

THE RELATION BETWEEN SELF-ESTEEM AND BODY DISSATISFACTION

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Abstract

The **main goal** of this article is to explore the connection that exists between body dissatisfaction and ranges of self-esteem in undergraduate students in the Department of Psychology of University of Tirana. **The method** applied for the deployment of the present study is a Quantitative with a Cross-sectional Descriptive-Correlational layout and a non-probabilistic sort of comfort or intentional sampling. **The sample** of the present research is composed of 120 undergraduate students. The instruments that have been used within this study include: *the Body Shape Questionnaire (BSQ) and the Coopersmith Self-Esteem Inventory*. Data were examined through SPSS version 27. **Results** showed an inversely proportional correlation. Indices show that the higher the level of self-esteem, the lower the degrees of body dissatisfaction. In conclusion, it was observed that students reveal a greater influence of the external and social factors in their overall body dissatisfaction.

Keywords: Body dissatisfaction, body perception, body shape, self-esteem, students

1. Introduction

The body image is described through various research as the aware and intellectual scheme of the perception that every subject creates for its own body (Adams et al.,2017; Murray et al.,2013; Bailey & Ricciardelli,2010; Lowery et al.,2005; Tiggermann,2005). It is a combination of different factors, like behavior, thinking, emotions, and culture (Bucchianeri et al.,2014; Clark et al.,2008; Cash,2005; Cash,2004). However, the manner in which the person perceives his or her body image not only is formed through elements of the surroundings wherein the person is immersed, but also through psychosocial history, which construct schemes, emotions and specific situations that forge factors along with self-esteem and self-concept(Cash,2005; Cash,2004).Coopersmith (1976) argued that self-esteem is that total affective assessment that a person makes of himself, which represents a significance within the lifestyles of the individual. This assessment has a significant impact on the individual, as it affects the attitudes, they have towards themselves and their functioning in personal, family, academic, and social settings (Johnson et al.,1983). According to his theory of self-esteem, the latter consists of four complex dimensions that greatly influence an individual's active life (Coopersmith,1968). These dimensions include: the *personal dimension*, which involves how the individual perceives himself and their physical attributes; the *social dimension*, which involves how the individual evaluates themselves in terms of his or her relationships and importance in social groups; the *family dimension*, which involves the individual's self-worth and how he or she perceives their significance within their family unit; and the *academic dimension* which involves the individual's self-assessment of his or her performance and academic success. Long-term research has shown the impact of self-worth on a person's life (Sarkova et al.,2013; Roberts & Bengston,1993). According to Silverstone's (1992) study, individuals with low self-esteem may be diagnosed with eating disorders due to the significant impact it has on their self-perception. Wheeler (2010) found that low self-esteem during adolescence has a negative influence on academic performance, as well as personal, social, and sexual aspects, and increases the likelihood of engaging in substance abuse with peers, as well

as early sexual activity. Recent research has also revealed the connection between body image perception and self-esteem levels among individuals of different ages and genders (Bleidorn et al.,2016; Sarkova et al.,2013; Usmiani & Daniluk, 1997; Roberts & Bengston,1993). Other studies demonstrate that engaging in physical exercise significantly affects self-esteem and satisfaction with body image, leading to a healthy and socially acceptable self (Bergland et al.,2018; Guskowska et al,2015; Haugen et al.,2011). Jiang & Ngien (2020) concluded that self-esteem and body image satisfaction are affected by social media acceptance (particularly on Instagram) and the influence of digital influencers, who often lead to comparisons of physical appearances. The body image has perceptual consequences, including the perception of various body shapes, sizes, and evaluations (Altabe& Thompson,1996). These consequences have cognitive implications, reflecting an individual's beliefs about their body and bodily experiences, as well as affective and emotional implications for self-esteem, affecting feelings of pleasure, displeasure, satisfaction, and dissatisfaction with one's body (Pitron et al.,2018; Polce-Lynch et al.,2001; Laughlin,1997). The changing perception of our body occurs as the individual progresses through childhood and adolescence, a stage in the life cycle where vulnerability to body dissatisfaction emerges due to societal beauty standards (Mills et al.,2017; Abbott & Barber,2010; Polce-Lynch et al.,2001). Consequently, there is a negative impact on the sociocultural, biological, and environmental dimensions, as individuals feel pressured to conform to these stereotypes to be accepted by society and avoid social isolation (Stojcic et al.,2020; Mills et al.,2017; Xu et al.,2010; Clark& Tiggermann,2008; Cafri et al.,2005; McCabe & Ricciardelli,2001). Achieving social success becomes contingent on fitting into these ideals (Kuper et al.,2020; Mond et al.,2011). High levels of body image dissatisfaction are directly linked to feelings of insecurity, isolation, and various anxiety disorders, such as generalized anxiety, separation anxiety, social anxiety, and agoraphobia, among others(Kuper et al.,2020; Walker et al.,2018; You & Shin,2016). Mood disorders, including bipolar disorder, major depression, cyclothymia, and dysthymia, as well as body dysmorphic disorder and eating disorders (such as bigorexia, orthorexia, binge eating disorder, anorexia nervosa, and bulimia nervosa) are also associated with low self-esteem (Waler et al.,2018; You & Shin,2016; Brechan & Kvalen,2015;Metallinou et al., 2013; Algars et al.,2010 ;Zakin,1989). This poses a significant issue to the emotional and physical well-being of individuals, as it generates discomfort that negatively impacts their daily lives. In different situations, it may even lead to the development of aggressive and suicidal behaviors, as well as substance abuse (Guadarrama et al.,2014; Brausch & Decker,2013; Stein et al.,2003). Mendelson et al. (2002) showed that body dissatisfaction has negative effects on personality, emotional well-being, poor academic performance, insecurity, isolation, inability to make decisions, abuse of psychoactive substances, and eating problems. Currently, in Albania, it has been identified that mental health is an issue of greater importance since mental disorders are more prevalent than other reasons for medical consultation.

2. Perception of Body Image

The perception of body image is the psychological and conscious portrayal that each person constructs from their perception of the body (Altabe & Thompson,1996). This construct refers to the multidimensional cognitive frame of the individual and is influenced by various cognitive, behavioral, emotional, cultural, and perceptual factors (Ata et al.,2007; Jung,2006; Cash & Grasso,2005; Laughlin,1997). These multidimensional factors cause the individual to alter or solidify his perception of his body structure, hence it can constantly change throughout the lifetime (Swami et al.,2014; Merianos et al.,2013). Rosen (1995) suggests that body perception is primarily based on how the individual envisions, senses, behaves, and perceives his or her physicality, which encompasses multiple perceptual, cognitive, behavioral, and emotional

elements that lead to feelings of worry, discontent, displeasure, and dissatisfaction. Conversely, Slade (1994) asserts that the mental representations that individuals develop about the shape and size of their body are formed by the influence of societal, historical, cultural, biological, and personal factors, and therefore, they fluctuate over time by societal changes and beauty standards. Consequently, this often leads individuals to distort their self-image. Body image is shaped and solidified during adolescence, not only due to societal influences but also because it is a stage in the life cycle where individuals place significant importance on how they are perceived by others to feel accepted within their social groups (Helfert & Warschburger, 2011; Smolak, 2004). Adolescents are susceptible to various forms of body distortions, which can lead them to make decisions that have a significant impact on their health, such as engaging in excessive physical activity and developing unhealthy eating habits (Gattario & Frisen, 2019; Sharpe et al., 2013; Jones, 2004; Rosenblum & Lewis, 1999). Researchers suggest that body image comprises three distinct components, which can be categorized as perceptual, behavioral, and subjective (Affective-cognitive) components (Thompson et al., 1999):

Perceptive Component: It is based on the notion and exaggerations that the person holds about various body regions (lower limbs, abdomen, upper limbs, buttocks, etc.) or the entire body (size, shape, size, and weight).

Subjective Component: It consists of the mental evaluation that the individual develops about the parts of their body or their overall body schema and, the sentiments, feelings, and attitudes that the individual develops because of their body schema.

Behavioral Component: These are all the actions, behaviors, and/or conducts that arise from the sentiments, perceptions, attitudes, and emotions that the individual constructs from their corporeality, which can lead to behaviors that expose the body, avoidance of certain foods or situations where the body may be exposed, engaging in exercise routines, etc.

Cash and Pruzinsky (1990) state that the way in which the individual perceives their body image involves perceptions as well as evaluations and visualizations of the structures and different appearances of body regions. At a cognitive level, it leads to the concentration and development of affirmations that are inherent to the beliefs that the individual associates with their body. Emotionally, it involves the integration of experiences and sensations of pleasure or displeasure, contentment or discontentment, and various emotional responses that are connected to the physical appearance of the individual (Cash & Pruzinky, 1990).

3. Body Dissatisfaction

According to Gardner, Stark, Jackson and Friedman (1999), body dissatisfaction is defined as the incongruity that arises between an individual's actual physical form and the ideal body image they have developed over their lifetime. Sharpe et al. (2013) assert that the sensation of body dissatisfaction arises from the collection of thoughts, feelings, and negative emotions that an individual associates with their own body. Order (2003) argues that body dissatisfaction is the result of the discrepancy between the desired or ideal body and the body as perceived by the individual, or simply the discontent that the individual feels towards their body and how they perceive it in different situations. Body dissatisfaction is commonly one of the primary causes for the development of eating disorders, as it stems from the comparison between societal norms, stereotypes, and beauty standards within a particular culture and the individual's own body. This ultimately leads to a negative self-assessment, which in turn manifests as a rejection of one's own body (Garner, 1998).

Authors such as Hopwood et al. (2001), based on the development of their psychometric instrument, the Body Image Scale (BIS), defined three components of this phenomenon that allow its identification at different times.

Cognitive-Emotional Discontent Component that refers directly to the processes that develop from cognition and affect. All those feelings, thoughts, evaluations, attitudes, and beliefs that the subject constructs regarding his weight, volume, size, and shape of his physical appearance. Here the individual's need to reduce his or her weight, diet and using detoxifying methods is conceived that allow the individual not to gain weight and avoid the irritability and emotional discomfort that this can generate at different times in the person's life.

- *Perceptual Discontent Component*. It consists of the way in which the person evaluates and perceives, referring to the sensations, conceptions, and beliefs that the subject has about the increase in weight and gain in body mass, which directly leads to a possible body distortion.

- *Behavioral Discontent Component*. It is the set of habitual behaviors that a subject develops and that are based on positive or negative body perception and, in turn, on the feelings and emotions that result from said physical evaluation. The behaviors that results is generally oriented towards comparison with others, exhibition of the body, avoidance of situations, restriction of foods with high calorie content and excessive physical activity.

4. Self-esteem

It refers to the assessment, personal judgment, and emotional evaluation that an individual constructs of themselves, which has a significant impact on the overall development (Beauregard & Dunning,2001). The individual's self-esteem affects their attitude towards themselves, others, and the world in general, as well as their response to the demands of their environment. Therefore, self-esteem plays a crucial role in how individuals love, think, feel, behave, and relate to themselves, based on their personal experiences (Chung et al.,2017). According to the authors, self-esteem is either rooted in aspects of an individual's life or, on the contrary, is weakened and impoverished. This depends on each person's life history, as self-esteem is not innate but rather developed throughout their lifetime, in relation to the situations we encounter, the way people face them, and the outcomes of the decisions in response to environmental demands. Chung et al. (2017) outlined a set of characteristics that are associated with individuals who have high or low self-esteem. First, individuals with high self-esteem tend to take initiative in various situations and events (e.g., work, academics, family). They have a strong inclination to embrace and tackle new challenges that are highly difficult. They value their own efforts and objectively assess their achievements. They seek optimal ways to overcome failures and setbacks, demonstrating a high level of resilience towards frustrating events. They possess the ability to manage and regulate their emotions and have personal and social skills that enable them to maintain long-term social relationships. They take responsibility for their actions, make autonomous decisions, and act independently when faced with different life situations. However, individuals with a lack of self-confidence typically lack the motivation to engage in various activities. Instead, they rely on constant guidance to navigate through life's challenges and avoid taking on new challenges due to their fear of failure. Additionally, they have a limited capacity to handle frustration and often react defensively. Those individuals tend to avoid rejection and seek acceptance from others. They fear taking on responsibilities and rely on those they perceive as superior, allowing themselves to be easily influenced. Furthermore, they have little control over their emotions and feelings. For Grocott & Hunter (2009) there are 3 elements of self-esteem, which can be intently linked and altered to each other.

The cognitive component which is a grouping of knowledge, convictions, and ideals that the subject creates approximately for himself. It is that representation that every subject makes of his or her personal personality, thought and of his cognitive ability and mental maturity. Therefore, the self-concept influences the genesis of self-esteem because it considers the

processing of information, opinions, perceptions, thoughts, and ideals. It is observed by means of the intellectual illustration or self-picture that everyone creates along with the expectations, dreams, and aspirations they have for the future.

The *behavioral component* includes the attempt that the subject makes to acquire the respect, admiration, and affection of others, based on behaviors guided via way of means of the goal and selection to behave actively and coherently.

The *affective component*. It includes the sense of cost and recognition this is attributed to the subject himself, either positive or negative, relying at the self-perception that the person makes, glaring via terms loaded with feelings and emotions, such as "I like many stuffs about myself" or on the contrary, "I am useless, I am useless." This component includes emotions of the way that the person observes himself and the effects received from his behaviors.

Coopersmith (1976) established four dimensions of self-esteem, which include: *family self-esteem*, *academic self-esteem*, *social self-esteem*, and *personal self-esteem*. Kolubinski et al. (2018) argued the dimensions of self-esteem as follows: *Family Self-Esteem* refers to the appreciation that the subject develops and maintains to himself, having a direct relationship with the interaction he has with each of the people in his family nucleus and the importance he perceives from the attitudes that they provide him. *Academic Self-Esteem* is this self-judgment that the person develops and builds on himself, during his childhood, adolescence, and youth, because of their performance, actions, and education. *Social Self-Esteem* is the self-evaluation that the person performs and maintains regularly in relation to his interactions within the social groups, where he plays a social role and has a personal judgment to himself in relation to his peers. *Personal Self-Esteem* or the assessment that the individual makes of himself and that is directly related to the behaviors, attitudes, and behaviors that the individual maintains with respect to himself and his own situations. It is oriented to the perception that the individual makes of his or her body image and his or her personal qualities such as capabilities, skills, productivity.

Coopersmith (1976) also developed three levels of self-esteem, which correspond to specific characteristics that individuals have. *High self-esteem*. These people develop strong communication skills, have social and academic success, have full confidence in their abilities and skills, set short, medium, and long-term goals and maintain high expectations associated with and their performance in different areas of their lives, are creative. They feel proud of themselves, take their work as something good, feel full of emotions. *Moderate self-esteem* includes the self-esteem in people who confidently express themselves and speak positively about themselves. However, they rely on the acceptance of society and family to have a high level of self-acceptance. They do not see their abilities as superior and have short- and medium-term goals and expectations. *Low self-esteem*. People with low self-esteem are always depressed, and isolated, they consider themselves to be bad and lacking in their own abilities. It is difficult for them to express and defend themselves in certain situations. They are afraid of offending. It is difficult for them to control their emotions and cope with stressful situations.

5. Methodology

Design

This study was conducted using a quantitative and transversal method, since the data was collected at one point in time. It is descriptive-correlational research since it manages to explain and understand the behavior of ideas or the change of interest to study, depending on the results of other variables connected.

Variables

The variables of the present research are as follow:

Body dissatisfaction: This study defines body dissatisfaction as a negative attitude towards one's own physical appearance that is assumed to originate from a perceived discrepancy between the actual physical appearance (i.e., actual body image) and the desired ideal state of the body (i.e., ideal body image) (Heider et al.,2018).

Self-esteem: This study defines self-esteem according to Nathaniel Branden definition as the person's overall evaluation of themselves and their ability to cope with the challenges that life presents. It involves a sense of confidence in one's skills and worthiness to experience happiness, but it is also reflected in one's emotions, behavior, and attitude towards oneself and others. When a person has high self-esteem, they are more likely to feel capable and successful in various aspects of life, while low self-esteem can lead to feelings of insecurity and self-doubt (Branden,1994).

Sample

The sample was chosen to observe approximately the effect that media have on bodily stereotypes. These are substantially evidenced within the subject`s perceptions of one's personal body and its associated factors, along with challenge and dissatisfaction. In the current study, the participation of one hundred twenty students from the Department of Psychology, with a range variety of between 20 and 21 years, represents 81.7%. The sample was composed by 70 women (58.3%) and 50 males (41.7%).

Inclusive criteria

To participate in this study, students had to belong to some inclusive and exclusion criteria:

To be part of the Department of Psychology.

Be a resident of Albania.

Be between 21-25 years old.

Accept of informed consent.

Exclusion criteria.

To be diagnosed with an eating disorder or body dysmorphia.

Sample type

The present research is based on a non-probabilistic or intentional sample, since this sample is based on satisfying the characteristics of the researcher's interest, choosing from the easy and deliberate access of individuals. Participants were selected through an open call in the Department of Psychology, which allowed a completely voluntary engagement.

Instruments

The study was carried out through the application of two psychometric instruments that allowed the two variables to be measured: the **Body Shape Questionnaire (BSQ) and the Coopersmith Self-Esteem Inventory**. Both instruments were adapted in the Albanian culture by the authors as they are not yet standardized within this context.

Body Shape Questionnaire (BSQ)

The tool developed by Cooper, Taylor, Cooper, and Fairburn (1987) is a scale that was adapted for the current study. This instrument was designed with the primary objective of measuring one general factor, body dissatisfaction. It also allows discrimination between clinical and non-clinical populations. The current form of the instrument has a validity Cronbach's Alpha of 0.93. The BSQ is a 6-point Likert scale, with response options ranging from 1 (Never) 2 (Rarely) 3 (Sometimes) 4 (Sometimes) 5 (Very often) to 6 (Always) depending on the person's perceived level of intellectual ability and emotional aspects have changed in relation to his body in the past 4 weeks. The total possible score is between 34 and 204 points.

Coopersmith self-esteem Inventory

This inventory consists of fifty-eight items with response options of “*like me*” or “*different from me*” that assess five important dimensions of self-esteem, which span the person's life: *General self-esteem*. This is where one's own self-esteem is projected in front of different situations in their daily life. *Personal self-esteem (Self)* seeks to measure the subject's opinion about his abilities, his identity, and the personal qualities of the person. *Social self-esteem (peers)*. It refers to the level at which the subject understands his acceptance and contribution to his environment and his ability to overcome many social situations that arise. *Family self-esteem (Parents)*. Parents allow us to understand the personal value and self-concept of the subject based on their relationship with their family, the expression of positive feelings and the acceptance from family members. *Academic self-esteem (University)*. These items focus on the idea that each person can cope with the conditions related to education/professionalism required to do well and adapt to the demands of the environment, to achieve good results. The instrument has a global score of the person's self-esteem, through the sum of the scores obtained by each of the dimensions and their respective items.

Hypothesis

H₀= There is no consistent relationship between body dissatisfaction levels and self-esteem levels.

H₁= More body dissatisfaction reduces self-esteem among students of the Department of Psychology in the University of Tirana.

Ethical issues

For conducting the current study with juvenile school subjects, the working group took care of the strict observance of ethical aspects such as:

- **Approved information and allowance of subjects.** Through the platform on which the questionnaires were completed, a detailed description was presented regarding the purpose, conditions and method of the study that would be used, as well as where their assistance consisted of. Participants were made aware of the voluntary nature of participating in the study and the possibility of withdrawing from the study if they did not wish to participate.
- **Maintaining the confidentiality and anonymity of the minors and youth** under which School Directorates and student's parents were informed about the treatment of personal data of juveniles and that the data collected would be used only for research purposes respecting the principle of anonymity and confidentiality under the Privacy Protection Rule.

6. Results

Below are the main data, results and findings obtained from this research, which fulfill the various objectives proposed earlier.

Table 1: Descriptive Analysis. Frequency of body dissatisfaction

Body dissatisfaction dimension	Moderate		High	
	F	%	F	%
Total	100	83,3	20	17

According to the above table for recognizing the levels of body dissatisfaction of psychology students in the Department of Psychology, data revealed that regarding the body dissatisfaction variable, most of participants show normal levels of body dissatisfaction, which means that they present a perception of their body structure in accordance with their real physical image.

Table 2: Frequency levels of self-esteem dimensions

	Low		Moderate		High	
	F	%	F	%	F	%
Self-esteem dimensions						
Personal self-esteem	20	15,7	48	41	51	44
Social self-esteem	10	8,4	24	20	88	73
Family self-esteem	15	20,1	35	29	50	46
Academic self-esteem	13	11,1	26	21	80	70
Total	15	13	48	40	52	50

In identifying the level of self-esteem among students in the Department of Psychology in Tirana, it was found that most students show a high level of self-esteem especially in the Academic self-esteem (F=70%) and social self-esteem (F=73%). This indicator reveals that undergraduate students have strong communication skills, success in social and academic relationships, confidence in their skills and abilities, set real goals, and have high expectations and emotional self-control.

Analysis of Correlation

Kolmogorov-Smirnov test for One-sample Body dissatisfaction

H₀: The data fit a normal distribution

H₁: The data follows another type of distribution.

Given the importance of body dissatisfaction, we can conclude that the test gives a different distribution from the normal distribution.

Table 3: Body dissatisfaction normality test.

	One-sample Kolmogorov-Smirnov test		
			PGINS.C
N	120		
Normal parameters a,b		Mean	72
		Std	40,0001
Maxima extremis of differences		Absolute	,174
		Positive	,174
		Negative	-,170
Test Statistics		,173	
Asymptotic Sig.(Bilateral)		,000 c	

a. The test distribution is normal. b. As calculated from data. c. Lilliefors significance correction
 Given the importance of body dissatisfaction (p . 0.000), H_0 is rejected. Therefore, the data again fit a normal distribution model where non-parametric statistics are used.

Kolmogorov-Smirnov test for the dimension of Self-esteem

H_0 : The data fit a normal distribution

H_1 : The data follows another type of distribution.

Given the dimension of self-esteem, we can conclude that the test gives a different distribution from the normal distribution.

Table 4: Test of normality for the dimensions of self-esteem

One-sample Kolmogorov-Smirnov test		SB1A (Personal)	SB2A (Social)	SB3A (Domestic)	SB4A (Academic)	PGA
N		120	120	120	120	120
Normal parameters a,b	Mean	67	78	61	75	70
	Std	18,765	21,091	25,03	22,04	17,01
Maximum differences	Absolute	,147	,214	,170	,190	,150
	Positive	,104	,156	,115	,130	,081
	Negative	-,147	-,220	-,170	-,186	-,150
Test statistics		,147	,214	,170	,190	,150

Asymptotic Sig.(Bilateral)	,000 ^c	,000 ^c	,000 ^c	,000 ^c	,000 ^c	,000 ^c
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a. The test distribution is normal. b. As calculated from data. c. Lilliefors significance correction
 Given the significance for all dimensions of self-esteem (p .000), H_0 is rejected; therefore, it can be stated that the data adapt to another type of normal distribution, where non-parametric statistics are used.

The following table observes the negative correlation between each of the dimensions of self-esteem and body dissatisfaction, with a margin of error of 99%.

Table 5: Correlations between body dissatisfaction and self-esteem variables (Spearman rho)

Self-esteem	Body dissatisfaction
Personal	-,501***
Social	-,070
Family	-,335**
Academic	-,255**
General	-,530**

As a general purpose, to determine the relationship between body dissatisfaction and self-esteem level among Psychology students, a significant relationship is evident in '*a general body dissatisfaction and self-esteem (-0.530 **)*'.

According to the results, the correlation is inversely proportional. This means that as the level of self-esteem increases, the dissatisfaction of the body decreases, except for the dimension of social self-esteem. In terms of Coopersmith's theory of self-esteem (1976), we found that individuals with low self-esteem can affect the perception their own body as the subject perceives a real or desired image of their body appearance, so that different aspects of self-esteem are considered to influence in it.

In an analysis of the correlations between self-esteem and body-dissatisfaction we found that:
Personal self-esteem. There is a negative correlation between personal self-esteem and body dissatisfaction ($\rho = - ,501$; $p > 0.01$) as personal self-esteem is the assessment that the individual makes of himself and is related to his attitudes, behaviors, and perceptions regarding aspects such as his body image. By having high personal self-esteem, student's body dissatisfaction is less.

Family self-esteem. There is a significantly negative correlation between family self-esteem and body dissatisfaction ($\rho = -,335$; $p > 0.01$) because family self-esteem is the appreciation that the subject makes of himself in relation to the attitudes, he receives through the members of his family nucleus.

Academic self-esteem. There is a negative correlation between academic self-esteem and body dissatisfaction ($\rho = -,225$; $p > 0.01$) because academic self-esteem is the personal judgment that an individual makes and builds throughout his life in relation to how he considers his peers and academic performance. This perception has a clear influence on the way the person structures his body image in his cognition.

General self-esteem. There is a negative correlation between general self-esteem and body dissatisfaction ($\rho = -,530$; $p > 0.01$) because general self-esteem is the assessment, judgment, and evaluation that the individual makes about himself. General self-esteem also includes how the person judges his thoughts, feelings, and experiences and how this influence when acting in their areas of adjustment and shaping the perception of their body image.

7. Discussion

The current research aimed to explore the correlation between body dissatisfaction and self-esteem in students of the Department of Psychology in the University of Tirana. Regarding the first specific objective, it was possible to identify that the sample presents normal levels of body dissatisfaction, which means that they are consistent with their body structure, since it was found that 83.3% of the sample rate average body dissatisfaction. Regarding the specific secondary objective, it was identified that the level of self-esteem that is most present in the sample is high self-esteem, with the following percentages found: 50% of the sample has high general self-esteem, 44% have high personal self-esteem, 73% have high social self-esteem, 46% have high family/home self-esteem, and 70% have high academic self-esteem. These indices reveal a normal distribution with a high degree of self-esteem and consequently a moderate-low body dissatisfaction within students. In accordance with the results obtained from the descriptive and correlational statistical analyzes of the SPSS version 28 software, we found that, regarding the general objective, there is a significantly negative correlation between the research variables. As a final point, it is important to mention that, within Rho Spearman's correlation analysis, it was found that the only dimension that does not have a significantly negative relationship with body image dissatisfaction is the dimension of social self-esteem, given body dissatisfaction and levels of self-esteem a low correlation of ($\rho = -.070$; $p > 0.01$) was found. Results also revealed a negative correlation between personal self-esteem and body dissatisfaction ($\rho = -.501$; $p > 0.01$); a significantly negative correlation between family self-esteem and body dissatisfaction ($\rho = -.335$; $p > 0.01$) and a negative correlation between academic self-esteem and body dissatisfaction ($\rho = -.225$; $p > 0.01$). Our results are in line with other research which confirm that a variable such as dissatisfaction with the body structure image of a person is mostly influenced by factors external to the individual, such as the media and communication, social networks, female and male beauty stereotypes, previous experiences, etc (Taniguchi & Thompson, 2015; De Berardis, 2009; Mellor et al., 2008). These external factors generate greater impacts on the way in which the individual perceives his or her corporality, attributes emotional and/or sentimental factors and, in turn, the behaviors and/or behaviors that originate from this bodily perception.

8. Conclusions

In an exhaustive analysis of the respective results found from the responses of the research participants, it is possible to affirm that there is a significant negative correlation between the variables of body dissatisfaction and self-esteem in the students of the Department of Psychology of the University of Tirana. Our findings revealed that the higher the levels of self-esteem, the lower the levels of dissatisfaction with their body structure. Likewise, it is possible to conclude that the students are not greatly influenced by the choice of their career, nor by the social pressure that it has in the future to guarantee their success employment and hiring as they present high levels of self-esteem and levels of dissatisfaction.

Finally, social self-esteem is the dimension that least influences body dissatisfaction, given that there are external factors that generate a greater impact on this variable in the sample.

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