

Self-Concept and Body Image Satisfaction as Predictors of Fear of Negative Evaluation Among Undergraduate Students

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Abstract

*The study investigated self-concept and body dissatisfaction as predictors of fear of negative evaluation, with one hundred and forty-eight (148) undergraduate students comprising of eighty-two (82) and sixty-six males (66) with a mean age of 21.63 and SD of 2.40140 drawn using multi-stage (cluster, simple random: by balloting and purposive) sampling techniques as participants from five faculties in Enugu State University of Science and Technology, Enugu. Fear of Negative Evaluation (FNE) scale, Robson Self Concept Questionnaire and Body Image and Action Questionnaire (BIAQ) were used for data collection, with a correlational design being adopted, while multiple hierarchy regressions were used for data analysis. Findings show that self-concept $St\beta = -.491^{***}$ and $t = -6.315^{***}$ at $p < .001$ negatively predicted fear of negative evaluation. Also, body image satisfaction $St\beta = -.099$ and $t = -1.266$ at $p < .05$ failed to predict fear of negative evaluation but bears a negative interaction with it. Body image satisfaction and self-concept $r = .526$ are related to fear of negative evaluation, both independent variables contributed 27.7% variation to fear of negative evaluation at $r = .277$, and they jointly predicted fear of negative evaluation at $p < .001$. Hence, clinicians should work towards assisting students to have a positive image and perception of themselves to reduce the fear of negative evaluation.*

Introduction

The fear of evaluation encompasses social anxiety stemming from the assessment by others, and can be classified into fear of positive evaluation (FPE) and fear of negative evaluation (FNE) (Weeks et al., 2008; Birk et al., 2019). Fear of negative evaluation (FNE), also known as atychiphobia, represents a psychological construct characterized by apprehension about others' evaluations, distress over negative evaluations by others, and the anticipation of negative evaluations from others (Irena & Randi, 2015). The fear of negative evaluation entails an irrational apprehension concerning others' appraisals, assuming that these will be unfavourable (Watson & Friend, 1969; Salazar-Ayala, et al., 2021). This fear may engender distress and preoccupation due to the dread of social censure, prompting individuals to seek to evade evaluative circumstances (Hartmann, et al., 2010; Salazar-Ayala, et al., 2021).

This assessment focused on the primary symptom of social phobia (Gallego et al., 2007; Salazar-Ayala et al., 2021), which is one of the most prevalent forms of anxiety disorders and is regarded as a pathological condition characterised by persistent fears in social or performance settings, where individuals are susceptible to potential shame or scrutiny by others (Qorbanpoor et al., 2020). Fear of negative evaluation has recently been recognized as a contributing factor to adverse behaviours and despondent feelings. Research has indicated that individuals with elevated levels of fear of negative evaluation are more likely to experience psychological distress, such as anxiety in social situations (Kocovski & Endler, 2000; Menatti et al., 2015; Pahlevan et al., 2020).

Individuals with fear of negative evaluation are apprehensive about potential blame, criticism, ridicule, sarcasm, and other adverse feedback that could undermine their personal image, status, and self-confidence (Hwang et al., 2019), leading to social avoidance (Lombardo & Fantasia, 1976; Heimberg et al., 1988; Zeng & Zhu, 2021). Such individuals may limit their public appearances and extend the intervals between self-disclosures. Conversely, individuals with fear of positive evaluation are uneasy about receiving excessive praise and facing heightened expectations from others (Watson & Friend, 1969; Weeks, 2014; Zeng & Zhu, 2021), leading to a psychology of social avoidance and potentially reducing the frequency and duration of their social networking site (SNS) disclosures to avoid excessive praise. Therefore, considering their negative beliefs and emotional experiences in social interactions, this study aims to explore self-concept and body image dissatisfaction as predictors of fear of negative evaluation.

Self-concept refers to the perception we hold of ourselves, which is shaped by various factors, including our interactions with significant individuals in our lives. It encompasses how we view our behaviours, capabilities, and distinctive traits (Bailey, 2003). For instance, beliefs such as "I am a good friend" or "I am a kind person" contribute to our overall self-concept. Our self-perception is significant as it influences our motivations, attitudes, and behaviours. It also impacts our feelings about our perceived identity, including our sense of competence and self-worth (Mercer, 2012). As we grow and undergo self-discovery and identity formation, our self-concept tends to be more adaptable and flexible. Over time, as we gain a better understanding of ourselves and our values, these self-perceptions become more intricate and structured. Fundamentally, self-concept comprises the collection of beliefs one holds about oneself and the feedback received from others. It represents the response to the question: Who am I? To explore your self-concept, consider listing characteristics that describe you as an individual, such as your traits, preferences, and feelings about yourself.

Certainly. Physical attributes, personality traits, and social roles all contribute to an individual's self-image. Self-esteem, encompassing one's level of self-liking, self-acceptance, and self-value, is an integral part of self-concept. Multiple factors can impact self-esteem, including external perceptions, self-comparisons to others, and societal roles (Zhou et al., 2016). Self-concept is not always aligned with reality. When it is aligned, your self-concept is said to be congruent (Cherry, 2022). If there is a mismatch between how you see yourself (your self-image) and who you wish you were (your ideal self), your self-concept is incongruent. This incongruence can negatively affect self-esteem (Koch, 1959; Cherry, 2022). Self-concept develops, in part, through our interaction with others. In addition to family members and close friends, other people in our lives can contribute to our self-identity. For instance, one study found that the more a teacher believes in a high-performing student's abilities, the higher that student's self-concept (Pesu et al., 2016). (Interestingly, no such association was found with lower-performing students.)

Self-concept is not static, meaning that it can change. Our environment plays a role in this process. Places that hold a lot of meaning to us actively contribute to our future self-concept through both the way we relate these environments to ourselves and how society relates to them (Prince, 2014). Self-concept can also change based on the people with whom we interact. This is particularly true with regard to individuals in our lives who are in leadership roles. They can impact the collective self (the self in social groups) and the relational self (the self in relationships) (Kark, & Shamir, 2013). In some cases, a medical diagnosis can change self-concept by helping people understand why they feel the way they do—such as someone receiving an autism diagnosis later in life, finally providing clarity as to why they feel different (Stagg, & Belcher, 2019). Another variable to consider is body image satisfaction. Another variable of interest is body image satisfaction. Fang et al. (2011) looked at the relation between rejection sensitivity, anxiety, and body dysmorphic concerns. These authors found that rejection sensitivity partially mediated the relation between anxiety and body dysmorphic concerns. Similarly, Webb et al. (2015) found that increased social anxiety was associated with more body dysmorphic concerns for adolescents, which was partially explained by higher appearance rejection sensitivity. These studies suggest that rejection sensitivity partly explains the relation between anxiety and body dysmorphic concerns. Similarly, appearance-based rejection sensitivity was found to partially mediate the relation between social anxiety and body dysmorphic concerns (Lavell, Zimmer-Gembeck, Farrell, & Webb, 2014).

Body image is now commonly referred to as a multidimensional construct that involves perception, affect, and behaviour (Joo et al., 2018). Satisfaction with body image has recently emerged in academic literature. Research indicates that it is a multifaceted phenomenon that involves body consciousness, an emotional attitude toward the body, and satisfaction with the functionality of the body. Many people are concerned about at least one part of their body (Buhlmann, et al., 2010; Quittkat, et al., 2019). A negative cognitive evaluation of one's body can be an expression of a negative body image (Hartmann, 2019). Body image is conceptualized as a multidimensional construct, which encompasses a behavioural component involving body-related behaviours (e.g. checking behaviours), a perceptual component involving the perception of body characteristics (e.g. estimation of one's body size or weight), and a cognitive-affective component involving cognitions, attitudes, and feelings toward one's body (Cash, 2004; Thompson, et al., 1999; Tuschen-Caffier, 2015; Vocks, et al., 2018). Functional body satisfaction is described as agreement with and satisfaction with the physical

capability of the body (Frisén & Holmqvist, 2010; Wood-Barcalow et al., 2010; Al Sulaimi, et al., 2022). Yet, being valued for appearance rather than function can put people at risk of developing an eating disorder. Many people have the perception that societies and countries have a hard time sending signals about the importance of a positive body image (this is true around the globe) (Anderson-Fye, 2012; Al Sulaimi, et al., 2022). When people of Western culture care about having thinner bodies, they may consider excess weight as a character flaw (Vilhjalmsón, et al., 2012; Al Sulaimi, et al., 2022). One can be defined as being handsome or ugly within a group based on appearance, which may make them good or bad, attractive or undesirable (Anderson-Fye, 2012). In order to combat stigmatized appearances, an increasing number of people will resort to various cosmetic methods over time. In other words, societal appearance is culturally imposed, and once they have already experienced injustice, the weight they put on their body shapes their perception of themselves and their needs (Trekels & Eggermont, 2017). Culture, according to the sociocultural theory of body perception, plays a key role in explaining how people perceive their bodies, with race shaping appropriate body image expectations as well as the importance of such norms for individuals (Abrams & Stormer, 2002; Al Sulaimi, et al., 2022).

The cognitive-behavioural by Beck (2011) is adopted as theoretical framework because it posited that human functioning is based on the premises that thoughts, emotions, and behaviours are inextricably linked and that each of these aspects of human functioning continuously effects and influences the others. Cognitive-behavioural theory posits that thoughts about the self, relationships, the world, and the future shape emotions and behaviours. Feelings and behaviours shape thoughts and thought processes in a kind of on-going reciprocal feedback loop. Moreover, cognitive-behavioural theory posits that cognitive-affective-behavioural processes are similar and analogous across human beings and human experience. Hence the following tested hypotheses:

Self-concept will significantly predict fear of negative evaluation among undergraduate students

Body image satisfaction will significantly predict fear of negative evaluation among undergraduate students

Self-concept and body image satisfaction will jointly predict fear of negative evaluation among undergraduate students

Methods

Participants

One hundred and forty-eight (148) undergraduate students which comprise eighty-two (82) and sixty-six male (66) with a mean age of 21.63 and SD of 2.401 were drawn using multi-stage (cluster, simple random: by balloting and purposive) sampling techniques as participants from Enugu State University of Science and Technology, Enugu. The students were cluster according to their faculties, simple random: by balloting was used to pick the faculties, while purposive: a criterion selection based sampling techniques was used to select the participants from thirty-three (33) from Applied natural sciences, twenty-eight (28) from Management sciences, twenty-five (25) from Environmental sciences, forty-one (41) from social sciences and humanities and twenty-one (21) from Law.

Instrument

These set of instruments were used:

- Watson and Friend (1969) Fear of Negative Evaluation (FNE)

- Robson (1989) Robson Self Concept Questionnaire
- Sandoz and Wilson's (2006) Body Image and Action Questionnaire (BIAQ)

Watson and Friend (1969) Fear of Negative Evaluation (FNE)

Fear of Negative Evaluation (FNE) was a 30-item instrument designed to measure social anxiety characterized by marked and persistent fear of social or performance situations appraised from being evaluated by others. It was scored using Likert response pattern of 1 to 4, where 1 = Some or a little of the time, 2 = Some of the time, 3 = Good part of the time, and 4 = Most or all of the time. All the items are directly scored. Watson and Friend (1969) reported reliability coefficient of KR -20 = .94 and one month interval test-retest = .78 for FNE. On Nigerian validity, Odedeji (2004) in correlating FNE with STAI Y-2 (Spielberger, 1983), obtained a concurrent validity coefficient of .63.

Robson (1989) Robson Self Concept Questionnaire

The Self-Concept Questionnaire (SCQ) designed and standardized by Robson was used for the research study. The SCQ is a self-report scale measuring self-esteem (Robson, 1989). It consists of 30 items (e.g., "I have control over my life," "I feel emotionally mature," "I can like myself even if others don't"). The items are based on seven components of self-esteem, according to theoretical and empirical information reviewed by Robson (1988). The scoring is performed on an eight-point scale, ranging from completely disagree to completely agree. The individual is asked to indicate how much they agree or disagree with each statement, according to how they typically feel. The answers are scored on a scale of 0-7 and a total score is calculated. A high score represents high self-esteem, with 140 being considered the "normal" mean with a standard deviation of 20 (Romans et al., 1996; Robson, 1989). The SCQ has been proven to have good reliability (Cronbach's α of .89) and good validity (clinical validity of .70). The questionnaire was translated in Urdu language before administering it on the Urdu medium students. This questionnaire deals with attitudes and beliefs which some people have about themselves. Some items are scored as printed, others are reversed. The 14 'normal' items (Qu 1, 2, 3, 6, 9, 10, 12, 15, 16, 18, 24, 26, 29, 30) have a full stop after the question number (e.g. 2.) — scoring for these is taken straight off the scale as printed. The 16 'reversed' items (Qu 4, 5, 7, 8, 11, 13, 14, 17, 19, 20, 21, 22, 23, 25, 27, 28) have a colon after the question number (e.g. 4:) — scoring is *reversed* for these (i.e. 0 = 7, 1 = 6 etc). Add up the numbers obtained like this to get the total score. Pooling the Robson control samples gives an estimate for the 'normal' mean in British samples = 139.2 (SD=19.9); so to simplify a bit for routine clinical use we take it as mean = 140, SD = 20.

Sandoz and Wilson's (2006) Body Image and Action Questionnaire (BIAQ)

Sandoz and Wilson's (2006) Body Image and Action Questionnaire (BIAQ) was developed to measure an individual's level of satisfaction, acceptance and/or worry over his/her body weight and size/shape. It is a 29-item self-report inventory that measure body image in two dimensions such as weight (12 items), and shape/size (17 items) of the body. Shape/size deals with being thin or fat while weight deals with being heavy or light. The BIAQ is rated on a seven point Likert scale response format ranging from "Never true (score 1) to "Always true" scored 7. Reverse scored items include 2,3,4,7,8,10,11,14,15,17,18,19,21,22,23,24,25,26,27, 28, and 29. Direct scored items are 1,5,6,9,12,13,16, and 20. An individual's possible total score ranges from 29 – 203 (weight=12-84, shape/size=17-117) and scores ranging from 105 and above is an indication of acceptance and satisfaction with one's body image while scores ranging from

29-104 indicates non-satisfaction with one's body image (Sandoz & Wilson, 2006). Sandoz and Wilson (2006) reported an internal consistency Cronbach's alpha of .93 and a construct validity coefficient of .89. Examples of items in the BIAQ are: "I get on with my life even when I feel bad about my body", "I cannot stand feeling fat"; "There are things I do to distract myself from thinking about my body shape or size". In order to validate the BIAQ for a Nigerian sample, Chinweuba (2016) carried out a validation study involving 80 senior secondary school two (SS2) students drawn from Community secondary school, Obukpa. Item analysis on the BIAQ data yielded Cronbach's alpha of .90. The principal component analysis of the BIAQ showed that it measures body image in two domains (weight and shape/size) with a mean construct validity index of .68. A total of Thirty(males = 15, and females = 15; mean age = 21.03 years)undergraduate students of Ebonyi State University Abakaliki completed the BIAQ for the pilot study and a Cronbach's alpha coefficient value of .88 was obtained, which indicates high correlation, giving credence that the BIAQ is highly reliable. Hence, it can be used to obtain data for the investigation (see appendix C, page 74).

Procedure

Undergraduate students were selected as participants from four faculties in Enugu State University of Science and Technology (ESUT) using multi-stage sampling (cluster, simple random: by balloting, and purposive) techniques for this study. The students were clustered according to their faculties, simple random: by balloting was used to pick the faculties while purposive sampling techniques was used to draw students from the selected faculties. The researcher employed the research assistants whom are faculties' executives from the selected faculties to help distribute and retrieve the questionnaire. One hundred and twenty questionnaires were send out, one hundred and fourteen were returned. Among the returning once, five bears multiple initials and the other two were not properly responded to, which make the numbers properly responded to be one hundred and seven, which was used for data analysis.

Design and Statistics

Correlational design was adopted for this study because the researcher is investigating the relationship and level of interactions between the three variables. The statistical test that will be used for data analysis is hierarchical multiple regression using Statistical Package for Social Sciences (SPSS) Version 25 software. Thus, Means and standard deviation distributions will be investigated. These will help to determine the direction and strength of the relationships among the study variables, as well as the moderating role. (George, 2008)

Result

Table 1: descriptive statistic

S/N	Variable	M	SD	1	2	3	4	5
1	Fear of negative evaluation	13.5909	5.13327	1	-	-	.008	.133
2	Body image satisfaction	131.9318	27.86971		.231	.518		
3	Self-concept	126.0455	20.76913		1	.270	.444	-
4	gender	1.6591	.47582				1	-
5	age	22.6364	2.63932					.099
								1

Table 1 above shows that fear of negative evaluation and self-concept are negatively correlated at $r = -.518$, this means that an increase in self-concept will cause a decrease in fear of negative evaluation. Body image satisfaction $r = -.231$ negatively relates with fear of negative evaluation, this indicated that the increase in body image satisfaction will cause the decrease in fear of negative evaluation. Self-concept $r = .270$ positively relates with body image satisfaction, this implies that an increase in self-concept will lead to an increase in body image satisfaction among undergraduate students.

Table 2: regression statistic

Model	R	R Square	Adjusted R Square	UnSt β	St β	t
1	.526***	.277***	.266***			
Body image dissatisfaction				-.018	-.099	-1.268
Self-concept				-	-	-
2	.546 ^b	.298	.276	.121***	.491***	6.315***
gender				1.167	.108	1.299
age				.220	.113	1.512

Dependent variable= fear of negative evaluation, at $p < .05$, $p < .001$. $r =$ relationship, $r^2 =$ relationship square, UnSt= unstandardise, St= standardise.

Table 2 shows that self-concept $St\beta = -.491***$ and $t = -6.315***$ at $p < .001$ negatively predicted fear of negative evaluation; this means that an increase in self-concept will lead to a decrease in fear of negative evaluation. Also, body image dissatisfaction $St\beta = -.099$ and $t = -1.266$ at $p < .05$ failed to predict fear of negative evaluation but bears a negative interaction it. Body image dissatisfaction and self-concept $r = .526$ are related to fear of negative evaluation, both independent variables contributed 27.7% variation to fear of negative evaluation at $r = .277$, they jointly predicted fear of negative evaluation at $p < .001$

The demographic variables failed to predict fear of negative evaluation, gender $St\beta = .108$ and $t = 1.299$ and age $St\beta = .113$ and $t = 1.512$ at $p < .05$.

Discussion

The first hypothesis tested which stated that self-concept will significantly predict fear of negative behaviour was confirmed, hence the hypothesis was accepted.

This result confirms that self-concept is a strong predictor of fear of negative evaluation, despite most literature focusing on other forms of self beyond the concept. The obtained result indicates that self-concept and fear of negative evaluation are negatively related, suggesting that a strong self-concept is associated with a lower fear of negative evaluation. The recognition of an individual's potential has the capacity to diminish the fear of negative evaluation. This suggests that students with a strong self-concept are less likely to experience fear of negative evaluation. The study findings revealed a negative correlation between self-concept and fear of negative evaluation among undergraduate students. It was observed that the presence of self-concept in higher education students corresponds with a reduced fear of negative evaluation. Therefore, a heightened awareness of one's capabilities and an understanding of personal

strengths and weaknesses can lead to a decrease or absence of fear of negative evaluation among undergraduate students.

The second hypothesis tested which stated that body image dissatisfaction will significantly predict fear of negative evaluation was not confirmed, hence the hypothesis was rejected. The results show that while body image satisfaction did not directly predict fear of negative evaluation, there was a negative interaction indicated. This suggests that although body image satisfaction may lower students' morale, it is not significant enough to cause fear of negative evaluation.

This means that even if students feel insecure about their appearance, it does not necessarily lead to social rejection. The findings imply that student body image does matter when it comes to their social interaction. Even when students feel that their appearance is not acceptable, they don't necessarily feel rejected because of it. This suggests that fear of negative evaluation is not necessarily linked to satisfaction with body image. An increase in body image satisfaction may lead to a decrease in the fear of negative evaluation. Students who feel dissatisfied with their body image may seek solutions, such as using body enhancement tools or exercising to reshape their bodies. Those with financial means might even opt for cosmetic surgery to improve their appearance, which can reduce the feeling of negative evaluation by others.

The third hypothesis tested which stated that self-concept and body image satisfaction will jointly predict fear of negative evaluation was confirmed, hence the hypothesis was accepted. The results indicate a strong association between both variables and the fear of negative evaluation. The study suggests that a lack of self-esteem or a negative self-concept combined with dissatisfaction with body image can lead to a fear of negative evaluation. Students who have low self-worth or a poor understanding of themselves, as well as dissatisfaction with their body image, may believe that others will reject them or feel that they are not capable of speaking in public. They may also feel that their ideas or contributions are worthless and that their opinions will not be accepted by others.

Implication of the findings

The findings is in congruity with the cognitive-behavioural by Beck (2011) which was adopted as theoretical framework because it posited that human functioning is based on the premises that thoughts, emotions, and behaviours are inextricably linked and that each of these aspects of human functioning continuously effects and influences the others. Cognitive-behavioural theory posits that thoughts about the self, relationships, the world, and the future shape emotions and behaviours. Feelings and behaviours shape thoughts and thought processes in a kind of ongoing reciprocal feedback loop. Moreover, cognitive-behavioural theory posits that cognitive-affective-behavioural processes are similar and analogous across human beings and human experience. The feelings and thoughts of the individual differ across different individuals, also the positive interpretation the student gives to self will help to improve his or her self-concept and the meaning he or she gives to the image of themselves will help to determine if they will feel worthless before others or not.

The finding indicated that self-concept predicted, while body image satisfaction failed to predict fear of negative evaluation, both variables indicated negative interaction and also jointly predicted the dependent variable. This means that the presence or increase in the predictor variables will cause either absence or decrease in the dependent variable, hence clinicians should work towards assisting the student to have a positive image and perception about

themselves to reduce fear of negative evaluation. Caregivers should help to assist their ward on the importance of building a positive self-concept because this will help them to navigate through the ocean of rejection or negative thoughts when they are in a social setting. School authorities should try to include the importance of valuing oneself in the student's school work, this will help to enlighten them on who they are and how they can achieve their dreams by believing in themselves.

Limitations of the study

Some factors militated against this study, one of such is the sampled population. Sampling only one institution during the exam reduces the number of participants, more students would have participated assuming more than one university was sampled.

The sampling techniques also affected the number of participants, the more students would have been sampled assuming suitable sampling techniques were adopted.

Some demographic variables were left unanswered by the participants which led to the researcher, not including the outcome in the study, demographics such as religious affiliation, parental working status et al. These control variables would have helped to give this study direction.

Suggestion for further study

Future researchers should consider sampling populations from different institutions and also consider carrying out this study outside the examination period, this will allow students to participate in the research.

Future researchers should consider a suitable sampling technique because this will give room for the selection of a larger population.

The future researcher should consider arranging the demographic variables in such a way that the participants will not leave them unattended.

Summary and Conclusion

The study investigated self-concept and body image satisfaction as predictors of fear of negative evaluation among undergraduate students, findings indicated that self-concept predicted, while body image dissatisfaction failed to predict fear of negative evaluation, but both variables indicated negative interaction and also jointly predicted the dependent variable. This means that the presence or increase in the predictor variables will cause either absence or decrease in the dependent variable, hence clinicians should work towards assisting students to have positive images and perceptions about themselves to reduce fear of negative evaluation.

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