

Body Shaming, Cognitive Distortions, and Emotional Regulation among Young Adults

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Abstract:

Body shaming has become an increasingly prevalent psychosocial issue among young adults, driven by unrealistic beauty standards, social comparison, and the widespread influence of digital media. Repeated exposure to appearance-based criticism has been associated with adverse psychological outcomes, including distorted cognitive processing and impaired emotional functioning. Although previous research has examined body image dissatisfaction, cognitive distortions, and emotional regulation independently, empirical investigations integrating these constructs within a single psychological framework remain limited, particularly among young adults in Pakistan. The present study investigated the relationship among body shaming, cognitive distortions, and emotional regulation using a quantitative cross-sectional correlational design. A purposive sample of **150 young adults** aged 18–25 years was recruited from colleges and universities. Standardized psychological instruments, including the Objectified Body Consciousness Scale (OBCS), Cognitive Error Scale (CES), and Emotion Regulation Questionnaire (ERQ), were used to assess the study variables. Statistical analyses were performed using IBM SPSS Statistics Version 21 and included descriptive statistics, reliability analysis, Pearson product–moment correlation, regression analysis, hierarchical regression, and independent-samples *t*-tests. The findings revealed a significant positive relationship between body shaming and cognitive distortions, whereas emotional regulation was negatively associated with both body shaming and cognitive distortions. Hierarchical regression analysis further demonstrated that emotional regulation significantly moderated the relationship between body shaming and cognitive distortions. These findings highlight the protective role of adaptive emotional regulation in reducing the psychological impact of body shaming. The study contributes to the growing literature on body image and mental health by providing evidence from a developing-country context and offers practical implications for clinicians, educators, and mental health professionals working with young adults.

Keywords— Body Shaming, Cognitive Distortions, Emotional Regulation, Young Adults, Body Image, Mental Health.

I. Introduction

Body image has emerged as one of the most influential determinants of psychological well-being among adolescents and young adults. Increasing exposure to unrealistic beauty ideals through social media, digital communication platforms, and popular culture has intensified concerns regarding physical appearance and self-worth. Individuals are frequently evaluated on the basis of body size, weight, facial appearance, and other physical attributes, leading to widespread appearance-based social comparison and increasing susceptibility to body shaming [1], [2].

Body shaming refers to negative comments, criticism, ridicule, or humiliation directed toward an individual's physical appearance. Such criticism may originate from family members, peers, educational institutions, workplaces, or online communities and often results in feelings of embarrassment, shame, social rejection, and reduced self-esteem [3]. Unlike constructive health-related feedback, body shaming targets perceived physical imperfections and reinforces unrealistic societal expectations regarding attractiveness. Persistent exposure to appearance-related criticism has been linked to depression, anxiety, eating disorders, low self-esteem, and diminished quality of life [4].

The rapid growth of social networking platforms has further intensified these concerns. Platforms such as Instagram, TikTok, Facebook, and Snapchat continuously expose users to carefully curated and digitally enhanced images that promote idealized standards of beauty. Young adults frequently compare their appearance with celebrities, influencers, and peers, resulting in dissatisfaction with their own bodies and increased psychological distress [5]. Previous research has consistently demonstrated that appearance-focused social comparison contributes to body dissatisfaction and negatively affects emotional well-being [6].

One of the principal psychological mechanisms through which body shaming influences mental health is the development of **cognitive distortions**. Cognitive distortions are systematic patterns of irrational or biased thinking that alter an individual's interpretation of experiences and contribute to emotional maladjustment. According to Beck's cognitive theory, repeated negative experiences reinforce dysfunctional beliefs and maladaptive cognitive schemas, increasing vulnerability to depression, anxiety, and other psychological disorders [7]. Individuals who experience body shaming may develop distorted thinking patterns such as catastrophizing, overgeneralization, personalization, and all-or-none thinking, thereby amplifying the negative psychological consequences of appearance-related criticism [8].

Another important factor influencing psychological adjustment is **emotional regulation**, which refers to an individual's ability to monitor, evaluate, and modify emotional responses in accordance with situational demands [9]. Adaptive emotional regulation strategies, particularly cognitive reappraisal, enable individuals to reinterpret stressful experiences in a more constructive manner, whereas maladaptive strategies such as emotional suppression may intensify emotional distress. Consequently, emotional regulation has been recognized as a potential protective mechanism that

may reduce the adverse effects of body shaming on cognitive functioning and psychological well-being [10].

Although considerable attention has been devoted to body image, eating disorders, and self-esteem, comparatively fewer studies have simultaneously examined the relationships among body shaming, cognitive distortions, and emotional regulation within a single empirical framework. Existing research has primarily focused on Western populations, limiting the applicability of findings to developing countries where cultural values, family dynamics, and patterns of media consumption differ substantially. Furthermore, limited empirical evidence is available regarding the moderating role of emotional regulation in the relationship between body shaming and cognitive distortions among Pakistani young adults.

Understanding these relationships is important because early identification of the psychological mechanisms associated with body shaming may facilitate the development of effective preventive and therapeutic interventions. Strengthening emotional regulation abilities may help reduce maladaptive cognitive processing, improve psychological resilience, and promote healthier body image perceptions among young adults.

Accordingly, the present study investigates the relationship among body shaming, cognitive distortions, and emotional regulation among young adults using standardized psychological measures and inferential statistical analyses. By integrating these three constructs within a unified empirical framework, this study seeks to contribute to the existing literature on body image and mental health while providing evidence that may inform clinical practice, educational interventions, and future psychological research.

III. Research Methodology

A. Research Design

This study employed a **quantitative cross-sectional correlational research design** to examine the relationship among body shaming, cognitive distortions, and emotional regulation among young adults. A quantitative approach was selected because the study aimed to measure psychological constructs objectively and examine statistically significant relationships among the variables using standardized psychological instruments. The cross-sectional design enabled the collection of data from participants at a single point in time, whereas the correlational approach facilitated the investigation of naturally occurring associations without manipulating any study variables. This methodological approach aligns with the objectives and hypotheses of the study and provides an appropriate framework for examining predictive and moderating relationships.

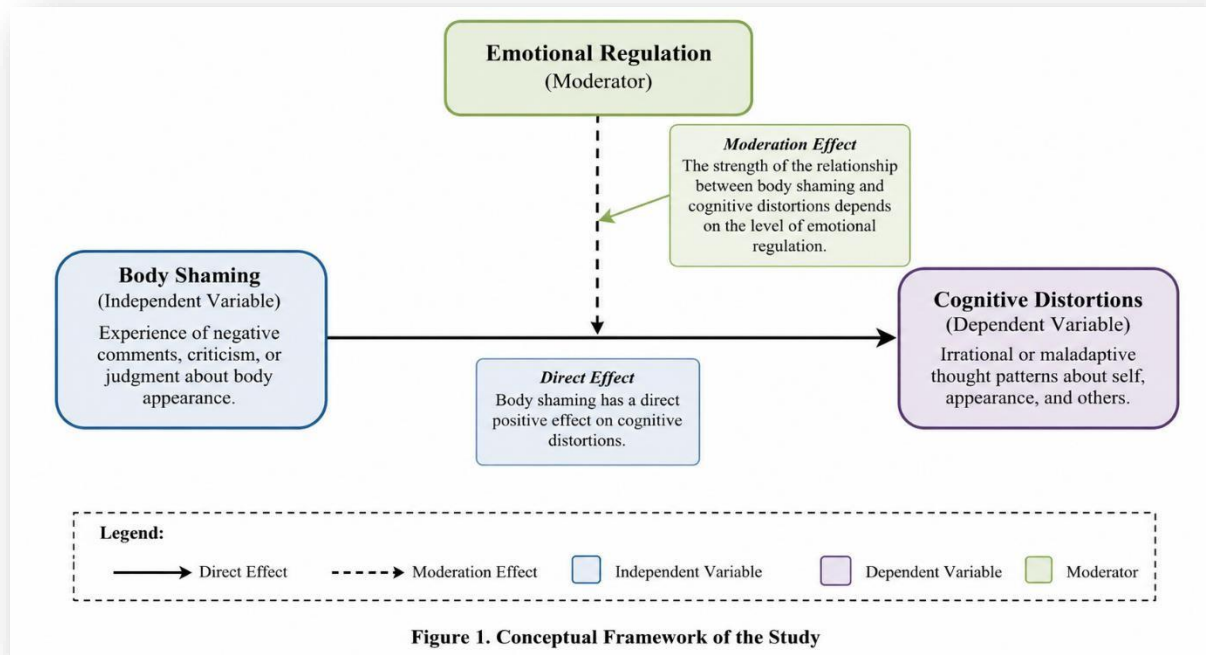
B. Conceptual Framework

The proposed research framework consists of three psychological constructs:

- **Independent Variable (IV):** Body Shaming

- **Dependent Variable (DV):** Cognitive Distortions
- **Moderating Variable (MV):** Emotional Regulation

The framework proposes that body shaming directly influences cognitive distortions, while emotional regulation moderates the strength of this relationship. The conceptual model is presented in **Figure 1**.



C. Study Participants

The target population comprised young adults enrolled in colleges and universities in Lahore, Pakistan. Participants were between **18 and 25 years of age**, representing the developmental stage during which concerns regarding body image and emotional adjustment are particularly prominent.

The study included **150 participants**, selected through a **purposive sampling technique** based on predefined inclusion criteria. This sampling approach ensured that participants possessed characteristics relevant to the objectives of the study while facilitating efficient recruitment from the target population.

D. Inclusion and Exclusion Criteria

Inclusion Criteria

Participants were included if they:

- were between 18 and 25 years of age;
- were enrolled in a college or university;
- were able to understand and respond to the study questionnaires; and
- voluntarily agreed to participate by providing informed consent.

Exclusion Criteria

Participants were excluded if they:

- had a diagnosed severe psychological disorder;
- reported physical conditions likely to substantially influence body-image perception; or
- declined participation or failed to complete the questionnaires.

E. Sampling Technique

A **non-probability purposive sampling technique** was employed to recruit participants meeting the predefined eligibility criteria. This technique is widely used in psychological research when participants possessing specific demographic characteristics are required to address the research objectives. The selected sampling strategy enabled the inclusion of participants representing the target population while ensuring the feasibility of data collection.

F. Research Instruments

Three standardized and psychometrically validated instruments were used for data collection.

1) Objectified Body Consciousness Scale (OBCS)

Body shaming was measured using the **Objectified Body Consciousness Scale (OBCS)** developed by McKinley and Hyde. The scale consists of **24 items** measured on a **7-point Likert scale**, ranging from *Strongly Disagree* to *Strongly Agree*. The Body Shame subscale evaluates the extent to which individuals experience shame when they perceive that their physical appearance does not conform to socially accepted standards.

2) Cognitive Error Scale (CES)

Cognitive distortions were assessed using the **Cognitive Error Scale (CES)**. The instrument consists of **35 items** measuring irrational cognitive patterns, including overgeneralization, personalization, catastrophizing, selective abstraction, and emotional reasoning. Responses are recorded on a **4-point Likert scale**, with higher scores indicating greater levels of cognitive distortion.

3) Emotion Regulation Questionnaire (ERQ)

Emotional regulation was assessed using the **Emotion Regulation Questionnaire (ERQ)** developed by Gross and John. The questionnaire contains **10 items** measuring two principal emotion regulation strategies:

- Cognitive Reappraisal
- Expressive Suppression

Responses are recorded on a **7-point Likert scale**, with higher scores indicating greater use of adaptive emotional regulation strategies.

G. Data Collection Procedure

Prior to data collection, ethical approval was obtained from the Department of Psychology, University of Lahore. Participants were informed about the purpose of the research, the voluntary nature of participation, confidentiality of responses, and their right to withdraw from the study at any stage without penalty.

Following informed consent, participants completed a demographic information form followed by the Objectified Body Consciousness Scale, Cognitive Error Scale, and Emotion Regulation Questionnaire. Questionnaires were administered in classroom settings under standardized conditions to ensure consistency in data collection. Anonymous participation was maintained throughout the study to reduce response bias and encourage honest responses.

H. Ethical Considerations

The study complied with accepted ethical principles governing psychological research. Participants were fully informed regarding the objectives of the study before participation and provided informed consent voluntarily. Confidentiality and anonymity were maintained throughout the research process, and no personally identifiable information was recorded. Participants retained the right to discontinue participation at any stage without consequence. Data collected during the study were used exclusively for academic research purposes and stored securely to preserve participant privacy.

I. Reliability and Validity

The reliability of the study instruments was evaluated using **Cronbach's alpha coefficient**. Internal consistency coefficients were calculated for each scale prior to inferential statistical analyses. Reliability coefficients exceeding the generally accepted threshold indicated satisfactory internal consistency for the measurement instruments.

Construct validity was supported through the use of internationally recognized psychological instruments with established psychometric properties. Content validity was further strengthened through expert review before administration of the questionnaires.

J. Statistical Analysis

Data were analyzed using **IBM SPSS Statistics Version 21**.

The following statistical procedures were performed:

- Descriptive statistics
- Frequency and percentage analysis
- Reliability analysis (Cronbach's alpha)
- Pearson Product–Moment Correlation
- Multiple Linear Regression
- Hierarchical Regression Analysis
- Independent Samples *t*-test

These analyses were selected to address the research objectives and evaluate the proposed hypotheses. Statistical significance was assessed using the significance level adopted in the thesis.

K. Mathematical Model

The predictive relationship between body shaming and cognitive distortions was examined using the following regression equation:

$$CD = \beta_0 + \beta_1 BS + \varepsilon$$

where

- **CD** represents Cognitive Distortions;
- **BS** represents Body Shaming;
- β_0 is the intercept;
- β_1 is the regression coefficient; and
- ε represents the random error term.

To examine the moderating role of emotional regulation, the following interaction model was estimated:

$$CD = \beta_0 + \beta_1 BS + \beta_2 ER + \beta_3 (BS \times ER) + \varepsilon$$

where **ER** represents Emotional Regulation and **BS × ER** represents the interaction term assessing the moderating effect of emotional regulation on the relationship between body shaming and cognitive distortions.

L. Research Workflow

The overall research process is illustrated in **Figure 2**. The workflow summarizes participant recruitment, eligibility screening, informed consent, questionnaire administration, data preparation, reliability assessment, correlation analysis, regression analysis, moderation analysis, and interpretation of findings. This structured procedure ensured consistency, transparency, and methodological rigor throughout the study.

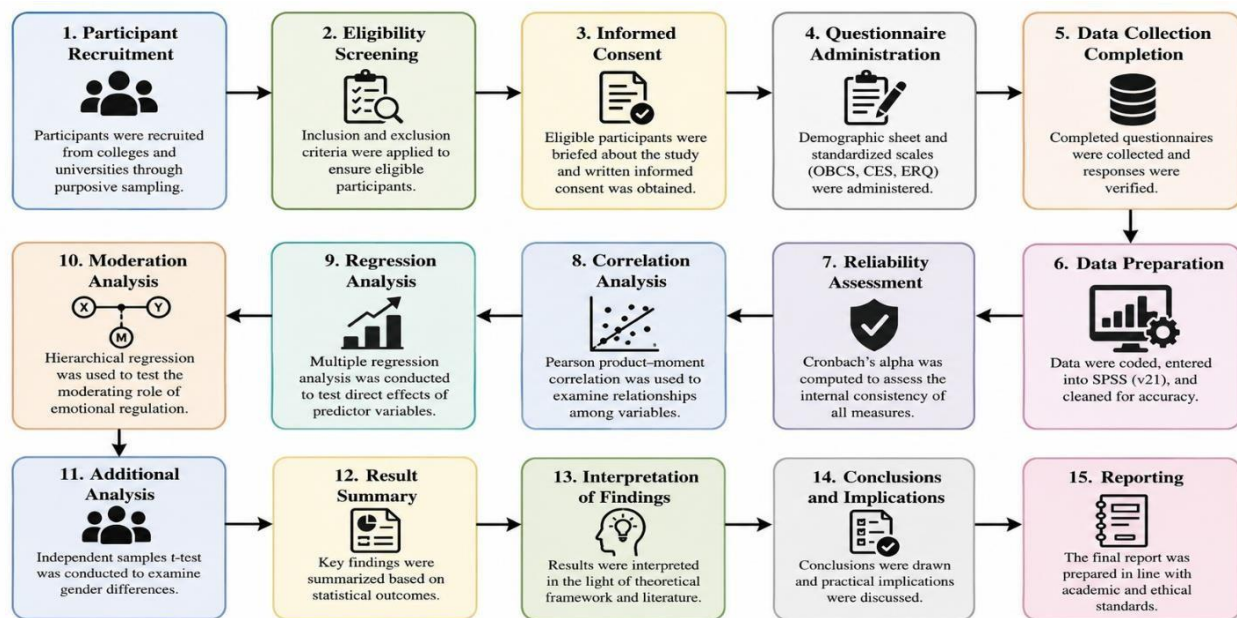


Figure 2. Research Workflow of the Study

IV. Results

The collected data were analyzed using **IBM SPSS Statistics Version 21**. Prior to hypothesis testing, descriptive statistics and reliability analyses were performed to assess the distribution and internal consistency of the study variables. Subsequently, Pearson product–moment correlation, regression analysis, hierarchical regression, and independent-samples *t*-tests were conducted to examine the proposed relationships among body shaming, cognitive distortions, and emotional regulation.

A. Demographic Characteristics

A total of **150 young adults** participated in the study. Participants ranged in age from **18 to 25 years** and were recruited from colleges and universities in Lahore, Pakistan through purposive sampling.

The demographic profile indicated that **68 participants (45.3%)** were between **18–21 years**, whereas **82 participants (54.7%)** were between **22–25 years**. The sample consisted of **72 males (48.0%)** and **78 females (52.0%)**. Regarding educational level, **29 (19.3%)** participants were enrolled in Intermediate programs, **62 (41.3%)** were Bachelor's students, and **59 (39.3%)** were Master's students. Additional demographic information regarding education sector, family system, socioeconomic status, area of residence, and birth order is summarized in **Table I**.

Table I.
Demographic Characteristics of Participants (N = 150)

Characteristics	Category	Frequency (f)	Percentage (%)
Age	18–21 years	68	45.3
	22–25 years	82	54.7
Gender	Male	72	48.0
	Female	78	52.0
Education	Intermediate	29	19.3
	Bachelor's (BS)	62	41.3
	Master's (MS)	59	39.3
Education Sector	Public	34	22.7
	Private	86	57.3
Family System	Nuclear	85	56.7
	Joint	65	43.3
Socioeconomic Status	Low	43	21.5
	Middle	86	43.0
	High	71	35.5
Area of Residence	Urban	86	57.3
	Rural	64	42.7
Birth Order	1	39	26.0
	2	49	32.7

	3	31	20.7
	4	8	5.7
	5	12	8.0
	6	7	4.7
	7	4	2.7

Note: *M* = Mean; *SD* = Standard Deviation; *f* = Frequency; % = Percentage.

B. Descriptive Statistics and Reliability Analysis

Descriptive statistics were computed to examine the distribution of the study variables, while Cronbach's alpha coefficients were calculated to determine the internal consistency of the measurement instruments.

The findings indicated that the **Objectified Body Consciousness Scale (OBCS)** demonstrated satisfactory internal consistency ($\alpha = .78$), the **Emotion Regulation Questionnaire (ERQ)** showed good reliability ($\alpha = .84$), and the **Cognitive Error Scale (CES)** demonstrated acceptable reliability ($\alpha = .72$). Since all reliability coefficients exceeded the recommended threshold of **0.70**, the instruments were considered sufficiently reliable for subsequent inferential analyses.

The descriptive statistics further showed that the mean score for Body Shaming was **101.04 (SD = 37.22)**, Emotional Regulation was **51.17 (SD = 13.71)**, and Cognitive Distortions was **64.63 (SD = 30.27)**, indicating adequate variability across all study variables.

Table II.
Descriptive Statistics and Reliability of Study Variables (N = 150)

Variable	K	M	SD	α	Actual Range	Potential Range
Body Shaming	24	101.04	37.22	.78	30–168	24–168
Emotional Regulation	10	51.17	13.71	.84	12–70	10–70
Cognitive Distortion	35	64.63	30.27	.72	14–163	0–168

Note. *K* = number of items; *M* = mean; *SD* = standard deviation; α = Cronbach's alpha.

C. Pearson Correlation Analysis

Pearson Product–Moment Correlation analysis was conducted to examine the relationships among body shaming, cognitive distortions, and emotional regulation.

The results demonstrated a **significant positive relationship between body shaming and cognitive distortions**, indicating that individuals experiencing greater appearance-based criticism were more likely to exhibit maladaptive cognitive processing. In contrast, **body shaming was negatively and significantly associated with emotional regulation**, suggesting that higher levels of body shaming were related to poorer emotional regulation abilities. Furthermore, emotional regulation demonstrated a significant negative association with cognitive distortions, indicating that individuals with stronger emotional regulation skills tended to report fewer cognitive distortions. These findings support the proposed relationships among the study variables and are consistent with the theoretical framework guiding the study.

Accordingly, **Hypothesis H1** and **Hypothesis H2** were supported.

Table III.

Pearson Product–Moment Correlation among Body Shaming, Cognitive Distortions, and Emotional Regulation among Young Adults (N = 150)

Variables	1	2	3	4	5	6	7	8	9
1. Age	—	.22**	.57***	.06	.00	.15	.04	.08	.08
2. Gender	—	—	.23**	.19**	.20*	.13	−.01	−.13	−.12
3. Education	—	—	—	−.08	.16*	−.02	.07	.06	−.03
4. Education Sector	—	—	—	—	−.07	−.17	−.07	−.04	−.20**
5. Residence	—	—	—	—	—	−.12**	−.03	−.09	−.14
6. Family System	—	—	—	—	—	—	−.05	.10	−.05
7. Body Shaming (BS)	—	—	—	—	—	—	—	−.26**	.37***
8. Emotional Regulation (ER)	—	—	—	—	—	—	—	—	−.24**
9. Cognitive Distortions (CD)	—	—	—	—	—	—	—	—	—

Note. $p < .05$, $p < .01$, $p < .001$.

D. Regression Analysis

Multiple regression analysis was performed to determine whether body shaming significantly predicted cognitive distortions and whether emotional regulation predicted psychological outcomes.

The regression results indicated that **body shaming significantly predicted cognitive distortions** with a standardized regression coefficient of $\beta = .37$, explaining **13%** of the variance in the dependent variable. The regression model was statistically significant, indicating that body shaming contributes meaningfully to variations in cognitive distortions among young adults.

Emotional regulation also emerged as a significant predictor with a standardized coefficient of $\beta = -.24$, explaining an additional **5%** of the variance. The negative coefficient indicates that greater emotional regulation is associated with lower levels of psychological maladjustment.

These findings support **Hypothesis H4**, confirming that body shaming is a significant predictor of cognitive distortions among young adults.

Table IV.

Regression Analysis of Body Shaming, Cognitive Distortions, and Emotional Regulation among Young Adults (N = 150)

Variable	β	ΔR^2	R
Body Shaming	.37***	.13	.37***
Emotional Regulation	-.24**	.05	.24**

Note. $p < .05$; $p < .01$; $p < .001$; β = standardized coefficient; R = regression coefficient; ΔR^2 = change in explained variance.

E. Hierarchical Regression Analysis

Hierarchical regression analysis was conducted to examine whether emotional regulation moderates the relationship between body shaming and cognitive distortions.

In the first step, body shaming significantly predicted cognitive distortions, accounting for **13%** of the variance ($F(1,148) = 22.73$, $p < .001$). During the second step, emotional regulation was added to the regression model and emerged as a significant negative predictor of cognitive distortions. In the final step, the interaction term between body shaming and emotional regulation was introduced.

The interaction effect was statistically significant and explained **41%** of the variance in cognitive distortions ($F(3,146) = 36.42$, $p < .001$), indicating that emotional regulation significantly moderates the relationship between body shaming and cognitive distortions.

These findings indicate that the adverse psychological effects of body shaming are attenuated among individuals possessing stronger emotional regulation abilities.

Therefore, **Hypothesis H3** was supported.

Table V.

Hierarchical Regression Analysis Examining the Moderating Role of Emotional Regulation among Young Adults (N = 150)

Step	Variable	β	ΔR^2
Step I	Cognitive Distortions	0.36***	.13***
Step II	Emotional Regulation	-0.16***	.15***
Step III	Body Shaming $\times$ Emotional Regulation	-1.87***	.41***

Note. $p < .05$; $p < .01$; $p < .001$; β = standardized coefficient; ΔR^2 = change in explained variance.

F. Gender-Based Comparison

Independent-samples t -tests were conducted to examine gender differences in body shaming, cognitive distortions, and emotional regulation.

The findings revealed statistically significant gender differences for **body shaming** and **cognitive distortions**. However, **no statistically significant gender difference was observed for emotional regulation**, indicating that male and female participants reported comparable levels of emotional regulation despite differences in body shaming and cognitive distortions.

These findings partially support **Hypothesis H5**.

Table VI.

Gender Differences in Body Shaming, Cognitive Distortions, and Emotional Regulation among Young Adults (N = 150)

Variable	Female M	Female SD	Male M	Male SD	$t(198)$	p	95% CI LL	95% CI UL	Cohen's d
Body Shaming (BS)	43.20	16.20	46.61	13.74	4.52	.000	5.18	13.20	0.23

Emotional Regulation (ER)	103.38	21.64	100.94	17.30	-.57	.57	-6.87	3.80	0.12
Cognitive Distortions (CD)	59.28	19.27	73.14	19.17	9.65	.000			

Note. $p < .001$; M = mean; SD = standard deviation; BS = Body Shaming; ER = Emotional Regulation; CD = Cognitive Distortions.

G. Summary of Findings

The statistical analyses supported the major hypotheses of the study.

- Body shaming demonstrated a significant positive relationship with cognitive distortions.
- Body shaming demonstrated a significant negative relationship with emotional regulation.
- Body shaming significantly predicted cognitive distortions.
- Emotional regulation significantly moderated the relationship between body shaming and cognitive distortions.
- Significant gender differences were observed for body shaming and cognitive distortions, whereas emotional regulation did not differ significantly between male and female participants.

VI. Limitations

Despite providing valuable insights into the relationship among body shaming, cognitive distortions, and emotional regulation, the present study has several limitations that should be considered when interpreting the findings.

First, this study employed a **cross-sectional research design**, which limited the ability to establish causal relationships among the study variables. Although significant associations and predictive relationships were identified, causal inferences cannot be drawn because data were collected at a single point in time. Future longitudinal studies are recommended to examine changes in body shaming experiences and their long-term psychological consequences.

Second, the study utilized a **purposive sampling technique** and recruited participants exclusively from colleges and universities in Lahore, Pakistan. Although this sampling strategy was appropriate for achieving the objectives of the study, the findings may not be generalizable to young adults from other regions, educational settings, or cultural backgrounds. Future studies

should include participants from multiple provinces and diverse educational institutions to improve external validity.

Third, the research relied exclusively on **self-report questionnaires** to assess body shaming, cognitive distortions, and emotional regulation. Self-report measures are susceptible to response bias, recall bias, and social desirability bias, which may influence the accuracy of participants' responses. Future studies may strengthen methodological rigor by incorporating clinician-administered assessments, behavioral observations, or mixed-method approaches.

Fourth, although emotional regulation was examined as a moderating variable, other psychological factors that may influence the relationship between body shaming and cognitive distortions were beyond the scope of the present study. Variables such as self-esteem, resilience, personality traits, perceived social support, family environment, perfectionism, and intensity of social media use may also contribute to psychological outcomes and should be considered in future investigations.

Finally, the present study focused exclusively on **young adults aged 18–25 years**. Consequently, the findings cannot be generalized to adolescents, middle-aged adults, or older populations without additional empirical evidence. Age-related differences in emotional maturity, coping strategies, and body image perceptions may influence the observed relationships.

VII. Future Research Directions

The findings of the present study provide several opportunities for future research.

Future investigations should employ **longitudinal research designs** to examine how body shaming influences cognitive distortions and emotional regulation over time. Longitudinal studies would provide stronger evidence regarding causal relationships and the long-term psychological effects of appearance-based criticism.

Researchers should consider recruiting **larger and more diverse samples** representing different geographical regions, socioeconomic backgrounds, and educational institutions. Such studies would improve the generalizability of findings and provide a broader understanding of body shaming across different cultural contexts.

Future research should also investigate additional psychological variables that may influence the relationship among body shaming, cognitive distortions, and emotional regulation. Constructs such as **self-esteem, resilience, self-compassion, perfectionism, social anxiety, body appreciation, perceived social support, and psychological well-being** may provide a more comprehensive understanding of the mechanisms underlying body image concerns.

Considering the increasing influence of digital technology, future studies should examine the role of **social media exposure**, including platform-specific effects, frequency of use, appearance-focused content, and online peer interactions. Such investigations may help identify digital behaviors that increase vulnerability to body shaming and associated psychological difficulties.

Advanced statistical techniques such as **Structural Equation Modeling (SEM)**, **Partial Least Squares Structural Equation Modeling (PLS-SEM)**, and **mediation-moderation analyses** may be employed to investigate more complex relationships among psychological constructs and to validate theoretical models.

Intervention-based research is also recommended to evaluate the effectiveness of **cognitive-behavioral therapy (CBT)**, **mindfulness-based interventions**, **self-compassion training**, and **emotion regulation programs** in reducing the negative psychological effects of body shaming among young adults.

Finally, comparative studies involving participants from different countries and cultural backgrounds would enhance understanding of how sociocultural factors influence body shaming, cognitive distortions, and emotional regulation. Such cross-cultural investigations would contribute to the development of culturally appropriate intervention strategies and broaden the international applicability of existing psychological theories.

VIII. Conclusion

Body shaming has emerged as a significant psychological and public health concern that affects cognitive functioning, emotional well-being, and overall mental health among young adults. Increasing exposure to unrealistic beauty standards through social media and contemporary cultural expectations has intensified appearance-based criticism, making body shaming an increasingly important issue for psychological research.

The present study examined the relationship among body shaming, cognitive distortions, and emotional regulation among young adults using a quantitative cross-sectional correlational design. The findings demonstrated that body shaming was significantly associated with increased cognitive distortions and reduced emotional regulation. Furthermore, body shaming significantly predicted cognitive distortions, while emotional regulation moderated this relationship, indicating that individuals possessing stronger emotional regulation abilities experienced fewer maladaptive cognitive responses despite exposure to appearance-based criticism.

The findings support both **Objectification Theory** and **Beck's Cognitive Theory**, suggesting that repeated appearance-related criticism contributes to dysfunctional cognitive schemas and psychological distress. At the same time, emotional regulation functions as a protective psychological mechanism capable of reducing the adverse cognitive consequences associated with body shaming.

This study contributes to the existing literature by integrating body shaming, cognitive distortions, and emotional regulation within a single empirical framework using data collected from Pakistani young adults. The findings provide practical implications for psychologists, educators, counselors, and policymakers seeking to develop evidence-based interventions that promote positive body image, strengthen emotional regulation, and improve psychological well-being.

Overall, reducing body shaming requires a multidimensional approach involving educational institutions, healthcare professionals, families, policymakers, and digital media platforms. Strengthening emotional regulation skills alongside promoting healthy body image perceptions may play a critical role in reducing the psychological burden associated with appearance-based criticism and fostering better mental health among young adults.

next section

IX. Acknowledgment

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