

Self-Objectification, Self-Esteem, Social Connectedness, Self-Compassion, and Depression: A Serial Mediation Analysis

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ABSTRACT

Background: Girls generally objectify their physical bodies by engaging in photoshoots, dressing in modern clothes, and applying beauty products, whereas boys generally objectify their physical bodies by driving for muscularity which is fulfilling through engaging in excessive exercises, and using steroids. Self-objectification is associated with several mental health issues especially eating disorders, appearance anxiety, body shame, depressive mood, and sexual dysfunction.

Objective: The present study assessed the mediating role of self-esteem, social connectedness, and self-compassion between self-objectification and depression.

Methods and Materials: The present study was conducted among 278 late adolescents ($M_{age} = 19.5$, $SD = 1.12$) at Amity University, Noida. A purposive sampling technique was used for data collection. The demographic profile, RSE, SOS, BDI-II, SCS-SF, and SCS-R measures were applied to collect the data. SPSS version 26 was used for descriptive statistics, and bivariate analysis, with SPSS Amos was used for path analysis, and mediational analysis.

Results: A positive and significant correlation was found between self-objectification and depression in late adolescent students. Self-objectification and depression were negatively associated with self-esteem, social connectedness, and self-compassion. The mediational pathways indicated that self-esteem, social connectedness, and self-compassion significantly mediated the relationship between self-objectification and depression.

Conclusion: The higher levels of self-esteem, social connectedness, and self-compassion weaken the relationship between self-objectification and levels of depression.

Keywords: self-objectification; self-esteem; social connectedness; self-compassion; depression

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INTRODUCTION

The self-objectification theory of Fredrickson and Roberts takes a starting point that cultural practices of sexually objectifying women are prevalent and possibilities for the female body to be on public display.¹ Self-objectification refers to the getting of a third-person perception of the self in which girls and women come to place greater importance on how they look to others rather than on how they feel or what they can do.¹ A considerable body of research has shown that women are targeted for sexually objectifying treatment in their day-to-day lives more often than men.¹⁻³ Indian women have undoubtedly experienced objectification for

thousands of years.⁴ Ancient Indian scriptures and architectural representations contain numerous examples of the sexual objectification of women. In contemporary times, the phenomena of self-objectification among females are obvious through the increased usage of software like Photoshop, the rise of the makeup industry, plastic and cosmetic surgery, and more.⁴ This is a common issue affecting females around the world and has significant negative effects on the identities of women.⁴⁻⁵

Although the objectification theory was initially developed with a focus on sexual objectification or physical objectification of women's experiences. However recently, research

has explored its relevance to investigating men's experiences as well. Research indicates that men generally receive feedback that their height, weight, muscle, and strength are more important than their actual potential and abilities.⁶ Moreover, self-objectification is associated with several negative consequences and various adverse mental health issues, especially eating disorders, appearance anxiety, body shaming, depressive mood, sexual dysfunction⁷⁻⁸, and physical health issues.⁹ However, there is still little data available to explain the protective factors of self-objectification and their effects, e.g., self-compassion.¹⁰ Hence, this research aims to determine a process that impacts positive mediators in the association between self-objectification and depression.

Self-objectification and Depression

World Health Organization (WHO) reported that depression is a complex mental health condition characterized by persistent feelings of sadness, loss of interest or pleasure, low or high appetite, insomnia or hypsomnia, low energy, low concentration, and in severe cases, thoughts of self-harm or suicide.¹¹ It is a common mental health disorder that is experienced across sexes, and social classes, with different ages in India and all over the world. Globally, the burden of depression is growing¹², and it was the third-largest contributor to disability in 2015.¹³ World Health Organization also, stated that it will be the second leading contributor to the global burden of disease in 2030. According to a survey of National Mental Health of India 2015-16, one in every 20 Indians suffers from depressive symptoms.¹⁴ In 2012, it is estimated that India had over 258, 000 suicides within the age group of 15-49 years.¹⁴ Women who had self-objectified themselves were more engaged in photo manipulation which leads to depressive mood.⁸ Similarly, Jones and Griffiths⁷ reported in their systematic review that increased levels of self-objectification have been positively associated with higher levels of depressive symptomatology.

A prospective analysis by Grabe et al.¹⁵ demonstrated that the relationship between self-objectification and depression was fully mediated

by body shame and rumination. In addition, the mediator analysis reported a direct relationship between self-objectification and depression.¹⁶⁻¹⁷ Impett et al.¹⁸, in their prospective analysis, have explored the extent to which changes in self-objectification across time predicted changes in depression symptoms. Both prospective studies and those with only a single time point indicated that higher levels of self-objectification were related to higher levels of depressive symptomatology among adolescents.

Self-esteem as a Mediator

Previous research has shown that greater dissatisfaction with one's physical appearance is related to a compromised view of one's more general sense of self-worth—typically measured in terms of self-esteem.¹⁹ According to the sociometer hypothesis, self-esteem is a reflection of people's subjective appraisals of their value in interpersonal relationships.²⁰ As a result, those with low self-esteem may perceive themselves as less valuable to others, making it challenging for them to initiate social relationships²¹ and higher social avoidance.²² People with low self-esteem were found to have greater engagement in self-objectification than people with high self-esteem.²³ Consequently, higher engagement in self-objectification leads to greater mental health difficulties, such as depression, disordered eating, and appearance anxiety.²⁴⁻²⁸ Guo and Wu²⁹ examined the mediating role of self-esteem and appearance comparison in the relationship between self-objectification and social avoidance among 262 Chinese middle adolescents within an age range of 14 to 17 years. They found that a positive relationship was found between self-objectification and social avoidance, which is further mediated by self-esteem and appearance comparison. They also stated that girls with greater levels of self-objectification were more likely to compare their physical appearance to others, which in turn, was associated with lower self-esteem, and subsequently related with higher social avoidance. There is limited literature available to explain the mediating role of self-objectification and self-esteem. In the process, we found that self-esteem would be a potential mediator between self-objectification and depression.

Social Connectedness as a Mediator

Social connectedness has been identified as “a perception of persistent interpersonal connection with the larger social world” as a whole.³⁰ In simple terms, it demonstrates how related individuals perceive the broader social world in which they live, including both relationships and society at large. Social connectedness is assumed to arise as an outcome of developmental events, including attachment between parents and children early on, followed by peer interactions and affiliation with a group, with positive interactions leading to a larger sense of social interconnectedness.³¹ Someone high in social connectedness is likely to “experience deeply connected” with other people, easily connect with others, see others as friendly and approachable, and be involved in social groups and activities.³⁰ In addition, one’s sense of social connectedness is assumed to be enduring and is unlikely to be significantly affected by the loss of a friendship or expulsion from a group.³¹

Moreover, social connectedness is the degree to which a person feels a sense of belongingness, attachment, relatedness, togetherness, or entrenchment in their social interactions. Thus, rather than referring specifically to certain social interactions, it is more about one’s subjective attitudes and feelings about oneself in the social setting.³² According to Ashida and Heaney³³, social connectedness may be more crucial for the health of both younger and older adults, and higher levels of social connectedness put people closer to their social networks and increase the likelihood that they will feel secure doing so. Sarwar et al.³⁴, and Weziak-Bialowolska et al.³² suggested that social connectedness might play a significant role in developing and managing psychological stress and depressed mood. Social connectedness positively affects both physical health and mental health. However, there has been limited literature available that will explain the mediating effects of social connectedness in the relationship between self-objectification and depression. The mediating the beneficial effects of social connectedness on mental health, social connectedness may act as a preventative against

mental health outcomes such as loneliness, anxiety, depressive mood, and depression.

Self-compassion as a Mediator

According to Neff³⁵ and Raes et al.³⁶, self-compassion is the capacity to accept oneself with kindness or reveal self-directed kindness while enduring adversity. Our self-compassion traits are made up of multiple interconnected components, including self-kindness, common humanity, and mindfulness.³⁵ It is defined as a kind, tolerant, and non-judgmental attitude toward one’s pain and flaws. In addition, it can be considered as a safeguard against unpleasantness in general feelings. For instance, enhanced self-compassion enabled participants in emotional processing to recognize their contribution to an awful life experience without feeling overwhelmed by negative emotions.³⁶ Self-compassion is one of the positive psychological traits that are correlated with various mental health issues, including anxiety³⁷, depression³⁸, and stress³⁹, and it may have a positive impact during the COVID-19 pandemic.⁴⁰

Mehr and Adams⁴¹ investigated the mediating role of self-compassion between maladaptive perfectionism and depressive symptoms in 358 students of both genders from two midsize public universities in the northeastern United States. They reported that self-compassion partially mediated the relationship between maladaptive perfectionism and depressive symptoms and self-compassion was negatively associated with both maladaptive perfectionism and depressive symptoms. Similarly, Galvin et al.⁴² conducted a study to examine the mediating role of self-compassion between autistic traits and depressive symptoms in the general population (age range of 18-51 years) of 164 university students of both genders in the West Midlands of the UK. They found that self-compassion partially mediated the relationship between autistic traits and depressive symptoms and self-compassion worked as a protective factor. Hence, previous studies have indicated that self-compassion may be a suitable mediator for mitigating the negative correlation between self-objectification and depressive symptoms.

Why Serial Mediation Analysis?

As we show previous studies supported the idea of the mediational effect of self-esteem, social connectedness, and self-compassion. However, there is a question if there is a serial mediational effect present between self-objectification and depression via self-esteem, social connectedness, and self-compassion. Some studies reported that self-esteem and social connectedness are interrelated with each other.⁴³ One study correlational study reported that social connectedness and one's self-esteem are strongly related to each other.³¹ The meta-analytic study by Harris and Orth⁴⁴ suggested that the relationship between self-esteem and social connectedness is consistently reciprocal to all developmental stages across the lifespan. In addition, studies have suggested that self-esteem and social connectedness help in reducing the prevalence of mental health problems.⁴⁵ It is furthermore supported by the theories of sociometry²⁰ and contingencies of self-worth⁴⁶ which have revealed self-esteem is a base for social connectedness. The sociometry theory also claims that self-esteem functions as sociometry to help a person's search for admiration and kindness. Moreover, the literature has suggested that persons who are low in self-esteem are more likely to encounter psychological issues such as lower social connectedness, anxiety, loneliness, despair, and rage.

Rehman et al.⁴⁷ conducted a serial mediational analysis to examine the mediational effect of social connectedness and self-esteem among 478 Chinese male adolescents. They reported that the serial mediational effect of both social connectedness and self-esteem significantly and positively mediated mindfulness and well-being. On the other hand, self-compassion is consistently related to the well-being of individuals.⁴⁸ Scholarly investigations reported that there is a strong relationship between social connectedness and self-

compassion.³⁰ Moreover, Bloch⁴⁹ reported that self-compassion and all of its subscales are strongly associated with social connectedness whereas isolation negatively predicts social connectedness. Those having a greater tendency toward self-compassion were more likely to report establishing interpersonal relationships with others, participating in more disclosure, and offering greater emotional support to others.

Objectives: The main objective of the present study was as follows -

The current study examines self-esteem, social connectedness, and self-compassion as protective factors between self-objectification and depression among both male and female participants in late adolescence. To our knowledge, the present study is the first study to integrate self-objectification, self-esteem, social connectedness, self-compassion, and depression. Although previous have examined the relationship between self-objectification and depression, there is limited literature available that has included protective factors to eliminate the relationship.

Major Hypotheses of the present study –

H1: Higher self-objectification more positively predicted depressive symptoms among adolescents.

H2a: Self-esteem will be a protective mediator between self-objectification and depression.

H2c: Social connectedness would be a protective mediator variable between self-objectification and depression.

H2b: Self-compassion would act as a protective mediator between self-objectification and depression.

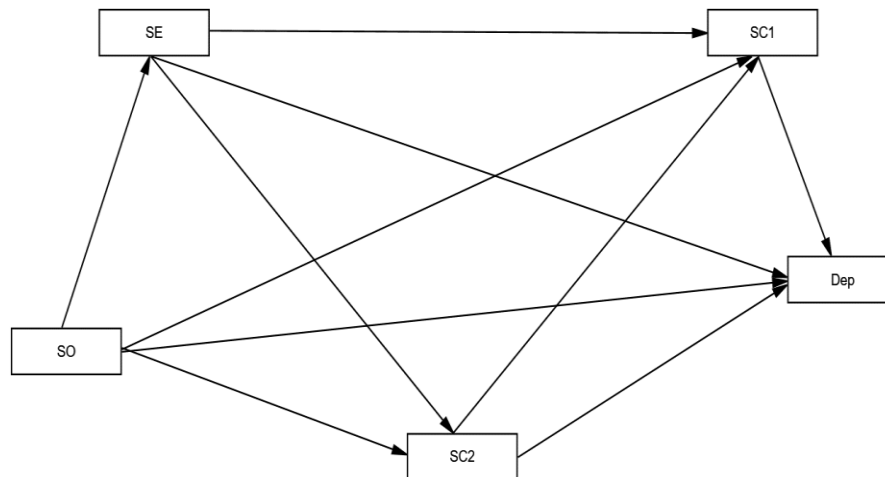


Fig.1 Hypothesized conceptual model predicting depression. Lines indicate both direct and indirect effects.

METHODS

Participants

The data were collected through the self-reported inventory using offline modes. The researchers selected the undergraduate and post-graduate classrooms and selected the participants ($n = 278$; ages 18-21, $M_{age} = 19.5$; $SD = 1.12$) who were recruited from Amity University, Noida. Among them, 50.7% were boys and 49.3% were girls, and the sexual orientation of participants classified into four categories homosexual 31 (11.2%), heterosexual 175 (62.9%), Bisexual 68 (24.5%), and unidentified 4 (1.4%). Participants were excluded from analyses due to missing and incomplete data ($n = 5$). The mean self-reported BMI (Body Mass Index) was 21.36 ($SD=2.17$), which falls within the normal range World Health Organisation.⁵⁰ The participant's body mass index (BMI; kg/m^2) was calculated from their height and weight. In the present study, we analyzed the effect of BMI, results indicated no significant effect, which may be due to the normal range. In addition, we examined the moderating role of sexual orientation and gender which revealed no significant effect on the present model.

Measures

Self-Objectification

The degree of self-objectification was assessed using the Self-Objectification Scale.⁵¹ Participants scored 15 items using a Likert-based 5-point scale

(1 ~ being strongly disagreed, and 5 ~ being strongly agreed). For example, "How my body looks will determine how successful I am in life" and "Being physically attractive will determine how many friends I have". High scores are a sign of increased self-objectification. Scores are averaged and range from 1 to 5. The internal consistency of SOS was .82.

Self-Esteem

Self-esteem was measured by using Rosenberg's self-esteem scale which is a 4-point (strongly agree to strongly disagree).¹⁹ The RSE consists of ten items (for example, "I do not feel I have much to be proud of", and "At times, I think I am no good at all"). The higher score indicates higher self-esteem and the internal consistency of RSE was .92.

Self-Compassion

Self-compassion was assessed with a self-compassion short-form scale.³⁶ It consisted of 12-item and each item was rated on a five-point Likert scale (0 ~ Almost never to 5 ~ Almost always) to assess how often you treat yourself kindly and caringly in tough life situations. The scale has comprised six subsets with an overall internal consistency with an alpha of .86.

Social Connectedness

Social Connectedness Scale-Revised was used to assess social connectedness.³⁰ It has a total of 20 items, participants were rated on 1 to 6 (1 ~

strongly disagree and 6 ~ strongly agree). For example, "I feel distant from people" and "I can connect with other people". Higher scores indicate a higher sense of social connectedness with others. The internal consistency of the SCS-R was satisfactory with an $\alpha = .85$.

Depression

The Beck Depression Inventory-II is a 21-item self-report measure that has been used to assess the depression levels of participants.⁵² The participants were rated on a 4-point scale (e.g., 0 = I don't feel sad, 3 = I am so sad or unhappy that I can't stand) with an alpha of $\alpha = .88$.

Procedure

The participants for this study were selected using purposive sampling techniques, allowing for the deliberate and strategic recruitment of individuals who met the specific criteria relevant to the research objectives. This approach ensured that the sample was closely aligned with the study's objective and goals. To ensure that the questionnaire was targeted at the appropriate age group, we requested individuals falling within the age range of 18 to 21 years to raise their hands. Following their responses, we proceeded by presenting a consent form to those willing to

participate in the study, and a feedback form was also provided to gather their experiences and comments.

Ethics

Before the distribution of questionnaires among the students, we first asked about their interest in participating in the research. A preliminary introduction was provided to them, outlining the study's objectives and assuring them that all ethical protocols prescribed by Helsinki would be adhered to.

Participation of students was voluntary and they could withdraw from the research whenever they desired to. The researchers were debriefed about the research's aims and objectives. Confidentiality and anonymity of participants were maintained. Participants were asked to be as honest as possible in answering the questions.

RESULTS

The Pearson 'r' correlations (presented in Table 1) among selected variables were performed through the SPSS 26.⁵³ The correlation value indicated that self-esteem was negatively associated with both self-objectification and depression in late adolescent students.

Table 1

Descriptive Statistics and Pearson 'r' among selected variables in the present study.

	Mean (SD)	1	2	3	4	5
1. SO	43.19 (9.56)	1	-.41***	-.23***	-.23***	.42***
2. SE	21.92 (6.70)	-.41***	1	.40***	.23***	-.43***
3. SC2	26.83 (11.79)	-.23***	.40***	1	0.09	-.45***
4. SC1	45.76 (10.25)	-.23***	.23***	0.09	1	-.32***
5. Dep	35.21 (10.72)	.42***	-.43***	-.45***	-.32***	1

Note: SO = Self-Objectification, Dep = Depression, SE = Self-Esteem, SC2 = Social Connectedness, SC1 = Self-Compassion, * Correlation is significant at $p < .05$, **Correlation is significant at $p < .01$, ***Correlation is significant at $p < .001$, SD = Standard Deviation.

Path Analysis

We performed a path analysis to examine the proposed hypothesis in Figure 2 using IBM SPSS

23.⁵⁴ Maximum likelihood estimation was used to estimate parameters. Model fit indices reported that the model was a good fit with the value of

normative model $\chi^2/df = 2.13$ (less than 3 is considered indicative of a good fit), The Steigler-Lind root mean square error approximation (RMSEA) value with its 90% percent confidence interval was 0.059 (considered to be good fit and

values up to 0.08 are considered to be adequate fit).⁵⁵ The comparative fit index (CFI) and Tucker-Lewis Index (TLI) were found to be an adequate fit with the values of .942 and .935.

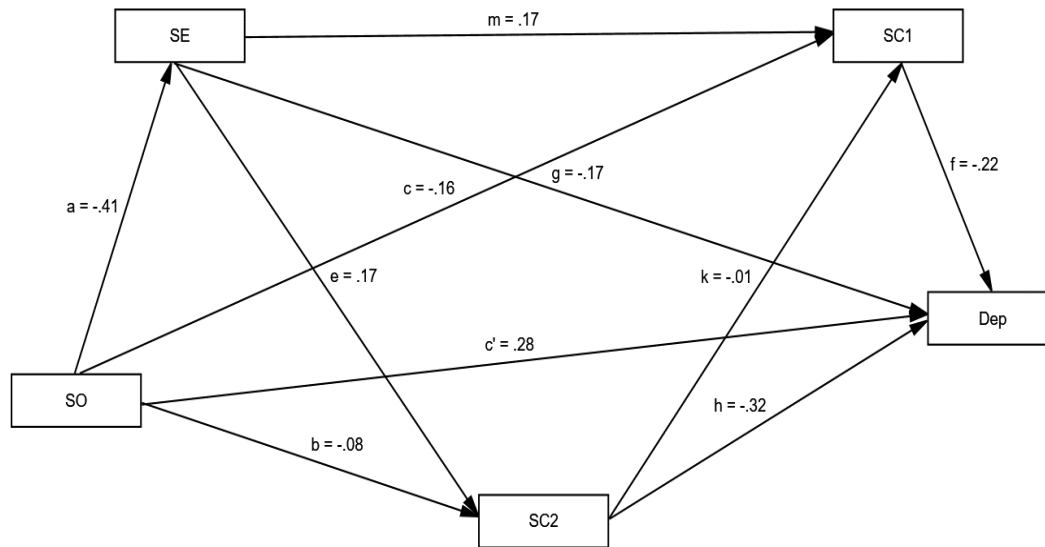


Fig. 2 Shows the directional and indirection effects.

Table 2

Direct and Indirect Effects with Standard Error (SE) in Parentheses with 95% Confidence Intervals.

Pathways	Direct Effect		Indirect Effect	
	Std.	95% CI	Std.	95% CI
SO → SE	-.408 (.049)	-.353, -.218		
SO → SC2	-.083 (.067)	-.257, .068		
SO → SC1	-.158 (.065)	-.308, -.032		
SO → Dep	.231 (.065)	.116, .403		
SE → SC2	.367 (.057)	.448, .847		
SE → SC1	.172 (.073)	.047, .486		
SE → Dep	-.165 (.062)	-.455, -.067		
SC2 → SC1	-.014 (.061)	-.116, .093		
SC2 → Dep	-.315 (.055)	-.387, -.190		
SC1 → Dep	-.202 (.050)	-.309, -.106		
SO → SE → SC2			-.150 (.030)	-.214, -.096
SO → SE → SC2 → SC1			-.067 (.030)	-.129, -.010
SO → SE → SC2 → SC1 → Dep			.186 (.037)	.114, .260
SE → SC2 → SC1			-.005 (.023)	-.050, .041
SE → SC2 → SC1 → Dep			-.149 (.030)	-.213, -.096
SC2 → SC1 → Dep			.003 (.013)	-.022, .028

Note: SO = Self-Objectification, Dep = Depression, SE = Self-Esteem, SC2 =Social Connectedness, SC1 = Self-Compassion, Unstd = Unstandardized Effect, and Std. = Standardized Effect.

We used the bootstrap technique through the SPSS Amos software to conduct mediational analyses.⁵⁶ The bootstrap technique is a robust method that doesn't rely on the assumption of a normal sampling distribution. It offers a balanced approach, effectively addressing both Type I error and statistical power concerns when compared to alternative methods.⁵⁷⁻⁵⁸ Following the guidelines recommended by Preacher and Hayes⁵⁹, we drew 5000 bootstrap samples from the dataset. These samples were used to calculate indirect and direct effects, as well as bias-corrected 95% CIs. A key criterion for determining the significance and meaningfulness of the mediation effect is whether the confidence interval contains zero. If the confidence interval does not encompass zero, it provides evidence that the effect is statistically significant.⁵⁹

The results reported in Table 2, indicated that there were significant direct effects for all pathways except two pathways, self-objectification to social connectedness and social connectedness to self-compassion. In addition, there were significant indirect effects from self-objectification to social connectedness via self-esteem, self-objectification to self-compassion via self-esteem with social connectedness, and self-objectification to depression via self-esteem, social connectedness, with self-compassion. Moreover, self-esteem to depression via social connectedness and self-compassion were significant.

DISCUSSION

Our findings indicated that higher self-objectification is associated with higher levels of depression among both boys and girls (H1). This is consistent with other studies demonstrating self-objectification's link to mental health outcomes, such as depression, disordered eating, appearance anxiety, and other adverse mental health issues.⁸ Regarding the indirect effect of self-esteem, our results suggested that higher self-esteem was negatively associated with depression. This supports the vulnerability model, which posits that low self-esteem can lead to depression, as individuals with low self-esteem are more likely to develop depression due to

negative and derogatory beliefs about themselves and a lack of coping resources.²⁷ As predicted, self-esteem mediates the relationship between self-objectification and depression. Individuals with low self-esteem associated with higher levels of self-objectification of both genders, tend to constantly monitor their bodies and they are more likely to compare their physical appearance to others to maintain society's ideal standards (H2a). The distance between real physical appearance and ideal physical appearance leads to negative self-evaluation and thus they tend to experience low self-esteem. In addition, we found that higher self-esteem is negatively associated with depression, which strongly supports the vulnerability model. This is consistent with the extant literature in this perspective, suggesting that interventions in boosting self-esteem may have beneficial outcomes in mental health.²⁵

Similarly, social connectedness played a complementary mediating role in the relationship between self-objectification and depression (H2c), which aligns with the findings of Ashida and Heaney.³³ Social connectedness is particularly crucial for both younger and older adults' health, and higher levels of social connectedness can foster feelings of security within social networks, thus acting as a protective factor against depression. Furthermore, our study supported the idea that high self-compassion is negatively associated with depression.⁶⁰ The pathways, such as self-objectification to depression via self-esteem, self-compassion, and social connectedness lead to lower levels of depression. These indirect effect findings are consistent with previous studies by Sick et al.⁶¹, and Liss and Erchull.⁶² Consistent with previous studies our study found that higher social connectedness is an important mediator for reducing depressive symptoms that developed through self-objectification. For example, a recent study by Liu et al.⁶³ examined the role of the different domains of social connectedness on depression in the effects of COVID-19. They found that adolescents who were lonelier during the pandemic had greater levels of depression both before and throughout the pandemic in both genders. Hence, a sense of social connection is a

protective factor against poor mental health. It fosters positive feelings among the people and they share their thoughts feelings, emotions, and different types of ideas and receive social support through social connectedness.⁶⁴

Moreover, we found that self-compassion is an important mediator of the serial pathway of self-objectification to depression via self-esteem, and self-compassion (H2b). The present study supported the idea that high self-compassion may lower the levels of depressive symptoms but a high level of self-objectification is negatively associated with self-compassion.⁶⁵ Murray et al.⁶⁶ conducted a study to test a serial mediation model using variables such as attachment style, thought suppression, self-compassion, and depression. they reported that greater attachment avoidance predicted greater thought suppression and greater thought suppression predicted lower levels of self-compassion, which was subsequently associated with greater levels of depression. In addition, our study supported that high self-compassion is beneficial for reducing distress among people of both genders. Additionally, the serial mediation model suggested that self-esteem, social connectedness, and self-compassion serially mediated the relationship between self-objectification and depression. To the best of our knowledge, this is one of the first studies verifying self-compassion's complex roles in the association between self-objectification, self-esteem, social connectedness, and depressive symptoms. The findings extend previous research by disclosing the mediating mechanisms underlying the association between self-objectification and depressive symptoms in the Indian population.

Limitations and Future Suggestions

However, it is essential to acknowledge the significant limitations of this study. Relying solely on self-report measures may not be ideal, as they are subjective, and observer-rated measures might offer different results. Additionally, the large sample size may contribute to discovering numerous modest but significant associations. Controlling for demographic characteristics that may influence self-reported self-objectification and depression, such as age, gender, sexual orientation, marital

status, living place, and body color, could be beneficial. Despite these limitations, this study provides valuable insights into the various mediators of self-objectification and depression and contributes to understanding the link between self-objectification, self-esteem, social connectedness, self-compassion, and depression. Future research should explore alternative conceptualizations and measures of self-objectification and investigate additional pathways through which self-esteem, social connectedness, and self-compassion may influence the outcome variables. Observational studies, especially those using observed rather than self-reported measures, would be valuable in providing alternative perspectives on self-objectification and depression. While our findings suggest that focusing on self-esteem and self-compassion may help reduce the consequences of self-objectification on depressive symptoms, further clinical studies are needed. Interestingly, the magnitude of the link between self-esteem and depression was comparable to the link between self-objectification and self-esteem. This could suggest that self-objectification and low self-esteem might be equally useful predictors of other outcomes linked with depression. Because researchers have tended to focus primarily on self-esteem as a mediator, it is unclear whether self-esteem similarly mediates negative mental health outcomes highlighted by objectification theory, such as appearance anxiety and sexual dysfunction disorder. Studying the relative functions of these mediators simultaneously in future studies examining various mental health outcomes would enhance our understanding of the potential processes linking greater self-objectification with poorer mental health. Intervention studies and outcome monitoring should determine whether targeting self-esteem, social connectedness, and self-compassion in psychotherapy improves treatment outcomes for individuals experiencing self-objectification-related issues and how this may relate to other factors.

CONCLUSION

In the current study investigating self-objectification among both men and women, we found that greater self-objectification predicted higher levels of depression. However, the relationship between self-objectification and depression was mediated by self-esteem, social connectedness, and self-compassion in a

complementary manner. The mediators examined in this study, including self-esteem, social connectedness, and self-compassion, were negatively associated with self-objectification and depression. This suggests that higher levels of social connectedness, self-esteem, and self-compassion weaken the relationship between self-objectification and levels of depression.

Finally, we conclude that self-objectification is linked to higher levels of depression, but the complementary mediation effect of used mediators influences this relationship. However, the specific pathways and mechanisms of self-esteem, social connectedness, and self-compassion interact and influence depression may vary. The presence of stronger social connections, self-esteem, and self-compassion seems to mitigate the impact of self-objectification on depression, suggesting potential protective factors against its negative consequences.

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