

EXPLORING THE RELATIONSHIP BETWEEN INTUITIVE EATING,
INSTAGRAM USE, AND MENTALIZATION AMONG ADULTS



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BOĞAZİÇİ UNIVERSITY

2025

EXPLORING THE RELATIONSHIP BETWEEN INTUITIVE EATING,
INSTAGRAM USE, AND MENTALIZATION AMONG ADULTS

Thesis submitted to the

Institute for Graduate Studies in Social Sciences

in partial fulfillment of the requirements for the degree of

Master of Arts

in

Educational Sciences

by

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Boğaziçi University

2025

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Instagram Use, and Mentalization among Adults

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January 2025

DECLARATION OF ORIGINALITY

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ABSTRACT

Exploring the Relationship between Intuitive Eating,

Instagram Use, and Mentalization among Adults

This study examined the relationship between intuitive eating, Instagram use, and mentalization. A cross-sectional study was utilized to study this relationship, and data were collected from 327 adults aged between 18 and 74 years ($M = 36.85$, $SD = 13.06$), 75.1% of (253 individuals) were women, and 22.3% (75 individuals) were men. In this study, Instagram use was operationalized as the average time participants spent on Instagram per day. Intuitive eating-2 (IES-2) scale was used to measure the level of intuitive eating and Mentalization Scale (MentS) was used to measure the level of mentalization of the participants. In this study, mentalization and intuitive eating was not found to be associated with daily Instagram use. Furthermore, mentalization did not moderate the relationship between Instagram use and intuitive eating. However, a significant relationship was found between Instagram visit frequency and intuitive eating. Individuals who logged into Instagram more frequently reported lower levels of intuitive eating. This result suggests that the relationship between these two constructs is worthy of further investigation. Moreover, a significant relationship was found between mentalization and intuitive eating. Based on this result, it could be concluded that there is a link between individuals' intuitive eating behavior and their mentalization skills. This study contributes to the literature on intuitive eating and mentalization. The relationship between social media use and these constructs can be further explored with other methods.

ÖZET

Yetişkinlerde Sezgisel Yeme, Instagram Kullanımı

ve Zihinselleştirme Arasındaki İlişkinin İncelenmesi

Bu çalışma sezgisel yeme, Instagram kullanımı ve zihinselleştirme arasındaki ilişkiyi araştırmıştır. Bu ilişkiyi incelemek için çapraz kesitsel araştırma tekniği kullanılmıştır ve yaşları 18-74 ($O = 36.85$, $SS = 13.06$) arasında değişen 327 katılımcıdan veri toplanmıştır. Katılımcıların %75.1'i (253 kişi) kadın, % 22.3'ü (75 kişi) erkektir. Bu çalışmada Instagram kullanımı, katılımcıların Instagramda geçirdikleri günlük ortalama süre olarak operasyonelleştirilmiştir. Katılımcıların sezgisel yeme seviyesini ölçmek için Sezgisel Yeme Ölçeği-2, zihinselleştirme seviyesini ölçmek için ise Zihinselleştirme Ölçeği kullanılmıştır. Bu çalışmada zihinselleştirme ve sezgisel yeme, günlük Instagram kullanımı ile ilişkili bulunmamıştır. Ayrıca zihinselleştirmenin, Instagram kullanımı ve sezgisel yeme arasındaki ilişkiyi modere etmediği bulunmuştur. Bununla birlikte, Instagram ziyaret sıklığı ile sezgisel yeme arasında anlamlı bir ilişki görülmüştür. Instagram'a daha sık giriş yapan bireyler daha düşük sezgisel yeme seviyelerinin daha düşük olduğu görülmüştür. Bu sonuç, bu iki kavram arasındaki ilişkinin daha fazla araştırılmaya değer olduğunu göstermektedir. Ayrıca, zihinselleştirme ve sezgisel yeme arasında anlamlı bir ilişki bulunmuştur. Bu sonuç doğrultusunda bireylerin sezgisel yeme becerileri ile zihinselleştirme becerileri arasında bir bağ olduğu söylenebilir. Bu çalışma sezgisel yeme ve zihinselleştirme literatürüne katkıda bulunmaktadır. Sosyal medya kullanımı ile bu kavramlar arasındaki ilişki başka yöntemlerle de araştırılabilir.

TABLE OF CONTENTS

CHAPTER1: INTRODUCTION	1
1.1 Purpose of the study	5
1.2 The significance of the study	6
1.3 Implications for counseling.....	8
CHAPTER 2: LITERATURE REVIEW	11
2.1 Theoretical framework	11
2.2 Eating behavior	13
2.3 Social media use.....	26
2.4 Mentalization.....	35
CHAPTER 3: METHOD	50
3.1 Participants.....	50
3.2 Instruments.....	54
3.3 Procedure.....	58
3.4 Design and data analysis	59
CHAPTER 4: RESULTS	61
4.1 Descriptive analyses of variables	61
4.2 Results according to research questions.....	63
CHAPTER 5: DISCUSSION	70
5.1 General discussion	70
5.2 Implications of the study.....	80
5.3 Limitations of the study	82
5.4 Recommendations for future research	83
APPENDIX A: DEMOGRAPHIC INFORMATION FORM (ENGLISH)	85

APPENDIX B: DEMOGRAPHIC INFORMATION FORM (TURKISH)	87
APPENDIX C: INTUITIVE EATING SCALE-2 (IES-2) (ENGLISH)	89
APPENDIX D: INTUITIVE EATING SCALE-2 (IES-2) (TURKISH)	91
APPENDIX E: MENTALIZATION SCALE (MentS) (ENGLISH).....	93
APPENDIX F: MENTALIZATION SCALE (MentS) (TURKISH).....	96
APPENDIX G: ETHICS COMMITTEE PERMISSON.....	98
APPENDIX H: INVITATION TEXTS TO PARTICIPANTS (ENGLISH).....	99
APPENDIX I: INVITATION TEXTS TO PARTICIPANTS (TURKISH)	101
APPENDIX J: INFORMED CONSENT FORM (ENGLISH).....	103
APPENDIX K: INFORMED CONSENT FORM (TURKISH)	105
REFERENCES.....	108

LIST OF TABLES

Table 1. Distribution of Participants According to Gender	51
Table 2. Distribution of Participants According to Age	51
Table 3. Distribution of Participants According to BMI Categorization	52
Table 4. Distribution of Participants According to Instagram Account Count.....	53
Table 5. Distribution of Participants According to Instagram Use Frequency	53
Table 6. Descriptive Statistics of the Intuitive Eating and Mentalization Scores....	62
Table 7. Results of the Independent Samples t-Test for Intuitive Eating	65
Table 8. Results of the Independent Samples t-Test for Mentalization	66

ABBREVIATIONS

DSM-5	Diagnostic and Statistical Manual of Mental Disorders (5th ed.)
ICD-11	International Classification of Diseases (11th rev.)
IES-2	Intuitive Eating Scale-2
MentS	Mentalization Scale
SCT	Social Cognitive Theory
SPSS	Statistical Package for the Social Sciences
WHO	World Health Organization

CHAPTER 1

INTRODUCTION

Eating behavior is a phenomenon that is integrated into people's everyday lives and has been shown by a number of studies to be linked to human psychology. Considering eating behavior as a continuum, it can take both adaptive and maladaptive forms (Mintz & Betz, 1988). The extremities of maladaptive forms include eating disorders and eating disorders are known to impact many adults' mental health negatively worldwide (Ahn et al., 2018; Auger et al., 2021; Tith et al., 2020). While individuals with eating disorders constitute the clinical population, there are also a significant number of people who do not meet the criteria for an eating disorder but exhibit disordered eating behavior, including restrained eating, that affects individuals' psychological and physical health negatively (Larson et al., 2009; Mann et al., 2007; Masheb et al., 2019; Polivy et al., 1994; Woodruff et al., 2008).

One of the key concepts addressed in this thesis is intuitive eating. Intuitive eating is a body-inclusive and anti-diet framework developed by Evelyn Tribole and Elyse Resch in the 1990s to improve the body and the relationship with food (Tribole & Resch, 2020). This approach emphasizes the importance of allowing yourself to eat when feeling hungry without forbidding any food, making dietary choices based on physical needs rather than emotional ones, and heeding satiety signals about when and how much food to consume (Tribole & Resch, 2020). Regarding the relationship between intuitive eating and demographic factors such as gender and age, previous studies show that women have lower intuitive eating scores than men (Van Dyke & Drinkwater, 2014). As for its relationship with age, there is no consensus in the

literature. Intuitive eating is suggested to be a protective factor for body dissatisfaction and disordered eating (Tribole & Resch, 2020). A number of studies indicate that higher intuitive eating scores are associated with higher body appreciation, less disordered eating, and better physical and psychological well-being (Bruce & Ricciardelli, 2016; Markey et al., 2022; Tribole & Resch, 2020; Tylka & Wood-Barcalow, 2015; Quadt et al., 2018). Considering the positive correlation between intuitive eating and overall psychological well-being, not only in terms of nutrition, but also in terms of higher body appreciation, more self-esteem, and better coping skills with adversity, it appears important to explore this concept further and understand its relationship with different concepts such as social media use and mentalization.

Research has investigated the role of social media in shaping individuals' eating behavior. Visually driven social media channels, including Instagram promote idealized visuals (Alberga et al., 2018). According to the literature, Instagram is predominantly used by women and individuals aged 18 to 24 (Ofcom, 2024; Backlinko, 2025). Studies suggest that frequent exposure to these unrealistic images impact individual's body image and lower their satisfaction with their bodies (Fardouly et al., 2015; Grabe et al., 2008; Lee & Lee, 2019; Qi & Cui, 2018), which is known to be a risk factor for developing eating pathologies (Stice, 2002). Furthermore, research also reveals that individuals with higher social comparison and thin-idealization are more prone to social media's adverse impact on body image and eating behavior (Blowers et al., 2003; de Valle et al., 2021; Fardouly & Vartanian, 2015; Seekis et al., 2020; Slater et al., 2019). These individuals are more likely to be dissatisfied with their bodies and develop disordered eating behaviors such as restraint and binging (Corning et al., 2006; Dittmar & Howard, 2004; Harrison,

2000; Mehak et al., 2018; Murray et al., 2016; Schaefer et al., 2018; Smith et al., 2013). Turkish literature also suggests a meaningful relationship between social media use and disordered eating (Duran et al., 2019; Şengönül & Aydin, 2023). The relationship between social media and eating behavior is widely researched and a relatively evident relationship has been presented in the field. However, the relationship between social media and intuitive eating, which has emerged as an important concept in eating behavior literature in the last three decades, is still in need of clarification.

Mentalization is suggested to be a meaningful construct in both understanding social media use and eating disorders (Chatterjee & Rai, 2023; Myhre & Ødegård, 2023). Mentalization is the ability to self-reflect on your inner experiences, consciously process the relational and situational input from the external world, and make connections between what is happening inside and outside (Fonagy et al., 2002). It is argued to be a crucial construct in terms of developing a stable sense of self and maintaining social interactions (Fonagy et al., 2002; Myhre & Ødegård, 2023). Regarding the relationship between mentalization and demographic factors such as gender and age, previous studies indicate that women are generally better at mentalization than men (Abu-Akel & Bo, 2013). In terms of its relationship with age, the literature suggests that mentalization develops particularly during adolescence and may begin to decline in older age (Blakemore, 2008; Gutchess et al., 2014). In terms of eating behavior, a review of the literature suggests that poor mentalization is linked to eating disorders (Redondo & Luyten, 2018). Moreover, a few researchers identified mentalization-based approaches to understanding eating disorders in an attempt to define how these concepts connect to one another (Lecours & Bouchard, 1997; Robinson et al., 2018). Robinson et al. (2018) have also

developed a mentalization-based treatment for eating disorders, which offers promising results. In terms of social media use, the literature regarding mentalization is limited as most studies have addressed the concept of mentalization in a broader context, such as problematic internet use or internet addiction (Laconi et al., 2014; Widjanto & Griffiths, 2006). That being said, several studies provide indications that the concept of mentalization may play a critical role in social media use. According to Santoro et al. (2024) mentalization mediates the relationship between adult attachment style and problematic social media use. Another study by Chatterjee and Rai (2023) proposes a mentalization-based approach to problematic internet use (PIU) through a social cognitive framework. According to their model, mentalization could have a role in developing PIU through distal pathways (Chatterjee & Rai, 2023). Although studies investigating the role of mentalization in the contexts of eating behavior and social media use are limited, the existing research demonstrates that there is a possible relationship that needs further clarification.

To summarize, the literature offers the following knowledge on the relationship between the three constructs that have been mentioned so far:

1. Exposure to social media, especially to idealized images, can negatively influence eating behavior through different socio-cognitive concepts such as social comparison and thin-idealization.
2. Mentalization is an emerging construct in the literature on understanding how and with which motivations we use social media and how we are affected by it.
3. Mentalization is theorized as a key construct in understanding eating disorders.

Overall, although more research is needed, the literature, including Turkish literature, provides us with an understanding of the relationship between disordered eating/eating disorders and social media use. However, as far as it is known, no study has investigated the relationship between the level of intuitive eating and social media use. Similarly, there is no research on the relationship between the concepts of mentalization and intuitive eating. Therefore, this current thesis aims to fill this gap in the literature and understand if and how intuitive eating, social media use, specifically Instagram use, and mentalization are related.

1.1 Purpose of the study

This study aims to understand the pathway between social media use, mentalization, and intuitive eating. Both higher social media use and lower mentalization have been found to be associated with disordered eating behavior (Corning et al., 2006; Gagliardini et al., 2020; Redondo & Luyten, 2018). There are also studies investigating the relationship between social media use and mentalization (Chatterjee & Rai, 2023). However, the relationship between intuitive eating and these two constructs is yet to be examined. Therefore, the main purpose of the study is to bring clarity to the interplay between social media use, mentalization, and intuitive eating. The present study focuses explicitly on Instagram as a social media channel. Instagram is one of the most frequently used visual-based platforms (Faelens et al., 2021). Studies suggest that Instagram use is linked to negative body image and disordered eating behavior (Faelens et al., 2021; Fardouly et al., 2017; Marengo et al., 2018). By narrowing the scope of the research to the use of Instagram, it is aimed to collect more meaningful data.

The research questions of the current study follow:

1. Does Instagram use vary by gender, age, and frequency of Instagram visits?
2. Does intuitive eating vary by gender, age, and frequency of Instagram visits?
3. Does mentalization vary by gender, age, and frequency of Instagram visits?
4. What is the relationship between intuitive eating and Instagram use?
5. What is the relationship between Instagram use and mentalization?
6. What is the relationship between intuitive eating and mentalization?
7. Does mentalization act as a buffer between intuitive eating and Instagram use?

1.2 The significance of the study

One of the most significant aspects of this study is that it explores an area that has not been previously studied in the intuitive eating literature. Up to this date, no research has investigated the relationship between intuitive eating, social media use and mentalization. This study will be the first to establish whether such a significant correlation exists between these three constructs and whether mentalization serves as a moderator in the relationship between intuitive eating and Instagram use. Thus, this initial research, can pave the way to further research in the field of intuitive eating.

In addition to contributions to the literature, this study may also make significant contributions to the field of nutritional psychology and public health. Eating disorders have a significant correlation with all-cause mortality and suicidal deaths (Ahn et al., 2018; Auger et al., 2021; Tith et al., 2020). Although the path to developing eating disorders is not clearly defined in the literature, some studies suggest that early disordered eating behavior can predict further eating disorder symptomatology (Heatherton & Polivy, 1992; Heatherton et al., 1997; Neumark-

Sztainer et al., 2011; Stice et al., 2008). Disordered eating behavior is found to be linked with various physical and psychological damage, including low-quality dietary intake, body mass gain, and cardiovascular diseases (Field et al., 2003; Mann et al., 2007; Neumark-Sztainer et al., 2006; Stice et al., 1999). This study examines the two phenomena that are previously found to be associated with eating disorders: social media use and mentalization. Studies reveal that exposure to idealized images on social media is linked to negative body image and disordered eating behavior (Corning et al., 2006; Harrison, 2000; Mehak et al., 2018; Schaefer et al., 2018; Smith et al., 2013). In addition to social media, we know from research that the level of mentalization may also play a role in the development of disordered eating (Gagliardini et al., 2020; Redondo & Luyten, 2018). Considering these adverse outcomes mentioned above, it becomes essential to (1) revisit the concepts of problematic social media use and mentalization, which have been suggested to be related to eating behavior, and (2) investigate new approaches to eating, such as intuitive eating, which is known to be inversely related to disordered eating. For this very reason, understanding the relationship among these constructs can help us find possible ways of preventing social media's negative impacts on body image and eating behavior. There are a number of studies conducted in Türkiye to understand eating behavior and body image issues pertaining to those living in there. However, intuitive eating literature is only beginning to emerge in Türkiye. The current study would contribute to the Turkish literature particularly on intuitive eating, mentalization in general, and their connection to social media use.

By being more informed about the ways in which these constructs operate together, we can (1) better inform society about the psychological impacts of social media use and (2) contribute to the development of prevention and intervention tools

for its negative impact on eating behavior and psychological wellness based on research. Moreover, as psychological counselors and other clinicians become more equipped with knowledge about the relationship between eating behavior, social media use, and mentalization, they can approach their clients in a more informed and integrative way.

In conclusion, the current study's significance, first, lies in its contribution to the literature in general and to Turkish literature in particular. Additionally, this study has the potential to inform the providers and support the wellness of the public.

1.3 Implications for counseling

Eating is a multi-layered behavior that we perform every day (LaCaille et al., 2013). It is related to many factors beyond the mere act of eating, including genetic, physical, psychological, and social (LaCaille et al., 2013). A review of the literature on the psychological dimension of eating behavior shows that this is an essential topic in both clinical settings and in daily life (Ahn et al., 2018). On the clinical side of the issue, eating disorders appear as the extreme forms of maladaptive eating behavior that require crucial consideration as they have critical clinical outcomes such as hospitalization, suicidality, and mortality (Ahn et al., 2018). However, maladaptive eating behaviors appear as a threat to a person's well-being, even when they do not meet the criteria for clinical eating disorders. Disordered eating behaviors such as bingeing, purging, and restricting indicate unhealthy patterns in one's eating habits that can significantly impact daily life. Some of these impacts include increased risk for poor dietary intake, weight gain, and cardiovascular diseases (Field et al., 2003; Mann et al., 2007; Neumark-Sztainer et al., 2006; Stice et al., 1999). Moreover, disordered eating behavior is recognized as a contributor to future eating

disorders (Heatherton & Polivy, 1992; Neumark-Sztainer 2011; Stice et. al., 2008).

Given these important consequences, it is crucial to better understand eating behavior. By studying the different layers of eating behavior and its relationship with other constructs, research-based intervention and prevention tools can be developed.

Intuitive eating is an anti-diet approach to eating and studies demonstrate that higher intuitive eating is associated with less disordered eating and finer physical and psychological well-being (Bruce & Ricciardelli, 2016; Markey et al., 2022; Tribole & Resch, 2020; Tylka & Wood-Barcalow, 2015; Quadt et al., 2018). In line with the findings in the literature, intuitive eating can be considered as a favorable eating attitude and approach, and it seems promising to investigate it as a possible next-generation nutritional intervention and tool. A study conducted by Burnette and Mazzeo (2020) with college women with disordered eating behaviors organized two types of intervention programs based on intuitive eating, one using group intervention and the other using self-help modality. The results showed medium to large positive effects in both groups (Burnette & Mazzeo, 2020). These effects included a decrease in disordered eating behavior and dissatisfaction with one's physical appearance and an increase in body appreciation and life satisfaction (Burnette & Mazzeo, 2020). Therefore, intuitive eating seems to be a promising tool that can be utilized to improve people's daily eating behavior. The current study aims to contribute to this field, attempting to provide counselors and other practitioners with more information on this issue.

Just as eating is a daily routine, using social media has become an almost daily practice over the last few decades (Dixon, 2024). Studies show a relationship between maladaptive or excessive social media use and sleep disturbances (Yang et al., 2020), symptoms of depression and suicidality (Vidal et al. 2020; Muppalla et al.

2023; Nesi et al., 2021) body image-related concerns (Hargreaves & Tiggemann, 2004; Lin et al., 2016), and disordered eating (Faelens et al., 2021). This study attempts to understand the impact of social media on eating behavior, specifically intuitive eating behavior. Through having a better understanding of this relationship, practitioners in the field can raise the public's awareness about the possible effects of social media use and encourage them to be more conscious about their social media consumption.

The present study aims to explore the relationship between intuitive eating, social media use, and mentalization. By understanding this relationship, we can expand our understanding of impacts of social media on eating behavior, and as mental health professionals, counselors can both properly inform the public and develop more targeted and effective prevention and intervention tools that will benefit society.

CHAPTER 2

LITERATURE REVIEW

The following literature review will begin with explaining the theoretical framework of the present study. Then, eating behavior will be discussed in detail, giving insights into maladaptive eating behaviors. More specifically eating disorders and disordered eating will be discussed. In addition, a detailed section about restrained eating will also be presented, both because it stands out in the literature as an important form of disordered eating and because the intuitive eating approach, which is one of the important concepts of this study, adopts an anti-restraint approach to eating. Since no previous study has examined the relationship between intuitive eating, social media use and mentalization, it becomes essential to first understand the relationship of eating behavior with these constructs in order to establish a foundation for the current study. After providing a review of eating behavior, including intuitive eating, in literature, the following section will explore social media use. In particular, we will discuss how social media shapes our eating behavior. Finally, mentalization literature will be reviewed with a specific focus on its relationship with eating behavior and social media use.

2.1 Theoretical framework

The following literature review is organized and presented through the Social Cognitive Theory (SCT) framework developed by Albert Bandura (1986). SCT emphasizes the interplay between behavior and personal and social influences (Bandura, 2004). According to this theory, there is a continuous interchange between what is structural, interpersonal, and intrapersonal.

SCT is relevant to the current study in several ways. The first key point is that the SCT framework provides a meaningful basis for understanding social media use and food behavior. Additionally, it aligns with the philosophy of intuitive eating.

To begin with, it provides a perspective for understanding how social influences can shape our thoughts, feelings, and behavior with food and our bodies and vice versa. According to this framework, people's self-efficacy beliefs and the expected social outcomes of their behaviors play a role in shaping their behaviors (Bandura, 1986; 1989). Studies applying the SCT framework suggest that people with low self-efficacy beliefs and high social gain expectations are more likely to use substances in maladaptive ways, such as social media use and food (Gilles et al., 2006; Katz et al., 1974; LaRose et al., 2001). Hence, this theory helps us make sense of our social media use and its relationship with our perception of ourselves, precisely our body appearance, and our food-related choices. Apart from explaining our social media use and eating-related attitudes and choices, SCT can also help us understand how to change maladaptive practices and promote healthier life choices regarding any aspect of our lives, including our dietary intake (Bandura, 2004).

SCT is very much aligned with the philosophy of Intuitive Eating approach. It suggests that self-efficacy, the perception of one's capability to organize and perform necessary actions, such as setting goals and evaluating outcome expectations to navigate prospective situations, has a central role in behavioral change (Bandura, 2004). In addition to self-efficacy, Bandura (2004) emphasized the importance of cultivating knowledge of the problem and perceived facilitators that aid in the change process, such as the presence of social networks as well as structural barriers. In the instance of the current study, all of these elements—self-efficacy, social support, and a greater understanding of the problem—reflect the essence of Intuitive Eating as a

technique for enhancing eating behavior and promoting personal development. Thus, SCT appears to be a very good fit as the guiding theoretical framework for the current study.

In this section, we explained which framework was utilized in the current study. The next section will provide a detailed literature review on eating behavior, including eating disorders, disordered eating, and intuitive eating.

2.2 Eating behavior

Eating behavior reflects a complex interplay between genetic, physiological, psychological, social, cultural, and economic factors (LaCaille et al., 2013). It is a broad term that involves behaviors related to the consumption of food or drink, such as quality and quantity of food intake, timing of the meals, food preferences, weight management practices, and feeding practices (LaCaille et al., 2013). The term has multiple layers and facets, contributing to the composition of one's eating behavior. This study's major focus is on the psychological aspect of it. Nevertheless, as eating behaviors don't evolve in a vacuum, we are to name and recognize other aspects as needed. Through utilizing the SCT Framework, we will refer to both intrapersonal and interpersonal dimensions of eating behavior.

Given the complexity of eating practices, it is difficult to describe a so-called "normal" eating behavior. However, the literature offers insights into maladaptive eating behaviors which are eating disorders and disordered eating. Although this study focuses particularly on intuitive eating as an eating behavior, it is important to first understand maladaptive forms of eating behavior for two main reasons: (1) This study aims to understand eating behavior in relation to social media use and mentalization and no research is known to examine intuitive eating within this

context. (2) Literature repeatedly shows that intuitive eating is negatively correlated with maladaptive forms of eating behavior (Atalay et al., 2020; Markey et al., 2022; Tylka & Wood-Barcalow, 2015). Thus, understanding maladaptive behavior and its relation to social media and mentalization becomes a key for building the basis for this study.

After presenting a general understanding of eating behavior, the next subsections will present a review of eating disorders first. The following subsections will discuss disordered eating and intuitive eating respectively.

2.2.1 Eating disorders

In this section, a brief explanation of eating disorders will be provided. Then, the main findings of recent studies on prevalence, etiology, and clinical outcomes of eating disorders will be presented.

Today, mental health disorders, including eating disorders, are predominantly identified, scanned, and diagnosed through the 5th Edition of American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM-5) and the 11th Edition of International Classification of Diseases (ICD-11) developed by the World Health Organization (WHO) (American Psychiatric Association, 2023; World Health Organization, 2022). Despite a significant overlap between these two instruments, they differ in some ways (Gäebel, 2015).

While both tools classify mental health disorders based on psychopathology and strive to progress into a more dimensional symptom assessment in time, the DSM-5 puts emphasis on functional impairments, whereas ICD-11 doesn't (Gäebel, 2015). Moreover, the DSM-5 is extensively used in the United States for both clinical and research purposes, while ICD-11 provides a common language for health

professionals around the world, aiding in the recording of both national and international health statistics. Eating disorders in DSM-5 are defined as “*characterized by a persistent disturbance of eating or eating-related behavior that results in the altered consumption or absorption of food and that significantly impairs physical health or psychosocial functioning*” (American Psychiatric Association, 2013, p. 329). In ICD-11, which is similar to this definition but has differentiating points, the following definition appears: “*involve abnormal eating or feeding behaviours that are not explained by another health condition and are not developmentally appropriate or culturally sanctioned*” (World Health Organization, 2022, p. 397). Both eating disorder definitions identified by DSM-5 and ICD-11, in essence, suggest a shift in regular eating behavior that is harmful to one’s health. This shift has varying appearances and both manuals classify Feeding and Eating disorders into seven categories which are Anorexia Nervosa (AN), Bulimia Nervosa (BN), Binge Eating disorder (BED), Avoidant-Restrictive Food Intake Disorder, Pica, Rumination-Regurgitation Disorder, and Other Specified Feeding or Eating Disorders. It should be noted that unlike the general belief, obesity is not recognized as an eating disorder (Crone et al., 2023).

Due to their severe clinical outcomes, research typically focuses on AN, BN, and BED, among other types of eating disorders (Miskovic-Wheatley et al., 2023). This lack of adequate representation of all types of eating disorders has also had a negative impact on prevalence studies. Since most prevalence studies only include AN and BN, followed by BED, the prevalence of eating disorders are typically underestimated (Qian et al., 2021). Thus, eating disorders that fall into clinically milder categories are underrepresented in the prevalence statistics.

A recent systematic review and meta-analysis examining the prevalence of eating disorders in the general population, incorporating data from global sources, found that the lifetime prevalence rate was 0.9%, while the 12-month prevalence rate was 0.43% (Qian et al., 2021). Furthermore, the evidence suggests that eating disorders are more frequently observed in Western countries, with a lifetime prevalence of 1.89%, and women with a reported lifetime prevalence rate of 2.58% (Qian et al., 2021). The lifetime prevalence rates of AN, BN, and BED are 0.16%, 0.63%, and 1.53% respectively (Qian et al., 2021). Eating disorders are more common among clinical patients than in the general population due to their high comorbidity rates, particularly with mental health conditions such as depression, anxiety, attention-deficit/hyperactivity disorder (ADHD), post-traumatic stress disorder (PTSD), obsessive-compulsive disorder (OCD), and substance use disorders (Ahn et al., 2018; Cliffe et al., 2020; Gibbings et al., 2021; Keski-Rahkonen, 2021; Tan et al., 2023). Moreover, eating disorders, especially AN and BN, have high correlations with all-cause mortality and suicidal deaths, and their high co-occurring nature contributes to their mortality rates (Ahn et al., 2018; Auger et al., 2021; Tith et al., 2020). Given the prevalence rates and clinical outcomes, eating disorders demand considerable attention from prevention and intervention studies.

Regarding the causes of eating disorders, the literature largely agrees that it is complex and has various facets such as biological, psychological, sociocultural, and social-cognitive (Striegel-Moore & Cachelin, 2001; Polivy & Herman, 2002; Tylka & Subich, 1999). As a result, there is not a clear path to eating disorders available in the current literature. A recent umbrella review of meta-analysis investigated the risk factors for eating disorders reviewing nine meta-analyses and reported that there is insufficient evidence to confirm all ED risk factors (Solmi et al., 2021).

Nevertheless, among 50 other associated constructs, childhood sexual abuse is considered to be a highly suggestive risk factor for bulimia nervosa and appearance-related teasing victimization presents as a risk for all types of eating disorders (Solmi et al., 2021). Moreover, research also shows that particular groups of individuals are more susceptible to having an eating disorder, such as people who frequently restricted their food intake (Solmi et al., 2021; Yoon et al., 2020), athletes (Eichstadt et al., 2020), and patients with celiac disease (Lebwohl et al., 2021) or diabetes (Hall et al., 2021). And supporting the findings of the Solmi et al.'s (2021) umbrella review, people who had been bullied (Day et al., 2021; Hooper et al., 2021; Lie et al., 2019) and individuals who were sexually abused as a child (Emery et al., 2021) are recognized as groups of individuals who are susceptible to having an eating disorder.

In conclusion, despite the fact that it is difficult to assess their prevalence and understand their developmental pathways, eating disorders impact a considerable amount of individuals worldwide and have severe adverse effects on mental and physical health. This section provided a general introduction into the clinical form of maladaptive eating behaviors. In the next section, a relatively more understudied and, hence, less understood aspect of maladaptive eating behaviors, namely disordered eating, will be discussed.

2.2.2 Disordered eating

The current categorical methodology proposed by the DSM-5 and ICD-11 provides guidelines for identifying and distinguishing individuals who display behaviors comparable to an eating disorder but falling short of the full diagnostic criteria. Although a categorical approach is useful to make distinction between clinical and non-clinical samples, there is a significant amount of literature that examines eating

behavior on a continuum (Tylka & Subich, 1999; Rodin et al., 1984). Taking a continuum approach to eating disorders can help identify people who exhibit maladaptive eating behavior but do not yet fit the criteria for a formal diagnosis. Accordingly, several researchers defined an eating disorder continuum that ranges from normal eating behavior with no weight concern to extreme forms of weight controlling such as Anorexia Nervosa and Bulimia (Mintz & Betz, 1988). Researchers who embrace a continuum approach identify that the forms of eating behaviors that fall between these two ends are considered disordered eating. Along this continuum several behaviors stand out in the literature such as purging, fasting, food restriction or dieting, weight cycling, binging, and compensatory behaviors such as using laxatives or doing excessive exercise (Mintz & Betz, 1988).

As mentioned in the previous section, existing literature doesn't sufficiently explain the pathway to eating disorders. Likewise, the transition of disordered eating to an eating disorder diagnosis needs to be examined further. While the progression of eating disorders remains unclear, there is a significant amount of research demonstrating various physical and psychological damage from disordered eating behavior (Larson et al., 2009; Mann et al., 2007; Masheb et al., 2019; Polivy et al., 1994; Woodruff et al., 2008). Some of these damages include increased risk for poor dietary intake, weight gain, and cardiovascular diseases (Field et al., 2003; Mann et al., 2007; Neumark-Sztainer et al., 2006; Stice et al., 1999). Though it lacks generalizability, there is also some research suggesting that early disordered eating behavior can predict further eating disorder symptomatology (Heatherton & Polivy, 1992; Heatherton et. al., 1997; Neumark-Sztainer et. al., 2011; Stice et. al., 2008). A 5-year prospective study examined the eating behavior of 496 adolescent girls (Stice et al., 2008) provides some insight regarding this matter. Through structured

interviews and using the Eating Disorder Diagnostic Interview (EDDI) and other measures, researchers annually tracked the participants over a five-year period (Stice et al., 2008). The results demonstrated that fasting behavior displayed by the participants at the beginning of the study, in other words, cutting the caloric intake off for at least 24 hours for weight management, was found as a significant predictor of the emergence of later binge eating and bulimia nervosa (Stice et al., 2008). Another study by Neumark-Sztainer et al. (2011) conducted a 10-year longitudinal study with 2,287 adolescents (55% girls, 45% boys). Their findings suggested that adolescents who exhibited disordered eating behavior and dieted tend to continue these behaviors in their later stages of life (Neumark-Sztainer et al., 2011). Moreover, they are likely to exhibit extreme forms of weight control-related behaviors such as using diet pills (Neumark-Sztainer et al., 2011). These findings demonstrate that disordered eating behaviors tend to remain constant, urging researchers and practitioners to understand this type of behavior better and develop suitable prevention and intervention tools.

This section so far presented a review of eating disorders and disordered eating as maladaptive eating behaviors and how they impact individuals' health. Having an understanding of maladaptive behaviors is crucial to acknowledge the whole spectrum of eating behavior. The following section will explain intuitive eating in detail, one of the main variables of the current study.

2.2.3 Intuitive eating

Intuitive eating, developed by Evelyn Tribole and Elyse Resch, encourages a non-restrictive approach to nutrition. The current study is particularly interested in this construct since it appears to be negatively associated with disordered eating

behavior, and it is a research topic that is open to further research as it has appeared in the literature in the past three decades (Markey et al., 2022; Tylka & Wood-Barcalow, 2015). Since the publication of the original book in 1995, researchers have been investigating the impacts and mechanisms of this rather new tool (Tribole & Resch, 2020).

After analyzing the fundamental aspects of intuitive eating, Tylka (2006) concluded that there are three of them: (1) allowing oneself to eat in response to hunger cues and consuming any food without restriction, (2) making eating decisions based on physical rather than emotional cues, and (3) relying on satiety signals to determine the timing and quantity of food intake. In contrast to restrained eaters, defined by Polivy et al. (2020), intuitive eaters listen to and trust their satiety cues rather than imposing food-related restrictions (Tylka, 2006). Thus, intuitive eating is believed to encourage individuals to allow themselves to consume food unconditionally, eat based on physical needs, and rely more on their satiety cues when deciding portion sizes and meal timing (Tribole & Resch, 2020). On the other hand, intuitive eating is not only about what food is eaten, when, and how much; according to a study by Tylka & Wilcox (2006), there is also a positive relationship between intuitive eating and psychological well-being. Previous studies indicate that intuitive eating varies across demographic factors such as gender and age, with women generally scoring lower than men, while its relationship with age remains inconclusive (Tribole & Resch, 2020; Van Dyke & Drinkwater, 2014).

The Intuitive Eating method is structured around 10 principles. These principles are “Reject the Diet Mentality,” “Honor Your Hunger,” “Make Peace with Food,” “Challenge the Food Police,” “Discover the Satisfaction Factor,” “Feel Your Fullness,” “Cope with Your Emotions with Kindness,” “Respect Your Body,”

“Movement—Feel the Difference,” and “Honor Your Health—Gentle Nutrition” (Tribole & Resch, 2020). Next, the rationale behind each of these principles will be discussed, and the intuitive eating approach will be explained in detail.

The first principle is “Reject the Diet Mentality.” The intuitive eating framework is built upon the notion that diets don’t work and cause psychological and physiological harm, and therefore, we need an alternative way to regulate our relationship with food (Keys, 1951). This principle suggests that we need to recognize our wish to restrict our food intake and actively choose to reject the diet mentality (Tribole & Resch, 2020). To achieve this, they provide a four-step strategy: acknowledging the damage caused by dieting, cultivating awareness around our traits and thinking that promote dieting culture, letting go of dieting tools, and being compassionate toward ourselves along the way to becoming an intuitive eater (Tribole & Resch, 2020).

The second principle is “Honor Your Hunger.” Restrained eating and starvation studies such as Keys (1951), which demonstrate that leaving our bodies deprived from their nutritional needs causes physical and psychological harm, inspired the principle of Honor Your Hunger. Tribole and Resch (2020) suggest that two ends can be caused by consistently denying our hunger cues. First, our bodies can counterbalance it through overeating, or we could become indifferent to our biological signs that we can no longer identify our hunger cues or only sense them in the extreme. To become more sensitive toward our bodily signals, we are invited to pay attention to the signs our body sends when hunger arises and feed it timely.

The third principle is “Make Peace with Food.” This principle invites us to avoid approaching food from the dichotomy of good or bad which causes psychological strain and behavioral restriction (Tribole & Resch, 2020). This

principle can be interpreted incorrectly as advocating for consuming just "junk food". Nevertheless, this principle does not promote eating less nutritious foods (Smith & Hawks, 2006). Actually, studies show that intuitive eaters have a wider variety of food preferences and that intuitive eating is not associated with junk food consumption (Tribole & Resch, 2020). This principle is concerned about finding a psychological relief in our relationship with food. According to Brehm's Reactance theory (1966), which is still considered a relevant and useful concept in psychology, suppressing our wish to have something and depriving ourselves of it increases our desire for it (Rosenberg & Siegel, 2018). Likewise, Tribole and Resch (2020) state that when we put a specific type of food or a particular type of main macronutrients in food to our blacklist, we experience a similar impact. That's why they suggest we should let habituation take place. Epstein et al. (2011) shows promising evidence that food habituation can happen in the long term. In other words, when we let go of suppressing our desire for some food and expose ourselves to it as we wish, we no longer desire it so deeply. Thus, this principle proposes that instead of alienate foods, we should make peace with them and give ourselves unconditional permission to eat.

The fourth principle is "Challenge the Food Police." This principle is about recognizing the food-related thoughts in our minds. According to Tribole and Resch (2020), we tend to describe our relationship with food and body moralistically. Since our thoughts can impact our attitudes, preferences, and behavior, we should be aware of and challenge them. To easily recognize the different thoughts in our minds, Tribole and Resch (2020) define destructive voices that our thoughts can sound like and powerful ally voices we can develop through eating intuitively. This principle aims to reshape our relationship with food and our bodies on a cognitive level, which can change our emotional reactions and behaviors.

The fifth principle is “Discover the Satisfaction Factor.” This principle is defined as the core of all the others (Tribole & Resch, 2020). For a behavior to turn into a long term habit, intrinsic motivation plays a crucial role (Larson & Rusk, 2011). In the context of Intuitive Eating, satisfaction is considered to be the key factor for applying all the other principles, hence, creating a true change in one’s relationship with food (Tribole & Resch, 2020). The principle, Discover the Satisfaction Factor, suggests that we should increase or regain the pleasure in our eating through applying several strategies such as reflecting on what we truly want to eat or arranging a comfortable atmosphere (Tribole & Resch, 2020).

The sixth principle is “Feel Your Fullness.” This principle resembles the Honor Your Hunger principle, suggesting a shift from external to internal cues when regulating our relationship with food (Tribole & Resch, 2020). Diet culture typically suggests people to quit eating before they reach their point of comfortable fullness (Tribole & Resch, 2020). On the other hand, intuitive eating puts emphasis on the importance of respecting our satiety cues (Tribole & Resch, 2020). The aim is not to feel our fullness to the point of physical and psychological pain, rather, find a comfortable fullness where we feel content, energized, and satisfied.

The seventh principle is “Cope with Your Emotions with Kindness.” This principle is closely related to emotional eating. Studies show that regulating negative emotions such as anxiety, anger, and boredom through eating behavior is linked to disordered eating behaviors, less overall wellbeing, and poor emotion regulation skills (Braden et al., 2018). This principle highlights the importance of getting to know the emotions that trigger emotional eating and finding alternative ways to regulate them besides eating such as seeking nurturance, making time for self-care, finding distractors, and directly managing your emotions (Tribole & Resch, 2020).

The eighth principle is “Respect Your Body.” Although other principles also suggest a closer relationship with our bodies, this and the following principle directly concern how we acknowledge and treat our bodies. This principle mainly encourages people to approach their bodies in a respectful manner through feeding them adequately and timely, taking care of our health, wearing comfortable clothes, sleeping enough, not comparing our physical appearance with others, and consciously avoiding body bashing (Tribole & Resch, 2020). This principle is about genuinely caring for your body and making it feel relaxed.

The ninth principle is “Movement—Feel the Difference.” Excessive and compensatory exercising is a common practice among people who are dieting (Tribole & Resch, 2020). This principle contends that even though high-intensity exercise is acceptable, regular low- to medium-intensity physical activity is sufficient to improve our overall health. This idea invites people to decouple movement from diet culture and focus on its benefits on our physical and psychological health.

The last principle is “Honor Your Health—Gentle Nutrition.” The final principle of intuitive eating offers a comprehensive perspective to health. It suggests that both the nutrition we consume and the way we regulate our eating behavior contributes to our physical and psychological well being (Tribole & Resch, 2020). It invites people to find a balanced approach to making nutritious choices. In essence, it supports the idea that while nutritional value is worthwhile in our food-related preferences, it is also commendable to tune into our internal signals and needs.

Studies show support for the association between higher intuitive eating and better physiological and psychological well-being as suggested by Tribole and Resch (2020). Tylka (2006, 2013) reported that people who eat intuitively have higher interoceptive awareness which plays a profound role in physical and psychological

well-being (Tribole & Resch, 2020; Quadt et al., 2018). In their scholarly review, Van Dyke and Drinkwater (2013) concluded that intuitive eating is associated with better physical health outcomes such as improved blood pressure and blood lipids and lower BMI. A meta-analysis that reviewed studies published within the last decade found that intuitive eaters appreciate their bodies more and are satisfied with their appearance, they cope with their emotions through functional ways, they report higher life satisfaction, they are more psychologically resilient, and they have greater motivation to move their body (Bruce & Ricciardelli, 2016). According to Tylka and Wilcox (2006), intuitive eaters are more likely to be optimistic, have unconditional regard for themselves, use social problem-solving skills effectively, experience more positive affect, have higher self-esteem, cope with challenges proactively, and are more resilient. Moreover, studies also demonstrate that higher intuitive eating scores are related to less disordered eating behavior (Markey et al., 2022; Tylka & Wood-Barcalow, 2015).

Although limited in number, studies conducted in Türkiye present a similar picture where intuitive eating is associated with a number of wellness and health indicators. According to Koçyiğit et al. (2021), women with lower intuitive eating tend to engage in more abnormal eating and misperceive their body image. Likewise, a cross-sectional study with Turkish women concluded that intuitive eating is linked to less maladaptive forms of eating behavior (Atalay et al., 2020) and another study concluded that individuals with lower intuitive eating scores have poorer hedonic impulse control (Karakas & Saka, 2021). Moreover, according to Akırmak et al. (2018), intuitive eating scores are positively associated with self-esteem and negatively associated with disordered eating and body image concerns in a Turkish adult sample. Another study by Taş and Kabaran (2020) noted that intuitive eating is

negatively associated with BMI and other anthropometric measurements such as waist and hip circumferences. Finally, a study examining the relationship between intuitive eating and quality of life conducted with 200 Turkish adults concluded that there is a meaningful positive relationship between intuitive eating and general health and physical functioning (Bakırhan, 2023).

A general literature review of intuitive eating suggests that intuitive eating can be a useful tool for improving people's overall well-being, their relationship with food and their body perception. However, there is a lack of research that investigates the role of intuitive eating within the dynamic of social media use. Considering that literature repeatedly provides a connection between high Instagram use, disordered eating behavior, and body dissatisfaction, it becomes significant to explore possible tools such as intuitive eating in relation to social media use (De Valle & Wade, 2022; Linardon, 2023; Piccoli et al., 2021).

This section presented a review of intuitive eating in the literature. The next section will be dedicated to explaining social media use and its relation to eating behavior.

2.3 Social media use

With the rise of technology, especially in the last three decades, social media use has increased immensely. As of 2024, more than five billion people are estimated to use social media worldwide (Dixon, 2024). These technological advancements contributed to human development and interaction greatly but have inevitably presented great risks as well (Das, 2023). While social media platforms such as Instagram, Facebook, YouTube, LinkedIn, and X (formerly known as Twitter) help people improve their social networks and cultivate a sense of connection, a

considerable amount of research suggests that social media negatively impacts people's mental health (Karim et al., 2020). For example, concepts such as cyber bullying, cyber suicide, cyber racism, internet addiction, and online scams that cause harm to both youths' and adults' social and psychological well-being have become the topic of research (Diomidous et al., 2016).

There are studies, meta-analyses, and systematic reviews that demonstrate that there is a positive correlational relationship between social media use and symptoms of depression and suicidality (Vidal et al. 2020; Muppalla et al. 2023; Nesi et al., 2021). Although social media creates an illusion of more connection, according to Nesi et al. (2021), it also limits face-to-face interaction and prevents people from engaging in real-life activities such as engaging in a hobby, joining gatherings, and doing sports, leading to a sense of isolation. Another study presented a correlation finding suggesting that the more people use social media compulsively, the more they tend to experience social withdrawal (Tan, 2023). A study by Henzel and Håkansson (2021) concluded that problematic social media use is linked with other addictive tendencies like gaming and gambling and psychological distress. Moreover, the results of a recent meta-analysis from 2020 suggest that problematic usage of social media is linked to increased instances of anxious states and disturbed sleeping patterns (Yang et al., 2020).

This general picture from the literature urges us to investigate the impact of social media use further. However, it should be noted that social media platforms do not inherently have good or bad influences. A systematic review and meta-analysis demonstrated that social media can promote positive health behavior change through intervention content (Laranjo et al., 2014). Thus, how and what we consume and how we perceive and internalize them shapes our relationship with social media. Social

media use can have both positive and negative effects, which may also apply to the impact of social media use on eating behavior. This will serve as a foundation for understanding how social media use influences eating behavior.

This section provided an introduction to social media use. The following section will specifically explore Instagram as a social media channel.

2.3.1 Instagram

This study is particularly interested in Instagram as a social media channel.

Instagram was launched in October 2010, and according to a 2025 report, Instagram has more than two billion users worldwide (Backlinko, 2025). In Türkiye, more than 88% of the population aged over 18 have an at least one Instagram account (Backlinko, 2025). Moreover, Türkiye ranks fifth among the countries that use Instagram the most (Backlinko, 2025).

Instagram's user demographics show that 47.6% of users are women over 18, while 52.4% are men over 18 globally (Backlinko, 2025). Although the minimum age requirement to create an Instagram account is 13, users under 18 are typically excluded from data collection and analysis due to legal and ethical considerations. Consequently, many reports focus on data obtained from individuals aged 18 and above. According to a 2024 study, the age distribution of Instagram users is as follows: 31.7% are aged 18-24, 30.6% are aged 25-34, 16% are aged 35-44, 8.7% are aged 45-54, 4.6% are aged 55-64, and 2.9% are aged 65 and above (Statista, 2024). This data indicates that Instagram use is more common among young adults. No research has been found on the distribution of Instagram use by age and gender specifically in Türkiye.

The Backlinko report (2025) also presents an analysis of the average daily time spent on Instagram among the United States population. According to the findings, adults in the U.S. spends 33.1 minutes a day on average (Backlinko, 2025). Furthermore, the data reveals variations in average time spent on Instagram across different age demographics (Backlinko, 2025). Specifically, individuals aged 18 to 24 spend an average of 53 minutes per day on the platform, while those aged 25 to 34 spend 37 minutes (Backlinko, 2025). In the 35 to 44 age group, the average is 28 minutes, followed by 27 minutes for individuals aged 45 to 54 (Backlinko, 2025). Users aged 55 to 64 spend an average of 26 minutes, and those aged 65 and older dedicate 20 minutes to Instagram (Backlinko, 2025).

According to Türkiye İstatistik Kurumu (TÜİK) (2024) data, Instagram is the most used social media platform in Türkiye after WhatsApp and YouTube. Therefore, it seems meaningful to investigate a platform that is so frequently used in the Turkish population further.

The following sections will provide a detailed review of the relationship between social media, specifically Instagram, and eating behavior. Since body image plays a crucial role in understanding this relationship, initially, the connection between social media and body image will be explored.

2.3.2 Social media, Instagram, and body image

The literature review reveals that in order to understand the relationship between social media use and eating behavior, it seems necessary to first look at the link between social media and body image concerns. Thus, this section will initially present social media's role in shaping body image. Then, we will specifically refer to the relationship between Instagram use and body image.

Social media is known to impact individuals' body image from different populations by displaying unrealistic and idealized visuals (Derenne & Beresin, 2018; Frederick et al., 2016). According to a recent global analysis, if Instagram is not used consciously, it could negatively influence individuals', especially young adults', body image and self-esteem negatively (Ulvi et al., 2022). Studies demonstrate that both men's and women's perceptions of their physical appearances are affected by these displays (Derenne & Beresin, 2006). A meta-analytic review conducted in 2019 found a significant relationship between body image and social media (Saiphoo & Vahedi, 2019).

As mentioned in the previous section, social media is not inherently good or bad. While social media is known to present unrealistic beauty standards, and there are studies indicating that it could induce body image-related concerns (Alberga et al., 2018), we could not certainly state that social media use directly leads to body dissatisfaction although there is a great amount of research building a meaningful correlation. There are a vast number of studies examining the relationship between social media use and body image yielding mixed results (Huang et al., 2020b). While there are studies emphasizing that using visual social media platforms is linked to decreased body satisfaction (Fardouly et al., 2015; Grabe et al., 2008; Lee & Lee, 2019; Qi & Cui, 2018), there are also studies supporting the idea that images of natural faces and bodies are not necessarily harmful to body image as the idealized unrealistic images are (Fardouly & Rapee, 2019; Tiggemann & Zinoviev, 2019).

The results, moreover, differ according to the type of methodology utilized (Huang et al., 2020b). There are several cross-sectional research presenting a positive relationship between social media use and body image concerns (Hargreaves & Tiggemann, 2004; Lin et al., 2016). On the other hand, there are experimental studies

that did not find a significant difference among conditions (Lorch, 2018). Nevertheless, it should be noted that experimental designs could be prone to overlook the chronic impacts of social media use (Brown & Dittmar, 2005). Another reason for the mixed results in the literature may be related to how social media use is defined. Although different definitions have been tried to be found for the operationalization of social media use, such as duration of use and frequency of posting, these definitions tend to differ between studies. Moreover, factors such as the purpose for which individuals use social media, which platforms they use most, and who they follow make it difficult to define the construct of social media use. Overall, although research suggests mixed results, we must recognize the correlation between social media use and negative body image.

Among other social media platforms, Instagram is one of the most frequently used visual-based channels (Marengo et al., 2018). Since Instagram is an image-centric platform and people prioritize presenting themselves positively online, it is difficult to prevent ourselves from engaging in unrealistic aspirational portrayals and their negative impacts on body image (Vogel & Rose, 2016). Research suggests that Instagram engagement is connected to concerns about body image (Fardouly et al., 2017; Marengo et al., 2018). A systematic review investigating the effects of Instagram use on various mental health domains stated that people whose Instagram usage is higher tend to compare themselves more, have poorer body image, and exhibit more disordered eating (Faelens et al., 2021).

This section was about how social media shapes our body perception. Having recognized the issue of body perception as a transition in understanding the relationship between social media and eating behavior, the next section will explore this relationship in more detail.

2.3.3 Social media, Instagram, and eating behavior

Studies propose that social media engagement is not only correlated with body dissatisfaction but also unadaptive eating habits (Hawkins et al., 2004). To begin with, there seems to be no direct cause-and-effect relationship between frequent social media use and disordered eating outcomes as it happens with body dissatisfaction (So & Kwon, 2022). Individuals' vulnerability to social media's negative impact on eating behavior is affected by several factors, such as societal, peer, and psychological factors (Thompson et al., 1999). Some of the significant psychological contributors to body dissatisfaction and problematic eating patterns are social comparison and thin-idealization (Blowers et al., 2003; de Valle et al., 2021; Fardouly & Vartanian, 2015; Seekis et al., 2020; Slater et al., 2019). Research demonstrates that individuals who compare themselves to others and internalize thin-ideal are more likely to be dissatisfied with their bodies and develop maladaptive eating behaviors such as restraining and binging (Corning et al., 2006; Dittmar & Howard, 2004; Harrison, 2000; Mehak et al., 2018; Murray et al., 2016; Schaefer et al., 2018; Smith et al., 2013). Robinson et al. (2018) also highlight the meaningful role of mentalization as a psychological factor in the development of body image concerns and eating disorders, a topic that will be explored in greater detail later.

It is well recognized that multiple mechanisms influence how individuals are affected by social media's impact on body image and eating behaviors. While a direct causal link cannot be confirmed, research presents substantial evidence of the relationship between social media use, body dissatisfaction, and disordered eating. Multiple systematic reviews and meta-analyses indicate a positive correlation between social media use and disordered eating behaviors. (Frost & Rickwood, 2017; Holland & Tiggemann, 2016). Moreover, media that idealizes thinness may be a

contributing factor to the emergence of eating disorders symptoms (Hawkins et al., 2004). According to Cohen et al. (2018), actively engaging in selfies on social media is associated with bulimia symptomatology. Furthermore, several studies suggest that while social media use may have adverse effects on the eating behavior of community samples, it could also have a triggering impact on individuals with eating disorders, prolonging or worsening the symptoms (Brotsky & Giles, 2007; Rouleau & von Ranson, 2011; Tan et al., 2016).

The studies conducted with the Turkish population examining the interplay between social media exposure, appearance-related concerns, and eating habits offer mixed results. Some studies find a significant relationship between these three concepts, while others indicate no significant relationship. Hamurcu (2023) explored the relationship between eating behavior and social media addiction with young adults, 73% of whom were women. According to their study, the most time-spent and most often used platform among young adults is Instagram (Hamurcu, 2023). They also noted that social media addiction is connected to the likelihood of developing eating disorders and orthorexic behaviors and individuals' aim to use social media and their social media addiction level is found to be a meaningful predictor of eating behaviors (Hamurcu, 2023). Tayhan's (2023) study with university students concluded that women had significantly lower body image scores and had higher eating disorder prevalence than men. Although the study did not find a meaningful relationship between body image and eating disorders, it concluded those who spend less time on social media have significantly lower body perception and BMI and social media addiction are positively related to eating disorders (Tayhan, 2023). On the other hand, a study investigating the relationship between social media use, body image and self-esteem among Turkish women found no

significant relationship between time spent on social media and body image perception scores (Turan et al., 2015). However, they found that women aged 40-49 years had significantly more favorable body image perceptions than women aged 20-29 and 30-39 years (Turan et al., 2015). The authors explain this by referring to the Saiphoo and Vahedi (2019)'s meta-analytic review, attributing it to the reduced link between social media engagement and body image concerns as age increases (Turan et al., 2015). Nevertheless, there are also studies reported that body image does not change with age (Göksel et al., 2018; Oktan & Palancı, 2018). Likewise, Oral and Öztaşkin (2024) reported that there was no significant difference between the duration of social media use and body satisfaction for both sexes in their study. However, the body satisfaction average of women using Facebook and YouTube was found to be significantly lower than that of men, and women who used social media platforms such as Instagram, YouTube, Facebook and Snapchat for more than 3 years were found to display more disordered eating behavior (Oral & Öztaşkin, 2024). Another study conducted with university students concluded that individuals who spend longer time on social media are more likely to exhibit disordered eating behavior (Duran et al., 2019). Notably, a study by Şengönül and Aydin (2023) found a significant negative correlation between frequency of social media use and how much time spent on social media and social appearance anxiety in 385 young adult participants. According to their reasoning, one reason for this could be the tendency of individuals with high social appearance anxiety to avoid platforms such as social media, which are open to criticism and comparison (Şengönül & Aydin, 2023). The same study also found that those who spent more than 7 hours on social media exhibited more disordered eating behaviors than those who spent less than 1 hour, 1-3 hours, and 4-6 hours" (Şengönül & Aydin, 2023). Aligned with previous findings,

they also established a meaningful positive link between disordered eating patterns and BMI. (Şengönül & Aydin, 2023). In general, Turkish literature provides mixed results on the relationship between social media and body image. Still, social media and eating behavior commonly present a significant relationship for the Turkish population.

Our discussion so far has provided a general picture of how social media negatively impacts our body image and eating behavior. The next section will provide a detailed review of mentalization, including its role in eating behavior.

2.4 Mentalization

Mentalization was first introduced to the literature as a psychoanalytic concept in the 1960's by French theorists and initially defined as referring to all mental operations that constitute representation and symbolization (Törenli-Kaya et al., 2021). The most frequently used definition of mentalization in the current literature has been proposed by Fonagy et al. (2002), and it involves the meaning creation of inner states and outer inputs and the ability to both build relations and make distinctions between them through reflecting on oneself and interpreting one's and other's mental processes.

Through mentalizing, people come to make sense of their affective states, thought patterns, social interactions and make distinctions between what is objective and subjective (Fonagy et al., 2002; Myhre & Ødegård, 2023). According to Skårderud et al. (2012), the ability to mentalize is a core component of maintaining a stable sense of self and managing complex social situations. Moreover, Stein (2006) suggests that higher mentalization is linked with better mental health and stronger resilience. Previous studies indicate that mentalization varies across demographic

factors such as gender and age, with women generally performing better than men, while it tends to develop during adolescence and may decline in older age (Abu-Akel & Bo, 2013; Blakemore, 2008; Gutchess et al., 2014).

Due to its psychoanalytic background, mentalization has been frequently studied in relation to bonding with primary caregivers (Freeman, 2016). According to attachment theory of mentalization, one's capacity to mentalize is affected by their early childhood experiences (Freeman, 2016). Specifically, secure attachment style, where there is a safe connection with the infant and the caregiver, not only promotes better emotion regulation skills and self-control but also the development of mentalization (Fonagy et al., 1998). On the other hand, insecure attachment hinders the development of mentalization (Bateman & Fonagy, 2008).

Research suggests that mentalization is a significant construct in terms of one's psychological health, and lower levels of mentalization is associated with several psychological problems (Törenli-Kaya et al., 2021). Disruptions in mentalization have been found to be linked with schizophrenia and autism (Isaksson et al., 2019; Stichter et al., 2010), antisocial personality disorder (McGauley et al. 2011), borderline personality disorder (Fonagy & Bateman 2008), depression (Murri et al., 2016), and eating disorders (Redondo & Luyten, 2018). Other studies have also noted that there could be a possible link between lower mentalization and problematic internet use, which will be discussed in the following sections in detail (Chatterjee & Rai, 2023).

According to the literature, although early childhood experiences have a considerable impact on mentalization, the ability to mentalize can be improved in the later years of life through therapeutic interventions (Bateman & Fonagy, 2006; Choi-Kain & Gunderson, 2008). Bateman and Fonagy's (2006) mentalization-based

treatment of Borderline Personality Disorder (BPD) presents promising results. This treatment highlights the therapist's role as a person who holds the patient's mind in their mind, mainly through consistently utilizing mentalization techniques to help the patient's mentalization ability improve (Bateman & Fonagy, 2006). In this treatment model, the therapist should adopt two essential positions: (1) The therapist should aim to reflect on the patient's mental processes and promote their internal representations, and (2) keep the conversation on where the patient can link the topic to their subjectively felt experiences (Bateman & Fonagy, 2006). Through this approach, Bateman and Fonagy (2006) argue that the capacity of mentalization can be improved in patients with BPD. In fact, their intervention studies conducted with a mentalization-based treatment model demonstrate that patients with BPD showed increased social functioning, lower suicidal initiatives and self-harm, and reduced depressive symptomology after the treatment (Bateman & Fonagy, 1999; & Bateman & Fonagy, 2001; Bateman & Fonagy, 2008). These results show that mentalization capacity can be improved later in life, and this improvement is linked to other aspects of psychological wellbeing.

We have discussed the definition of mentalization, origins of the construct, its role in mental health, and its capacity to be improved. Now, we will explore conceptualization and operationalization of the construct. Mentalizaiton is regarded as a multidimensional construct and research has been investigating it to reveal this construct's different facets and offering models to operationalize it. To begin with, mentalization is a broad term that overlaps with other constructs such as emotional intelligence, empathy, theory of mind (ToM), imagination, mindfulness, affect consciousness, psychological mindedness, symbolization, and more (Choi-Kain & Gunderson, 2008). Thus, although there is a common understanding of the definition

of the mentalization, due to this conceptual overlap, the literature offers various operationalizations and assessment methods.

It should also be noted that, even though there is a considerable conceptual similarity, mentalization differs from the mentioned concepts in several ways (Dimitrijević et al., 2017). For instance, while emotional intelligence particularly focuses on perceiving and making sense of emotions and theory of mind puts emphasis on attributing others intentions and thoughts, mentalization also requires a process of self-reflection along with other mentioned mental processes (Dimitrijević et al., 2017). This difference could be the reason why, in some research, mentalization is operationalized as reflective functioning. Indeed, some research uses these constructs interchangeably. Likewise, Fonagy (2006) views reflective functioning as the specific measure of mentalizing in the attachment context. However, according to Dimitrijević et al. (2017), focusing solely on reflective functioning to assess mentalization would mean leaving out other important components of it. For this reason, Dimitrijević et al. developed the MentS in 2017, which will be used in the Turkish version in this study. Their main motivation for creating this scale was that (1) earlier measures of mentalization, such as the Empathy Quotient (Baron-Cohen & Wheelwright, 2004) and the Mayer-Salovey-Caruso Emotional Intelligence Test Version 2.0 (Mayer et al., 2002), were designed to assess other constructs rather than mentalization itself; (2) interview-based assessment methods, including the Reflective Function Scale (Fonagy et al., 1998) and the Adult Attachment Interview (Fonagy et al., 1998), were not suitable for large-scale applications; (3) the Reflective Functioning Questionnaire (Badoud et al., 2015; Fonagy et al., 2016), which was developed later, was not considered to be comprehensive enough to measure the multidimensional structure of mentalization.

Hence, Dimitrijević et al. (2017) developed the MentS which showed promising results to assess mentalization.

Presenting a general literature review on mentalization, this section will close with a review of mentalization studies conducted in Türkiye. As mentioned before, there is no previous research in Türkiye investigating the relationship between mentalization, social media and intuitive eating. Moreover, studies on mentalization with adults in Türkiye are also scarce and relatively new, conducted in the last few years. Törenli-Kaya et al. (2023), in their study in which they adapted the MentS into Turkish, showed that the mentalization total score of women was significantly higher than men's mentalization total score as a result of the data they collected from 615 adults. These results are consistent with earlier studies (Abu-Akel & Bo, 2013; Dimitrijević et al., 2017). Törenli-Kaya et al. (2023) also concluded that the MentS' total and sub-dimension scores are significantly associated with higher emotional intelligence and negatively associated with borderline personality traits. In their study, Yaman and Jurist (2024) examined how individuals' weekly positive and negative interpersonal experiences and changes in their perceptions of these experiences affect changes in attachment insecurity. Mentalization and mentalized affect skills were found to play a predictive role in attachment change resulting from interpersonal experiences (Yaman & Jurist, 2024). The findings suggest that these skills may provide a change towards attachment security by allowing individuals to mentally process and organize positive and negative experiences in relationships (Yaman & Jurist, 2024). As this review demonstrates, mentalization is both an important subject in human psychology and a field that is still open for contributions in Türkiye.

In this section, we have explored the concept of mentalization, its impact on individuals' psychological well-being, its operationalization, and the literature on mentalization in Türkiye. The following section will examine the role of mentalization in eating disorders.

2.4.1 Mentalization and eating disorders

The mentalization approach has been applied to understand eating disorders within the last two decades, especially for AN and BN and to a lesser degree for BED (Myhre & Ødegård, 2023). Through this approach, focusing on one's ability to attend both their and others' inner states, researchers have been investigating the possible underlying pathways to eating disorders and building relations between the ability of mentalization and the symptoms of eating disorders (Luyten et al., 2020; Gagliardini et al., 2020; Skårderud et al., 2012, 2020). Literature suggests that individuals with eating disorders tend to have lower mentalization abilities, experiencing difficulty in reflecting and interpreting their mental states (Gagliardini et al., 2020; Redondo & Luyten 2018; Skårderud et al., 2012, 2020). These findings do not provide a cause-and-effect relationship but clearly present a negative correlation between the ability to mentalize and development of eating disorders. There are several theories that help us make sense of this relationship. Although the attachment theory of mentalization has been frequently mentioned in the literature from a developmental perspective, we could also refer to other theories that provide us with a framework for understanding the mentalization aspect of eating behavior (Myhre & Ødegård, 2023). The rest of this section will briefly discuss eating behavior by looking at the theories that we encounter in the mentalization literature, albeit less frequently. We will then discuss what the most widely used developmental model has to say about eating disorders.

Lecours and Bouchard (1997) proposes a theory in which they emphasize the unity of body-mind. They suggest that mentalization acts as a mediator between the physical and more innate aspects of the self and the more higher level parts of the self (Lecours & Bouchard, 1997). According to their theory, we make sense of our bodily sensations through the processes of mentalizing and symbolizing (Lecours & Bouchard, 1997). For example, when we feel hunger we don't feel hunger in isolation. By mentalizing, we create a connection between the body and the mind, reflecting on the meanings of that hunger. A social cognitive perspective, on the other hand, could highlight the dynamic relationship between one's mentalization ability and interpersonal relationships (Bandura, 2004). A study by Fonagy and Bateman (2006) demonstrates that improved mentalization capacity is related to better emotion regulation and social functioning. Thus, through a social cognitive perspective, we could stress the interplay between the self and the environmental factors, including caregivers' attitudes towards a child's eating behavior on a small scale, and societal influences such as the ideal body image portrayed in media on a larger scale, when explaining disordered eating behavior.

Different theories can be used to comprehend the mentalization process of eating behavior. To further explore the relationship between mentalization and eating disorders, we will refer to the developmental approach, which has brought the most clarity to this subject in the literature. We will specifically refer to the book, *Hunger: Mentalization-Based Treatments for Eating Disorders* (Robinson et al., 2018) in our exploration. According to the authors of the book, eating disorders can be acknowledged as self-disorders, which makes them the subject of mentalization deficits inevitably. In the realm of mentalization, eating disorders are explained as manifestations of deficits regarding affect and self-regulation. Bateman and Fonagy

(2016) suggest that mentalization is about attending to both the minds of ourselves and others. In the context of eating disorders, the body itself is thought to serve as the mind (Robinson et al., 2018). When the psyche of the individual is not sufficiently integrated, for example, if there are problems with the sense of self and if it is difficult to make sense of the connection between body and mind, the body becomes the focus of the attention, serving as evidence of reality of oneself and the outer world (Robinson et al., 2018). Similarly, Burch (1962), a leading figure in the field of eating disorders, notes that eating disorders are closely related to problems in self-perception. In other words, according to these explanations, eating disorders are closely related to the inability to mentalize one's own inner states, their body, and the relationship among them.

According to the mentalizing model, symptoms of eating disorders reflect insight from psychic reality (Robinson et al., 2018). Symptoms, in that sense, are viewed to have symbolic meanings regarding the self-states (Robinson et al., 2018). Skårderud (2007a, b) suggests that self-disorders impair one's sense of being and symptoms could be regarded as ways to hold one's ego integrated and regulated. Thus, symptoms like binging, vomiting, or letting oneself starve could be understood as manifestations of deficits in self-regulation (Robinson et al., 2018). The theory of eating disorders as self-disorders is also in line with the developmental pathology of eating disorders (Budde et al., 2022; Verschueren et al., 2018). Eating disorders usually have an onset in adolescence which is a stage of life marked by an identity crisis (Palmeroni et al., 2020; Robinson et al., 2018).

To explore eating disorders as self-disorders within the mentalizing context, we can refer to the term embodied mentalizing. This term refers to how individuals with eating disorders experience their own body (Robinson et al., 2018). According

to Robinson et al. (2018), individuals with eating disorders experience their bodies as excessively real and excessively unreal at the same time. They are hyper-embodied in the sense that they are too occupied with their physical appearance (Robinson et al., 2018). However, at the same time, they are disembodied in the sense that they lack awareness to recognize and understand body signals appropriately and that they pay more attention to external bodily cues such as the size on the scale, the image in the mirror or the opinions of others (Merleau-Ponty, 1962; Robinson et al., 2018). To identify these states more profoundly, Fonagy (2002) introduces three main pre-mentalistic modes influenced by developmental theory (Robinson et al., 2018).

The first one is called psychic equivalence and it refers to when individuals equate their inner states with external reality, similar to the teenagers going through a phase of defining their identity through outside. In this mode, individuals make the mistake of assuming that if they feel and think something, it must have a counterpart in the outside world, and likewise that something that exists in the outside world must necessarily be present in their feelings and thoughts (Fonagy 2002; Robinson et al., 2018). In the case of eating disorders, mental states seem to intertwine with body perception. So, individuals in this pre-mentalistic mode, believe that their bodily attributes such as their look in the mirror reflects their internal states like self-worth, but also, for example, their lack of self-worth is an evidence for their being overweight or unattractive (Fonagy 2002; Robinson et al., 2018). That is why, according to Skårderud (2007a), psychic equivalence is the lack of “as if” quality, which means that individuals in this mode accept inner and outer cues as realities about their body (Robinson et al., 2018).

The second pre-mentalistic mode is called teleological mode in which individuals put more emphasis on physical input rather than their mental states just

like children go through a phase in which they can make sense of the things that they concurrently perceive (Fonagy 2002; Robinson et al., 2018). In this pre-mentalistic mode, individuals make their physical appearance the main source of understanding reality. Thus, they believe that they can become socially likable and high in self-esteem through changing their bodies (Fonagy 2002; Robinson et al., 2018). The final pre-mentalistic mode is called pretend mode. Similarly to children going through a phase where they have difficulty perceiving the physical world as different from the subjective world, in the pre-mentalistic mode, individuals experience a form of dissociation between what is within and outside (Fonagy 2002; Robinson et al., 2018). In the context of eating disorders, these individuals could fail to measure the accuracy of their mental states, which is also called as pseudomentalizing, and fail to describe their physical sensations and emotions around food in a clear way (Fonagy 2002; Robinson et al., 2018).

Although body image disturbance in eating disorders is widely studied, the literature does not provide a consensus. Fonagy's (2002) developmental-mentalizing approach to eating disorders provides a theory for understanding the phenomena further. According to his theory, three pre-mentalistic modes mentioned above could be impaired in individuals with eating disorders (Fonagy 2002; Robinson et al., 2018). Moreover, this theory also provides the basis of a mentalization based treatment to eating disorders, which seems to offer promising results (Robinson et al., 2018). In this section, we explored the mentalizing approach to eating disorders. The next section will discuss how mentalization was studied with respect to social media use.

2.4.2 Mentalization and social media

Mentalization is necessary for individuals to be able to make sense of their inner life, regulate their affect, and comprehend their self in relation to their environments and relationships (Schwarzer et al., 2021; Shamay-Tsoory et al., 2010). It is meaningful to consider a similar requirement in the context of an individual's social media use, considering that, in today's world, most of the people engage in social media on a daily basis. By exploring the relationship between mentalization and social media use, we can better understand how individuals are affected by the content they consume and the motivations that lead to this consumption. Moreover, given the importance of mentalization in establishing the connection between internal reality and external reality and studies showing social media use is linked to body dissatisfaction and disordered eating through thin-idealization and social comparison, it seems essential to understand the place of mentalization when exploring how we use social media and how we are affected by it (Blowers et al., 2003; de Valle et al., 2021; Fonagy & Target, 2008; Luyten et al., 2011; Slater et al., 2019; Seekis et al., 2020).

Although social media use is not a widely studied topic in the context of mentalization, a few studies have explored the relationship between these two concepts. A study conducted by Santoro et al. (2024) examined if mentalization mediates the relationship between attachment style and problematic social media use (PSMU) of 3600 adults. They concluded that while secure and avoidant attachment styles are linked with less PSMU, anxious and fearful attachment styles are linked to higher PSMU and the relationship between attachment style and PSMU is mediated through mentalization (Santoro et al., (2024)).

After mentioning the study above, it should be noted that the literature does not provide a broad research on social media use in relation to mentalization directly. Social media use is mostly addressed with the concepts of problematic internet use (PIU), excessive internet use, pathological internet use, or internet addiction (Laconi et al., 2014; Widyanto & Griffiths, 2006) within the context of mentalization. The most common use seems to be problematic internet use (PIU) and several studies refer to PIU as a behavioral addiction, especially since it has become a spreading phenomena over the last two decades (Alavi et al., 2012; Ryding & Kaye et al., 2018). Behavioral addictions are considered both the trigger and the result of impaired social-cognitive functions, showcasing a bidirectional pathway (Brand et al., 2019; Quednow, 2020) and several studies proposed that lower mentalization, due to its role in social-cognitive functioning, is associated with addiction-like behaviors such as gambling (Ciccarelli et al., 2021) and substance use (Quednow, 2020; Savov & Atanassov, 2013). Although there are no studies that directly examine the concept of mentalization in relation to the concept of internet addiction, there are a few studies that offer a mentalization-based approach to PIU based on the internet addiction literature (Chatterjee & Rai, 2023). Even though there is such a conceptual disagreement in research and the aim of this study is not to identify an addiction or problematic use, it is necessary to consider these studies in understanding the relationship between social media use and mentalization. The following section will initially explain how internet use is understood according to SCT, which is the main framework of this study, and then provide a review of the mentalization-based SCT framework for social media use.

According to Bandura's initial SCT (1986, 1989), individuals' behaviors are shaped by their self-efficacy beliefs and the expected outcomes of their actions.

Studies exploring behavioral addiction from the SCT framework suggest that lower levels of self-efficacy combined with expected gratifying social outcomes may encourage individuals to consume substances pathologically (Gilles et al., 2006). This framework has been used to explain consumption choices such as media use (Katz et al., 1974) and internet use (LaRose et al., 2001). The SCT framework is based on the reciprocal interaction between the self, behavior, and social factors (Bandura, 2004) and research examining internet use through the SCT underlies both the social gratification aspect of media consumption and self-related cognitive functions in shaping behaviors (LaRose et al., 2001). However, the literature up to the early 2000s focused more on identifying the motivations for internet use, while self-related aspects of this issue receded into the background (Chatterjee & Rai, 2023).

The research identifying different forms of social gratifications related to internet use proposed several motivational factors, including having a sense of being a part of a community, accessing knowledge, feeling better about one's social status, being exposed to an aesthetically pleasing experience, having a distraction from life's daily struggles, and maintaining and expanding interpersonal relationships (Song et al., 2004; Stafford et al., 2004). Other studies highlighting the role of the self in internet use mainly emphasize concepts such as self-efficacy, self-control, emotion regulation, and attitude toward Internet use (Chatterjee & Rai, 2023). Pourrazavi et al. (2014) suggest that a higher belief in one's self-efficacy to problematic mobile phone use can predict less excessive mobile phone use, and lower self-control, poor self-regulation, and a favorable attitude toward mobile phone use can predict its excessive use. LaRose et al. (2001), on the other hand, provides an explanation of Internet use from the SCT framework, taking into account both usage

gratification and individual factors. According to LaRose et al. (2001), individuals' internet use is motivated both by the prospect of possible satisfaction, and their internet use behavior is influenced by their belief in their self-efficacy and self-regulation skills.

So far, we have discussed approaches based on the SCT framework that provide explanations for internet use behavior. Next, we will discuss a specific study that addresses internet use within the framework of SCT, but with a particular focus on mentalization skills. Chatterjee & Rai (2023) frame PIU as a dysfunctional behavior with both social and cognitive dimensions and propose a mentalization-based approach to PIU through a social-cognitive framework. As the literature reveals, mentalization is one of the important factors affecting individuals' social cognitive and social emotional functioning (Wu et al., 2020). However, the different psychosocial pathways leading to PIU still need to be explained. Chatterjee & Rai (2023) develop a mentalization-based model that explains the proximal and distal factors leading to PIU. According to their model, mentalization-based factors constitute distal factors while SCT-based factors constitute proximal factors (Chatterjee & Rai, 2023). Mentalization-based deficits such as difficulty in understanding others' point of view, low capacity for empathy, or low ability to reflect lead to emotion regulation problems and interpersonal problems (Euler et al., 2019). As a result, individuals who cannot meet their emotional and social needs turn to the internet assuming that online activities will provide social and emotional gratification and develop faulty self-efficacy beliefs (Chatterjee & Rai, 2023). The authors conclude that individuals develop PIU through these distal and proximal pathways (Chatterjee & Rai, 2023).

The above mentioned study presents the first model developed to explain the role of mentalization in PIU (Chatterjee & Rai, 2023). However, it is important to note that this model has some limitations. First of all, while the model provides a theoretical pathway for the processes that lead to PIU, it does not provide an explanation of how individuals are affected by PIU or how this effect is shaped by their capacity to mentalize. In this regard, further research is needed to better understand the relationship between internet use and mentalization. Based on this model, it seems essential to consider the role of mentalization among the factors that drive people to use the internet in various ways, including social media.

This current study is interested in how people are affected by their internet use, specifically social media use. Therefore, unlike the study mentioned above, this study does not focus on understanding the processes that lead people to PIU, including social media. While mentalization is considered one of the factors that may lead people to use social media, this study's primary aim is to understand whether mentalization plays a significant role in the impact of social media on eating behavior. Therefore, the findings of this study intend to contribute to the literature from a different perspective by measuring whether the effect of social media on people, particularly intuitive eating behavior, is mediated by mentalization.

In this section, first, an overview of the concept of mentalization was presented, followed by studies explaining eating disorders with a mentalization-based approach. Finally, in this chapter, since there is no study directly examining the relationship between social media and mentalization, the connection between these two concepts was discussed through internet use.

After discussing intuitive eating, social media, and mentalization, the literature review section concludes. Next, the methods of the study will be presented.

CHAPTER 3

METHOD

This section presents the methodology utilized in the current study. The participant selection process, data collection instrument, data collection procedures, and data analysis are provided below.

3.1 Participants

The participants were adults from Türkiye and adult Turkish citizens living abroad, who volunteered to participate in the study. The eligibility criteria were set up to include individuals above eighteen years old. Adults, instead of minors, were targeted as the participants due to differences in adults and minors with respect to (1) use of technology and social media in particular, and (2) psychological development. The current study focuses on the adult population.

The convenience sampling technique, a non-probability survey sample selection method that is suitable for quantitative research, is utilized as recommended by Cohen et al. (2017). The approximated sample size was determined using G*power, a software program that is commonly used in social sciences for statistical power analysis (Faul et al., 2007). While G*power suggested that having 107 participants would give this study enough power to conduct the intended analysis, we collected data from 337 individuals. Participation was anonymous.

Of the participants, 75.1% (253 individuals) were women, 22.3% (75 individuals) were men, 1.2% identified as non-binary (four individuals), one person (0.3%) reported that they would prefer not to provide their gender, and four people's

(1.2%) gender information was missing. The distribution of participants according to gender can be seen in Table 1.

Table 1. Distribution of Participants According to Gender

Gender	<i>f</i>	%
Women	253	75.1
Men	75	22.3
Non-binary	4	1.2
Prefer not to say	1	0.3
Missing	4	1.2
Total	337	100

Participants' ages ranged between 18 and 74 ($M = 36.85$, $SD = 13.06$). The distribution of participants according to age can be seen in Table 2.

Table 2. Distribution of Participants According to Age

Age	<i>f</i>	%
18-24 years old	40	11.9
25-34 years old	147	43.6
35-44 years old	57	16.9
45-54 years old	42	12.5
55-64 years old	39	11.6
65+ years old	9	2.7
Missing	3	.9
Total	337	100

Regarding residence, 94.4% of the participants (318 individuals) reported that they live in an urban area, 2.7% (9 individuals) in a rural area, and 1.8% (six individuals) reported that they live in another area. With respect to most recent level of education, most of the participants reported having Bachelor's degree (60.5%), followed by Master's and PhD (26.1%), high school (12.2%), and middle school (0.6%). In terms of working status, majority of the participants were full-time

employed (52.8%), followed by retired (15.4%), students (12.2%), part-time employed (9.5%), and unemployed (9.5%). 66.8% of the participants reported their income level as average, 19.3% as high, 8.6% as low, 3.9% as extremely low, and 0.6% as extremely high.

BMI data were classified according to the categorization system recommended by WHO (Zierle-Ghosh & Jan 2018). In this system, people with a BMI below 16 are classified as "severely underweight," 16.0 to 18.4 as "underweight," 18.5 to 24.9 as "normal weight," 25.0 to 29.9 as "overweight," 30.0 to 34.9 as "moderately obese," 35.0 to 39.9 as "severely obese" and over 40 as "morbidly obese" for adults (Zierle-Ghosh & Jan 2018). Based on this categorization system, most participants were in the BMI category of normal weight (53.1%) based on their BMI, followed by overweight (27.3%), moderately obese (8.9%), underweight (3.3%), morbidly obese (0.6%), and severely underweight (0.3%). The distribution of participants according to BMI categorization can be seen in Table 3.

Table 3. Distribution of Participants According to BMI Categorization

BMI Categorization	f	%
Severely underweight	1	0.3
Underweight	11	3.3
Normal weight	179	53.1
Overweight	92	27.3
Moderately obese	30	8.9
Severely obese	6	1.8
Morbidly obese	2	0.6
Missing	16	4.7
Total	337	100

Most of the participants reported that they have one Instagram account (76.6%), followed by two accounts (16.3%), zero account (5.0%), three accounts (1.5%), and four or more accounts (0.3%). The distribution table of Instagram account count can be seen in Table 4. In terms of Instagram use frequency, 47.8% of the participants reported that they check their Instagram account every few hours, 18.4% once an hour, 12.8% once a day, 2.4% every few days, 2.1% every ten minutes, 0.3% every five minutes, and 1.2% reported that they never use Instagram. The distribution table of Instagram usage frequency can be seen in Table 5. Finally, participants' daily time spent on Instagram ranged between zero minutes and 369 minutes ($M = 88.41$, $SD = 61.49$).

Table 4. Distribution of Participants According to Instagram Account Count

Instagram Account Count	f	%
No account	17	5.0
One account	258	76.6
Two accounts	55	16.3
Three accounts	5	1.5
Four or more accounts	1	.3
Missing	1	.3
Total	337	100

Table 5. Distribution of Participants According to Instagram Use Frequency

Instagram Use Frequency	f	%
Never	4	1.2
Every few days	8	2.4
Once a day	43	12.8
Every few hours	161	47.8
Once an hour	62	18.4
Every 30 minutes	33	9.8
Every 10 minutes	7	2.1
Every 5 minutes	1	.3
Missing	18	5.3
Total	337	100

3.2 Instruments

There were three instruments employed in the study: Demographic information form, Intuitive Eating Scale (IES-2), and Mentalization Scale (MentS). The following section will share detailed information about these instruments.

3.2.1 Demographic information form

The demographic information form was used to collect various details about participants, including their year of birth, gender, ethnicity, level of education, weight, and height (to calculate BMI), city of residence, type of region of residence (rural, urban, or other), and income level. Information regarding participants' Instagram use was also collected through the demographic information form. More specifically, participants were asked how many Instagram accounts they use actively, how often they visit Instagram, the types of content they frequently follow and come across on Instagram, and the average daily time spent on their Instagram accounts. In order to accurately collect the average daily time spent on Instagram accounts, participants were asked to follow the following steps for each account they had: (1) Go to your Instagram profile. (2) Tap the three lines in a row button in the upper right corner. (3) On the window that opens, click on "Your activity". (4) Scroll down the menu and click on "Time Spent", and (5) Share the time as it is written. For the English version of the demographic form, refer to Appendix A and refer to Appendix B for its Turkish version.

Personally identifying data such as names or national identification numbers were not collected. Additional safeguards were taken to ensure that participants' IP addresses will not be saved nor be available to the researchers. Therefore, the

answers provided could not be tracked back to specific individuals and remain completely anonymous.

3.2.2 Intuitive Eating Scale-2 (IES-2)

In this study, the intuitive eating variable is assessed through the IES-2. The original 21-Item Intuitive Eating Scale (IES) was developed by Tylka (2006). The 23-Item IES-2 was developed by Tylka and Van Diest (2013) to improve the psychometric properties of the original version. The internal consistency reliability for the total IES-2 was noted as .85 for women and .88 for men, and the test-retest reliability for the total scale was .77 for women and .75 for men (Tylka & Van Diest, 2013). The scale primarily aims to measure the degree to which people eat intuitively under four primary subscales: Eating for Physical Reasons (EPR), Unconditional Permission to Eat (UPE), Relying on Hunger and Satiety Cues (RHSC), and Body-Food Choice Congruence (BFCC). The Cronbach's alpha values of the subscales for women are reported respectively as .92 and .92, .77 and .82, .85 and .87, and .87 and .84, respectively.

The scale was adapted into Turkish by Bas et al. (2017) with an internal consistency of 0.82 and a test-retest reliability of 0.88. The Turkish version of the scale includes 23 questions in a Likert scale form. For the Turkish version of the scale, The Cronbach's alpha values of the subscales are reported as .97 for UPE, .95 for EPR, .92 for RHSC, and .82 for BFCC. Please refer to Appendix C for the original version of IES-2 and Appendix D for the Turkish version of IES-2.

The total scale score is calculated by summing all responses and dividing by 23. For subscale scores, the subscale scores are summed and divided by the number of questions in that subscale. The minimum score for the total scale is 1, and the

maximum is 5. The distribution of items across the four dimensions measured by the scale is as follows, and items marked with * indicate reversed items:

1. UPE (Items: 1*,2*,3*,4,5,6)
2. EPR (Items: 7*, 8*, 9*, 10*, 11, 12, 13, 14)
3. RHSC (Items: 15, 16, 17, 18, 19, 20)
4. BFCC (Items: 21, 22, 23)

In the current study, the initial results showed that Cronbach's alpha value for the IES-2 scale was .87. However, the item total correlations analysis showed that the first item (I try to avoid certain foods high in fat, carbs or calories.) and the second item (If I am craving a certain food, I don't allow myself to have it.) were negatively correlated with the whole scale. Item total correlation for item 1 found to be -.22. Thus, item 1 was deleted and Cronbach's alpha value for the total scale improved to .88. Item 1 was not included in the following analyses. The item-total correlation of Item 2 was observed to be -.03, however, this item was not deleted since its Cronbach's alpha value remained as .88 if deleted. Moreover, when item 2 was deleted, Cronbach's alpha value for the UPE scale was found to decrease, so this item was retained in the subsequent analyses. The highest item-total correlation observed was .72. In this study, Cronbach's alpha values of the subscales of the IES-2 were .64 for UPE, .89 for EPR, .94 for RHSC, and .88 for BFCC.

3.2.2 Mentalization Scale (MentS)

In this study, the mentalization variable is assessed through MentS. This scale was originally developed by Dimitrijević et al. (2018). It consists of 28 items scored on a 5-point Likert scale to measure mentalization in three dimensions: Self-related (MentS-S), Others-related (MentS-O), and Motivation to Mentalize (MentS-M).

Internal consistency for the whole scale was found to be .84 for the community sample and .75 for the clinical sample.

The psychometric properties of the scale was adapted into Turkish by Törenli Kaya et al. (2021) and the Turkish version is shown to exhibit robust construct validity. The Turkish version of the scale exhibited an internal consistency of .84 for the total scale (Törenli Kaya et al., 2021). The item-total correlations ranged between 0.28 and 0.52 (Törenli Kaya et al., 2021). The Turkish version of the scale includes 25 questions in a Likert scale form. The Turkish version of the scale exhibited an internal consistency of .84 for the total scale, and .78 for MentS-S, .80 for MentS-O, and .79 for MentS-M (Törenli Kaya et al., 2021). Please refer to Appendix E for the original version of Ments and Appendix F for the Turkish version of MentS.

The total scale score is calculated by summing all responses. The subscale scores are calculated by summing all responses under the subscales. The minimum score for the total scale is 25, and the maximum is 125. The distribution of items across the three dimensions measured by the scale is as follows, and items marked with * indicate reversed items:

1. Self-related (MentS-S) (Items: 8*, 11*, 14*, 16*, 17*, 19, 20*, and 24*)
2. Others-related (MentS-O) (Items: 2, 3, 5, 6, 10, 12, 18, 21, and 23)
3. Motivation to Mentalize (MentS-M) (Items: 1, 4, 7, 9*, 13, 15, 22, and 25*)

In the current study, Cronbach's alpha value for the total MentS scale was .87 and item-total correlations ranged between .27 and .53. Cronbach's alpha values of the subscales of the MentS were found as .83 for MentS-S, .82 for MentS-O, and .73 for MentS-M.

3.3 Procedure

The data collection phase started once the necessary permission from the Ethics Committee of Boğaziçi University Institute of Social Sciences (SBINAREK) was obtained, which can be seen in Appendix G. After obtaining the initial ethical permission, a final ethical permission was obtained as a result of the changes made to the constructs studied upon the recommendation of the thesis committee.

Study announcements were shared with personal contacts on social media and other technological channels, including Instagram, e-mail, and WhatsApp. The English version of invitation texts can be seen in Appendix H and the Turkish version of invitation texts can be seen in Appendix I. The invitation texts included a summary of the study and the link to the Google Form, which consisted of consent information and access to the survey. The English informed consent can be seen in Appendix J and the Turkish version can be seen in Appendix K.

Interested individuals accessed the provided Google Form link to begin participating in the study. The initial section of the form presented the informed consent information, outlining the research and providing relevant details to assist potential participants in making an informed decision about their involvement. Once and only when the informed consent was approved, access to the rest of the survey, which continued with the demographic information form, was allowed. Then, the IES-2 and MentS were presented to participants, respectively.

In summary, once an individual was willing to participate in the study and clicked on the provided link, s/he was asked to (1) read the Informed Consent Form and give consent, (2) answer the demographic information questions, which included questions regarding their Instagram use, and (3) fill in two additional scales. It took approximately 10 minutes to complete the survey. Once participants completed the

process of answering questions and submitted their answers, they saw a thank you message for participating in the study.

Data collection lasted for three weeks. When the survey was closed to access and the data collection process was finalized, the collected data was downloaded in Excel format on the personal and password-protected computer of the thesis student and made ready for analysis in Statistical Packages for Social Sciences (SPSS) Statistics 30.0.0.

3.4 Design and data analysis

In the present study, quantitative data analysis methods were utilized to explore the relationship between intuitive eating, Instagram use, and mentalization. Quantitative research is suitable for investigating correlations and possible moderation relationships (Cohen et al., 2017).

Initially, descriptive statistics were utilized to study the demographic information and paint a succinct picture that captures who participated in the study with respect to age, gender, working status, level of education, economic status, city of residence, type of region of residence (rural, urban, or other), and BMI categorization.

Following the descriptive statistics, t-test, ANOVA, and bivariate correlations were conducted according to the study variables. Finally, bivariate correlations and hierarchical regression analysis were conducted for research questions.

Prior to conducting inferential statistics identified above, data were examined and prepared. Initially, 337 adults participated in the study. During the data preparation process, nine individuals were observed to leave more than half of the IES-2, and seven of these nine individuals were observed to leave more than half of

the MentS. While information of these nine individuals was used in the descriptive analyses, their data weren't included in the assessment of IES-2 scores. The scale of the two people who completed the MentS were only used to calculate the statistics related to this scale. Overall, 328 participants' IES-2 data and 330 participants' MentS data could be analyzed. Then, outliers were identified based on Z value thresholds and normality tests are conducted. As suggested by Barnett and Lewis (1994), z score thresholds were set as -3.0 for the lowest and 3.00 for the highest. For IES-2, no outlier was detected when z-scores were analyzed separately for all scales and subscales. For MentS, no outlier was observed for the total score. However, for the MentS-O subscale, one person with a z score of -4.80 and for the MentS-M subscale, two people with a z score of -3.23 were identified. Their data were excluded when analyzing these subscales.

The assumptions required for each analysis were tested and reported. Skewness and kurtosis values were checked to assess whether normal distribution was achieved. According to Hair et al. (2021), skewness and kurtosis values should range between -2 and +2 for a normal distribution. In the current study, the sample was found to be normally distributed for both the IES-2 total scale and subscales and the MentS total scale and subscales. The results of the skewness and kurtosis analysis can be found in Appendix L. In addition, the Q-Q plot of residuals was checked separately for each total scale and subscale and all points were observed to be close to, if not on, the line. Hence, the standardized residuals were assumed to have an approximately normal distribution (Pallant, 2020).

This section outlined the study design and the preliminary data analyses carried out to prepare the data for the main analyses. The findings of the main analyses will be reported in the following chapter.

CHAPTER 4

RESULTS

This chapter provides the results of the data analysis. It begins with the descriptive analysis of variables to identify the participants' general characteristics, followed by t-test results to establish whether there is a significant difference between categorical groups in relation to the variables of the study. Next, bivariate correlations are reported to describe the relationship between the variables of the study. Finally, the results of the multiple regression analysis are reported.

4.1 Descriptive analyses of variables

In the study, as shared in the Methods section, 75.1% of the participants (253 individuals) were women, and 22.3% (75 individuals) were men. 4 people identified as non-binary, and four people did not specify their gender (see Table 1).

Participants' ages ranged between 18 and 74 ($M = 36.85$, $SD = 13.06$) (see Table 2). Most participants were categorized as normal weight (53.1%) based on their BMI, followed by overweight (27.3%), moderately obese (8.9%), underweight (3.3%), severely obese (1.8%), and severely underweight (0.3%) (see Table 3).

In terms of Instagram use habits, most of the participants reported that they have one Instagram account (76.6%), followed by two accounts (16.3%), zero account (5.0%), three accounts (1.5%), and four or more accounts (0.3%) (see Table 4). Regarding Instagram use frequency, 47.8% of the participants reported that they check their Instagram account every few hours, 18.4% once an hour, 12.8% once a day, 2.4% every few days, 2.1% every ten minutes, 0.3% every five minutes, and 1.2% reported that they never use Instagram (see Table 5). That is, about half of

respondents visit Instagram every few hours. Participants' daily time spent on Instagram ranged between zero minutes and 360 minutes ($M = 88.41$, $SD = 61.49$).

The descriptive statistics of the scales used in the study can be found in Table 6. The mean score for the total IES-2 was $M = 3.38$, $SD = .65$. The subscale results were as follows: The UPE subscale had a mean score of $M = 3.31$, $SD = .77$; the EPR subscale had a mean score of $M = 3.29$, $SD = 1.00$; the RHSC subscale had a mean score of $M = 3.46$, $SD = .98$, and the BFCC subscale had a mean score of $M = 3.58$, $SD = .96$.

The mean score for the total MentS was $M = 96.40$, $SD = 12.15$. The subscale results were as follows: The MentS-S subscale had a mean score of $M = 28.39$, $SD = 6.47$; the MentS-O subscale had a mean score of $M = 35.99$, $SD = 4.59$, and the MentS-M subscale had a mean score of $M = 32.01$, $SD = 4.32$.

Table 6. Descriptive Statistics of the Intuitive Eating and Mentalization Scores

Variables	Min	Max	<i>M</i>	<i>SD</i>
Intuitive Eating	2	5	3.39	.656
UPE	1	5	3.31	.771
EPR	1	5	3.30	1.004
RHSC	1	5	3.47	.983
BFCC	1	5	3.59	.966
Mentalization	68	123	96.40	12.160
MentS-S	9	40	28.39	6.478
MentS-O	14	45	36.00	4.591
MentS-M	18	40	32.01	4.325

4.2 Results according to research questions

This section presents the results of the analysis of the research questions. To examine the research questions, it was first checked whether the required assumptions were met. According to the results of the assumption tests, appropriate statistical methods were utilized and the results were reported for all research questions.

The first research question was, "Does Instagram use vary by gender, age, and frequency of Instagram visits?" A t-test for independent samples was carried out to assess the differences in daily average Instagram time spent between men and women. The assumption of normality was tested and confirmed prior to conducting the independent samples t-test. Moreover, according to Levene's Test, the assumption of homogeneity variances was met, $F(1, 318) = 2.33, p = .12$. The independent samples t-test results revealed that women ($M = 88.59, SD = 62.92$) spend more time on Instagram on a daily basis than men ($M = 62.66, SD = 53.26$), $t(318) = 3.23, p = .001$.

A Pearson correlation analysis was conducted to examine the relationship between age and daily average Instagram time spent. Prior to the analysis, the assumption of normality was evaluated and confirmed. A scatterplot was used to assess the linearity between variables. Initial visual inspection suggested that the relationship between them may not be strictly linear ($y = 1.06E2-0.62*x$). A linear regression was conducted to test the significance of the linearity model. The regression model was statistically significant, $F(1,322) = 5.48, p = .02, R^2 = .01$, indicating that age accounted for .01% of the variance in daily average Instagram time spent. A Pearson correlation was conducted and the analysis revealed a significant negative relationship between these constructs, $rs (324) = -.12, p = .02$.

A one-way ANOVA was carried out to compare the daily average Instagram time spent across different levels of Instagram use frequencies. The assumption of normality was met, however, Levene's Test results suggested that the assumption of equal variances was violated, $F(6, 320) = 7.89, p = .001$. Thus, non-parametric statistics are used to assess if there is a meaningful mean difference in daily average Instagram time spent according to Instagram use frequency. A Kruskal-Wallis H test indicated a statistically significant difference, suggesting people who visit Instagram more often spend more time on Instagram, $H(6) = 105.86, p = .001$.

The second research question was, " Does intuitive eating vary by gender, age, and frequency of Instagram visits?" The results of the independent sample t-test to make gender-based comparisons for intuitive eating scores can be seen in Table 7. Levene's Test confirmed that the assumption of equal variances was met for the total scale scores, $F(1, 319) = 2.67, p = .10$. The results revealed that men ($M = 3.54, SD = .57$) scored significantly higher on intuitive eating than women ($M = 3.32, SD = .67$), $t(319) = -2.62, p = .009$. Although the assumption of equal variances was met for all IES-2 subscales, significant mean differences were found between women and men only for the EPR and RHSC subscales. For the EPR subscale, men ($M = 3.64, SD = .94$) scored significantly more than women ($M = 3.17, SD = .99$), $t(319) = -3.62, p = .001$. Likewise, for the RHSC subscale, men ($M = 3.66, SD = .85$) scored significantly more than women ($M = 3.38, SD = 1.00$), $t(319) = -2.12, p = .03$. Overall, women respondents had significantly lower intuitive eating scores than men. Additionally, men had higher scores than women, particularly regarding eating for physiological reasons and their ability to listen to body cues when making food decisions.

Table 7. Results of the Independent Samples t-Test for Intuitive Eating

Intuitive Eating Scores	Women		Men		<i>t(df)</i>	<i>p</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>		
Intuitive Eating	3.32	.67	3.54	.57	-2.62(319)	.009**
UPE	3.34	.78	3.21	.71	1.28(319)	.19
EPR	3.17	.99	3.64	.94	-3.62(319)	.001***
RHSC	3.38	1.00	3.66	.85	-2.12(319)	.03*
BFCC	3.55	1.00	3.63	.85	1.28(319)	.60

Note: **p* < .05. ***p* < .01. ****p* < .001.

A scatterplot was used to assess the linearity between age and intuitive eating scores. The data did not show a clear linear pattern, and the regression line was nearly flat, suggesting no meaningful linear relationship between the variables ($y = 3.33 + 1.48E-3*x$). A linear regression was conducted to test the significance of the linearity model. Age was found to explain only 0.1% of the variance ($R^2 = 0.001$), and the results were not statistically significant, $F(1, 322) = .27, p = 0.60$. A Spearman correlation was conducted to assess the relationship between age and intuitive eating scores and the analysis revealed no significant relationship, $rs(324) = .02, p = .72$.

A one-way ANOVA was performed to compare total intuitive scores across different levels of Instagram use frequencies. Levene's Test indicated that the assumption of equal variances was met, $F(6, 320) = .71, p = .63$. However, the normality assumption was violated. Thus, non-parametric statistics were utilized to compare the mean differences across different levels of Instagram use frequencies. A Kruskal-Wallis H test indicated a statistically significant difference, $H(6) = 24.27, p = .001$. Post-hoc pairwise comparisons with Bonferroni adjustment revealed that individuals who logged into Instagram once a day ($M = 3.57, SD = .69$) scored

significantly higher on the IES-2 scale than individuals who logged into Instagram once an hour ($M = 3.12$, $SD = .62$), $p = .01$. Similarly, individuals who logged into Instagram every few hours ($M = 3.47$, $SD = .68$) scored significantly higher on the IES-2 scale than individuals who logged into Instagram once an hour ($M = 3.12$, $SD = .62$), $p = .003$.

The third research question was, "Does mentalization vary by gender, age, and frequency of Instagram visits?" The results of the independent sample t-test conducted to examine the differences in mentalization scores according to gender can be seen in Table 8. Levene's Test indicated that the assumption of equal variances was met for the total scale scores, $F(1, 318) = .45$, $p = .49$. The results revealed that women ($M = 97.57$, $SD = 11.65$) had higher mentalization scores than men ($M = 92.96$, $SD = 12.26$), $t(318) = 2.96$, $p = .002$. Although the assumption of equal variances was met for all MentS subscales, significant mean differences were found between women and men only for the MentS-O and MentS-M subscales. For the MentS-O subscale, women ($M = 36.36$, $SD = 4.29$) scored significantly more than men ($M = 34.89$, $SD = 5.20$), $t(318) = 2.47$, $p = .007$. Similarly, for the MentS-M subscale, women ($M = 32.46$, $SD = 4.00$) scored significantly more than men ($M = 30.63$, $SD = 4.61$), $t(318) = 3.30$, $p = .001$.

Table 8. Results of the Independent Samples t-Test for Mentalization

Mentalization Scores	Women		Men		$t(df)$	p
	M	SD	M	SD		
Mentalization	97.57	11.65	92.96	12.26	2.96(318)	.002**
MentS-S	28.69	6.35	27.41	6.81	1.49(318)	.13
MentS-O	36.36	4.29	34.89	5.20	2.47(318)	.007**
MentS-M	32.46	4.00	30.63	4.61	3.30(318)	.001**

Note: * $p < .05$. ** $p < .01$. *** $p < .001$.

A scatterplot was used to assess the linearity between age and mentalization scores. The data did not show a clear linear pattern, and the regression line was nearly flat, suggesting no meaningful linear relationship between the variables ($y = 97.02 - 0.01*x$). A linear regression was conducted to test the significance of the linearity model. Age was found not to statistically explain the variance in mentalization scores, $F(1, 322) = .06, p = 0.79$. A Spearman correlation analysis revealed that there is no statistically significant relationship between age and mentalization scores, $rs(324) = -.02, p = .69$.

A one-way ANOVA was applied to compare total MentS scores across different levels of Instagram use frequencies. Levene's Test indicated that the assumption of equal variances was violated, $F(6, 320) = 2.71, p = .04$. Due to unequal variances across groups, Welch's ANOVA was used and the results revealed no significant differences in mentalization scores according to frequency of Instagram use, $F(6, 40.05) = 2.15, p = 0.06$.

The fourth research question was, "What is the relationship between intuitive eating and Instagram use?" Preliminary analysis revealed that all assumptions except linearity are met. A scatterplot was used to assess the linearity between Instagram daily average time spent and intuitive eating scores. The data did not show a clear linear pattern, and the regression line was nearly flat ($y = 3.4 - 2.63E-4*x$), suggesting no meaningful linear relationship between the variables. To test the significance of the linearity model, a linear regression was conducted to assess the relationship between intuitive eating and Instagram use. The model for IES-2 explained only 0.1% of the variance ($R^2 = 0.001$), and the results were also not statistically significant, $F(1, 326) = .42, p = 0.51$. These results showed that the linearity assumption was not established. Therefore, as suggested by Pallant (2020), non-

parametric statistics were utilized to examine the relationship between Instagram daily average use and intuitive eating. A Spearman correlation was carried out to evaluate the association between Instagram daily average use and intuitive eating scores and the analysis revealed no significant relationship, $rs(327) = -.05, p = .28$.

The fifth research question was, "What is the relationship between Instagram use and mentalization?" Prior to analyzing the relationship between Instagram use and mentalization, the assumptions were checked. Preliminary analysis revealed that the linearity assumption was violated. A scatterplot for Instagram daily average time spent and mentalization scores did not show a clear linear pattern, and the regression line was nearly flat ($y = 1.13E2-0.25*x$), suggesting no meaningful linear relationship between the variables. To test the significance of the linearity model, a linear regression was conducted and the model for mentalization explained only 0.2% of the variance ($R^2 = 0.002$), and the results were also not statistically significant, $F(1, 326) = .48, p = 0.48$. Therefore, non-parametric statistics were utilized to examine the relationship between Instagram daily average use and mentalization. The relationship between Instagram daily average use and mentalization scores was analyzed using a Spearman correlation test and the analysis revealed no significant relationship $rs(327) = -.00, p = .87$.

The sixth research question was, "What is the relationship between intuitive eating scores and mentalization?" Initially, assumptions for linearity and normality were checked and the results revealed that all assumptions were met. An ANOVA test revealed that the model explained .03% of the variance ($R^2 = .032$), and the results were statistically significant, $F(1, 325) = 11.70, p = 0.001$. Then, a Pearson correlation was conducted to determine the strength and direction of the association between them. The results demonstrated a weak but significant positive correlation,

$rs(327) = .18$, $p = .001$, suggesting that higher values of intuitive eating are associated with higher values of mentalization.

The seventh research question was, "Does mentalization act as a buffer between intuitive eating and Instagram use?" A hierarchical multiple regression was used to assess if the relationship between Instagram daily average time spent and intuitive eating moderated by mentalization. An interaction term was created from the daily average Instagram usage and mentalization scores, and this interaction term was added to Model 2. According to the ANOVA table, both Model 1 ($F(2, 325) = 5.42, p = .005$) and Model 2 ($F(1, 324) = 3.60, p = .01$) show a significant fit of the data overall. However, the interaction did not provide a unique contribution to the model ($t(327) = .03, p = .91$). Introducing the interaction to the model did not present any additional variance ($R^2 = .000$) in intuitive eating, $F(1, 324) = .00, p = .97$.

In conclusion, the findings suggest that participating women spend more time on Instagram daily than men, and individuals who visit Instagram more frequently tend to have higher daily use. Additionally, younger participants spend more time on Instagram on average, though the relationship is weak. In terms of intuitive eating, men scored higher than women, and individuals who use Instagram less frequently demonstrated higher intuitive eating scores. While women had significantly higher mentalization scores than men, neither age nor Instagram use frequency was associated with mentalization. No significant relationships were found between Instagram use and intuitive eating or mentalization, but a weak positive correlation emerged between intuitive eating and mentalization. Finally, mentalization did not act as a buffer between Instagram use and intuitive eating. The next section will present a detailed discussion around these findings.

CHAPTER 5

DISCUSSION

This chapter presents a discussion of the study results. It begins with an overview of the findings related to the research questions, followed by individual discussions of the study variables. Then, the implications and limitations of the study are shared. Finally, the recommendations for future research are noted.

5.1 General discussion

This was the first study that aimed to examine the relationship between intuitive eating, Instagram use, and mentalization among adults. Moreover, the study explored how these three constructs vary by gender, age, and Instagram visits. This study was conducted with people living in Türkiye and Turkish adults living abroad. While it would be necessary for these constructs to be studied in relation to minors, in particular teenagers who are at high risk for disordered eating (Dunn et al., 2022), the current study intended to focus on the adult population. One key reason for this decision was that the study examines intuitive eating, an eating attitude, and mentalization, a cognitive ability. Cognitive abilities, including mentalization, continue to develop throughout adolescence, alongside identity formation and evolving eating attitudes (Luyten et al., 2020; Somerville, 2017). Given that these developmental processes may influence the constructs under investigation, focusing only on adults allowed us to study the these variables from a more stable framework.

The discussion of the study results begins with an examination of the results of Instagram use. To begin with, Instagram use was operationalized as the average time spent on the app per day in this study. The current study found that women have

higher Instagram use, meaning they spend significantly more time on Instagram than men. This result aligns with the literature suggesting that women generally spend more time on Instagram (Legkauskas & Kudlaitė, 2022; Ofcom, 2024). Looking at the relationship between Instagram use and age, it was observed that the amount of time spent on Instagram decreased as age increased. This result also aligns with existing findings showing that the age group most active on Instagram worldwide is 18 to 24 years old, and time spent on Instagram decreases as age increases (Backlinko, 2025). In this study, information on the frequency of Instagram visits was also collected from the participants. This was to gain a more comprehensive understanding of Instagram usage habits. While an individual may only use Instagram a few times for long periods in a day, another individual may use the app more frequently for shorter periods, and there may be differences between these app usage patterns. The results showed that more frequent Instagram visits indicate more daily time spent on the app. To summarize, the study results suggested that women have higher Instagram use, Instagram use decreases with increasing age, and those who access Instagram more frequently spend more time on Instagram.

Next, findings on how intuitive eating varies by gender, age, and Instagram visit will be discussed. In this study, women were found to have significantly lower intuitive eating scores than men. This result is also consistent with the literature. Van Dyke and Drinkwater (2014), reviewing the literature on the relationship between intuitive eating and other health variables, report that intuitive eating scores are higher in men. Studies have offered several explanations for this result, including that women are generally subject to more dietary pressure, are at greater risk of developing an eating disorder, and could be more susceptible to external eating triggers (Denny et al., 2013; Tylka & Van Diest, 2013; Van Dyke & Drinkwater,

2014). No significant relationship was found between age and intuitive eating scores. This suggests that intuitive eating scores did not correlate with age. The relationship between age and intuitive eating is not yet clear in the literature. A study exploring differences in intuitive eating among parents and children from diverse backgrounds in terms of ethnicity and socioeconomic status found that parents (average age 50) had slightly higher intuitive eating scores compared to their children (average age 22) (Burnette et al., 2022). The researchers suggested that younger individuals might have slightly lower scores because they spend more time on social media platforms that emphasize visual content, such as Instagram, which has been linked to problematic eating habits (Burnette et al., 2022). On the other hand, another study, which primarily included middle-aged White women from middle socioeconomic status backgrounds, reported that middle-aged women had lower intuitive eating scores than younger women (Augustus-Horvath & Tylka, 2011). These differences may be partially explained by variations in participant backgrounds across different studies. However, the literature has yet to reach a consensus on this topic, and a longitudinal design is needed to determine whether intuitive eating remains stable or changes with age.

When looking at the relationship between the frequency of visits to the platform and intuitive eating scores, the results showed those who visited Instagram less frequently (once a day or every few hours) had higher intuitive eating scores than those who visited Instagram more frequently (once an hour). These results suggest that intuitive eating scores change according to the frequency of Instagram visits. While no previous study has investigated the relationship between these two constructs, the literature overall suggests that people who use social media more frequently are more likely to develop negative psychological outcomes (Pellegrino et

al., 2022). Moreover, a study conducted by Sidani et al. (2016) found both how much time individuals consume social media and how often they check social media are positively associated with eating concerns separately. In this study, as will be discussed later, no significant relationship was found between the average time spent on Instagram each day and intuitive eating. However, the association between the frequency of Instagram visits and intuitive eating supports existing studies that suggest a connection between Instagram use and eating behaviors. This result indicates that the need and motivation to access the platform frequently play a potential role in understanding Instagram's impact on intuitive eating. Theoretically, the compulsive nature of certain behaviors, such as frequent Instagram use, could be linked to individuals' intuitive eating skills. For example, some problematic eating behaviors, like binge eating, involve compulsive elements (Crone et al., 2023). The literature also indicates a negative relationship between intuitive eating and compulsive eating behaviors (Hazzard et al., 2020). This could help explain why individuals who use Instagram more frequently tend to have lower intuitive eating scores. Overall, in relation to intuitive eating, findings of the study suggested that women had lower intuitive eating scores, there was no association between age and intuitive eating, and people who visited Instagram more often were less likely to eat intuitively.

The results on how mentalization varies by gender, age, and Instagram visit frequency are discussed next. This study indicated that the mentalization scores of women were significantly higher than those of men, which is in line with the results of the literature on mentalization presents (Abu-Akel & Bo, 2013). When the relationship between mentalization and age was examined, no significant relationship was observed. Studies on the relationship between age and mentalization indicate

that this ability varies throughout the lifespan. Research has shown that mentalizing skills improve during adolescence (Blakemore, 2008). However, in older adults, some studies suggest a decrease in mentalizing capacities, which is reflected by lower activation in the medial prefrontal cortex during tasks involving person perception (Gutchess et al., 2014). It is important to note that there are still relatively few studies in the literature examining the connection between age and mentalization. In this study, mentalization scores did not significantly change with age.

No significant relationship was found when the relationship between the frequency of Instagram visits and mentalization was studied. This result suggests that mentalization scores do not change according to how often individuals log in to the app. This result is noteworthy because existing literature indicates that frequent and extensive use of social media is linked to lower cognitive ability (Pellegrino et al., 2022; Unchapter et al., 2017). Additionally, regular access to social media platforms can be a sign of addiction-like behavior, and previous studies have shown that such behaviors are associated with decreased mentalization (Ciccarelli et al., 2021; Quednow, 2020). However, frequency of use alone does not indicate addiction (Cheng et al., 2022). Other factors, such as the amount of time spent online, its impact on daily functioning, and the presence of compulsive behaviors, are crucial for assessing social media addiction. Therefore, the lack of a significant relationship in this study is understandable, as it did not gather comprehensive information on social media addiction or control for other potential confounding variables, including gender, age, or clinical disorders. Therefore, since frequent use of Instagram may not solely indicate lower mentalization ability, a more comprehensive investigation is necessary to draw definitive conclusions.

To summarize the results so far, this study found that women spent more time on Instagram than men and had lower intuitive eating scores and higher mentalization scores. In addition, no relationship was found between the age of the participants and intuitive eating and mentalization scores, but it was observed that the daily time spent on Instagram decreased as age increased. Finally, although no relationship was found between the frequency of Instagram visits and mentalization, it was observed that people who visited Instagram more often had lower intuitive eating scores.

From the perspective of SCT, personal and environmental factors are interwoven (Bandura, 1986). Thus, considering that digital channels shape and influence cognitive and behavioral patterns, intuitive eating, Instagram use, and mentalization may be expected to interact (Chatterjee & Rai, 2023). Given the highly visual and socially interactive nature of Instagram, individuals' perceptions of food, body image, and self-reflection may be influenced by it (LaRose et al., 2001). This framework helps explain why frequent Instagram use was found to be associated with lower intuitive eating, as exposure to content that promotes extreme forms of dieting can disrupt satiety cues by reinforcing external norms. Similarly, mentalization could be expected to interact with Instagram frequency. One explanation may be that mentalization is more affected by the type of content engaged with and individual differences in cognitive processing. Next, results on the relationship between intuitive eating, Instagram use, and mentalization will be discussed.

Previous studies present a positive association between social media exposure and disordered eating, although they do not present a cause and effect relationship (Hawkins et al., 2004; So & Kwon, 2022). In line with the general literature, studies

conducted with the Turkish population also reveal that disordered eating behavior increases with a rise in time spent on social media (Duran et al., 2019; Şengönül & Aydin, 2023; Oral & Öztaşkin, 2024). Moreover, studies frequently show that intuitive eating is negatively associated with thin idealization and disordered eating (Markey et al., 2022; Tylka & Wood-Barcalow, 2015). Based on these conclusions, it was predicted that intuitive eating scores would decrease as Instagram use increased (Hawkins et al., 2004; So & Kwon, 2022). In this study, Instagram use was operationalized as the average daily time spent on Instagram. The main goal was to understand how intuitive eating scores change according to the amount of time spent on Instagram on a daily basis. The analysis indicated no significant relationship between intuitive eating and Instagram use.

There may be several different explanations for this result. First of all, no previous study has investigated the relationship between intuitive eating and Instagram use. Therefore, disordered eating literature was extensively utilized in establishing the theoretical basis of the study. Although studies show a negative correlation between intuitive eating and disordered eating, this does not necessarily mean that these two constructs can be used interchangeably. A second explanation could be related to how the potential effects of social media platforms vary according to personal use. As the literature frequently emphasizes, social media platforms do not have inherently good or bad effects on individuals. It is possible to draw a similar conclusion from the results of this study. When the relationship between intuitive eating and Instagram use was examined in terms of daily use, no relationship emerged. However, this finding is not enough to draw a holistic account of the relationship between intuitive eating and Instagram use. The content users consume on social media, as well as how they consume it, and personal psychological factors,

such as social comparison and thin-idealization, play a role in this relationship (Blowers et al., 2003; de Valle et al., 2021; Thompson et al., 1999). Therefore, future studies may consider such factors when understanding this relationship. Although this study did not find a significant connection between Instagram use and intuitive eating, a more comprehensive study design may provide better insights. Interestingly, while no direct association was established between these two constructs, it was observed that intuitive eating scores tended to decrease as the frequency of Instagram visits increased. This suggests a few possibilities. First, the frequency of visits could be a more influential factor on intuitive eating than the average time spent on the platform. Furthermore, as discussed earlier, compulsive behaviors might be linked to intuitive eating, indicating a need for more research in this area.

Next, the results of the analysis of the relationship between Instagram use and mentalization are discussed. Although literature did not readily offer a study on the relationship between Instagram use and mentalization, a negative relationship between these two constructs was expected in line with studies looking at the relationship between mentalization and problematic social media/internet use (Chatterjee & Rai, 2023; Santoro et al., 2024). Moreover, as previously noted, research suggests that frequent and extensive use of social media is linked to lower cognitive ability (Pellegrino et al., 2022; Unchapter et al., 2017). However, the results showed that there was no significant relationship between Instagram use and mentalization. One possible explanation for this is that mentalization is just one aspect of general cognitive skills. In other words, Instagram use may be more closely related to cognitive skills other than mentalization. Nevertheless, in interpreting this result, it might be useful to once more remember that social media use is not inherently good or bad, and that the content consumed and personal factors are also

at play. Therefore, as with intuitive eating, a more comprehensive study is needed to understand the relationship between Instagram use and mentalization.

Next, the findings of the investigation into the relationship between mentalization and intuitive eating are discussed. In the same way that the literature presents a negative association between intuitive eating and disordered eating, research on mentalization also depicts a negative relationship between disordered eating and mentalization. Accordingly, this study predicted that intuitive eating scores would increase as the level of mentalization increased. In this study, a weak but significant positive relationship was found between intuitive eating and mentalization. In other words, a person's capacity to reflect on their own internal processes, to think about the internal processes of others, and to make a connection between them may be related to the more intuitive eating behavior they engage in. Intuitive eating is a form of eating behavior that is highly related to developing awareness of one's body, thoughts, and feelings, which makes it a practice that involves recognizing and reflecting on the relationship between external stimuli and internal feelings (Tribole & Resch, 2017). An essential aspect of mentalization is understanding one's internal processes and how they connect to the external environment. The positive correlation observed could be explained by the overlap between some dimensions of intuitive eating and mentalization. Future studies may examine the relationship between these two constructs in larger populations and examine how mentalization scores predict intuitive eating scores. Moreover, studies show that intuitive eating is positively associated with concepts beyond eating behavior, such as self-confidence, proactive coping, problem-solving skills, resilience, and optimism (Tylka and Wilcox, 2006). One reason for this may be that people with higher intuitive eating skills are also better at mentalizing. Future studies

could investigate whether the mentioned associations change when mentalizing is held constant. This would further our understanding of the relationship between intuitive eating and mentalization.

Lastly, the role of mentalization in moderating the relationship between average daily time spent on Instagram and intuitive eating was investigated. The findings suggested that mentalization did not act as a moderator in this relationship. While a connection between intuitive eating and mentalization was identified, the absence of a relationship between Instagram use, intuitive eating, and mentalization makes this result understandable. This outcome suggests that while mentalization may play a role in intuitive eating, it might not be the key factor linking Instagram use to intuitive eating. One possible explanation is that intuitive eating primarily involves responding to internal cues of hunger and fullness, whereas Instagram exposes individuals to external influences, such as idealized body images, food trends, and diet culture. Even though mentalization can help individuals understand their own and others' thoughts, it may not be enough to counteract the strong external pressures from social media. This could explain why mentalization is correlated with intuitive eating but does not serve as a protective factor in the context of Instagram use.

Before concluding the Discussion section, it is essential to address an important finding from the analysis. The internal consistency for the UPE subscale of the IES-2 in the current study was found to be .64, which is drastically lower than the .97 reported in its Turkish adaptation (Baş et al., 2017). Although the sample used in the Turkish adaptation of the MentS shares similar demographic characteristics with participants in this study, no significant differences were observed in Cronbach's alpha values. However, it's important to note that the Turkish adaptation of the IES-2

consisted of participants aged 19 to 31 years (mean age 22.3, SD = 3.53) from two large private universities in Istanbul. In contrast, the current study included a broader age range, with participants aged 18 to 74 (M = 36.85, SD = 13.06), and was not limited to students. This difference in sample characteristics may explain the variation in internal consistency. Additionally, unlike the UPE subscale, no significant differences in internal consistency were observed in other subscales. Interestingly, the overall internal consistency of the scale in this study was higher than that in the original adaptation. This raises the possibility that the unconditional permission to eat factor may not effectively predict intuitive eating scores for this sample.

In conclusion, this study presents the following findings for the current sample: (1) There is no relationship between the average daily time spent on Instagram and intuitive eating or mentalization. (2) A weak but significant positive relationship exists between intuitive eating and mentalization. (3) The frequency of visiting Instagram seems more noteworthy than the total time spent on the platform when examining the relationships between these constructs, as individuals who visited Instagram more frequently exhibited lower intuitive eating scores. This section discussed these results in detail and contextualized them within the existing literature. The next section will explore the possible implications of these findings.

5.2 Implications of the study

This section discusses how the results of the study can be applied in the field of psychological counseling. The implications of this study can be viewed in two key aspects: (1) to promote public health through raising awareness and (2) to aid in the creation of prevention and intervention tools that foster wellbeing. In terms of the

first aspect, since people who visited frequent Instagram users had lower intuitive eating scores in the present study, fieldworkers can work on increasing public awareness of this issue, informing people about the conscious consumption and use of social media.

In terms of the development of prevention and intervention tools, the results of this study can be put into practice in different ways. First of all, research indicates that as intuitive eating increases, disordered eating behaviors tend to decrease (Markey et al., 2022; Tylka & Wood-Barcalow, 2015). This suggests that creating protective tools based on intuitive eating could be an effective strategy for preventing the development of disordered eating. In addition, previous studies have reported that interventions focused on intuitive eating can also reduce disordered eating behaviors (Katcher et al., 2022). Notably, this study found a weak but significant relationship between intuitive eating and mentalization. This finding may offer valuable insights for enhancing both prevention and intervention strategies. Although a cause-and-effect relationship cannot be inferred from this study, it can be predicted from this relationship that mentalization could play an impactful role in developing people's intuitive eating skills. We can draw two main conclusions from this information. First, there are mental health professionals who currently provide counseling based on intuitive eating. In light of the findings of this study, these professionals could integrate elements that enhance mentalization capacity within their counseling services. Secondly, new prevention and intervention tools that will be developed to improve people's eating behaviour may emphasize mentalization as well as intuitive eating.

In this section, the implications of the results of the study for counseling practice are discussed. The next section will address the limitations of this study.

5.3 Limitations of the study

This study has several limitations and those are discussed in this section. First of all, due to the current study's cross-sectional nature, we cannot infer a causal relationship between intuitive eating, Instagram use, and mentalization. The results can only be interpreted as correlational. Another limitation of this study might concern the sampling method. The convenience sampling technique was utilized to reach the participants. This approach may introduce selection bias, as it only involves a readily available group of individuals. Most of the participants were relatively well-educated, financially secure, and urban dwellers. Consequently, the data collected may not be sufficiently representative of the larger population. Additionally, although efforts were made to ensure a balance between men and women while collecting the data, 253 (75.1%) women and 75 (22.3%) men participated in this study. In order to make gender-based comparisons more accurately, more men participants could have been reached.

This study uses daily average Instagram time spent as the main indicator of Instagram use. Considering that the content exposed on social channels also have an impact on how people are affected by them, this aspect of Instagram use remains open to be examined.

Another limitation of this study could be related to the way in which the average daily time spent on Instagram is collected. Instagram's average daily Instagram use only provides data based on average usage over the last seven days. Given that people may use social media more or less from time to time, it may raise questions about to what extent the collected time data reflects a person's overall usage.

Lastly, another limitation of the study could be related to other moderating and confounding variables. There are concepts such as body image, thin-idealization, social comparison, eating disorders, and mental health that could possibly impact the relationship between intuitive eating, Instagram use, and mentalization.

In this section, the limitations of this study are discussed. The next section will share recommendations for future work.

5.4 Recommendations for future research

Based on what was inferred from this study, following recommendations can be made for future research. Firstly, the effects of social media use on intuitive eating and mentalization can be examined in longitudinal studies. This would provide a more comprehensive picture in understanding the link between these variables.

In this study, Instagram usage was defined as the average daily time spent on the platform. Future research could enhance this definition by examining additional factors, such as the types of content users engage with, to better understand the relationship between intuitive eating and Instagram use. This broader approach would provide deeper insights into this relationship. Additionally, while this study did not find a direct link between average time spent on Instagram and intuitive eating scores, it observed that individuals who used Instagram more frequently tended to have lower intuitive eating scores. Future research could further investigate this connection for a clearer understanding. Moreover, future studies could include participants who do not use Instagram to explore how intuitive eating and mentalization scores differ between these two groups.

Future studies could consider various personal factors when examining the relationship between intuitive eating and Instagram use. For example, the role of

body perception, social comparison, and thin-idealization within this relationship could be examined as these constructs have an integral part to play in shaping eating behavior.

Additionally, in the present study, Instagram was used as the social media platform. However, future studies may also examine different social media platforms such as TikTok, Facebook, or YouTube.

Finally, further research with a larger sample size could provide more robust findings. Ensuring a more even distribution of participants across various demographic backgrounds would improve the generalizability of the results. Studying how these constructs relate to one another with adolescents would also be another valuable path to explore.

This study was the first to examine the relationship between intuitive eating, Instagram use, and mentalization among adults. The results revealed that there is no correlation between the average daily time spent on Instagram and either intuitive eating or mentalization. However, a weak yet significant positive relationship was found between intuitive eating and mentalization. Additionally, the frequency of visiting Instagram proved to be more relevant than the total time spent on the platform since individuals who visited Instagram more frequently tended to have lower scores in intuitive eating. While the current study contributed to the general and Turkish literature on intuitive eating, more studies are needed to have a clear understanding of the relationship between intuitive eating, social media use, and mentalization.

APPENDIX A

DEMOGRAPHIC INFORMATION FORM (ENGLISH)

Year of birth	
Gender	<ul style="list-style-type: none"> ● Women ● Men ● Nonbinary ● Prefer not to say
Ethnicity	
City of residence	
Last obtained degree	<ul style="list-style-type: none"> ● Did not go to school ● Primary School ● Middle School ● High School ● College ● Graduate School
Current job state	<ul style="list-style-type: none"> ● I work full time ● I work part-time ● Not working ● Retired ● Student
Financial status	<ul style="list-style-type: none"> ● I am financially comfortable ● My finances are fine ● My finances are average ● My finances are strained ● My finances are in bad shape
Height (cm)	
Weight (kg)	
How many Instagram accounts do you actively use?	<ul style="list-style-type: none"> ● 0 ● 1 ● 2 ● 3 ● 4+
How often do you visit Instagram?	<ul style="list-style-type: none"> ● Never ● Every few days ● Once a day ● Every few hours

	<ul style="list-style-type: none"> Once an hour Every 30 minutes Every 10 minutes Every 5 minutes
From the categories of Instagram content below, please select the ones that you come across most often when using the app and the ones you are most interested in.	<ul style="list-style-type: none"> Images from People's Daily Life Events Travel Food and Beverage Beauty and Makeup Fashion Health and Wellbeing Fitness and Sports Art Music Dance Technology Nature and Outdoors Home and Interior Design Science and Education Animals Comedy and Entertainment Business and Entrepreneurship Instruments and Devices
What is the average time you spend on your primary Instagram account on a daily basis?	
State the average duration you spend daily on your second Instagram account, if any.	
State the average duration you spend daily on your third Instagram account, if any.	
State the average duration you spend daily on your four or more Instagram accounts, if any.	

APPENDIX B

DEMOGRAPHIC INFORMATION FORM (TURKISH)

Doğum yılı	
Cinsiyet	<ul style="list-style-type: none"> ● Kadın ● Erken ● Nonbinary / İkililik-dışı ● Belirtmemeyi tercih ederim
Etnik köken	
Yaşadığınız şehir	
Diplomasını aldığınız en yüksek eğitim derecesi	<ul style="list-style-type: none"> ● Okul diplomam yok ● İlkokul ● Ortaokul ● Lise ● Lisans ● Yüksek lisans / doktora
Güncel iş durumunuz	<ul style="list-style-type: none"> ● Tam zamanlı çalışıyorum ● Yarı zamanlı çalışıyorum ● Çalışmıyorum ● emekliyim ● Öğrenciyim
Gelir seviyeniz	<ul style="list-style-type: none"> ● Çok düşük ● Düşük ● Orta ● Yüksek ● Çok yüksek
Boy (cm)	
Kilo (kg)	
Aktif olarak kullandığınız kaç tane Instagram hesabına sahipsiniz?	<ul style="list-style-type: none"> ● 0 ● 1 ● 2 ● 3 ● 4+

Instagram'a uğrama sıklığınız	<ul style="list-style-type: none"> ● Hiç ● Birkaç günde bir ● Günde bir ● Birkaç saatte bir ● Saatte bir ● Her 30 dakikada bir ● Her 10 dakikada bir ● Her 5 dakikada bir
Aşağıdaki Instagram içerik kategorileri arasından, uygulamayı kullanırken en çok karşınıza çıkanları ve en çok ilgilendiklerinizi işaretleyiniz.	<ul style="list-style-type: none"> ● İnsanların Günlük Hayatından Görüntüler ● Etkinlikler ● Seyahat ● Yiyecek ve İçecek ● Güzellik ve Makyaj ● Moda ● Sağlık ve İyi Yaşam ● Fitness ve Spor ● Sanat ● Müzik ● Dans ● Teknoloji ● Doğa ve Açık Hava ● Ev ve İç Mekan Tasarımı ● Bilim ve Eğitim ● Hayvanlar ● Komedi ve Eğlence ● İşletme ve Girişimcilik ● Alet ve Cihazlar
Birincil Instagram hesabınızda günlük olarak geçirdiğiniz ortalama süre nedir?	
Varsa ikinci Instagram hesabınızda günlük olarak geçirdiğiniz ortalama süreyi belirtin.	
Varsa üçüncü Instagram hesabınızda günlük olarak geçirdiğiniz ortalama süreyi belirtin.	
Varsa üçüncü Instagram hesabınızda günlük olarak geçirdiğiniz ortalama süreyi belirtin.	

APPENDIX C

INTUITIVE EATING SCALE-2 (IES-2) (ENGLISH)

Strongly Disagree (1)	Disagree (2)	Neutral (3)	Agree (4)	Strongly Agree (5)
Items			Answers	
1 I try to avoid certain foods high in fat, carbs, or calories.	(1)	(2)	(3)	(4)
2 If I am craving a certain food, I don't allow myself to have it.	(1)	(2)	(3)	(4)
3 I get mad at myself for eating something unhealthy.	(1)	(2)	(3)	(4)
4 I have forbidden foods that I don't allow myself to eat.	(1)	(2)	(3)	(4)
5 I don't allow myself to eat what food I desire at the moment.	(1)	(2)	(3)	(4)
6 I follow eating rules or diet plans that dictate what, when, and/or how to eat.	(1)	(2)	(3)	(4)
7 I find myself eating when I'm feeling emotional (anxious, sad, depressed), even when I'm not physically hungry.	(1)	(2)	(3)	(4)
8 I find myself eating when I am lonely, even when I'm not physically hungry.	(1)	(2)	(3)	(4)
9 I use food to help me soothe my negative emotions.	(1)	(2)	(3)	(4)
10 I find myself eating when I am stressed out, even when I'm not physically hungry.	(1)	(2)	(3)	(4)
11 I am not able to cope with my negative emotions (i.e., anxiety and sadness) without turning to food for comfort.	(1)	(2)	(3)	(4)

12	When I am bored, I eat just for something to do.	(1)	(2)	(3)	(4)	(5)
13	When I am lonely, I turn to food for comfort.	(1)	(2)	(3)	(4)	(5)
14	I have difficulty finding ways to cope with stress and anxiety, other than by eating.	(1)	(2)	(3)	(4)	(5)
15	I trust my body to tell me when to eat.	(1)	(2)	(3)	(4)	(5)
16	I trust my body to tell me what to eat.	(1)	(2)	(3)	(4)	(5)
17	I trust my body to tell me how much to eat.	(1)	(2)	(3)	(4)	(5)
18	I rely on my hunger signals to tell me when to eat.	(1)	(2)	(3)	(4)	(5)
19	I rely on my fullness (satiety) signals to tell me when to stop eating.	(1)	(2)	(3)	(4)	(5)
20	I trust my body when to stop eating.	(1)	(2)	(3)	(4)	(5)
21	Most of the time, I desire to eat nutritious foods.	(1)	(2)	(3)	(4)	(5)
22	I mostly eat foods that make my body perform efficiently (well).	(1)	(2)	(3)	(4)	(5)
23	I mostly eat foods that give my body energy and stamina.	(1)	(2)	(3)	(4)	(5)

APPENDIX D

INTUITIVE EATING SCALE-2 (IES-2) (TURKISH)

SEZGİSEL YEME ÖLÇEĞİ-2

Kesinlikle Katılmıyorum (1)	Katılmıyorum (2)	Kararsızım (3)	Katılıyorum (4)	Kesinlikle Katılıyorum (5)
Açıklama			Yanıtlar	
1 Yüksek yağ, karbonhidrat veya kalori içeren yiyeceklerin kaçınmaya çalışırım.			(1) (2) (3) (4) (5)	
2 Kendime yeme izni vermediğim yasaklı yiyecekler vardır.			(1) (2) (3) (4) (5)	
3 Sağlıksız bir şey yediğimde kendime çok kızarım.			(1) (2) (3) (4) (5)	
4 Bir yiyeceği çok istiyorsam, kendime onu yeme izni veririm.			(1) (2) (3) (4) (5)	
5 Herhangi bir anda, arzuladığım bir yiyeceği kendime yeme izni veririm.			(1) (2) (3) (4) (5)	
6 Neyi, ne zaman ve/veya ne kadar yiyeceğimi belirleyen yeme kurallarını veya diyet planlarını takip ETMEM.			(1) (2) (3) (4) (5)	
7 Duygusal hissettiğimde (ör: kaygılı, depresif, üzgün), fiziksel olarak aç olmasam bile kendimi yemek yerken bulurum.			(1) (2) (3) (4) (5)	
8 Yalnız hissederken, fiziksel olarak aç olmasam bile kendimi yemek yerken bulurum.			(1) (2) (3) (4) (5)	
9 Yiyecekleri olumsuz duygularımı yaratırmak için kullanırmı.			(1) (2) (3) (4) (5)	
10 Stresliyken, fiziksel olarak aç olmasam bile kendimi yemek yerken bulurum.			(1) (2) (3) (4) (5)	

11	Beni rahatlatması için yiyeceklerə başvurmama gerek kalmadan olumsuz duygularımla (ör. endişə, üzgünlük) baş edəbilirim.	(1)	(2)	(3)	(4)	(5)
12	Sıkılmışken, sərf yapacak bir şey olsun diye yemek YEMƏM.	(1)	(2)	(3)	(4)	(5)
13	Yalnız hissederken, beni rahatlatması için yemek yeməye BAŞVURMAM.	(1)	(2)	(3)	(4)	(5)
14	Stres ve kaygıyla baş etmedə, yemek yeməkten başqa yollar bulurum.	(1)	(2)	(3)	(4)	(5)
15	Ne zaman yemek yeməm gerektiğini söylemesi konusunda vücutuma güvenirəm.	(1)	(2)	(3)	(4)	(5)
16	Ne yeməm gerektiğini söylemesi konusunda vücutuma güvenirəm.	(1)	(2)	(3)	(4)	(5)
17	Ne kadar yemek yeməm gerektiğini söylemesi konusunda vücutuma güvenirəm.	(1)	(2)	(3)	(4)	(5)
18	Ne zaman yemek yiyeceğimi söylemesi konusunda açlık sinyallerime güvenirəm.	(1)	(2)	(3)	(4)	(5)
19	Ne zaman yemeyi bırakmamı söylemesi konusunda tokluk sinyallerime güvenirəm.	(1)	(2)	(3)	(4)	(5)
20	Ne zaman yemeyi bırakmamı söylemesi konusunda vücutuma güvenirəm.	(1)	(2)	(3)	(4)	(5)
21	Çoğu zaman besleyici yiyecekler yeməyi arzularım.	(1)	(2)	(3)	(4)	(5)
22	Çoğu zaman vücutumun verimli (iyi) bir şekilde işlemesini sağlayacak yiyecekler yerim.	(1)	(2)	(3)	(4)	(5)
23	Çoğu zaman bana enerji ve dayanıklılık veren yiyecekler yerim.	(1)	(2)	(3)	(4)	(5)

APPENDIX E
MENTALIZATION SCALE (MentS) (ENGLISH)

Completely incorrect (1)	Mostly incorrect (2)	Both correct and incorrect (3)	Mostly correct (4)	Completely correct (5)
Items			Answers	
1 I find it important to understand reasons for my behavior.			(1) (2) (3) (4) (5)	
2 When I make conclusions about other people's personality traits, I carefully observe what they say and do.			(1) (2) (3) (4) (5)	
3 I can recognize other people's feelings.			(1) (2) (3) (4) (5)	
4 I often think about other people and their behavior.			(1) (2) (3) (4) (5)	
5 Usually, I can recognize what makes people feel uneasy.			(1) (2) (3) (4) (5)	
6 I can sympathize with other people's feelings.			(1) (2) (3) (4) (5)	
7 When someone annoys me, I try to understand why I react in that way.			(1) (2) (3) (4) (5)	
8 When I get upset, I am not sure whether I am sad, afraid, or angry.			(1) (2) (3) (4) (5)	
9 I do not like to waste time trying to understand in detail other people's behavior.			(1) (2) (3) (4) (5)	
10 I can make good predictions of other people's behavior when I know their beliefs and feelings.			(1) (2) (3) (4) (5)	
11 Often, I cannot explain, even to myself, why I did something.			(1) (2) (3) (4) (5)	
12 Sometimes, I can understand someone's feelings before they tell me anything.			(1) (2) (3) (4) (5)	

13	I find it important to understand what happens in my relationships with people close to me.	(1)	(2)	(3)	(4)	(5)
14	I do not want to find out something about myself that I will not like.	(1)	(2)	(3)	(4)	(5)
15	To understand someone's behavior, we need to know their thoughts, wishes, and feelings.	(1)	(2)	(3)	(4)	(5)
16	I often talk about emotions with people that I am close to.	(1)	(2)	(3)	(4)	(5)
17	I like reading books and newspaper articles about psychological subjects.	(1)	(2)	(3)	(4)	(5)
18	I find it difficult to admit to myself that I am sad, hurt, or afraid.	(1)	(2)	(3)	(4)	(5)
19	I do not like to think about my problems.	(1)	(2)	(3)	(4)	(5)
20	I can describe significant traits of people who are close to me with precision and in detail.	(1)	(2)	(3)	(4)	(5)
21	I am often confused about my exact feelings..	(1)	(2)	(3)	(4)	(5)
22	It is difficult for me to find adequate words to express my feelings.	(1)	(2)	(3)	(4)	(5)
23	People tell me that I understand them and give them sound advice.	(1)	(2)	(3)	(4)	(5)
24	I have always been interested in why people behave in certain ways.	(1)	(2)	(3)	(4)	(5)
25	I can easily describe what I feel.	(1)	(2)	(3)	(4)	(5)
26	While people talk about their feelings and needs, my thoughts often drift away.	(1)	(2)	(3)	(4)	(5)
27	Since we all depend on life circumstances, it is meaningless to think of other people's intentions or wishes.	(1)	(2)	(3)	(4)	(5)

28	One of the most important things that children should learn is to express their feelings and wishes.	(1)	(2)	(3)	(4)	(5)
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APPENDIX F
MENTALIZATION SCALE (MentS) (TURKISH)
ZİHİNSELLEŞTİRME ÖLÇEĞİ

Tamamen yanlış (1)	Çoğunlukla yanlış (2)	Hem doğru hem yanlış (3)	Çoğunlukla doğru (4)	Tamamen doğru (5)
Açıklama			Yanıtlar	
1	Davranışlarına yol açan nedenleri anlamayı önemserim.	(1)	(2)	(3)
2	Başkalarının kişilik özellikleri hakkında karar verirken ne söyleyip ne yaptıklarını dikkatlice gözlerim.	(1)	(2)	(3)
3	Başkalarının duygularını tanıyabilirim.	(1)	(2)	(3)
4	Çoğunlukla başkaları ve onların davranışları üzerine düşünürüm.	(1)	(2)	(3)
5	Genellikle insanları neyin rahatsız ettiğini ayırt edebilirim.	(1)	(2)	(3)
6	Başkalarının duygularını paylaşabilirim (örn. acısını/sevincini paylaşmak gibi).	(1)	(2)	(3)
7	Birisi beni sınırlendirdiğinde neden o şekilde tepki verdiğim anlamaya çalışırıım.	(1)	(2)	(3)
8	Kendimi kötü hissettiğimde üzgün mü, korkmuş mu yoksa kızgın mı olduğumdan emin olamam.	(1)	(2)	(3)
9	Başkalarının davranışlarını anlamaya çalışarak vaktimi harcamayı sevmem.	(1)	(2)	(3)
10	Başkalarının düşünce ve duygularını bildiğimde davranışları hakkında doğru tahminlerde bulunabilirim.	(1)	(2)	(3)
11	Çoğu kez kendime bile neden öyle bir şey yaptığımı izah edemem.	(1)	(2)	(3)

12	Bazen bir başkasının duygularını o bana henüz bir şey söylemeden anlayabilirim.	(1)	(2)	(3)	(4)	(5)
13	Yakın olduğum insanlarla ilişkilerimde ne olup bittiğini anlamayı önemserim.	(1)	(2)	(3)	(4)	(5)
14	Kendimle ilgili hoşuma gitmeyecek bir şeyi keşfetmek istemem.	(1)	(2)	(3)	(4)	(5)
15	Yakın olduğum insanlarla sık sık duygular hakkında konuşurum.	(1)	(2)	(3)	(4)	(5)
16	Üzüldüğümü, incindiğini ya da korktuğumu kendime itiraf etmeyi güç bulurum.	(1)	(2)	(3)	(4)	(5)
17	Sorunlarım hakkında düşünmekten hoşlanmam.	(1)	(2)	(3)	(4)	(5)
18	Yakın olduğum insanların belirgin özelliklerini doğru ve ayrıntılı biçimde tarif edebilirim.	(1)	(2)	(3)	(4)	(5)
19	Tam olarak nasıl hissettiğim konusunda sıkılıkla kafam karışmaktadır.	(1)	(2)	(3)	(4)	(5)
20	Duygularımı ifade etmek konusunda uygun sözcükleri bulmak benim için zordur.	(1)	(2)	(3)	(4)	(5)
21	İnsanlar bana kendilerini anladığımı ve akıllıca tavsiyeler verdiği söyle.	(1)	(2)	(3)	(4)	(5)
22	İnsanların neden belirli şekillerde davranışları hep ilgimi çekmiştir.	(1)	(2)	(3)	(4)	(5)
23	Ne hissettiğimi kolayca tanımlayabilirim.	(1)	(2)	(3)	(4)	(5)
24	İnsanlar kendi duyguları ve ihtiyaçları hakkında konuşurlarken aklım başka şeylere kayar.	(1)	(2)	(3)	(4)	(5)
25	Hepimiz hayat şartlarına tabi olduğumuz için başkalarının niyetlerini veya isteklerini düşünmek anlamsızdır.	(1)	(2)	(3)	(4)	(5)

APPENDIX G

ETHICS COMMITTEE PERMISSON



T.C.
BOĞAZİÇİ ÜNİVERSİTESİ REKTÖRLÜĞÜ
Sosyal ve Beşeri Bilimler İnsan Araştırmaları Etik Kurulu (Sbinarek)



Sayı : E-84391427-050.04-182203
Konu : 2024-31T Kayıt Numaralı Başvurunuz
Hakkında

30.05.2024

Sayın Dr. Öğr. Üyesi Gizem TOSKA

Tez damışmanlığını yürüttüğünüz öğrenciniz Beyza Özel'in "Intuitive Eating: How It Shapes the Relationship Between Instagram Usage, Disordered Eating, and Body Appreciation?" başlıklı projesi ile Boğaziçi Üniversitesi Sosyal ve Beşeri Bilimler İnsan Araştırmaları Etik Kurulu (SBİNAREK)'e yaptığınız 2024-31T kayıt numaralı başvuru 23.05.2024 tarih ve 2024/04 sayılı kurul toplantılarında incelenmiş ve projeye etik onay verilmesi uygun bulunmuştur.

Bu karar tüm üyelerin toplantıya on-line olarak katılımıyla ve oybirliği ile alınmıştır. Onay mektubu tüm üyeler adına Komisyon Başkanı tarafından e-imzalanmıştır. Bilgilerinizi rica ederiz.

Saygılarımla,

Dr. Öğr. Üyesi İşıl ERDUYAN
Kurul Başkanı

Bu belge, güvenli elektronik imza ile imzalanmıştır.

Belge Doğrulama Kodu : 0E1O-0UKH-0525 Belge Doğrulama Adresi : <https://www.turkiye.gov.tr/bogazici-universitesi-ebys>

Adres: 34342 Bebek-İSTANBUL
Telefon No:
e-Posta:
Kep Adresi: bogaziciuniversitesi@hs01.kep.tr

Bilgi için: Nurşen MUNAR
Mühendis
Fax No:
Internet Adresi: www.bogazici.edu.tr

Telefon No:

APPENDIX H

INVITATION TEXTS TO PARTICIPANTS (ENGLISH)

WhatsApp Invitation Message

Hello,

I would like to invite you to contribute to my thesis study. This research is conducted as part of the Boğaziçi University Master's Program in Guidance and Psychological Counseling and has been approved by the Boğaziçi University Social and Human Sciences Human Research Ethics Committee. The aim of this study is to better understand the relationship between eating behaviors and social media use, particularly Instagram.

Anyone over the age of 18 can voluntarily participate in this research. If you agree to participate, all responses you provide in the survey will remain confidential and will be used solely for research purposes. Answering the questions will take approximately 10 minutes.

By clicking the link below, reading the consent form on the first page, and giving your approval, you can participate in the study. Your time, interest, and understanding in answering the survey are highly valuable. Thank you in advance for your contribution to this research, which will help us better understand eating behaviors and attitudes.

Lastly, I would be happy if you could share this message with anyone you think might be interested in contributing to the study.

Survey link: _____

Email Invitation Message

Hello,

I would like to invite you to contribute to my thesis study. This research is conducted as part of the Boğaziçi University Master's Program in Guidance and Psychological Counseling and has been approved by the Boğaziçi University Social and Human Sciences Human Research Ethics Committee. The aim of this study is to better understand the relationship between eating behaviors and social media use, particularly Instagram.

Anyone over the age of 18 can voluntarily participate in this research. If you agree to participate, all responses you provide in the survey will remain confidential and will be used solely for research purposes. Answering the questions will take approximately 10 minutes.

By clicking the link below, reading the consent form on the first page, and giving your approval, you can participate in the study. Your time, interest, and understanding in answering the survey are highly valuable. Thank you in advance for your contribution to this research, which will help us better understand eating behaviors and attitudes.

Lastly, I would be happy if you could forward this email to anyone you think might be interested in contributing to the study.

Survey link: _____

Instagram Story Invitation Message

Hello!

I'd like to invite you to contribute to my thesis study.

The aim of my research is to better understand eating behaviors and attitudes. I am currently in the data collection phase, and your participation is highly valuable both for gathering sufficient data and for expanding our knowledge of eating psychology. Anyone over the age of 18 can participate. Answering the questions will take approximately 10 minutes.

Survey link: _____

APPENDIX I

INVITATION TEXTS TO PARTICIPANTS (TURKISH)

ARAŞTIRMAYA DAVET METİNLERİ

Whatsapp Davet Metni:

Merhaba,

Sizi tez çalışmama katkıda bulunmaya davet etmek istiyorum. Bu araştırma, Boğaziçi Üniversitesi Rehberlik ve Psikolojik Danışmanlık Yüksek Lisans Programı kapsamında yürütülmektedir ve Boğaziçi Üniversitesi Sosyal ve Beşerî Bilimler İnsan Araştırmaları Etik Kurulu’nda onaylanmıştır. Çalışmanın amacı, beslenme davranışları ve sosyal medya, özellikle Instagram kullanımı arasındaki ilişkiyi daha iyi anlayabilmektir.

Bu araştırmaya, 18 yaş üstündeki her birey gönüllülük esasıyla katılım sağlayabilir. Katılımayı kabul etmeniz hâlinde ankete vereceğiniz yanıtların tümü gizli tutulacak ve yalnızca araştırma amaçları için kullanılacaktır. Soruları yanıtلامanız yaklaşık olarak 10 dakika sürecektir.

Aşağıda yer alan linke tıklayıp, ilk sayfadaki onam formunu okuyup onaylamanız hâlinde araştırmaya katılım gösterebilirsiniz. Zaman ayırip anketi cevaplayarak göstermiş olduğunuz ilgi ve anlayış çok değerli. Beslenmeye dair davranış ve tutumlarınıza daha iyi anlamamıza destek olacak bu araştırmaya yaptığınız katkı için şimdiden teşekkür ederim.

Son olarak, bu çalışmaya katkıda bulunmak isteyeceğinizi düşündüğünüz kişilerle mesajımı paylaşmanızdan mutluluk duyarım.

Araştırmaya ulaşabileceğiniz link: _____

E-mail Davet Metni:

Merhaba,

Sizi tez çalışmama katkıda bulunmaya davet etmek istiyorum. Bu araştırma, Boğaziçi Üniversitesi Rehberlik ve Psikolojik Danışmanlık Yüksek Lisans Programı kapsamında yürütülmektedir ve Boğaziçi Üniversitesi Sosyal ve Beşerî Bilimler İnsan Araştırmaları Etik Kurulu’nda onaylanmıştır. Çalışmanın amacı, beslenme

davranışları ve sosyal medya, özellikle Instagram kullanımı arasındaki ilişkiyi daha iyi anlayabilmektedir.

Bu araştırmaya, 18 yaş üstündeki her birey gönüllülük esasıyla katılım sağlayabilir. Katılmayı kabul etmeniz hâlinde ankete vereceğiniz yanıtların tümü gizli tutulacak ve yalnızca araştırma amaçları için kullanılacaktır. Soruları yanıtلامanız yaklaşık olarak 10 dakika sürecektir.

Aşağıda yer alan linke tıklayıp, ilk sayfadaki onam formunu okuyup onaylamanız hâlinde araştırmaya katılım gösterebilirsiniz. Zaman ayırip anketi cevaplayarak göstermiş olduğunuz ilgi ve anlayış çok değerli. Beslenmeye dair davranış ve tutumlarımızı daha iyi anlamamıza destek olacak bu araştırmaya yaptığınız katkı için şimdiden teşekkür ederim.

Son olarak, bu e-postamı, çalışmaya katkıda bulunmak isteyeceğimi düşündüğünüz kişilere iletmenizden mutluluk duyarım.

Araştırmaya ulaşabileceğiniz link: _____

Instagram Hikâye Davet Metni:

Merhaba!

Sizi tez çalışmama katkıda bulunmaya davet etmek istiyorum.

Araştırmamın amacı, beslenmeye dair davranış ve tutumlarımızı daha iyi anlamak. Şu anda veri toplama sürecindeyim. Hem yeterli veriye ulaşabilmek hem de beslenme psikolojisine dair bilgimizi genişletebilmek için araştırmaya katılımınız çok değerli.

18 yaş üstü herkes katılım sağlayabilir. Soruları yanıtلامanız ise yaklaşık olarak 10 dakika sürecektir.

Araştırmaya ulaşabileceğiniz link: _____

APPENDIX J
INFORMED CONSENT FORM (ENGLISH)

Supporting Institution: Boğaziçi University

Project Title: Exploring the Relationship between Intuitive Eating, Instagram Use, and Mentalization among Adults

NOTE: The thesis title was revised at the theses defense based on feedback from the thesis committee members.

Project Coordinator: Assist. Prof. Gizem Toska

E-mail: XXX

Office Phone: XXX

Dear Participant,

This study aims to understand the relationship between intuitive eating behavior, Instagram use, and mentalization.

Duration: Completing the scales used in this study is expected to take approximately 10 minutes. If you decide to participate after reading this information form, you will be asked to fill out a demographic information form followed by three scales.

Participant Rights and Responsibilities: Participation in this study is entirely voluntary. There is no payment or reward for participation. By reading and approving this form, you indicate your consent to participate in the research.

However, you have the right to decline participation or withdraw at any time after starting the study. If you decide to withdraw after beginning, the data you have provided up to that point will not be included in the study and will be securely deleted.

Potential Risks and Benefits: Participation in this study does not pose any known risks. However, answering the research questions may provide insights into your eating habits and your relationship with your body, encouraging self-reflection.

Confidentiality and Data Protection: This study is conducted for scientific purposes, and participant confidentiality is a priority. No personal identifying information, such as names or identification numbers, will be collected. Therefore, none of the collected data will be linked to specific individuals. Researchers will not have access to your device's IP address. All data will be stored and processed on a password-

protected computer. After the completion of data analysis, all data will be deleted within six months.

Contact Information: If you would like additional information about this research project, please feel free to contact Psychological Counselor Beyza Özel, who is conducting this thesis research. You can also consult Boğaziçi University Social and Human Sciences Human Research Ethics Committee (sbinarek@bogazici.edu.tr) regarding your rights in this study.)

I understood what was told to me about the study and what is written above. I have received a copy of this form. I agree to participate in the study.



APPENDIX K
INFORMED CONSENT FORM (TURKISH)
KATILIMCI BİLGİ VE ONAM FORMU

Araştırmayı destekleyen kurum: Boğaziçi Üniversitesi

Araştırmamanın adı: Yetişkinlerde Sezgisel Yeme, Instagram Kullanımı ve Zihinselleştirme Arasındaki İlişkinin İncelenmesi

NOT: Tez başlığı, tez savunmasında tez komitesi üyelerinden gelen geri bildirim doğrultusunda yeniden düzenlenmiştir.

Yürütücü: Dr. Öğretim Üyesi Gizem Toska

E-posta adresi: XXX

Telefonu: XXX

Sayın Katılımcı,

Bu çalışma, sezgisel yeme davranışını, Instagram kullanımını ve zihinselleştirme arasındaki ilişkiyi anlamayı amaçlamaktadır.

Süre: Çalışmada kullanılan ölçekleri tamamlamanın yaklaşık 10 dakika sürmesi beklenmektedir. Bu bilgilendirme formunu okuduktan sonra çalışmaya katılmaya karar vermeniz hâlinde demografik bilgilerinizi sorduğumuz bir formun yanı sıra üç ölçek dolduruyor olmanızı rica edeceğiz.

Katılımcı hak ve sorumlulukları: Bu çalışmaya katılım tamamen gönüllülük esasına dayanmaktadır. Çalışmaya katılma durumunuzda herhangi bir ücret veya ödül söz konusu değildir. Bu formu okuyup onaylamanız, araştırmaya katılmayı kabul ettiğiniz anlamına gelecektir. Ancak, çalışmaya katılmama veya katıldıktan sonra herhangi bir anda çalışmayı bırakma hakkına da sahipsiniz. Çalışmaya başladıkten sonra bırakmaya karar verirseniz, o zamana kadar paylaştığınız veriler çalışmaya dahil edilmeyecek ve güvenli olarak silinecektir.

Muhtemel risk ve faydalar: Çalışmaya katılmak potansiyel olarak herhangi bir risk taşımamaktadır. Araştırma sorularının yanıtlanması ile beslenme alışkanlıklarınız ve bedeninizle kurduğunuz ilişki üzerine düşünme, içgörü edinme gibi faydalar elde etmeniz mümkündür.

Gizlilik ve verilerin korunması: Bu araştırma bilimsel bir amaçla yürütülmekte olup katılımcı bilgilerinin gizliliği esas tutulmaktadır. İsimler veya kimlik numaraları gibi kişisel olarak tanımlayıcı veriler toplanmayacaktır. Dolayısıyla toplanan hiçbir veri belli kişilerle ilişkilendirilmeyecektir. Kullandığınız teknolojik aletin IP adresine araştırmacıların erişimi olmayacağıdır. Veriler şifre ile korunan bir bilgisayarda saklanacak ve işlenecektir. Tüm veriler veri analizi sürecinin tamamlanmasının ardından en geç 6 ay sonra silinecektir.

İletişim: Araştırma projesi hakkında ek bilgi almak isterseniz lütfen bu tez araştırmasını yürüten psikolojik danışman Beyza Özel ile iletişime geçiniz. Kendisinin erişim bilgileri yukarıda yazılıdır. Bu çalışma Boğaziçi Üniversitesi Sosyal ve Beşerî Bilimler İnsan Araştırmaları Etik Kurulu tarafından onaylanmıştır (onay no 2024-31T). Bu çalışmadaki haklarınızla ilgili olarak Boğaziçi Üniversitesi Sosyal ve Beşerî Bilimler İnsan Araştırmaları Etik Kurulu'na sbinarek@boun.edu.tr adresi üzerinden ulaşabilirsiniz.

"Yukarıda yer alan ve araştırmadan önce katılımcıya verilmesi gereken bilgileri okudum. Katılmam istenen çalışmanın kapsamını, amacını, muhtemel risk ve faydalarını, ve gönüllü olarak hak ve sorumluluklarımı anladım. Kişisel bilgilerimin özenle korunacağı konusunda yeterli güven verildi. Gerekirse kimlerle iletişime geçebileceğim netleştirildi. Aşağıda yanında 'Evet' yazan kutuyu işaretleyerek ve ismimi yazarak bahsedilen koşullarda söz konusu araştırmaya kendi isteğimle, hiçbir baskı ve telkin olmaksızın katılmayı kabul ediyorum. Verdiğim bilgilerin şahsına ait olduğunu teyit ediyorum."

Evet, yukarıda yazan ifadelere katılıyorum.

(Onay kutucuğu işaretlenmeden sonraki sayfaya geçiş verilmemektedir.)

APPENDIX L
MEANS, STANDARD DEVIATIONS, MINIMUM/MAXIMUM SCORES, AND
SKEWNESS AND KURTOSIS VALUES FOR THE TOTAL SCALES AND
SUBSCALES

Descriptive Statistics of Study Variables

	N	Min	Max	Mean	SD	Skewness		Kurtosis	
						Statistic	Std. Error	Statistic	Std. Error
Intuitive Eating	326	1.50	4.82	3.3837	.65679	-.505	.135	-.198	.269
UPE	326	1.00	5.00	3.3110	.77281	-.027	.135	-.326	.269
EPR	326	1.00	5.00	3.2895	1.00385	-.228	.135	-.853	.269
RHSC	326	1.00	5.00	3.4673	.98421	-.649	.135	.117	.269
BFCC	326	1.00	5.00	3.5890	.96897	-.801	.135	.526	.269
Mentalization	328	68.00	123.00	96.6098	12.05518	.144	.135	-.640	.268
MentS-S	328	9.00	40.00	28.4116	6.49334	-.495	.135	-.331	.268
MentS-O	328	14.00	45.00	36.0701	4.54316	-.386	.135	1.201	.268
MentS-M	328	19.00	40.00	32.1280	4.20667	-.167	.135	-.013	.268

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