

ILLNESS PERCEPTION AND SOCIAL APPEARANCE ANXIETY AS PREDICTORS OF SELF-STIGMA OF SEEKING PSYCHOLOGICAL HELP AMONG SHORT-STATURED GIRLS

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ABSTRACT

Miniature height is a prominent physical trait which could draw social judgment; however, research into how short women perceive seeking therapy is scarce. The present research examined the role of illness perception and social appearance anxiety in predicting self-stigma towards therapy among short women. The research adopted a cross-sectional correlation research design. Subjects were women aged 18-25 with height below 150 cm and were recruited from both educational and public institutions in Gujranwala (N = 298). Data were collected using three surveys: Brief Illness Perception Questionnaire, Social Appearance Anxiety Scale, and Self-Stigma of Seeking Psychological Help Scale. The results of the study show that all three studied variables are significantly connected ($r = .52$ to $.71$, $p < .001$). The three factors taken together explain 43.8% of the variance ($F(2, 294) = 114.48$, $p < .001$). It is noteworthy that social appearance anxiety is a statistically significant factor ($\beta = .58$, $p < .001$) while illness perception cannot be considered a unique statistically significant predictor of self-stigmatization. The research shows that the belief in being judged based on appearance is linked to the idea that getting psychological help diminishes one's self-esteem among short women. Therefore, there is a need for psychological support programs addressing fear of appearance while helping in seeking assistance. Given that the study had a cross-sectional design, it is not possible to derive causal conclusions.

I. INTRODUCTION

The first characteristic used to evaluate someone is usually their physical appearance, and height is among one of the foremost attributes in this regard. According to doctors, short stature is a medical term that defines a person as abnormally short by more than two standard deviations from the average given their age and sex (Polidori et al., 2020). There is no exact measure applicable to all women around the world but height of less than 150 cm has been used as an indicator in Pakistani women (Javid & Pu, 2020). Even though short stature is not a disease in itself, it can affect a young woman's self-image and self-perception. Most research studies about the psychosocial aspects of short height were done on children and youths. The reviews revealed that short-statured youngsters are more likely to get stigmatized, teased, face social exclusion, and have low self-esteem (Sandberg & Voss, 2002). At the same time, the data is not very consistent. In fact, one systematic review stated that children with short height

score lower on functional scale than their peers, although few were classified as impaired (Wheeler et al., 2004). The follow-up review indicated that short height as a single trait does not cause psychological maladjustment (Sandberg & Gardner, 2015). Population-based studies corroborated that short height has little influence on health-related quality of life in adults (Coste et al., 2012). A big sample of short-stature children and young people in Europe shows that mental distress was better explained by health-related quality of life than by height-related clinical variables although mothers of those children whose height was more than 2 SD below the average reported that their children had more internalizing problems than the mothers of the children who reached normal height according to the results of the study (Quitmann et al., 2016). Therefore, one can conclude that the psychological consequences depend not so much on the height but on the way the person perceives it. Two psychological indicators that allow us to understand how to perceive the condition are illness perception and social appearance anxiety.

Self-Stigma of Seeking Psychological Help

Stigma is widely known as a barrier in mental health (Corrigan, 2004). According to Goffman (1963), stigma is an attribute which causes its person to be discredited in the eyes of other people, while those who take in the negative aspects of stigma convert it from public stigma into self-stigma (Corrigan, 2004). Self-stigma when you need psychological assistance stands for the extent to which a person feels bound to acknowledge the necessity of seeking assistance (Vogel et al., 2006). Systematic review of quantitative and qualitative studies revealed that stigma normally serves as a barrier in self-help-seeking (Clement et al., 2015). According to Vogel et al. (2007), perceived stigma is connected with the willingness of the person to seek assistance through self-stigma and attitude toward getting assistance. In Pakistan, stigma toward psychiatric problems and seeking psychological assistance is a major issue. Studies performed on university students indicate that people have stigmatising attitudes toward seeking psychological assistance (Waqas et al., 2014) and public attitudes can be regarded as a barrier to seeking psychological assistance (Husain, 2020). While tall young women may productively be viewed through the lens of social expectations associated with their height, the issue of the need for psychological help individuals is not well documented in research.

Illness Perception

According to the common-sense model of self-regulation, individuals generate their own cognitive and emotional representations of a health threat, which influence how they deal with it (Diefenbach & Leventhal, 1996; Leventhal et al., 1984). The Brief Illness Perception Questionnaire is a tool designed to assess variables such as consequences, timeline, personal control, treatment control, identity, concern, understanding, and emotional responses (Broadbent et al., 2006). The model has also been used to examine stigma. In one study, the researchers investigated the relationship between stigma and different cognitive representations of mental illnesses among a sample of 941 adults in the Hong Kong community. They found that endorsing the belief that mental illness was less controllable, more chronic, and less comprehensible was associated with greater stigma and social distance (Mak et al., 2014). Short stature is not a disease, so the model does not apply to sickness in the traditional sense. A woman with short stature, however, might see her condition as serious and uncontrollable, which may create a greater threat to her self-efficacy.

Social Appearance Anxiety

Social appearance anxiety refers to the anxiety that the individual experiences when being negatively regarded by people due to her general appearance, including body shape (Hart et al., 2008). It is conceptually close to but more limited than general fear of negative evaluation and was described as a shared risk factor for social anxiety and eating disorder symptoms in two groups (Levinson et al., 2013). Individuals prone to social appearance anxiety, by definition, are vigilant regarding being judged. Receiving help can be regarded as another situation in which the individual may be judged or categorized, which can make this experience threatening to the person who is already anxious about being judged for her appearance. This reasoning is theoretical and research directly linking social appearance anxiety and self-stigma of seeking assistance is limited. Therefore, it is one of the grounds for conducting this study. It is not well understood what psychological factors make it hard for young women with short stature to seek help. Illness perception and social appearance anxiety are both potential factors, but both have not been studied together with respect to self-stigmatization related to seeking psychological help. The

current study aims to close this gap and was conducted on short-statured girls in Gujranwala and nearby areas of Pakistan.

Objectives

1. To analyze the relationship of illness perception, social appearance anxiety, and self-stigmatization in short-statured girls.
2. To evaluate, if illness perception and social appearance anxiety can predict self-stigmatization associated with seeking psychological help.
3. To determine the importance of each predicted factor in self-stigmatization in seeking psychological assistance.

Hypotheses

1. Based on the literature reviewed, three hypotheses are tested.
2. There are a positive relationship and predictive effect of illness perception on self-stigmatization in seeking psychological help.
3. Social anxiety causes a positive relationship and predictive effect of receiving help.
4. There is a combined effect of both illness perception and social appearance anxiety on self-stigmatization in receiving psychological help.

II. METHOD

The research design adopted involved the use of cross-sectional correlations and quantitative methods to investigate the link between illness perceptions, social appearance anxiety, and self-stigma of seeking psychological help among short-statured women (Creswell & Creswell, 2017; Spector, 2019).

Participants

The population of interest included women aged between 18 and 25 years who were above 150 cm tall. The selection was done through convenience sampling in colleges and universities in Gujranwala (Etikan et al., 2016). Pre-set criteria for sample size had been used to conduct the study as planned through power analysis using G*Power software (Faul et al., 2009). The final sample size used was 298 out of which all participants had provided complete data about all three variables being studied. The participants would qualify for the study provided they were female, aged between 18 and 25 years, shorter than 150 cm, proficient in the language of the survey and consented to participate. Participants not meeting the height or age requirements were not allowed to take part in the study; the same applied to those who did not understand the survey measures or provided partial answers (Creswell & Creswell, 2017).

Measures

[I] Illness perception was evaluated by the Brief Illness Perception Questionnaire (Brief IPQ), which was developed by Broadbent et al. in 2006. It is a nine-item scale that quickly assesses cognitive and emotional representations of the disease. Most items are rated on a 0–10 scale and assess such aspects as timeline, consequences, personal control, treatment control, identity, concern, understanding, and emotional response. The last question refers to perceived causes of the condition. In its original studies, the scale was assessed in different disease groups and showed reliability in tests and concurrent and predictive, as well as discriminant validity (Broadbent et al., 2006). Since the Brief IPQ was developed to measure perceptions, rather than the physical characteristics of illness, participants were asked to use their short stature as a condition to be evaluated through the scale. Thus, short stature was interpreted as a health-related condition in this study. **[II]** Social appearance anxiety was assessed by using the Social Appearance Anxiety Scale (SAAS; Hart et al., 2008). The SAAS was developed to measure the anxiety present as one fear being evaluated negatively due to their physical appearance. The psychometric evaluation of the scale performed on two sizeable populations of college students showed a one-factor structure, as well as high internal consistency and good test–retest reliability (Hart et al., 2008). The relevance of the SAAS to the present study lies in the fact that it measures the anxiety of the negative evaluation of appearance, allowing the psychological aspect of the social anxiety associated with appearance to be studied. **[III]** The Self-Stigma of

Seeking Psychological Help Scale (SSOSH; Vogel et al., 2006) was used to assess self-stigma associated with the process of consulting a psychologist. The SSOSH consists of 10 items used to assess how threatening the act of seeking help is for a person's image and self-esteem. The original research revealed the presence of a unidimensional structure of the SSOSH and established its good reliability. Furthermore, subsequent research confirmed construct, criterion, and predictive validity of the SSOSH. The instrument has also been examined in relation to attitudes and intentions regarding requesting psychological assistance (Vogel et al., 2006). In the study at hand, self-stigma was the dependent variable of the research with higher scores meaning higher levels of self-stigma.

Procedure

Following obtaining approval from the appropriate university ethics committee, data collection was done systematically and ethically. The participants were selected by convenience sampling approach from the university classrooms and online groups of students. After explaining the purpose of the study, the voluntary nature of participation, and the ability of the participants to withdraw from the research at any time without being penalized, their informed consent was obtained before they completed the questionnaires. Answering the questionnaire took around 10-15 minutes. To protect confidentiality, no identifiable information from the participants was collected. After the data was collected, the responses were examined and coded, before being processed in the SPSS. Missing and incomplete data were removed in accordance with the guidelines of standard research protocols (American Psychological Association, 2017).

III. RESULTS

Table I: Pearson Correlations Among Illness Perception, Social Appearance Anxiety, and Self-Stigma of Seeking Psychological Help (N=298)

Variables	1	2	3
1. Illness perception (Brief IPQ)	-	-	-
2. Social appearance anxiety (SAAS)	.706**	-	-
3. Self-stigma of seeking help (SSOSH)	.524**	.657**	-

** $p < .01$

Table 1 contains the Pearson correlations. Illness perception is positively related to social appearance anxiety and self-stigma in help-seeking behaviour (all $p < .001$). Social appearance anxiety has a strong positive correlation with illness perception ($r = .706$) and self-stigma ($r = .657$). Illness perception is also positively correlated with self-stigma ($r = .524$). Hence there is a relationship among the three variables of higher illness perception, higher social appearance anxiety, and higher self-stigma respectively.

Table II: Multiple Linear Regression Predicting Self-Stigma of Seeking Psychological Help

Predictors	<i>B</i>	<i>SE B</i>	β	<i>t</i>	<i>p</i>
(Constant)	24.375	0.621	—	39.246	< .001
Social Appearance Anxiety	0.161	0.017	.575	9.310	< .001
Illness Perception	0.043	0.023	.116	1.882	.061

Note. $R = .662$, $R^2 = .438$, adjusted $R^2 = .434$, $F(2, 294) = 114.477$, $p < .001$. Dependent variable: self-stigma of seeking psychological help (SSOSH). $N = 297$.

In multiple linear regression, illness perception and social appearance anxiety were incorporated in the model as independent variables when predicting self-stigma in seeking psychological help (Table 2). The model was significant with 43.8% variance of self-stigma explained ($R = .662$, $R^2 = .438$, adjusted $R^2 = .434$), $F(2, 294) = 114.477$, $p < .001$. The standard error of the estimate was 3.098. Social appearance anxiety proved to be a significant and positive predictor of self-stigma ($B = 0.161$, $SE = 0.017$, $\beta = .575$, $t = 9.310$, $p < .001$). After controlling the effect of illness perception, every one-point increase in social appearance anxiety predicted 0.161 increase in self-stigma. On the contrary, illness perception was not a significant predictor at level .05 ($B = 0.043$, $SE = 0.023$, $\beta = .116$, $t = 1.882$, $p = .061$). Considering the strong association between the two predictors ($r = .706$), their correlation was

investigated. The inter-correlation results in a variance inflation factor of approximately 1.99 (tolerance = .50), which is lower than the threshold typically considered concerning (Field, 2018). Empirically estimated from the reported t values and R^2 , social appearance anxiety accounted for 16.6% of variance in self-stigma, and illness perception accounted for 0.7% of the variance. The unique contribution of the explanatory variables was 26.5%.

IV. DISCUSSION

The purpose of this study was to find out whether the perception of the illness and social appearance anxiety correlate with self-stigma in seeking psychological assistance in short-statured young girls. It was found that all three concepts were positively correlated and the predictors explained 43.8 percent of the variance in self-stigma. This means that according to Cohen's benchmarks (1992), the effect found was a large one. However, social appearance anxiety had a significant unique impact.

Social Appearance Anxiety and Self-Stigma

Social anxiety was found to be a strong predictor of self-stigma ($\beta=0.575$). This goes along with the theoretical argument in the existing literature suggesting that people who are highly anxious about how they will be judged based on their appearance are likely to be anxious about being judged for seeking psychological help (Hart et al., 2008). The self-stigma associated with help-seeking manifests as perceived threat to one's self-esteem (Vogel et al., 2006), and therefore for the young woman who feels evaluated based on her height, admitting to psychological problems could represent another mark against her. Additionally, this finding supports the idea that fear of evaluation based on appearance goes hand in hand with other psychological difficulties (Levinson et al., 2013). However, because of the correlational design employed in the study, these interpretations remain only potential and have not been proven. It is also possible that individuals who have experienced greater levels of self-stigma in help-seeking are simply more worried about being judged based on their appearance.

Illness Perception and Self-Stigma

Illness perception was shown to be significantly associated with self-stigma ($r = .524$), but it did not acquire significant value as a predictor when social appearance anxiety was included in the model ($\beta = .116$, $p = .061$), and a number of important points need to be made. The first point is that these two predictors showed high correlation ($r = .706$), which means that a considerable part of the illness perception shared features with the self-stigma can be attributed to the effect of the social appearance anxiety as well. Women who perceive their short stature as threatening, significant, and troubling also experience higher levels of anxiety concerning other people's evaluation of their appearance, but it was the latter factor that showed a significant link with self-stigma. This result fits well into the framework provided by the common-sense model, which claims that the perception of threat influences emotional and behavioral responses (Diefenbach & Leventhal, 1996) and is consistent with the findings that perceived consequences and controllability have an influence on stigma within the framework of mental illness (Mak et al., 2014). Secondly, the coefficient for illness perception was not equal to null ($B= 0.043$), with the p -value practically in line with the conventional threshold, which means these data should not be interpreted as evidence of the non-relevance of illness perception. The possibility of a slight particular effect is not eliminated in this case. Finally, the Brief IPQ was developed for the population with recognized disorders (Broadbent et al., 2006). Its application to the physical trait that is not a disease represents a modification and the psychometric properties of the instrument in this population are unknown. Such limitation leads to weaker predictive validity of the measure.

Links to the Short Stature Literature

The results lend support to the argument that the impact of being short on psychological state is more linked to the perception of height rather than its value in itself (Quitmann et al., 2016; Sandberg & Gardner, 2015). This study is unable to provide an insight into how associated variables behave, as it has not included data on average-sized women. Instead, it offers data on relationships between variables among women with short stature. The findings of the present study add to the existing research focused mostly on children (Sandberg & Voss, 2002; Wheeler et al., 2004). A significant point here is the cultural context. In Pakistan, stigmatizing attitudes toward mental disease as well as barriers to seeking help have been reported (Husain, 2020; Waqas et al., 2014); hence, in

addition to individual perceptions related to specific physical features, it is possible that larger social attitudes may influence the understanding of mental health help-seeking. The current study will not provide an insight into public stigma associated with mental health.

Implications

The results suggest several practical considerations. Counsellors and university mental health services that work with young women distressed about their appearance should be aware that fear of appearance-based evaluation may make help-seeking feel more threatening. Efforts that reduce fear of appearance-based judgment, and that present seeking help as a normal and private step, may help lower self-stigma. Awareness programs in educational and community settings could also address the way visible characteristics such as height can add to the concern about being labeled. These suggestions need to be tested, as the present study does not show that such approaches reduce self-stigma.

Limitations and Future Directions

There are several limitations to be pointed out. The cross-sectional design does not allow causal or time-based statements; participants were recruited via convenience sampling from one single location. Hence, generalizability is restricted (Etikan et al., 2016). All measures were self-reported. The 150-centimeter threshold is an operational cutoff, and not a clinical measure. The sample had no control group of women of average height. The Brief IPQ questionnaire was adapted for non-illness conditions. Finally, the analysis did not take into account any variables interacting with self-stigmatization, like previous contact with counseling services, self-esteem, or perceived social stigma. Future studies may introduce longitudinal or experimental designs, find a control group of average-height women, explore the possible mediation of social appearance anxiety in the relation of illness perception and self-stigmatization, and measure public stigma and self-esteem. Validation of an adapted version of the Brief IPQ for physical non-illness characteristics may help carry out better research in the future, and qualitative study may explain how women of short stature understand the need for help.

V. CONCLUSION

In short-statured girls, social appearance anxiety and the perception of the illness positively related to self-stigma of seeking psychological help, but only social appearance anxiety had significant unique effect on self-stigma. This means that the phenomenon is closely related to fear of being evaluated negatively due to one's appearance. Therefore, addressing social appearance anxiety appeared to be a good method of stimulating help-seeking behavior in this group of population, although it is necessary to conduct a longitudinal comparative study to confirm this.

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