk techniques had a significant improvement in body image satisfaction levels.

Jarrar et al. (2022) examined whether social anxiety mediates the relationship between social media use and body dissatisfaction. The study included 432 students from Kampala International University and Victoria University in Uganda, using self-report questionnaires. Findings revealed a significant positive association among social media use, social anxiety, and body dissatisfaction. Heavy users reported higher levels of both social anxiety and body dissatisfaction. The study concluded that social anxiety mediates this relationship, indicating that frequent social media use may contribute to body dissatisfaction via increased social anxiety.

Abdollahi and Talib (2015) examined the relationships between self-esteem, body image, emotional intelligence, and social anxiety, and whether weight moderated these links. The study included 520 university students from Universiti Putra Malaysia. Measures used were the Liebowitz Social Anxiety Scale, the Rosenberg Self-Esteem Scale, the Body-Esteem Scale, and the Assessing Emotions Scale. Results indicated that obese or overweight participants had lower body-esteem, emotional intelligence, and self-esteem, and higher social anxiety than others.

3. Methodology

3.1 *Aim*

The current study aimed to examine the relationship between social anxiety, body image and self-talk among young adults.

3.2 Research Objectives

a) To investigate the association between self-talk and social anxiety.

b) To assess the relationship between social anxiety and body image (Appearance Evaluation, Appearance Orientation, Body Areas Satisfaction, Overweight Preoccupation, and Self-Classified Weight).

c) To evaluate the association between self-talk and body image (Appearance Evaluation, Appearance Orientation, Body Areas Satisfaction, Overweight Preoccupation, and Self-Classified Weight).

3.3 *Hypothesis*

H1: Self-anxiety and social anxiety are significantly correlated with each other.

H2: There is a significant relationship between Appearance Evaluation and social anxiety.

H3: There is a significant relationship between Appearance Orientation and social anxiety.

H4: There is a significant relationship between Body area satisfaction and social anxiety.

H5: There is a significant relationship between Overweight Preoccupation and social anxiety.

H6: There is a significant relationship between Self-Classified Weight and social anxiety.

H7: There is a significant relationship between Appearance Evaluation and self-talk.

H8: There is a significant relationship between Appearance Orientation and self-talk.

H9: There is a significant relationship between Body area satisfaction and self-talk.

H10: There is a significant relationship between Overweight Preoccupation and self-talk.

H11: There is a significant relationship between Self-Classified Weight and self-talk.

3.4 *Description of Sample*

This study used a non-probability convenience sampling method, selecting 102 participants (30 males, 72 females) aged 18–25 based on availability. While probability sampling enhances representativeness, convenience sampling was chosen for its practicality given time and resource constraints. All participants provided informed consent, with assurances of confidentiality.

3.5 *Measures*

3.5.1 The Self-Talk Scale (STS)

The Self-Talk Scale (STS), developed by Brinthaupt et al. (2009), is a 16-item instrument designed to assess the frequency of self-talk across four dimensions: self-criticism, self-reinforcement, self-management, and social assessment. Each item begins with the stem "I talk to myself when..." and is rated on a 5-point Likert scale (1 = never to 5 = very often), with higher scores indicating more frequent self-talk. Each subscale comprises four items (scores range: 4–20), and the total STS score ranges from 16 to 80. The scale demonstrates strong psychometric properties, with high internal consistency (Cronbach's alpha = .88) and a validated four-factor structure.

3.5.2 Multidimensional Body-Self Relations Questionnaire–Appearance Scales (MBSRQ-AS)

The Multidimensional Body-Self Relations Questionnaire–Appearance Scales (MBSRQ-AS), developed by Cash (2000), is a 34-item self-report instrument assessing attitudes toward physical appearance across five dimensions: Appearance Evaluation (AE), Appearance Orientation (AO), Body Areas Satisfaction (BAS), Overweight Preoccupation (OP), and Self-Classified Weight (SCW). Items are rated on a 5-point Likert scale, with higher scores reflecting greater satisfaction or concern, depending on the subscale. The MBSRQ-AS demonstrates strong psychometric properties, with Cronbach's alpha values ranging from 0.73 to 0.89 and test-retest reliability coefficients between 0.74 and 0.91, indicating good reliability and validity.

3.5.3 Liebowitz Social Anxiety Scale (LSAS)

The Liebowitz Social Anxiety Scale (LSAS), developed by Dr. Michael R. Liebowitz in 1987, is a 24-item instrument assessing the severity of social anxiety disorder (SAD) symptoms. It comprises two subscales: 13 items for performance anxiety and 11 for social interaction anxiety. Each item is rated twice—once for fear/anxiety and once for avoidance—on a 4-point Likert scale (0 = none/never to 3 = severe/usually). Total scores range from 0 to 144, with higher scores indicating greater severity. The LSAS demonstrates strong psychometric properties, including high internal consistency ($\alpha = 0.90–0.96$) and good test-retest reliability (Intraclass Correlation Coefficient = 0.81; Pearson's r = 0.82), confirming its reliability and validity across populations.

3.6 ***Procedure***

Data for the research was collected online via a Google Form, which included informed consent from all participants. They were assured that their personal information and responses would remain confidential and would be used solely for this study. Clear instructions were provided for each questionnaire, and the researcher's email was shared for participants to address any queries.

4. Result

Pearson product-moment correlation was used to find the association between the dimension of personality, life satisfaction and locus of control.

Table 1 shows the correlation between Self-talk, social anxiety, and the dimension of body image: Appearance Evaluation, Appearance Orientation, Body Areas Satisfaction, Overweight Preoccupation, Self-Classified Weight.

Table 2 presents correlations between self-talk and body image dimensions; Table 3, between dimensions of self-talk and social anxiety; and Table 4, between dimensions of body image and social anxiety.

Table 1*: Pearson product-moment correlation between Self-talk, social anxiety, and the dimension of body image: Appearance Evaluation, Appearance Orientation, Body Areas Satisfaction, Overweight Preoccupation, Self-Classified Weight.*

		Self-Talk	SA	AE	AO	BAS	OP	SCW
Self-Talk	Pearson Correlation	1						
SA	Pearson Correlation	.229*	1					
AE	Pearson Correlation	.228*	-.254*	1				
AO	Pearson Correlation	.266**	0.162	-0.085	1			
BAS	Pearson Correlation	0.004	-.310**	.650**	-.234*	1		
OP	Pearson Correlation	-0.073	0.138	-.309**	.364**	-.324**	1	
OP	Pearson Correlation	-0.119	0.090	-0.133	0.115	-0.117	.594**	1

Note**:** SA =Social Anxiety, AE= Appearance Evaluation, AO = Appearance Evaluation, BAS= Body Areas Satisfaction, OP= Overweight Preoccupation, and SCW= Self-Classified Weigh
*p ≤ .05. **p ≤ .01

Table 2: *Pearson product-moment correlation between dimensions of self-talk (self-talk: self-criticism, self-reinforcement, self-management, and social assessment) and dimensions of social anxiety (social anxiety/fear and social avoidance)*

		Self-talk	SC	SR	SM	SAsses	SF	SAvo	SA
Self-talk	Pearson Correlation	1							
SC	Pearson Correlation	.763**	1						
SR	Pearson Correlation	.551**	0.077	1					
SM	Pearson Correlation	.805**	.475**	.402**	1				

SAsses	Pearson Correlation	.835**	.625**	.250*	.548**	1			
SF	Pearson Correlation	.264**	.265**	-0.086	0.157	.402**	1		
SAvo	Pearson Correlation	0.167	0.160	-0.144	0.122	.321**	.785**	1	
SA	Pearson Correlation	.229*	.226*	-0.121	0.148	.383**	.947**	.943**	1

Note: SC=Self-criticism, SR=Self-reinforcement, SM = Self-management, SAssess = Social assessment, Savo =Social avoidance, SF = Social anxiety/fear=, SA =Social Anxiety

*p ≤ .05. **p ≤ .01

Table 3: *Pearson product-moment correlation between dimensions of social anxiety (social anxiety/fear and social avoidance) and dimensions of body image (Appearance Evaluation, Appearance Orientation, Body Areas Satisfaction, Overweight Preoccupation, Self-Classified Weight).*

		SF	**SAvo**	**SA**	**AE**	**AO**	**BAS**	**OP**	**SCW**
SF	Pearson Correlation	1							
SAvo	Pearson Correlation	.785**	1						
SA	Pearson Correlation	.947**	.943**	1					
AE	Pearson Correlation	-.271**	-.207*	-.254*	1				
AO	Pearson Correlation	.213*	0.092	0.162	-0.085	1			
BAS	Pearson Correlation	-.309**	-.277**	-.310**	.650**	-.234*	1		
OP	Pearson Correlation	0.185	0.075	0.138	-.309**	.364**	-.324**	1	
SCW	Pearson Correlation	0.124	0.045	0.090	-0.133	0.115	-0.117	.594**	1

Note: Savo =Social avoidance, SF = Social anxiety/fear=, SA =Social Anxiety, AE= Appearance Evaluation, AO = Appearance Evaluation, BAS= Body Areas Satisfaction, OP= Overweight Preoccupation, and SCW= Self-Classified Weight

*p ≤ .05. **p ≤ .01

Table 4*: Pearson product-moment correlation between dimensions of self-talk (self-talk: self-criticism, self-reinforcement, self-management, and social assessment) and dimensions of body image (Appearance Evaluation, Appearance Orientation, Body Areas Satisfaction, Overweight Preoccupation, Self-Classified Weight).*

		self-talk	SC	SR	SM	AE	AO	BAS	OP	SCW
self-talk	Pearson Correlation	1								
SC	Pearson Correlation	.763**	1							
SR	Pearson Correlation	.551**	0.077	1						
SM	Pearson Correlation	.805**	.475**	.402**	1					
AE	Pearson Correlation	.228*	0.061	.330**	0.168	1				
AO	Pearson Correlation	.266**	.290**	0.005	0.183	-0.085	1			
BAS	Pearson Correlation	0.004	-0.160	.331**	0.046	.650**	-.234*	1		
OP	Pearson Correlation	-0.073	0.001	-0.125	-0.077	-.309**	.364**	-.324**	1	
SCW	Pearson Correlation	-0.119	-0.114	-0.068	-0.134	-0.133	0.115	-0.117	.594**	1

Note: SC=Self-criticism, SR=Self-reinforcement, SM = Self-management, SAssess = Social assessment, AE= Appearance Evaluation, AO = Appearance Evaluation, BAS= Body Areas Satisfaction, OP= Overweight Preoccupation, and SCW= Self-Classified Weight

*p ≤ .05. **p ≤ .01

5. Discussion

The present study aimed to investigate the relationship between Self-talk, social anxiety, and dimensions of body image among young adults. 102 individuals between the age range of 18-25 were taken as samples. The data was analysed using Pearson's product-moment correlation.

5.1 *Self-talk and social anxiety*

A weak positive correlation was found between self-talk frequency and social anxiety ($r = .229$, $p < 0.05$) (Table 1), suggesting that individuals who engage in more self-talk may experience higher social anxiety. Thus, H1 is accepted. Brinthaupt and Morin (2019) proposed

the "social isolation" hypothesis, suggesting that people with limited or unsatisfying social experiences use self-talk as a compensatory strategy. Their research links frequent self-talk to feelings of social isolation, which may contribute to elevated social anxiety.

Self-talk frequency was weakly but significantly correlated with social anxiety's fear and anxiety dimension ($r = 0.264$, $p < 0.05$) (Table 2), suggesting that more frequent self-talk is linked to slightly higher social anxiety. This supports cognitive models that negative internal dialogue maintains social anxiety. Golde et al. (2023) found that socially anxious individuals endorse negative self-beliefs and reject positive ones, increasing negative emotions.

Self-criticism showed a weak but significant positive correlation with social anxiety ($r=0.266$, $p<0.05$) (Table 2) and its anxiety and fear component ($r=0.265$, $p<0.01$). This suggests that more self-critical individuals tend to focus on their flaws, increasing feelings of inadequacy and fear of negative judgment, which worsens social anxiety and makes social interactions more distressing. Iancu et al. (2015) found that self-criticism was positively correlated with social anxiety and was a significant predictor of the severity of social anxiety symptoms Iancu et al., 2014).

Social assessment self-talk showed weak positive correlations with overall social anxiety ($r=0.383$) (Table 2), social avoidance ($r=0.321$), and anxiety and fear, indicating that frequent evaluation of social interactions is linked to higher social anxiety. Shi et al. (2017) found that such self-focused evaluative thoughts increase public speaking anxiety, worsening social anxiety. Whereas self-reinforcement and self-management were not found to be significantly correlated with social anxiety and its dimensions.

5.2 *Social anxiety and body image*

Social anxiety was negatively correlated with Appearance Evaluation ($r = -0.254$, $p < 0.05$) and Body Areas Satisfaction ($r = -0.310$, $p < 0.01$) (Table 1), indicating that higher social anxiety is linked to lower satisfaction with one's overall appearance and specific body parts (e.g., thighs, stomach, face). Hence, H2 and H4 are accepted. Pawijit et al. (2017) found that body image dissatisfaction is positively associated with social anxiety, mediated by fear of negative evaluation, suggesting that those dissatisfied with their body may fear judgment, increasing social anxiety.

Social avoidance was weakly negatively correlated with Appearance Evaluation ($r= -0.207$, $p<0.05$) and Body Areas Satisfaction ($r= -0.277$, $p<0.05$) (Table 3), suggesting that lower satisfaction with overall appearance and specific body areas is linked to higher social avoidance, likely due to fear of negative evaluation or self-consciousness. Moscovitch et al.

(2013) found that symptoms of social anxiety disorder predicted disturbances in body image, including lower Appearance Evaluation and Body Areas Satisfaction.

Social anxiety showed a weak negative correlation with Appearance Evaluation (r = -0.271) and Body Areas Satisfaction (r = -0.309) (Table 3), indicating that higher anxiety relates to lower appearance satisfaction. It was positively correlated with Appearance Orientation (r = 0.231), suggesting that socially anxious individuals focus more on managing their appearance. Gao et al. (2023) found that appearance anxiety predicts social anxiety, with self-compassion mediating this link—those low in self-compassion are more prone to social anxiety.

No significant correlations were found between social anxiety and Appearance Orientation (r = .162, p = > 0.05), Overweight Preoccupation (r = .138, p = >0.05), or Self-Classified Weight (r = .090, p >0.05), suggesting that social anxiety may not be strongly related to the importance placed on appearance, concerns about weight, or self-perceived weight status. Hence, we must reject H3, H5 and H6 (Table 1).

Along with this, social avoidance was not found to be significantly correlated with Appearance Orientation (AO), Overweight Preoccupation (OP), and Self-Classified Weight (SCW). No significant correlation was found between social anxiety and fear dimension Overweight Preoccupation (OP), and Self-Classified Weight (SCW) (Table 3).

5.3 ***Self-talk and body image***

Self-talk frequency was found to have a weak but statistically significant positive correlation with Appearance Evaluation (r = .228, p = <0.05) and Appearance Orientation (r = .266, p <0.01) (Table 1), suggesting that individuals who engage in more frequent self-talk tend to have a more favourable view of their overall appearance and place greater importance on their appearance and make greater efforts maintaining their appearance. Hence, accept H7 and H8.

Self-criticism showed a weak but significant correlation with Appearance Orientation (r = 0.290, p < 0.01) (Table 4), indicating that those who are more self-critical tend to place greater importance on and invest more effort in managing their appearance. Ghobadi et al. (2017) found self-criticism linked to increased mental and physical vulnerability, greater appearance concerns, lower well-being, and higher susceptibility to societal appearance pressures.

Self-reinforcement was found to be significantly positively correlated with Appearance Evaluation (AE) (r= 0.330, p< 0.01) and with Body area satisfaction (BAS) (r= 0.331, p< 0.01) (Table 4) this indicated that individuals who frequently engage in self-reinforcing self-talk tend

to have a more favourable view of their overall appearance and greater satisfaction with specific body areas.

Social assessment was found to have a significant positive relationship with Appearance Orientation (AO) ($r=0.284$, $p< 0.01$) (Table 4). This means that individuals who frequently reflect on their social experiences tend to place greater importance on their physical appearance. Swami et al. (2021) found that higher appearance orientation is positively associated with dating anxiety in emerging adults, highlighting the impact of appearance on social interactions.

No significant correlations were found between self-talk and Body Area Satisfaction ($r = .004$, $p = .970$), Overweight Preoccupation ($r = -.073$, $p = .463$), or Self-Classified Weight ($r = -.119$, $p = .234$), suggesting self-talk frequency is not directly linked to these body image aspects. Therefore, H9, H10, and H11 are rejected (Table 1).

No significant correlations were found between self-criticism or social assessment and Appearance Evaluation, Body Areas Satisfaction, Overweight Preoccupation, or Self-Classified Weight. Similarly, self-reinforcement showed no significant link with Appearance Orientation, Overweight Preoccupation, or Self-Classified Weight. The self-management dimension was not significantly correlated with any body image measures (Table 4).

5.4 *Limitations and Suggestions for Future Research*

This study has limitations, including a gender imbalance with more female participants, which may affect generalizability since women report higher body image concerns and social anxiety. The college-aged sample limits applicability to other age groups. Reliance on self-report questionnaires may introduce biases, and the cross-sectional design restricts causal conclusions. Future longitudinal studies should explore these relationships over time. Given limited research on self-talk, body image, and social anxiety, further studies should examine underlying mechanisms and cultural/media influences to develop better interventions for improving self-perception and mental health.

5.5 *Implications for Theory and Practice*

The findings highlight self-talk as a valuable therapeutic tool for managing social anxiety and body image issues. Cognitive Behavioural Therapy (CBT), which incorporates self-talk, effectively reduces anxiety and improves body image by challenging distorted perceptions and promoting balanced thinking. Positive self-talk helps individuals focus on strengths, build resilience against unrealistic beauty standards, and counter social pressures. Techniques like cognitive restructuring and self-compassion further enhance self-acceptance

and emotional well-being. Incorporating self-talk strategies into clinical practice offers promising interventions to boost self-esteem, reduce anxiety, and foster a healthier body image.

6. Conclusion

The present study investigated how self-talk frequency relates to body image and social anxiety in young adults. Findings revealed a weak and positive correlation between self-talk and social anxiety, indicating that individuals who frequently engage in internal dialogue may also experience heightened social discomfort or fear of negative evaluation. Additionally, social anxiety was negatively associated with Appearance Evaluation and Body Areas Satisfaction, suggesting that individuals with higher social anxiety tend to have a more negative perception of their overall appearance and are less satisfied with specific body areas. However, no significant relationships were found between social anxiety and other body image dimensions such as Appearance Orientation, Overweight Preoccupation, or Self-Classified Weight. On the other hand, self-talk frequency was positively associated with Appearance Evaluation and Appearance Orientation, implying that individuals who engage in frequent self-talk may view their appearance more positively and pay greater attention to grooming or appearance-related behaviours. These results suggest a nuanced connection between self-talk, body image, and social anxiety, highlighting the potential for therapeutic interventions that encourage constructive self-talk to enhance body satisfaction and manage social anxiety.

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