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The relationship between social appearance anxiety, body appreciation and psychological flexibility among Turkish young adults

Key words: social appearance anxiety, body appreciation, psychological flexibility

Thesis written under the direction of

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Abstract

The study aimed to examine psychological factors related to social appearance anxiety such as psychological flexibility, body appreciation, and body mass index (BMI) among Turkish young adults.

Respondents,1903 young adults (50.8% females), aged between 18 and 40 years old, completed an online survey consisting of the questionnaires that measured the level of social appearance anxiety, psychological flexibility, and body appreciation.

Results showed that higher psychological flexibility and body appreciation were related to the lower level of social appearance anxiety. Higher BMI was related to higher social appearance anxiety. Psychological flexibility, body appreciation, and BMI explained 43.8% of the variance of social appearance anxiety. Participant's level of social appearance anxiety, psychological flexibility did not differ based on gender; however, body appreciation was significantly higher in females than males. Respondents having a romantic relationship demonstrated higher psychological flexibility, body appreciation, and lower social appearance anxiety compared to participants who were single.

Further research should examine whether increasing psychological flexibility and body appreciation can lead to a decrease in social appearance anxiety and therefore minimize adult's risk of developing social anxiety disorders and eating disorders.

Keywords: social appearance anxiety, body appreciation, psychological flexibility,

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1. Introduction

Social appearance anxiety is a significant risk factor for the progress of two common disorders, namely: social anxiety disorders and eating disorders (Levinson et al., 2013). Therefore, the author of the thesis would like to focus on the factors that may be related to social appearance anxiety such as psychological flexibility and body appreciation.

First, the author of the thesis will begin outlining the definition of social appearance anxiety, and then the relationship between social appearance anxiety and eating disorders will be highlighted. Afterwards, the association between body mass index (BMI) and social appearance anxiety, gender differences in social appearance anxiety in the Turkish population and the association between loneliness and social appearance anxiety will be mentioned respectively. In the following sections of the introduction, the author of the thesis will describe other concepts of interests (psychological flexibility and body appreciation), empirical research about them and their role in the area of mental health and well-being.

In the last section of the introduction, the author will explain the hypotheses and the aim of the present study.

1.1 Social appearance anxiety

Social appearance anxiety is identified as the fear of negative consideration due to one's overall appearance (Hart et al., 2008). Hart and colleagues (2008) indicated that social appearance anxiety is more extensive construct including qualities such as skin color and form of the face (nose, a distance between eyes, smile, etc.) beyond standard physical features such as height and weight.

It has been indicated that social appearance anxiety constitutes a distorted body image in some individuals concerning the body and appearance. Most individuals with social appearance anxiety are worried that their actions will lead to embarrassment due to their body

parts, and they are occasionally ashamed of themselves. Therefore, these feelings influence the way they interact with other people (Argon, 2014).

Social appearance anxiety and eating disorders

Hart and colleagues (2008) pointed out that there was a significant relationship between negative body image and social appearance anxiety in healthy undergraduate students. Apart from this study, several studies have shown the role of social appearance anxiety in disordered eating. One of these studies focused on validation of Social Appearance Anxiety Scale (SAAS), which was developed by Hart et al. (2008) to assess emotional, cognitive and behavioral anxiety related to one's appearance, in women with eating disorders. SAAS and Eating Disorder Inventory-2 (EDI-2) were filled out by a sample of 60 women patients with anorexia nervosa (AN), bulimia nervosa (BM), eating disorder not otherwise specified (EDNOS). In this study, females with a higher level of social appearance anxiety indicated to have a greater level of body dissatisfaction and drive for thinness. Moreover, it was stated that the SAAS was valid and reliable assessment tool that measures appearance-based social anxiety in females who have eating disorders (Claes et al., 2011).

Koskina and colleagues (2011) investigated social appearance anxiety and how it was associated with eating disorders cognitions, and behaviors in healthy women and women with bulimia nervosa. It was found out that females with bulimia nervosa showed a higher level of social appearance anxiety compared to healthy women. In addition, social appearance anxiety was positively associated with dietary restraints and eating pathology in females with bulimia nervosa. Therefore, it is indicated that social appearance anxiety might be an important factor that contributes to the development and maintenance of eating disorders.

Furthermore, Brosof and Levinson (2017) have concluded that social appearance anxiety might contribute to the development of bulimia nervosa. However, the function of

social appearance anxiety toward binge eating has not been proved. Therefore, the researchers examined three critical factors (concern over mistakes, social appearance anxiety, and dietary restraints), which might promote the development of binge eating over six months. The findings suggested that social appearance anxiety was a more remarkable significant predictor of binge eating compared to the role of dietary restraints and concern over mistakes. Therefore, it has been indicated that the progress and continuance of binge eating might be limited by putting much emphasis on social appearance anxiety.

Levinson and colleagues (2013) investigated whether social appearance anxiety, perfectionism, and fear of negative evaluation are separate or common risk factors for social anxiety and eating disorders. According to the findings, social appearance was the only variable that was related to both eating disorders and social anxiety disorders. Therefore, it was proposed that social appearance anxiety may explain the high rate of comorbidity between eating disorders and social anxiety disorders.

Social appearance anxiety and BMI

Titchener and Wong (2015) examined the relationship between BMI and appearance-based social anxiety by taking into consideration two possible mediators such as emotional eating and body image dissatisfaction in female undergraduate students. It has been found out that BMI is positively associated with social appearance anxiety in women. The relationship has been explained that women with increased BMI are more inclined to experience appearance-related social anxiety due to social expectations to be slim and weight-based discrimination. Moreover, it has been indicated that women experience appearance-related social anxiety because they are not pleased with their bodily features. Therefore, body image dissatisfaction mediates the relationship between BMI and social appearance anxiety.

Gender-related differences of social appearance anxiety in Turkish population

Even though there have been various researches exploring the link between social appearance anxiety and demographic variables (age, gender, etc.) in Turkey, there has been no particular information indicating that which gender has a higher level of social appearance anxiety (Simsir et al., 2018).

Conversely, several studies reported that the SAAS scores of females were not significantly different than those of males. As an illustration, Sahin and his colleagues (2013) conducted a study to examine sociodemographic factors (age, gender and educational status of parents) and their relationship with social appearance anxiety in Turkish youth. Results demonstrated that there was no significant difference between female and male undergraduate students in their level of social appearance anxiety due to sociocultural differences. Similarly, Amil and Bozgeyikli (2015) examined the association between social appearance anxiety and loneliness of Turkish youth. A total of 493 college students which consisted of 338 females and 155 males participated in the study. According to the findings, the social appearance anxiety level of the respondents did not vary based on their gender.

Social appearance anxiety and relationship status

Given that social appearance anxiety is a comparatively recent concept, and there is some research on the association between social appearance anxiety and loneliness. Amil and Bozgeyikli (2015) have stated that the level of social appearance anxiety and the level of loneliness might be changed based on the status of having a romantic relationship. Using UCLA loneliness scale and SAAS, it has been revealed that social appearance anxiety is positively associated with loneliness and the degree of loneliness can be predicted by the level of social appearance anxiety among single university students in Turkey. It has been specified that respondents, who are involved in a romantic relationship, have a lower level of

appearance-based social anxiety and a lower level of loneliness than single respondents. The authors have explained that the degree of loneliness might increase as a result of body image dissatisfaction; therefore, students with appearance-based social anxiety might prefer to be alone rather than being involved in the socialization process.

1.2 Body appreciation

The second focus of interest that in the thesis is body appreciation. In this section, the author will present the definition of body appreciation, the relationship between body appreciation and mental health. Next, gender differences in the level of body appreciation as well as the role of romantic relationships on body appreciation will be discussed.

Body appreciation is one of the significant factors of positive body image (Tylka, & Wood-Barcalow, 2015b). It has been described as a manner of acceptance, and care toward one's body's characteristics regardless of culturally determined norms of beauty (Avalos et al., 2005). Various investigations in the developing area of body appreciation study have demonstrated that it is not merely the opposite of body dissatisfaction however rather a distinct concept that should not be addressed on the equivalent process as negative body image (Tylka, & Wood-Barcalow, 2015a).

Body appreciation and mental health

Background research has indicated that body appreciation is associated with several psychological factors such as well-being, self-esteem, self-compassion, and optimism (Avalos et al., 2005).

Gillen (2015) investigated the correlation between body appreciation and the signs of the mental and physical health of university students. Results revealed that students with a higher level of body appreciation demonstrated a lower level of depressive symptoms and a higher level of self-esteem. Moreover, this association remained stable while controlling the

effect of BMI. Consequently, college students with a higher level of positive body image also had better mental health despite actual body size. Engaging in self-care actions (eg. yoga, meditation) are also suggested to be the consequences of having a positive body image. For instance, having a positive body image encourages individuals taking actions to promote and maintain their physical and mental well-being (Tylka, 2012).

Self-compassion is also associated with a higher level of body appreciation. It has been stated that self-compassionate individuals are more likely to accept their bodies regardless of shape and weight concerns, therefore, they more probably to experience greater body appreciation (Wasylkiw et al., 2012).

Body appreciation in males and females

There is a traditional assumption that having a positive body only enhances the mental and physical health of women. However, the recent finding suggests that having body appreciation promotes physical and psychological health of both men and women (Gillen, 2015).

Ramseyer Winter and colleagues (2017) recently have examined the associations between body appreciation, depression, and anxiety of adult females with different ethnic, racial and socioeconomic background. The findings of the study stated that females with higher body appreciation reported a lower level of anxiety and depression symptoms.

Halliwell (2013) experimentally investigated the protective impact of body appreciation against thin-ideal media exposure among female university students. The findings suggested that females who highly interiorized thin ideal bodies and stated low-degree of body appreciation were more vulnerable to develop appearance-related inconsistencies (difference between ideal and actual appearance) after viewing advertisements with models versus products compared to females with higher level body

appreciation. Consequently, body appreciation was found to have a protective role against thin-ideal exposure.

Moreover, Andrew and colleagues (2015) investigated the possible predictors of intuitive eating consisting of body appreciation, social appearance comparisons, body acceptance by others, and self-objectification among teenage girls. Intuitive eating involves eating in return to internal hunger and satiety cues instead of eating in return to emotional and psychological distress. Results indicated that intuitive eating was positively associated with body appreciation. It has been explained that teenage females with body appreciation are more inclined to acknowledge and recognize their bodily changes during adolescence as necessary for the body and, therefore, they might not sense the urge to neglect inner eating cues to change their appearance.

In the literature, a limited number of studies have examined body appreciation in males. Those studies have shown that there is a positive relationship between body appreciation and well-being in males and body appreciation is negatively correlated with symptoms of depression and eating disorders consistent with what has been proved for females (Tiggemann, 2015).

Conformity to masculine standards involves that an individual satisfies the societal anticipations for what forms masculinity in one society or individual life (Mahalik et al., 2003). Having a higher level of conformity to masculine standards might be associated with a lower level of body appreciation among men (Alleva et al., 2018). It has been stated that conformity to masculine standards may hinder males from having experiences that might encourage body appreciation, such as adaptive appearance investment or practicing physical exercises that they genuinely like rather than those that are considered acceptable for males (Tylka, & Wood-Barcalow, 2015a). Moreover, males conforming to masculine standards are

more inclined to follow appearance related media such as fitness magazines that promote aiming for appearance ideals rather than accepting their body regardless of whether it satisfies these ideals (Murnen & Don, 2012).

Furthermore, Tylka and Wood (2015b) also stated that male students showed a higher level of body appreciation compared to female students based on the psychometric evaluation of Body Appreciation Scale-2 (BAS-2). Males might report higher levels of body appreciation because appearance ideals are prone to more flexible for them, and males might have higher access to social and private sources such as; higher financial sources to promote adaptive personal-care and bodily exercises that encourage positive body image (Swami et al., 2008).

Bakalım and Taşdelen- Karçkay (2016) examined the psychometric evaluation of BAS-2 and its correlation with social appearance anxiety in Turkish young adults. According to the findings, the level of body appreciation did not change depending on the gender. Moreover, there was a negative relationship between social appearance anxiety and body appreciation for both male and female college students. Furthermore, the degree of body appreciation was predicted by the level of social appearance anxiety among male and female students.

Body appreciation and relationship status

Body image evaluations play an essential role in social interactions of individuals (Pop, 2016). Nevertheless, limited research has explored the relationship between romantic relations and body image in adults (Laus et al., 2018).

Tom and colleagues (2005) examined the significance of body image dissatisfaction depending marital status in 141 married and 274 single individuals. Results revealed that single respondents reported body image dissatisfaction more important and single participants

had higher attempt to achieve the ideal body compared to married participants. The researchers assumed that marriage diminishes the significance of the ideal thin body and makes the influence of the unattainable body less powerful.

Laus and colleagues (2018) investigated the impact of body image on romantic relationships in adults. Four hundred twenty-three males and 505 females were collected via an online survey in the USA. The findings stated that single participants were less concerned to care about enhancing their physical characteristics as time goes by compared to participants involved in romantic relationships. The researchers have concluded that individuals might change their attention from their bodily features to their social environment and they might put much emphasis on their parents, peers, and occupation when they do not have a romantic partner for many years (Fileborn et al., 2015).

Weller and colleagues (2005) explored romantic relationships as a buffer against body image disturbance. One hundred forty women were asked to complete several measures. It was found that women who obtained social support such as compliments from the partner were less likely to develop body image disturbances. Moreover, females who received social support from the romantic partners were more likely to have a higher level of body satisfaction and lower level of appearance-related anxiety. Therefore, healthy intimate relationships might act as psychological buffer against social expectations to reach a thin appearance.

1.3 Psychological flexibility

The last concept that will be discussed by the author of the thesis is psychological flexibility. Firstly, the author will mention the definition of psychological flexibility and theoretical framework of Acceptance and Commitment Therapy (ACT). Secondly, six core processes targeted by ACT will be presented. Afterward, the role of psychological flexibility

in the field of mental health and wellbeing as well as the level of psychological flexibility based on gender differences will be emphasized. Ultimately, the importance of romantic relationships on psychological flexibility will be discussed.

There is increasing scientific evidence indicating that Acceptance and Commitment Therapy (ACT) is more efficient in the treatment of a variety of mental disorders, including anxiety disorders, depression, and somatic issues compared to waitlist control conditions A-Tjak et al., 2015).

ACT is an approach that practices mindfulness and acceptance procedures together with commitment and action change procedures to foster psychological flexibility. Psychological flexibility is defined as the ability to act with accordance to ones' values even in the presence of unpleasant thoughts and feelings (Hayes et al., 2006). In the literature, it has been indicated that individuals with psychological flexibility maintain to be in contact with unpleasant personal experiences instead of attempting to withdraw, change or control them. (Fledderus et al., 2013).

Theoretical framework of ACT

ACT is based upon Relational Frame Theory (RFT), which is described as a modern behavioral account of language and cognition (Hayes, Barnes-Holmes, & Roche, 2001). RFT explores how individuals become so controlled by their inner conversations that they become insensitive to environmental contingencies. Moreover, RFT recognizes the context in which language rules and increases suffering and also contexts that weaken the dominance of language (Ciarrochi et al., 2010).

Based on RFT, ACT indicates that language-based distress is usual for individuals (Hayes, Strosahl, & Wilson, 1999), however there are two psychological processes that contribute to the development and maintenance of psychopathology namely experiential

avoidance and cognitive fusion (Hayes, 2004). Experiential avoidance has been defined as efforts to avoid opinions, emotions, memories, bodily sensations, and other inner experiences—even when doing so has negative long-term consequences (Hayes et al., 1999). In the long run, the experiences and circumstances that individuals are willing to face become restricted and inflexible, which might encourage the progress of psychopathology (Hayes et al., 1996).

Cognitive fusion, which promotes experiential avoidance, happens when people consider the literal meaning of their opinions rather than perceiving them as transient inner states (for example, the consideration that, I am hopeless is equal to the psychological experience of hopelessness) (Greco, Lambert, & Baer, 2008). Consequently, when people's experiences are controlled by experiential avoidance and cognition fusion, psychological inflexibility might occur (Ciarrochi et al., 2010).

The six main processes of ACT

The ACT treatment model focuses on six processes to establish psychological flexibility (see Figure 1). Each of these domains is constructed as a favourable psychological skill, not simply a way of evading psychological problems (Hayes et al., 2006).

The center of this ACT process is to promote and improve clients' compliance with holding and accepting their individual experiences. Intervention includes examining the illusion of emotional control and avoidance, which might often enhance people' levels of discomfort and prevent them from engaging in meaningful and values-based actions (Ciarrochi et al., 2010).

Defusion is the ability to experience a distinction between thoughts and the things they describe, and to contact experiences directly without being dominated by the meaning and influences carried by thoughts (Harris, 2009). Defusion practices encourage individuals

to realize their language processes as they reveal and to see the thoughts come and go, from the scene of an unbiased observer (Ciarrochi et al., 2010).

Being present involves the capability to bring our attention to the present moment, thoroughly experiencing what is happening at that moment and defining these experiences in an unbiased way (Twohig, 2012). Therefore, ACT supports the non-judgemental explanation of notions, emotions, and other personal experiences (Hayes, 2006).

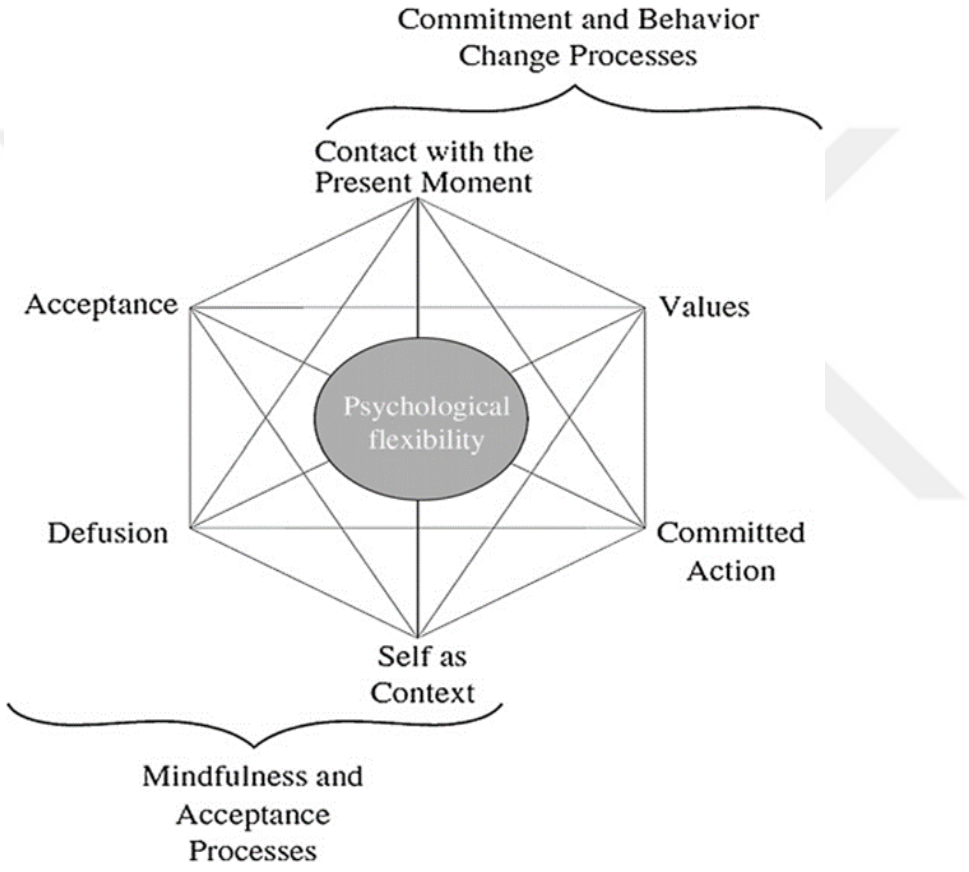

Figure 1. The six main processes targeted by ACT to develop psychological flexibility (Hayes et al., 2006).

From the view of self-as-context, individuals notice that they can separate themselves from biased self-descriptions and maintain a sense of self (Ciarrochi et al., 2010). Self as context is promoted in ACT via mindfulness practices and experiential procedures (Hayes, 2006)

In ACT, values are the direction of life that encourages us to involve in particular activities (Twohig, 2012). Values are openly selected, and they are never reached (Hayes et al., 1999) In ACT, clients learn to select willingness to experience difficult opinions and emotions, to involve in valued actions (Strosahl et al., 2004). Furthermore, ACT employs different kinds of practices to assist clients in selecting life directions in diverse areas (family life, work) as weakening verbal manners that may cause choices based upon avoidance or fusion (Hayes, 2006).

In terms of committed action, ACT promotes the improvement of broader pattern of effective behavior related to the chosen value (Hayes et al., 2006). Engaging in value-based action might reveal emotions and experiences, which are both favourable and distressful (Harris, 2009). Therefore, ACT assists prepare clients adapting the difficulties of the situations, modifying or maintaining the action as needed and doing what it takes to move in values-based directions (Ciarrochi et al., 2010).

Psychological flexibility and mental health

Growing evidence has revealed that psychological flexibility is positively related to psychological wellbeing (Kashdan & Rottenberg, 2010), and negatively related to depression, anxiety, and general psychological distress (Masuda & Tully, 2011).

Masuda and Tully (2011) examined the impact of psychological flexibility and mindfulness on somatization, depression, anxiety, and general psychological distress. The findings suggested that both psychological flexibility and mindfulness were negatively linked to somatization, depression, anxiety, and general psychological distress. Therefore, it is indicated that psychological flexibility and mindfulness play an essential role in the treatment of mental disorders. Besides, clinical interventions should not only focus on the symptoms of

mental disorders but also, they should take into consideration enhancing psychological flexibility and mindfulness to have better effects.

Richardson and Jost (2019) have investigated whether psychological flexibility explain the relationship between early life trauma and psychological disorders (e.g.: depression and PTSD). Results suggested that participants who were inversely influenced by their early traumatic experiences reported a decreased level of psychological flexibility. Moreover, psychological flexibility was inversely related to the signs of PSTD and depression. Furthermore, psychological flexibility has a protective function towards depression and PTSD amongst people who have been inversely affected by their early life incidents. As a result, people who flexibly adjust to different circumstances, take their experiences as a whole (e.g., ideas and emotions), and take into consideration their values while giving decisions about their lives are less prone to experience psychological outcomes related to early life trauma.

Azadeh and his colleagues (2015) researched the influence of Acceptance and Commitment Therapy (ACT) on psychological flexibility and interpersonal issues in female teenagers with social anxiety disorders. Results demonstrated that ACT decreased the impact of interpersonal problems of the participants by establishing psychological flexibility in the experimental group compared to healthy controls. It has been indicated that defusion procedures and acceptance practices, identifying goals and values decrease the probability of experiencing irritability and difficulty regarding social situations for the patients with social anxiety disorders, and therefore they might improve their pattern of behavior against unpleasant experiences related to interacting with other individuals.

Gender-related differences in psychological flexibility

Psychological flexibility is a significant concept that is evenly essential for both men and women's mental health (Azevedo & Matos, 2015).

Bond and his colleagues (2011) researched the psychometric evaluation of the Acceptance and Action Questionnaire-II (AAQ-II), which is used to measure psychological flexibility, in various samples. According to the findings, The AAQ-II was not related to several sociodemographic factors including age and gender in different samples (Bond et al., 2011). Similarly, Gloster and his colleagues (2011) investigated the relationship of psychological flexibility with self-esteem, personality traits, age, gender, and different types of psychopathology in four separate German samples. According to the findings, male and female participants did not differ in their level of psychological flexibility

Likewise, Yavuz and his colleagues (2016) examined the psychometric evaluation of the Turkish Version of the Acceptance and Action Questionnaire-II (AAQ-II) in healthy and clinical samples. Consistent with the previous findings, there was no significant differences between men and women subjects in their levels of psychological flexibility based on the AAQ-II.

Psychological flexibility and relationship status

Psychological flexibility plays an essential role in couples' relationship functioning (Leonard, Follette, & Compton, 2006). It has been indicated that individuals with a higher level of psychological flexibility are more able to overcome unpleasant feelings, and they might be able to modify self-defeating actions so they can establish healthy relationships with others (Harris, 2009). For example, people with higher psychological flexibility might display a greater sense of belonging in terms of their interpersonal relationships compared to individuals with a lower level of psychological flexibility (Roush et al., 2018). On the other

hand, individuals with a lower level of psychological flexibility might withdraw from establishing close relationships, and they can not be able to easily trust their partners since they may perceive to trust in others as dangerous and distressing (Baugh et al., 2019).

According to ACT, the occurrence and continuance of conflict between couples result from each partner's rigid attitudes and experiential avoidance procedures. As an illustration, couples may elude interacting with their partners when former interactions have generated distress, they may avoid expressing affective and physical closeness because of the concern of rejection, and they may elude organizing activities that produce meaning and collective experiences. These instances of experiential avoidance not only shield the couples from having unpleasant emotions and ideas but also limit the couples' ability to establish healthy intimate relationships. The main aim of ACT is not only to assist couples to be mindful in their cognitive and affective reactions towards their partners and their own actions in the relationship but also help couples to define their values related to their intimacy (Peterson et al., 2009).

Peterson and his colleagues (2009) investigated the role of ACT for troubled couples. The research explored the progress of two couples during the whole therapy procedure. Cognitive defusion, mindfulness acceptance, and the chase of valued aspects in intimate relationships were practiced to assist couples. The findings revealed that ACT might help couples to enhance marital satisfaction and diminish emotional distress. Each couple indicated an increase in marital satisfaction and marital adjustment during the ACT interventions, and at six-month follow-up. ACT asserts that change takes place when couples start to link to their inner individual events with increased defusion. The defusion eventually diminishes each partner’s involvement with negative beliefs and attitudes and improves mindful acceptance, which eventually limits the pervasive nature of adverse relationship patterns and actions.

1.4 The aims of the current study

The first aim of the present study is to explore the differences in the levels of social appearance anxiety, body appreciation, and psychological flexibility of male and female participants. In terms of the first aim, the author hypothesizes that there will be no significant differences between women and men in their levels of social appearance anxiety and psychological flexibility, but male participants will demonstrate a higher level of body appreciation than female participants.

The second aim of the current study is to examine the differences in the degrees of social appearance anxiety, body appreciation, and psychological flexibility of the single participants and participants having romantic relationships. Regarding the second aim, the author hypothesizes that participants who are involved in a romantic relationship will show a higher level of body appreciation, psychological flexibility, and a lower level of social appearance anxiety than single participants.

The last aim of the current study is to investigate the relationship between social appearance anxiety, body appreciation, and psychological flexibility among Turkish young adults. Based on the last aim, the author hypothesizes that social appearance anxiety will be inversely related to body appreciation, and psychological flexibility while social appearance anxiety would be positively related to BMI. Additionally, there will be positive relationship between body appreciation and psychological flexibility.

2. Method

Participants

A total of 1903 participants composed of 966 females (50.8 %) and 927 males (49.2 %) were included in the current study. Participants who ranged in age from 18 to 40 (*M* = 27.70, *SD* = 5.36) were recruited via an online survey shared on social media (Turkish Universities Facebook Pages). Participants took part in this study voluntarily, and they signed an informed consent form before starting to complete the online survey. The majority of the participants 53 % (*N*=1006) identified as single, while others reporting to be married 24.5 % (*N*=466), in a romantic relationship 19.7 % (*N*=375), divorced 2.9 % (*N*=56). Most of the participants 50.4 % *(N*=959) indicated to have the middle class of income whereas the rest of the participants had low-middle 17.6% (*N*=335) upper-middle 15.3% (*N*=292), low 14.8 % (*N*=281) and high 2 % (*N*=36) levels of income. The most of the participants 61.4 % (*N*=1168) completed an undergraduate degree, 25.3 % of participants (*N*=482) earned master degree, 2.2 % (*N*=41) of the sample indicated to have a doctoral degree, while the other participants stated to have high-school education 10.6 % *(N* =201), secondary-school education 0.4 % (*N*=7) and primary-school degree 0.2 % (*N*=4).

Measurements

Body mass index (BMI)

Based on the height and weight reported by the participants, author calculated Body Mass Index (BMI). Body Mass Index (BMI) is calculated using the following formula: weight in kilograms divided by the square of height in meters (kg/m^2).

Demographic form

Participants reported age, gender, level of education, level of income, relationship status, height, and weight in the online survey.

Social Appearance Anxiety Scale (SAAS)

The Social Appearance Anxiety Scale (SAAS; Hart et al., 2008) is a 16-item self-report measure which assesses anxiety regarding being inversely evaluated by other people due to one's general appearance involving body shape. The psychometric evaluation of the SAAS indicated a high test-retest reliability, good construct validity, and good internal consistency. Each statement is rated on a five-point Likert scale ranging from 1 (not at all) to 5 (extremely), and the first statement is reverse coded. High scores on the SAAS indicate a higher level of social appearance anxiety and the scale scores range between 16 and 80. Example statements of the SAAS are, "I am concerned that I have missed out on opportunities because of my appearance." "I worry people will judge the way I look negatively." (Hart et al., 2008). Turkish version of the SAAS demonstrated a good levels of convergent and divergent validity as well as excellent internal consistency (Doğan, 2010). Internal consistency reliability in the current study was excellent (coefficient alpha = .94).

Body Appreciation Scale- 2 (BAS-2)

The Body Appreciation Scale- 2 (BAS-2, Tylka & Wood-Barcalow, 2015b) is a 10-item self-report measure which measures individuals' acceptance, care, and respect for their bodily characteristics. Each statement is assessed on a five-point Likert scale ranging from 1 (never) to 5 (always). Higher scores represent greater body appreciation, and the scores of the scale vary between 10 and 50. Example items include '' I take a positive attitude towards my body.'' '' I am attentive to my body's needs.'' (Tylka & Wood-Barcalow, 2015b). Research on the psychometric properties of the Turkish version of the BAS indicated that the scale had greater validity and reliability scores (Anli et al., 2015). Internal consistency reliability in the present study was excellent (coefficient alpha = .93).

Acceptance and Action Questionnaire-II (AAQ-II)

The Acceptance and Action Questionnaire-II (AAQ-II, Bond et al., 2011) is a 7-item Likert scale ranging from 1(never true) to 7 (always true). It assesses psychological inflexibility or experiential avoidance, and higher scores indicate a greater degree of psychological inflexibility. Research on the psychometric properties of the AAQ-II demonstrated that the questionnaire had a higher degree of test-retest reliability, and sufficient internal consistency across various populations compared to the AAQ-I. Besides, the Turkish version of the AAQ-II had sufficient internal consistency, and adequate construct validity (Yavuz et al., 2016). In the present study, the internal consistency reliability was good (coefficient alpha = .89).

3. Results

Statistical analyses were conducted with SPSS version 23. Three participants have been excluded from the analyses because they provided inconsistent responses.

Table 1. Descriptive statistics for all variables in the current study

Variables	*Mean*	*SD*	*Skewness*	*Kurtosis*	*Min*	*Max*
Social appearance anxiety (SAAS)	33.70	12.92	.852	.178	16	78
Body appreciation (BAS-2)	38.75	7.85	-.748	.242	10	50
Psychological flexibility (AAQ-II)	31.94	10.23	-.339	-.667	7	49
Body Mass Index (BMI)	24.16	4.30	.924	1.461	15.57	43.94

Based on WHO classification BMI has been classified into following categories: underweight, normal, overweight, and obese. An individual would be considered as underweight if his/her BMI is lower than 18.5, normal range if the BMI is in the range of 18.5 to 24.9, overweight if the BMI was 25 to 29.9, and obese if it was 30 or greater (WHO, 1995).

According to the height and weight indicated by the participants, the majority of the participants 57.1 % (*N*=1087) were classified as normal range, 27 *% (N* = 528) of the participants were overweight, 9.2 % (*N*= 176) of the sample was obese, and 5.9 % (*N* = 112) of the sample was underweight (Table 2).

Table 2. Percentages and number of participants in each BMI category

Classifications	BMI[1] (kg/m2)	%	n
Underweight	<18.5	5.9	112
Normal range	18.5 - 24.9	57.1	1087
Overweight	≥25.	27.7	528
Obese	≥30	9.2	176

1. BMI classification is based on: World Health Organization (1995) Physical status: the use and interpretation of anthropometry. Report of a WHO Expert Committee. WHO Technical Report Series 854. Geneva, p. 452

Due to the lack of normal distribution in the study, the Mann Whitney U test was conducted to describe the differences between groups. First of all, the author of the thesis will present differences in psychological flexibility, body appreciation and social appearance anxiety for males and females. Then differences in all variables of the study will be presented for the categories based on relationship status: being in a romantic relationship vs single.

Table 3. Gender differences of psychological flexibility, body appreciation and social appearance anxiety

Variables	Female *M(SD)*	Male *M(SD)*	*Z*	*p*
Social appearance anxiety	33.3(12.33)	34.13(13.5)	-.764	.445
Body appreciation	39.15 (7.67)	38.34 (8.02)	-2.37	.018*
Psychological flexibility	32 (9.89)	31.87 (10.6)	.000	1.000

*$p < .05$, two-tailed. (*N=1903)*

The results of the Mann Whitney U test indicated that the level of body appreciation was significantly higher in females (M = 39.15 SD = 7.67) than males (M =38.34 SD = 8.02), z = -2.37, p < .05 (Table 3).

Based on the results of the current study, participants who are in romantic relationship showed significantly higher level of psychological flexibility (M =33.44, SD =10) than single participants (M=30.51, SD = 10.17), z= -6.22, p < .01. Similarly, participants who are in a romantic relationship had higher level of body appreciation (M =39.18, SD= 7.75) compared to single participants (M=38.27, SD =7.9), z= -2.65, p<.05. However, the level of social appearance anxiety was significantly higher in single participants (M=35.82, SD=13.77) than participants who have romantic relationship (M= 31.48 SD=11.48), z = -6.62, p< .01(Table 4).

Table 4. Differences in psychological flexibility, body appreciation and social appearance anxiety with respect to following categories

Variables	Single	Being in a romantic relationship	*Z*	*p*
	M(SD)	*M(SD)*		
Social appearance anxiety	35.82 (13.7)	31.5 (11.5)	-6.62	.000*
Body appreciation	38.27 (7.9)	39.2 (7.7)	-2.64	.008*
Psychological flexibility	30.51(10.17)	33.44 (10)	-6.22	.000*

*p < .01, two-tailed. *(N=1903)*

Afterwards, the author of the thesis conducted the Pearson correlation to examine the relationship between body appreciation and social appearance anxiety, psychological flexibility and BMI. The results showed that psychological flexibility was significantly related to body appreciation, $r = .32$, $p < .01$. It means that the higher the psychological flexibility, the higher the body appreciation.

Table 5 shows that there is a significant negative correlation between social appearance anxiety and psychological flexibility, $r = -.50$ $p < .01$. It means that the higher the social appearance anxiety, the lower the psychological flexibility. Moreover, social appearance anxiety and body appreciation are negatively correlated, $r = -.56$, $p < .01$. It states that the higher the level of social appearance anxiety, the lower the level of body appreciation. Additionally, BMI was negatively related to body appreciation, $r = -.21$, $p < .01$, whereas positively related to social appearance anxiety $r = .15$, $p < .01$. It means that the higher the BMI, the lower the body appreciation, and the higher the social appearance anxiety (Table 5).

Table 5. Pearson correlations for the main variables of the present study

	SAA	BA	PF	BMI
Social appearance anxiety	1			
Body appreciation	-.56*	1		
Psychological flexibility	-.50*	.32*	1	
Body mass index	.15*	-.21*	.002	1

*$p < .01$, two-tailed. (*N=1903)*

Next the author conducted multiple linear regression analyses to test if psychological flexibility, body appreciation, and body mass index significantly predicted the participant's level of social appearance anxiety. The results of regression indicated that three predictors explained 43.8 % of the variance (F (3, 1899) = 492.80, p <.01). It was found out that social appearance anxiety was significantly predicted by psychological flexibility (β = -.36, p <.01), body appreciation (β = -.44, p < .01), and body mass index (β = .056, p <.01) (Table 6).

Table 6. Multiple regression analyses for variables predicting social appearance anxiety

	B	*Standard Error (B)*	*Beta*	*t*	*p*
Constant	72.17	1.906		37.86	.000*
Body appreciation	-.722	.031	-.44	-23.53	.000*
Psychological flexibility	-.456	.023	-.361	-19.80	.000*
BMI	.168	.053	.056	3.167	.002*

*p < .01, two-tailed. (*N=1903)*

4. Discussion

To expand the current literature, the present study investigates whether social appearance anxiety, body appreciation, and psychological flexibility demonstrate any differences in terms of gender and the status of relationship. Moreover, it has been explored the relationship between social appearance anxiety, body appreciation, psychological flexibility, and BMI among Turkish young adults. Furthermore, it has also been examined to what extent body appreciation, psychological flexibility, and BMI predict the level of social appearance anxiety.

According to the results obtained in the present study, there is no significant difference between male and female participants in their levels of social appearance anxiety. It has been observed that the results of this study are consistent with the results of the studies of Sahin and his colleaques (2013) and Amil and Bozgeyikli (2015) conducted in Turkey. The sociocultural theory assumes that negative body image in women arises from the internalization of the ideal thin body which is imposed by Western cultures through mass media (e.g., television, magazine). After the 1990s, Turkey started to follow the Western world, and the internalization of the ideal thin body gradually affected individuals in Turkey. Therefore, women and men do not vary in their levels of social appearance anxiety since the internalization of thin body ideal may differ culturally (Sahin et al., 2013). Furthermore, it is observed that male and female participants do not vary in their levels of psychological flexibility in the present study. Research on the psychometric evaluation of the Acceptance and Action Questionnaire II (AAQ-II) emphasized that psychological flexibility was not related to age, gender (Bond et al., 2011). Likewise, Yavuz and his colleagues (2015) have stated that the level of psychological flexibility does not differ depending on gender in both clinical and healthy population. Contrary to the current literature, the findings suggest that females demonstrate a higher degree of body appreciation than males in Turkey. Halliwell

(2013) stated that body appreciation plays a protective role against societal standards of attractiveness among women. Furthermore, Alleva and his colleagues (2018) have indicated that a higher level conformity to masculine standards may be linked with a lower level of body appreciation among men. Therefore, the author suggests that men might be more prone to satisfy the societal expectations of masculinity, whereas women might be protected from the sociocultural expectations of attractiveness through body appreciation in Turkey.

Based on the results related to the relationship status, individuals having a romantic relationship display a higher level of body appreciation than those who are single. Likewise, Tom and colleagues (2005) have concluded that marriage declines the importance of reaching the ideal thin body. As stated by the Weller and colleagues (2005), women who obtain social support from their romantic partner are more probable to have a higher level body satisfaction, and establishing healthy intimate relationships may serve as a psychological buffer against societal standards to achieve a slim appearance. Furthermore, it is observed that individuals who reported to have a romantic relationship have a higher level of psychological flexibility compared to single individuals in the present study. As stated by Harris (2009), individuals with a higher level of psychological flexibility are more likely to cope with undesirable feelings; therefore, they might be able to establish a healthy relationship with other individuals. Likewise, people with a higher degree of psychological flexibility might demonstrate a greater sense of belonging in the interpersonal relationship compared to those with a lower level of psychological flexibility (Roush et al., 2018). Moreover, it is found out that single individuals have an elevated level of social appearance anxiety in contrast to people involved in a romantic relationship in the current study. Similarly, Amil and Bozgeyikli (2015) have concluded that people having a romantic relationship have lower social appearance anxiety than single people in Turkey because

individuals with social appearance anxiety may choose to spend time alone instead of engaging in interpersonal relationships due to body image dissatisfaction.

The results concerning the relationship between social appearance anxiety, psychological flexibility, body appreciation, and BMI demonstrate that social appearance anxiety is inversely associated with body appreciation and psychological flexibility. In the literature, there is a limited number of study concerning the concept of social appearance anxiety. Most of the studies have been investigated the psychometric properties of the Social Appearance Anxiety Scale (SAAS) in various populations, and the relationship between social appearance anxiety and eating disorders (Sahin et al., 2014). However, Andrew and his colleagues (2016) have explained that women who use more appearance-focused media (eg., magazines) are more likely to experience a lower level of body appreciation due to social appearance comparison, and internalization of the ideal thin body. It is also observed that individuals who engage less in social appearance comparison are more likely to have an elevated level of body appreciation. Regarding the relationship between social appearance anxiety and psychological flexibility, Shepherd and his colleagues (2019) have demonstrated that individuals with a higher level of appearance-based anxiety may have difficulties with acknowledging unpleasant feelings, defusing from adverse thinking, and taking valued-based actions. Furthermore, there is a positive relationship between social appearance, anxiety, and BMI in the present study. It is emphasized that individuals with an increased level of BMI may have greater tendency to experience appearance-based social anxiety due to societal anticipation of being thin and weight-based social discrimination (Titchener & Wong, 2015). In terms of the relationship between body appreciation and psychological flexibility, the results reveal that there is a positive relationship between body appreciation and psychological flexibility. Body image flexibility is one of the significant psychological flexibility concepts which is utilized in the field of body image. Body image flexibility may

assist individuals in acknowledging appearance-related distress originated from body image inconsistencies, and therefore, individuals may show commitment to take action based on their values by choosing to appreciate their body (Webb, 2015).

Finally, the findings suggest that body appreciation, psychological flexibility, and BMI predicts the level of social appearance anxiety in the current study. Consistent with the study of Andrew and his colleagues (2016), people who consume more appearance-focused media might have a lower level of body appreciation through the process of social appearance comparison and internalization of thin body ideal. Shepherd and his colleagues (2019) have also emphasized that a higher level of social appearance anxiety is associated with a lower level of psychological flexibility among individuals with visible injuries. It has also been assumed that weight-related social discrimination and societal expectation of being thin might explain the link between social appearance anxiety and BMI (Titchener & Wong, 2015).

The author states that there are certain limitations in the present study. First of all, the data has cross-sectional nature; therefore, the ability to make causal relationships between variables is constrained. Secondly, the research was conducted in Turkey, so the results could not be generalized worldwide. Additionally, the sample was taken in the non-clinical population; therefore, it would be ideal to experimentally investigate social appearance anxiety, psychological flexibility, and body appreciation in a clinical sample. Lastly, the data was collected via an online survey shared on Facebook, so the respondents may not feel encouraged to provide accurate answers.

This cross-sectional study is the first research which examines the relationship between social appearance anxiety, psychological flexibility, and body appreciation in young adults. Therefore future research is needed to make causal inferences between these constructs. As an illustration, further experimental studies may explore whether enhancing

psychological flexibility and body appreciation via ACT will lead to a decrease in social appearance anxiety, therefore, diminish the individual's risk of developing social anxiety disorders and eating disorders.

Besides, future research may investigate the association between social appearance anxiety, psychological flexibility, and body appreciation in adolescence or later adulthood to make a comparison regarding the level of these constructs. Furthermore, future work may compare how the level of social appearance anxiety, body appreciation, and psychological flexibility differ in both clinical and non-clinical samples.

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Appendix A

Informed consent

Dear participants,

You are requested to participate in an online survey investigating the relationship between social appearance anxiety, body appreciation, and psychological flexibility for men and women between the ages of 18 and 40 in Turkey. This is a research being conducted by Burcak Kapar, a student at SWPS University. It should take approximately 10 minutes to complete.

Participation is entirely voluntary in this study. You may refuse to take part in the research or exit the survey at any time without penalty. Your survey responses will be sent to a link at googleforms.com where data will be saved in a password protected electronic format. Google Forms does not collect identifying information such as your name or email address. Therefore, your responses will be anonymous.

If you have questions regarding the study, you may reach me via kaparburcak@gmail.com

Clicking on the "Agree" button indicates that

• You voluntarily agree to participate

• You are between the ages of 18 and 40

☐ Agree

Appendix B

Bilgilendirilmis Onay Formu

Sayın Katılımcı,

Bu çalışma, Varşova Sosyal Bilimler ve Psikoloji Üniversitesi Klinik Psikoloji Yüksek Lisans Programı tezi kapsamında Burçak Kapar tarafından yapılmaktadır. Araştırmada, yalnızca 18 ve 40 yaş arası kadın ve erkeklerde sosyal görünüş kaygısı, bedeni beğenme ve psikolojik esneklik arasındaki ilişkinin incelemesi amaçlanmaktadır.

Bu amaç doğrultusunda sizden bazı sorular yanıtlamanız istenmektedir.Soruları yanıtlamanız yaklaşık olarak 5 dakikanızı alacaktır.Çalışmanın objektif olması ve elde edilecek sonuçların güvenirliği açısından, anket sorularını içtenlikle yanıtlamanız önemlidir.Sizden kimliğinizle ilgili hiçbir bilgi istenmemektedir.Vereceğiniz bilgiler gizli tutulacak, yalnızca araştırmacı tarafından toplu olarak değerlendirilecektir.Çalışmadan elde edilecek sonuçlar sadece bilim amaçlı kullanılacaktır.

Çalışmaya katılım tamamen gönüllülük esasına dayanmaktadır.Anket genel olarak, kişisel rahatsızlık verecek sorular içermemektedir.Ancak, katılım sırasında herhangi bir nedenden ötürü kendinizi rahatsız hissederseniz, cevaplama işini bırakmakta serbestsiniz.Çalışmanın sonucu hakkında bilgi almak, çalışmayla ilgili herhangi bir görüş bildirmek ya da soru sormak isterseniz Burcak Kapar (kaparburcak@gmail.com) ile iletişime geçebilirsiniz.

Yardımlarınız ve katılımız için teşekkürler.

Çalışmaya gönüllü olarak katılmayı kabul ediyorum ve 18-40 yaş arasındayım

☐

Appendix C

Demographic Form

Age:

Gender: Male Female

Height:

Weight:

Level of education:

primary school education	secondary school education	high school	bachelor	master	PhD

Relationship status:

married	being in a romantic relationship	divorced	single

Level of income:

low	low-middle	middle	upper-middle	high

Appendix D

Social Appearance Anxiety Scale

Directions: Please indicate how characteristic each statement is of you, using the response scale provided.

Not at all	A little	Sometimes	A lot	Extremely
1	2	3	4	5

1. I feel comfortable with the way I appear to others.

2. I feel nervous when having my picture taken.

3. I get tense when it is obvious people are looking at me.

4. I am concerned people would not like me because of the way I look.

5. I worry that others talk about flaws in my appearance when I am not around.

6- I am concerned people will find me unappealing because of my appearance.

7. I am afraid that people find me unattractive.

8. I worry that my appearance will make life more difficult for me.

9. I am concerned that I have missed out on opportunities because of my appearance.

10. I get nervous when talking to people because of the way I look.

11. I feel anxious when other people say something about my appearance.

12. I am frequently afraid I would not meet others' standards of how I should look.

13. I worry people will judge the way I look negatively.

14. I am uncomfortable when I think others are noticing flaws in my appearance.

15. I worry that a romantic partner will/would leave me because of my appearance.

16. I am concerned that people think I am not good looking.

Appendix E

Body Appreciation Scale-2

Please indicate whether the question is true about you never, seldom, sometimes, often, or always.

1	2	3	4	5
never	seldom	sometimes	often	Always

1. I respect my body.

2. I feel good about my body.

3. I feel that my body has at least some good qualities

4. I take a positive attitude towards my body

5. I am attentive to my body's needs.

6. I feel love for my body.

7. I appreciate the different and unique characteristics of my body.

8. My behavior reveals my positive attitude toward my body; for example, I walk holding my head high and smiling

9. I am comfortable in my body.

10. I feel like I am beautiful even if I am different from media images of attractive people (e.g., models, actresses/actors)

Appendix F

Acceptance and Action Questionnaire (II)

Below you will find a list of statements. Please rate how true each statement is for you by using the scale below to fill in your choice.

1	2	3	4	5	6	7
never true	very seldom true	seldom true	sometimes true	frequently true	almost always true	always true

1. My painful experiences and memories make it difficult for me to live a life that I would value.

2. I'm afraid of my feelings.

3. I worry about not being able to control my worries and feelings.

4. My painful memories prevent me from having a fulfilling life.

5. Emotions cause problems in my life.

6. It seems like most people are handling their lives better than I am.

7. Worries get in the way of my success.