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Self-Perceived vs. Actual Physical Attractiveness: Associations with Depression as a Function of Sexual Orientation

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Abstract

Objective—A commonly held belief about physical attractiveness is that attractive individuals are psychologically healthier than less attractive individuals (i.e., the “beauty is good” stereotype). To date, the data on this stereotype and its relationship with depression is limited, with a paucity of literature comparing subjective and objective appearance evaluations and depressive symptoms. Additionally, there is no known research on this relationship among sexual minorities (i.e., gay and bisexual individuals), a highly vulnerable population. The primary aims of the study were to assess the prediction of depression symptoms by subjective and objective appearance evaluation, and secondary aims were to assess the interaction of subjective and objective appearance with sexual orientation.

Method—Participants were 4,882 American emerging adults (M age = 22 years; 2,253 males, 2,629 females) taken from a U.S. nationally representative dataset (Add Health).

Results—Increased negative subjective appearance evaluation was associated with elevated rates of depressive symptoms ($B = -.27, p < .001$), while objective appearance evaluation was not significantly related to depressive symptoms. Sexual orientation significantly moderated the relationship between subjective appearance and depression ($B = .19, p = .009$), with a stronger positive association between negative appearance evaluation and depressive symptoms noted among sexual minority vs. heterosexual participants.

Limitations—Limitations include cross-sectional design and self-report nature of questionnaires.

Conclusions—Findings suggest that the ‘beauty is good’ stereotype may not be valid in regard to depressive symptoms, and that subjective appearance evaluation is a robust predictor of depression, particularly for sexual minority individuals.

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Keywords

appearance evaluation; depression; sexual minority; body image; physical appearance

Depression is one of the most common forms of mental illness in the United States, with an estimated 16 million adults experiencing at least one major depressive episode in the past year (Kessler et al., 2003). An even greater number of individuals experience depressive symptoms, with nationally-representative data reporting 12-month prevalence rates of depressive symptoms at 20% for U.S. adults (Shim et al., 2011). Depression is associated with mortality vis-à-vis coronary heart disease, myocardial infarction, autonomic nervous system dysfunction, and suicide (Hance et al., 1996), is comorbid with other mental illnesses (Aina and Susman, 2006; Kessler et al., 2003), substance abuse (Kessler et al., 1994) and sexually transmitted infection (STI) risk behavior (e.g., Magidson et al., 2014; Waller et al., 2006). The economic impact of depression is also notable, with depression listed as the number one cause of disability in the U.S. and fourth leading cause worldwide (Bromet et al., 2011). Thus, reducing and preventing depression is an imperative public health goal, and identifying modifiable psychosocial predictors of depression is crucial in developing tailored prevention/intervention programs.

One possible modifiable risk factor for developing depression is body dissatisfaction (Holsen et al., 2001; Olivardia et al., 2004; Paxton et al., 2006; Stice et al., 2000). Body dissatisfaction is defined as negative evaluation of one's body or appearance (Strachan and Cash, 2002). Appearance evaluations may be either subjective (i.e., an individual's evaluation of their appearance), or objective (i.e., an outside rating of an individual's appearance). Traditionally, subjective appearance evaluations have been studied among heterosexual women; however, there is growing data highlighting the salience of this construct, and its association with depression, across sex and sexual orientation (e.g., Blashill, 2010; Fabian and Thompson, 1989; Jackson et al., 2014; Paxton et al., 2006).

In addition to subjective appearance evaluation, literature has also assessed the importance of objective appearance evaluation in predicting depression (Noles et al., 1985). Objective evaluations of appearance may cater to what a particular culture identifies as attractive, but they may also show less bias than subjective ratings, having a degree of consistency globally (Langlois et al., 2000). Some researchers have noted that lower levels of observer-rated physical attractiveness are associated with diagnoses of mental illness, suggesting that objective appearance may impact mental health (Archer and Cash, 1985). Cultural stereotypes regarding the attributes of attractive individuals may also influence how individuals rate their own attractiveness and that of others.

One commonly held stereotype about objectively attractive individuals is that they are psychologically healthier than less attractive individuals (Langlois et al., 2000). In both men and women, stereotypes about attractiveness also insinuate that attractive people 'have it all', or are more successful (Cash, 2008). These stereotypes also may encourage particular drive for certain "ideal" body types, such as muscular physiques for men and thinness for women (Cash, 2008; Watson et al., 2015). These stereotypical assumptions can be damaging, as comparing one's own appearance to unrealistic societal ideals may contribute

to symptoms of depression when a discrepancy exists between current and ideal appearance (Cash, 2008; Feingold, 1992).

The evidence supporting the validity of this ‘beauty is good’ stereotype is inconclusive, although several studies have suggested objectively physically attractive individuals may have better psychological health attributed to them, as well as other positive traits such as intelligence (Adams and Crane, 1980; Dion et al., 1972; Langlois et al., 2000; Noles et al., 1985). One study noted that lower levels of observer-rated physical attractiveness was associated with a diagnosis of schizophrenia (Archer and Cash, 1985). In a meta-analysis of assorted stereotypes about attractiveness, Langlois et al (2000) found that objectively rated physically attractive adults were viewed to be more well-adjusted and psychologically healthy than unattractive adults. More objectively attractive adults were also slightly less likely to have a mental illness, according to clinician-based measures of mental health (Langlois et al., 2000). Individuals who were rated objectively attractive also reported better mental health compared to objectively less attractive individuals (Burns and Farina, 1987; O’Grady, 1989; Umberson and Hughes, 1987). However, when objective appearance evaluations are contrasted with subjective appearance evaluations in the same study, a complex picture emerged. One of the few studies to assess depression in the context of both subjective and objective appearance evaluations noted that depressed participants were less satisfied with their appearance, even though objective raters noted no significant differences in objective attractiveness between depressed and healthy participants (Noles et al., 1985). Another study noted that participants who rated themselves poorly on physical attractiveness were at increased risk of anxiety and depression on the Minnesota Multiphasic Personality Inventory (MMPI) compared to individuals who rated themselves as more attractive (Archer and Cash, 1985). Conflicting results and the general paucity of research suggests that the degree to which stereotypes regarding the mental health of attractive individuals are largely unknown, as is the relative magnitude of subjective vs. objective ratings of attractiveness with depressive symptoms.

One population that typically reports poor appearance evaluations are sexual minorities (i.e., non-heterosexual individuals). Along with heterosexual women (38%), sexual minorities report elevated levels of negative appearance evaluation (men: 32%; women: 35%) compared to heterosexual men (24%; Peplau et al., 2008). Additionally, sexual minority individuals are disproportionately affected by depression relative to their heterosexual counterparts (Hatzenbuehler, 2009; Lehavot and Simoni, 2011; Lewis et al., 2009; Marshal et al., 2011). One explanation of this elevated negative affect is through excess distress that sexual minorities face, as described in the sexual minority stress theory (Meyer, 2003). This theory posits that the higher prevalence of mental illness in sexual minorities stems from a combination of stigma, prejudice, and discrimination, which creates a hostile social environment (Meyer, 2003). The resulting experiences and expectation of rejection contribute to the increased risk for depression. Expanding on this theory, Hatzenbuehler (2009) proposed a psychological mediation framework, where minority stress increases risk for depression because it exacerbates mediational processes (e.g., social isolation, rumination, emotional dysregulation) known to be associated with poor mental health. To fully explain increased negative appearance evaluations among sexual minorities, however, it may be necessary to look beyond sexual minority stress theory alone.

Objectification theory (Fredrickson and Roberts, 1997), although not tested directly in the current study, may offer an additional relevant theoretical context for linking appearance evaluation with depression in sexual minorities, as it attempts to explain how experiences of sexual objectification may relate to psychological distress. Although originally developed through research with heterosexual women, the theory has recently been extended to sexual minorities (Watson et al., 2015; Wiseman and Moradi, 2010), asserting that when a body or body parts are separated from the person and reduced to their sexual functioning for others' use or pleasure, body surveillance and shame may result (Fredrickson and Roberts, 1997; Watson et al., 2015). This shame and hyper-awareness of the body may lead to depressive symptoms, thus directly connecting negative appearance evaluation with depression (Szymanski and Henning, 2006; Wiseman and Moradi, 2010). Hyper-awareness of the body may lead both sexual minority men and women to confer more automatic and salient appearance-based comparisons between themselves and their sexual partners due to similarities given that they are the same sex. Additionally, in women, although some literature reports different rates of negative appearance evaluation between sexual minority and heterosexual women, (Bergeron and Senn, 1998), other, more recent literature has noted similar rates, suggesting that internalizing deeply ingrained standards of beauty may be damaging to women across sexual orientation (Davids and Green, 2011; Peplau et al., 2008; Watson et al., 2015). Another possible explanation for these similarities may be that although sexual minority women are not attempting to attract male partners, they still experience the same socialization processes that instruct women to engage in objectification. For sexual minority men, negative appearance evaluation is elevated compared to heterosexual men (Grogan, 2007; McCreary et al., 2007; Morrison et al., 2004; Peplau et al., 2008). These rates may be the result of objectifying the self to attract other men, as men may place a greater emphasis on physical attractiveness in selecting sexual partners (Langlois et al., 2000). In addition, sexual minority men's communities seem to lack critical discourse challenging the negative components of societal body ideals (Wood, 2004). Taking into account both sexual minority stress theory and objectification theory, it follows that sexual minority individuals are broadly at risk for elevated psychological distress, and perhaps specifically at risk for elevated negative appearance evaluation.

The elevated rates of depression and negative subjective appearance evaluations in sexual minority individuals underscores the need for carefully tailored prevention and intervention efforts to reduce risk for depression. However, tests of these relationships with large, nationally representative samples are lacking, and few studies assess subjective and objective appearance simultaneously. The purpose of the current study was to assess the nature of subjective and objective appearance in predicting depressive symptoms in sexual minority and heterosexual populations, also evaluating any interactive effects between these factors. In other words, our aim was to test the validity of the "beauty is good" stereotype in regard to depressive symptoms. The study sought to build on existing literature in several important ways. We expanded our analysis using a nationally representative sample, and assessed additional variables such as age, race, and ethnicity. We hypothesized the relationship between subjective appearance evaluation and depression would be stronger than for objective appearance evaluation. Our second hypothesis was that the effect of

subjective appearance evaluation on depression would be stronger for sexual minority individuals than heterosexuals.

Methods

Participants

The current study was conducted using data from the National Longitudinal Study of Adolescent Health (Harris et al., 2009), a multi-wave, nationally representative, longitudinal dataset of U.S. adolescents followed into young adulthood. Participants were 4,882 American emerging adults (2,253 males, 2,629 females) sampled from one assessment time point, Wave 3 (sampled between 2001–2002; mean age 22 years, $SD = 1.8$). These participants in the current study represent a subsample of the larger Add Health database ($N = 15,170$). The response rate for Wave 3 is 77.4%, compared to 79% for Wave 1. See Table 1 for additional demographic variables.

Procedure

Data were extracted from Wave 3 of the Add Health database including data from 2001 and 2002. Initially in Wave 1, a sample of 80 U.S. high and 52 middle schools was selected with unequal probability of selection due to sampling stratification with regard to country region, school size, school type, urbanicity, and ethnicity. For the purposes of the current study, only Wave 3 data were examined, given that consistent variables of interest were unavailable in subsequent waves (i.e., subjective and objective appearance evaluations, depressive symptoms).

Measures

Sexual minority status—In the current study, sexual minority status was operationally defined by responses to two individual items. Same-sex attraction was assessed based on participant sex and an answer to two items: “Have you ever had a romantic attraction to a female?” and “Have you ever had a romantic attraction to a male?” Sexual identity was assessed via the item: “Please choose the description that best fits how you think about yourself.” Responses indicating same-sex attraction (e.g., a female respondent indicating attraction to females or male respondent indicating attraction to males) or an answer of “bisexual,” “mostly homosexual,” or “100% homosexual” on the identity item grouped participants as sexual minorities (e.g., Blashill and Safren, 2014). A general ‘minority orientation’ variable was created using these guidelines. Using a composite variable helped us to present the largest possible group of sexual minority individuals, a common approach used in large epidemiological samples (e.g., (Mustanski et al., 2013).

Depressive symptoms—Depressive symptoms were measured by a modified, nine item version of the 20-item Center for Epidemiological Studies Depression Scale (CES-D; Radloff, 1977). Slight differences in item wording were incorporated into the Add Health study. In the majority of cases, the shift was from first person to second person (i.e., “I” to “you”). The nine items in the current study were adopted from the CES-D Short Form (Santor and Coyne, 1997), with the item assessing suicide removed. Items asked how frequently a participant felt a certain way in the past seven days (e.g., “You were bothered

by things that usually don't bother you;" "You felt that you were just as good as other people"). Responses ranged from 0 (never/rarely) to 3 (most of the time/all of the time), with higher scores denoting elevated levels of depressive symptoms. This depression variable has been previously used to assess depressive symptoms in adults in large longitudinal and cross-national studies (Bauldry, 2015; Blashill and Wilhelm, 2014). Internal consistency for the current sample was .81.

Subjective appearance evaluations—Subjective appearance evaluations were assessed via the following item: "How attractive are you?" Response options ranged from 1 (very attractive) to 4 (not at all attractive). To match the directionality of objective appearance evaluations, items were re-coded; thus, higher score denote greater self-perceived attractiveness.

Objective appearance evaluations—Objective appearance evaluations were assessed via the following interviewer-rated item: "How physically attractive is the respondent?" Response options ranged from 1 (very unattractive) to 5 (very attractive), with higher scores denoting greater physical attractiveness as perceived by the rater. The validity of objective rater evaluations of appearance has been demonstrated in previous literature (e.g., Archer and Cash, 1985; Langlois et al., 2000). For example, Langlois and colleagues (2000) noted in their meta-analysis that reliability coefficients revealed that objective judges (without specific training) showed significant interrater reliability in evaluating the attractiveness of others ($r = .90$ for adults, $r = .85$ for children). Cross-cultural agreement between raters was even higher, at $r = .94$ (Langlois et al., 2000).

Statistical analyses

The primary aims of the study were to assess the prediction of depression symptoms by subjective and objective appearance evaluation. Secondary aims were to assess the interaction of subjective and objective appearance with sexual orientation. To test these questions, we utilized Complex Samples (in SPSS 22), which accounts for weighting, clustering, and stratification inherent in the Add Health dataset. These weighting procedures allows for inferring representativeness of the U.S. population of young adults. For additional information on weighting procedures, please see Chen and Chantala, (2014). Main effects of subjective and objective appearance orientation, along with interactions terms with sexual orientation (and other relevant covariates: age, race, ethnicity) were entered into general linear model, with depressive symptoms as the dependent variable. Unstandardized regression coefficients and their 95% confidence intervals (C.I.) are reported for significant effects. In the presence of a significant parameter estimate for the interaction term, simple main effects analyses were planned to assess the conditional effect of the predictor variable (objective or subjective appearance evaluation) at each level of the moderator variable (sexual orientation).

Results

Preliminary results

For sociodemographic information from the sample, please see Table 1. For a correlation matrix of study variables, please see Table 2.

Primary results

The overall model was significant, $F_{14,118} = 14.6, p < .0001$. Significant main effects of sexual orientation ($B = -.96, SE = .27, 95\% \text{ C.I. } [-1.5, -.42], t_{131} = -3.5, p = .001$), non-Hispanic ethnicity ($B = -.08, SE = .03, 95\% \text{ C.I. } [-.13, -.02], t_{131} = -2.8, p = .005$), non-White race ($B = .11, SE = .02, 95\% \text{ C.I. } [.07, .16], t_{131} = 5.5, p < .001$), and subjective appearance evaluation ($B = -.27, SE = .07, 95\% \text{ C.I. } [-.41, -.14], t_{131} = -3.9, p < .001$) were revealed. A non-significant effect of objective appearance evaluation was also noted, ($B = -.10, SE = .06, 95\% \text{ C.I. } [-.23, .01], t_{131} = -1.7, p = .08$). These findings indicate that sexual minorities, Hispanics, and non-Whites reported elevated depressive symptoms compared to heterosexuals, non-Hispanics, and Whites. Further, the significant main effect for subjective appearance evaluation indicates that a one-point decrease in appearance evaluation (range 1–4) is associated with a .27-point increase in depressive symptoms (range 0–3). Additionally, a significant sexual orientation by subjective appearance evaluation interaction was also found ($B = .19, SE = .07, 95\% \text{ C.I. } [.05, .34], t_{131} = 2.7, p = .009$). To characterize this interaction, simple main effects analyses were conducted, examining the subjective appearance evaluation effect by sexual orientation status. These analyses revealed that the effect of subjective appearance evaluation on depressive symptoms was stronger for sexual minority individuals ($B = -.27, SE = .07, 95\% \text{ C.I. } [-.42, -.13], t_{71} = -3.7, p < .001$) compared to heterosexual individuals ($B = -.08, SE = .02, 95\% \text{ C.I. } [-.12, -.04], t_{131} = -4.2, p < .001$).

Discussion

The current study is the first of its kind to utilize a nationally representative sample to examine the simultaneous association of subjective and objective appearance evaluations with depressive symptoms among men and women. Additionally, the study is the first known to examine subjective and objective appearance evaluation's effects on depression among sexual minority individuals. By distinguishing possible relationships between subjective and objective appearance evaluation with depressive symptoms, the current study provides a novel assessment of the 'beauty is good' stereotype.

A main effect indicated that subjective appearance evaluations were predictive of increased depressive symptoms, while objective appearance evaluations were not. This novel finding has important implications, suggesting that stereotypes about physical attractiveness and improved mental health asserted by previous literature are not entirely supported. How an individual views their own appearance may have a greater positive or negative impact on depressive symptoms than how they appear outwardly to others. This conclusion reiterates the importance of continued research on appearance evaluation not only in heterosexual women, but also in heterosexual men and sexual minority men and women. Additionally,

this result indicates that negative subjective appearance evaluation may be a salient risk factor for depression, due to its strong relationship with depressive symptoms in this nationally representative sample. This finding is also consistent with longitudinal data identifying negative appearance evaluation as a prospective predictor of depression (e.g., Holsen et al., 2001; Paxton et al., 2006). Conversely, while bivariate models show objective appearance evaluations to be significantly related to depressive symptoms, when controlling for subjective appearance, the relationship is no longer significant and may not, in fact, be useful in predicting depression.

In addition to this significant main effect, a significant two-way interaction between sexual orientation and subjective appearance illustrated that the effects of subjective appearance evaluation were substantially stronger among sexual minorities compared to heterosexuals. The lack of a significant three-way interaction among sex, sexual orientation, and subjective appearance indicated that there were no significant differences between sexual minority men and women in the relationship between appearance evaluation and depressive symptoms. Further, there were no significant two-way interactions between gender and appearance evaluation, which contrasts with previous literature noting more salient appearance concerns among women compared to men (e.g., Calogero et al., 2011; Fredrickson and Roberts, 1997). One possible explanation for this finding may be that, with increasing objectification of men (e.g., Martins et al., 2007; Parent and Moradi, 2011; Wiseman and Moradi, 2010), the gender gap may be diminishing, at least when comparing sexual minority men with heterosexual and sexual minority women. Thus, sexual orientation may represent a greater risk in the relationship between negative appearance evaluation and depressive symptoms than sex. In general, the results from this study underscore the relationship between negative appearance evaluation and elevated depressive symptoms, as well as its disproportionate impact on sexual minorities.

In assessing the large difference in magnitude of subjective appearance evaluation on depressive symptoms between sexual minority and heterosexual individuals, it is possible that there are additional unmeasured variables that account for some of the variance in this relationship. One possibly influential construct is appearance orientation, or the degree to which individuals cognitively invest in their appearance (Cash et al., 2004; Cash and Labarge, 1996). Adopting a schema that values the often unrealistic Western societal ideals of beauty and body shape may cause an individual to feel unattractive if he or she does not meet these societal expectations, and therefore increase reported negative self-evaluations of appearance (Cash, 2008; Davids and Green, 2011; Watson et al., 2015). For sexual minority men, it has been suggested that emphasis on physical attractiveness (e.g., thinness and muscularity) is heightened compared to heterosexual men, as sexual minority men focus attention on attracting other men (Peplau et al., 2008; Yelland and Tiggemann, 2003). This pressure to display a particular aesthetic may then result in increased investment and monitoring of appearance (Peplau et al., 2008). For sexual minority women, growing up with deeply ingrained cultural standards of beauty may also reinforce appearance investment (Peplau et al., 2008). Even though sexual minority women are not generally attempting to attract men (or, in the case of bisexual women, not singularly trying to attract male partners), the results from our study suggest that any potential buffering effect may be counteracted by simply being a woman and experiencing minority stress. To our knowledge, no studies have

assessed the possible mediating role of appearance orientation between depression and negative appearance evaluations, and thus it may be germane for future research to include a measure of appearance orientation, particularly when assessing across sexual orientation and gender. Additionally, body image distortions, or the degree to which an individual has a distorted perception regarding his or her objective appearance (Cash and Pruzinsky, 2004), may also be an area for future research, especially within sexual minority groups. As body image distortions may be another strong indicator of depression (Blashill and Wilhelm, 2014), future exploration may benefit from including such a variable.

Despite these novel findings within a nationally representative sample, the current study is not without its limitations. Of note, the design was cross-sectional and as such, temporal influences are difficult to assert, as it is possible that the predictor variables (e.g., negative subjective appearance evaluations) are outcomes, rather than precursors of depressive symptoms. Despite this potential limitation, some longitudinal evidence suggests that negative subjective appearance evaluation prospectively predicts elevated depressive symptoms, but the reverse was not supported (i.e., depression did not prospectively predict appearance evaluation; Holsen et al., 2001). Continuing to test this model within a longitudinal design would aid in understanding the temporal ordering of effects, albeit only an experimental design can properly address casual relations. Additionally, while the marker of depression used by Add Health is an empirically validated adaptation of the CES-D short form (Beaujean et al., 2013; Swallen et al., 2005), the full CES-D includes an item assessing suicidal ideation (Radloff, 1977), which could possibly capture a more comprehensive and/or a more severe picture of depressive symptoms. Finally, although the objective raters were not trained specifically on how to assess participant appearance, literature has supported the validity of using independent raters and shown a degree of consistency globally, even without specific training (Jacobi and Cash, 1994; Langlois et al., 2000).

The results from this study may also inform prevention and intervention efforts. For instance, the current findings indicate that appearance-based evaluations, especially in sexual minority populations, may be vital in developing effective depression interventions. Given the dramatic prevalence of negative appearance evaluation in sexual minority populations, it seems prudent to explicitly address this concern. One such approach includes a cognitive-behavioral therapy (CBT) intervention specifically developed to treat those with body image dissatisfaction (Cash, 2008). This program focuses on modifying how individuals experience their bodies and regard their appearance evaluations using a variety of techniques, including mindfulness to accept evaluative experiences, modifying behavior rituals related to the body, cognitive restructuring, and perceptual retraining (Cash, 2008). In its evaluation, this eight-week program demonstrated reductions in negative appearance evaluations as well as depressive symptoms among study completers (Strachan and Cash, 2002). Additionally, cognitive dissonance-based eating disorder prevention programs may help avert negative appearance evaluation by aiming to reduce internalization of negative cultural ideas (e.g., Stice et al., 2013). A 2007 meta-analysis of eating disorder programs found that dissonance-based programs were more effective in lowering depressive symptoms in women (Stice et al., 2007), although additional randomized prevention trials are still needed to test interventions for sexual minority individuals (Stice et al., 2007). Recently, Pachankis and colleagues (2015) developed a CBT-based program that

demonstrated efficacy in combating sexual minority-specific risk factors for depression by focusing on reducing minority stress processes that underlie many of these psychosocial problems. This intervention, modeled after the unified protocol for the transdiagnostic treatment of emotional disorders (Ellard et al., 2010), resulted in significantly reduced depressive symptoms (Pachankis et al., 2015). Although this intervention did not assess body image, it is possible that transdiagnostic interventions would also exert an effect on this form of psychological distress.

In summary, the current study demonstrated that negative subjective appearance evaluations were associated with increased levels of depressive symptoms in both sexual minority and heterosexual participants. Conversely, objective appearance evaluations were not significantly associated with depression in multivariable models. These results strongly suggest that the ‘beauty is good’ stereotype may not be valid, at least as it relates to depressive symptoms. Moreover, the data suggest that the relationship between appearance evaluation and depression is much stronger for sexual minority individuals compared to heterosexual individuals. The robust effect sizes reiterate the importance of negative subjective appearance evaluation in predicting depression, and the dramatic disparity for sexual minority individuals emphasizes the pressing need for additional developed prevention and intervention efforts, tailored to address appearance evaluation concerns among sexual minorities.

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Subjective appearance evaluation was significantly predictive of increased depressive symptoms.

Objective appearance evaluation was non-significantly related to increased depressive symptoms.

A two-way interaction between sexual orientation and subjective appearance revealed this effect to be especially pronounced in sexual minority individuals.

Table 1

Sample Characteristics

Variable	N (%)
Sex	
Female	2,629 (54)
Male	2,253 (46)
Race	
White	3376 (69.7)
Non-white	1467 (30.3)
Ethnicity	
Non-Hispanic	4353 (89.3)
Hispanic	522 (10.7)
Sexual identity	
Sexual minority	137 (2.8)
heterosexual	4671 (97.2)
High School grad	4,045 (83)
Some or current college	2,610 (53.5)
	<i>M (SD)</i>
Age (years)	21.8 (1.81)
Depression	.49 (.45)
SA	3.0 (.73)
OA	3.5 (.82)

Note. *M* = mean, *SD* = standard deviation, *N* = number of participants, SA = subjective attractiveness, OA = objective attractiveness.

*
 $p < .05$;

**
 $p < .01$

Table 2

Intercorrelations among study variables

	Age	Sex	SA	OA	Dep	SM	Hispanic	White
Age	–	–.06**	–.02	–.03*	–.027	–.04**	.12	–.01
Sex		–	–.01	.11**	.11**	.028*	–.006	–.02
SA			–	.08**	–.12**	–.01	–.03	–.20**
OA				–	–.08**	–.02	.01	.04**
Dep					–	.07**	.05**	–.09**
SM						–	.03	.02
Hispanic							–	.03*
White								–

Note. SA = subjective appearance evaluation; OA = objective appearance evaluation; Dep = depressive symptoms; SM = sexual minority; Hispanic = Hispanic vs. non-Hispanic status; White = white vs. non-white status.

* $p < .05$;

** $p < .01$