

## SELF-ESTEEM AND BODY ESTEEM AS PREDICTORS OF QUALITY OF LIFE IN EMERGING ADULTS

UDC 159.923.31

Mila Guberinić, Miljana Spasić Šnele

University of Niš, Faculty of Philosophy, Department of Psychology, Serbia

**Abstract.** *The main aim of this study was to determine whether the domains of quality of life can be predicted by the dimensions of body esteem (appearance, weight, attribution) and self-esteem (performance, social) in emerging adults. The Body Esteem Scale, The State Self-Esteem Scale and World Health Organization Quality of Life – Brief were applied. The sample consisted of 155 emerging adults - psychology students (133 females), aged 19 to 29 years ( $M=21.05$ ,  $SD=2.05$ ). The percentage of variance of the criterion variables (domains of quality of life) explained by predictor models ranges from 21.3 % for the environment to 58.6% for psychological health. The dimension of body esteem appearance is a statistically significant predictor of all domains of quality of life with positive  $\beta$  coefficients. Another significant predictor for domains of physical and psychological health is the dimension of self-esteem performance. In line with previous findings, the results of this study showed that the higher the self-esteem and the less the concern/dissatisfaction of individuals with their own body, the better the quality of life of these individuals.*

**Key words:** *quality of life, self-esteem, body esteem, emerging adults, students.*

### 1. INTRODUCTION

Quality of life is one of the concepts of positive psychology that has been attracting the attention of the scientific public for the past 50 years, especially in the fields of psychology, philosophy, sociology, and medicine (Bogdanović & Spasić Šnele 2018). According to The World Health Organization (WHO), quality of life can be defined as the individual's assessment of their position in life in the scope of culture and values, considering their goals, expectations, standards, and concerns (Nayir et al. 2016). It is associated with physical and mental health, level of independence, social relationships, personal beliefs, as well as the main characteristics of the environment in which the

---

Received August 21, 2023 / Accepted November 13, 2023

**Corresponding author:** Mila Guberinić

University of Niš, Faculty of Philosophy, Ćirila i Metodija 2, 18000 Niš, Serbia

E-mail: mila.guberinic@filfak.ni.ac.rs

individual lives. In the broadest sense, it can be said that quality of life is the subjective experience of one's own life determined by the objective circumstances in which a person lives, personality characteristics, and the specific life experience of each person (Vidanović et al. 2016). In the context of the aforementioned, it seems important to examine the quality of life of emerging adults and some of the personality characteristics that could play an important role in its preservation. This question is particularly significant considering the numerous challenges that people in this period face, since this is a time during which real-world adjustment sets the stage for lifelong well-being (Desjardins & Leadbeater 2017).

Emerging adulthood refers to the period of transition into adulthood i.e., it is a developmental phase between adolescence and adulthood focusing mainly on the ages of 18 to 29 (Arnett, 2000, 2007). This is a time when individuals tend to consider themselves too old to be adolescents, but not yet full-fledged adults (Reifman et al., 2007). Arnett et al. (2014) described five features of emerging adulthood: 1) the age of identity exploration – young people are deciding what kind of person to be, what kind of life to live, and what they want out of work, school, and love; 2) the age of instability – this is the most unstable period of life, whereby frequent changes in love relationships and work could be understood as a way of their identity exploration; 3) the age of self-focus – this is the time when people have the fewest daily social roles and obligations to others, so freed of the parent- and society-directed routine of school, young people try to decide what they want to do, where they want to go, and who they want to be with, before the constraints of marriage, children, and a career limit those choices; 4) the age of feeling in-between – many emerging adults say they are taking responsibility for themselves but still do not completely feel like adults, on the way to adulthood but not there yet; and 5) the age of possibilities – many emerging adults believe their future is bright, that they have a good chance of living well and better than their parents.

Enjoyment in their self-focused freedom from obligations and restraints, satisfaction in their progress toward self-sufficiency, and growing social cognitive maturity that enables them to understand themselves and others better than they did as adolescents have significant roles in improving the wellbeing and mental health of emerging adults (Arnett 2007). In line with that, numerous studies showed that for most, wellbeing improves during emerging adulthood (Galambos et al. 2006; Schulenberg & Zarrett 2006). However, some authors see this period as a period of elevated stress (Duffy et al. 2019; Halliburton et al. 2021), considering the many challenges emerging adults face and the various tasks grounded in identity exploration, instability, self-focus, feeling in-between adolescence and adulthood, and seeing the future as full of possibilities (Arnett 2007). Identity issues are prominent in emerging adulthood and sorting through them can generate anxiety (Arnett 2007). Facing increasing responsibilities, along with the access to more opportunities, compared to when they were adolescents, can result in heightened stress, thus reducing positive mental health (well-being) and increasing the risk of psychopathology (Halliburton et al., 2021), impairing their quality of life.

Several authors (Felce & Perry 1995; Cummins 2000) share the opinion that in explaining quality of life, in addition to objective measures as indicators of reality, it is necessary to include an experiential, subjective assessment of objective factors as well as personal development. Bearing in mind the developmental changes characteristic of this developmental phase, as well as previous findings (Olenik-Shemesh et al. 2018), our attention was focused on examining the roles that self-esteem and body esteem could play in the quality of life of emerging adults in Serbia. According to the available literature, not many studies have been done on this topic in our environment, thus this field is mostly under-researched.

Self-esteem is one of the personality variables that previous research has shown to be significantly associated with quality of life (Lucas et al. 1996), primarily in individualistic societies (Diener et al. 1999), and it is considered as one of the main predictors of young adults' well-being (Olenik-Shemesh et al. 2018). Self-esteem is defined as a positive or negative attitude toward oneself, referred to as an individual's global self-worth, and as an appreciation of oneself (Rosenberg 1965) and indicates the degree to which a person believes himself/herself to be significant and valuable (Coopersmith 1967). People with high self-esteem are less sensitive to failure and criticism because they do not perceive them as a threat. Such people can withstand stress more easily due to a sense of control and optimism, as well as faith in their abilities. Self-esteem can be taken as the primary indicator of an individual's positive adjustment (Todorović et al. 2009). On the other hand, low self-esteem may serve as a risk factor for depression and a decrease in one's sense of well-being (Olenik-Shemesh et al. 2018). Because many of the identity questions of youth extend into the period of young adulthood (Neff & Pittman 2010), one can assume that self-esteem plays an important role in emerging adults' sense of well-being.

Another important concept related to the quality of life is the experience of body image. Body image can be understood as a cumulative set of ideas, fantasies, emotions, attitudes and meanings that are associated with individual parts of the body and the body as a whole (Martinec 2008). Cash (1994) distinguishes three domains of body-image – evaluation, affect, and investment. Body-image evaluation refers to satisfaction-dissatisfaction with body appearance, which results from the perceived discrepancy of the current body image in relation to internalized ideals of body appearance. Closely related to the domain of evaluation, but not identical to it, is the affective domain i.e., the domain of emotional experiences arising as a result of the assessment (evaluation) of the body. The third component (cognitive-behavioral investment) implies how important appearance is to a person and, accordingly, patterns of behavior dedicated to improving physical appearance. Body esteem refers to the affective dimension of body image, which is based on evaluating one's body or appearance. Body esteem is a part of body image, the appearance domain of self-esteem, and thus one of the aspects of body image most closely related to personal identity (Nelson et al. 2018). Three aspects of body esteem are distinguished - acceptance of appearance, weight, and attribution. The appearance domain refers to general feelings about one's own appearance, the weight domain refers to satisfaction with one's own weight, and the attribution domain reflects a person's beliefs about how other people evaluate their body (Mendelson et al. 2001). Although weight esteem is a part of appearance esteem, feelings about one's appearance may differ from feelings related particularly to one's weight (Nelson et al. 2018). When it comes to the period of emerging adulthood, body esteem is an important aspect mainly due to the high importance placed on romantic relationships among young adults (Nelson et al. 2018; Olenik-Shemesh et al. 2018).

Previous studies on emerging adults showed that sense of well-being is correlated with self-esteem and body esteem, indicating the importance of these variables for an individual's sense of well-being (Olenik-Shemesh et al. 2018). When it comes to body image, the results showed that a good body image proved to be a predictor that improves quality of life in all subdomains. Similar results were obtained in the study done by Mond et al. (2013). The most notable finding was that body dissatisfaction was associated with marked impairment in various aspects of quality of life in a substantial portion of the participants.

### 1.1. The present study

The main goal of this study was to examine whether the dimensions of self-esteem (social and performance) and body esteem (appearance, weight, and attribution) are statistically significant predictors of the quality of life of persons during emerging adulthood. Accordingly, it was hypothesized that the dimensions of self-esteem and body esteem will represent significant predictors of the aspects of quality of life (physical, psychological, social, and environmental) of emerging adults.

## 2. METHOD

### 2.1. Participants

The research sample consisted of 155 emerging adults, psychology students, aged 19 to 29 years ( $M=21.05$ ,  $SD=2.05$ ), of which 133 were female and 22 were male.

### 2.2. Measurement

#### 2.2.1. The dependent variable

Quality of life is measured with the World Health Organization Quality of Life – Brief (WHOQOL, 1998). It contains 24 items to which the respondents give answers on a five-point scale, as well as two items concerning general subjective evaluation of quality of life. Quality of life is defined through four subscales/domains: 1) Physical (7 items) – activities, drug treatment, energy, mobility, presence of pain, quality of sleep, work capacity; 2) Psychological (6 items) – satisfaction with physical appearance, negative and positive emotions, self-confidence; 3) Social (3 items) – interpersonal relations, social support, sexual activity; 4) Environment (8 items) – financial resources, opportunities for recreation and leisure. The Cronbach  $\alpha$  (1951) for the Physical subscale is at a satisfactory level ( $\alpha = .808$ ) after removing item number 3 ("How much does physical pain prevent you from doing what you want?") and item number 4 ("How much medical treatment do you need to function in your daily life?"), as well as for the Psychological subscale ( $\alpha = .808$ ) after removing item number 26 ("How often do you have negative feelings such as sadness, despair, anxiety, depression?"), and also for the Environment ( $\alpha = .730$ ). The Social subscale almost has satisfactory reliability of internal consistency ( $\alpha = .611$ ) on the tested sample after removing item 21 ("How satisfied are you with your sex life?"). All of the items listed above were dropped to improve internal consistency reliability to at least an acceptable level (Cronbach 1951).

#### 2.2.2. Predictor variables

Self-esteem is defined through The State Self-Esteem Scale (SSES; Heatherton & Polivy 1991) – it contains 20 items that assess the respondents' self-esteem at a given time using a five-point scale. It measures three components of the state of self-esteem: Appearance (6 items), Social (7 items), and Performance (7 items). In this study, only the components of social adequacy and intellectual ability (Performance) will be used, given that the components of self-assessment of physical appearance are already included in the Body Esteem Scale (see below). Sample items include: "I feel confident about my abilities" (Performance); "I am worried about whether I am regarded as a success or

failure” (Social). The reliability of internal consistency of all the subscales on the examined sample is good (Cronbach  $\alpha$  is .849 for the Social and .832 for Performance subscales).

Body esteem is operationally defined with the Body Esteem Scale for Adolescents and Adults (BES; Mendelson et al., 1997). The instrument has three subscales: BE-Appearance (general feelings about appearance) – it consists of 10 items ( $\alpha = .904$ ), BE-Weight (weight satisfaction) – 8 items ( $\alpha = .896$ ), BE-Attribution (others' evaluations about one's body and appearance) – 5 items ( $\alpha = .642$ ). Sample items include: “I like what I look like in pictures” (BE-Appearance); “I am satisfied with my weight” (BE-Weight); “Other people consider me good looking” (BE-Attribution). Respondents state their degree of agreement with the statements using a five-point scale. Items that are not affirmative are reversed.

### 3. RESULTS

In order to test the proposed goals and hypothesis, a series of statistical procedures were performed. Firstly, descriptive statistics, then the correlation analysis between variables were performed, followed by several linear regression analyses.

**Table 1** Descriptive indicators

Variable	Min	Max	M	SD	Sk	Ku	K-S <sup>1</sup>
1 Physical health	8.00	25.00	18.80	3.48	-0.567	0.590	1.39*
2 Psychological health	7.00	25.00	19.28	3.29	-0.890	1.498	1.82**
3 Social relations	4.00	10.00	8.06	1.33	-0.615	0.343	2.60**
4 Environment	11.00	39.00	27.94	4.32	-0.560	1.547	1.03
5 Performance	8.00	35.00	27.52	5.11	-0.958	1.021	1.35
6 Social	7.00	35.00	27.97	5.57	-1.110	1.249	1.64**
7 Appearance	1.00	39.00	26.75	7.28	-0.915	1.188	0.92
8 Weight	0.00	32.00	20.67	6.82	-0.573	0.142	1.02
9 Attribution	1.00	20.00	11.19	3.33	-0.211	0.392	1.11

Note: <sup>1</sup>Kolmogorov-Smirnov Z; \*\*p<.01; \*p<.05

The distribution of majority of tested variables is normal (Table 1) so parametric statistics was used for the remaining analysis.

**Table 2** Pearson correlations between the dimensions of quality of life, dimensions of self-esteem, and body esteem

	1	2	3	4	5	6	7	8	9
1 Physical health	1								
2 Psychological health	.625**	1							
3 Social relations	.425**	.604**	1						
4 Environment	.603**	.507**	.455**	1					
5 Performance	.517**	.594**	.438**	.313**	1				
6 Social	.300**	.478**	.448**	.279**	.705**	1			
7 Appearance	.393**	.685**	.548**	.417**	.489**	.533**	1		
8 Weight	.271**	.452**	.389**	.276**	.353**	.327**	.736**	1	
9 Attribution	.180*	.341**	.272**	.133	.255**	.248**	.395**	.336**	1

Note: \*\*p<.01; \*p<.05

According to Table 2 it could be seen that physical health is positively correlated with performance, social self-esteem, and appearance body esteem (moderate correlations), as well with weight and attribution body esteem (weak correlations). Psychological health is positively correlated (moderate correlations) with performance and social self-esteem, as well as with all dimensions of body esteem (appearance, weight and attribution). Social relations are positively correlated with performance and social self-esteem, appearance, and weight body esteem (moderate correlations), as well as with attribution body esteem (weak correlation). Environment is positively correlated with performance self-esteem and appearance body esteem (moderate correlation), and correlations with social self-esteem and weight body esteem are positive and weak.

**Table 3** Results of the linear regression: the dimensions of self-esteem and body esteem as predictors of the dimension physical health

Predictors	$\beta$	p	Tolerance	VIF	Model Summary
<b>Performance</b>	<b>.54</b>	<b>.00</b>	0.49	2.06	R = .567, R <sup>2</sup> = .322, Adjusted R <sup>2</sup> = .298, F(5, 140) = 13.294, p = .000,
Social	-.20	.05	0.46	2.17	
<b>Appearance</b>	<b>.32</b>	<b>.01</b>	0.34	2.92	
Weight	-.09	.41	0.43	2.33	
Attribution	-.01	.85	0.83	1.21	

Statistically significant predictors of physical health are performance self-esteem and appearance body esteem, and the model explains 32.2% of the variance of the physical health aspect of quality of life (Table 3).

**Table 4** Results of the linear regression: the dimensions of self-esteem and body esteem as predictors of the dimension psychological health

Predictors	$\beta$	p	Tolerance	VIF	Model Summary
<b>Performance</b>	<b>.38</b>	<b>.00</b>	0.50	2.02	R = .766, R <sup>2</sup> = .586, Adjusted R <sup>2</sup> = .571, F(5, 140) = 39.655, p = .000,
Social	-.07	.41	0.47	2.14	
<b>Appearance</b>	<b>.60</b>	<b>.00</b>	0.35	2.86	
Weight	-.12	.16	0.44	2.25	
Attribution	.08	.16	0.85	1.17	

The prediction model explains 58.6% of the variance of psychological health, while statistically significant predictors of psychological health are performance self-esteem and appearance body esteem (Table 4).

**Table 5** Results of the linear regression: the dimensions of self-esteem and body esteem as predictors of the dimension social relations

Predictors	$\beta$	p	Tolerance	VIF	Model Summary
Performance	.14	.14	0.48	2.08	R = .604, R <sup>2</sup> = .365, Adjusted R <sup>2</sup> = .342, F(5, 143) = 16.41, p = .000,
Social	.14	.17	0.45	2.22	
<b>Appearance</b>	<b>.42</b>	<b>.00</b>	0.35	2.89	
Weight	-.03	.77	0.44	2.26	
Attribution	.04	.58	0.83	1.21	

The only statistically significant predictor of the social relations aspect of quality of life is appearance body esteem, and the prediction model explains 36.5% of its variance (Table 5).

**Table 6** Results of the linear regression: the dimensions of self-esteem and body esteem as predictors of the dimension environment

Predictors	$\beta$	p	Tolerance	VIF	Model Summary
Performance	.14	.21	0.48	2.07	R = .461, R <sup>2</sup> = .213, Adjusted R <sup>2</sup> = .185, F(5, 140) = 7.576, p = .000,
Social	.01	.94	0.45	2.21	
<b>Appearance</b>	<b>.45</b>	<b>.00</b>	0.34	2.93	
Weight	-.08	.47	0.44	2.28	
Attribution	-.07	.40	0.82	1.21	

The prediction model explains 21.3% of the variance of the environment aspect of quality of life, with physical appearance as the only statistically significant predictor (Table 6).

#### 4. DISCUSSION AND CONCLUSION

Emerging adulthood is a period in which individuals experience many changes in their sense of well-being caused, among other things, by going through different lifestyles, worldviews, and psychological states (Olenik-Shemes et al. 2018). During this period of life individuals are expected to make many divergent choices related to their career, work, romantic relationships, and worldviews that could potentially affect the rest of their life (Arnett 2000). Therefore, although many emerging adults experience improvements in well-being, this period is also considered a period of increased stress (Arnett 2007; Duffy et al. 2019; Halliburton et al. 2021), possibly impairing emerging adults' quality of life. Given this, it seems important to better understand the factors correlated with quality of life in order to create more effective preventive strategies aimed at protecting and improving the mental health of emerging adults. The aim of this research was to examine whether quality of life of emerging adults could be predicted on the basis of self-esteem and body esteem.

Considering the results obtained, it could be said that self-esteem and body esteem are important factors in prediction of quality of life of emerging adults in Serbia. Furthermore, the regression analysis showed that there are certain differences in the predictive value of dimensions of self-esteem and body esteem. More precisely, it was shown that both the performance aspect of self-esteem and the appearance aspect of body esteem were significant predictors of psychological and physical health, while only appearance body esteem was a significant predictor of social relations and environment. Previous studies have also shown that self-esteem and body esteem are of great importance for mental health (Kermode & MacLean 2001; Olenik-Shemes et al. 2018).

As previously mentioned, many significant changes happen during emerging adulthood related to one's career and romantic relationships and it is of great importance for the quality of life and mental health of an individual and how he/she deals with them. People with high self-esteem bear stress more easily due to a sense of control and optimism, as well as due to faith in their abilities (Todorović et al. 2009), which is reflected in their quality of life. They take on problem-oriented activities, while people with low self-esteem express a need for

support and feel sorry for themselves. Self-esteem is a very important construct for an individual's success in a wide variety of areas. Furthermore, self-esteem is correlated with behavior, goals, and coping mechanisms that facilitate success at work, school, and in relationships and reduce the risk of mental and physical health problems (Chung et al. 2014).

Based on the results obtained we could say that the idea of the key role of the self-acceptance of one's own physical appearance for the mental health of these students is supported. Body esteem serves as an important aspect during this period of life, largely because of the great significance attributed to romantic relationships among young adults (Nelson et al. 2018; Olenik-Shemesh et al. 2018). This result can also be explained by the importance of physical appearance in emerging adults and the value system in the cultural context. Internalizing the thin beauty ideal may lead to a perceived discrepancy between the desired and the actual body, low body esteem and low self-esteem, as well as depression and eating disorders, diminishing well-being (Olenik-Shemesh et al. 2018). Sanftner (2011) indicated a significant impact of body image and eating habits perception on the quality of life of Americans. Similar conclusions were made by Cox et al. (2010), emphasizing that individuals with greater body dissatisfaction are more prone to developing eating disorders and body dysmorphia, which can generally lead to a reduction in quality of life. On a large student sample, the results showed that students who are less worried about body shape/with less pronounced body dissatisfaction, who perceive themselves as competent in health-related behavior, who study successfully and do not consume drugs, have a better quality of life (Silva et al. 2018). Some other findings in this direction are those of Cox et al. (2011) and Kolodziejczyk et al. (2015) who assessed the relationship between some aspects of body image and quality of life in different samples and consistently verified that the greater the concern/dissatisfaction of individuals with their body, the poorer their quality of life. In a study on a large sample of Portuguese-speaking students, the results showed that women who are less concerned about their body shape, who eat less emotionally, perceive themselves as competent in managing their own health, study daily, have better expectations, study successfully and do not consume drugs due to the pressure of studies also have a better quality of life measured by the WHOQOL-Brief questionnaire (Silva et al. 2018). In the same study, on a sub-sample of male students, it was shown that students with less pronounced body dissatisfaction and cognitive restriction of food intake, who consider themselves competent in health-related behavior, who study regularly, have better expectations and are successful in their studies, and who do not consume drugs because of their studies, also have a better quality of life.

It is important to refer to the results that body esteem is a significant predictor for all aspects of quality of life, while self-esteem is a significant predictor of psychological and physical health. The results indicate that body esteem has a more important role, compared to self-esteem, when it comes to the aspects of quality of life that refer to social relations and the environment during the period of emerging adulthood. One of the possible explanations could be found in the characteristics of the developmental phase our respondents find themselves. On the one hand, relationships with peers and partners, with whom emerging adults spend their free time most often, are of great importance for emerging adults. On the other hand, they still largely invest in their body image, which represents an important source of self-evaluation in general and in the context of relationships with other people. Previous research showed that many aspects of body image correlate with social anxiety (Luqman & Dixit 2017) and dating anxiety (Swami et al. 2021) in youth. Therefore, previous, as well as the results obtained in our study, point to the importance



of further examination of the correlation between the experience of body image and relationships with others when it comes to the mental health of young people.

The results obtained should be considered in the light of some limitations of this study. Some of the limitations are primarily reflected in the characteristics of the sample. Namely, it consists only of psychology students, so in future research it would be important to include students from other faculties, as well as people who are in the period of emerging adulthood, but who are not university students. It would also be desirable to counterbalance the sample by gender and other sociodemographic variables such as place of residence, partner and work status. Another limitation is that the cross-sectional nature of the data means that causal inferences cannot be extrapolated from the findings. On the other hand, bearing in mind that this topic has insufficiently attracted the attention of researchers, not only in our environment but also around the world, the results obtained certainly represent a significant contribution to a better understanding of the mental health of emerging adults and the factors associated with it in Serbia. In addition, in previous research, the experience of body image attracted the attention of researchers to a small extent in the context of understanding quality of life. The findings of our study showed that body esteem is one of the most important predictors of quality of life. Its role must be further examined in order to gain more knowledge that could be relevant for preventive programs aimed at improving the mental health of individuals.

We believe that the results obtained will find their place in the development of preventive programs aimed at improving and preserving the mental health of emerging adults. This is particularly important, bearing in mind that choices made during this period related to one's career, work, romantic relationships, and worldviews could potentially affect the rest of their lives. Knowing that an important role in the quality of life is played not only by the level of self-esteem, but also by body esteem, provides the possibility of forming effective workshops that can encourage and promote the development of a positive image of oneself and one's body. Workshops could be aimed at promoting self-acceptance and self-nurturing, teaching young people to notice and appreciate different aspects of the self as whole and especially one's body, at the decontamination of unrealistic constructs of the body image, and at teaching emerging adults how to accept their body imperfections as well as strengths.

**Acknowledgements.** *Science Fund of the Republic of Serbia under Grant number 1568; Ministry of Science, Technological Development and Innovations of the Republic of Serbia under Contract No. 451-03-47/2023-01/ 200165; Faculty of Philosophy Niš (No. 300/1-14-6-01).*

## REFERENCES

- Arnett, J. J. "Emerging adulthood. A theory of development from the late teens through the twenties". *The American Psychologist* 55, 5 (2000): 469–480.
- Arnett, J. J. "Emerging adulthood: What is it, and what is it good for?". *Child development perspectives* 1, 2 (2007): 68–73.
- Arnett, J. J., R., Žukauskienė, & K. Sugimura. "The new life stage of emerging adulthood at ages 18–29 years: Implications for mental health". *The Lancet Psychiatry* 1, 7 (2014): 569–576.
- Bogdanović, A., & M. S. Šnele. "Postoji li razlika u procjeni kvalitete života između roditelja djece s teškoćama u razvoju i roditelja djece bez teškoća u razvoju: metaanaliza". *Ljetopis Socijalnog Rada* 25, 2 (2018): 249–271.
- Cash, T. F. "Body image: Past, present, and future". *Body image* 1 (2004): 1–5.
- Chung, J. M., R. W. Robins, K. H. Trzesniewski, E. E. Nofle, B. W. Roberts, & K. F. Widaman. "Continuity and change in self-esteem during emerging adulthood". *Journal of personality and social psychology* 106, 3 (2014): 469.

- Cox, T. L., W.B. Zunker, D.M. Thomas, and J. D. Ard. "Body Image and Quality of Life in a Group of African American Women". *Social Indicators Research* 9 (2010): 531–540. <https://doi.org/10.1007/s11205-010-9602-y>
- Cox, T. L., J. D. Ard, T. M. Beasley, J. R. Fernandez, V. J. Howard, and O. Affuso. "Body image as a mediator of the relationship between body mass index and weight-related quality of life in black women". *Journal of Womens Health (Larchmt)* 20, 10 (2011): 1573–8. <https://doi.org/10.1089/jwh.2010.2637>
- Cronbach, L. J. "Coefficient alpha and the internal structure of tests". *Psychometrika* 16 (1951): 297–334.
- Coopersmith, S. *The antecedents of self-esteem*. W. H. Freeman & Co., 1967.
- Cummins, R. A. "Objective and Subjective Quality of Life: an Interactive Model". *Social Indicators Research* 52 (2000): 55–72. <https://doi.org/10.1023/A:1007027822521>
- Desjardins, T., & B. J. Leadbeater. "Changes in parental emotional support and psychological control in early adulthood: Direct and indirect associations with educational and occupational adjustment". *Emerging Adulthood* 5, 3 (2017): 177–190.
- Diener, E., E. M. Suh, R. E. Lucas, & H. L. Smith. "Subjective well-being: Three decades of progress". *Psychological Bulletin* 125, 2 (1999): 276–302. <https://doi.org/10.1037/0033-2909.125.2.276>
- Duffy, M. E., J. M., Twenge, & T. E. Joiner. "Trends in mood and anxiety symptoms and suicide-related outcomes among U.S. undergraduates (2019)2007-2018: Evidence from two national surveys". *Journal of Adolescent Health* 65, 5: 590–598. <https://doi.org/10.1016/j.jadohealth.2019.04.033>
- Felce, D., & J. Perry. "Quality of life: Its definition and measurement". *Research in Developmental Disabilities* 16, 1 (1995): 51–74. [https://doi.org/10.1016/0891-4222\(94\)00028-8](https://doi.org/10.1016/0891-4222(94)00028-8)
- Galambos, N. L., E. T. Barker, & H. J. Krahn. "Depression, anger, and self-esteem in emerging adulthood: Seven-year trajectories". *Developmental Psychology* 42 (2006): 350–365.
- Halliburton, A. E., M. B. Hill, B. L. Dawson, J. M. Hightower, & H. Rueden. "Increased stress, declining mental health: Emerging adults' experiences in college during COVID-19". *Emerging Adulthood* 9, 5 (2021): 433–448.
- Kermode, S., & D. MacLean. "A study of the relationship between quality of life, self-esteem and health". *Australian Journal of Advanced Nursing* 19, 2 (2001): 33–40.
- Kolodziejczyk, J. K., K. Gutzmer, S. M. Wright, E. M. Arredondo, L. Hill, et al. "Influence of specific individual and environmental variables on the relationship between body mass index and health-related quality of life in overweight and obese adolescents". *Quality of Life Research* 24 (2015): 251–261. <https://doi.org/10.1007/s11136-014-0745-1> PMID: 24980678
- Lucas, R. E., E. Diener, & E. Suh. "Discriminant Validity of Well-Being Measures". *Journal of Personality and Social Psychology* 71 (1996): 616–628. <http://dx.doi.org/10.1037/0022-3514.71.3.616>
- Luqman, N., & S. Dixit. "Body image, social anxiety and psychological distress among young adults". *International Journal of Multidisciplinary and Current Research* 9, 1 (2017): 149–152.
- Martinec, R. "Slika tijela: pregled nekih interdisciplinarnih pristupa u edukaciji, dijagnostici, terapiji i rehabilitaciji". *Hrvatska revija za rehabilitacijska istraživanja* 7, 1 (2008): 105–118.
- Mendelson, B. K., M. J. Mendelson, & D. R. White. "Body-esteem scale for adolescents and adults". *Journal of personality assessment* 76, 1 (2001): 90–106.
- Mond, J., D. Mitchison, J. Latner, P. Hay, C. Owen, & B. Rodgers. "Quality of life impairment associated with body dissatisfaction in a general population sample of women". *BMC Public Health* 13, 1 (2013): 1–11.
- Nayir, T., E. Uskun, M. V. Yürekli, H. Devran, A., Çelik & R. A. Okyay. "Does body image affect quality of life?: A population based study". *PLoS one* 11, 9 (2016), e0163290.
- Neff, K. D., & M. Pittman. "Self-compassion and psychological resilience among adolescents and young adults". *Self and Identity* 9, 3 (2010): 225–240. <https://doi.org/10.1080/1529886090297930>
- Olenik-Shemesh, D., T., Heiman, & N. S. Keshet. "The role of career aspiration, self-esteem, body esteem, and gender in predicting sense of well-being among emerging adults". *The Journal of genetic psychology* 179, 6 (2018): 343–356. <https://doi.org/10.1080/00221325.2018.1526163>
- Reifman, A., J. J. Arnett, & M. J. Colwell. "Emerging adulthood: Theory, assessment and application". *Journal of Youth Development* 2, 1 (2007): 37–48.
- Rosenberg, M. *Society and the adolescent self-image*. Princeton University Press, 1965.
- Sanftner, J. L. "Quality of life in relation to psychosocial risk variables for eating disorders in women and men". *Eating Behaviors* 12 (2011): 136–142. <https://doi.org/10.1016/j.eatbeh.2011.01.003> PMID: 21385644
- Schulenberg, J. E., & N. R. Zarett. "Mental health during emerging adulthood: Continuity and discontinuity in courses, causes, and functions". In *Emerging adults in America: Coming of age in the 21st century*, edited by J. J. Arnett & J. L. Tanner, 135–172. APA Books, 2006.
- Silva, W. Rd., JADB. Campos, & J. Maroco. "Impact of inherent aspects of body image, eating behavior and perceived health competence on quality of life of university students". *PLoS ONE* 13, 6 (2018), e0199480. <https://doi.org/10.1371/journal.pone.0199480>
- Swami, V., C. Robinson, & A. Furnham. "Associations between body image, social physique anxiety, and dating anxiety in heterosexual emerging adults". *Body Image* 39 (2021): 305–312.

- Todorović, D., Lj. Zlatanović, S. Stojilković, & J. Todorović. "Povezanost perfekcionizma sa samopoštovanjem i depresivnošću kod studenata". *Godišnjak za psihologiju* 6 (2009): 173–184.
- Vidanović, S., V. Anđelković, A. Stojilković, D. Todorović. "The satisfaction/stressfulness of the family roles in the employed and unemployed inhabitants of Serbia in relation to socio-demographic variables". In *The Proceedings of the International conference – Theory and Practice in Psychology*, edited by V. Arnaudova & E. Sardzoska, 675–704. Faculty of Philosophy, 2016.

## **SAMOPOŠTOVANJE I PRIHVATANJE TELA KAO PREDIKTORI KVALITETA ŽIVOTA U ODRASLOM DOBU U NASTAJANJU**

*Osnovni cilj ovog istraživanja bio je da se utvrdi da li se domeni kvaliteta života mogu predvideti dimenzijama prihvatanja tela (izgled, težina, atribucija) i samopoštovanja (intelektualna sposobnost, socijalna adekvatnost) kod ispitanika u odrasloj dobi u nastajanju. Primijenjena je Skala prihvatanja tela, Skala aktuelnog samopoštovanja i Uptinik o kvalitetu života Svetske zdravstvene organizacije – kratka verzija. Uzorak je činilo 155 osoba u periodu produžene mladosti – studenata psihologije (133 žene), starosti od 19 do 29 godina ( $M=21.05$ ,  $SD=2.05$ ). Procenat varijanse kriterijumskih varijabli (domena kvaliteta života) objašnjenih prediktorskim modelima kreće se od 21.3% za okruženje do 58.6% za psihološko zdravlje. Dimenzija prihvatanja telesnog izgleda je statistički značajan prediktor svih domena kvaliteta života sa pozitivnim  $\beta$  koeficijentima. Drugi značajan prediktor za domene fizičkog i psihičkog zdravlja je dimenzija aktuelnog samopoštovanja intelektualna sposobnost. Rezultati našeg istraživanja pokazuju da što je veće samopoštovanje i manja briga/nezadovoljstvo pojedinaca sopstvenim telom, to je kvalitet života ovih osoba bolji, što je u skladu sa nalazima dosadašnjih istraživanja.*

*Ključne reči: kvalitet života, samopoštovanje, prihvatanje tela, odraslo doba u nastajanju, studenti.*