**IMPACT OF SELF CONCEPT, BODY DISSATISFACTION AND GENDER ON STUDENT'S FEAR OF NEGATIVE EVALUATION**

**ABSTRACT**

The present research aimed to examine the differences in self-concept, body dissatisfaction and gender on student’s fear of negative evaluation among university students with and without obesity. A purposive sample of university students with obesity (*n* = 109) and without obesity (*n =* 141) with age range 18 to 25 years (*M* = 22, *SD* = 1.63) participated in the research with their full consent. The self-report instruments of Levels of Self-criticism Scale (Thompson & Zuroff, 2004) and Brief Fear of Negative Evaluation – Straightforward (Carleton, McCreary, Norton, & Asmundson, 2006) were used to measure self-criticism and fear of negative evaluation, respectively. The results confirmed a positive relationship between the levels of self- criticism and fear of negative evaluation in both university students with and without obesity. Students with obesity had higher level of internalized self-criticism as compared to the students without obesity. Girls were reported to have higher internalized self-criticism as compared to boys in both groups related to obesity. The findings of the present study are speculated to have sound implications in the fields of medical health profession and education psychology for intervention planned to reduce weight based stigmatization and as a contribution to explanation of self-criticism and fear of negative evaluation in the Nigeria cultural context..

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**CHAPTER ONE**

**INTRODUCTION**

* 1. **BACKGROUND OF THE STUDY**

Watson and Friend (1969) defined fear of negative evaluation as apprehension about others’ evaluation, distress over their negative evaluation, and the expectation that others would evaluate one-self negatively. Carleton et al, (2006) defined fear of negative evaluation as the apprehension and distress arising from concern about being judged despairingly or hostilely by others.

Basically people with a high degree of fear of negative evaluation (which can be measured with Fear of Negative Evaluation scale developed by Watson and friend) are overly concerned with how they are judged or perceived by other people. They tend to imagine that they are being perceived in negative ways and they are often inhibited in their behaviour as a result. This people are also more responsive to situational factors, conformity, and pre-social behavior etc. It may also be seen in every social evaluating situation including testing, being on a date, talking to one’s superior, being interviewed for a job, or giving a speech (Watson and friend, 1969).Fear of negative evaluation is related to specific personality dimensions, such as anxiousness, submissiveness, and social avoidance. Several cognitive models, as well as previous research, support the notion that social anxiety is derived in part, from fear of perceived negative evaluation (Clark & Wells 1995; Rapee and Heimbeig, 1997). People with social anxiety demonstrate a variety of behaviours to avoid negative evaluation (Well et al, 1995) and have attentional biases for detecting social-evaluative threats (Asmundson & Stein, 1994; Heinrichs & Hofmann, 2001; Vassilopoloulos, 2005); however this sensitivity to social threats is believed to be based on implicit and automatic response determined by stimulus relevance (Philippot and Pouilliez, 2005).Socially anxious people have lower level of confidence in their perceived social skills (it has also been associated with increased shyness (Miller, 1995), the development of eating disorders (Gilbert and mayer, 2005), and lower self-esteem (kocovski and Endler, 2002).

Tozzi, F., Aggen, S., Neal, B., Anderson, C., Mazzeo, S., Neal, M., (2004) made a connection between fear of negative evaluation and perfectionism, suggesting that a fear of making mistake is one of the core features of perfectionism. Concern over mistake can be viewed as a form of negative evaluation. Succinctly put, mistakes are synonymous with failure and disapproval.

Social anxiety is, in part response to perceived negative evaluation by others whereas Fear of Negative Evaluation is related to dread of being evaluated despairingly when participating in a social situation. Social anxiety is purely an emotional reaction to this type of social phobia. As a latent construct, fear of negative evaluation is believed to promote the development and expression of more general fears, anxiety and psychopathologies (Reiss and McNally, 1985). This latent fear is partially heritable; ((Stein, Jang, & Livesley, 2002). Given the necessity for positive, successful social interaction, particularly for persons in fear of therapy (Alden & Taylor, 2004; Segrin, 2001) increased understanding of effect of fear of negative evaluation and its correlates is crucial.

Self-concept is another important variable that we must talk about as it contributes a lot in determining whether a person would develop the fear of being negatively evaluated by people. The self-concept is a general term used to refer to how someone thinks about or perceives himself. The self-concept can be defined as an organised knowledge structure or cognitive schema that contains all known information about the self, including past experiences, current knowledge, feelings, beliefs and self-evaluations (Markus, 1977). While the self-concept was once conceptualised as a stable, generalised view of the self, it is now viewed as a dynamic and multifaceted structure, which influences areas as diverse as self-regulation, goal setting, information processing, affect regulation, motivation, social perception, situation and partner choice, interaction strategies, and reactions to feedback (Markus &Wurf, 1987). This dynamic conceptualisation allowed for the observation that an individual’s self-concept could alter based on their currently accessible thoughts, attitudes and beliefs, which may be influenced by factors such as their current motivational state or social surroundings (Markus & Wurf, 1987). Self concept can be conceptualized in terms of both content and structure, that is how the person him or herself them and how this self-relevant information is organized. Social cognitive researchers have found out that people vary in the stability of their self-concept (Campbell et al, 1996), and propose that an unstable self-concept results in sensitivity and susceptibility to self relevant feedback (Campbell, 1990). Psychologist, Carl Rogers (1951), was the first to establish the notion of self-concept. According to Rogers, everyone strives to reach an ‘’ideal self’’ (the closer one is to their ideal self, the happier one will be).

Those who are unable to attain this goal may exhibit the fear of being negatively evaluated by others and most times they tend to avoid socially evaluative situations. Rogers claims that one factor in a person’s happiness is the “Unconditional Positive Regard (UPR) from others. UPR often occur in close of familial relationship, and involves a consistent level of attention regardless of the recipient emotion. According to Rogers, psychologically healthy people actively move away from roles created by others expectations and instead look within themselves for validation. On the other hand neurotic people have self-concept that do not match their own experiences. They are afraid to accept their own experiences as valid, so they distort them, either to protect themselves or to win approval from others. One important theory related to self-concept is self-categorization theory (SCT), which states that self-concept consist of at least two levels, a personal identity and a social identity. In other words ones self-evaluation relies on both self-perception and how others perceive them. If one perceives oneself as being incompetent, this negative self-evaluation would affect the person’s behaviour or disposition probably negatively in the same hand, positive self-evaluation breed confidence in social situations.

Positive body image is important because it is one of the protection factors which can make a person more resilient to eating disorders, body dimorphic disorder, excessive exercise and other unfavorable behaviours. Positive body image occurs when a person is able to accept, appreciate and respect his or her body. Personal appearance is very important to everyone. It may influence how one feels about oneself, how one interacts with others, how one pays attention to one’s appearance on a daily basis, and what behaviours one practices in order to maintain one’s image (Sloan, 1995).

Body dissatisfaction on the other hand, is a negative feeling about oneself, beauty, figure, colour, weight, height etc,(Obi, 2006).Body dissatisfaction is an internal process but can be influenced by several external factors. For example, family, friends, acquaintances, teachers and the media all have an impact on how a person sees and feels about themselves and their appearance. Individuals in appearance oriented environments or those who receive negative feedback about their appearance are at an increased risk of body dissatisfaction.

**1.2 STATEMENT OF THE PROBLEM**

Obesity is declared as a global epidemic by the World Health Organization (WHO) and has presented itself as a public health challenge across the globe. It is intricately linked with various psychological and physical health risks, and renders the person vulnerable to develop a range of associated disorders further affecting the well-being of a person with obesity (WHO, 1998). International Diabetes Federation (as cited in Jawwad, 2005) reported that an estimate of 1.1 billion people is overweight and 320 billion is obese based on a worldwide calculation. Obesity is identified as cause of more than 2.5 million deaths per year. This estimate is expected to double in size by the year 2030. Worldwide obesity is one of the fastest growing problems in developing countries (American Public Health Association, 2013; Aylott, Brown, Copeland & Johnson, 2008; Braunstein, 2010; [El-Hazmi & Warsy, 1997](#_bookmark8); Mokdad et al., 2003).

A range of adverse outcomes related to obesity is associated with weight bias for overweight and obese individuals, affecting emotional well-being, social relationships, and physical health. Weight bias has powerful implications for emotional well-being. Weight-based teasing and victimization is related to poorer body image, lower self-esteem, and higher risk of depression ([Davison & Birch, 2002](#_bookmark6); [Eisenberg, Neumark-Sztainer, &](#_bookmark7) [Story, 2003](#_bookmark7); [Friedman et al., 2012](#_bookmark9); [Hayden‐Wade et al., 2012](#_bookmark10); [Myers](#_bookmark15) [& Rosen, 1999](#_bookmark15)). Youth with obesity who experience weight-based victimization from peers are two to three times more likely to engage in suicidal thoughts and behavior (Eisenberg, et al., 2003).

This lack of emotional well-being puts the individual with obesity at risk of being overly critical of himself and assumes others as holding negative views towards him as well. Obesity thus hampers the individual from developing healthy interpersonal bonds with peers and family and this factor contributes towards the development of Self concept and fear of negative evaluation in the obese individuals (Hill & Williams, 1998; Latif, Khan & Farooq, 2011; Schwartz & Brownell, 2004; Strauss & Pollack, 2003; Vander Wal & Thomas, 2004).

The present study was aimed at self concept and fear of negative evaluation as present in the university students with and without obesity. University life is a very challenging time in a student’s academic as well as personal life. The range of exposure it offers in the social domain as well as to the world of academia is overwhelming.

* 1. **AIM AND OBJECTIVES OF THE STUDY**

1. To determine if both comparative and internalized levels of self concept are significantly correlated with the fear of negative evaluation.
2. To identify the difference in the presence of comparative and internalized self concept, and fear of negative evaluation among girls and boys.
3. To find the relationship between internalized self concept and comparative self concept, fear of negative evaluation and obesity among university students.
   1. **RESEARCH HYPOTHESIS**

**Hypothesis One**

Comparative and internalized self concept is positively related with fear of negative evaluation among the students with obesity.

**Hypothesis Two**

Internalized self concept is higher in girls as compared to boys in both groups

* 1. **SIGNIFICANCE OF THE STUDY**

Findings from this study should contribute in clinical settings where the knowledge that self concept, Body dissatisfaction and gender on students fear of negative evaluations are experienced commonly among youth, and the identified vulnerable population of girls and individuals with obesity, could help facilitate clinical investigation and treatment plans sensitive to these issues.

* 1. **SCOPE AND LIMITATIONS OF THE STUDY**

The instruments used for the measurement self concept and fear of negative evaluation, respectively are self-report measures. This increases the chance of biasness in responses. The Self concept subscale of the Depressive Experiences Questionnaire could also be used to provide more reliable results for self concept. Qualitative research on the issues of self concept and fear of negative evaluation would provide a wider range of insight into these phenomena.

The age range of the sample in the present study is limited to only young adults. This research does not provide evidence of the existence and extent of self concept and fear of negative evaluation as present in other age groups. A larger sample including a wider age range used in the study would increase the generalization potential of the results.

This research is limited to the students of the Lagos state University and students of the University of Lagos.

* 1. **DEFINITION OF TERMS**

**Self Concept:** One's self-concept is a collection of beliefs about oneself. Generally, self-concept embodies the answer to "Who am I?". Self-concept is distinguishable from self-awareness, which refers to the extent to which self-knowledge is defined, consistent, and currently applicable to one's attitudes and dispositions

**Body dissatisfaction**: negative subjective evaluation of the weight and shape of one's own body. Body dissatisfaction predicts the onset, severity, and treatment outcomes of eating disorders. A core component of body dissatisfaction is appearance-based social comparisons.

**Student**: a person who is studying at a university or other place of higher education.

**Negative evaluation**: Fear of negative evaluation (FNE) is a psychological construct reflecting "apprehension about others' evaluations, distress over negative evaluations by others, and the expectation that others would evaluate one negatively

**CHAPTER TWO**

**REVIEW OF RELEVANT LITERATURE**

**SELF-CONCEPT/ESTEEM**

Branden (1969) defined self-esteem as “the experience of being competent to cope with the basic challenges of life and being worthy of happiness”. Branden (1987) proposed that “self-esteem is a basic human need, it makes an essential contribution to the life process, it is indispensible to normal and healthy self-development, and has a value for survival”.

Vialle, Heaven and Ciarrochi (2015) examined the relation between self-esteem and academic achievement. Sample comprised 65 high ability secondary students drawn from a longitudinal sample of over 900 students. ELLA and SNAP tests were given to identify the gifted students. Self -esteem of these samples are measured using Rosenberg self -esteem inventory. The student’s academic outcomes were obtained by collecting the end of year learning outcomes. Correlation analysis showed that there was no relation between self- esteem and academic achievement.

Fanaj, Melonashi and Shkembi (2014) conducted a study among youths to find out whether self-esteem and hopelessness are significant predictors of emotional difficulties among youths in Kosova. The sample comprised 1162 youths between 11 and 20 years old from different regions of Kosova. The investigator used Hopelessness scale for children, Rosenberg self-esteem scale, and the strengths and Difficulties questionnaires, respectively to assess the hopelessness, self-esteem and emotional difficulties of youths. Descriptive analyses, Mann-Whitney test, Kruskal Wallis test and multiple regression analyses were the statistics used for the study. Analyses identified significant differences in self-esteem and hopelessness based on residence. Significant gender differences in emotional difficulties also identified. Moreover, emotional difficulties were significantly predicted by self-esteem, gender and residence.

Kenneth (2014) studied the correlation of self-esteem with the personality type of youth boys and girls who attended the one month leadership training programme organized by RGNIYD. Participants comprised 41 youths consisting of 20 male participants and 21 female participants. The study was a non experimental correlational study that looked at the relation between self-esteem and personality. Eysenck Personality Inventory and Rosenberg Self-esteem inventory were administered respectively to identify the personality traits and self-esteem of the participants. To measure the relation between personality trait and self-esteem of the youth participants, co-efficient of correlation as a statistical measure was used. Significant positive correlation was found between Extraversion Personality type and self - esteem of youth. Boer and Tranent (2013) investigated the relation between self-esteem and maternal parenting style. Sample comprised 140 youths and the instruments used were Coopersmith self-esteem inventory, Parenting style and Parental Involvement Questionnaire. ANOVA and regression techniques were used for analysis. Result indicated that maternal responsiveness was the only significant predictor of youth self-esteem.

Singh and Singh (2013) tried to examine the relation between shyness, self - esteem and subjective well being. The study was conducted among 160 post graduate students among which 80 are males and 80 are females. Measures used for the study are Shyness self report questionnaire developed by Crozier, Rosenberg Self-esteem scale, Satisfaction with Life scale, Positive and Negative Affect Scale to assess the subjective well being. Correlation analysis was used to measure the linear relation between the dependent and independent variables. Findings indicated that shyness was negatively correlated with self-esteem and negative affect. In this research self-esteem was found to be significantly correlated with life satisfaction and positive affect.

Nwankwo, Balogun, Chukwudi and Ibeme (2012) investigated the relation between self-esteem and locus of control among youths. Participants are 150 youths randomly selected from two schools. Measures used for the study were Personal Functioning inventory, Self-esteem Scale and Locus of Control Scale. Pearson Product Moment Correlation was used for data analysis. It was found that a significant positive relationship exists between high self-esteem and internal locus of control and a significant positive relationship between low self-esteem and external locus of control.

Farzaee (2012) identified the relation between happiness, self-esteem and received social support in high school students. 150 eight grade girl students are selected from the entire population using Multistage sampling method. Oxford Happiness questionnaire, Coopersmith Self-esteem inventory and Wax Social Support questionnaires were used to collect the data. Statistics used for the data are descriptive statistics (means, standard deviation, correlation co-efficient) and regression analysis which identified a meaningful relationship between self-esteem and happiness. A positive meaningful relation also exist between self-esteem and the small scale as well as number of total social support. It was also seen that to predict happiness, self-esteem and social support are important.

Bozogpour and Salimi (2012) attempted to examine the relation between state self-esteem, loneliness and life satisfaction in adulthood. Participants were 213 students who were administered the State self-esteem scale, the short form of the Social and Emotional Loneliness scale for adults and Satisfaction with life scale. Independent t test, correlation analysis and regression techniques were used for the statistical analysis. Findings indicated that all the subscales of state self-esteem including performance, social and appearance self-esteem were positively correlated with life satisfaction. Appearance self-esteem was stronger predictor and emotional loneliness was stronger negative predictor of life satisfaction. The influence of perceived parental support and control on youths were examined by Mc Donald, Steger, Adams and Marshall (2011). The sample included 42 youths comprising 19 females and 23 males and both of their parents. The data were obtained in the family’s home through individual assessment of the mother, father, and youth participant. Data were collected annually, over a period of 2 years. The participants were assessed using questionnaire scales which examined family functioning, youth self-esteem, and parenting behaviour. The modified scales of Family Functioning and Parenting Behaviour Scales developed by Heilbrun, 1964 and Schaefers, 1965 were used for parents. Subscales of the Offer Self –Image Questionnaire was used to measure the self-esteem of the youth participants. Correlation analysis displayed a positive association between parental support and youth self-esteem, a negative relation between parental control and youth self-esteem, and a reciprocal relation between parenting behaviour and youth self-esteem.

Zakeri and Karimpour (2011) examined the relation between parenting style and self-esteem. 546 students were the participants of the study. Spielberg’s Parenting styles scale and Coopersmith Self-esteem inventory scale were used as measures of the study. Correlation and simultaneous regression were used for the analysis. Findings revealed that the “acceptance involvement” and “Psychological autonomy granting” styles were significant positive predictors of the self -esteem.

Valeria and Bagana (2011) identified the differences in the relationship between self -esteem and their cognitive tendencies predisposing to depression (having high standards, being self critical and over generalization of failure) in two stressful conditions: learning under pressure of an important final examination in high school and learning under pressure of new academic life in the first year of University. Partcipants of the study were 200 students, aged 17 to 21 years, 49 male and 151 female, 100 high school students and 100 freshmen at a public faculty in Bucharest, Romania. Data were collected with the attitude towards self scale and with the self-esteem scale. Findings revealed significant differences in student’s self-esteem as a function of personal factors (cognitive tendencies predisposing to depression) and as a function of situational and contextual factors. Salmelo-Aro and Erik Nurmi (2007) analysed how self- esteem measured during University studies would impact on the characteristics of the work career 10 years later. The longitudinal study was conducted to examine to what extent young adult self-esteem would changes over a six year period. The study also investigated to what extent young adult’s self-esteem ,and changes in it, during university studies would predict their career characteristics(unemployment, permanent job, salary, managerial positions, number of sub ordinates, working hours) and work related satisfaction and attitudes (work engagement, satisfaction and burn out) 10 years later. Participants were 297, 18-25 year old undergraduates who were measured at five time points. They were investigated during their first year of study, third year of study, fifth study year, seventh study year and ten years after the seventh study. Rosenberg Self-esteem scale was given for assessing self-esteem and questionnaires were given for assessing works related performance and experience. Latent Growth Curve Modelling was used for statistical analysis.

**Body Image**

The ‘body image’ literature generally incorporates two themes.

1. **Body perception.** This is an individual’s assessment of the physical aspects of their body and the extent to which this assessment is accurate. In extreme cases individuals suffer from body dysmorphic disorder (BDD), a psychological disorder related to eating disorders whereby individuals have very inaccurate perceptions of their body size.

2. **Body satisfaction**. This is the extent to which an individual is content with their body size and shape. Incorporated into this theme are terms such as body confidence, body esteem, and body dissatisfaction.

The term ‘body image’ can therefore refer to either body perception or body satisfaction. This rapid evidence assessment will use the same terms as those found in the literature, moving from body image to body satisfaction to body perception as a reflection of the terms used in the research papers that are being discussed. Where necessary clarification will be given as to whether the paper is discussing body perception or body satisfaction.

Most of the literature on body image is focused on whole body size, shape and satisfaction.

Consequently most of the research focuses on body weight, body mass, muscle mass, or overall body satisfaction rather than specific areas of the body such as skin tone, facial features, body hair, or other aspects of appearance. Where a research paper focuses on a specific aspect of body image (e.g. muscle mass rather than weight) this will be specified.

**How is body image measured?**

Many of the papers in this review use a body image ‘score’. This score can reflect body perception (how accurately someone assesses their size or weight) or body satisfaction (how satisfied someone is with their body). If body image is not accurately measured then this will have an adverse impact on the accuracy of the findings. There are a number of different techniques for measuring this body image score, including:

1. Self-report questionnaire. These scales include the Body Shape Questionnaire , Body Esteem Scale and the Body Shape Satisfaction Scale . A low score on these scales would indicate inaccurate body perception or low levels of body satisfaction. These scales are generally well established and have been subjected to a number of tests to assess their reliability and validity. The use of different scales to measure body image can make it difficult for researchers who are reviewing the research as it is difficult to compare data when different scales are used.

2. Figure drawings. Typically when using this method a participant is presented with a series of drawings of body shape and asked to identify their ‘ideal’ body shape or the body shape that they feel best reflects their actual body shape. A low score using this measure would indicate inaccurate body perception or low levels of body satisfaction.

3. Actual body weight and shape. An additional strand of data collection in this field is to gain accurate body shape and weight measurements for each participant. Some research studies use physical examinations by trained medical professionals to gain accurate body weight and shape data whereas others rely on participant self-report on their weight and height. Whilst the latter option is a much more convenient method of data collection research has shown that self-report measures can be inaccurate with 35-48% of obese participants under-reporting their weight on self-report measures.

**Body Dissatisfaction**

A general level of body dissatisfaction has long been recognized as a problem for youths. Body dissatisfaction is an intense, negative distortion of one’s body image. Body dissatisfaction is much greater in females than in males (Feingold & Mazzella, 1998; Hargreaves & Tiggemann, 2004; Mintz & Betz, 1986; Zellner, Harner, & Alder, 1989). Fallon and Rozin (1985) found that women instructed to choose a doll with the opposite body type of their own, chose thinner dolls indicating body dissatisfaction. Males, on the other hand, were inconsistent in determining which doll’s body type was most opposite of their own. A single pathway, lack of muscularity, creates body dissatisfaction in men (Carlson, 2004). On the other hand, body dissatisfaction in females results from a variety of factors including body mass, social comparisons, and appearance conversations with friends (Carlson, 2004). The variability in The Effects of Body Image source of body satisfaction may create greater body dissatisfaction and lower body images in women. The differences between men’s and women’s ratings of body image are often dependent on the type of questions asked (Feingold & Mazzella, 1998). For example, some research has used the same body image scale for both sexes and disregarded that the ideal body image depends on sex. Therefore, the validity of this information is questionable. The current study accounted for possible sex differences and evaluated these differences to determine if sex affected body image.

The Effects of Body Imagetime may cause a decrease in body image and fewer feelings of capability and purposefulness that are important to self-efficacy and intrinsic motivation. Therefore, women who experience low body image and high self objectification may experience decreased feelings of capability and purpose relative to women who consider physical appearance less defining (Gapinski et al.).

**Self-efficacy**

Clearly body image is a powerful construct that affects self-assessment. For the purpose of this study, self-assessment is defined as a person’s evaluation of their self as exemplified by both general self-efficacy and self esteem. Self-efficacy, a specific kind of self assessment, is affected by body image. Self-efficacy was defined by Bandura (1997) as “beliefs in one’s capability to organize and execute the courses of action required to manage prospective situations” (p. 3). Self-efficacy is concerned with individuals’ ability to accomplish designated types of performance (D’Amico & Cardaci, 2003).

According to Bandura (1977), a person gauges his or her self-efficacy through four major sources: enactive experiences, vicarious information, verbal persuasion, and physiological reactions. Self-efficacy is a robust and flexible construct that helps to explain complex as well as discrete behaviors (Lent, Brown, & Larkin, 1984). Although self-efficacy, according to Bandura (1977), is related to problem specific assessments of a person’s ability to perform a task, it has also come to refer to more general assessments (Madux, Norton, & Stoltenberg, 1986; Schunk, 1989). These general assessments may encompass both a student’s ability to learn in a specific course and the ability to learn in general.

Socialization experiences, such as exposure to advertising, also affect self-efficacy and body image. For the purpose of this study socialization experiences were not measured.

However, knowledge about the effects of socialization experiences on both body image and self-efficacy are important to explain why body image will predict self-efficacy. Bandura’s (1977, 1986, 1995) explanation of self-efficacy emphasizes the impact of socialization experiences on the development of self-efficacy. Interestingly, socialization experiences also influence the development of body image (McAuley et al., 1995). Therefore, it is possible and likely that the same socialization experiences that influence a person’s body image also influence his or her self-efficacy.

High self-efficacy is important because self-efficacious people are likely to have many advantages compared to people low in self-efficacy. Self-efficacious individuals are healthier, more successful, and more effective than individuals low in self-efficacy (Bandura, 1997). Self-efficacious people also tend to expend more energy toward a goal, and to be more persistent in the face of obstacles and aversive experiences than people low in self-efficacy (Lent et al., 1984; Bandura, 1977).

Researchers established that high self-efficacy is a strong predictor of high academic achievement (D’Amico & Cardaci, 2003; Lent et al., 1984; Mone, Baker, & Jefferies, 1995). In addition, increasing evidence suggests that personal cognitions exert important effects on achievement behavior (Weiner, 1979).

Furthermore, research explains that self-efficacious students set higher grade goals (Zimmerman & Bandura, 1994) and have more academic motivation (Skaalvik & Skaalvik, 2004) than students low in self-efficacy. Self-efficacy also determines performance accomplishments (Bandura, 1977; Connell & Welborn, 1991; Lent et al., 1984). Skaalvik and Skaalvik (2004) found that self-efficacy directly predicts grades. Relatedly, Hortacsu and Üner (1993) found that perception of control not only affects achievement, but that it specifically

affects students’ grade point averages. Self-efficacy has also been shown to affect not only grades and grade point averages, but to impact academic achievement as a whole (Hampton & Mason, 2003; Luszczynska, Gutierrez-Doña, & Benicio, 2005). Self-efficacious beliefs may bolster academic achievement indirectly as well. Self-efficacy is related to choice of tasks, career selection, persistence, task value, intrinsic interest, and strategy use (Bong & Skaalvik, 2003). Each of these activities may have a significant effect on academic achievement. For example, the amount of task value and intrinsic interest a person has for a task could easily determine the outcome of the task.

**Body image and self-assessment**

Research has indicated that body image influences self-efficacy (McAuley, Bane, & Mihalko, 1995; Pikler & Winterowd, 2003; Williams & Cash, 2001). Overall, women with higher levels of body image also have higher levels of self-efficacy and more confidence (Pikler & Winterowd, 2003). It has been shown that body image does not only affect self-efficacy toward the body, but also affects self-efficacy in all areas (Pikler & Winterowd, 2003). McAuley et al. (1995) found that increased exercise improved subjects’ body image, which in turn increased the individuals’ general self-efficacy.

General self-efficacy is not the only self-assessment predicted by body image. Similar to the way in which body image effects self-efficacy, it also predicts self esteem. “Self esteem refers to an individual's sense of his or her value or worth, or the extent to which a person values, approves of, appreciates, prizes, or likes him or herself” (Blascovich & Tomaka, 1991, p. 22).

The most broad and frequently cited definition of self-esteem is Rosenberg's (1965), who described it as a “favorable or unfavorable attitude toward the self” (p. 15). The concept implies a global sense of self worth and is not intended to be domain specific. The majority of research on self esteem has linked it to other psychological constructs. Two of these constructs are body image and academic achievement.

Self esteem is closely related to body image (Lerner, Karabenick, Stuart, & Stuart, 1973). It appears that in women, self esteem incorporates both cognitive and affective responses and is heavily influenced by social comparison (Bong & Clark, 1999). Interestingly, social comparisons also affect body image. Therefore, comparisons women make between themselves and other women affect both their self esteem and body images.

In both men and women, body dissatisfaction is strongly related to low self esteem, a relationship that appears to be magnified at adolescence (Lennon, Lillethun, & Buckland, 1999; Lennon & Rudd, 1994; Mintz & Betz, 1986). As mentioned earlier, greater body dissatisfaction lowers body image. Therefore, as body dissatisfaction increases, body image will decrease, thus lowering self esteem. However, the relationship between body dissatisfaction and self esteem is much stronger in females (Lowery et al., 2005; Mintz & Betz, 1986). In the present study, this sex difference will likely make females’ body image more closely related to their self esteem than that of males.

The impact of body image on self esteem is important because self esteem is related to academic achievement. Numerous studies show a positive correlation between self esteem and academic achievement (Lawrence, 1981; Piers & Harris, 1964; Primavera, Simon, & Primavera, 1974; Skaalvik, 1983; VanLaar, 2000). However, a correlation does not imply causation. There is considerable disagreement as to the direction of influence for these two variables. It does appear that the relationship between self esteem and academic performance is bidirectional (Lawrence, 1981). In other words, self esteem and academic achievement reciprocally influence one another. Several studies show that self esteem influences academic performance (Lamy, The Effects of Body Image 10 1965; Purkey, Graves, & Zellner, 1970; Wattenberg & Clifford, 1964). This research suggests that low self esteem impairs academic achievement because feelings of worthlessness can be depressing (Hokanson, Rubert, Welker, Hollander, & Hedeen, 1989) and depression inhibits performance. Furthermore, fear of failure may cause students with low self esteem to hold back, whereas students with high self esteem may be more likely to take a risk. Regardless, the research clearly shows that body image affects self esteem and that self esteem affects academic achievement.

Literature on body image has shown its effect on both self assessments – self esteem and general self-efficacy. Further, both general self-efficacy and self esteem are related to achievement (Judge & Bono, 2001). Therefore, it is important to distinguish differences between the constructs. Although it is a relatively new construct, a large body of research examines self-efficacy. There are two distinct types of self efficacy. Bandura (1977) defined task specific self-efficacy as “the conviction that one can successfully execute the behavior required to produce the desired outcome” (p.193). Bandura claimed that assessments of task specific self-efficacy vary on three dimensions: level, which means that task specific self-efficacy may be limited to simple tasks or extended to difficult tasks; strength, which predicts whether the individual will persist despite obstacles; and generality, in which people judge themselves competent across a wide range of domains or situations. The second type of self-efficacy, general self-efficacy is based on Bandura’s dimension of generality. General self-efficacy was defined by Sherer et al. (1982) as a general set of expectations that a person possesses based on past experience, that affect his or her expectations of success in new situations. General self-efficacy is task specific self-efficacy that is generalized to other situations. Both general self-efficacy and self esteem are general self assessments and both contain cognitive, motivational, and affective components.

However, the important difference between the constructs is that general self-efficacy captures a motivational belief (or an assessment) about task capabilities, whereas self esteem captures an affective evaluation of (or a feeling regarding) the self (Chen et al., 2001). Thus, the constructs differ on their emphasis on motivational versus affective components. Differences between general self-efficacy and self esteem are important because factors affecting their relationships with body image are distinct.

**THE FEAR OF NEGATIVE EVALUATION (FNE)**

Watson and Friend (1969) first defined Fear of Negative Evaluation (FNE) as “apprehension about others’ evaluations, distress over their negative evaluations, and the expectation that others would evaluate one negatively.” FNE is related to specific personality dimensions, such as anxious-ness, submissiveness, and social avoidance. It is associated with conformity, pro-social behavior, and social anxiety ("Fear of negative evaluation", 2015). FNE can be related to a more global social anxiety, and it can lead people to avoid situations in which they might be evaluated and those who are high in FNE have a heightened level of anxiety that they are, or will be, evaluated in negative ways–an anxiety which affects their behaviors and choices (Belger, 2013).

In a research on long-term outcomes of LGBT recalled school victimization. The authors examined relationships among recalled and current bullying, shame-focused coping, and FNE in an adult LGBT sample. Findings indicated that attack self, withdrawal, and attack other shame-focused coping fully mediated the relationship between recalled bullying and FNE. FNE and current bullying victimization were predicted by shame-focused coping. Findings suggested the importance of addressing histories of school-related bullying and shame-focused coping when counseling LGBT persons (Greene, Britton and Fitts, 2014).

Many changes take place in university education period, which involves a period between adolescence and reaching complete responsibility and independence in social life. Social phobic symptoms appear in many students or the existing symptoms increase in this period (Đzgiç, Akyüz, Doğan, & Kuğu, 2000). Social phobia is defined as the state of constant fear or anxiety in case of social interaction or social performance (American Psychiatric Association, 1994: as cited in Rapee & Heimberg, 1997) and has a significant impact on the cognitive and physiologic components of individuals (Kocovski & Endler, 2000). For example, social phobic individual speak less in social environments with the fear of the likelihood that what they say can be misunderstood by others; and physiologically, they might have difficulty in controlling their hand, arm movements (Wells, et al., 1995).

Principle characteristic of social phobia is that the individual feels an excessive and constant fear that he/she will be negatively evaluated, humiliated and embarrassed in front of other people (Çetin, Doğan & Sapmaz, 2010; Özdemir, 2004). In individuals with social phobia symptoms, negative opinions of other people on them and their performances gain importance. What they see, hear, television, cinema and daily conversations nolens volens develop the ideas which are the source of fears. The individual develops a pessimistic opinion that other people will think of him/her negatively (Karagün, 2008). It was reported that lifetime prevalence of social phobia ranged between 0.5-22.6% (Đzgiç et al., 2000). This result reveals that social phobia is quite common in various groups of the society. In analysis of social phobia in cognitive terms, cognitive behaviorist approaches determined that fear of negative evaluation was the essence of social phobia (Weeks, Heimberg, & Rodebaugh, 2008).

The fear of negative evaluation (FNE) is a state of fear and anxiety that in interpersonal relationships or situations where one should show a performance, individuals will be evaluated by others in a pejorative, humiliating, derogative and insulting manner. In a study carried out to investigate social anxiety in terms of cognitive and self-evaluation processes, Doğan (2009) found that there were positive, statistically significant correlations between social anxiety and its social phobia, performance phobia, performance avoidance, social interaction fear, social interaction fear sub-dimensions and FNE. Negative self-evaluation of individuals might also lead to the expectation that other people will also negatively evaluate them (Leary and Kowalski, 1995: as cited in Kocovski & Endler, 2000). In this context, low self-value level might increase the likelihood of social anxiety and the FNE in individuals (Kocovski & Endler, 2000). In other words, the individuals with a high level of the FNE feel that other people will also negatively define them (Watson & Friend, 1969; Winton, Clark, & Edelmann, 1995). The structure of the FNE is explained with a comprehensive social-evaluation anxiety (Collins, Westra, Dozois, & Stewart, 2005).

**Theoretical Framework: The Reciprocal-Effects Model**

The researcher for this study examined the issue from the perspective of the reciprocal-effects model, which, in summary, holds that academic achievement and self-concept are related to each other. This model was described by Guay, Marsh, and Boivin (2003) as the process where "prior self-concept affects subsequent achievement and prior achievement affects subsequent self-concept" (p. 124). This framework was chosen because, although there is agreement about the relationship between academic self-concept and academic achievement, researchers do not agree about the order that each of these factors take place. There is debate whether academic achievement results from self-image, or whether self-image influences self-esteem, or whether the concepts are interrelated. Researchers have found three distinct models regarding the causal ordering between self-concept and academic achievement. They are the self-enhancement model, the skill development model and the reciprocal-effects model.

The self-enhancement model assumes that student success in school is dependent on, and indeed comes from, positive self-concept, and therefore, it might be more effective to raise self-concept than trying to simply improve achievement (Green, Nelson, Martin, & Marsh, 2006).

Self-concept theory has always had a strong influence on professions Self-concept may be understood as a perception every human has of himself or herself. It is a component of personality development and indicates who we are and how we fit into the world. Machargo (1991) perceives self-concept as a set of perceptions or reference points that the subject has about himself, a set of characteristics, attributes, qualities and deficiencies, capacities and limits, values and relationships that the individual knows to be descriptive of himself and which he perceives as data concerning his identity. This definition embraces issues including the set of knowledge and attitudes that we have about ourselves.

The skill development model is the opposite, holding that the best way to develop self-esteem is through building academic success and confidence. The reciprocal-effects model can be seen as a compromise between these two viewpoints in that academic skills and success help create self-esteem, and self-esteem has a positive influence on success; the two influence each other positively (Green, et al., 2006).

The reciprocal-effects model was chosen for this study because the focus of the research was to examine the relationship between how students perceive themselves socially and academically, while also observing and analyzing their scores compared to their final grades.

According to the reciprocal-effects model, previous academic success or failure affects self-esteem, which in the future affects academic results either positively or negatively.

**Empirical Study**

V.Divya and Dr K.Mayuri, 2015.Self esteem is an outcome of many factors, here the study is conducted to see body Image Perceptions and Its Correlation with Self Esteem of Adolescents Studying in Engineering Colleges of Hyderabad. Study contains respondents of 200 adolescents with equal number of boys (100) and girls (100) as sample size. Rosenberg Self-Esteem scale was used for data collection. Findings of the study show that self esteem is positively correlated with self assessment and overall assessment of body perception. Self esteem of adolescent‘s increases with inclined and has positive perception about their appearance.

Dr Sunetra Kaviraj, Dr. Abhik Sinha, Dr. Nabanita Chakraborty, Dr. Himanish Roy, Dr. Ronjoy Majumdar and Dr. Murari Mohan Mondal (Sep - Oct. 2013).This study tries to identify the self image perception among the adolescent girls and the aim is to see the physical activity status of adolescent girls and to know their body image perception. The study was conducted at the Bagbazar Slum of Urban Field Practice Area of R.G.Kar Medical College. A total of 107 girls participated in this study s from 10 to 19 years of age residing in this slum Global Physical Activity Questionnaire (GPAQ) was used for data collection (Metabolic Equivalents) are used for the analysis of GPAQ data. Study reported that 14.28% of girls in the age group 10 to 17 years and 67.56% of girls above 17 years had physical activity. Findings show that there is no adequate physical activity among the adolescent girls of Bagbazar slum.

Maggie A.Brennan, Christopher E.Lalonde and Jody L. Bain. Psi Chi Journal of Undergraduate Research, 2010. Here study investigated body image perception and existence of gender difference. One hundred ninety-seven undergraduate students completed an online survey that assessed their body image experiences and self-perceptions i.e. body esteem, body mass index, self-esteem, sociocultural and situational factors and body image perceptions in sexual contexts.

In a study with pre-youths in grade 5, Michael et al. (2014) found that fear of negative evaluation predicted body image discrepancy directly in girls and indirectly through physical self-worth in both girls and boys. However, since this study was conﬁned to a measure of body image discrepancy, which assessed the difference between participants’ own body and their idea of a typical body for someone their age, it remains unclear whether this relationship exists for weight/shape concerns more generally. Recently, Cook-Cottone et al. (2016) have demonstrated that social anxiety mediates the relationship between peer victimization and eating disorder symptoms in youths. While this relationship was found among both boys and girls, the effects were signiﬁcantly greater for girls. However, again, the study used a composite measure of eating disorder risk combining drive for thinness, body dissatisfaction, and bulimic symptoms rather than measuring weight/shape concerns directly. Furthermore, the study investigated social anxiety as a whole, rather than focusing directly on fear of negative evaluation. This is in contrast with adult research examining fear of negative evaluation, which found that gender did not moderate the relationship between fear of negative evaluation and eating disorder symptoms (Levinson and Rodebaugh 2012). Thus, no study to our knowledge has investigated the association between fear of negative evaluation and weight/shape concerns speciﬁcally in youths. The current study therefore aimed to further investigate whether the relationship between fear of negative evaluation and weight/shape concerns is signiﬁcant for youths and whether this relationship differed by gender. Previous research has also suggested that the relationship between fear of negative evaluation and weight/shape concerns might by moderated by body mass index (BMI). Menattia et al. (2015) propose that individuals with higher BMIs experience dissatisfaction with their weight/shape regardless of social context, whereas individuals with lower BMIs only occasionally experience signiﬁcant concern about their shape and weight, such as when they fear negative evaluation. They provided support for this notion, as they found that the relationship between fear of negative evaluation and body dissatisfaction was moderated by BMI, whereby the effect was stronger among young adult women with a lower BMI. In contrast, DeBoer et al. (2013) found that fear of negative evaluation predicted body dissatisfac- tion irrespective of BMI among young adult women. However, no study to date has investigated if BMI inﬂuences the relationship between FNE and weight/shape concerns among youths.

**CHAPTER THREE**

**REVIEW OF RELEVANT LITERATURE**

**3.1 Introduction**

In this chapter, we would describe how the study was carried out.

**3.2 Research design**

The study is a descriptive research designed to find the impact of self concept, body dissatisfaction and gender on student’s fear of negative evaluation.

According to Mugenda and Mugenda (2003), a survey is an attempt to collect data from members of a population in order to determine the current status of that population with respect to one or more variables. Survey research is considered as the best method available to social scientists and other educators who are interested in collecting original data for purposes of descriptive survey research design can be used to collect information about people‘s attitude, opinions, habits or a variety of education or social issues (Kombo, 2006).

**3.3 Sources of Data**

The data for this study were generated from two main sources; Primary sources and secondary sources. The primary sources include questionnaire, interviews and observation. The secondary sources include journals, bulletins, textbooks and the internet.

**3.4 Study Population**

A sample of 250 university students, including boys (*n* = 124, 49.6%) and girls (*n* = 126, 50.4%), was collected from the University of Lagos and the Lagos state University. The sample was collected through purposive sampling technique. Inclusion criteria of the study required students enrolled in undergraduate university program or above for at least one semester, and could be categorized into the groups with and without obesity on the basis of their Body Mass Index (BMI). Students were excluded from the sample if they were a student at their respective university for less than a semester’s duration.

**3.5 Measures and instrumentation**

**Levels of Self-concept Scale (LOSC).** This Scale has been developed by Thompson and Zuroff (2004). This questionnaire consists of 22 items. It is a two factor self-report inventory measuring two dysfunctional types of self concepts as subscales: Comparative and Internalized Self concept. Most of the items on the scale are positively phrased, with only item numbers 6, 8, 11, 12, 16, 20, and 21 negatively phrased. It is a 7-point Likert type rating scale measuring the degree of agreeability with each item. The response options for each item range from 1 (*strongly disagree*), through 4 (*unsure*), to 7 (*strongly agree*). This scale included items statements such as; “I often get very angry with myself when I fail”; and “I frequently compare myself with my goals and ideals”.

The Comparative subscale has 12 items and Internalized has 10 items. The minimum score of the scale is 22 and the maximum score is 154. High score on LOSC indicates high self concept and vice versa. The original scales were used in the present study and no translations were carried out. The scores on each subscale were computed as continuous.

**Brief Fear of Negative Evaluation - Straightforward Scale (BFNE-S).** It is a 12 item self-report measure of fear and distress related to negative evaluation from others. Rodebaugh et al. (2004) and Weeks, Norton, and Heimberg (2009) have reported that the 8 straightforwardly worded items of the BFNE are more reliable and valid indicators of fear of negative evaluation than the reverse-scored items. Based on 8 items, it is a revised version of the BFNE ([Carleton,](#_bookmark3) [Collimore, McCabe, & Antony, 2011](#_bookmark3)). Each item on this self-report measure is rated on a 5-point Likert scale, ranging from 1 (*not at all characteristic of me*) to 5 (*extremely characteristic of me*). This scale includes item statements such as; “I am afraid that others will not approve of me”; and “I often worry that I will say or do wrong things”. A total score on the scale corresponds to the degree of fear an individual holds for being negatively evaluated. The minimum score of the scale is 8 and the maximum score is 40. High score indicates high fear of negative evaluation. The original scale was used in the present study and it was not translated. The score of each participant on this scale was computed as continuous.

**Body Mass Index (BMI).** It is an index of weight-for-height used to classify individuals as with obesity or without obesity. It is defined as a person's weight in kilograms divided by the square of his height in meters (kg/m2) (WHO, 2012). Specifically, for the Asia Pacific Region, a BMI ratio of < 18.5 is categorized as underweight, from 18.5 to 22.9 is normal range, ≥ 23 is overweight, and ≥ 25 is obese (WHO, 2000). As Pakistan is also among the countries included in the Asia Pacific Region (United Nations, 2014), the sample of the present study followed the BMI categories as mentioned above. For the purpose of the present study, sample with BMI ratios that are ≥ 25 are categorized as With Obesity whereas the sample with the BMI ratios ≤ 24.9 are categorized as Without Obese (Aslam et al., 2010; Leung et al., 2008; Jaleel, 2009; Nanan, 2002).

**3.6 Reliability**

The researcher initially used peers to check for consistence of results. The researcher also approached senior researchers in the field. The research supervisor played a pivotal role in ensuring that consistency of the results was enhanced. The instrument was also pilot tested.

**3.7 Procedure and Method of Data Collection**

Each participant was provided a copy of the demographic sheet, LOSCS, and BFNE-S. Instruction in both written and verbal form were given to the participants in order to direct them in correctly responding to the questionnaires. The participants were also told that they had the right to withdraw from participating if they felt unwilling or uncomfortable even if in the middle of responding to the questionnaire, although full participation was highly encouraged. Assistance was provided to the participants to answer any queries they had about the procedure. The participants and the authorities of each institute were genially thanked for their support and cooperation.

**CHAPTER FOUR**

**DATA ANALYSIS AND PRESENTATION**

**Results**

To achieve the objectives of the study, the data collected from the sample was statistically analyzed. To find the relationship between internalized self concept and comparative self concept, fear of negative evaluation and obesity among university students, Pearson Moment Correlation analysis was run on the collected data and to identify the difference in the presence of comparative and internalized self concept, and fear of negative evaluation among girls and boys with and without obesity. To explore this, independent sample *t*-test was applied on the split data of groups with and without obesity to find the mean differences across gender in each group.

After obtaining the questionnaires, the BMI (kg/m2) of each participant was calculated using their respective height and weight as reported by them. On the basis each participant’s BMI, they were categorized as group with and without obesity.

Data were collected from students of science (*n* =104) and humanities group (*n* = 121) including 108 boys and 117 girls. Age range of the students was 16 to 19 years (*M* = 17.41, *SD* = 0.95). Students were selected from public sector colleges of Islamabad and Rawalpindi. Participants were day scholars, and were reared by their both parents from birth to the minimum age of 16 years. Eight students were excluded on the basis of selection criteria. Demographic information was obtained through demographic data sheet.

Table 1

*Inter-correlations, Means, Standard Deviations, and Chronbach’s Alpha for BMI, LOSC, BFNE-S along University Student Groups with and Without Obesity (N = 250)*

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Scales | No. of  items | 1 | 2 | 3 | 4 | *α* | *M* | *SD* |
| University Students with Obesitya | | | | | | | | |
| 1. BMI |  | - |  |  |  |  |  |  |
| LOSC |  |  |  |  |  |  |  |  |
| 2. CSC | 12 | .15 | - |  |  | .51 | 43 | 8.16 |
| 3. ISC | 10 | .23\* | .21\* | - |  | .72 | 45 | 9.62 |
| 4. *BFNE-S* | 8 | .21\* | .42\*\* | .32\*\* | - | .85 | 20.42 | 7.48 |
| University Students without Obesityb | | | | | | | | |
| 1. BMI |  | - |  |  |  |  |  |  |
| LOSC |  |  |  |  |  |  |  |  |
| 2. CSC | 12 | .06 | - |  |  | .42 | 42.72 | 7.38 |
| 3. ISC | 10 | -1 | .13 | - |  | .80 | 41.73 | 11.02 |
| 4. *BFNE-S* | 8 | -.00 | .30\*\* | .34\*\* | - | .82 | 19.09 | 6.67 |
| Total University Students | | | | | | | | |
| 1. BMI |  | - |  |  |  |  |  |  |
| LOSC |  |  |  |  |  |  |  |  |
| 2. CSC | 12 | .08 | - |  |  | .50 | 43.14 | 10.5 |
| 3. ISC | 10 | .16\*\* | .16\* | - |  | .81 | 42.84 | 7.71 |
| 4. *BFNE-S* | 8 | .14\*\* | .36\*\* | .34\*\* | - | .83 | 19.67 | 7.05 |

*Note.* a*n* = 109; b*n* = 141; BMI = Body Mass Index; LOSC = Levels of Self concept Scale**;** CSC = Comparative Self concept; ISC = Internalized Self concept; BFNE-S = Brief Fear of Negative Evaluation-S.

\**p* < .05. \*\**p* < .01.

Table 1 illustrates Chronbach’s alpha reliability of the instruments in the present study sample and the relationship between these four measures for the constructs studied in with and without obesity group of university students. The Chronbach’s alpha coefficient reliability for the Comparative Self concept in the present study was ranged from .42 to .51 and .72 to .81 for the Internalized Self concept in with obesity, without obese and the overall sample of university students. The subscale of Internalized Self concept was found to be highly reliable to be used for further analyses (Nunnally & Bernstein, 1994). By the same standards, the alpha reliability of Comparative Self concept is acceptable. The Chronbach’s alpha coefficient reliability for the BFNE-S ranges from .82 to .85 in with obesity, without obesity and the overall sample of university students in the present research. These all values are known to be highly reliable to carry out further analyses (Nunnally, & Bernstein, 1994). The prevalence rate of student sample with obesity based on their BMI was calculated to be consisting of 52 boys (47.7%) and 57 girls (52.3%) and without obesity having a count of 72 boys (51.1%) and 69 girls (48.9%).

BMI, as a measure of obesity, holds significant positive relationship with internalized self concept and a nonsignificant positive correlation with comparative self concept. BMI is significantly positively correlated with fear of negative evaluation. Both comparative and internalized levels of self concept are significantly correlated with the fear of negative evaluation. This evidence supports that, comparative and internalized self concept is positively related with fear of negative evaluation among all university students, and not just for the students with obesity as hypothesized. A moderate significant positive relationship between the subscales of Comparative and Internalized Self concept (*p* < .05) is supported by Thompson and Zuroff (2004).

Table 2 shows the results of independent sample *t*-test for comparing the gender based mean differences on the BFNE-S and Comparative and Internalized Self concept subscales of LOSC.

Table 2

*Means, Standard Deviation and t-values on BFNE-S, CSC, and ISC between Boys and Girls with and without Obesity*

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Boys | | | Girls | |  |  |  | 95% CI | | Cohe |
| Scales | *M* | *SD* | *M* | *SD* | *t* | *df* | *p* | *LL UL* | | n’s*d* |
| University Students with Obesitya | | | | | | | | | | |
| BFNE-S | 19.19 | 7.21 | 21.58 | 7.61 | 1.66 | 105 | .09 | -5.23 | .455 | -0.32 |
| LOSCS |  |  |  |  |  |  |  |  |  |  |
| CSC | 42.00 | 8.56 | 43.91 | 7.73 | 1.22 | 107 | .22 | -5.00 | 1.18 | -0.23 |
| ISC | 41.51 | 10.31 | 48.08 | 7.79 | 3.77 | 107 | .00 | -10.0 | -3.1 | -0.72 |
| University Students without Obesityb | | | | | | | | | | |
| BFNE-S | 19.16 | 6.32 | 19.01 | 7.07 | .14 | 137 | .89 | -2.1 | 2.40 | 0.02 |
| LOSCS |  |  |  |  |  |  |  |  |  |  |
| CSC | 42.61 | 5.95 | 42.84 | 8.66 | .18 | 139 | .85 | -2.7 | 2.23 | -0.03 |
| ISC | 38.94 | 10.96 | 44.65 | 10.38 | 3.17 | 139 | .00 | -9.3 | -2.1 | -0.53 |
| Total University Studentsc | | | | | | | | | | |
| BFNE-S | 19.18 | 6.69 | 20.16 | 7.40 | -1.2 | 244 | .27 | -2.75 | .79 | -0.14 |
| LOSCS |  |  |  |  |  |  |  |  |  |  |
| CSC | 42.35 | 7.14 | 43.32 | 8.25 | -.99 | 248 | .32 | -2.89 | .95 | -0.12 |
| ISC | 40.02 | 10.73 | 46.21 | 9.42 | -4.8 | 248 | .00 | -8.69 | -3.6 | -0.61 |

*Note*. a*n* = 109, boys = 52, girls = 57; b*n* = 141, boys = 72, girls = 69; *N* = 250, boys = 124, girls = 126; CI = Confidence Interval; LL = Lower Limit; UL = Upper Limit; BFNE-S = Brief Fear of Negative Evaluation-S; LOSC = Levels of Self concept Scale; CSC =Comparative Self concept; ISC = Internalized Self concept.

\*\*\**p* < .001.

Results in Table 2 reveals that there are significant gender differences on internalized self concept, with the girls showing greater self concept than boys in all groups. This confirms the second hypothesis that internalized self concept is higher in girls as compared to boys in both groups.

Based on the strong suggested interaction between gender of university students and BMI on internalized self concept they experience, a two way ANOVA was carried out to further explore the meaning of these findings (see Table 3).

Table 3

*2 x 2 Analyses of Variance for Gender (Boys and Girls) x BMI Groups (with Obesity and Without Obesity) on Internalized Self concept (N= 250)*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Source | Sum of  Squares | *df* | Mean  Squares | *F* | *P* | *η*2 p |
| Gender | 2312.986 | 1 | 2312.986 | 23.033 | .000 | .086 |
| BMI Groups | 554.422 | 1 | 554.422 | 5.521 | .020 | .022 |
| Gender *x* BMI Groups | 11.371 | 1 | 11.371 | .113 | .737 | .000 |
| Error | 24702.972 | 246 | 100.419 |  |  |  |
| Total | 492925.000 | 250 |  |  |  |  |

The *F-*value for main effects are found to be significant, while the interaction effect is found to be nonsignificant in this case.

The relationship of self concept and fear of negative evaluation was separately studied in the university students with and without obesity as well as of the total sample of university students (see Table 1). The strength of the relationship between the comparative Self concept and fear of negative evaluation was greater in students with obesity as compared to students without obesity. Whereas, the relationship strength between internalized self concept and fear of negative evaluation, was greater in the group without obesity as compared to the group with obesity. The positive relationship between these phenomena is in consistency with the findings of the previous studies. In a study investigating the diagnostic specificity of Self concept for depression, it was revealed that self concept was present in significantly high levels in patients of fear of negative evaluation (Cox et al., 2000).

The presence of the common prominent feature of psychological distress, negative cognitive style and self-generated negative schemas between self concept and fear of negative evaluation have already been explored in the sample (Sajjad, Sameer, & Khalid, 2006; Najam, & Ashfaq, 2012). The present results highlight the direct relationships between these two phenomena. The strength of their relationship across the two groups of students with obesity and university students without obesity show the generalizability of their relationship across varied samples. The results show that university students, irrespective of their BMI, experience a great deal Self concept as well as have certain degree of apprehensions for the kind of appraisal they receive from their peers or teachers or from the general evaluative environment which the university offers.

Gender differences were also explored on Comparative Self concept subscale (see Table 2). The results showed that there was nonsignificant difference in the scores of girls and boys on the Comparative subscale of LOSC, for both groups. This means that both gender experience equal level of comparative self concept. In support of this result is the finding by Thompson and Zuroff (2004) reporting that gender scores do not differ on the subscale of Comparative Self concept.

**CHAPTER FIVE**

**SUMMARY, CONCLUSION AND RECOMMENDATIONS**

**5.1 Summary**

In this study, our focus has been to examine the Impact of self concept, Body satisfaction and gender on student’s fear of negative evaluation. The study was divided into five chapters. In the first chapter, we stated the problem of the study, its objectives and formulated for testing research hypotheses. In the second chapter, we reviewed literatures related to the topic. In the third chapter, we described the methodology employed or adopted to arrive at the study’s findings. In the fourth chapter, we tested the formulated hypotheses.

**5.2 Conclusion and Recommendations**

The present study was set to explore the presence of Self concept and fear of negative evaluation as existing in the collectivist and conformity demanding culture of Pakistan. The existence was measured in the university environment among students with and without obesity. The academically and socially evaluative atmosphere offered by a university was deemed best to study the non clinical population as experiencing the maladaptive phenomena of Self concept and fear of negative evaluation. The noteworthy results of the present study reveal that having an abnormal body weight places the ones with obesity to experience higher levels of internalized Self concept than their counterparts without obesity when the environmental conditions are set as same. The same was found to exist in the individual groups of boys and girls, whereas girls were overall seen to be more prone towards experiencing internalized Self concept than boys, and this effect only becomes pronounced when observed in girls with obesity. The much less studied relationship between Self concept and fear of negative evaluation was also confirmed on the Pakistani sample. Also the strong positive impact of Self concept on the experience of fearing of socially evaluative situations is in strong empirical coherence with the relationship between these two constructs as studied in other cultures of the world. This implies that all cultures to some extent demand conformity, importance over which is placed through the social appraisal made for each individual. Body appearance has a considerable association with the impression one has of himself, and consequentially affects an individual’s performance in various life domains.

From the findings above we suggest that future studies investigate the role of Self concept in predicting the degree of fear of negative evaluation in the context of obesity.

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