

Original Article

Body Shaming as a Predictor of Self-Blaming Among Adolescents

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Abstract. Body shaming is a prevalent issue among adolescents and is associated with negative psychological outcomes. This study aimed to examine the predictive effect of body shaming on self-blaming among vocational high school students. A quantitative predictive correlational design was employed, involving 820 students. Data were analyzed using simple linear regression. The results showed that body shaming significantly predicted self-blaming ($\beta = 0.146$, $p = 0.039$). The correlation coefficient ($R = 0.346$) indicated a weak to moderate relationship, while the coefficient of determination ($R^2 = 0.321$) revealed that body shaming accounted for 32.1% of the variance in self-blaming. These findings contribute to the literature by highlighting the role of body shaming in shaping maladaptive self-evaluative processes. Practically, the results emphasize the importance of school-based interventions to reduce body shaming and strengthen adolescents' self-concept to mitigate negative psychological outcomes.

Keywords: Body Shaming, Self-Blaming, Adolescents, Vocational Students

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Introduction

Education is an effort and plan to help students develop their physical and spiritual potential so that they can grow up and fulfill their responsibilities in life independently. This achievement before adulthood is known as adolescence. Adolescence is a period when a person transitions from childhood to adulthood. Adolescence is sometimes viewed as an extension of childhood before adulthood (Ermis, 2025). Adolescence is not only characterized by exploration and experimentation but also by vulnerability to risky behavior, which can lead to various negative actions. Adolescence is often classified as a problematic age related to adolescents who are searching for their identity (Nasution & Simanjuntak, 2020). Adolescents usually try to find something new that they have never done before. This can lead to internal conflicts and contradictions, which can manifest physically; this can be seen in weight gain and changes in body size (Rizki et al., 2023). When adolescents experience physical changes, they are expected to accept and value themselves, including their physical strengths and weaknesses, even if these changes do not align with the ideal standards expected by their environment. The demands placed on individuals by their environment often lead them to blame themselves (self-blaming; Nurhaeni et al., 2025)

Self-blaming is a way in which a person deals with problems by blaming and punishing themselves for what has happened. Guilt is an emotional state that arises when an individual evaluates specific behaviors that have led to failure. Guilt is a negative emotion that is usually characterized by negative self-evaluation due to inability in a certain area (Osborne et al., 2023). Self-blaming has two tendencies: blaming oneself for one's character and blaming oneself for one's behavior. Self-blaming is an emotional process that reinforces beliefs about one's shortcomings, causing individuals to feel depressed by their negative thoughts and lose the desire to move forward (León-moreno & Suárez-relinque, 2023).

Self-blaming is considered one of the maladaptive coping mechanisms due to the numerous negative effects it causes. Self-blaming has an impact on increasing PTSD, making individuals more susceptible to the emergence of PTSD symptoms or other forms of psychological stress that can lead to revictimization (Raz et al., 2023). Excessive self-blaming can result in decreased self-esteem, feelings of helplessness, and a poor mood. Self-blaming is influenced by several factors. The first factor is unrealistic expectations; unrealistic expectations or overly high standards can sometimes cause someone to feel like a failure and ultimately blame themselves. The second factor is traumatic experiences or events that trigger feelings of guilt, which can reinforce a person's tendency to blame themselves. The third factor is bullying. Fitriyanti et al. (2024) state that individuals involved in bullying are generally young people who want to demonstrate dominance over others. They achieve this through various actions such as threats, insults, physical attacks, or constant coercion. Furthermore, Fitriyanti et al. (2024) also state that body shaming, as a form of verbal bullying, is correlated with an increased risk of poor mental health issues such as impaired self-esteem and low life satisfaction. Bullying behaviors involving comments about peers, such as calling someone "fat," "acne-faced," or comparing one person's height to another's, constitute body shaming. The existence of societal ideals often serves as the basis for body shaming, which is intended to humiliate or mock physical appearance.

Body shaming, according to Sa'adah (2023), is criticism directed at someone based on their body shape, size, or appearance. The effects of body shaming, whether through words or actions, can disrupt comfort and have negative consequences for the person being targeted, such as a lack of self-confidence, feelings of insecurity, and a desire to become ideal (Sakinah, 2018). Body shaming occurs for a reason or due to underlying factors. According to Putri & Lessy (2022), the factors behind body shaming are 1) the existence of beauty standards as a form of social control, 2) the perception that body shaming is normal and a common joke, 3) applying one's own beauty standards to others, and 4) a lack of awareness of the impact of body shaming on others.

According to a survey included in the 2020 ZAP Beauty Index report, approximately 62.2% of women in Indonesia have experienced body shaming at some point in their lives. Of this number, 47% of respondents experienced body shaming because their bodies were considered too curvy, while 36.4% experienced body shaming due to acne-prone skin. Additionally, 28.1% of respondents were victims of body shaming because of their round faces, and 23.3% because of their dark skin. Meanwhile, 19.6% of respondents were subjected to body shaming because they were considered too thin (Wiliyana & Nuryadi, 2024). According to WHO in 2021, around 720,000 people worldwide died by suicide each year. Suicide rates are higher among younger people. Suicide is associated with various mental disorders, such as depression. Symptoms of depression, such as feeling useless, hopeless, or despairing, are risk factors for suicide. As many as 55% of people experience cognitive distortions such as self-criticism due to body shaming, leading to self-blame (Fitri, 2023).

Previous studies have increasingly examined the impact of body shaming on adolescents' psychological well-being, particularly in relation to self-esteem, anxiety, and body dissatisfaction. Recent research indicates that body shaming is a common phenomenon among adolescents and is associated with various negative psychological outcomes, including anxiety and reduced self-evaluation (Fitriani et al., 2024; Riyanto & Musfirowati, 2025). Furthermore,

a comprehensive review by [Deviantony et al. \(2024\)](#) highlights that body shaming contributes significantly to psychological distress, emotional problems, and unhealthy coping behaviors among adolescents. More recent empirical studies also show that body shaming is closely linked to maladaptive psychological responses. For instance, [Cerolini et al. \(2024\)](#) found that body shaming and internalized weight bias can act as precursors to more severe psychological conditions, such as eating disorders. Similarly, [Novotný et al. \(2025\)](#) demonstrated that exposure to online body shaming is associated with various maladaptive cognitive-emotional responses, including avoidance behavior, somatization, and other problematic coping patterns. However, despite the growing body of literature on body shaming and its psychological consequences, limited studies have specifically examined body shaming as a predictor of self-blaming. Most existing research tends to focus on broader psychological outcomes such as anxiety, self-esteem, or eating disorders, rather than exploring how individuals internalize negative social evaluations into self-directed blame. Moreover, although adolescents are frequently studied as a vulnerable group, research focusing on specific educational contexts, such as vocational high school students, remains scarce. This indicates a significant gap in understanding how body shaming contributes to self-blaming as a maladaptive coping mechanism within this particular population. Therefore, this study aims to address this gap by examining the role of body shaming as a predictor of self-blaming among vocational high school students. Therefore, this study aims to examine the role of body shaming as a predictor of self-blaming among vocational high school students. This study also seeks to provide insights into its implications for school counseling practices.

Method

This study employed a quantitative research design using a correlational approach. The correlational approach allows researchers to investigate the degree and direction of association between two or more variables without manipulating them ([Sugiyono, 2023](#)). In this study, the design was used to analyze the relationship between body shaming as the independent variable and self-blaming as the dependent variable. By applying statistical procedures, this approach enables the identification of patterns of association as well as the extent to which one variable may predict changes in another.

Participants

The participants in this study consisted of 820 vocational high school students enrolled in a secondary education institution. The sample was composed of 51% female students and 49% male students, reflecting a relatively balanced gender distribution. The students were drawn from different grade levels (Grades 10–12) and represented various academic majors within the vocational education track. The age of participants ranged from 15 to 18 years, corresponding to the typical developmental stage of middle to late adolescence.

Sampling Procedures

Participants were recruited through a vocational high school teachers' association network, which facilitated access to students across multiple schools. The sampling process was conducted online, and the survey link was distributed by teachers to eligible students within their respective institutions. Although a probability-based approach was intended to provide equal participation opportunities, data collection relied on voluntary responses from students who met the inclusion criteria. Prior to data collection, informed consent was obtained electronically, and participants were informed about the purpose of the study, confidentiality of responses, and their right to withdraw at any time without consequences. The use of an online

survey platform enabled broader outreach and efficient data gathering across different vocational secondary education settings. The relatively large sample size enhances the statistical power of the study and strengthens the potential generalizability of the findings within the context of vocational secondary education.

Instrument

Data collection in this study used a questionnaire technique with a Likert scale covering two main instruments: The body shaming scale was adapted from the Objectification Theory framework proposed by [Fredrickson & Roberts \(1997\)](#) which emphasizes the role of external and internal body evaluation. The self-blaming scale was based on [Janoff-Bulman \(1979\)](#) conceptualization of self-blame, which distinguishes between characterological and behavioral self-blame. Body Shaming assesses two aspects: External Body Shaming and Internal Body Shaming, with 29 items, while Self Blaming assesses two aspects: Shame and Guilt, with 15 items. Each item in this scale has two types of statements with four response options: Strongly Agree (SA), Agree (A), Disagree (D), and Strongly Disagree (SD). Each item in this scale has one type of statement, which is only a supportive statement.

In the instrument development process, validity plays a fundamental role because it relates to the accuracy and validity of the test in reflecting the variables being studied. The higher the validity, the more accurately the instrument describes the phenomenon being measured ([Syahputra et al., 2025](#)). Prior to the main data collection, a pilot study was conducted to examine the psychometric properties of the instruments. Internal consistency reliability was assessed using Cronbach's alpha coefficient. The body shaming scale demonstrated strong reliability ($\alpha = 0.85$), while the self-blaming scale showed excellent reliability ($\alpha = 0.91$), both exceeding the recommended threshold of 0.70. Construct validity was examined using exploratory factor analysis (EFA). The Kaiser–Meyer–Olkin (KMO) measure of sampling adequacy yielded values of 0.88 for the body shaming scale and 0.90 for the self-blaming scale, indicating meritorious sampling adequacy. Bartlett's Test of Sphericity was statistically significant ($p < 0.001$), confirming that the data were suitable for factor analysis. Factor loadings ranged from 0.56 to 0.82 for body shaming items and from 0.60 to 0.87 for self-blaming items, exceeding the minimum acceptable loading of 0.50.

Item-total correlation coefficients ranged between 0.48–0.76 for body shaming and 0.52–0.81 for self-blaming, indicating satisfactory item discrimination. Additionally, Composite Reliability (CR) values were 0.89 for body shaming and 0.93 for self-blaming, while the Average Variance Extracted (AVE) values were 0.58 and 0.64 respectively, exceeding the recommended threshold of 0.50. These results confirm adequate convergent validity and strong internal consistency. Overall, the findings indicate that both instruments demonstrated robust psychometric properties and were suitable for subsequent regression and correlational analyses.

Data Analysis

Data were analyzed using simple linear regression analysis with the assistance of SPSS version 22 was conducted to determine whether body shaming significantly predicted self-blaming. Pearson correlation analysis was also conducted to examine the strength and direction of the relationship between variables. The level of statistical significance was set at $p < 0.05$. The coefficient of determination (R^2) was calculated to assess the proportion of variance in self-blaming explained by body shaming. Additionally, standardized beta coefficients (β) were examined to evaluate the strength of the predictive relationship. This analytical procedure enabled a comprehensive examination of both the association and predictive effect between the study variables.

Results and Discussions

The results of the variable (X) research are Body Shaming with a minimum value of 41, a maximum value of 92, a standard deviation of 9.820, and an average of 65.00. Meanwhile, for the variable (Y) Self Blaming, the results obtained are a minimum value of 30, a maximum value of 60, a standard deviation of 4,558, and an average of 45.58.

Table 1. Frequency distribution and percentage of Body Shaming (X)

Interval	Category	f	%
≥ 98	Very High	0	0
81-97	High	215	26,2
64-80	Moderat	286	34,9
47-63	Low	319	38,9
46	Very low	0	0
Total		820	100

Based on Table 1, which presents the frequency distribution and percentage of body shaming levels among 820 respondents, it can be observed that the majority of students fall within the low to moderate categories. Specifically, 319 students (38.9%) were categorized as having low levels of body shaming, while 286 students (34.9%) were in the moderate category. Additionally, 215 students (26.2%) experienced high levels of body shaming. Notably, no respondents were classified in the very high or very low categories. These findings indicate that although extreme levels of body shaming were not reported, a substantial proportion of students experience body shaming at moderate to high levels, suggesting that body-related negative experiences remain a prevalent issue within the adolescent population studied. These scores were then used as the basis for determining the categorization of Self-Blaming data presented in Table 2.

Table 2. Frequency distribution and percentage of *Self Blaming* (Y)

Interval	Category	f	%
≥ 52	Very High	235	28,7
43-51	High	327	39,9
34-42	Moderat	237	28,9
25-33	Low	22	2,7
24	Very low	0	0
Total		820	100

Based on Table 2, which presents the frequency distribution and percentage of self-blaming levels among 820 respondents, the findings indicate that self-blaming tendencies are generally high among students. A total of 327 students (39.9%) were categorized in the high level, followed by 235 students (28.7%) in the very high category. Meanwhile, 237 students (28.9%) were classified as having moderate levels of self-blaming. Only a small proportion of respondents fell into the low category (22 students or 2.7%), and none were categorized as very low. Overall, these results suggest that a considerable majority of students exhibit elevated levels of self-blaming, highlighting a strong tendency toward negative self-evaluation within the studied population.

Based on Table 3, the coefficient of determination results show that the correlation coefficient (R) is 0.346, indicating a positive relationship between body shaming and self-blaming. Although the strength of the relationship can be categorized as weak to moderate, it suggests that increases in body shaming are associated with increases in self-blaming tendencies.

The R Square value of 0.321 indicates that 32.1% of the variance in self-blaming can be explained by body shaming. This means that body shaming contributes substantially to predicting self-blaming behavior, while the remaining 67.9% of the variance is influenced by other factors not examined in this study. The Adjusted R Square value of 0.316 shows a slight adjustment after considering the sample size and number of predictors, confirming that the model maintains good explanatory power.

Table 3. Results of the Determination Coefficient Test

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	,346 ^a	,321	,316	5,018

Additionally, the standard error of the estimate (5.018) reflects the average deviation of observed self-blaming scores from the predicted values, indicating an acceptable level of prediction accuracy. Overall, these findings suggest that body shaming has a meaningful and statistically relevant contribution to self-blaming among vocational high school students. After both prerequisite tests were met, a simple linear regression test was conducted. The results of the simple linear regression analysis to answer the research hypothesis were obtained using SPSS ver. 25, as presented in Table 4.

Table 4. Simple Linear Regression Test Results

Model		Coefficients ^a		Standardized Coefficients	t	Sig.
		Unstandardized Coefficients	Std. Error			
1	(Constant)	42,244	2,431		17,38	,000
	X	,077	0,037	0,146	2,08	,039

a. Dependent Variable:
Y

Based on Table 4, the results of the analysis involving 820 vocational high school students indicated a significance value of 0.039, which is lower than the established alpha level of 0.05. This finding demonstrates that a statistically significant relationship exists between body shaming and self-blaming. Accordingly, the alternative hypothesis (H_a) is supported, while the null hypothesis (H_o) is rejected. These results suggest that body shaming significantly predicts self-blaming among vocational high school students, indicating that higher levels of body shaming are associated with increased tendencies toward self-blaming.

Simple linear regression was performed to determine the significance of the correlation coefficient between body shaming and self-blaming. To measure the significance of the correlation coefficient, the following simple regression analysis formula was used:

$$\hat{Y} = a + bX$$

Therefore, the regression equation is $42.244 + 0.077X$. This regression formula shows that for every one-point increase in body shaming, the value of self-blaming will increase by 0.077. The regression coefficient is positive, indicating that the effect of the body shaming variable on self-blaming is positive. These findings suggest that body shaming significantly predicts self-blaming; however, the effect size is relatively modest, indicating that other factors may also contribute to self-blaming.

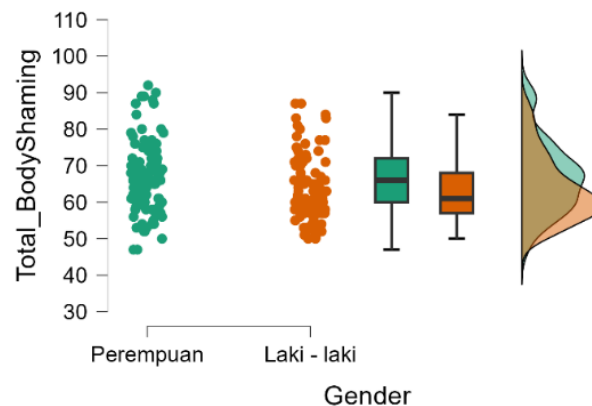


Figure 1. Body Shaming Scores Based on Gender

The image above shows a comparison of total body shaming scores based on gender. Women generally have higher body shaming scores than men, with most scores falling between 65 and 85. Conversely, men tend to have lower body shaming scores, with most scores concentrated between 55 and 70. This indicates that women experience body shaming to a greater extent than men.

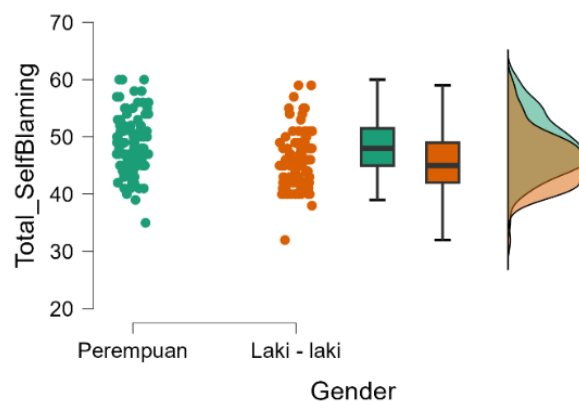


Figure 2. Self-Blaming Scores Based on Gender

The figure above shows a comparison of total self-blaming scores based on gender. The graph shows that the average self-blaming score for women is higher than that for men. Most women have scores between 50 and 60, while men tend to have lower scores and a more spread-out distribution. Figure 2 shows that female students tend to experience higher levels of body shaming than male students. These findings align with research conducted by [Faisyah & Syahputra \(2025\)](#), which also reported higher levels of body shaming among female adolescents. This similarity may be explained by stronger societal beauty standards imposed on females, making them more vulnerable to appearance-based evaluations. These findings indicate a higher vulnerability among females to experience body shaming, suggesting that they may experience it with greater intensity and frequency. These findings align with previous research that has demonstrated the complex relationship between body image and gender ([Duarte & Gouveia, 2017](#)). The results of this study thus support the idea that women may face more significant challenges in terms of body image and self-esteem, with a high prevalence of body shame in this gender group.

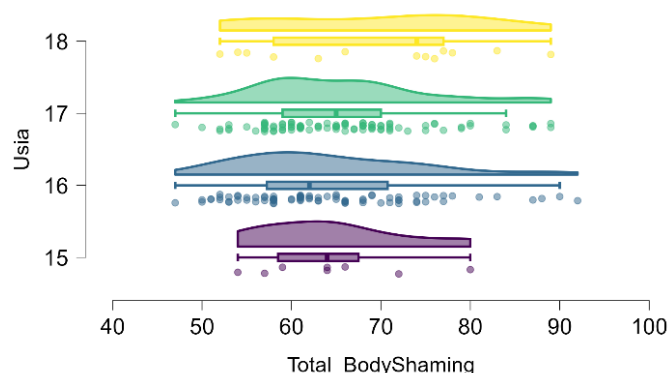


Figure 3. Body Shaming Score by Age

The image above shows a comparison of total body shaming scores based on age. The 15-year-old age group shows high body shaming scores, with a dense distribution of data around 60-70. The 16- and 17-year-old age groups still show high levels of body shaming with a wider distribution of values. The 18-year-old age group shows relatively low scores, although still in the moderate to high range. The results indicate that younger adolescents (15–16 years old) are more vulnerable to body shaming behaviors or experiences, which may stem from peer pressure or dissatisfaction with body image.

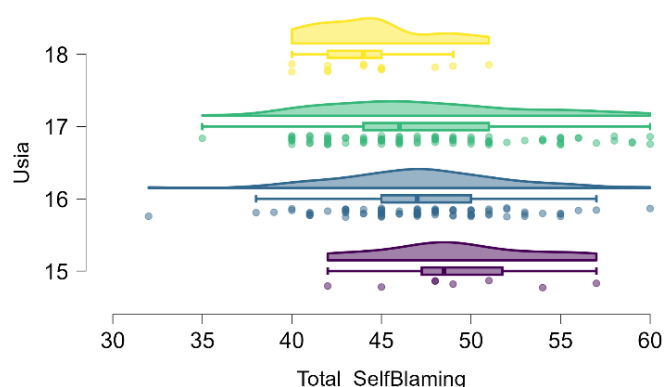


Figure 4. Self Blaming Scores by Age

The figure above shows a comparison of total self-blaming scores by age. The 15-year-old age group again shows relatively high self-blaming scores and a narrow score distribution (around 45–55), indicating that at this age, most adolescents exhibit a strong tendency to blame themselves. The 16-year-old age group shows greater variation in self-blaming scores, although the average score remains fairly high. The 17- and 18-year-old age groups show scores that tend to decrease, with a narrower score distribution and a lower median value. The results indicate that younger ages tend to have higher self-blaming scores. This is likely due to emotional instability and identity exploration, which are common during early adolescence.

These findings suggest that body shaming significantly predicts self-blaming; however, the effect size is relatively modest, indicating that other factors may also contribute to self-blaming.

This relationship can be explained through a psychological mechanism in which repeated exposure to body shaming leads adolescents to internalize negative external evaluations (Hariyati et al., 2022). Over time, these evaluations are transformed into negative self-perceptions, causing individuals to attribute negative experiences to their own perceived shortcomings, which ultimately manifests as self-blaming.

From a cognitive theory perspective, repeated negative feedback related to physical appearance may form maladaptive thought patterns, such as negative automatic thoughts and cognitive distortions, which increase the tendency toward self-blaming. This aligns with the cognitive theory proposed by Aaron T. Beck, which explains that repeated negative experiences can form dysfunctional cognitive schemas and give rise to cognitive distortions such as overgeneralization and personalization (Beck, 2008). Furthermore, empirical research also shows that exposure to negative body evaluations is associated with increased negative automatic thoughts and self-blame tendencies (Neff, 2003; Webb & Zimmer-Gembeck, 2014).

Additionally, self-concept theory suggests that adolescents who frequently receive negative evaluations about their appearance may develop a negative self-concept, making them more likely to engage in self-blaming. This concept aligns with Carl Rogers's view, which emphasizes that self-concept is formed through social interactions and environmental evaluations (Rogers, 1959). When individuals consistently receive negative evaluations, they tend to internalize these views into a negative self-concept. This condition then increases vulnerability to self-blaming because individuals associate negative experiences with personal flaws they believe are inherent to themselves (Harter, 2012; Marsh & Craven, 2006).

The analysis results show that younger age is a factor influencing the level of self-blaming and body shaming among adolescents. The younger the adolescent, the higher the tendency to blame oneself and engage in body shaming experiences. This study aligns with Fauzy & Putri's (2021) research, which states that most junior high school students have moderate levels of body shaming behavior, with 30 respondents (60%) out of 50 respondents. Unbeknownst to many, body shaming often occurs in daily life. Although this behavior does not have physical consequences, body shaming falls under verbal bullying (Fauzy & Putri, 2021). One factor that can influence body shaming is age. In the study by Pramesuari et al. (2024), nearly half of the respondents who experienced body shaming were 14 years old, with 58 respondents (34.7%), followed by 13 respondents aged 15 years (32.9%).

A study conducted by Nafingah & Suroso (2020) stated that bullying victims were more common at age 13 with nine respondents (30%) and 15 years old with nine respondents (30%). During this adolescent period, they focus on appearance, so adolescents often feel anxious about physical changes that occur when those changes are not proportional. Adolescents tend to feel insecure when their body shape and size are considered not ideal according to the standards prevailing in their environment (Tatirah & Mukharomah, 2019). From this explanation, it can be concluded that there is a positive correlation between body shaming and self-blaming. This provides an understanding that body shaming is a behavior that requires special attention so that self-blaming behavior does not increase among students and encourages them to always be confident. The effect of body shaming on self-blaming can cause trauma. If this is not dealt with immediately, the trauma will cause individuals to always experience fear and feel that they have no self-esteem.

Implications

The findings of this study indicate a significant positive relationship between body shaming and self-blaming among adolescents. This suggests that higher exposure to body shaming is associated with greater tendencies toward negative self-evaluation. These results highlight the importance of fostering supportive social environments that minimize appearance-

based criticism and derogatory communication. Preventive efforts should focus on promoting respectful interpersonal interactions and increasing awareness of the psychological consequences of body-related ridicule. Educational institutions, families, and communities play a crucial role in monitoring peer dynamics and encouraging positive body image development. By strengthening awareness and preventive strategies, it is possible to reduce the risk of maladaptive self-blaming tendencies among adolescents.

Conclusions

This study provides empirical evidence that body shaming significantly predicts self-blaming among vocational high school students, highlighting its role as a meaningful, albeit modest, contributor to maladaptive self-evaluative processes. The relatively modest effect size suggests that while body shaming is an important predictor, self-blaming is a multifaceted construct influenced by additional psychological and social factors.

From a theoretical perspective, these findings extend existing literature by demonstrating that body shaming not only affects general psychological well-being but also specifically contributes to self-blaming through internalization processes. This supports cognitive and self-concept frameworks, which propose that repeated negative external evaluations can be internalized into negative self-perceptions, ultimately shaping maladaptive coping responses among adolescents.

From a practical standpoint, the findings emphasize the need for targeted interventions within educational and counseling settings. School counselors and educators should develop preventive and interventive programs that address body shaming behaviors, promote positive body image, and strengthen students' self-concept and emotional regulation skills. Implementing psychoeducational programs, peer-support initiatives, and counseling strategies may help reduce the negative psychological impact of body shaming and prevent the development of self-blaming tendencies.

Despite its contributions, this study has several limitations. First, the use of a non-probability sampling technique limits the generalizability of the findings. Second, the cross-sectional design restricts the ability to infer causal relationships. Third, the study relies on self-report measures, which may be subject to response bias.

Future research is recommended to employ longitudinal or experimental designs to better understand causal mechanisms between body shaming and self-blaming. Additionally, incorporating variables such as self-esteem, social comparison, and emotional regulation may provide a more comprehensive model. Expanding the sample across different educational contexts, cultural backgrounds, and age groups would also enhance the generalizability and depth of understanding of this phenomenon.

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