

## **Body Self-Image, Bullying Experiences, Psychological Distress, and Metacognitive Awareness among College-Going Students**

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### **Abstract**

**Background:** College students deal with psychosocial stresses that come from interacting with others, how they feel about their bodies, and schoolwork. These stressors can make them more likely to get depressed, anxious, and stressed. Metacognitive awareness may help safeguard people, but its link to mental health problems, body image issues, and bullying is still not well understood in Indian college students.

**Objective:** To evaluate and contrast body self-image, experiences of bullying, depression, anxiety, stress, and metacognitive awareness between male and female college students, and to investigate the correlations among these characteristics.

**Method:** A cross-sectional comparison study was done with 600 college students (300 males and 300 females) aged 18 to 25 from a university in North India. Participants filled out standardized tests that measured their metacognitive awareness, psychological distress, body image, and how they saw teasing. Independent sample t-tests were used to look at differences between men and women, while Pearson's correlation coefficients were used to look at relationships.

**Results:** Female students were far more aware of their own thinking in general, especially when it came to planning and managing conditions. Male students said they were much more depressed, anxious, and worried about their bodies than female students. There were no major variations between men and women in how stressed they were or how they felt about being teased. Correlation analysis revealed that body self-image problems, bullying experiences, depression, anxiety, and stress were positively associated with one another, while metacognitive awareness showed significant negative associations with all these variables.

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**Conclusion:** The findings reveal distinct gender-related patterns in metacognitive functioning, psychological distress, and body self-image among college students, and highlight metacognitive awareness as a potential protective factor. Adding metacognitive-based therapies to college mental health services could help with sadness, anxiety, and body image issues that are more common in women.

**Keywords:** Body image, bullying, sadness, anxiety, stress, metacognitive awareness, college students.



## Introduction

The transition to college is an important time in a person's life when they face more academic challenges, new social situations, and higher aspirations for independence. During this time, young adults are especially likely to feel depressed, anxious, or stressed. These challenges can adversely impact academic performance, interpersonal connections, and long-term mental health consequences (Qiu et al., 2020; Tandon, 2020). Bullying and peer victimization are major psychosocial stresses that last long into adolescence and continue to affect people in their early twenties. Empirical research demonstrates that exposure to bullying correlates with several negative emotional and behavioral consequences, including depressive symptoms, anxiety, diminished self-esteem, substance usage, and suicidal ideation (Nansel et al., 2001; Gladstone et al., 2006). These consequences may persist throughout adulthood, underscoring the necessity of regarding bullying as a significant public mental health issue among college populations. Self-image of the body is intimately linked to how you interact with your peers and how you deal with teasing. Young adults with a negative body image had consistently greater levels of sadness, anxiety, and stress. Body image research has mostly looked at women in the past, but new

evidence shows that male students also have serious body image issues, especially when it comes to their weight, fitness, and how they look, which may lead to mental health problems (Gladstone et al., 2006). More and more people are talking about metacognitive awareness, which is the ability to keep track of, control, and judge your own thinking processes. This is because it can affect how well you can control your emotions and how strong your mind is. People who are more metacognitively aware are better at coping with stress and less likely to get depressed or anxious. Randomized controlled trials have shown that metacognitive therapy can help reduce symptoms of depression. This shows how important metacognitive processes are for mental health (Callesen et al., 2020).

In the Indian setting, numerous studies have indicated a significant incidence of depression, anxiety, and stress among college and medical students, highlighting the necessity for early identification and preventive measures (Chakraborty et al., 2024; Raja et al., 2022). Furthermore, population-level studies conducted during times of significant social stress, exemplified by the COVID-19 pandemic, have underscored the necessity of fortifying mental health systems and incorporating screening and intervention services for young adults (Choudhari, 2020; Qiu et al., 2020; Singh, 2021). More and more study is being done on psychological discomfort, bullying, and body image, but these factors are frequently looked at separately. There is still a paucity of comprehensive study examining the interplay between cognitive characteristics, such as metacognitive awareness, and emotional distress and peer experiences among college students, especially in Indian contexts. Additionally, gender-based comparisons are still limited, even though there is evidence that men and women cope with stress, express their feelings, and control their thoughts in different ways.

Given these deficiencies, the current study sought to evaluate and compare body self-image, experiences of bullying, depression, anxiety, stress, and metacognitive awareness among male and female college students. Understanding these connections may help colleges and universities create focused, evidence-based mental health programs.

**Psychological Distress among College-Going Students:** Psychological distress in the form of depression, anxiety, and stress is widely reported among college-going students across cultures. Large-scale epidemiological studies have demonstrated that young adults experience heightened vulnerability to mental health problems due to academic pressure, social transitions, and uncertainty about future prospects (Qiu et al., 2020). Research conducted during the COVID-19 pandemic further highlighted an increase in emotional distress among student populations, emphasizing the need for early identification and intervention (Tandon, 2020).

Indian studies have reported comparable trends, with a substantial proportion of college and medical students exhibiting clinically significant levels of depression, anxiety, and stress. (Raja et al. 2022) found elevated psychological distress among undergraduate medical students in South India, while Chakraborty et al. (2024) reported similar findings among medical students and interns in Kolkata. These findings underscore psychological distress as a significant public health concern within Indian higher education settings.

**Bullying and Peer Victimization:** Bullying and peer victimization have been consistently associated with adverse mental health outcomes. Nansel et al. (2001) found that people who are bullied or bully others have more emotional and behavioral problems, such as depression and anxiety. Studies that follow people over time and look at them at one point in time have revealed that bullying can have long-lasting effects on mental health and social functioning (Gladstone et al., 2006). Recent studies show that bullying is still common in late teens and early twenties, even in academic environments. Experiencing peer victimization has been associated with heightened stress, emotional dysregulation, and maladaptive coping mechanisms. These results show how important it is to look at bullying outside of school and how it affects the mental health of college students.

### **Body Self-Image and Psychological Well-Being**

Body self-image is a complex concept that includes how people see and judge their own physical appearance. A negative body image has been closely linked to depression, anxiety, stress, and lowered self-esteem. Research has shown that making fun of someone's looks and comparing yourself to others can make young people very unhappy with their bodies (Gladstone et al., 2006). Previous studies primarily concentrated on female cohorts; however, current findings reveal that male students also grapple with considerable body image issues, especially with physical fitness, weight, and aesthetic standards. These concerns may heighten susceptibility to psychological discomfort and exacerbate negative self-evaluative processes during the collegiate period.

### **Metacognitive Awareness and Emotional Regulation**

Metacognitive awareness refers to individuals' knowledge of and control over their cognitive processes, including planning, monitoring, and evaluation. Higher levels of metacognitive awareness have been associated with effective emotional regulation, adaptive coping strategies, and reduced psychological distress. Metacognitive theory posits that maladaptive metacognitive

beliefs contribute to the maintenance of anxiety and depressive symptoms. Empirical evidence supports the role of metacognitive processes in mental health. (Callesen et al. 2020) demonstrated that metacognitive therapy is effective in reducing depressive symptoms, suggesting that enhancing metacognitive awareness can promote psychological well-being. These findings have important implications for preventive interventions among non-clinical populations such as college students.

### **Indian Context and Research Gaps**

In India, there has been more research in recent years on college students' depression, anxiety, and stress. Nevertheless, the majority of studies have investigated psychological discomfort in isolation, neglecting cognitive elements like metacognitive awareness and psychosocial variables such as bullying and body self-image. Current research predominantly emphasizes prevalence rates, providing little understanding of the interplay among emotional, cognitive, and social aspects. Moreover, gender-based comparisons are insufficiently examined, even though research indicates disparities in coping mechanisms, emotional expression, and cognitive regulation between males and girls. The absence of integrated research hinders the advancement of thorough, evidence-based mental health interventions specifically designed for college populations.

### **Rationale for the Present Study**

The review of available evidence shows that college students need to look at psychological discomfort, bullying, body image, and metacognitive awareness all at once. Comprehending the interplay of these variables may yield significant insights for the formulation of focused mental health interventions. This study fills in those gaps by doing a gender-based comparison of college students in India. This adds to the expanding body of research on student mental health in emerging countries.

### **Methodology**

#### **Objectives of the Study**

The current study sought to investigate psychological, cognitive, and psychosocial characteristics among college students. The particular aims were::

1. To evaluate body image, experiences of bullying, depression, anxiety, stress, and metacognitive awareness among college students.
2. To compare levels of depression, anxiety, stress between male and female college students.
3. To compare body self-image between and perceived teasing experiences male and female college students.
4. To compare metacognitive awareness between male and female college students.

5. To examine associations among body self-image, bullying experiences, depression, anxiety, stress, and metacognitive awareness among college-going students

**Research Design:** A cross-sectional, comparative research design was used to look at variations between men and women in the studied variables.

**Sample:** The sample comprised **600 college-going students** recruited from **Tantia University, Sri Ganganagar, Rajasthan, India.**

- **Group A:** Male college students
- **Group B:** Female college students

Participants were aged between **18 and 25 years.**

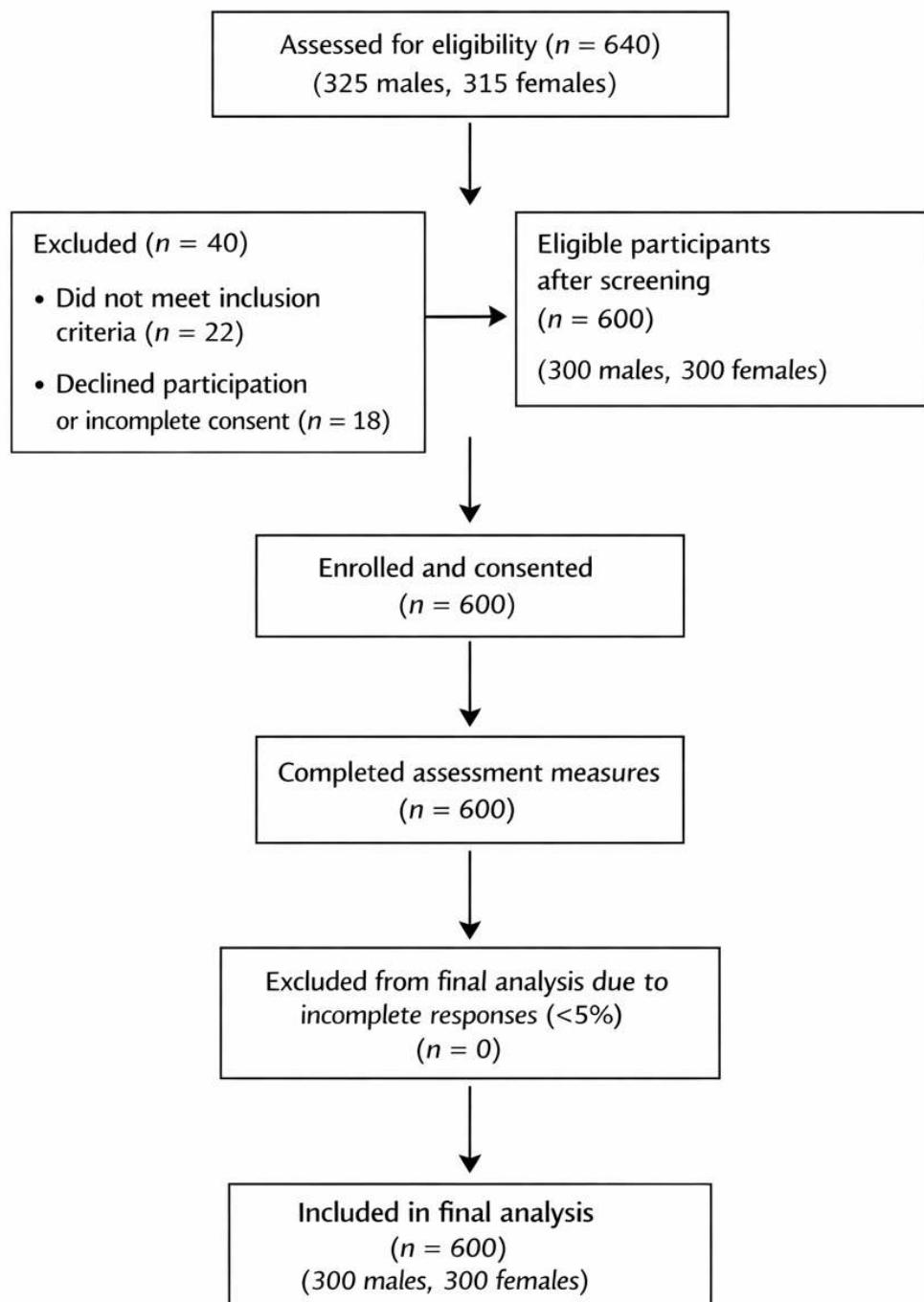
**Sampling Technique:** Purposive sampling was employed to select participants who met the predefined inclusion and exclusion criteria.

Inclusion Criteria	Exclusion Criteria
Age between 18 and 25 years	Diagnosed psychiatric disorder
Enrolled as undergraduate or postgraduate students	Alcohol or substance dependence
Male or female gender	Diagnosed neurological disorders
Willingness to provide written informed consent	Unstable or serious medical conditions
Ability to comprehend Hindi and English	History of suicide attempts
Minimum of six months of academic experience in the present institution	Less than six months of academic experience in the institution
	Inability to comprehend Hindi or English
	Refusal to provide informed consent

**Tools Used:** The subsequent tools were utilized for data collection in the current investigation. The investigator created a Socio-Demographic Data Sheet to get information about the participants' age, gender, level of education, and other important background information. The Metacognitive Awareness Inventory (MAI) was given to see how much participants knew about cognition and how to control it, such as how to plan, monitor, and evaluate their own thinking. The Depression Anxiety Stress Scale (DASS) is a standardized self-report tool that was used to measure levels of psychological discomfort. It is meant to find symptoms of depression, anxiety, and stress. The Perception of Teasing Scale (POTS) was used to find out how people feel about being teased about their looks and perceived skills.

### **Procedure**

**Figure 1. CONSORT-style flow diagram of participant recruitment, exclusion, group allocation, and inclusion in final analysis.**



A total of 640 people were initially evaluated for eligibility, consisting of 325 males and 315 females. After the screening process, 40 people were not allowed to take part in the study. Out of these, 22 did not match the requirements for inclusion, and 18 either chose not to participate or did not give full informed consent. After these exclusions, 600 people met the criterion to be in the study. There were 300 men and 300 women, therefore the study was fair.

All eligible individuals gave their informed consent and were officially enrolled in the study. The whole group of people who signed up for the study passed the tests, which shows that they were following the rules and were interested in the study. It is important to note that no participants were left out of the final analysis because they didn't answer all of the questions. This was because the missing data was quite little and stayed below permissible bounds. As a result, the final statistical analysis included all 600 participants, 300 of whom were men and 300 of whom were women. The fact that there was no attrition after enrollment and that the data was very complete show that the recruitment process was strong and make the study's methods stronger.

**Missing Data Handling:** Participants who failed to complete their responses for the primary assessment scales were excluded in the final data analysis. The number of such cases was small, accounting for fewer than 5% of the total sample.

## 7. Statistical Analysis

IBM SPSS Statistics for Mac (Version 23.0) was used to look at the data. We used descriptive statistics like means, standard deviations, frequencies, and percentages to sum up the main study variables and the socio-demographic factors. Independent sample t-tests were conducted to investigate gender differences in body self-image, experiences of bullying, depression, anxiety, stress, and metacognitive awareness. We used Cohen's d to find the effect sizes, which tell us how big the differences we saw were. Values of 0.20, 0.50, and 0.80 mean minor, moderate, and large effects, respectively. We used Pearson's correlation coefficients to look at the links between body image, bullying, depression, anxiety, stress, and metacognitive awareness. Before the analysis, we checked to see if the assumptions of normality and homogeneity of variance were true and they were. The level of statistical significance was established at  $p < .05$ , and all statistical tests were two-tailed.

**Table 1**

**Socio-Demographic Characteristics of the Participants by Gender (N = 600)**

Variable	Category	Male (n = 300)	Female (n = 300)	Test statistic	p value
<b>Age (years)</b>	Mean $\pm$ SD	21.88 $\pm$ 1.50	21.98 $\pm$ 1.64	$t = -1.36$	.175
<b>Gender</b>	Male/Female	300 (100%)	300 (100%)	—	—
<b>Marital status</b>	Unmarried	300 (100%)	300 (100%)	—	—
<b>Education</b>	Graduate	240 (80.0%)	220 (73.3%)	$\chi^2(1) = 46.12$	$< .001$
	Postgraduate	60 (20.0%)	80 (26.7%)		
<b>Occupation</b>	Unemployed	300 (100%)	300 (100%)	—	—
<b>Family income (INR/month)</b>	$\geq 30,001$	165 (55.0%)	168 (56.0%)	$\chi^2(2) = 32.87$	$< .001$
	20,001–30,000	69 (23.0%)	132 (44.0%)		
	10,001–20,000	66 (22.0%)	0 (0.0%)		
<b>Religion</b>	Hindu	132 (44.0%)	192 (64.0%)	$\chi^2(3) = 29.44$	$< .001$
	Muslim	57 (19.0%)	90 (30.0%)		
	Sikh	111 (37.0%)	15 (5.0%)		
	Christian	0 (0.0%)	3 (1.0%)		
<b>Family type</b>	Nuclear	165 (55.0%)	150 (50.0%)	$\chi^2(2) = 79.86$	$< .001$
	Extended	30 (10.0%)	39 (13.0%)		
	Joint	105 (35.0%)	111 (37.0%)		
<b>Locality</b>	Urban	246 (82.0%)	240 (80.0%)	$\chi^2(1) = 0.14$	.710
	Rural	54 (18.0%)	60 (20.0%)		

**Note.** Values are presented as  $n$  (%) unless otherwise specified. Independent sample  $t$ -test was used for age, and chi-square ( $\chi^2$ ) tests were used for categorical variables.  $p < .05$  indicates statistical significance.

Table 1 displays the socio-demographic attributes of the study participants ( $N = 600$ ), consisting of 300 male and 300 female college students. Descriptive statistics and suitable inferential tests were employed to analyze gender-based disparities among demographic variables. The

independent sample t-test ( $p = .175$ ) showed that the average age of male students ( $21.88 \pm 1.50$  years) and female students ( $21.98 \pm 1.64$  years) was not substantially different. This result indicates that the two groups were similar in age. Everyone in both groups was single and not working, which means that the student sample was quite homogeneous in terms of marital and occupational status.

A statistically significant gender disparity was noted in educational attainment. A larger percentage of male students were graduates (80.0%) than female students (73.3%), but a larger percentage of female students were postgraduates (26.7%) than male students (20.0%). This difference was statistically significant ( $\chi^2(1) = 46.12$ ,  $p < .001$ ), showing that men and women have different levels of education. The distribution of family income was also very different between male and female students ( $\chi^2(2) = 32.87$ ,  $p < .001$ ). About the same number of men (55.0%) and women (56.0%) were from families that made ₹30,001 or more a month. However, more women than men were in the ₹20,001–30,000 income range, and more men than women were in the ₹10,001–20,000 range.

There were big disparities between men and women in terms of their religious beliefs ( $\chi^2(3) = 29.44$ ,  $p < .001$ ). Male students were more often in the Sikh group, while female students were mostly in the Hindu and Muslim groups. A limited percentage of female students identified as Christian, whereas no male participants indicated this affiliation. There was also a statistically significant difference between genders in family structure ( $\chi^2(2) = 79.86$ ,  $p < .001$ ). Male students were more likely to come from nuclear households, whereas female students were more likely to come from joint or extended families. On the other hand, locale did not change much by gender ( $\chi^2(1) = 0.14$ ,  $p = .710$ ). Most of the people who took part in both groups lived in cities, which shows that they had similar backgrounds. Overall, Table 1 shows that the male and female participants were similar in terms of age, marital status, job status, and where they lived. However, there were big variations between the sexes in terms of education, family income, religion, and family type. So, while looking at disparities in psychological and cognitive results between men and women, these demographic factors were taken into account.

**Table 2**
**Gender Comparison on Depression, Anxiety, and Stress (DASS) Scores (N = 600)**

Measure	Group A (Male), Mean $\pm$ SD	Group B (Female), Mean $\pm$ SD	p value	Cohen's $d$
DASS Total	38.587 $\pm$ 9.768	35.826 $\pm$ 8.459	.024*	0.30
Depression	14.417 $\pm$ 4.609	13.014 $\pm$ 4.609	.029*	0.30
Anxiety	10.566 $\pm$ 3.686	9.144 $\pm$ 3.045	.013*	0.42

Measure	Group A (Male), Mean $\pm$ SD	Group B (Female), Mean $\pm$ SD	p value	Cohen's d
Stress	13.656 $\pm$ 2.395	13.521 $\pm$ 2.367	.217	0.06

**Note.**  $p < .05$  indicates statistical significance. Cohen's  $d$  values of 0.20, 0.50, and 0.80 represent small, moderate, and large effect sizes, respectively.

Table 2 shows the differences in depression, anxiety, and stress between men and women who attend to college ( $N = 600$ ) as measured by the Depression Anxiety Stress Scale (DASS). For both male and female subjects, the mean scores, standard deviations, and effect sizes are given. The DASS total score ( $p = .024$ ) shows that male students had far more psychological discomfort overall than female pupils. The effect size (Cohen's  $d = 0.30$ ) was small to moderate, which means that there were significant differences in overall distress between men and women. Subscale analyses showed that male students were much more depressed ( $p = .029$ , Cohen's  $d = 0.30$ ) and anxious ( $p = .013$ , Cohen's  $d = 0.42$ ) than female students. The impact size for depression was small to moderate, but the effect size for anxiety was moderate, which shows that there is a bigger difference between men and women when it comes to anxiety symptoms. On the other hand, there was no statistically significant difference between men and women when it came to stress ( $p = .217$ ), and the effect size was very small (Cohen's  $d = 0.06$ ), which means that male and female students had similar levels of stress. In general, these results show that male students are more likely to be depressed and anxious, but the difference isn't very big. On the other hand, stress levels seem to be the same for both genders.

**Table 3**
**Gender Comparison on Body Self-Image Questionnaire – Short Form (BSIQ-SF) ( $N = 600$ )**

Domain	Group A (Male), Mean $\pm$ SD	Group B (Female), Mean $\pm$ SD	pvalue	Cohen's d
<b>BSIQ Total</b>	65.359 $\pm$ 22.410	60.637 $\pm$ 19.478	.018*	0.23
Overall Appearance Evaluation (OAE)	5.941 $\pm$ 1.801	5.681 $\pm$ 1.778	.990	0.15
Health Fitness Influence (HFI)	7.058 $\pm$ 2.819	6.449 $\pm$ 2.482	.011*	0.23
Investment in Appearance (II)	7.248 $\pm$ 2.965	6.449 $\pm$ 2.541	.002*	0.29
Health Fitness Evaluation (HFE)	4.312 $\pm$ 1.495	4.173 $\pm$ 1.543	.534	0.09

Domain	Group A Mean $\pm$ SD	(Male), Group B Mean $\pm$ SD	(Female), pvalue	Cohen's d
Social Dependency Traits (SDT)	7.851 $\pm$ 2.840	7.304 $\pm$ 2.596	.065	0.20
Health Distress (HD)	8.005 $\pm$ 2.925	7.666 $\pm$ 2.680	.091	0.12
<b>Fat Evaluation (FE)</b>	9.740 $\pm$ 4.025	8.913 $\pm$ 3.381	.016*	0.22
Negative Affect (NA)	9.142 $\pm$ 3.572	8.600 $\pm$ 3.304	.409	0.16
Appearance Guidance (AG)	6.150 $\pm$ 2.239	5.869 $\pm$ 2.014	.146	0.13

**Note.**  $p < .05$  indicates statistical significance. Cohen's  $d$  values of 0.20, 0.50, and 0.80 represent small, moderate, and large effect sizes, respectively.

Table 3 shows the differences in body self-image and body image-related feelings between men and women, as measured by the Body Self-Image Questionnaire—Short Form (BSIQ-SF) among college students ( $N = 600$ ). The average scores, standard deviations,  $p$  values, and effect sizes for the overall score and each domain are given for both men and women. Male students had much higher overall body self-image scores than female students ( $p = .018$ ). The impact size was minor (Cohen's  $d = 0.23$ ), which means that there is a small but important difference between men and women when it comes to body image issues. Domain-specific analyses indicated statistically significant gender disparities in Health Fitness Influence ( $p = .011$ , Cohen's  $d = 0.23$ ), Investment in Appearance ( $p = .002$ , Cohen's  $d = 0.29$ ), and Fat Evaluation ( $p = .016$ , Cohen's  $d = 0.22$ ). These results show that male students cared more about fitness, how they looked, and how much body fat they had. The effect sizes for these domains ranged from tiny to small-to-moderate, which means they were useful even if they weren't very big. There were no statistically significant gender differences found in the Overall Appearance Evaluation or the Health Fitness Evaluation.

**Table 4**
**Perception of Teasing (N = 600)**

Measure	Group A Mean $\pm$ SD	(Male), Group B Mean $\pm$ SD	$p$ -value	Cohen's $d$
POTS Total	36.507 $\pm$ 12.450	33.608 $\pm$ 11.574	.295	0.24
Weight-Related Teasing (POT-W)	23.232 $\pm$ 7.676	21.362 $\pm$ 7.054	.630	0.25

Measure	Group A (Male), Mean $\pm$ SD	Group B (Female), Mean $\pm$ SD	p-value	Cohen's d
Competency-Related Teasing (POT-C)	13.259 $\pm$ 5.070	12.231 $\pm$ 4.944	.186	0.20

**Note.**  $p < .05$  indicates statistical significance. Cohen's  $d$  values of 0.20, 0.50, and 0.80 represent small, moderate, and large effect sizes, respectively.

Table 4 shows how college students ( $N = 600$ ) of different genders feel about teasing, as measured by the Perception of Teasing Scale (POTS). The mean scores, standard deviations, and effect sizes are shown for male and female participants concerning general teasing and its subdomains. The results showed that there were no statistically significant differences between male and female students in how they saw teasing overall (POTS Total) ( $p = .295$ ). Male students had slightly higher average scores than female students, but the effect size was minor (Cohen's  $d = 0.24$ ), which means that there were not many real differences in teasing encounters between genders. There were also no big differences between boys and girls when it came to taunting about weight ( $p = .630$ ) or teasing about skills ( $p = .186$ ). The effect sizes for teasing about weight (Cohen's  $d = 0.25$ ) and teasing about competence (Cohen's  $d = 0.20$ ) were both small, which means that boys and girls were teased about their looks and perceived skills at about the same level. Overall, the results show that there were some modest differences in how men and women saw teasing, but these differences were not statistically significant. This means that men and women who go to college generally have similar experiences with teasing.

**Table 5**

**Pearson Correlations among Body Self-Image Problems, Bullying Experiences, Psychological Distress, and Metacognitive Awareness ( $N = 600$ )**

Variables	1	2	3	4	5	6
Body Self-Image Problems	—					
Bullying Experiences	.32**	—				
Depression	.41**	.38**	—			
Anxiety	.39**	.36**	.62**	—		
Stress	.35**	.34**	.58**	.60**	—	
Metacognitive Awareness	-.29**	-.27**	-.42**	-.39**	-.36**	—

**Note.** Values represent Pearson's correlation coefficients ( $r$ ).

\*\*  $p < .01$  (two-tailed).

A Pearson correlation analysis was performed to investigate the relationships between body self-image issues, experiences of bullying, depression, anxiety, stress, and metacognitive awareness among college students ( $N = 600$ ). Table 5 shows that body image issues, bullying, depression, anxiety, and stress were all positively and significantly connected to each other ( $p < .01$ ). This means that people who had more psychological and emotional problems were more likely to have them at the same time. Conversely, metacognitive awareness had substantial negative correlations with issues related to body self-image, experiences of bullying, sadness, anxiety, and stress ( $p < .01$ ). This pattern shows that college students who were more conscious of their own thinking were less likely to be mentally and socially troubled.

## Discussion

The absence of a significant gender difference in stress suggests that academic and environmental stresses are experienced comparably by both male and female students. Prior studies have demonstrated similar stress levels between genders in university environments, suggesting that stress associated with coursework and tests is widespread and not gender-specific (Bayram & Bilgel, 2008; Shamsuddin et al., 2013). These results underscore the necessity for gender-sensitive mental health screening and focused interventions in college environments to tackle depression and anxiety, while recognizing the common stress experiences of students.

Table 3 shows that male college students were far more bothered about how they appeared, how healthy they were, and how fit they were than female students. This trend shows that there is more and more evidence that modern male students are under more and more social pressure to meet norms of physical fitness, masculinity, and attractiveness. This may make body-related worries worse (Bayram & Bilgel, 2008; Ibrahim et al., 2013). Previous studies have shown that male body image dissatisfaction is often linked to fitness-related standards and appearance investment, rather than merely generic appearance evaluation (Shamsuddin et al., 2013). Indian studies suggest that evolving societal norms, media influence, and competitive academic environments may heighten male students' concerns with their appearance (Raja et al., 2022; Chakraborty et al., 2024).

The absence of significant gender differences in domains such as general attractiveness assessment, health fitness evaluation, social dependency characteristics, and health distress suggests that different aspects of body self-image are similarly evaluated by male and female students. This convergence aligns with previous research indicating a diminishing disparity in

body perception between men and women among young adults (Ibrahim et al., 2013; Bayram & Bilgel, 2008). These results clearly show how important it is to talk about body image concerns with people of both genders, while also recognizing that male college students are more vulnerable when it comes to fitness and looks. Table 4's results demonstrate that male college students were much more anxious about how fat they looked than female students were. This indicates that males possess a more negative perception of body fat. This conclusion aligns with current work highlighting the increasing concerns regarding body fat and physique among men, shaped by societal norms that emphasize leanness, muscularity, and physical fitness (Bayram & Bilgel, 2008; Shamsuddin et al., 2013). Recent studies indicate that males dissatisfied with their bodies frequently discuss their weight and body shape rather than their overall appearance (Ibrahim et al., 2013).

Conversely, there were no notable disparities between men and women regarding negative affect or appearance guidance. This indicates that both boys and girls feel the same way about their bodies and need aid from other people to feel better about how they look. This concordance in emotional responses supports other studies suggesting that emotional reactivity to body image concerns may be converging across genders within young adult populations (Raja et al., 2022; Chakraborty et al., 2024). Furthermore, the absence of significant gender disparities in reported teasing, both weight-related and competency-related mocking, suggests that experiences of teasing are relatively uniform among male and female college students. Prior research indicates that teasing and bullying among peers during late adolescence and early adulthood may not be distinctly gender-specific, but rather influenced by the shared academic and social environments (Qiu et al., 2020; Shamsuddin et al., 2013). These data suggest that male students may exhibit heightened concern around body fat; nonetheless, feelings related to body image and experiences of teasing are largely similar across genders. The findings indicate a distinct correlation among body image concerns, bullying, mental health challenges, and metacognitive awareness in college students. Body self-image concerns, bullying episodes, sadness, anxiety, and stress demonstrated significant positive relationships with one another, indicating that these psychosocial and emotional challenges often co-occur during the collegiate phase. On the other hand, metacognitive awareness consistently showed negative relationships with all of these factors, suggesting that it may have a protective role in mental health. The positive connections between body self-image concerns, experiences of bullying, and psychological suffering correspond with existing literature. Prior studies indicate that possessing a negative body image and being preoccupied with one's appearance increases the likelihood of

experiencing depression and anxiety, particularly in environments conducive to social comparison and evaluation (Bayram & Bilgel, 2008; Shamsuddin et al., 2013). Bullying and teasing exacerbate this vulnerability by reinforcing negative self-perceptions and emotional distress, leading to increased levels of depression, anxiety, and stress (Nansel et al., 2001; Gladstone et al., 2006). The strong links found between depression, anxiety, and stress in this study are in line with what is known about how these three things are related in young adults (Ibrahim et al., 2013). It is significant to acknowledge that metacognitive awareness was associated with a reduction in body image issues, instances of bullying, and other indicators of psychological distress. This evidence supports metacognitive theory, which posits that individuals with a heightened ability to oversee and manage their cognitive processes are less susceptible to maladaptive rumination, worry, and negative self-referential thinking that sustain emotional distress (Wells, 2009). Studies indicate that individuals with heightened metacognitive awareness exhibit superior emotional regulation and experience reduced levels of despair and anxiety (Callesen et al., 2020). The present results add to this information by include a non-clinical Indian college student group. This highlights metacognitive awareness as a possible important factor in resilience.

It is particularly intriguing that a negative correlation exists between metacognitive awareness and experiences related to bullying. Students possessing heightened metacognitive awareness may exhibit greater proficiency in reinterpreting negative peer interactions, disengaging from maladaptive cognitive responses, and alleviating the emotional consequences of teasing or victimization. This elucidation corresponds with studies demonstrating that cognitive and metacognitive coping strategies alleviate the psychological effects of peer-related stressors in adolescents (Shamsuddin et al., 2013; Raja et al., 2022). In the Indian context, characterized by academic pressure, social comparison, and shifting sociocultural norms that increasingly affect student mental health, these findings are of considerable importance. Indian studies have shown that college students are more likely to be depressed, anxious, and stressed than other groups, and they often don't pay enough attention to cognitive protective factors (Raja et al., 2022; Chakraborty et al., 2024). The present study contributes to the existing literature by demonstrating that metacognitive awareness is inversely connected to many dimensions of psychological distress and psychosocial issues. This implies that it may be beneficial for mental health preventative strategies. In general, the links highlighted in this study show how body image, bullying, and mental pain are all connected in college. They also demonstrate that being conscious of your own thinking is a key trait that is associated to feeling less stressed. These

results show that college mental health services should include metacognitive-based therapies, body image programs, and peer support programs to help students get stronger and healthier mentally.

### **Limitations of the Study**

The results of this study must be understood within the context of specific constraints. The results may not be able to be applied to other populations because purposeful sampling was used. The cross-sectional design also limits causal interpretations of the links between psychological distress, body self-image, bullying events, and metacognitive awareness. Furthermore, dependence on self-report instruments may have resulted in response biases, such as social desirability and subjective reporting. Even with this limitation, the large and balanced sample size improves internal validity and makes it possible to make significant comparisons between genders.

### **Implications for Practice**

These results have crucial effects on how to promote mental health in college. The identified gender disparities in psychological distress, body self-image, and metacognitive awareness underscore the necessity for gender-sensitive screening and intervention initiatives. Combining regular mental health screenings with metacognitive tactics could help students deal with depression and anxiety better and improve their coping skills. College counselors, psychologists, and educators can use metacognitive training, body image awareness programs, and peer-support initiatives to enhance psychological well-being and resilience among students. Longitudinal and multi-institutional research in the future may help to better understand how these characteristics are related to each other.

### **Future Research Directions**

To make the results more applicable to different college populations, future research should use sampling methods based on probability. Longitudinal research are needed to look at how metacognitive awareness, psychological distress, body image, and bullying experiences affect each other over time. Additional research may investigate the efficacy of metacognitive and body image-oriented therapies in alleviating depression and anxiety among college students. Adding sociocultural aspects and different types of schools to studies would help us better understand student mental health.

**References:**

1. Bayram, N., & Bilgel, N. (2008). The prevalence and socio-demographic correlations of depression, anxiety and stress among a group of university students. *Social Psychiatry and Psychiatric Epidemiology*, 43(8), 667–672. <https://doi.org/10.1007/s00127-008-0345-x>
2. Callesen, P., Reeves, D., Heal, C., & Wells, A. (2020). Metacognitive therapy versus cognitive behaviour therapy in adults with major depressive disorder: A parallel single-blind randomised trial. *Scientific Reports*, 10, 7878. <https://doi.org/10.1038/s41598-020-64577-1>
3. Chakraborty, A., Chakraborty, K., Ghosh, S., & Banerjee, A. (2024). Depression, anxiety, and stress levels among medical students and interns in a medical college of Kolkata: A cross-sectional study. *Journal of Comprehensive Health*.
4. Choudhari, R. (2020). COVID-19 pandemic: Mental health challenges of internal migrant workers of India. *Asian Journal of Psychiatry*, 54, 102254. <https://doi.org/10.1016/j.ajp.2020.102254>
5. Gladstone, G. L., Parker, G. B., & Malhi, G. S. (2006). Do bullied children become anxious and depressed adults? A cross-sectional investigation of the correlates of bullying and anxious depression. *Journal of Nervous and Mental Disease*, 194(3), 201–208.
6. Ibrahim, A. K., Kelly, S. J., Adams, C. E., & Glazebrook, C. (2013). A systematic review of studies of depression prevalence in university students. *Journal of Psychiatric Research*, 47(3), 391–400. <https://doi.org/10.1016/j.jpsychires.2012.11.015>
7. Nansel, T. R., Overpeck, M., Pilla, R. S., Ruan, W. J., Simons-Morton, B., & Scheidt, P. (2001). Bullying behaviors among U.S. youth: Prevalence and association with psychosocial adjustment. *JAMA*, 285(16), 2094–2100. <https://doi.org/10.1001/jama.285.16.2094>
8. Qiu, J., Shen, B., Zhao, M., Wang, Z., Xie, B., & Xu, Y. (2020). A nationwide survey of psychological distress among Chinese people in the COVID-19 epidemic: Implications and policy recommendations. *General Psychiatry*, 33(2), e100213. <https://doi.org/10.1136/gpsych-2020-100213>
9. Raja, S., Arockiasamy, P., & John, J. (2022). Prevalence of depression, anxiety and stress among undergraduate students in a private medical college in South India. *Indian Journal of Psychiatry*, 64(1), 90–96.

10. Shamsuddin, K., Fadzil, F., Ismail, W. S. W., Shah, S. A., Omar, K., Muhammad, N. A., Jaffar, A., Ismail, A., & Mahadevan, R. (2013). Correlates of depression, anxiety and stress among Malaysian university students. *Asian Journal of Psychiatry*, 6(4), 318–323. <https://doi.org/10.1016/j.ajp.2013.01.014>
11. Singh, A. K. (2021). Impact of COVID-19 pandemic on mental health of internal migrant workers in India: A review. *Indian Journal of Scientific Research*, 12(1), 143–148.
12. Tandon, R. (2020). The COVID-19 pandemic, personal reflections on editorial responsibility. *Asian Journal of Psychiatry*, 50, 102100. <https://doi.org/10.1016/j.ajp.2020.102100>
13. Wells, A. (2009). *Metacognitive therapy for anxiety and depression*. Guilford Press.