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Self-rated physical attractiveness and its relation to psychological well-being across adolescence

Raible-Destan, Nesrin ; Stulz, Niklaus ; Hepp, Urs ; Ribeaud, Denis ; Eisner, Manuel ; Steinhoff, Annekatriin ; Shanahan, Lilly ; Sell, Aaron ; Kupferschmid, Stephan

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Abstract

The goal of the current analyses was to explore associations of self-rated physical attractiveness with facets of psychological well-being across adolescence. Participants provided information on their perceived physical attractiveness, internalised distress, suicidal ideation, and self-harm at 15, 17 and 20 years of age. Male adolescents repeatedly provided higher ratings of their own physical attractiveness in comparison to female peers. Self-perceived physical attractiveness was negatively associated with internalised distress in 15- to 20-year-old girls. In boys this association reached statistical significance only at the ages of 17 and 20 years. Statistically significant relations between suicidal ideation, self-harm and physical attractiveness resulted in girls only. Findings suggest small but stable relationships between self-rated physical attractiveness and facets of psychological well-being between 15 and 20 years – particularly in girls. Results underline the importance of self-perceived attractiveness in relation to mental health across adolescence.

Keywords: Physical attractiveness, psychological well-being, adolescence, internalised distress, suicidal ideation, self-harm.

Introduction

Body image comprises different aspects such as feelings, behaviours and attitudes towards one's body which change over the course of life (Cash, 2004). According to the biopsychosocial model, the development of body image results from an interaction of psychological (i.e., personality and well-being), biological (i.e., genetics) and sociocultural factors (i.e., social and cultural norms and media influences) (Wertheim & Paxton, 2012). Adolescence is a critical period in body image development as the satisfaction with one's own body is strongly affected by the variety of physical transformations in weight, height and body composition as well as the social and psychological changes happening during these years (e.g., Voelker, Reel, & Greenleaf, 2015).

Body dissatisfaction is the result of negative *self*-evaluations of one's body and its appearance (Strachan & Cash, 2002). Consequences of a high level of body dissatisfaction in adolescents are manifold. Paxton and colleagues (2006), for example, found that body dissatisfaction was a unique predictor of depressive mood and low self-esteem in youth, after controlling for several variables (i.e., socio-economic status, BMI and ethnicity). In another study (Oktan, 2017), a meaningful relationship resulted between body image and self-esteem in 15- to 18-year-olds, with both factors explaining a significant amount of variance in self-harming-behaviours (e.g., hair plucking). Moreover, a negative body image in adolescence has been linked to eating disorders (e.g., Uchoa et al., 2019), body dysmorphic disorders (e.g., Collison & Harrison, 2020) and substance abuse (e.g., Bornioli, Lewis-Smith, Smith, Slater, & Bray, 2019). Also, nowadays social media, in which opinions and looks of “others” play an important role, are strongly present in adolescents’ lives. A recent study on social-media related body dissatisfaction (Charmaraman, Richer, Liu, Lynch, & Moreno, 2021) demonstrated that young adolescents most common worries include not being thin enough, not attractive enough and being concerned with one’s body shape, face and hair. Participants

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who checked their social media accounts more frequently tended to have higher body dissatisfaction, more depressive symptoms, were more socially isolated and showed more online social anxiety. According to the study, being exposed to social media (e.g., photographs of celebrities) can negatively affect young social media users' socioemotional health.

Adolescent girls generally show higher levels of body dissatisfaction and lower appearance esteem than their male peers (e.g., Fernandez-Bustos, Infantes-Paniagua, Gonzalez-Marti, & Contreras-Jordan, 2019), with differences persisting into adulthood (e.g., Algars et al., 2009). One explanation for this gender difference is of sociocultural nature. Particularly Western societies emphasize "good looks" more strongly for the female gender role and media puts more pressure on females to reach what is regarded as the "ideal body" (Knauss, Paxton, & Alsaker, 2007). According to contemporary Western beauty ideals, girls are expected to be thin and lean with large breasts ("thin-ideal"), while for boys a muscular v-shaped body ("muscular-ideal") is emphasized. Physical changes in female bodies during puberty (e.g., gaining weight, widening of the hips) often conflict with this "thin-ideal". In boys, pubertal changes are associated with gains in height and muscle mass, which theoretically allow an approximation to the male beauty ideal. Nevertheless, boys also show body-related concerns and frequently engage in behaviours to change their appearance, but their concerns might be more complex and more difficult to detect than in girls (Ricciardelli, 2012). Baker et al. (2019) suggest looking at body dissatisfaction more differentiated by approaching it as a multifaceted construct. Accordingly, specific facets of body dissatisfaction might match better with girls (i.e., thinness-oriented dissatisfaction), while others match better with boys (i.e., muscle- and height-oriented dissatisfaction).

Another perspective towards body appearance pertains to how *other observers* perceive and evaluate one's attractiveness. Studies found effects of attractiveness ratings by

others (e.g., facial attractiveness, lower BMI, greater height) and later mental well-being, life satisfaction, quality of intimate relationships and economical/social status of the rated individual (McDatta Gupta, Etcoff, & Jaeger, 2016). A study by Ha et al (2010) examined 13- to 18-year olds' dating desire based on attractiveness and social status of potential partners. They showed that attractiveness of potential partners was important to both genders while social status (high or low) was not a key factor for mate selection in this age group. Karraker et al. (2017) investigated over a period of 40 years whether observer-rated facial attractiveness in adolescence matters to intimate relationships later in life. They found that higher perceived attractiveness at the age of 18 years was beneficial for finding sexual partners and for sexual activity later in life. Similarly, Benzeval and colleagues (2013) investigated the association between physical attractiveness assessed by another person at the age of 15 years and different socioeconomic outcomes (e.g., employment status, housing, income) 20 years later. Individuals assessed as more attractive in adolescence showed a higher socioeconomic status as adults, even after controlling for several confounders such as intelligence, self-esteem and health.

Although there is strong evidence for a link between body (dis)satisfaction, self- and other-rated attractiveness and psychological well-being, not many studies have looked at girls and boys in a longitudinal manner across adolescence within one study (e.g., Thornton & Ryckman, 1991). The goal of the present analyses was therefore to examine associations of self-rated physical attractiveness as one aspect of body image with facets of psychological well-being (i.e., internalised distress, suicidal ideation and self-harm) in female and male adolescents across a five-year period. Specifically, three goals were pursued:

1. To identify whether self-rated physical attractiveness is associated with internalised distress, suicidal ideation, and self-harm in adolescence.

2. To analyse whether there are different gender patterns regarding these associations in adolescents.
3. To look at the stability of these associations in adolescence across five years.

Materials and Methods

Participants

The sample was derived from the ongoing Zurich Project on the Social Development from Childhood to Adulthood (z-proso), which started in 2004 in Zurich, Switzerland (M. Eisner, Malti, T., Ribeaud, D., 2012; M. Eisner, Ribeaud, D., Junger, R., Meidert, U., 2008; Ribeaud & Eisner, 2010). The z-proso infrastructure investigates the social development of children and adolescents to contribute to a better understanding of behavioural problems in the developing individual, thereby focusing on the role of individual, family, school and situational factors. Out of all primary schools in the city of Zurich, 1675 children (48.1% females) who started school in autumn 2004 were randomly selected by means of a stratified sampling procedure. Parents of 1'366 children (82%) allowed the participation of their child in the surveys. 1'240 (74%) of the parents themselves participated in the surveys. Taking into account the multicultural sample, the long running time and the combination with a field experiment, this participation rate can be considered as remarkable.

Participants have been regularly followed since their entry to primary school in 2004. Data collection waves with the children took place at the ages of 7, 8, 9, 11, 13, 15, 17 and 20 years. In September 2018, the eighth and most recent wave was completed, with participants now being in their early twenties. Data collected in 2013, 2015 and 2018 (last three waves of the study) was used in the current analyses. The sample of the present research consisted of $n = 1052$ participants (62.8% of the original sample), for which full data was available for the

variables of interest at all three measurement waves under study. The mean age was 15.4, 17.4 and 20.6 years, respectively.

Measures

At 15- and 17-years of age, all variables used stem from paper and pencil surveys completed by the participants in randomly mixed groups in a classroom setting after school. The groups consisted of approximately 5 to 20 individuals who were supervised by research assistants. Questionnaires were administered in German and completion took approximately 90 minutes (with a break after about 45 minutes). The duration of the questionnaire pertains to two regular school lessons. At 20 years of age, participants completed a computer-aided self-administered lab-based survey entailing the same questions on physical attractiveness, internalised distress, suicidal ideation and self-harm. Adolescents received an incentive of 50 CHF at the age of 15, 60 CHF at the age of 17 and 75 CHF at the age of 20. All participants gave informed consent. Parents received information about the study and could put in a veto if they disagreed with their child’s participation up to the age of 15 years.

Physical attractiveness. Physical attractiveness was assessed as part of the questionnaire under the subheading "your physical development and appearance". This subsection involved questions about puberty and resulting body changes (e.g., growth of hair in pubic area, menstruation, voice break) as well as questions regarding permanent health issues such as impaired vision, disabilities of extremities, learning concentration and memory difficulties. Questions were gender-specifically phrased whenever necessary and presented in separate sections for girls and boys. Physical attractiveness was measured by asking participants how they perceive themselves in relation to other girls/boys of the same age, providing a rating on a scale ranging from 0 to 100 (item wording: "*Out of 100 girls/boys my age, I am more attractive than _____ (between 0 and 100) of them*"). This item was part of a

measure consisting of four items to assess physical strength, fighting ability and attractiveness in youth. It was developed by Sell and colleagues (2009) and successfully applied in previous studies (Sell, Eisner, & Ribeaud, 2016; Sell et al., 2009).

Internalised distress. The Social Behavior Questionnaire (SBQ) was originally designed by Tremblay and colleagues (1991) to measure various dimensions of children's social behaviour. The questionnaire consists of 39 items that assess internalised distress (anxiety and depression); attention-deficit hyperactivity symptoms; prosociality (including empathy and helping); aggressive conduct problems (e.g., defiance, lying, stealing) and aggression (e.g., physical, instrumental, reactive). In the current analyses, we focused on the responses provided by the adolescent for the *internalising* scale (comprising eight items on depression and anxiety). These eight items were part of the z-proso questionnaire section on "how you feel". Participants were asked to use the past month as a reference for how they felt (e.g., *In the last month... I was bored / I cried / I felt alone*). Responses were encoded on a 5-point Likert scale (*never / rarely / sometimes / often / very often*). The psychometric properties of the SBQ were analysed in previous studies using the z-proso sample (e.g., A. L. Murray, Eisner, & Ribeaud, 2019; A. L. Murray, Obsuth, Eisner, & Ribeaud, 2019), supporting the use of the SBQ as a measure of mental health across adolescence. Cronbach's alpha for the composite score was .83 at the mean age of 15.4 years, .85 at the mean age of 17.4 years and .86 at the mean age of 20.6 years, indicating a high level of internal consistency.

Suicidal ideation. One question was used to assess suicidal ideation. This question was also part of the z-proso questionnaire section on "how you feel". It was developed especially for this research project. The question was introduced as follows: *Sometimes people think about things they would never actually do. How about you? Please indicate how often you thought about these things in the last month.* Subjects were asked to provide a

rating for suicidal ideation in the past month (*I thought about killing myself*) using the 5-point Likert Scale ranging from *Never* to *Very Often*.

Self-harm. Self-harm was also assessed as part of the z-proso questionnaire section on "how you feel". The question on self-harm was developed especially for the current research project. It was introduced as follows: *"Please indicate below how you have felt in the last month. Please mark with a cross whether you felt like the statement below "never, rarely, sometimes, often or very often".* Then participants provided an answer for the statement: *"I harmed myself on purpose (e.g., cut my arm, tore wounds open, hit my head, tore out my hair)"* by rating their last month behaviour on the 5-point Likert Scale described previously.

Statistical analyses

Higher-order regression models (quadratic and cubic) did not explain more variance than linear least squares regression models for the correlations under study. Bivariate associations between self-rated physical attractiveness and the composite score of internalised distress were analysed using Pearson's correlations. To test for potential differences between the correlations in girls and boys and between measurement waves, the Fisher's *r*-to-*z*-transformation was applied (Eid, Gollwitzer, & Schmitt, 2011). The Bonferroni correction was used to adjust the alpha value for testing three correlations in girls and boys, respectively. Consequently, an alpha value of $p < 0.05/3 = 0.017$ was considered as statistically significant. Cohen's convention (1988) was used to interpret effect sizes of the correlational analyses. The two non-normally distributed variables of psychological well-being, namely suicidal ideation and self-harm were dichotomized (0 = no and 1= yes) and analysed by binary logistic regressions. A rating of 1 ("never") on the 5-point Likert scale resembled 0, while a rating of 2 to 5 ("sometimes" to "very often"/ "ever") corresponded to 1 in the dichotomized variables.

Self-rated physical attractiveness served as predictor in these analyses. Additionally, an analysis of variance (ANOVA) was run to examine possible gender differences in physical attractiveness ratings at the three time-points. All statistical analyses were run using IBM SPSS Statistics Version 24.

Results

The final sample consisted of $N = 1052$ subjects, of which 535 (50.9%) were females. On average, internalised distress, suicidal ideation and self-harm were rather low in both genders (Table 1). The means for physical attractiveness are below or close to the scale average of 50 in 15- to 20-year-old girls and above average in boys at all three ages under study.

Physical attractiveness and gender

A 3 (time) $\times$ 2 (gender) mixed ANOVA revealed a main effect of gender, $F(1, 1050) = 92.13, p < .001, \eta^2p = .07$, with boys providing significantly higher physical attractiveness ratings ($M = 59.20, SD = 20.44$) than girls ($M = 49.41, SD = 21.88$) across all three measurement waves. Moreover, ratings increased with age/time, $F(2, 2100) = 26.99, p < .001, \eta^2p = .03$. The interaction between gender and age/time was not significant, $F(2, 2100) = 1.14, p = .32, \eta^2p = .01$.

Physical attractiveness and internalised distress

At 15 years of age, higher self-perceived physical attractiveness was significantly associated with lower internalised distress in girls but not in boys, after correcting for multiple comparisons (Table 2). However, correlation coefficients did not differ significantly between girls and boys, $z = .95$ and $p = .17$. Two and five years later, self-rated physical attractiveness was negatively associated with internalised distress in both genders (Table 2). The strength of

association did not differ between girls and boys, $z = .33$ and $p = .37$ and $z = .20$ and $p = .42$, respectively. For female participants, correlation coefficients did not differ significantly between any of the measurement waves (15- and 17-years, $z = .32$ and $p = .38$; 17- and 20-years, $z = .95$ and $p = .17$; 15- and 20-years, $z = 1.48$, $p = .07$). In male participants, the strength of the association did not differ between 15- and 17-years, $z = .94$, $p = .18$, nor between 17- and 20 years, $z = 1.27$, $p = .10$. However, the strength of the association had significantly increased between 15- and 20-years of age, $z = 2.19$, $p = .01$.

Physical attractiveness, suicidal ideation and self-harm

At 15-years of age, 142 (26.7%) girls and 74 (14.4%) boys reported any suicidal ideation in the past month. At the age of 17 years, 149 (28.0%) girls and 91 (17.7%) boys reported suicidal ideations. With 20 years, 104 (19.5%) of the girls and 102 (19.8%) of the boys reported recent suicidal ideations. Self-harming behaviour during the past month was reported by 83 (15.5%) of the 15-year-old girls and by 34 (6.6%) of the boys. Two years later, 77 (14.4%) of the girls and 28 (5.4%) of the boys reported recent self-harming behaviour. At 20 years of age, 56 (10.5%) of the girls and 27 (5.2%) of the boys reported self-harming behaviour.

Physical attractiveness was not associated with suicidal ideation in 15-year-old girls and boys (Table 3). Two years later, lower self-rated physical attractiveness was associated with suicidal ideation in girls, and at the age of 20 years in both genders. Self-rated physical attractiveness was negatively correlated with self-harm in girls but not in boys at the age of 15, 17, and 20 years (Table 4).

To examine the stability of associations between self-perceived attractiveness and suicidal ideation and self-harm across the 5 years, confidence intervals of the odds ratios were compared between the three measurement waves for both genders separately. The

overlapping confidence intervals suggest stability over the three time-points in female and male participants (Tables 3 and 4).

Discussion

Self-ratings of physical attractiveness increased in girls and boys between 15 and 20 years of age, with male participants providing significantly higher self-ratings at all three time-points. In addition, there were small but meaningful associations with variables of mental well-being: lower judgments of one's perceived attractiveness were associated with reports of higher levels of internalised distress and a higher frequency of suicidal ideation and self-harm – predominantly in girls. While these negative associations were small, a trend towards an increase in the associative strength with age could be observed on a descriptive level. In girls, this increase was continuous across the three time-points but not statistically significant. In boys, the negative association between self-rated physical attractiveness and internal distress became significantly stronger between 15 and 20 years of age.

Resulting gender differences are in line with previous research (e.g., Feingold & Mazzella, 1998). Adolescent girls reported more appearance anxiety symptoms than their male peers and these symptoms showed a higher increase over the teenage years than in boys (Zimmer-Gembeck, Webb, Farrell, & Waters, 2018). Parallely, girls tended to show more appearance-based rejection sensitivity than boys (Bowker, Thomas, Spencer, & Park, 2013). One explanation for appearance-related gender differences stems from media. A study by Simpson et al. (2016), for example, showed that TV programs targeted at children and young adolescents most likely enforced attractiveness/beauty ideals in girls and exercise/athleticism in boys. Another recent study by Voges and colleagues (2019) investigated gender differences in body evaluations considering the effect of *double standards*. Double standards in body evaluations describe a set of principles, that is differently applied when evaluating the

self (own body) vs. another person (others' body). Men rated the "ideal body" more positively when it was presented with their own face compared to another person's face, while women were less strongly influenced by the identity (i.e., whether it is their own or another person's face on the body to be rated). Thus, women seemed to be "fairer" when rating self vs. other bodies while men seem to be more able to "self-enhance" desirable body features, which could positively affect their self-esteem and body satisfaction in the long run.

Regarding the time trends in self-rated physical attractiveness, our results contradict the most longitudinal findings on body image dissatisfaction which show an *increase* instead of a *decrease* in body dissatisfaction across adolescence (e.g., Rodgers, McLean, Marques, Dunstan, & Paxton, 2016; Wang et al., 2019). This might be explained by the way body dissatisfaction was assessed. Frequently used measures for body image are the Body Shape Satisfaction Scale (Pingitore, Spring, & Garfield, 1997), assessing the degree of satisfaction with different body parts and attributes, as well as the Body Mass Index (BMI). In this study we focused on self-perceived attractiveness. This measure involved a comparison between one's own attractiveness and the attractiveness of others, rather than asking participants to evaluate their own body parts and attributes. Also, the current results could reflect more positive self-reflections with growing age due to the increasing importance of romantic relationships across the teenage years. One study investigated adolescents' attractiveness-related social evaluation biases (Agthe, Spörrle, Frey, Walper, & Maner, 2013). At the age when interest in mating starts to emerge, adolescent participants started showing a positive bias towards potential mates but a negative bias towards potential rivals. This bias increased with age. Accordingly, adolescents in the current investigation might show an increase in self-perceived attractiveness in the sense of a "bias" by perceiving themselves as more attractive than same-sex peers in the course of mate search and intrasexual rivalry. Previous research indicates that males tend to have higher scores in physical self-perceptions than

females (e.g., Maiano, Ninot, & Bilard, 2004), which could explain why this effect was more prominent in adolescent boys than in adolescent girls in the present study.

Although no *external* assessment of attractiveness was available to be correlated with the self-rating, the z-proso study allows drawing a conclusion on how accurate *groups* of female and male adolescents rate their own attractiveness in comparison to same-sex peers. On a group level, girls' attractiveness was close to the scale average of 50 and slightly below the average at the ages of 15 and 17 years. Male adolescents, in contrast, seemed to perceive their own attractiveness as "above average" at all three time-points under study. This gender difference in self-ratings of attractiveness could be explained by *double standards* discussed before, such that adolescent boys showed more self-enhancing tendencies regarding their own attractiveness in comparison to adolescent girls. Certainly, from a clinical perspective, it is questionable whether a more "accurate" view of one's own attractiveness is beneficial for the individual, especially in the context of psychological well-being and body satisfaction. A more positive, exaggerated view of one's own appearance might serve as a protective factor – in this case *positively* influencing an individual's self-esteem, body satisfaction and mental health.

Results on the relationships between self-rated physical attractiveness and mental well-being are in line with previous research (e.g., Sharpe et al., 2018). Self-ratings of physical attractiveness were negatively related to internalised distress, suicidal ideation and self-harm. On a descriptive level, these negative associations increased with age in both genders. Sharpe et al. (2018) examined bi-directional associations between body dissatisfaction and depressive symptoms from adolescence through early adulthood. They found that body dissatisfaction predicted later depressive symptoms in girls, while in boys, depressive symptoms predicted later body dissatisfaction in early adolescence and early adulthood. In middle adolescence, the reverse association was found in boys. In the current

investigation, 20-year-old males "caught up" with their female peers such that the associative strength between perceived attractiveness and internalised distress at this age was similar in both genders. This result speaks for a diminishing gender gap in the relationship between appearance-related self-evaluations and negative mental well-being. The British charity "Central YMCA" issued a survey for 16- to 25-year-old young women and men to identify the major challenges in the transition to adulthood (2016). The top three challenges named by both genders were lack of employment opportunities, failing to succeed within the education system and issues of body image (e.g., am I not attractive?). Generally, these results underline the importance of including females and males in research on mental well-being and body image at several time-points across adolescence and young adulthood, including periods of transition, and to look at the bi-directionality of this association in both genders.

Limitations

Only self-reports were available to investigate the variables of interest in the current analyses. A combination of self- and other-reports would be beneficial to examine the potential influence of distortions in perceived attractiveness and to investigate probable influences of double standards in body evaluations in adolescents. Also, further research would benefit from combining different measures of body dissatisfaction and physical self-perception in adolescents. Another limitation concerns the assessment of self-rated physical attractiveness, suicidal ideation and self-harm with only one item each. In addition, the means of the two binary variables (suicidal ideation and self-harm) were close to the minimum values, indicating that such thoughts and behaviours were generally rare in this non-clinical sample. The mentioned limitations restrict far-reaching conclusions and clinical interpretations. A more comprehensive, in-depth measure of these incisive aspects of psychological well-being with established measurement tools, the inclusion of external (other) evaluations and additionally including a clinical sample of adolescents as a comparison group,

might yield further information on potential age and gender differences. One should also bear in mind that the amount of variance explained by physical attractiveness was small and there are certainly further factors linked to psychological well-being. It would be of great interest to include other potential correlates on the individual level (e.g., maturation level and psychological variables such as self-esteem) and on the environmental level (e.g., peer and family support) in future research.

Conclusions

The current analyses revealed a gender effect in self-ratings of physical attractiveness in adolescence. Age seemed to influence the relationship between perceived attractiveness and ratings of internalised distress: the association increased across the 5-year-period under study, with 20-year-old boys "catching up" with their female peers. Although the effect of this association remained small, age should be included as potential moderating variable when studying body satisfaction and psychological well-being in female and male adolescents. Considering that, psychologically, evaluations of attractiveness can affect an individual's mental health, its self-esteem and self-efficacy, it makes sense to intervene early and in various contexts of an adolescent's life, especially as adolescents face many challenging transitions. It is worth developing interventions focusing on the influence of attractiveness on mental health in normative samples of adolescents (e.g., by discussing beauty ideals promoted in social media and their potential negative effects). At the same time, it is also important to address self- and other-evaluations of attractiveness in clinical populations of adolescents, for example in the therapy of eating disorders or body dysmorphic disorders.

Contributorships

All authors participated in the drafting and the revision of the manuscript. All authors read and approved the final manuscript.

Disclosure Statement

All authors declare no conflict of interest.

Complying with Ethics of Experimentation

Informed consent was obtained from the participants. Additionally, parents were informed about the study and could put in a veto if they disagreed with their child's participation up to the age of 15 years. All procedures involving human participants were in accordance with the ethical standards of the institutional and/or national research committee and with the 1964 Helsinki Declaration and its later amendments or comparable ethical standards.

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Table 1

Descriptive statistics of the study variables for female and male participants (N = 1052) at the three measurement waves (M = 15.4 years, M = 17.4 years and M = 20.6 years)

Age: M = 15.4 years						
	Females			Males		
	M	SD	Min-Max	M	SD	Min-Max
Age (years)	15.41	0.38	2.72	15.45	0.35	14.14-16.50
Physical Attractiveness	46.96	21.55	0.00-100.0	57.52	20.72	0.00-100.0
Internalized Distress	21.59	6.19	8.00-40.00	16.61	5.13	8.00-37.00
Suicidal Ideation	1.43	0.84	1.00-5.00	1.20	0.57	1.00-5.00
Self-Harm	1.28	0.77	1.00-5.00	1.11	0.48	1.00-5.00
Age: M = 17.4 years						
	Females			Males		
	M	SD	Min-Max	M	SD	Min-Max
Age (years)	17.41	0.38	2.66	17.45	0.35	16.11-18.61
Physical Attractiveness	48.78	22.39	0.00-100.0	58.86	20.55	0.00-100.0
Internalized Distress	22.14	6.56	9.00-39.00	16.92	5.28	8.00-39.00
Suicidal Ideation	1.47	0.91	1.00-5.00	1.27	0.67	1.00-5.00
Self-Harm	1.26	0.75	1.00-5.00	1.09	0.42	1.00-5.00
Age: M = 20.6 years						
	Females			Males		
	M	SD	Min-Max	M	SD	Min-Max
Age (years)	20.54	0.38	2.81	20.60	0.36	19.22-21.88
Physical Attractiveness	52.50	21.71	0.00-100.0	61.20	20.07	0.00-100.0
Internalized Distress	21.30	6.74	8.00-39.00	17.03	5.58	8.00-40.00
Suicidal Ideation	1.31	0.73	1.00-5.00	1.30	0.71	1.00-5.00
Self-Harm	1.16	0.52	1.00-5.00	1.09	0.44	1.00-5.00

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Table 2

Pearson correlations among physical attractiveness and internalised distress for female and male participants ($N = 1052$) at the three measurement waves ($M = 15.4$ years, $M = 17.4$ years and $M = 20.6$ years)

	Internalised	
	Distress	
	Female	Male
	r (p)	r (p)
Physical Attractiveness		
15.4 years	-.14 (.002)	-.08 (.083)
17.4 years	-.15 (.000)	-.13 (.002)
20.6 years	-.22 (.000)	-.21 (.000)

Note. Bonferroni adjusted alpha value: $p < .017$.

Table 3

Binary logistic regressions of suicidal ideation with physical attractiveness as predictor in female and male participants ($N = 1052$) at the three measurement waves ($M = 15.4$ years, $M = 17.4$ years and $M = 20.6$ years)

			<u>Suicidal Ideation</u>			<u>95% CI OR</u>	
	<i>B</i>	<i>SE B</i>	Wald <i>X</i> ²	<i>p</i>	<i>OR</i>	Lower	Upper
Female							
15.4 years	-.01	.01	2.74	.10	.99	.98	1.00
17.4 years	-.02	.01	14.82	.000	.98	.98	.99
20.6 years	-.02	.01	19.69	.000	.98	.97	.99
Male							
15.4 years	-.01	.01	1.12	.29	.99	.98	1.00
17.4 years	-.01	.01	.52	.47	1.0	.99	1.00
20.6 years	-.01	.01	4.84	.03	.99	.98	1.00

Note. *OR* = Odds ratio; *CI* = 95% Confidence Interval for odds ratio.

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Table 4

Binary logistic regressions of self-harm with physical attractiveness as predictor in female and male participants (N = 1052) at the three measurement waves (M = 15.4 years, M = 17.4 years and M = 20.6 years)

			Self-harm			95% CI OR	
	<i>B</i>	<i>SE B</i>	Wald <i>X</i> ²	<i>p</i>	<i>OR</i>	Lower	Upper
Female							
15.4 years	-.02	.01	10.55	.001	.98	.97	.99
17.4 years	-.02	.01	8.60	.003	.98	.97	1.00
20.6 years	-.03	.01	17.86	.000	.97	.96	.99
Male							
15.4 years	-.02	.01	3.53	.06	.98	.97	1.00
17.4 years	-.01	.01	.36	.55	.99	.98	1.00
20.6 years	-.01	.01	1.04	.31	..99	.97	1.00

Note. *OR* = Odds ratio; *CI* = 95% Confidence Interval for odds ratio.

Figure 1. Means and 95% CI for self-rated attractiveness in female and male participants for the three measurement waves ($M = 15.4$ years, $M = 17.4$ years and $M = 20.6$ years). *** $p < .001$.