

Self-Concept among Young Adults: Implications for Mental Health, Health Behaviours, and Sustainable Development Goal 3

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ABSTRACT

Background: Young adulthood is a critical developmental period characterized by identity exploration, changing social roles, increasing autonomy, and significant educational, occupational, and interpersonal transitions. Self-concept, particularly self-concept clarity, may play an important role in psychological adjustment during this period. However, evidence concerning its relationship with mental health, health-related behaviours, digital environments, and broader health promotion remains fragmented. This review examines self-concept among young adults and considers its implications for mental health and Sustainable Development Goal 3 (SDG 3), particularly Target 3.4.

Methods: An integrative review approach was used to synthesize theoretical and empirical literature concerning self-concept, self-concept clarity, self-esteem, psychological well-being, mental health, body image, health-related behaviours, social media, and cultural influences among young adults. Relevant peer-reviewed literature was examined across multidisciplinary and health-focused evidence sources, with emphasis on contemporary research and longitudinal evidence. The synthesis considered similarities and differences across study designs, populations, constructs, and outcomes.

Results: The evidence indicates that self-concept clarity is consistently associated with psychological adjustment and mental health. Recent longitudinal research suggests a reciprocal relationship between self-concept clarity and psychological distress, including stress, anxiety, and depression. Evidence also demonstrates that self-concept clarity and self-esteem are related but distinct constructs. Emerging research links self-concept processes with body image, eating-related outcomes, social comparison, cultural identity conflict, and digital-media experiences. However, the evidence remains heterogeneous, with substantial reliance on observational and self-report research and limited representation of culturally diverse and low- and middle-income populations.

Conclusions: Self-concept appears to be an important psychosocial factor within the broader developmental and ecological context of young-adult health. Its potential relevance to SDG 3.4 lies primarily in mental-health promotion, prevention, resilience, healthy identity development, and well-being rather than as a direct SDG indicator. Future research should prioritize longitudinal and intervention studies, culturally validated measurement, and greater representation of Indian and other low- and middle-income populations. Integrating adaptive self-concept development into broader, multilevel health-promotion strategies may provide a promising direction for supporting mental health and well-being among young adults.

Keywords: self-concept; self-concept clarity; young adults; emerging adulthood; mental health; psychological well-being; health promotion; social media; SDG 3; SDG 3.4

INTRODUCTION

Young adulthood is a critical period of human development characterized by substantial changes in identity, interpersonal relationships, education, employment, autonomy, and future aspirations. Arnett (2000)

conceptualized the period from the late teens through the twenties as *emerging adulthood*, a developmental stage marked by identity exploration and increasing independence. During this period, individuals make consequential decisions concerning education, occupation, relationships, lifestyle, and personal values, while simultaneously adapting to changing social expectations. These transitions can provide opportunities for growth and psychological development but may also create uncertainty, stress, and vulnerability to mental-health difficulties.

Mental health is an essential component of overall health and well-being, and its importance during the transition to adulthood is increasingly recognized. The World Health Organization (WHO) notes that mental-health conditions frequently emerge early in life and that many young people do not receive the support they require. The developmental significance of this period is therefore not limited to the prevention of mental disorders; it also includes the promotion of psychological resources that enable young adults to adapt successfully to changing circumstances. Understanding factors that contribute to positive psychological functioning during this stage is consequently relevant to both developmental science and public health.

One such factor is **self-concept**, broadly referring to the individual's cognitive representation and understanding of the self. Self-concept encompasses perceptions of personal characteristics, abilities, roles, values, relationships, and other aspects through which individuals answer the question of who they are. The development of self-understanding has been a longstanding concern within psychological theory, with early perspectives emphasizing the experiential, social, and interpersonal foundations of the self (Cooley, 1902; James, 1890; Mead, 1934). Contemporary research, however, distinguishes self-concept from related constructs such as self-esteem, self-efficacy, identity, and self-concept clarity. This distinction is important because self-concept concerns the content of self-knowledge, whereas self-concept clarity concerns the extent to which that knowledge is clearly and confidently defined, internally consistent, and relatively stable over time (Campbell et al., 1996; Manchiraju, 2026).

Self-concept may be particularly consequential during young adulthood because this developmental period requires individuals to integrate multiple emerging roles and experiences into an increasingly coherent sense of self. Educational achievement, career aspirations, family expectations, peer relationships, physical appearance, social belonging, and digital identities may each contribute to self-evaluation. A young adult may therefore simultaneously develop academic, occupational, social, physical, relational, and cultural dimensions of self-concept. The ability to integrate these experiences may influence how individuals interpret success, failure, uncertainty, and social feedback.

Among the different dimensions of self-concept, **self-concept clarity** has received increasing empirical attention. Campbell et al. (1996) conceptualized self-concept clarity as the extent to which self-beliefs are clearly and confidently defined, internally consistent, and stable over time. Importantly, clarity is conceptually distinct from whether a person's self-view is positive or negative. Thus, an individual may have a clearly defined but negative self-concept, whereas another may have relatively positive self-evaluations but uncertainty or inconsistency concerning aspects of identity. This distinction has become increasingly important in contemporary research because self-concept clarity appears to be associated with psychological adjustment beyond the evaluative dimension represented by self-esteem (Weber et al., 2023).

Recent longitudinal evidence strengthens the relevance of self-concept clarity to young-adult mental health. Hertel et al. (2024), using three annual waves of data from young adults, examined reciprocal associations between self-concept clarity and perceived stress, general anxiety, and depression. Their findings indicated that lower self-concept clarity predicted subsequent increases in psychological distress, while psychological distress also predicted subsequent reductions in self-concept clarity. These findings are important because they challenge a simplistic model in which an unfavorable self-concept is merely a precursor to poor mental health. Instead, self-concept and psychological functioning may influence one another dynamically over time.

The relevance of self-concept extends beyond mental-health symptoms. Self-perceptions may influence body image, health-related behaviours, social functioning, coping, resilience, and perceptions of quality of life. For example, physical self-concept and appearance-related self-evaluation may influence relationships with food and physical activity, while social self-concept may be related to belonging and interpersonal functioning. At the

same time, experiences arising from health behaviours, social relationships, and physical health may subsequently modify self-perceptions. Self-concept should therefore be understood within a broader biopsychosocial and developmental framework rather than as an isolated individual characteristic.

The contemporary digital environment adds another important dimension. Social-media platforms provide young adults with opportunities for self-presentation, identity exploration, social interaction, and social comparison. They can also expose users to highly curated representations of appearance, achievement, relationships, and lifestyle. Recent scholarship emphasizes that self-concept clarity is shaped by multiple developmental, familial, cultural, and digital influences and may itself function as both an outcome and predictor of psychological adjustment (Manchiraju, 2026). Thus, understanding contemporary self-concept requires consideration of both offline and digital social environments.

Cultural context is equally important. The meaning of an adaptive self-concept cannot necessarily be assumed to be universal. Cultural values influence perceptions of autonomy, family obligations, social roles, achievement, and belonging (Markus & Kitayama, 1991). This is particularly relevant for young adults in India and other low- and middle-income settings, where individual aspirations may coexist with strong family and community expectations. Consequently, evidence generated predominantly in Western populations may not fully represent the developmental experiences or psychosocial pathways relevant to culturally diverse young adults.

These issues also have relevance to the **Sustainable Development Goal 3 (SDG 3)** agenda. SDG 3 seeks to ensure healthy lives and promote well-being for all, while Target 3.4 explicitly includes the promotion of mental health and well-being (United Nations, 2015). Self-concept is not itself an SDG indicator; rather, it may represent one psychosocial factor within the broader network of individual and contextual determinants that influence mental health and well-being. Understanding whether and how adaptive self-concept contributes to resilience, healthy functioning, and psychological well-being may therefore inform preventive and health-promotion approaches relevant to SDG 3.4.

Despite growing interest, the literature remains fragmented across developmental psychology, personality psychology, mental health, body image, health behaviour, digital media, and public health. Moreover, important questions remain concerning the directionality of associations, cultural variability, mechanisms linking self-concept with health outcomes, and the effectiveness of interventions designed to strengthen adaptive self-related processes. The recent integrative review by Manchiraju (2026) further highlights unresolved issues concerning measurement, causal ordering, cross-national validation, and the need to distinguish self-concept clarity from related self-constructs.

Therefore, this review aims to critically synthesize contemporary evidence on self-concept among young adults, with particular emphasis on its relationship with mental health, psychological well-being, body image and health-related behaviours, digital and sociocultural influences, and its potential relevance to SDG 3.4. The review further seeks to identify major evidence gaps and propose directions for culturally responsive, preventive, and public-health-oriented research.

REVIEW METHODOLOGY

Review Design

This paper adopted an **integrative review design** to synthesize theoretical and empirical evidence concerning self-concept among young adults and its relationship with mental health, psychological well-being, health-related behaviours, and Sustainable Development Goal 3 (SDG 3). An integrative review is appropriate for topics in which evidence is generated through diverse research designs because it permits the synthesis of empirical and theoretical literature within a common conceptual framework (Whittemore & Knafl, 2005).

The review was guided by five stages of the integrative review process: problem identification, literature search, data evaluation, data analysis, and presentation of findings (Whittemore & Knafl, 2005). The review focused

specifically on young adulthood and examined self-concept as a multidimensional construct, with particular attention to self-concept clarity and its associations with psychological and health-related outcomes.

Review Question and Objectives

The review was guided by the following overarching question:

How is self-concept associated with mental health, psychological well-being, health-related behaviours, and contextual influences among young adults, and what are the implications of this evidence for SDG 3, particularly Target 3.4 on mental health and well-being?

The specific objectives were to:

1. synthesize evidence concerning self-concept and mental health among young adults;
2. examine relationships between self-concept, psychological well-being, resilience, body image, and health-related behaviours;
3. examine the influence of digital, cultural, family, and sociodemographic contexts on self-concept;
4. identify methodological and evidence gaps; and
5. consider the implications of the evidence for mental-health promotion and SDG 3.4.

Literature Search Strategy

A structured literature search was undertaken using major multidisciplinary and health-focused databases, including PubMed/MEDLINE, Scopus, Web of Science, and PsycINFO, supplemented by Google Scholar for citation tracking and identification of relevant scholarly literature. Searches focused primarily on literature published between January 2000 and September 2026 to capture contemporary evidence concerning young adulthood, mental health, digital environments, and health promotion. Seminal theoretical publications published before 2000 were retained when they provided foundational conceptualization of self-concept, identity, self-evaluation, or developmental processes.

Search terms were developed around the major concepts of the review and combined using Boolean operators. Core terms included “*self-concept*,” “*self-concept clarity*,” “*self-esteem*,” “*self-identity*,” “*young adults*,” “*emerging adulthood*,” “*mental health*,” “*psychological well-being*,” “*depression*,” “*anxiety*,” “*stress*,” “*resilience*,” “*body image*,” “*health behaviours*,” “*social media*,” “*social comparison*,” “*culture*,” “*India*,” “*low- and middle-income countries*,” and “*SDG 3*.” Reference lists of relevant studies and reviews were also examined to identify additional publications.

The search strategy was designed to maximize relevance while maintaining a clear conceptual focus. Consistent with integrative-review methodology, the search process incorporated database searching and reference-list examination because reliance on a single search strategy may result in incomplete identification of relevant literature (Whittemore & Knafl, 2005).

Eligibility Criteria

Studies were considered eligible when they met the following criteria:

- examined self-concept, self-concept clarity, or a closely related self-related construct;
- included young adults or populations representing emerging adulthood;
- investigated psychological, social, behavioural, or health-related outcomes;

- were published in peer-reviewed journals, with seminal theoretical works included where conceptually necessary; and
- provided sufficient information to interpret the study population, methodology, and principal findings.

Priority was given to empirical studies, longitudinal research, systematic or scoping reviews, and theoretically influential publications. Studies addressing mental health, psychological well-being, resilience, body image, health behaviours, social media, cultural influences, or contextual determinants were considered particularly relevant to the review question.

Studies were excluded when they did not substantially address self-concept or a related self-construct, focused exclusively on populations outside the developmental scope of the review without transferable relevance, lacked adequate methodological information, or were non-scholarly publications. Reports from authoritative international organizations were considered separately when they provided evidence or policy information directly relevant to SDG 3 and global mental health.

Study Selection and Data Evaluation

Retrieved literature was screened for relevance to the review objectives. Titles and abstracts were initially assessed, followed by examination of potentially relevant full-text publications. The methodological and conceptual relevance of included literature was considered before its findings were incorporated into the synthesis.

Consistent with the integrative-review approach, studies were not treated as methodologically equivalent solely on the basis of publication. Greater interpretive weight was given to studies with stronger designs, validated measures, longitudinal follow-up, clearly defined populations, and transparent analytical procedures. Theoretical contributions were evaluated according to their relevance to understanding the development, structure, and functioning of self-concept.

Because the review incorporated diverse forms of evidence, findings were interpreted in relation to study design and methodological limitations rather than using a single hierarchy of evidence. This approach is consistent with the purpose of integrative reviews, which is to generate a comprehensive understanding from heterogeneous empirical and theoretical sources (Whittemore & Knafl, 2005).

Data Extraction and Synthesis

Data were extracted according to a structured framework including author and year, study population, geographical context, study design, self-concept construct or measure, relevant outcome variables, major findings, and reported limitations.

The extracted evidence was organized into conceptually related domains and synthesized narratively. Five principal domains were established:

1. Self-concept and mental health;
2. Self-concept, psychological well-being, and resilience;
3. Self-concept, body image, and health-related behaviours;
4. Digital, cultural, and sociodemographic influences; and
5. Implications for SDG 3.4 and health promotion.



The synthesis emphasized convergence and divergence across studies and distinguished cross-sectional associations from longitudinal evidence. Particular attention was given to potential reciprocal relationships between self-concept and psychological health, rather than assuming a unidirectional causal relationship.

Methodological Rigor and Scope

Several strategies were used to enhance the rigor of the review, including specification of the review question, structured searching, explicit eligibility criteria, systematic data extraction, critical consideration of study characteristics, and transparent narrative synthesis. These elements are consistent with recommendations for strengthening the methodological rigor of integrative reviews (Whittemore & Knafl, 2005).

The present review was designed as an **integrative review rather than a systematic review or meta-analysis**. Consequently, it does not claim to provide a statistical pooled estimate of effects or an exhaustive enumeration of all available studies. The purpose was to integrate diverse evidence to develop a broader understanding of self-concept among young adults and its implications for mental health and health promotion.

The review also distinguishes between **empirical evidence and conceptual interpretation**. Associations identified in the literature are not interpreted as evidence of causality unless supported by an appropriate longitudinal or experimental design. This distinction is particularly important because self-concept and psychological well-being may influence one another over time.

Reporting Considerations

The review methodology and synthesis were structured to provide transparency regarding the scope, selection, evaluation, and interpretation of the evidence. PRISMA 2020 is primarily a reporting guideline for systematic reviews and therefore was not presented as the methodological basis of this integrative review (Page et al., 2021). If the review is subsequently converted into a systematic review, a reproducible search protocol, formal screening process, PRISMA flow diagram, and systematic-review-specific risk-of-bias assessment would be required.

Results: Evidence Synthesis

Overview of the Evidence

The evidence reviewed indicates that self-concept is a multidimensional construct encompassing the content and organization of self-knowledge, its evaluation, and the perceived coherence and stability of self-beliefs. Within this broader construct, **self-concept clarity (SCC)** has emerged as an important dimension for understanding psychological adjustment. SCC refers to the extent to which self-beliefs are clearly and confidently defined, internally consistent, and relatively stable over time (Campbell et al., 1996). Recent scholarship further conceptualizes SCC as a structural and metacognitive property of self-knowledge that is distinct from the content or positive/negative evaluation of the self (Manchiraju, 2026).

The evidence base includes foundational psychometric and theoretical work, cross-sectional studies, longitudinal investigations, and recent systematic or scoping reviews. Particularly informative are longitudinal studies because they provide greater insight into the temporal relationship between self-concept and psychological functioning. Weber et al. (2023), for example, used eight-wave longitudinal data from two cohorts of young adults, whereas Hertel et al. (2024) examined reciprocal relationships between SCC and psychological distress across three annual assessments.

Table 1: Selected Peer-Reviewed Evidence on Self-Concept and Health-Related Outcomes

Study	Population/sample	Design	Main construct	Outcome/focus	Principal finding	Key limitation
Campbell et al. (1996)	Community and student samples	Psychometric/correlational	Self-concept clarity	Personality and adjustment	Established SCC as a distinct construct	Foundational study;



					characterized by clarity, consistency, and stability of self-beliefs	predominantly correlational
Weber et al. (2023)	Two cohorts of young adults; $N = 460$ and $N = 412$	Eight-wave longitudinal	SCC and self-esteem	Development and life outcomes	SCC and self-esteem were related but empirically distinct, with different developmental and within-person patterns	Generalizability to culturally diverse populations requires further research
Hertel et al. (2024)	Young adults; $N = 1,140$	Three-wave longitudinal	SCC	Perceived stress, anxiety, and depression	Evidence supported reciprocal longitudinal associations between SCC and psychological distress	Observational longitudinal design does not establish definitive causality
Rahim et al. (2021)	Bicultural young adults aged 18–35; $N = 473$	Cross-sectional	SCC and self-esteem	Cultural identity conflict and psychological well-being	Cultural identity conflict was associated with poorer psychological outcomes, with lower SCC and self-esteem statistically mediating these associations	Cross-sectional design limits causal interpretation
Rafiq and Linden (2024)	Postsecondary-student literature; 41 studies	Scoping review	Self-concept and social media	Body image, social comparison, online feedback	Identified appearance/ability comparison and social feedback as important pathways linking social media with self-concept	Considerable heterogeneity across included studies
Antichi et al. (2026)	Clinical, at-risk, and community samples	Systematic review; 23 studies	SCC and identity functioning	Eating-disorder symptoms	Lower SCC/poorer identity functioning was consistently associated with greater eating-disorder symptoms; some longitudinal evidence suggested bidirectionality	Heterogeneous evidence; limited cultural diversity
Manchiraju (2026)	Broad multidisciplinary evidence base	Integrative review	SCC	Well-being, psychopathology, culture, digital influences, measurement	Synthesized evidence supporting SCC as a structural property associated with adjustment while identifying unresolved causal,	Literature remains heavily dependent on self-report and requires stronger cross-cultural and experimental research



					measurement, and cross-cultural issues	
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Note. Table 1 presents selected high-relevance evidence used to address the objectives of the present review; it is not intended to represent an exhaustive study-by-study inventory.

Self-Concept Clarity and Mental Health

The most consistent contemporary evidence concerns the association between SCC and psychological functioning. Lower SCC has generally been associated with greater psychological distress, whereas greater clarity of self-knowledge is associated with more adaptive adjustment (Campbell et al., 1996; Manchiraju, 2026). Importantly, recent longitudinal research provides evidence that these associations may be reciprocal rather than unidirectional.

Hertel et al. (2024) examined 1,140 young adults across three annual assessments and tested whether SCC predicted subsequent perceived stress, general anxiety, and depression, and whether these psychological difficulties subsequently predicted changes in SCC. Their findings supported reciprocal longitudinal relationships: lower SCC was associated with subsequent increases in psychological difficulties, while psychological difficulties were also associated with subsequent decreases in SCC.

These findings are important for interpreting the role of self-concept in young-adult mental health. They suggest that low SCC may represent a vulnerability associated with psychological distress while simultaneously being affected by experiences of stress, anxiety, and depression. Consequently, self-concept should not be conceptualized simply as an antecedent of mental-health difficulties.

The broader 2026 integrative review similarly identifies unresolved causal ordering as a major issue in the SCC literature and emphasizes that SCC may function as an outcome, predictor, mediator, or moderator depending on the developmental and environmental context (Manchiraju, 2026).

Self-Concept Clarity and Self-Esteem

A major finding from recent research is that **SCC and self-esteem are related but distinct constructs**. This distinction is essential because the two concepts are sometimes used interchangeably in studies of psychological well-being.

Weber et al. (2023) examined SCC and self-esteem using eight-wave longitudinal data from two cohorts of young adults, comprising 460 and 412 participants. The authors found strong evidence that the constructs were structurally different while remaining cross-sectionally related. They also demonstrated similar but non-identical developmental trajectories, codevelopment over time, incremental validity for important life outcomes, and distinctive within-person associations.

These findings have important implications for the present review. A young adult may possess relatively positive self-evaluations while simultaneously experiencing uncertainty or inconsistency concerning personal values, roles, and identity. Conversely, a person may possess a relatively coherent self-concept without necessarily evaluating every aspect of the self positively. Therefore, increasing self-esteem and strengthening self-concept clarity should not be treated as identical intervention targets.

The distinction is particularly relevant when interpreting research on mental health. If these constructs are combined indiscriminately, it becomes difficult to determine whether psychological outcomes are associated with how positively individuals evaluate themselves or how clearly and consistently they understand themselves.

Self-Concept and Psychological Well-Being

The evidence also connects self-related processes with positive psychological functioning. Psychological well-being encompasses dimensions such as self-acceptance, positive relationships, autonomy, environmental mastery, purpose in life, and personal growth (Ryff, 1989). A coherent self-concept may facilitate these dimensions by providing continuity in personal goals, values, and social roles.

However, the evidence is stronger for an association between SCC and psychological adjustment than for a demonstrated causal effect on well-being. Manchiraju (2026) synthesized evidence linking SCC with well-being, interpersonal functioning, emotion regulation, self-esteem dynamics, and psychopathology, while also emphasizing limitations arising from measurement approaches and unresolved causal ordering.

The available evidence therefore supports viewing SCC as a **potential psychosocial resource**, rather than as a sufficient explanation for psychological well-being. Individual self-related processes operate alongside social relationships, socioeconomic circumstances, cultural resources, and environmental conditions.

Self-Concept, Body Image, and Eating-Related Outcomes

Physical appearance and body image represent important domains of self-evaluation during young adulthood. Social and digital environments can reinforce appearance-related standards, potentially influencing body dissatisfaction and self-evaluation.

Experimental evidence demonstrates that exposure to appearance-focused digital content can have negative effects on body image. Tiggemann and Zaccardo (2015), in an experimental study of 130 female undergraduate students, found that exposure to fitpiration images increased negative mood and body dissatisfaction and reduced state appearance self-esteem relative to a control condition. Appearance-based social comparison mediated these effects.

More recent evidence directly connects SCC with eating-related outcomes. Antichi et al. (2026) conducted a systematic review of 23 studies examining SCC and related identity functioning in relation to eating-disorder symptoms. Lower SCC and poorer identity functioning were consistently associated with greater eating-disorder symptoms across clinical, at-risk, and community samples. Some longitudinal studies also provided preliminary evidence of bidirectional relationships between identity functioning and specific eating-related symptoms, including bulimia and body dissatisfaction.

The review further identified potential mediating mechanisms including thin-ideal internalization, social comparison, perfectionism, and emotional dysregulation. However, the authors emphasized that the evidence remains heterogeneous and that more longitudinal and experimental research is required.

These findings broaden the relevance of self-concept beyond psychological symptoms and suggest potential links with **body image and health-related behaviours**. Nevertheless, the evidence does not establish that low SCC directly causes disordered eating. Self-concept, body dissatisfaction, social comparison, and eating pathology may influence one another within a broader psychosocial system.

Digital and Social-Media Influences

Social media has become an important developmental context for young adults because it allows continuous self-presentation, social feedback, identity exploration, and comparison with others.

Rafiq and Linden (2024) conducted a scoping review of 41 articles concerning social media and self-concept among postsecondary students. Three major themes emerged. First, exposure to thin-ideal and fitpiration content was associated with increased body dissatisfaction. Second, online academic or ability-based comparisons were associated with poorer mental states. Third, the effects of social feedback, including followers and “likes,” were mixed.

These findings suggest that the relationship between social media and self-concept cannot be adequately characterized by **time spent online alone**. The nature of engagement, type of content, purpose of use, social comparison, and feedback processes appear to be more relevant considerations.

The findings also support a balanced interpretation of digital environments. Social media may provide opportunities for social connection, identity exploration, and access to supportive communities, while particular forms of engagement may increase appearance comparison or undermine self-evaluation. Manchiraju (2026) similarly identifies the digital environment as an important antecedent that may influence the development and expression of SCC.

Cultural and Sociodemographic Influences

Self-concept develops within interpersonal and cultural contexts. Cultural values influence the relative importance of autonomy, achievement, family relationships, social roles, and group belonging (Markus & Kitayama, 1991).

Evidence from bicultural young adults illustrates the importance of cultural identity processes. Rahim et al. (2021) studied 473 bicultural young adults aged 18–35 years and found that greater cultural identity conflict was associated with greater emotional distress and psychopathological symptoms and lower satisfaction with life. Mediation analyses indicated that lower SCC and self-esteem were involved in these associations.

Because the study was cross-sectional, the findings should not be interpreted as demonstrating that cultural identity conflict causes lower SCC or that lower SCC subsequently causes psychological distress. Nevertheless, they demonstrate that self-concept processes may be particularly relevant when young adults negotiate multiple cultural identities.

The broader evidence base remains geographically uneven, with substantial research originating from Western populations. The 2026 systematic review of SCC and eating pathology, for example, specifically noted that available cultural evidence was insufficient to support generalizable conclusions beyond Western contexts. This limitation is particularly relevant to India and other low- and middle-income settings, where young adults may negotiate individual aspirations alongside strong family and community expectations.

Evidence Relevant to SDG 3.4

The evidence synthesized across these domains provides a plausible basis for considering self-concept within the broader mental-health and well-being agenda of **SDG 3.4**. The most direct evidence concerns the relationship between SCC and psychological distress, particularly depression, anxiety, and stress (Hertel et al., 2024). Additional pathways involve body image, eating-related symptoms, cultural identity conflict, and digital social comparison.

However, self-concept is **not an SDG indicator**. Its relevance is better understood as a potential psychosocial factor within the wider network of individual, interpersonal, cultural, and environmental determinants of mental health.

The evidence therefore supports investigating self-concept as a potential component of preventive mental-health promotion, rather than claiming that improving self-concept independently achieves SDG 3.4. Intervention research is still required to determine whether changes in self-concept produce sustained improvements in mental-health and well-being outcomes.

Overall Synthesis

Five principal findings emerge from the evidence.

First, self-concept clarity is consistently associated with psychological adjustment, and recent longitudinal evidence supports reciprocal relationships between SCC and psychological distress (Hertel et al., 2024).

Second, SCC and self-esteem are related but distinct constructs, with longitudinal evidence demonstrating different developmental and within-person patterns (Weber et al., 2023).

Third, the evidence increasingly extends to body image and eating-related outcomes, with recent systematic-review evidence suggesting associations between lower SCC, identity difficulties, and greater eating-disorder symptoms (Antichi et al., 2026).

Fourth, digital and cultural environments are important contextual influences. Social comparison, online feedback, appearance-focused content, and cultural identity conflict may interact with self-concept processes (Rahim et al., 2021; Rafiq & Linden, 2024).

Finally, the literature supports a reciprocal and multilevel interpretation rather than a simple causal pathway. Self-concept may influence psychological functioning while simultaneously being shaped by mental-health experiences, social relationships, cultural contexts, and digital environments.

Overall, the evidence provides a strong rationale for examining self-concept as a potentially modifiable psychosocial factor in young-adult health promotion, while highlighting the need for stronger longitudinal, experimental, culturally diverse, and intervention-based research.

DISCUSSION

The evidence synthesized in this review indicates that self-concept is an important, but complex, correlate of psychological functioning during young adulthood. The most consistent evidence concerns **self-concept clarity**, which appears to be associated with lower psychological distress and better adjustment. However, the literature does not support a simple causal interpretation. Rather, self-concept appears to develop through reciprocal interactions between individual characteristics and the social, cultural, interpersonal, and digital environments in which young adults live.

Self-Concept as a Psychological Resource

A coherent understanding of oneself may provide an important psychological foundation during emerging adulthood. Young adults encounter multiple developmental transitions simultaneously, including decisions regarding education, employment, relationships, independence, and future goals (Arnett, 2000). These experiences require individuals to integrate changing roles and expectations into an increasingly coherent sense of identity.

Self-concept clarity may be particularly relevant because it concerns the organization and consistency of self-knowledge rather than simply whether individuals evaluate themselves positively or negatively (Campbell et al., 1996). Recent longitudinal evidence suggests that lower self-concept clarity is associated with subsequent increases in stress, anxiety, and depressive symptoms, while psychological difficulties may also reduce subsequent self-concept clarity (Hertel et al., 2024). This reciprocal relationship suggests that self-concept may function both as a psychological resource and as a process affected by mental-health difficulties.

Self-Concept and Mental Well-Being

The association between self-concept and mental health can be understood through several potential mechanisms. Individuals with greater clarity regarding their values, abilities, and goals may experience greater consistency in decision-making and may be better able to interpret stressful experiences as specific challenges rather than evidence of global personal inadequacy. Conversely, persistent anxiety, depression, or stress may disrupt self-evaluation and make personal experiences appear more uncertain or inconsistent.

The distinction between self-concept clarity and self-esteem is particularly important in this regard. Self-esteem primarily concerns the evaluative dimension of the self, whereas self-concept clarity concerns the organization and stability of self-knowledge. Evidence suggests that these constructs are related but distinguishable and may

have different associations with psychological functioning (Weber et al., 2023). Consequently, interventions designed to improve young adults' psychological well-being should not equate mental health with simply developing a more positive self-image.

Social and Cultural Context

Self-concept is constructed within relationships and cultural environments. Social interactions provide feedback through which individuals develop perceptions of their abilities, social value, and belonging. Cultural values further influence whether autonomy, achievement, family connectedness, or relational obligations become particularly salient aspects of the self (Markus & Kitayama, 1991).

This is especially relevant for young adults negotiating multiple identities. Evidence from bicultural young adults indicates that cultural identity conflict is associated with poorer psychological well-being and that self-concept clarity and self-esteem may partly explain this relationship (Rahim et al., 2021). These findings suggest that psychological adjustment may depend not only on having a coherent self-concept but also on being able to integrate different social and cultural identities.

For countries such as India, where individual aspirations increasingly coexist with strong family and social expectations, this issue deserves greater attention. However, the available evidence remains insufficient to conclude that relationships identified in predominantly Western samples operate identically in Indian young adults. This represents an important limitation in the current knowledge base.

Digital Environments and Self-Evaluation

The expansion of social media has introduced a new context for self-concept development. Digital platforms provide opportunities for identity exploration and social connection but also increase exposure to social comparison, appearance ideals, and measurable social feedback.

The evidence synthesized by Rafiq and Linden (2024) indicates that social-media experiences may influence several dimensions of self-concept among postsecondary students, particularly through body and appearance comparisons, academic or ability comparisons, and responses to online social feedback. These findings support the view that the psychological consequences of social media depend more on **how and why platforms are used** than on exposure time alone.

This distinction has practical significance. A young adult who uses social media to maintain supportive relationships may experience very different outcomes from someone who primarily engages in appearance-based comparison. Therefore, interventions based solely on reducing screen time may overlook the underlying psychological mechanisms.

Body Image and Health Behaviours

The relationship between self-concept and physical health is also relevant to young-adult well-being. Physical appearance can become an important component of self-evaluation, particularly in environments where narrow standards of attractiveness are repeatedly reinforced. Exposure to fitspiration content, for example, has been associated with body dissatisfaction and negative mood (Tiggemann & Zaccardo, 2015).

Weight stigma represents another pathway through which social evaluation can affect psychological well-being. Puhl and Lessard (2020) emphasized that weight-based stigma can have important psychological and health-related consequences among young people. These findings indicate that health-promotion programmes should avoid reinforcing the idea that personal worth is determined by body size, appearance, or weight.

A more appropriate approach would emphasize health, functionality, balanced nutrition, enjoyable physical activity, and sustainable behaviours. Such an approach recognizes that physical health and psychological self-concept are interconnected without reducing health to appearance.

Self-Concept Within an Ecological Framework

Taken together, the evidence supports an ecological understanding of self-concept. Bronfenbrenner's (1979) ecological perspective provides a useful framework for understanding how individual development is influenced by interconnected environmental systems. Applied to young-adult self-concept, these systems include family, peers, educational institutions, workplaces, communities, cultural environments, and digital platforms.

This perspective also explains why individual-level interventions alone may have limited effects. For example, strengthening self-concept may be beneficial, but persistent family conflict, financial insecurity, discrimination, social exclusion, or unrealistic digital standards may continue to influence psychological well-being.

Accordingly, self-concept should be viewed as one component of a **multilevel developmental system**, rather than an isolated psychological characteristic.

Implications for Prevention

The evidence has important implications for preventive mental-health promotion. Young adulthood provides an opportunity to strengthen psychological resources before difficulties become persistent or severely impair functioning. Programmes addressing self-awareness, self-concept clarity, self-acceptance, resilience, social connectedness, and healthy coping may therefore complement established mental-health interventions.

However, current evidence is not sufficient to conclude that improving self-concept alone will prevent depression, anxiety, or other mental-health conditions. More longitudinal and intervention research is required to establish whether changes in self-concept produce meaningful improvements in health outcomes.

Strengths and Limitations of the Evidence

A major strength of the literature is the increasing availability of longitudinal research and evidence syntheses that distinguish self-concept clarity from related constructs such as self-esteem. Recent research has also expanded attention to digital environments and culturally diverse populations.

Nevertheless, several limitations remain. Much of the evidence is observational, limiting causal inference. Definitions and measures of self-concept vary across studies, making direct comparison difficult. Research remains disproportionately concentrated in Western populations, while evidence from India and other low- and middle-income countries is comparatively limited. Digital environments are also evolving rapidly, creating challenges for the continued relevance of existing findings.

Overall Interpretation

The evidence therefore supports a reciprocal and contextual model of self-concept and health. Adaptive self-concept may contribute to psychological resources such as self-acceptance, coping, resilience, and social functioning, while mental-health experiences and social environments simultaneously shape self-perceptions.

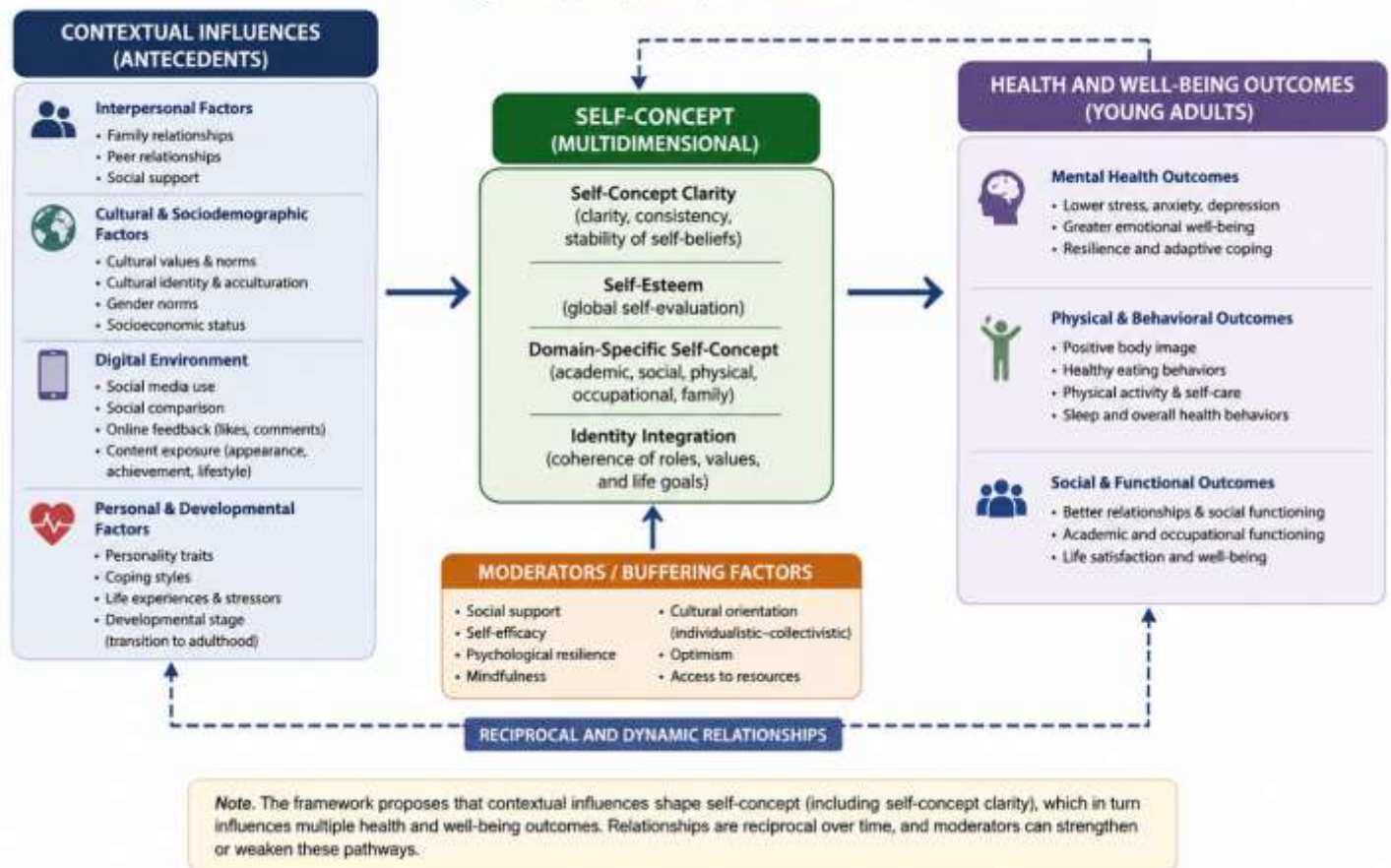
The central implication is not that young adults need to develop an unrealistically positive self-image. Rather, psychologically adaptive self-concept appears to involve clarity, coherence, flexibility, realistic self-evaluation, and acceptance of multiple dimensions of identity. Strengthening these characteristics within supportive social and institutional environments may provide a promising direction for preventive health promotion.

This interpretation provides the basis for considering the specific contribution of self-concept to SDG 3.4, particularly the promotion of mental health and well-being across the life course.

The evidence synthesized in this review supports a dynamic and contextual model in which self-concept is shaped by multiple environmental influences and is reciprocally associated with health and well-being outcomes (see Figure 1).

Figure 1: Conceptual Framework: Self-Concept and Young Adult Health Outcomes—A Dynamic, Reciprocal, and Contextual Model

Figure 1. Conceptual Framework: Self-Concept and Young Adult Health Outcomes
A Dynamic, Reciprocal, and Contextual Model



Note. The framework proposes that interpersonal, cultural, sociodemographic, digital, and developmental influences shape multiple dimensions of self-concept, which are associated with mental, physical, behavioural, social, and functional outcomes among young adults. The model emphasizes reciprocal relationships over time and recognizes moderating or buffering factors that may strengthen or weaken these pathways.

Implications for SDG 3.4 and Health Promotion

The evidence synthesized in this review has relevance to Sustainable Development Goal 3 (SDG 3), particularly Target 3.4, which calls for the promotion of mental health and well-being and the reduction of premature mortality from noncommunicable diseases (United Nations, 2015). Although self-concept is not an SDG indicator, it may represent a psychosocial factor through which individual and environmental conditions influence mental well-being.

Self-Concept and Mental-Health Promotion

The association between self-concept clarity and psychological distress suggests that self-related processes may be relevant to preventive mental-health strategies. Young adults with greater clarity and coherence in their self-understanding may possess psychological resources that facilitate coping with developmental transitions. Conversely, psychological distress may disrupt self-concept clarity, indicating that the relationship is potentially reciprocal (Hertel et al., 2024).

Accordingly, mental-health promotion programmes may incorporate components addressing self-awareness, self-concept clarity, self-acceptance, resilience, and adaptive coping. These components should complement, rather than replace, evidence-based psychological treatment and accessible mental-health services.

Educational Institutions as Health-Promotion Settings

Universities and colleges provide strategically important settings for promoting young-adult mental health. Self-concept-related components can be incorporated into existing student-wellness, mentoring, counselling, career-development, and life-skills programmes.

Such programmes could support students in managing academic expectations, career uncertainty, interpersonal relationships, body-image concerns, and digital pressures. Importantly, interventions should promote realistic and flexible self-understanding rather than encouraging an exclusively positive self-image.

Integration of Mental and Physical Health

SDG 3 recognizes health as a multidimensional construct. The relationship between self-concept, body image, nutrition, and physical activity therefore provides an opportunity to integrate psychological and physical-health promotion.

Health interventions should emphasize healthy behaviours, physical functionality, nutritional adequacy, and well-being, rather than appearance-based standards. This may help prevent health promotion from unintentionally reinforcing body dissatisfaction or weight-related stigma (Puhl & Lessard, 2020; Tiggemann & Zaccardo, 2015).

Digital Health Promotion

Digital environments should also be incorporated into contemporary health-promotion strategies. Social media can contribute to social comparison and appearance-related pressures but can also facilitate social connection and access to health information (Rafiq & Linden, 2024). Consequently, digital health promotion should emphasize critical media literacy, recognition of unrealistic online representations, healthy social comparison, and intentional digital engagement rather than focusing exclusively on reducing screen time.

Cultural and Policy Considerations

Interventions should be culturally responsive and sensitive to differences in family structures, social expectations, gender norms, and socioeconomic conditions. This is particularly important in India and other low- and middle-income settings, where individual development may occur alongside strong family and community relationships.

At the policy level, self-concept should not be treated as an isolated determinant of mental health. Sustainable progress toward SDG 3.4 requires simultaneous attention to accessible mental-health services, supportive educational environments, social inclusion, socioeconomic inequalities, and other structural determinants of health.

Overall Implication

The principal implication is that adaptive self-concept may be incorporated as one psychosocial component of a broader preventive health-promotion framework. Strengthening self-concept clarity, self-acceptance, resilience, and healthy identity development may contribute to psychological well-being among young adults. However, stronger longitudinal and intervention evidence is required before self-concept-focused approaches can be recommended as independently effective strategies for achieving SDG 3.4.

Thus, the relevance of self-concept to SDG 3 lies primarily in its potential contribution to early prevention, mental-health promotion, resilience, and healthy functioning, within a broader multilevel approach to health and well-being.

Research Gaps and Future Directions

Although the literature provides consistent evidence linking self-concept, particularly self-concept clarity (SCC), with psychological functioning, several important gaps remain. Addressing these limitations is necessary to establish a stronger evidence base for understanding self-concept among young adults and its potential relevance to mental-health promotion and SDG 3.4.

Need for Longitudinal and Experimental Evidence

A major limitation is the continued reliance on cross-sectional research. Although recent longitudinal studies provide evidence for reciprocal associations between SCC and psychological distress (Hertel et al., 2024), longitudinal evidence remains comparatively limited. Future studies should examine self-concept and mental health across multiple developmental periods and identify potential mediating and moderating mechanisms. Experimental and intervention studies are also required to determine whether deliberately strengthening adaptive self-concept produces measurable and sustained improvements in psychological well-being.

Conceptual and Measurement Challenges

Self-concept, SCC, self-esteem, self-efficacy, identity, and self-acceptance are closely related but conceptually distinct constructs. Inconsistent definitions and measurement approaches can make comparisons across studies difficult. Future research should clearly differentiate these constructs and examine the measurement invariance of self-concept instruments across age, gender, culture, and socioeconomic groups (Campbell et al., 1996; Manchiraju, 2026).

Greater attention is also required to domain-specific forms of self-concept, including academic, social, physical, occupational, and cultural self-concept, rather than relying exclusively on global measures.

Cultural and Geographic Gaps

The evidence base remains disproportionately influenced by Western populations. Research involving Indian and other low- and middle-income populations is comparatively limited, restricting the generalizability of existing conclusions. Future studies should investigate how family expectations, collectivistic and individualistic values, socioeconomic conditions, gender norms, and cultural identity shape self-concept among young adults.

Cross-cultural research should move beyond simply comparing mean scores and should establish whether the constructs and measurement instruments have equivalent meanings across cultural contexts.

Digital Environments

The rapid evolution of social-media platforms presents an additional research challenge. Existing evidence indicates that appearance comparison, ability comparison, online self-presentation, and social feedback may influence self-concept (Rafiq & Linden, 2024). However, most research has not adequately differentiated between types of digital engagement.

Future longitudinal research should examine the role of platform characteristics, content exposure, active versus passive use, social comparison, algorithmic personalization, and online feedback. Emerging technologies, including generative artificial intelligence, also warrant investigation because they may increasingly influence self-presentation, identity exploration, and perceptions of social norms.

Integration of Mental and Physical Health

Research has traditionally examined psychological outcomes separately from physical-health behaviours. Emerging evidence concerning body image and eating pathology suggests that self-concept may have broader health relevance (Antichi et al., 2026). Future research should examine self-concept alongside nutrition, physical activity, sleep, body image, and other health behaviours within integrated biopsychosocial models.

Intervention and Public-Health Research

Evidence supporting the association between self-concept and well-being does not necessarily demonstrate that self-concept-focused interventions are effective. More randomized and longitudinal intervention studies are needed, particularly in university and community settings. Such studies should assess whether improvements in self-concept are accompanied by changes in mental-health outcomes, resilience, health behaviours, and functioning.

Research should also evaluate whether interventions are equally effective across cultural and socioeconomic groups.

Linking Self-Concept Research With SDG 3.4

A further gap is the limited direct integration of self-concept research with population-level health and SDG frameworks. Future studies should examine whether self-concept-related interventions can contribute to measurable improvements in mental health and well-being while recognizing that self-concept is one psychosocial factor among multiple determinants of health.

Overall, future research should move beyond the question of whether self-concept is associated with health and instead examine how, for whom, under what conditions, and through which mechanisms self-concept influences psychological and health-related outcomes. Such an approach would strengthen the translation of psychological evidence into culturally responsive and preventive strategies relevant to SDG 3.4.

Strengths and Limitations of the Review

This review has several strengths. First, it adopts an interdisciplinary perspective by bringing together evidence from developmental psychology, mental health, body image, health behaviours, social media, and cultural research. This broad approach is appropriate for understanding self-concept as a multidimensional construct rather than as an isolated psychological variable. Second, the review gives particular attention to self-concept clarity and distinguishes it from related constructs, especially self-esteem, thereby improving conceptual precision (Campbell et al., 1996; Weber et al., 2023). Third, greater emphasis is placed on recent longitudinal evidence, which provides a stronger basis for examining temporal relationships between self-concept and psychological outcomes (Hertel et al., 2024). The review also incorporates emerging evidence concerning digital environments and eating-related outcomes, areas that are increasingly relevant to contemporary young adults (Antichi et al., 2026; Rafiq & Linden, 2024).

Another strength is the integration of the evidence with a public-health perspective. Rather than presenting self-concept as an isolated psychological characteristic, the review considers its interaction with family, culture, social relationships, socioeconomic conditions, and digital environments. This provides a broader framework for considering the potential relevance of self-concept to mental-health promotion and SDG 3.4.

Several limitations should nevertheless be acknowledged. First, the evidence base is heterogeneous in terms of study designs, populations, measures, and outcome variables, limiting direct comparison across studies. Second, much of the available literature remains observational, and therefore associations should not be interpreted as evidence of causality. Although recent longitudinal studies provide evidence of reciprocal relationships, experimental and intervention evidence remains limited (Hertel et al., 2024).

Third, the literature is geographically uneven, with substantial evidence originating from Western populations. Consequently, the applicability of existing findings to Indian and other low- and middle-income populations remains uncertain. Fourth, differences in conceptualization and measurement of self-concept, SCC, self-esteem, and identity may contribute to inconsistencies across studies. Finally, the rapidly changing digital environment presents an ongoing challenge because findings concerning particular social-media platforms or patterns of use may not remain applicable as technologies and user practices evolve.

These limitations indicate that the findings should be interpreted as evidence of potentially important relationships rather than definitive causal pathways. They also reinforce the need for longitudinal, experimental, culturally diverse, and intervention-based research.

CONCLUSION

Self-concept represents an important dimension of psychological development during young adulthood, a period characterized by identity exploration, changing social roles, increasing autonomy, and decisions concerning education, employment, relationships, and future aspirations. The evidence synthesized in this review indicates that self-concept clarity (SCC) is particularly relevant to psychological adjustment. Lower SCC is consistently associated with poorer psychological functioning, while recent longitudinal evidence suggests that the relationship between SCC and mental-health difficulties may be reciprocal rather than unidirectional (Hertel et al., 2024).

The review also demonstrates that self-concept should not be considered synonymous with self-esteem, self-efficacy, or identity. Although these constructs are related, they represent different aspects of self-functioning (Campbell et al., 1996; Weber et al., 2023). Self-concept develops within broader interpersonal, cultural, socioeconomic, and digital environments. Social comparison, cultural identity conflict, appearance-related pressures, and online feedback may influence how young adults perceive and evaluate themselves, while supportive relationships and coherent identity development may contribute to healthier psychological functioning.

Importantly, the evidence extends beyond mental-health symptoms to body image, eating-related outcomes, social functioning, and broader well-being. Nevertheless, substantial methodological limitations remain. Much of the literature is observational, measures vary across studies, and evidence from India and other low- and middle-income settings remains comparatively limited. Consequently, self-concept should be regarded as a potential psychosocial factor within a broader multilevel system of health determinants, rather than as an established independent cause of mental-health outcomes.

Within the context of SDG 3.4, self-concept may have particular relevance to preventive mental-health promotion and the development of psychological resources among young adults. Programmes addressing self-concept clarity, self-acceptance, resilience, healthy coping, social connectedness, and critical engagement with digital environments may complement broader health-promotion strategies. However, stronger intervention evidence is required before self-concept-focused programmes can be considered established strategies for improving population-level mental health.

Overall, the evidence supports a developmental, reciprocal, ecological, and culturally responsive perspective on self-concept and young-adult health. Future research should determine how self-concept develops across diverse populations, identify the mechanisms connecting self-concept with health outcomes, and establish whether interventions targeting adaptive self-related processes can produce sustained improvements in mental health and well-being. Such evidence may contribute to more comprehensive approaches to mental-health promotion and provide a stronger scientific basis for understanding the potential relevance of self-concept to SDG 3.4.

REFERENCES

1. Antichi, L., Rabarbari, E., Oasi, O., & Riva, G. (2026). Self-concept clarity and eating pathology: A systematic review of associations with disordered eating symptoms. *Eating Disorders*. Advance online publication. <https://doi.org/10.1080/10640266.2026.2677623>
2. Arnett, J. J. (2000). Emerging adulthood: A theory of development from the late teens through the twenties. *American Psychologist*, 55(5), 469–480. <https://doi.org/10.1037/0003-066X.55.5.469>
3. Arnett, J. J. (2015). *Emerging adulthood: The winding road from the late teens through the twenties* (2nd ed.). Oxford University Press.
4. Bandura, A. (1997). *Self-efficacy: The exercise of control*. W. H. Freeman.
5. Bronfenbrenner, U. (1979). *The ecology of human development: Experiments by nature and design*. Harvard University Press.
6. Campbell, J. D., Trapnell, P. D., Heine, S. J., Katz, I. M., Lavallee, L. F., & Lehman, D. R. (1996). Self-concept clarity: Measurement, personality correlates, and cultural boundaries. *Journal of Personality and Social Psychology*, 70(1), 141–156. <https://doi.org/10.1037/0022-3514.70.1.141>
7. Cooley, C. H. (1902). *Human nature and the social order*. Charles Scribner's Sons.
8. Deci, E. L., & Ryan, R. M. (2000). The “what” and “why” of goal pursuits: Human needs and the self-determination of behavior. *Psychological Inquiry*, 11(4), 227–268. https://doi.org/10.1207/S15327965PLI1104_01
9. Diehl, M., & Hay, E. L. (2011). Self-concept differentiation and self-concept clarity across adulthood: Associations with age and psychological well-being. *International Journal of Aging & Human Development*, 73(2), 125–152. <https://doi.org/10.2190/AG.73.2.b>
10. Festinger, L. (1954). A theory of social comparison processes. *Human Relations*, 7(2), 117–140. <https://doi.org/10.1177/001872675400700202>
11. Hertel, A. W., Sokolovsky, A. S., & Mermelstein, R. J. (2024). The relationship of self-concept clarity with perceived stress, general anxiety, and depression among young adults. *Journal of Social and Clinical Psychology*, 43(5), 473–493. <https://doi.org/10.1521/jscp.2024.43.5.473>
12. Higgins, E. T. (1987). Self-discrepancy: A theory relating self and affect. *Psychological Review*, 94(3), 319–340. <https://doi.org/10.1037/0033-295X.94.3.319>
13. James, W. (1890). *The principles of psychology*. Henry Holt and Company.
14. Manchiraju, S. (2026). Self-concept clarity: A comprehensive and integrative review. *Frontiers in Psychology*, 17, Article 1822881. <https://doi.org/10.3389/fpsyg.2026.1822881>
15. Markus, H., & Nurius, P. (1986). Possible selves. *American Psychologist*, 41(9), 954–969. <https://doi.org/10.1037/0003-066X.41.9.954>
16. Markus, H. R., & Kitayama, S. (1991). Culture and the self: Implications for cognition, emotion, and motivation. *Psychological Review*, 98(2), 224–253. <https://doi.org/10.1037/0033-295X.98.2.224>
17. Mead, G. H. (1934). *Mind, self, and society*. University of Chicago Press.
18. Neff, K. D. (2011). *Self-compassion: The proven power of being kind to yourself*. William Morrow.
19. Neumark-Sztainer, D., Wall, M., Story, M., & Fulkerson, J. A. (2004). Are family meal patterns associated with disordered eating behaviors among adolescents? *Journal of Adolescent Health*, 35(5), 350–359. <https://doi.org/10.1016/j.jadohealth.2004.01.004>
20. Page, M. J., McKenzie, J. E., Bossuyt, P. M., Boutron, I., Hoffmann, T. C., Mulrow, C. D., Shamseer, L., Tetzlaff, J. M., Akl, E. A., Brennan, S. E., Chou, R., Glanville, J., Grimshaw, J. M., Hróbjartsson, A., Lalu, M. M., Li, T., Loder, E. W., Mayo-Wilson, E., McDonald, S., McGuinness, L. A., Stewart, L. A., Thomas, J., Tricco, A. C., Welch, V. A., Whiting, P., & Moher, D. (2021). The PRISMA 2020 statement: An updated guideline for reporting systematic reviews. *BMJ*, 372, Article n71. <https://doi.org/10.1136/bmj.n71>
21. Puhl, R. M., & Lessard, L. M. (2020). Weight stigma in youth: Prevalence, consequences, and considerations for clinical practice. *Current Obesity Reports*, 9(4), 402–411. <https://doi.org/10.1007/s13679-020-00408-8>
22. Rahim, H. F., Mooren, T. T. M., van den Brink, F., Knipscheer, J. W., & Boelen, P. A. (2021). Cultural identity conflict and psychological well-being in bicultural young adults: Do self-concept clarity and



- self-esteem matter? *The Journal of Nervous and Mental Disease*, 209(7), 525–532. <https://doi.org/10.1097/NMD.0000000000001332>
23. Rafiq, A., & Linden, B. (2024). Social media and self-concept among postsecondary students: A scoping review. *Cyberpsychology, Behavior, and Social Networking*, 27(3), 194–201. <https://doi.org/10.1089/cyber.2023.0451>
24. Rogers, C. R. (1951). *Client-centered therapy: Its current practice, implications, and theory*. Houghton Mifflin.
25. Ryff, C. D. (1989). Happiness is everything, or is it? Explorations on the meaning of psychological well-being. *Journal of Personality and Social Psychology*, 57(6), 1069–1081. <https://doi.org/10.1037/0022-3514.57.6.1069>
26. Tajfel, H., & Turner, J. C. (1979). An integrative theory of intergroup conflict. In W. G. Austin & S. Worchel (Eds.), *The social psychology of intergroup relations* (pp. 33–47). Brooks/Cole.
27. Tiggemann, M., & Zaccardo, M. (2015). “Exercise to be fit, not skinny”: The effect of fitpiration imagery on women's body image. *Body Image*, 15, 61–67. <https://doi.org/10.1016/j.bodyim.2015.06.003>
28. United Nations. (2015). *Transforming our world: The 2030 Agenda for Sustainable Development*.
29. Weber, E., Hopwood, C. J., Nissen, A. T., & Bleidorn, W. (2023). Disentangling self-concept clarity and self-esteem in young adults. *Journal of Personality and Social Psychology*, 125(6), 1420–1441. <https://doi.org/10.1037/pspp0000460>
30. Whittemore, R., & Knafl, K. (2005). The integrative review: Updated methodology. *Journal of Advanced Nursing*, 52(5), 546–553. <https://doi.org/10.1111/j.1365-2648.2005.03621.x>