THE INVESTIGATION OF THE MEDIATOR ROLES OF SELF-OBJECTIFICATION, SELF-DISGUST, AND SELF-COMPASSION IN THE RELATIONSHIP BETWEEN INTERPERSONAL SEXUAL OBJECTIFICATION AND DISSOCIATION IN WOMEN

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PLAGIARISM

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ABSTRACT

In interpersonal interactions, women can be subjected to sexual objectification, discrimination, and sexual, verbal, or physical harassment. Sexual objectification experiences in everyday life have a hidden trauma function even though there is no overt trauma present. As women frequently encounter such experiences, psychological well-being is negatively affected, and some effects of trauma, such as dissociative experiences, are regularly observed. The purpose of this study was to examine the mediating roles of adult women's experiences of self-objectification, self-disgust, and self-compassion experiences on their interpersonal sexual objectification-related dissociative experiences. 391 women between the ages of 19 and 72 participated in the study. Sociodemographic form, Interpersonal Sexual Objectification Scale, Objectified Body Consciousness Scale, Self-Disgust Scale – Revised Version, and Self-Compassion Scale Short Form were used. According to the results, it was seen that interpersonal sexual objectification experiences predicted dissociation. This relationship is mediated by body shame (a subscale of the objectified body consciousness scale), self-disgust, and self-compassion. However, body surveillance, another subscale of objectified body consciousness, did not play a mediating role in this relationship. This study showed that high body shame, high self-disgust, and low self-compassion play a statistically significant role in high dissociative experiences associated with sexual objectification in interpersonal relationships.

Keywords: interpersonal sexual objectification, dissociation, self-objectification, self-disgust, self-compassion

ÖZET

Kadınlar kişilerarası ilişkilerde cinsel nesneleştirilmelere, ayrımcılığa, sözel ve fiziksel şiddet deneyimlerine maruz kalmaktadır. Ortada *açık, görünür* bir şekilde travma olduğu düşünülmeyen durumlarda dahi, günlük hayatta yaşanılan cinsel nesneleştirilme deneyimleri *gizil* bir travma rolü üstlenmektedir. Bu tür deneyimlerle sıklıkla karşılaştıkça, psikolojik iyilik hali negatif olarak etkilenir, dissosiyatif deneyimler gibi çoğunlukla travma ile ilişkili bazı çıktılar görülebilir. Bu çalışmada yetişkin kadınların kişilerarası ilişkilerde cinselleştirme deneyimleri ile ilişkili olarak yaşadıkları dissosiyatif deneyimlerde kendini nesneleştirme, öz-tiksinme ve öz-şefkat deneyimlerinin aracı rollerinin araştırılması amaçlanmıştır. Yaşları 19 ile 72 arasında değişen toplam 391 kadın katılımcıya ulaşılmıştır. Nicel araştırma yöntemleri ile sırasıyla sosyodemografik form, Kişilerarası Cinsel Nesneleştirme Ölçeği, Nesneleştirilmiş Beden Bilinci Ölçeği, Öz Tiksinme Ölçeği- Revize Formu, Öz Şefkat Ölçeği- Kısa Formu, Dissosiyatif Yaşantılar Ölçeği kullanılmıştır. Sonuçlara göre, kişilerarası cinsel nesneleştirilme deneyimlerinin disosiyasyonu yordadığı görülmüştür. Bu ilişkiye, nesneleştirilmiş beden bilinci ölçeğinin bir alt ölçeği (beden utancı), öz tiksinme, öz şefkat aracılık etmektedir. Ancak nesneleştirilmiş beden bilincinin diğer bir alt ölçeği olan beden gözetiminin ise bu ilişkide bir aracılık rolü üstlenmediği görülmüştür. Bu çalışma göstermiştir ki yüksek beden utancı, yüksek öz tiksinme ve düşük öz şefkat, kişilerarası ilişkilerde deneyimlenen cinsel nesneleştirilmelerle ilişkili yüksek dissosiyatif deneyimleri üzerinde istatistiksel olarak anlamlı bir aracılık rolü üstlenmektedir.

Anahtar Kelimeler: kişilerarası cinsel nesneleştirme, dissosiyatif yaşantılar, kendini nesneleştirme, öz tiksinme, öz şefkat

To my grandma and grandpa

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I dedicate this thesis to my grandparents. I grew up with them, they showed me endless love and patience in my childhood. I will always miss you.

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1. INTRODUCTION

1.1. The Research Question and Aim of the Current Study

The purpose of this study was to examine the mediator role of self-objectification, self-disgust, and self-compassion in the relationship between interpersonal sexual objectification and dissociative experiences in healthy women. Women encounter sexual objectification in media (Aubrey & Frisby, 2011; Karsay & Matthes, 2020); academia (Yağcı, 2022), and business environments (Moffitt & Szymanski, 2011) in different cultures. According to theories and research, women are more likely than males to exhibit signs of sexual trauma due to their life experiences with sexual objectification and sexual violence in interpersonal interactions. Additionally, it has been discovered that circumstances that are not immediately recognized as trauma, such as being followed while walking down the street or facing verbal harassment, can still be as stressful as trauma and result in the symptoms of trauma. Unwanted explicit sexual advances which is a type of interpersonal sexual objectification influence the trauma symptoms through its relationship with body shame. This has shown that even if women are not subjected to sexual assault or rape, at the end of these everyday sexist practices, women are faced with psychological consequences that are almost as severe as the effects of trauma (Miles-McLean et al., 2015).

Self-objectification experiences related to internalized social practices are an underlying factor for various psychological consequences such as body shame, negative mood, appearance anxiety, and sexual dissatisfaction (Calogero et al., 2005; Calogero & Thompson, 2009; Yılmaz & Bozo, 2019). Because women are constantly trying to fit into the role of good women that are frequently regarded as those who strive to meet the wants of society and patriarchy, it may require them to separate from or disappear from themselves in order to do so. It might occasionally refer to the sense of the *disappearance of self* (Gilligan, 1991). Self-objectification experiences in which women are continually aware of how their bodies are being viewed from a third-person perspective and disappear from the *real self* can cause dissociative experiences (Berg, 2006; Erchull et al., 2013; Fredrickson and Roberts 1997). Women constantly look at their bodies through a third eye. Since they are less conscious of

their own bodily or emotional situations as a result, they frequently have dissociation experiences (Berg, 2006; Erchull et al., 2013; Fredrickson and Roberts 1997).

Self-disgust internalization processes work similarly to self-objectification internalization processes. Negative comments about one's appearance or character can also have an impact on one's self-concepts, resulting in the internalization of others' repeated opinions. A person unconsciously creates a link between negative disgust-based comments and self-characteristics through how others perceive and treat her/him (Powell et al., 2015). It has been found that in the literature, self-disgust is positively associated with some concepts like body image disturbance, eating disorders, skin-picking behavior, OCD, anxiety, mood disorders, depression, etc. (Schienle & Wabnegger, 2019; Stasik-O'Brien, 2018; Palmeira et al., 2019; Olatunji, 2015; Olatunji et al., 2008). According to Badour et al., PTSD symptoms may have an increasing effect on individuals' self-disgust levels, and in turn, self-disgust may also contribute negatively to PTSD symptomology (2013). So, if we consider interpersonal sexual objectification to be a traumatic experience, it is reasonable to expect people to experience self-disgust as a result, and a high level of self-disgust may increase dissociation. In previous research, the relationship between self-disgust and dissociation is rarely discussed. One study conducted with victims of domestic violence in Turkey stated that women have the effort to find different identities for both their abusers and themselves in order to get rid of mental contamination. Because victims generally have to continue living in the same house with their aggressors, which means they continue to hear many negative comments about themselves, dissociation and loss of identity experiences are unavoidable in this environment, where self-disgust is constantly evoked (Akça & Gençöz, 2022).

Self-compassion means kindness and compassion towards selfhood. The person highlights the common features of their experiences with people rather than competing with others because they regard their suffering and experiences as something that all humans share (Neff, 2003; Neff 2013). Low self-compassion causes higher body surveillance, body shame, negative eating behaviors, and depression. In addition, self-compassion prevents body surveillance behaviors from turning into negative judgments about the self (Stewart, 2004). High self-compassion acts like a buffer to turning body surveillance behavior into negative eating attitudes and body shame (Liss & Erchull, 2015). Again, high self-compassion levels were also found to be a predictive factor for PTSD symptoms (Slater et al., 2005). In one study,

self-compassion processes as a mediator between sexist microaggression and sexism-based traumatic stress (Cherry, 2020). It has also been emphasized that mindfulness, a component of self-compassion, functions as a protective factor for dissociation and helps to understand the here and now by focusing on the current situation and accepting the self and pain instead of escaping from it (Crews, 2016).

Given the information above, it is clear that there has not been any research on the mediation role of the concepts, even if there is some evidence in the literature about the relationships between some of the concepts. This study is important in terms of bringing new findings to the literature. Additionally, it tries to recognize the concepts that influence women both negatively and positively in order to take preventative mental health measures and address the dissociative experiences faced by women who are interpersonally sexually objectified.

1.2 Hypothesis

In this research, the study's main hypothesis was that the effect of sexual objectification on dissociation can be mediated by a change in self-objectification, self-disgust, and self-compassion. This study set out to evaluate four different hypotheses in the context of the theoretical frameworks on the topic. As follows:

1) Experiencing interpersonal sexual objectification will be significantly associated with greater dissociation.

2) Self-objectification will mediate the association between sexual objectification and dissociation.

3) Self-disgust will mediate the association between sexual objectification and dissociation.

4) Self-compassion will mediate the association between sexual objectification and dissociation.

1.3 Dissociation

‘’It is better to be a sinner in a world ruled by God than a saint in a world ruled by the Devil. A sinner in a world ruled by God may be bad, but there is always a sense of security to be derived from the fact that the world around is good.’’

Ronald Fairbairn

A state of discontinuity and separation in normally integrated consciousness, memory, identity, emotions, body representations, and behavior is referred to as dissociation (Şar, 2018). It is defined as a psychological symptom that disrupts individuals' internal harmony in response to traumatic events and leads to unhealthy functioning (Şar, 2014). There are several different subtypes of dissociative disorder. Disruption of this internal harmony is observed at various dimensions in different subtypes (Şar, 2018). Types of the dissociative disorder include dissociative identity disorders, in which two or more personality states are observed; dissociative amnesia, in which the ability to remember significant past events is impaired, usually as a result of trauma and stress; depersonalization, which is the state of looking at one's thoughts, body, feelings, or actions as an outside observer, and derealization, which includes feeling as if in a dream and perceiving the environment in an unreal way (5th ed.; DSM-5; American Psychiatric Association). In epidemiological studies conducted in Turkey, the prevalence of dissociative personality disorder was discovered as 1.1% for the general population and 14% for psychiatric emergency service patients while the prevalence of general dissociative disorders was found as 18.3% for the general population and 34.9% for psychiatric emergency service patients (Sar et al., 2007a; Sar et al., 2007b). People can experience dissociation in several ways: 1) as a personality trait, seen more normally with automatic behaviors and daydreams, 2) as a defense mechanism against trauma and stresses, and 3) as symptoms or pathological symptoms in certain clinical disorders (Şarlak & Öztürk, 2018). Dissociative disorders have been identified as the disorder most affected by environmental factors when compared to other psychiatric disorders in the literature (Şar, 2018). Dissociation is defined as a reaction developed by people in response to the destructive effects of trauma, and it is most associated with a history of physical and sexual abuse (Lawson & Akay-Sullivan, 2020; Gómez, 2019; Schimmenti, 2018).

Looking at dissociation historically, Gmelin first brought dissociation to light with the cases of double personalities in 1791. Later, the concept of artificial somnambulism was used for identifying the dissociative mind. In artificial somnambulism (later called hypnosis), the person experiences a trance and becomes disconnected from the stimuli around her/him. The person only perceives what the practitioner says at that moment and closes himself/herself off against another

stimulus. Even when the person got out of the situation, he/she still had amnesia and could not remember anything from that time. Separation from conscious awareness is observed in the somnambulistic state, in which consciousness is divided into two, similar to dissociation (van der Hart & Dorahy, 2009). Moreau de Tours originated the term dissociation in 1845. He draws attention to the situation of a duality in which control over the present moment is reduced. He observed people under the influence of hashish, and he stated that they were only interested in the past and the future and they had divided personalities. However, with Paul Tascher this situation will later be associated with concepts containing symbolic meanings that have more psychological effects than chemical effects in 1855. Taine in 1878 likens divided consciousness to the theater stage, where different scenes are played in each part. He thought that experiences were like having two lives, one on stage and the other working behind the scenes (van der Hart & Dorahy, 2009). Clinicians in the 19th century connected dissociation to the splitting of consciousness which was seen in hysterical cases. According to Pierre Janet, every person exhibits two personalities, one aware and one unconscious, and these two personalities are contradictory, and unbalanced in hysteria. In hysteria, the first identity is absent which is a negative dissociative symptom while the second personality is quite perfect. He conceptualized dissociation as a division of personality and stated that dissociation might develop because of trances/hypnotic states or stresses like trauma (van der Hart & Dorahy, 2009). Based on his observations of hysterical cases, Freud concluded that hysteria is an illness induced by interpersonal traumatic experiences, particularly childhood abuse. Later, Freud abandoned this view, and he limited hysteria to the product of one's inner psychic world. According to Freud's new theory, abuses were limited to the world of fantasy products (Boulanger, 2007). The role of reality and the outside world has been underplayed in traditional Freudian psychoanalysis in favor of the psyche's inner world and dreams. According to Freud, the subject suppresses his/her urges and desires, which causes her/him to push disturbing experiences into the unconscious. In this way, the person gains control over the unwanted memories and urges. However, dissociation becomes unavoidable when this control cannot be maintained, and these negative experiences cannot be communicated in any way (Howell & Itzkowitz, 2016).

Based on the studies of children who have experienced sexual assault, it was claimed that these children are disconnected and detached from their emotions,

highlighting the dissociation induced by trauma. When the child becomes a tool (the object that can be used for the subject's purpose) in connection with the caregiver, the child can have the urge to try again and again to meet the caregiver's requirements. By keeping an eye on the caregiver and focusing on the facial expressions of the caregiver, the child accomplishes this. An identification is formed as a result of the relationship established with the caregiver by introjecting the caregiver's behaviors, mimics, and attitudes (Howell, 2005). It is crucial to mention Ferenczi's idea of identification with the aggressor at this point (1933). Even when the aggressor has disappeared, the person continues to connect intra-psychically with the aggressor. Identification with the aggressor serves as a 'protection' for the good object. By doing this the child is not only trying to defend the aggressor but also all positive past experiences as well as attachment possibility to other potential good objects in their environments. When the attack on "the good object" is not acceptable, the child's strategy for dealing with aggressive attitudes is to introject the negative aspects of the aggressor. Now, the negative aspect becomes internal (Howell, 2014). Similarly, because interpersonal traumas are not like other good experiences, sometime introjecting the aggressor can be a way for getting rid of these memories from conscious awareness. For example, in cases of childhood abuse, the child might continue to have control over the abuser by adopting some negative traits of the abuser, wish not to be abandoned by that person, and still can maintain a bond with that person. The self that chooses division to overcome traumatic experiences desires unity again while doing so (Şar, 2018). Thus, women's internalization of sexual objectification and feelings of self-disgust can be seen as the results of their efforts to protect the good objects outside while still hoping that the world is a safe place. When doing this, the world remains a good place, the reality remains good, and the inner world is perceived as sinful.

The link between trauma and gendered self-states was stressed (Howell, 2005). People who are raised according to gender norms automatically examine their behavior to see if it fits certain gender-specific requirements. The moral standards expected of girls serve as a reminder that women should be submissive, silent, irrational, and emotional (Howell, 2005). After the traumatic experience, the girls or women would like to claim their rights, speak up and actively get out of this experience. However, these desires cannot coincide with the established gender

norms. Women are taught from an early age to look out for and protect others. Then, in the face of events such as sexual abuse, there is also a protective-guarding orientation of girls and women, such as thinking about the abuser's well-being and what may have gone through the abuser's mind. Parallel with that idea, Rivera (1988) stated that abused women with dissociative identity disorder created male characters. Because they can identify with the aggressor only in this way, that is, by using the gender of the aggressor. Otherwise, girls and women would have to conflict with a whole set of social norms.

In addition, girls who have been exposed to or have heard stories of sexual abuse for generations are constantly instructed to protect themselves from men's rape and evil intentions, which causes them to gradually become traumatized. In other words, these traumas have built up through time and are predicated on gender and femininity. They are in a "chicken and egg situation" in which trauma and gender roles feed each other and together endanger women's sense of security and result in dissociative experiences (Howell, 2005).

1.4 Sexual Objectification

The body is now widely recognized as a cultural construct, as well as an anatomical structure with some intra-body systems and functions. It is tough to imagine a body in isolation out of its cultural and social context (Foucault, 1979; Bartky, 1990). When a person's worth is reduced to their physical attractiveness and how well they adhere to social beauty standards, we can talk about the concept of sexual objectification (APA, 2007; Bartky, 1990; Fredrickson & Roberts, 1997). The connection between sexualization and sexual objectification has been tested by some cognitive studies. It was found that while the human brain proceeds to object analytically, human faces and bodies proceed more holistically and configure. However, in the sexualized bodies, this scenario is altered. When we sexualize a body, we process it more analytically, as though it were an object. This situation informs us of the process of objectification. Sexualized women are more easily paired with object-like concepts, and they proceeded analytically. This situation can also be considered a type of dehumanization (Bernard et al., 2020).

Women are more likely than men to be sexually objectified (Swim et al., 2001). One major factor in this is the existence of a system that supports and reinforces the patriarchal order, specifically male dominance, and rewards men for it (Gervais et al., 2019). Sexual objectification is still one of the numerous sorts of subjection that women face in life because of their gender. Modern society has power over the body. Our bodies are under constant surveillance spatially and temporally. Foucault (1977) describes the surveillant eye of the power over our bodies by using the term *docile body*. Because this eye has been internalized, there is still internal self-surveillance even when there is no external power focus or surveillance.

The female body is more and more under scrutiny than the male body. For instance, the female body is considered beautiful as long as it fits the standards of contemporary society. When it comes to women, not only their bodies but also their faces and even their facial expressions are subjected to beauty norms. A face that expresses emotion wrinkles, and wrinkles are unacceptable. Therefore, women are left with nothing but two choices: they should either hide their strong emotions to prevent wrinkles or use some cosmetic procedures (Bartky, 1990). In this instance, the women's emotions are also being attempted to conceal in addition to their wrinkles.

Another reason why women are more sexually objectified than men may be due to the characteristics of the female body such as the menstrual cycle and fertility. These characteristics bring women closer to nature. The female body, which is affected by the natural cycles, is denigrated and dominated just like an animal. What is natural is frightening, especially to men in modern society (Roberts et al., 2002). Particularly during menstruation, all the naturalness is revealed. Natural symbols are carried through the blood and its malodor. This feared naturalness unquestionably put some social, practical, and sexual restrictions on women in modern society. Because women are considered unclean during this time, a variety of rituals are observed, ranging from prohibiting women from food service to punishing women by not touching their bodies. Moreover, menstruation is portrayed in advertisements as a crisis that must be resolved (Türkiye'nin Reklamları, 2019). Adolescent girls hide their sanitary napkins. They check each other's backs or ask each other for pads by using 'secret' sign language because they worry that someone will hear them. Spending a day in white pants without a leak is an accomplishment because wearing white is a sign of cleanliness. Shame is the most dominant emotion during menstruation. This is done to hide their own body shame as well as to avoid shaming

others. There is a malodor that must be suppressed. Shame is attempted to be repressed through perfume. While society makes extraordinary efforts to distance women from nature, women can no longer survive these efforts and choose to hide their bodies. Women tend to conceal not only their natural body or body cycles but also anything that reminds them of it. It was discovered in an experiment that women whose tampons fell out of their bags were less appreciated, objectified more, and avoided more than women whose hair clips fell out of their bags (Roberts et al., 2002). Therefore, the following question may arise: Can objectification be considered a means of escaping the feelings of disgust and death-like impulses that spontaneity evokes? (Roberts et al., 2002).

The objectification of the female body, as well as its presentation to other people's gazes, can lead to a variety of sexualizations, ranging from unwanted sexual advances to sexual violence. To explain the relationship between violence and objectification, the mentalization theory may offer an explanation (Bernard et al, 2020).

Mentalization is the ability to assess another person's mental and emotional conditions to predict their behavior (Allen et al., 2008). According to a study using cognitive techniques, men who have sexist beliefs tend not to mentalize the women they sexualize more (Cikara et al., 2011). Being unable to mentally visualize someone can prevent men from understanding women's thoughts and emotions. There is also a circumstance where empathy is absent. This situation can even allow men to rationalize using violence against women by assuming they do not feel pain like objects. According to research on domestic violence in Turkey, 36 percent of Turkish women claim to have experienced physical assault at some point in their lives. When women who have been targets of sexual assaults are included, the rate rises to 38 percent. In the same study, in marriage, interfering with women's clothing was found to be 34 percent of the time as a type of men's interpretation of the woman's body. These actions were classified as emotional violence (Hacettepe University Institute of Population Studies, 2014). These data on relative violence in Turkey may also show the horrible extent of sexual objectification in Turkey.

According to Kashack (1992), females are stressed about not being chosen for their appeal when they grow up because they receive more praise for their appearance than boys. Conversely, it is asserted that boys experience much of their stress as a result of their prior successes. This might be due to the fact that gender differences

occur in social interactions and socialization processes. Both girls and boys socialize with the guidance of the important others in their lives (parents, relatives, and teachers). Through socialization with the father, girls can develop early internalization of male-dominant norms and attitudes. Daughters are praised to the point where they appear beautiful to their fathers. Girls might then generalize this with the compliments received from brothers. And it becomes one of the first steps in a woman's socialization perception that she feels acceptable as long as she appears attractive to men. (Kashack, 1992). Studies with babies can also provide information on the origins of socialization between the male and female genders. Females are expected to be cuter than males. In one study, university students were shown pictures of babies whose sweetness levels had previously been determined by another group of participants and asked to allocate the babies as either a boy or a girl. It has been seen that babies with higher levels of cuteness were assigned a female gender (Hildebrant & Fitzgerald, 1983).

1.4.1 Outcomes of Sexual Objectification

Women are subjected to sexism daily, whether it is overt sexism, in which women face visible discrimination, unequal and harmful practices, or covert sexism, in which women face unequal and harmful practices that cannot be perceived directly but prevent women from achieving certain positions (Swim & Cohen, 1997). In one study, women were asked to document any incidences of sexism in their daily diaries. When these incidents were characterized, humiliating behaviors, sexual objectification, and biases against traditional gender roles were frequently found. It has been noted that the most common reaction to sexism is rage. After sexist acts, women are typically left alone to process their rage. (Swim et al., 2001). Additionally, sexism causes an increase in depression and low self-esteem (Swim et al., 2001, Kira et al., 2015). While discrimination based on gender incites men to take bigger risks, stress about improving their status, and externalize their troubles, it creates tension in women that leads to health problems and low self-esteem. Women's perceptions of their internal and external resources which provide psychological support may be significantly impacted by such poor self-esteem when under stress (Kira et al., 2015).

It was also discovered that recent sexist experiences serve as a predictor of women's level of psychological distress (Moradi & Subich, 2002).

One of the most common examples of sexual objectification towards women is the objectifying gaze which is a visual examination of a woman's body and its parts by men. Women underperformed since objectifying eyes interrupted them and disturbed their flow. Studies showed that women who internalized the objectifying gaze performed poorly in mathematics and on the tests like Stroop which assesses coping with distractions (Fredrickson et al., 1998; Gervais et al., 2011; Quinn et al., 2006). According to a study done in Turkey, self-gazes make women feel more self-objectified than male and female gazes do, but male and female gazes are more effective than self-gazes in terms of negative mood (Yılmaz & Bozo, 2019). Patriarchy evokes shame and anxiety in women. Internalizing the system of living culture is sometimes the only way to get rid of these negative psychological consequences (Yılmaz, 2017).

1.4.2 Link between Sexual Objectification and Self Objectification

The link between sexual objectification and self-objectification is stressed time and again in the literature (Aubrey, 2006a; Calogero, 2012; Fredrickson & Roberts, 1997; Moradi & Huang, 2008). As interpersonal sexual objectification experiences increase, self-objectification also increases (Terán et al., 2021). This link was tested by self-report techniques as well as experimental designs. In an experimental study, it was discovered that being exposed to body display images led women to be more critical of their own bodies, increasing their context-dependent self-objectification levels (Aubrey et al., 2009). As adolescence and menopause are two stages where the body is going through a change, women tend to have an increasing number of sexual objectification experiences, and critical comments on their bodies (Fredrickson & Roberts, 1997). Another study conducted with early adolescent girls found a significant positive relationship between pubertal maturation, sexual harassment, and objectified body consciousness. When girls start to mature and become more adult-, and less child-like, it seems that they become more exposed to sexual harassment, and their body mass index (BMI), and body surveillance, a component of objectified body consciousness, increase (Lindberg et al., 2007). That

these patterns are seen even in early adolescent girls points out how important sexual objectification is related to the development of self-objectification. A different study examined women's experiences of objectification during premenstrual syndrome (PMS) as a period where, again, the body is going through a change. Women are complaining about and ashamed of their enlarging breasts, saying that they are trying to hide them (Ussher & Perz, 2020).

1.4.3 Sexual Objectification as a Traumatic Experience

Sexual objectification is encouraged in a climate of gender inequality. According to the literature, gender discrimination can be addressed as an identity trauma (Kira et al., 2015). These traumas, also known as *type 3* traumas, highlight the potential for all the discrimination the individual has experienced because of their identity since birth. Instead of a single occurrence as we have seen with *type 1* traumas or a past and concluded scenario as we have seen with *type 2* traumas, it relates to more cumulative and continuous trauma. Furthermore, such continuous processes cause the individual to internalize it, leading them to blame themselves and negatively impacting their self-concept. Moreover, in this type of trauma, women can be traumatized by sexual discrimination from people close to them, such as family members and spouses. This discrimination will have a far greater negative impact on their mental health than other types of traumas. In one research, it was found that betrayal traumas were linked to higher rates of physical disease, dissociation, anxiety, and depression than other trauma types (Freyd et al., 2005).

Another study showed that even if there is no visible trauma history, unwanted sexual advances in daily life could lead women to show traumatic symptoms. In addition, body shame has a role between those daily experiences and traumatic symptoms (Miles-McLean et al., 2015). In another study, conducted with Egyptian college women, a link was significantly discovered between gender discrimination and trauma symptoms. It is discovered that those who experienced gender discrimination either by their parents or by society show PTSD symptoms indirectly. In this study, PTSD is assessed by The Clinician-Administered PTSD Scale and Cumulative Trauma-related Disorders Measure (CTD), both of which have dissociation subscales (Kira et al., 2015). In addition to this, sexual objectification was found to be directly related to trauma symptoms in Women of Color (WOC) in

another study (Watson et al., 2016). For refugee women who were exposed to torture, gender discrimination has a significant effect on cumulative trauma disorder. In turn, this cumulative trauma plays a role in gender discrimination to cause PTSD indirectly (Kira et al., 2010).

1.4.4 Sexual Objectification and Dissociation

As mentioned in the aim of the study, the sexual objectification experiences that women frequently encounter can be perceived as a hidden trauma and some of the symptoms associated with the trauma can be observed as an outcome of sexual discrimination. It is also suggested that the stress experienced by those who face prejudice because of their identity is comparable to the stress experienced by those who have been directly exposed to a visible trauma (Berg, 2006; Root, 1992). The cost of sexism to women is highlighted by the study conducted with 382 women (Berg, 2006). All of the women who took part in the study were not only exposed to sexism at some point in their lives but it was also noted that every single one of them had recently gone through a sexist event (in the past year). When the traumatic symptoms caused by these common acts of sexism in women were investigated, it was discovered that there are positive and strong associations between acts of sexism and trauma symptoms, particularly dissociation and intrusive experiences (Berg, 2006).

1.5 Self-Objectification

Women's socialization through sexual objectification within established gender norms and stereotypes leads to self-objectification (Fredrickson and Roberts,1997). In structures such as the media, academia, and the business environment, where women are constantly reminded that they are sexual objects, it is unavoidable for women to see themselves as objects that others look at, examine, and criticize, and act in any way (Aubrey, 2006a, b; Calogera et al., 2005). The self-objectification arises from the perspective of viewing oneself through the eyes of others through internalized socialization that is supported by external interactions where being physically attractive or attractive is frequently rewarded (Costanzo,1992; Fredrickson and Roberts, 1997; Mckinley & Hyde, 1996; Young,1980). In a study of

female eating disorder patients, internalization of media ideals was found to predict women's desires to be thinner. It has a growing impact on this relationship when self-objectification was included as a mediator in this study (Calogero et al., 2005).

There is evidence that our sense of identity is formed by gaze. Many authors described a mirror phase in which the infant sees herself/himself when he or she looks at their mother, but what the infant sees is, just like Narcissus, a reflection of herself/himself. (Lacan, 1949; Winnicott, 1967). Later, Kohut (1971) suggested a feedback system in which the mother's gaze creates a feedback image of the infant. That is, the infant begins to see herself/himself through the eyes of the mother more than just a mirror image. Observing others now creates the foundation for the infant to better define herself/himself, and thus the formation of identity. Steiner includes Britton's concept of triangular space in his writing (Steiner, 2011). In this triangular, aside from the 'object of desire- mother,' there is an observing object here that observes the baby's movements. While unpleasant experiences with the primary object result in guilt, the effect of this third eye on the baby has been described as shame. This third eye appears frequently in Freud's writings as part of the Oedipus complex. The paternal law symbolizes authority and power. This judgmental and punishing gaze is powerful enough to leave the child alone with the fear of castration (Steiner, 2011).

Fredrickson and Roberts (1997) also provide insight into how the concept of *objectifying gaze* is developed. They stressed that in social and interpersonal relationships, women are stared at more than men. Women internalize this behavior of being looked at as *"I'm being looked at"* and this staring behavior is usually accompanied by sexualized criticism from men. The media also actively promotes sexual objectification. Women who internalize sexualized and idealized representations of women in media content such as video clips and social media applications may engage in body monitoring or surveillance practices which are essential components of self-objectification (Erchull et al., 2013). In an experimental study using the eye-tracking method, participants were shown music clips comprising sexually objectifying or non-sexually objectifying media content. The study found that those who watched films with the close-ups of the body parts and scenes including a guy watching the dancing women internalized this objectification eye more and acted with the objectifying gaze. This finding demonstrates the impact of the media on self-objectification processes (Karsay et al. 2018). Mythical ideals about

woman's bodies drive woman to compare their bodies to these ideals, to perceive themselves as overweight or ugly, and to compare themselves with others by doing body monitoring and body surveillance. When a person's own body does not comply with standard beauty ideals, a person may experience negative emotions about his/her body like body shame (Fredrickson & Roberts, 1997).

1.5.1 Outcomes of Self- Objectification

For the very first time, Fredrickson and Roberts (1997), discussed how self-objectification affects women. They found that self-objectification and body surveillance make women feel anxious and ashamed of their bodies. It also negatively affects women's flow experiences and recognition of the inner body state. The concept of flow is defined by Csikszentmihalyi as the situations where the attention is completely on that activity, allowing one to enjoy the activity itself regardless of time, fatigue, and conditions. He developed this definition after observing numerous artists, chess players, and participants in extreme sports (Csikszentmihalyi, 2014). In flow, attention is focused on something other than what is being done, and other distractions interrupt the subject. Subjects no longer see themselves from the outside; instead, they exist only as participants (Csikszentmihalyi, 1975). The message that women are objects breaks the connection between them and their existence, even though women must exist as human subjects. In the eyes of society, a woman's behaviors like opening her legs and arms freely are an invitation to objectification. Due to this, the spatial modality of a woman who is trying to be a subject is so constrained. For instance, women generally sit with their legs crossed in public spaces (Young, 1980). In recent years, the differences between this spatial modality in the male and female body have been highlighted, and men's sprawl sitting styles, particularly in public spaces, have been criticized, with posters, articles, and bans related to these appearing in the media (Ahluwalia, 2017; Şahin, 2017 & Koyuncu, 2021). Young (1980) emphasizes in her article that, unlike men, women do not use their bodies for physical tasks. They mostly move the parts of their bodies needed for the task (e.g., using only their wrist and hand when throwing a ball). In actuality, the phrase doing something like a girl refers to a state in which the body does not flow, and movement is concentrated on a single area of the body. Women occupy less space than males

during athletic competitions. Even though there is a place for them, the fact that they are crammed into such a small area like the area that society has assigned to women.

In the literature, self-objectification has been measured using self-report techniques or experimental designs (Moradi & Huang, 2008). Experiments were conducted where self-objectification levels are manipulated by real or imagined conditions (Fredrickson et al., 1998; Yılmaz & Bozo, 2019; Quinn et al., 2006). In one study, it was found that the women who wore swimsuits objectified themselves more, performed poorly in math, and had higher levels of body shame compared to those who wore a sweater in control conditions. Body shame, as a mediator, also caused participants in the same study to restrict their eating (Fredrickson et al., 1998). The results are remarkable not just in the case of experiments that include physical manipulation, such as wearing swimwear, but also in the situation of anticipating the gazer. Individuals in one study who were told to assume they would be conversing with a guy felt more body shame and social anxiety than those who were taught to believe they would be chatting with a female or under control conditions, despite not being exposed to a gazer. (Calogero, 2004). Turkish researchers did an experiment on a non-Western population. It is carried out to investigate how different types of clothing and gaze affect self-objectification and psychological states. It is concluded that in swimsuit scenarios, self-objectification, body dissatisfaction, body shame, negative mood, and appearance anxiety are more common than in sweater/jeans scenarios. However, scientists warn us about a critical issue. To say that revealing dressing has such consequences in non-Western cultures does not imply that women should dress more covertly. The subject is not the dress itself but the meaning that society assigns to it. Therefore, it is a sensitive point to emphasize while conducting research (Yılmaz & Bozo, 2019).

Other negative consequences of self-objectification were also investigated. In one study, it is stated that the elements of self-objectification, namely body shame and body surveillance, are predictive of sexual dissatisfaction (Calogero & Thompson, 2009). Another study discovered that patients with eating disorders who objectified themselves were more motivated to lose weight. The relationship between self-objectification and the urge for thinness was examined in this study, and body shame also emerged as a mediator that has a favorable impact on the relationship (Calogero et al., 2005).

1.5.2 Self-Objectification and Dissociation

Body surveillance, a component of self-objectification, has been linked to dissociation in one study. Body surveillance causes the person to move away from his own body psychologically. When someone does not adhere to social norms, body surveillance even results in body shame. Self-objectification through body shame and body surveillance disrupts a person's normal consciousness process, leading feelings, thoughts, and experiences to diverge from their regular stream of consciousness, much like the effects of trauma (Erchull et al., 2013). Dissociation and self-objectification are very similar. Self-objectification reduces body awareness, also known as interoceptive awareness that helps to recognize what is going on within the body of the person and react effectively to internal states. The appearance of the body takes precedence over what nutrition or comfort the body requires at the time. Restricted eating patterns in eating disorders can be an example. Therefore, even in the absence of overt trauma, dissociative experiences can happen, particularly through body surveillance. (Erchull et al., 2013; Fredrickson & Roberts, 1997). In the theoretical thematic analysis study with premenstrual syndrome (PMS) sufferers, it is shown that women do not find themselves beautiful or attractive and find their bodies revolting. The same study reveals that women disguise themselves in an effort to hide their biological bodies, wearing oversize and more modest clothes that are different than normal (Ussher & Perz, 2020). In that case, there is an observing eye that surveils the body, and this eye begins to see the body as a *separate thing*. This is sort of a dissociative experience, separating the self and the body. Dealing intensely with objectified body consciousness practices prevents the body to focus on its own course and purposes. Young (1980) said that women's attention is divided between their bodies' efforts to move toward the movement and protect their bodies from harm. As a result, women’s focus is divided on the appearance of the body and using their bodies as a means of purposeful movement.

1.6 Self-Disgust

Rozin et al. (2000) highlighted the common characteristics of disgust and categorized them into four. The first form, core disgust occurs as a defensive response against stimuli perceived as digestively harmful, such as spoiled food and body waste. Animal-nature disgust includes disgust for specific animal nature, generally for stimuli that remind us that we are mortal. It can be triggered by stimuli such as an open wound or a dead body that remind us of the fragility of our bodies and our common points with animals. As previously stated, the female body has features that are very close to nature, such as menstrual cycles and the ability to give birth, and it was thought that this aspect could represent a threat to men. It is a concern about the bonds we form with animals' weaknesses rather than their strengths. What we avoid is sometimes something that looks different, something that has a dysmorphic body, and sometimes something that smells different and dirty (Nussbaum, 2004; Reeve, 2015; Roberts et al., 2002). Sometimes seeing a tampon or pad with menstrual blood is as disgusting as standing with being in an environment of feces. Because the goal here is to remain in a sterile environment, away from our animality. In one study, women who declared that they suffered during their premenstrual period made negative references to their bodies. For example, women described their dissatisfaction with their bodies by comparing their bodies with animals or using animal metaphors. This leads to dehumanization, making it easier for them to objectify themselves. These fat animals represent a destitute self with immobile and uncontrollable features (Nash, 2012). Internalized fat stigmas can contribute to women's self-disgust and shame (Ussher & Perz, 2020).

In interpersonal disgust, which is another form of disgust there is anxiety about getting away from a person or group that is thought to have undesirable and polluting properties. (Rozin et al., 2000). Racism, sexism, and other forms of discrimination are notable examples. When someone is different or strange, it often reveals prejudice, discrimination, and even violent behavior. In the great genocides of history, people were kept in concentration camps in the same conditions as the animals, they were left without clothes, they had to defecate in the place where they lived, and they were not allowed to wash, clean, or smell good. The violent actions taken to establish dominance over them were, in their essence, actions bringing them

closer to nature (Nussbaum, 2004; Reeve, 2015). Moral disgust refers to disgust at circumstances that do not adhere to a set of moral norms that individuals follow on a social or personal level. But here, just as in interpersonal disgust, there is no need for real disgusting stimuli. Regardless of their actions, individuals who are attached to an idea or a community can become disgusting. For instance, some people think that homosexuality should be banned by the government. It comes with the concern that it is contagious and will disrupt normality (Nussbaum, 2004, Reeve, 2015). Through interpersonal interactions and approved moral standards of society, this is something that is learned and transmitted to future generations. Moral disgust can also be felt towards people who engage in behaviors such as violence, incest, or killing someone. These people have acted against moral norms, and this may be perceived as contagious. So, for example, when there is a spouse who exhibits these behaviors, the feeling of contamination can trigger self-disgust (Akça & Gençöz, 2022).

Self-disgust is the propensity to find oneself repulsed by one's own actions (Schienle & Wabnegger, 2019). Self-disgust causes maladaptive behaviors, avoidance, and repetitive disgust reactions towards difficult-to-change parts of the body, or the undesirable and constant negative attributions and emotional reactions to self-characteristics. Physical self-disgust is defined as finding the body or parts disgusting; behavioral self-disgust is defined as thinking that their behavior disgusts other people (Overton et al., 2008). Self-disgust is closely tied to one's social environment and one’s disgust repertory (Powell et al., 2013). It is possible to be disgusted by something that can infect the body. For instance, we may disgust anything unclean getting on our arm, it can be washed and serves to protect us from some infections. In contrast, self-disgust behavior is more maladaptive that is powerful and persistent enough to result in long-lasting negative self-concepts (Powell et al., 2013). Looking at the nature of disgust, the likelihood of making a type I error is greater than that of making a type II error. In other words, when we see something that is similar to or reminds us of something disgusting, we are more likely to find it disgusting and to be disgusted (Powell et al., 2015). It is thought that puberty and childhood are when self-disgust first manifests itself (Power & Dalgleish, 2008). Girls who are menstruating start to hide their bodies, especially during adolescence. The culture works to keep women out of the public sphere by pressuring them to cover their bodies. While menstruation is a natural and healthy state of the body, it is viewed as something that must be addressed, much like an illness. The body that must

be treated is unhealthy, unsanitary, disgusting, and may be perceived as inferior. Girls and women are often perceived as sick during these times, not only physically but also emotionally. When the body is treated as ill, one starts constantly monitoring it (Wood, 2020).

It is hypothesized that trauma or sudden physical changes that impact self-concepts also contribute to the mechanism behind self-disgust in adulthood (Powell et al., 2015). Because as social beings, it is also possible for other people's comments and behaviors to cause one to feel disgusted at self. Negative comments regarding one's appearance or character can also impact one's self-concept and result in the internalization of these repetitive opinions of others. Through how others perceive and treat her/him, a person unconsciously creates a connection between negative disgust-based comments and self-characteristics (Powell et al., 2015). With this aspect, the process of internalization in self-disgust is quite similar to the process of self-objectification.

In the literature, associations between maltreatment, emotional and sexual abuse of children, and self-disgust have been found. Childhood abuse, trauma, and shame have all been found to predict self-disgust in patients with personality disorders (Drea, 2017). The role of self-disgust as a mediator between psychosis and childhood traumas has been established (Simpson et al., 2020). Again, the effect of childhood abuses on self-concepts, particularly self-disgust, was observed in a semi-structured interview study with men who attempted suicide. They found self-disgust takes its place as a common emotion that occurs in suicide behavior (Mason et al., 2022).

1.6.1 Outcomes of Self-Disgust

In the literature, self-disgust is seen as a predictor, a mediator, or an outcome. For example, behavioral self-disgust, the belief that one's behavior disgusts others, is a predictor of skin-picking behavior (Schienle & Wabnegger, 2019). In addition, another study found that self-disgust predicts body image disturbance (Stasik-O'Brien, 2018). They found an eating disorder to be positively associated with self-disgust in a study involving obese patients who wanted to lose weight. It was discovered in the same study that as self-compassion values increased, the effect of self-disgust on eating pathology was partially reduced (Palmeira et al., 2019).

Additionally, self-disgust is found as a mediator between shame, bulimia nervosa, and OCD (Olatunji, 2015). Since disgust naturally leads to harm-avoidance behavior, numerous outcomes can develop as a result including OCD, anxiety, and mood disorders, (Olatunji et al., 2008).

A longitudinal study on whether self-disgust is a predictor or a consequence of depression discovered that self-disgust is a precursor to depression (Powell et al., 2013). Self-disgust, as a precursor of depression, also mediates the relationship between loneliness and depression (Ypsilanti, 2019). The predictive effect of depression on non-suicidal self-injury was also found to be positively influenced by self-disgust in a study with people who were abused sexually when they are children. (Smith et al., 2015).

1.6.2 Self-Disgust and Dissociation

To function in social life, people develop a moral identity, which can be harmed by interpersonal traumas like racism and violence (Akça & Gençöz, 2022). Many survivors exhibit avoidance behavior after the traumatic experience since it was so painful (5th ed.; DSM–5; American Psychiatric Association, 2013). After the trauma, people tend to avoid reminders of the person or scenario out of dread, self-blame, humiliation, and fear of being judged by others. This situation also increases the risk of developing other psychological illnesses like depression or anxiety (Pai et al., 2017). Disgust has been experienced, particularly as an emotional reaction to PTSD and interpersonal traumas (Lenk et al., 2019). The victim of interpersonal trauma may despise the perpetrator. In addition, people can feel disgusted at themselves by projecting this circumstance onto their bodies and behaviors (Akça & Gençöz, 2022). If we analyze the connection between trauma and disgust carefully: With his actions, the perpetrator violated society's moral standards, and the survivor is morally repulsed by this. In one study, women who had experienced violence found these morally revolting experiences nauseating ones. Furthermore, there were interpersonal situations such as disgust not only with the perpetrator but also with the looks of other men. It has been noted that women who are frequently described as being emotionally and vocally nasty and unattractive are disgusted by their physical

appearance and hold themselves responsible (Akça & Gençöz, 2022). Since traumatic experiences don't just involve domestic abuse, other traumatic events can also set off feelings of revulsion and self-disgust. In a different study, individuals were split into two groups based on whether they had experienced sexual or non-sexual assault in the past. Although participants in both groups felt contaminated and began washing their hands when they recalled these incidents, the level of this behavior increased significantly with the increase in post-traumatic stress (PTS) symptoms in the sexual assault group (Badour et al., 2013). In the study of the literature on self-disgust, Drea (2017) concluded that childhood abuse and trauma are important factors in its development, and that self-disgust makes people more likely to experience personality disorders as a result of these traumas. A woman who has experienced carelessness and mistreatment expressed disgust when seeing a mother who behaves toward her child in a similar way (Akça & Gençöz, 2022). PTSD symptoms make individuals more prone to self-disgust, and disgust predicts PTSD symptoms (Badour et al., 2013).

Like how PTSD symptoms can be utilized as a reminder, mental pollution can also be triggered by images, memories, words, etc. Situations can cause people to experience internal feelings of pollution, and assumptions that they are disgusting, and immoral (Fairbrother & Rachman, 2004; Olatunji et al., 2008) As participants' PTSD symptoms arise, so do the levels of mental contamination (Fairbrother & Rachman, 2004). Avoidance circumstances are observed in both self-disgust and mental contamination. For example, it has become a defensive strategy for victims to refer to abusers as the father of their children, rather than their names. By giving the abuser a new identity, mental contamination is prevented. It is possible for the victim to avoid and experience dissociation as self-disgust increases (Akça & Gençöz, 2022). When a woman is forced to live in the same house with the abuser like her spouse and maintain physical intimacy, she can experience dissociation from herself. The abuser’s negative comments against the self-perspective are another factor that feeds this dissociation. With constant references to the person as dirty, lazy, and worthless, the person can separate from who they are (Matheson et al., 2015). It has been observed that people with dissociative disorder who are traumatized exhibit more disgusting symptoms than those who are not traumatized (Vogt, 2012)

1.7 Self-Compassion

The Latin words Com (with) and Pati (suffer) are combined to form the English word compassion. When put together, it denotes with suffering. Understanding another person's suffering and being able to empathize with them in their suffering are aspects of compassion. Being compassionate is accepting someone else's and our reactions to their pain rather than resisting it (Germer, 2009). Compassion also understands that individuals might make mistakes and that this is a common aspect of being a human. Understanding and empathizing with someone's suffering regardless of whether they are right or wrong is another aspect of compassion. Self-compassion is when a person shows herself/himself to be kind and compassionate (Neff, 2003). Self-compassion is similar to self-care. Sometimes people can't show themselves the same compassion they exhibit to others because they are worried about coming out as arrogant or self-centered. They can develop a more critical mindset and develop more assertive behaviors to themselves (Neff, 2013). However, self-compassion is the ability to understand one's own experience as a shared human experience and to recognize that suffering, failure, and inadequacy are all part of the human experience. When one has self-compassion, one realizes that everyone deserves kindness, even themselves. Self-compassion does not imply being selfish. The fact is that during difficult conditions, individuals tend to want to aid those, they know best or whom they believe are suffering the most. At this moment, it will not be surprising for individuals to initially show compassion to themselves because they are the ones who know themselves the best (Germer, 2009). Being compassionate toward themselves can help individuals be compassionate toward others. It has been stressed that an individual should think of this as the necessity of putting his/her oxygen masks on first when an emergency occurs while flying. It will be challenging for individuals to feel another person's suffering while they are unable to breathe (Germer, 2009). Self-compassion has almost created an alternative to self-esteem in the literature. Self-esteem includes subjective comments about one's worth, which is why it doesn't matter how much these comments relate to reality (Orth & Robin, 2022). Self-esteem inevitably includes comparing one's performance with the performance of others and, as a result, evaluating one's self-worth according to personal performance (Neff, 2003). People are not satisfied with what is average, especially in individualistic cultures like America, and average means even

humiliating for them. As a result, efforts to pull others down or to constantly pull themselves up to get away from what is average are also prevalent in society (Neff, 2013). Self-esteem has some advantages as well. Depression, suicidality, or eating problems have all been linked to low self-esteem (Akpınar Aslan et al., 2020; Choi et al., 2019; Hilbert et al., 2019; Stice, 2002;). On the other side, high self-esteem has also been linked to negative concepts like aggressive behavior or ingroup bias (Aberson, Healy, & Romero, 2000; Baumeister & Boden, 1998).

Three components comprise self-compassion. The first is self-kindness. Individuals need to be able to claw themselves on the back and be kind to themselves in difficult times, just as they would to someone they love. It is crucial for self-compassion that they refrain from giving themselves harsh judgments and definitions that they would never give to a loved one. Second, self-compassion emphasizes common humanity, where individuals focus more on their similarities with other people rather than comparing themselves to others, as in self-esteem. Realizing that they are imperfect as human beings is to make room for self-compassion. Mindfulness is the third element of self-compassion. Being mindful means paying attention to the present in order to practice self-compassion. Individuals can realize their pain when they are in the present. It can be challenging for individuals to realize the pain when they criticize themselves in other words the criticism is coming from the inside. Not only is perception restricted by pain, but also by self-criticism. There is a strong tendency to identify themselves with self-criticisms that they created as a result of obsession and fixations about pain. Self-criticism such as *"you could have done better," "you are inadequate," and "you are more miserable than everyone around you"* actually makes it difficult to recognize the present-moment pain and impairs understanding of what is needed at that moment (Neff, 2003; Neff, 2013).

1.7.1 Outcomes of Self-Compassion

An individual who starts to judge themselves less and sees their experiences as a part of being human will also become more empathetic toward others and stop comparing themselves to them (Neff, 2003). Instead of self-esteem, which bases a person's worth on whether they meet external norms, self-compassion puts a focus on being able to accept and love your own body as it is and loves yourself completely

and without conditions. Even when people are unable to think independently of societal beauty standards or find themselves monitoring their bodies, self-compassion will also prevent surveillance from turning into negative judgments (Stewart, 2004). In one study, women with low self-compassion values reported higher levels of body surveillance, body shame, negative eating behaviors, and depression on the scales. Moreover, body surveillance behavior has a positive relationship with negative eating attitudes and body shame. However, when women have high self-compassion levels, they show less negative eating attitudes, body shame, and body surveillance than women with low self-compassion (Liss & Erchull, 2015). According to Neff, shame and guilt are the opposite mechanisms of self-compassion, and self-compassion is effective in being compatible with one's identity and in harmony with oneself (2003). In women who are overweight or obese, self-compassion serves as a partially mediating factor in the link between self-disgust and eating disorders (Palmeira et al., 2019).

1.7.2 Self-Compassion and Dissociation

Previous research has discovered an inverse relationship between PTSD symptomology and self-compassion, such that self-compassion interventions are effective in the treatment of post-traumatic stress disorder and depression in veterans (Kearney et al., 2013). When compassion-focused techniques are used in trauma-focused Cognitive Behavioral Therapy, it has been reported that the person's self-disgust level decreases, as do PTSD levels and depression levels (Bowyer et al., 2014). People might not experience PTSD symptoms after every potentially traumatic event. While the event and its severity are important, some protective and risk factors also play a role in the development of PTSD. According to one study, increased rumination and dissociation predicted the development of PTSD after a potentially traumatic event. It was discovered in the same study that low self-compassion level is a small but statistically significant predictive factor of PTSD symptoms in people who have experienced potentially traumatic events (Slater et al., 2005).

It has also been observed that high self-compassion is a mediator in the decreasing effect of sexist microaggression, which is everyday comments or actions towards individuals from selected or marginalized gender, on sexism-based traumatic

stress (Cherry, 2020). Also, in the literature, the effect of yoga on increasing self-compassion was mentioned in one study conducted with women who were victims of sexual violence. Being a part of a yoga community also teaches us that we will never be perfect as humans, which allows us to practice self-compassion (Crews, 2016). Following a traumatic event, people experience a state of consciousness that is disconnected from what is happening in the present moment (Hermann, 1992). With mindfulness-based activities in yoga, they experience a kind of self-compassion component, along with the teachings of accepting the pain, experiencing the moment, and not judging oneself in these experiences. Of course, the pain is there in the moment, but with self-acceptance and self-compassion, they continue to connect with what is in their body at that moment together with other people and situations around them. The features e of mindfulness is the recognition of pain, acceptance of oneself while suffering, and maintaining connections with the outside world (via the body and emotional awareness). With these features, self-compassion functions as a buffer for dissociation. Furthermore, in the same study with women who had been sexually abused, women experienced dissociation by having to cut the connection between their bodies and minds, and in this way, they tried to cope with the painful state of the moment that was too painful to be real. This disconnection, however, may continue after trauma. A participant in the same study stated that by utilizing mindfulness-based techniques and focusing on the present, she was able to overcome her dissociative notions that her body belonged to someone else but that her spirit belonged to her (Crews, 2016). According to Borgmann et al. stated, the body may serve as a reminder of the trauma among those who have experienced traumatic events involving the body. Any topic involving the body has the potential to trigger the person and the person may find her own body disgusting in this situation. When their entire body was in front of the mirror, persons with PTSD displayed more negative emotion and dissociation compared to the healthy group (Borgmann et al., 2014). A different study discovered that those with dissociative disorders displayed greater acute dissociation and subjective stress when they looked at their own faces in the mirror than the healthy group. When they looked at the self-compassion levels of the participants, it was seen that those in the healthy group were at a higher level than those who suffer from dissociation. They suggested that future therapy techniques include self-compassion to minimize dislike of body perception and negative cognitions about the body (Schäflein et al., 2018).

2. METHOD

2.1 Participants

Participants were adults from the general population recruited online using convenience sampling. The eligibility criteria were being an adult woman over the age of 18. Since only women were included in the study, 4 participants who marked the 'other' option were not included and thanked for their interest. They were encouraged to deliver the online link to women who might be interested in the study. A total number of 391 women participants completed our survey. Descriptive characteristics of participants are included in the result section with Table 1.

2.2 Ethical Consideration and Procedure of the Research

This thesis is ethically approved by Yeditepe University Ethics Committee. Participants were provided informed consent before introducing our battery of scales. An online survey has been constructed to collect data via Google Forms. The participants were reached by social media such as Instagram, WhatsApp groups, etc. All participants were informed that their participation is voluntary. Informed consent explained to them the right to leave the study and their privacy. They filled in The Interpersonal Sexual Objectification Scale (ISOS), The Objectified Body Consciousness Scale (OBCS), The Self Disgust Scale-Revised (SDS- R), The Self-Compassion Scale- Short Form (SCS- SF), The Dissociative Experiences Scale (DES) and demographic information form. After test batteries were given, a debriefing was given to participants, they were thanked for their participation and provided with an e-mail address to contact if they require further information.

2.3 Materials

2.3.1 Demographic Information Form

The demographic information form was used to ask participants questions about their age, educational level, marital status, place of residence, socio-economic status, and work and employment status.

2.3.2 Dissociative Experiences

DES- II is a 28-item self-assessment scale developed by Bernstein and Putnam (1986) to evaluate people's dissociative experiences. Şar et al. (1997) developed the Turkish version of the scale. For each item, the person scores between 0% and 100%, and the result is obtained by taking the average of the scores. The Cronbach Alpha coefficient of the Turkish version is .97 and the test-retest reliability coefficient is .77. For the present study, Cronbach's alpha was .94 for the DES- II.

2.3.3 Interpersonal Sexual Objectification

The Interpersonal Sexual Objectification Scale (ISOS) is developed by Kozee et al. (2007) and is designed to assess how often women have been subjected to harassment in the last year, such as being stared at, examined, and commented on for their physical appearance. It is a 15-items scale on a 5-point Likert-type scale ranging from 1 (never) to 5 (almost always). Body evaluation and Unwanted Explicit Sexual Advances are two sub-factors on the scale. There are 11 items for the Body evaluation subscale and 4 items for the Unwanted Explicit Sexual Advances subscale. Increased scores demonstrated higher levels of interpersonal sexual objectification. Cronbach's alpha coefficient of the original total scale was .92. Test-retest correlation was .80 for unwanted explicit sexual advances and .89 for body evaluation subscales with a total correlation of .90. Turkish version of the Interpersonal Sexual Objectification Scale was used in the study (Demiröz & Çapri, 2018). Internal consistency of the Turkish version was .90 for the total score of sexual objectifications, .90 for the body evaluation, and .81 for the unwanted explicit sexual advances. Test-retest correlation

was .86 for body evaluation, .67 for unwanted explicit sexual advances, and .90 for total interpersonal sexual objectification (Demiröz & Çapri, 2018). In this study, Cronbach's alpha of the ISOS scares was .94.

2.3.4 Objectified Body Consciousness

The Objectified Body Consciousness Scale (OBCS) was developed by McKinley and Hyde (1996). It aims to measure the tendency to experience and see the body as an object. They identified three subscales: body surveillance, body shame, and control beliefs. Body surveillance subscale works like the behavioral dimension of self-objectification, it includes constantly watching the body from the perspective of an outside observer and constantly checking how well the body is in line with the outsider's perspective. Body shame is treated as a negative emotion that can arise if the body does not conform to the very high standards of the outside. Control beliefs subscale reflects that people will achieve the ideal body if they try hard enough, even genetic restrictions can be ignored for this purpose (McKinley & Hyde, 1996). It is a 24-items scale on a 7-point Likert-type scale ranging from 1 (Strongly Agree) to 7 (Strongly Disagree). Each subscale consisted of 8 items. A higher score indicates high objectified body consciousness. In this thesis, the control belief subscale was not used. Body surveillance and body shame subscales were included in the study as mediating variables. While Cronbach's alpha reliability coefficient for the Body Surveillance and Body Shame subscales was between the range of .70 and .80.; for the control beliefs subscale, it was between the range of .60 and .70 in the original study (McKinley & Hyde, 1996). In the original scale, test-retest reliability coefficients for subscales were Body Surveillance (r=.79), Body Shame (r=.79), and Control Beliefs (r=.73). The Turkish version of the scale was studied by Yilmaz & Bozo (2019). The Turkish version of the Objectified Body Consciousness Scale revealed the Correlation Coefficient as .64 for surveillance, .75 for body shame, and .70 for control beliefs, and test-retest reliability as .68 for surveillance, .78 for body shame and .68 for control beliefs. In this study, Cronbach's alpha coefficient for OBCS was .72. In addition to this, the internal consistency reliability of subscales was .75 for body surveillance, .80 for body shame and .69 for control beliefs.

2.3.5 Self-Disgust

The Self-Disgust Scale is a form consisting of 12 items developed to evaluate the level of disgust directed at individuals' physical appearance and behavioral characteristics (Overton et al., 2008). Powell et al. (2015) reviewed the scale's psychometric properties on a sample of 293 university students. The Self-Disgust Scale-Revised (SDS- R) (Powell et al., 2015) is a 22 items 7-point Likert Type scale ranging from (1= Strongly Agree) to (7= Strongly Disagree). The scale is composed of two dimensions, behavioral-based and physical appearance-based disgust. The Turkish adaptation of SDS-R is a 21 items scale conducted on 382 participants by Bahtiyar and Yıldırım (2019). For the total score, the scale has shown a .83 Cronbach's alpha coefficient (.78 for behavioral disgust and .71 for physical appearance disgust). Test-retest reliability of the Turkish form of SDS-R had .73. Cronbach's alpha coefficient of the present study was .89.

2.3.6 Self-Compassion

The Self-Compassion Scale is a 26-item scale that was adapted into Turkish from The Self-Compassion Scale (Neff, 2003b). It was translated into an 11-item version (SCS- SF The Self-Compassion Scale- Short Form) by Raes et al. (2011). They calculated the Cronbach Alpha as ≥ 0.86. The test-retest correlation was not indicated in the original study, but Raes (2011) calculated it as .71.

The validity and reliability study of the Turkish version carried out by Sarı and Yıldırım (2018). It is composed of 11 items on a 5-point Likert Type scale ranging from (1= Never) to (5= Always). A higher score indicates a high level of self-compassion. There are two sub-factors as positive and negative items. The Cronbach Alpha coefficients of the Turkish version for the first and second factor were calculated as .73 and .71 while the Cronbach Alpha coefficient for the entire scale was calculated as .75 (Yıldırım & Sarı, 2018). Cronbach's alpha of .91 was calculated for this study.

3. RESULTS

3.1 Descriptive Statistics

3.1.1 Demographic Characteristics of Participants

Descriptive analyses of demographic variables were made, and frequency distributions, mean and standard deviation of the data was obtained. The participants ranged in age from 19 to 72 years (*M*= 32.34, *SD*= 10.89). 235 (60.1%) participants are single, and 130 (33.2%) participants are married. 21 (5.4%) participants are divorced, and 5 (1.3%) participants are widowed. Considering the educational level, 3 (0.8%) participants have graduated from primary school, 26 (6.6%) have graduated from high school, 137 (35%) participants have a bachelor's degree, 66 (16.9) participants have a master's degree and 5 (1.3%) have a doctorate. Some participants continue their education. 88 (22.5%) are university students, 45 (11.5%) are master's students, and 21 (5.4%) participants are students in a doctorate. According to the participants' socioeconomic status, participants were expected to mark how they perceived themselves socioeconomically from very low to very high. 276 (70.6) participants stated their socioeconomic status as middle, 8 (2%) stated it as very low, 48 (12.3%) stated it as low, 57 (14.6%) stated it as high and 2 (0.5%) stated it as very high. While 228 (%58.3) are still employed and 163 (41.7) are not employed. 230 (58.8) stated that they spent most of their lives in a Metropol (İstanbul, Ankara, İzmir, etc.). 70 (17.9) participants mostly live in other big cities. 45 (11.5%) participants mostly lived in the city and 40 (10.2) participants mostly lived in the district. Detailed characteristics of participants were presented in Table 1.

Table 1

Demographic Characteristics of Participants

	n	%
Age years; (Mean ± SD)	32.34	10.89
Marital Status		
Married	130	33.2
Single	235	60.1
Divorced	21	5.4
Widowed	5	1.3
Education Level		
Primary School Graduate	3	8
High School Graduate	26	6.6
University Student	88	22.5
Bachelor’s Degree	137	35
Master’s Student	45	11.5
Master's Degree	66	16.9
Doctoral Student	21	5.4
Doctoral Degree	5	1.3
Employment Status		
Employed	228	58.3
Unemployed	163	41.7
Socio- Economic Status		
Very Low	8	2

Low	48	12.3
Medium	276	70.6
High	57	14.6
Very High	2	0.5
Place of Residence		
Metropolis	230	58.8
Big Cities	70	17.9
Other Cities	45	11.5
District	40	10.2
Town	2	0.5
Village	4	1

3.1.2 Descriptive Statistics for Scales

Scales' mean scores, minimum and maximum values for each scale, and standard deviations (SD) are presented in Table 2.

Table 2

Mean, Standard Deviation, Minimum, and Maximum Values for Scales (N=391)

Scales	Mean	SD	Minimum	Maximum
DES	16.84	13.85	0	75
ISOS	28.68	8.78	13	60
Body Surveillance	31.11	9.10	8	56
Body Shame	24.30	9.93	8	53
SDS-R	30.39	13.82	14	91
SCS-SF	32.86	8.68	11	53

Note: N = 391. DES = Dissociative Experience Scale; ISOS = Interpersonal Sexual Objectification Scale; OBCS = Objectified Body Consciousness Scale; SDS- R = Self-disgust Scale- Revised; SCS- SF = Self-Compassion Scale- Short Form

3.1.3 Correlational Analysis for All Scales

Before performing the mediation analysis, Pearson correlation was made to look at the relationship of all the variables in the study with each other. The results were shown in Table 3. According to the results, the total interpersonal sexual objectification scores of participants were significantly and positively correlated with body surveillance (r = .182, p < 0.001), body shame (r = .216, p < 0.001), self-disgust (r = .279, p < 0.001) and (r = .333, p < 0.001); and negatively correlated with self-compassion (r = -.263, p < 0.001).

Subscales of objectified body consciousness were comprised of body surveillance, body shame, and control beliefs. Body surveillance was significantly and positively and significantly correlated with body shame (r = .613, p < 0.001), self-disgust r = .367, p < 0.001), and dissociative experiences (r = .253, p < 0.001); negatively correlated with self-compassion r = -.416, p < 0.001). Body shame was positively correlated with self-disgust (r = .567, p < 0.001 and dissociative experiences (r = .376, p < 0.001 and negatively correlated with self-compassion (r = -.513, p < 0.001). Although control beliefs scale was not included in the study, correlations were as follows: it was negatively and significantly correlated with body surveillance (r = -.234, p < 0.001) and body shame (r = -.398, p < 0.001). It was also significantly and negatively correlated with interpersonal sexual objectification (r = -.132, p < 0.01), self-disgust (r = -.396, p < 0.001), dissociative experiences (r = -.269, p < 0.001); significantly and positively correlated with self-compassion (r = .360, p < 0.001).

There was a significant and positive correlation between self-disgust and dissociative experiences (r = .471, p < 0.001). Self-disgust was negatively correlated with self-compassion (r = -.652, p < 0.001). Self-compassion was negatively and significantly correlated with dissociative experiences (r = -.411, p < 0.001).

Table 3
Correlation Coefficients between Study Variables

	1	2	3	4	5	6
1.ISOS	1.00					
2.Body Surveillance	.182*	1.00				
3.Body Shame	.216*	.613*	1.00			
4.SDS- R	.279*	.367*	.567*	1.00		
5.SCS- SF	-.263*	-.416*	-.513*	-.652*	1.00	
6. DES-II	.333*	.253*	.376*	.471*	-.411*	1.00

Notes: ISOS = Interpersonal Sexual Objectification Scale, SDS- R = Self-Disgust Scale-Revised, SCS-SF = Self-Compassion Scale- Short Form, DES-II = Dissociative Experiences Scale. * p<.001

3.1.4 Testing the Hypothesized Mediating Model

Prior to the analysis, the normality values of the scales were checked. In order to evaluate scales in terms of normal distribution, the skewness and kurtosis values of the scales were taken into account. Since the values of both skewness and kurtosis for ISOS, Body Surveillance, Body Shame SDS-R and SCS- SF fall withing the range of -3 and +3, the data showed normal distribution (Kallner, 2018). Because the kurtosis value of DES which was 3.402 is not meet the criteria for normal distribution, square root transformation was used for this variable. Since all variables showed normal distribution after square root transformation, it was decided to apply a parametric test.

The data were checked for linear regression assumptions. First, there should be a linear relationship between interpersonal sexual objectification as an independent variable and dissociative experiences as a dependent variable. When P-P plots were checked for investigating how close the dots lie to the diagonal line, normal distribution of residuals was observed. Second, there should not be any multicollinearity in the data which means the variables are expected not to be highly correlated with each other. The correlation table showed that there was no problematic correlational relationship (more than .80) between the variables (Table 3), In addition to this, scores of Variance Inflation Factor (VIF) and Tolerance statistics were used to check multicollinearity. All the scores were in the acceptable ranges:

Interpersonal sexual objectification, Tolerance = .907, VIF = 1.103; Body Surveillance, Tolerance = .607, VIF = 1.647; Body Shame, Tolerance = .482, VIF = 2.074, Self-disgust, Tolerance = .493, VIF = 2.029, Self-compassion, Tolerance = .527, VIF = 1.896. Third, the Durbin-Watson statistic was 1.827, which indicated that the data met the assumption of independent errors (Field, 2013). Fourth, the assumption of homoscedasticity has been met that the distribution of the residuals was essentially constant at each indicator variable's position. Lastly, Cook's distance values were checked for identifying significant outliers. Because no values were detected over 1, individual cases did not significantly affect the result.

In order to understand the mediator role of self-objectification, self-disgust, and self-compassion in the relationship between interpersonal sexual objectification and dissociation, Hayes Process Macro Model 4 and bootstrapping method (mediation model was tested with 5000 bias-corrected samples), and 95% confidence interval was used via SPSS version 28 (Figure 1). By doing this, type 1 error risk was diminished (Hayes, 2013). If there is no zero within the ranges of lower and upper confidence intervals after bootstrapping method, it means that there is no significant mediation effect between the given variables. In the study, interpersonal sexual objectification was taken as a predictor variable, and dissociative experiences as the predicted variable, while body surveillance, body shame, self-disgust, and self-compassion were considered as the mediator variable. A parallel multiple mediation model was used.

According to the findings, the direct effect of interpersonal sexual objectification on dissociation was statistically significant, b = .0357, SE = .0081, t = 4.4355, p = .000. In addition, the total effect which includes both direct effect of interpersonal sexual objectification on dissociation and indirect effects of this relationship through all mediators was statistically significant (b = .0593, SE = .0085, t = 6.9588, p = .000). The total indirect effect across all mediators (body surveillance, body shame, self-disgust, and self-compassion) simultaneously was also significant, b = .0236, 95% Cl = [.0125, .0365]. The whole model was significant [F(1, 389) = 48.4253, MSE = 2.1873, p = .000]. According to estimates, the variables of this model accounted for 28% of the variance in dissociation. The paths from interpersonal sexual objectification to all mediators were significant. The path from interpersonal sexual objectification to body shame was significant, b = .2446, SE = .0560, t = 4.3715, p = .000. The path from body shame to dissociation was also found

significant, b = .0193, SE = .0098, t = 1.9712, p = .049. Moreover, body shame was found to be a significant mediator for the relationship between interpersonal sexual objectification and dissociation, b =.0047, 95% Cl = [.0002, .0109].

Interpersonal sexual objectification significantly predicted body surveillance, b = .1886, SE = .0517, t = 3.6498, p <.001. However, the path from body surveillance to dissociation was not found significant, b = -0.0014, SE = .0095, t = -0.1492, p = .881. Furthermore, there was not a significant mediating effect of interpersonal sexual objectification on dissociation through body surveillance, b =-.0003, 95% Cl = [-.0041, .0035].

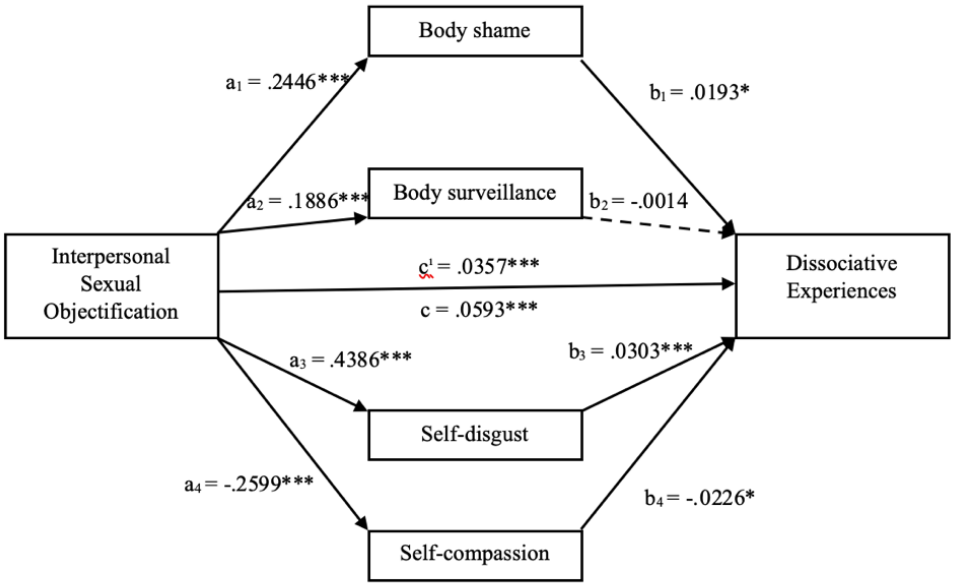
Interpersonal sexual objectification predicted self-disgust significantly, b = .4386, SE = .0766, t = 5.7265, p = .000. Similarly, the path from self-disgust to dissociation was found significant also, b = .0303, SE = .0069, t = 4.3626, p = .000. In addition to these, interpersonal sexual objectification to dissociation via self-disgust was proved to be significant, b =.0133, 95% Cl = [.0045, .0244].

Lastly, self-compassion was a significant mediator between interpersonal sexual objectification and dissociation, b =.0059, 95% Cl = [.0003, .0122]. The path to self-compassion from interpersonal sexual objectification was significant, b = -.2599, SE = .0484, t = -5.3738, p = .000. Again, the path from self-compassion to dissociation was also significant, b = -.0226, SE = .0107, t = -2.1183, p = .0348.

In conclusion, all our mediators except body surveillance were proved to be significant for the relationship between interpersonal sexual objectification and dissociation.

Figure 1

Parallel Mediation Model of All Variables



p < .05* *p* <.01** *p* <.001***

4. DISCUSSION

The present study may be one of the first studies which examined the underlying mediating mechanisms, specifically the roles of self-objectification, self-disgust, and self-compassion in the relationship between interpersonal sexual objectification and dissociative experiences, Although there has been a separate group of research that examined the relationship between variables (Akça & Gençöz, 2022; Badour et al., 2013; Berg, 2006; Cherry, 2020; Erchull et al., 2013; Powell et al., 2015), there is no quantitative research and mediation model that takes into account all variables as far as we know.

In order to test the hypothesis mentioned before, 391 women between the ages of 19 and 72 were recruited. A parallel multiple mediation model was utilized in this study to evaluate how multiple mediators affect the model. The use of this model reveals not only the single mediation effect of each mediator in the link between interpersonal sexual objectification and dissociative experiences but also how each added variable influences the model and the interaction between them. Additionally, it entails encountering a wide range of theories in one model (Preacher & Hayes, 2008). This model demonstrates the within-subject mediation analysis by examining the effects of different possible mediators together or separately in the same participants (Brandt & Reyna, 2010). This study design also allows for the comparison of indirect effects.

The finding of the current study supported our first hypothesis that experiencing interpersonal sexual objectification will be significantly associated with greater dissociative experiences. Modern psychology defines the person not only as the psychic but also as individuals who are both affected by and affecting their environment. In this case, anxiety in the self is produced by interpersonal interactions and situations which are not endorsed and accepted by others. In interpersonal interactions, the self looks for refuge from worry. Dissociation may be a remedy for this (Howel, 2005). The literature also stressed the psychological consequences caused by microaggressions, harassment, and oppression of minorities, women, and persons with diverse sexual orientations (Cherry & Wilcox, 2020; Kira et al., 2010; Swim et al., 2001; Williamson, 2000). Both unique and common experiences of femininity that women have in their interactions with others in society have inspired

the birth of different literary concepts. Two of these are discussed in this study: sexual objectification and self-objectification. Sexual objectification is the process of reducing someone's worth to how physically appealing they are to others and how well they meet standards of beauty (APA, 2007). Interpersonal sexual objectification experiences include a wide range of negative practices, from paying attention to body parts when women are talking, to physical assault and touching women (Kozee et al., 2007). In the literature, such experiences were found to be related to high stress, health problems, low self-esteem, poor performance, shame, anxiety, self-objectification, traumatic symptoms, and dissociation (Fredrickson et al., 1998; Freyd et al., 2005; Gervais et al., 2011; Miles-McLean et al., 2015; Quinn et al., 2006; Terán et al., 2021; Yılmaz & Bozo, 2019). The results of this study showed that there was not a single woman in the sample who did not experience interpersonal sexual objectification. The first hypothesis of our study, that there is a strong relationship between interpersonal sexual objectification and the dissociative experience was significant, and consistent with the results in the literature (Berg, 2006). Even if there are obvious trauma or sexual assault, sexual objectification experiences that women confront in their daily lives can be viewed as hidden trauma, leading to symptoms that are commonly recognized after trauma, such as dissociative experiences (Berg, 2006; Root, 1992). When compared to other psychiatric disorders, dissociation is the most influenced by environmental factors (Lawson & Akay-Sullivan, 2020; Şarlak & Öztürk, 2018). Experiencing sexual objectification have traumatizing impacts on women's life. Even the more invisible forms of interpersonal traumas can affect an individual's confidence and positive perspective toward the outside world. With such a frightening perception of the outside, the person may not know how to control it. Sometimes, as a way of controlling, people may try to make bad references to the inside of them in order to protect the good objects outside. In this way, the connection to the outside world will be preserved, the outside world will continue to be trustworthy, and the inner world will be the worst. Self-objectification and self-disgust can be examples of this situation. Undoubtedly, women grow up by being taught behaviors to consider and protect the well-being of others from a very young age. The reason for protecting the abuser even when they have had a traumatic experience may be related to this. In addition, in situations such as abuse, it has been observed that women develop dissociative identity disorder, which is identified with

the sex of the abuser. This is because the female gender cannot relate to aggression in any way by going against social norms (Howell, 2005).

In the second hypothesis, we investigated the mediator role of self-objectification in the relationship between interpersonal sexual objectification and dissociation. The self-objectification theory contends that because women are the focus of sexually objectified experiences in culture, these experiences are internalized, causing women to regard their own bodies as controllable objects, to be ashamed of their bodies, and to constantly surveilled their bodies (Calogero, 2012; Fredrickson & Roberts, 1997). Our study includes two components of self-objectification: body shame and body surveillance. In our study, there was a significant association between these components and sexual objectification similar to the link highlighted in the literature earlier (Aubrey, 2006a; Aubrey et al., 2009; Calogero et al., 2005; Calogero, 2012; Erchull et al., 2013; Fredrickson & Roberts, 1997; Lin et al., 2022; Lin et al., 2023; Moradi & Huang, 2008). By internalizing how the outside world perceives them, women have started thinking about and regulating their bodies based on how well they conform to socially acceptable standards for physical appearance. The self-objectification mechanism, which is almost like identifying with the aggressor, causes women to be ashamed of their bodies and constantly surveil them (Howell, 2014). The fact that the women watch their bodies from afar like a spectator and the embarrassment they feel from their bodies results in alienation from the body, decreased awareness of the inside of the body, and difficulty in detecting the signals the body gives them (Fredrickson and Roberts, 1997; Roberts et al. 2018). Although not specifically included in the hypotheses of our study, it can be emphasized that body shame, a component of self-objectification, significantly predicted dissociation in our study. This was consistent with findings from studies in the literature (Erchull et al., 2013; Miles-McLean et al., 2015; Lichiello, 2011; Soysaltürk, 2020). However, the relationship between body surveillance and dissociation highlighted in the literature was not seen in this study (Erchull et al., 2013; Lichiello, 2011; Soysaltürk, 2020; Szymanski & Henning, 2007). In our study, while body shame performed its mediating role in a significant way, self-surveillance did not have a mediator role in this relationship. Thus, our second hypothesis is only partially met. This means that body surveillance was not a strong concept to cause dissociation on its own. As emphasized in other studies, self-surveillance may act as a mediator by affecting and

together with the body shame component of self-objectification (Baildon et al., 2021; Dakanalis et al., 2014; Teng et al., 2019; Tiggemann & Lynch, 2001; Velez et al, 2015; Wang et al., 2021).

Our third hypothesis was the mediator role of self-disgust in the relationship between interpersonal sexual objectification and dissociative experiences was also supported. It demonstrated that women who experience interpersonal sexual objectification consistently have higher levels of self-disgust and, as a result, higher levels of dissociative experiences. According to our study, interpersonal sexual objectification was a strong predictor of self-disgust. Similar to those emphasized in the literature that traumas negatively affect self-concepts and cause self-disgust (Powell et al., 2015; Drea, 2017; Mason et al., 2022). The relationship between self-disgust and dissociation, which was emphasized in the literature, was also statistically significant in our study (Akça & Gençöz, 2022; Espeset et al., 2012; Powell et al., 2015). As far as we know, there has been no emphasis in the literature on the mediating role of self-disgust between sexual objectification and dissociation. Some studies stressed self-disgust and dissociative experiences in their qualitative research (Akça & Gençöz, 2022; Matheson et al.,2015). As mentioned before, disgust is a feeling that emerged, particularly in interpersonal traumas (Lenk et al., 2019). The perpetrator of the violence acted against moral norms. Victim women, on the other hand, continue to be criticized for their appearance and stressed as emotionally weak. In self-disgust, the person internalizes the negative comments and interventions of others about their body, and this affects the way they see themselves. They disgust themselves which in turn causes a revolting self (Powell et al., 2015). It has been observed that in order to prevent self-disgust and mental contamination, people started to give new personalities and new names to themselves and to the perpetrators (Akça & Gençöz, 2022). This actually points to a dissociative mind. Additionally, it was found in the study of PMS sufferers that women were ashamed of their own bodies and preferred to hide them. These women virtually appear like someone else by dressing differently and wearing modest clothing because they view their PMS bodies as separate entities (Ussher & Perf, 2020). This study demonstrated for the first time that self-disgust even in the absence of an overt trauma mediates the link between interpersonal sexual objectification and dissociative experiences.

In line with our fourth hypothesis, our study also discovered that self-compassion was a mediator in the relationship between interpersonal sexual objectification and dissociation. In addition, sexual objectification significantly negatively affects self-compassion, and lower self-compassion levels predict higher levels of dissociation. This finding is similar to a study in the literature investigating the mediator role of self-compassion in the relationship between sexual microaggressions and traumatic stress (Cherry, 2020). It has been stated that low self-compassion is mostly associated with *hypoactivity of stress*, i.e., numb themselves and decrease in sensitivity. This leads them to feel more ashamed, dissociated, and depressed. So, in higher compassion states, this *freezes body* can become more effective as deregulation (Braehler & Neff, 2020). After traumatic life events, an experience needs to be remembered and reprocessed with new information. While doing so, processing the first emotional responses, like fear or shame can be also re-coded. However, in order to re-process a traumatic event, it is necessary to accept the pain and not blame oneself constantly. So, self-compassion acts as a safeguard mechanism against behaviors like avoiding and dissociating from emotions or ideas which increase PTSD symptoms (Slater et al., 2005). Again, it can be claimed that self-compassion-based strategies, such as being able to take care of oneself in difficult times, staying in balance, and believing that the negative experiences do not just happen on their own can be a buffer so that the person does not experience traumatic symptoms when exposed to trauma (Crews, 2016). Furthermore, it has been noted in the research that yoga exercises that include mindfulness activities increase women's levels of self-compassion and work as an intervention against dissociation by helping them regain their connection between body and mind after trauma (Crews, 2016).

Overall, our hypothesis had a good fit for our sample. We predicted that all pathways and mediations would be significant. The results were in line with the predicted except for the mediator role of self-surveillance which is one component of self-objectification.

4.1 Limitations and Future Research

Apart from the strengths of this study, there were also some limitations. First of all, the participants were reached by using the online link with the convenience sampling method. For this reason, women who do not have access to the internet or did not have social media accounts were unfortunately not included in the study. The majority of participants are single, live in a metropolis, have higher education, currently working, and described their socioeconomic status as middle. Future studies should develop a research design to investigate interpersonal sexual objectification and self-objectification processes outside of urban areas and how their effects are comparable to those of urban encounters. Longitudinal research can be conducted in the future to determine a causal relationship between variables.

In this study, neither the expected significant association between body surveillance and dissociation, nor the mediator role of body surveillance between sexual objectification and dissociation, which is what we hypothesized, was found. One explanation for this circumstance was supposed to be the study's sample characteristics. Although no notable changes in body shame levels were identified with increasing age in one study, body surveillance levels dropped (Tiggemann & Lynch, 2001). While the average age of our study sample was not very high (32.34), it would be beneficial to repeat the study with young persons aged 18 to 25. Body surveillance is habitual monitoring of how well the body corresponds to social standards, and it is expected that this age group will experience it more, which will affect dissociation levels more. Even if women experience body shame later in life, it's possible that they are less concerned with how well they adhere to social expectations for beauty or that they may even set new standards for themselves. Even if women feel guilty for not meeting these norms, at least their body surveillance habits might not be severe enough to cause psychological distress.

Interpersonal sexualization toward women affects men's perceptions of women and, as a result, their behavior. Mentalization and empathy abilities decrease (Cikara et al., 2011). It was stated that the research has shown that women who are sexually objectified are seen as morally lower than those who are not and are dehumanized by ignoring their characters (Demiröz & Çapri, 2018). With sexual objectification experiences, women are perceived as objects, perceived as having no

feelings and thoughts, and empathy cannot be developed with women. Given all of this, Turkey's high rate of violence against women and femicide makes it worthwhile to examine violent behaviors through the lens of objectification theory.

As far as we know, no comprehensive study has looked at refugee women in the light of the objectified theory in the literature. In one study conducted in Canada and Australia, self-disgust-like statements were seen when the menstrual experiences of migrant and refugee women were interpreted (Hawkey et al., 2017). Turkey is a nation that has seen immigration because of the wars in the nations nearby, and as a result, the experiences of refugee women should not be ignored either. Upcoming studies may focus on these women who are struggling to survive in a foreign country. How these women are gazed at, whether their level of sexual objectification is higher than that of the host community, and the effects of their daily.

Other noteworthy topics include how marginalized groups like LGBTQ+ individuals, ethnic minorities, and religious minorities in Turkey experience internalized objectification, self-disgust, and self-compassion, and the effects of these experiences on their mental health. According to one study, transgender people who have experienced sexual objectification and microaggression are more likely to self-objectify. Shame has also been discovered to be a mediator in the negative effects of these experiences on mental health (Cascalheira & Choi, 2023). The experiences of women suffering from Polycystic Ovary Syndrome or infertility also need to be mentioned. It is also a source of interest the extent of body shame, self-disgust, and dissociation that might exist in situations where the body is in focus and frequently evaluated.

So, in light of our findings, it should not be forgotten that self-compassion stands in the opposite mechanism when faced with situations such as self-disgust or body shame and it can be used in clinical implications. The self-disgust mechanism includes both focusing on the emotions we create in others and what we think about ourselves. For this reason, compassion-focused therapy (CFT) has been proposed to prevent the person from constantly criticizing oneself and to treat oneself kindlier. CFT’s clinical implications, clients are shown that many things in life are not due to us, but it is emphasized that we are responsible for solving these problems and free to choose a new version of self. In this way, the person can change their perspective, and

stop blaming themselves. In addition, compassion-focused therapy focuses on feelings associated with constant criticism and judgmental attitudes about the self. In these self-critical situations, the sympathetic nervous system which is generally activated in threatening situations is activated. In CFT, it is also a goal to be able to regulate the person from the sympathetic system to the parasympathetic slowing down system. In addition, using grounding techniques, slowing down the breathing rhythm, and helping diaphragm breathing are the other techniques used in CFT (Gilbert, 2015).

It is important that psychologists address sexual objectification not only through clinical implications but also with awareness-raising sessions. It should be conveyed to both men and women that sexual objectification can take visible and invisible forms and could create negative effects on women. One example that can be given as to how psychologists take part in awareness-raising sessions is the bystander intervention model. Addressing, especially male groups, this model includes role play to furnish participants with tools that they could use when their peers engage in sexually demeaning behavior toward women (Szymanski et al., 2011).

4.2 Conclusion

The objectification of women in interpersonal relationships is a common problem. The fact that this issue is still present indicates that there is still a lack of understanding of its potential harm to women. Our study also underlined that every woman has encountered interpersonal sexual objectification at some point. This study first aimed to examine the relationship between interpersonal sexual objectification experiences that women encounter in daily life and dissociative experiences, and then to determine the mediator roles of self-objectification, self-disgust, and self-compassion in this relationship. The findings show that interpersonal experiences of sexual objectification are significantly associated with dissociative experiences in women. In addition, in this relationship, body shame as a component of self-objectification, self-disgust, and self-compassion mediates this relationship. This study is the first to investigate mediation analysis between the specified variables. Future research on dissociative experiences should take into account the findings of this study in order to raise awareness and develop preventative actions in the field of mental health.

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Appendix A : Ethical Committee Approval by Yeditepe University Human and Social Research Ethic

T.C.
YEDİTEPE ÜNİVERSİTESİ REKTÖRLÜĞÜ

10.08.2022

Sayı : E.50532705-302.14.01-1330
Konu : Aysu Işık Kurul Onayı

İLGİLİ MAKAMA

Üniversitemiz Sosyal Bilimler Enstitüsü Klinik Psikoloji Yüksek Lisans Öğrencilerinden Aysu Işık'ın, Dr. Öğr. Üyesi Seray Akça danışmalığında gerçekleştireceği "The Investigation of the Mediator role of Self Objectification, Self-Disgust and Self-Compassion in the Relationship of Interpersonal Sexual Objectification and Dissociation on Woman" başlıklı araştırmasının Beşeri Bilimler etik standartlarına uygunluğuna ilişkin Yeditepe Üniversitesi Beşeri ve Sosyal Araştırmalar Etik Kurulu Onayı ekte sunulmuştur.

Gerekli iznin verilmesi hususunu bilgilerinize arz ve rica ederim.

İmza
Prof. Dr. Fatma Yeşim EKİNCİ
Rektör a.
Rektör Yardımcısı

Ek: Etik Kurul Onayı.pdf

Yeditepe Üniversitesi 26 Ağustos Yerleşimi, İnönü Mahallesi Kayışdağı Caddesi 34755
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Bilgi İçin: Suat ANAR
Unvan: Öğretim Üyesi
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Appendix B: Informed Consent Form

Bilgilendirilmiş Onam Formu

Bu araştırma, Yeditepe Üniversitesi Klinik Psikoloji Yüksek Lisans öğrencisi Aysu Işık tarafından Psikoloji Bölümü Dr. Öğretim Üyesi Seray Akça danışmanlığındaki yüksek lisans tezi kapsamında yürütülmektedir. Bu çalışma, kadınların günlük yaşamdaki deneyimlerinin, içsel bazı deneyimleri ile ilişkisini araştırmak ve aracı rollerin bu ilişkiye etkisini de saptayabilmektir.

Araştırmaya katılım tamamen gönüllülük esasına dayalıdır. Bu çalışmada sizden internet üzerinden iletilen anketi doldurmanız beklenmektedir. Anket içinde yer alan soruları cevaplamak yaklaşık 15 dakika sürmektedir. Araştırma sonuçlarının verimli olması açısından her bir sorunun eksiksiz olarak cevaplanması çok önemlidir. Anket stres yaratacak ya da rahatsızlık verecek sorular içermemektedir. Katılımcılar istedikleri aşamada araştırmayı bırakabilirler. Eğer destek almak istediğinizi hissederseniz bizlerle iletişim kurarak Yeditepe Üniversitesi Hastanesi Bağdat Caddesi Kliniğine ulaşabilirsiniz.

Bu araştırmada verilen tüm cevaplar ve katılımcıların kişisel verileri tamamen gizli tutulacaktır. Cevaplarınız kimlik bilgileriniz olmadan araştırma ekibinin erişimine ve kullanımına açık olacak ve sadece bilimsel yayınlarda kullanılacaktır. Çalışma bütün katılımcıların verileri üzerinden yapılacak olup bireysel olarak değerlendirmeler yapılmayacaktır.

Bu çalışma Yeditepe Üniversitesi Bilimsel Yayın ve Araştırma Etiği Komisyonu tarafından onaylanmıştır.Katılımınız için teşekkür ederiz.

Çalışma ile ilgili bilgi edinmek isterseniz araştırma ekibi ile iletişime geçebilirsiniz.
Dr. Öğretim Üyesi Seray Akça

Klinik Psikoloji Yüksek Lisans Öğrencisi Aysu Işık

Yukarıda yazılı metni, çalışmanın amacını okudum ve anladım. Çalışma kapsamında doldurulması için verilen anket süreçlerinde olacağımı okudum ve anladım. Verdiğim bilgilerin bilimsel amaçlı yayınlarda kullanılmasını kabul

ediyorum. Bilgilerin bilimsel makaleler, akademik sunumlar ve çevrimiçi bir eğitim ortamı dışında kesinlikle kullanılmayacağını biliyorum. Çalışmanın herhangi bir aşamasında çalışmayı bırakabileceğimi biliyorum. Bu çalışmaya tamamen gönüllü olarak katıldığımı biliyorum.

Yukarıdaki şartları okudum. Bu araştırmaya katılmayı kabul ediyorum.

_____

Appendix C: Debriefing Form

Çalışma Sonu Bilgilendirme

Çalışmamız bu noktada sona ermiştir. Bu çalışma kapsamında kadınların sosyal hayatta karşılaştığı cinsiyet temelli deneyimlerin, kişisel ve içsel deneyimlerindeki rolünü araştırmayı hedeflemekteyiz. Çalışmaya katıldığınız ve verdiğiniz veriler ile katkıda bulunduğunuz için teşekkür ederiz. Çalışma hakkında daha detaylı bilgi almak isterseniz çalışmacılar Aysu IŞIK ve Dr. Öğr. Üyesi Seray AKÇA ile iletişime geçebilirsiniz.

Teşekkürler.

Appendix D: Demographic Information Form

DEMOGRAFİK BİLGİ FORMU

1) Cinsiyetiniz

A) Kadın B) Erkek (Araştırmaya dahil edilmeyecektir.)

2) Yaşınız

……

3) Eğitim durumunuz

A) İlköğretim B) Lise C) Üniversite Öğrenci D)Üniversite Mezun E)Yüksek Lisans Öğrenci F)Yüksek Lisans Mezun G)Doktora Öğrenci H)Doktora Mezun

4) Medeni haliniz

A) Bekar B)Evli C) Boşanmış D) Eşini kaybetmiş

6) Sizce aşağıdakilerden hangisi ekonomik düzeyinizi en iyi ifade etmektedir?

A) Çok düşük B) Düşük C) Orta D) Yüksek D) Çok yüksek

7) Çalışma Durumunuz

A) Çalışıyor B) Çalışmıyor

8) En uzun süre yaşadığınız yerleşim birimini belirtiniz

A) Köy B) Kasaba C) İlçe D) Şehir E) Büyükşehir F) Metropol (İstanbul, Ankara İzmir vb.)

Appendix E: Interpersonal Sexual Objectification Scale (ISOS)

KCNÖ **Katılımcılar için Yönerge:** Lütfen aşağıdaki sorulara **SON BİR YIL İÇİNDEKİ** yaşantılarınızı göz önünde bulundurarak cevap veriniz.	**Hiçbir Zaman**	**Nadiren**	**Ara sıra**	**Sık sık**	**Neredeyse Her Zaman**
1. Ne sıklıkla sokakta yürürken arkanızdan ıslık çalındı?	1	2	3	4	5
2. Ne sıklıkla birileriyle konuşurken göğüslerinize bakıldığını fark ettiniz?	1	2	3	4	5
3. Ne sıklıkla birilerinin fiziksel görünümünüzü incelediğini fark ettiniz ya da bir şekilde hissettiniz?	1	2	3	4	5
4. Ne sıklıkla birilerinin vücudunuzu dikizlediğini fark ettiniz?	1	2	3	4	5
5. Ne sıklıkla birilerinin vücudunuza şehvetli bir şekilde baktığını fark ettiniz?	1	2	3	4	5
6. Ne sıklıkla vücudunuzla ilgili cinsel içerikli kaba bir laf işittiniz?	1	2	3	4	5
7. Ne sıklıkla isteğiniz dışında dokunma ya da okşanma gibi hareketlerle karşılaştınız?	1	2	3	4	5
8. Ne sıklıkla cinsel tacize uğradınız (işte, okulda, vb.)?	1	2	3	4	5
9. Ne sıklıkla sokakta yürürken size (taciz etmek amacıyla) korna çalındı?	1	2	3	4	5
10. Ne sıklıkla birilerinin vücudunuzun bir ya da daha fazla bölgesini dikizlediğini fark ettiniz?	1	2	3	4	5
11. Ne sıklıkla vücudunuz hakkında yapılan uygunsuz cinsel konuşmalara kulak misafiri oldunuz?	**1**	**2**	**3**	**4**	**5**
12. Ne sıklıkla birilerinin, siz bir şey anlatırken sizi dinlemek yerine vücudunuzu ya da vücudunuzun bir bölümünü dikizlediğini fark ettiniz?	1	2	3	4	5
13. Ne sıklıkla birilerinin, sizin vücudunuzdan bahsederken cinsel yorumlarda ya da imalarda bulunduğunu işittiniz?	**1**	**2**	**3**	**4**	**5**
14. Ne sıklıkla birileri isteğiniz dışında vücudunuzun özel bölgelerinden birini elledi ya da sıkıştırdı?	1	2	3	4	5
15. Ne sıklıkla birileri size cinsel yönden aşağılayıcı bir jest ve mimikte bulundu?	1	2	3	4	5

Appendix F: Objectified Body Consciousness Scale (OBCS)

Aşağıdaki sayfalarda bulunan ifadelere ne derecede katıldığınıza karşılık gelen numarayı daire içine alınız.

		kesinlikle katılmıyorum			ne katılıyorum ne de katılmıyorum			kesinlikle katılıyorum
1	Nasıl göründüğüm hakkında nadiren düşünürüm.	1	2	3	4	5	6	7
2	Kilomu kontrol edemediğimde bende mutlaka bir sorun var diye düşünürüm.	1	2	3	4	5	6	7
3	Kıyafetlerimin üzerimde iyi görünmesinden ziyade rahat olması daha önemlidir.	1	2	3	4	5	6	7
4	İnsanların doğuştan gelen görünümlerine mahkûm olduğunu düşünürüm.	1	2	3	4	5	6	7
5	En iyi şekilde görünmek için çaba sarf etmediğimde kendimden utanırım.	1	2	3	4	5	6	7
6	Formda olmak için öncelikle bu tip bir bedenle doğmak gerekir.	1	2	3	4	5	6	7
7	Vücudumun sağlıklı olup olmadığını nasıl göründüğünden daha çok düşünürüm.	1	2	3	4	5	6	7
8	Elimden gelenin en iyisi gibi görünmediğimde “herhalde kötü bir insanım” diye düşünürüm	1	2	3	4	5	6	7
9	Nasıl göründüğümü diğer insanların görüntüsü ile nadiren karşılaştırırım	1	2	3	4	5	6	7
10	Bence üzerinde uğraşmaya istekli olduğu sürece, bir insan arzu ettiği gibi görünebilir.	1	2	3	4	5	6	7
11	İnsanlar gerçekte kaç kilo olduğumu bilseler utanırım.	1	2	3	4	5	6	7
12	Bedenimin görünümüyle ilgili çok da kontrole sahip olduğumu düşünmüyorum.	1	2	3	4	5	6	7
13	Kilomu kontrol edemesem de bence iyiyim.	1	2	3	4	5	6	7
14	Gün içerisinde nasıl göründüğüm konusunda çok kere düşünürüm.	1	2	3	4	5	6	7
15	Gerektiği kadar egzersiz yapmadığımda, kendimde ters giden bir şeyler vardır diye asla endişelenmem.	1	2	3	4	5	6	7
16	Giydiklerimin beni iyi gösterip göstermediği konusunda sık sık endişe duyarım.	1	2	3	4	5	6	7

		kesinlikle katılmıyorum			ne katılıyorum ne de katılmıyorum			kesinlikle katılıyorum
17	Yeteri kadar egzersiz yapmadığım zaman yeterince iyi olup olmadığımı sorgularım	1	2	3	4	5	6	7
18	Başkalarına nasıl göründüğümle ilgili olarak nadiren endişelenirim.	1	2	3	4	5	6	7
19	Kişinin kilosunun büyük ölçüde genleri tarafından belirlendiğini düşünürüm.	1	2	3	4	5	6	7
20	Bedenimin nasıl göründüğünden çok işlevselliği ile ilgilenirim.	1	2	3	4	5	6	7
21	Kilomu değiştirmek için ne kadar çabaladığımın bir önemi yok, muhtemelen hep aynı kalacak.	1	2	3	4	5	6	7
22	İdealimdeki beden ölçülerine sahip olmazsam utanırım.	1	2	3	4	5	6	7
23	Yeteri kadar çabalarsam ideal kiloma ulaşabilirim.	1	2	3	4	5	6	7
24	Dış görünüşünüzü ağırlıklı olarak genleriniz belirler.	1	2	3	4	5	6	7

Appendix G: Self-Disgust Scale-Revised (SDS- R)

EK 1: Öz Tiksinme Ölçeği – Revize Formu

Lütfer aşağıdaki ifadeleri dikkatlice okuyunuz ve her bir ifadenin sizin için ne derece uygun olduğunu yanındaki rakamları kullanarak değerlendiriniz.

		Kesinlikle katılıyorum	Çoğunlukla katılıyorum	Kısmen katılıyorum	Kararsızım	Kısmen katılmıyorum	Çoğunlukla katılmıyorum	Kesinlikle katılmıyorum
1.	Kendimi itici bulurum. (T)	1	2	3	4	5	6	7
2.	Kendimle gurur duyarım.	1	2	3	4	5	6	7
3.	Kendi davranışlarımdan bıktım. (T)	1	2	3	4	5	6	7
4.	Bazen yorgun hissederim.*	1	2	3	4	5	6	7
5.	Kendim olmaya katlanamam. (T)	1	2	3	4	5	6	7
6.	Başkalarıyla bir arada olmaktan hoşlanırım.*	1	2	3	4	5	6	7
7.	Pek çok yönden tiksindirici biriyim. (T)	1	2	3	4	5	6	7
8.	Kendimi çekici bulurum.	1	2	3	4	5	6	7
9.	İnsanlar benden uzak durur. (T)	1	2	3	4	5	6	7
10.	Dışarıda zaman geçirmekten hoşlanırım.*	1	2	3	4	5	6	7
11.	Davranışlarımdan hoşnutum.	1	2	3	4	5	6	7
12.	Sosyal bir insanım.*	1	2	3	4	5	6	7
13.	Çoğu zaman bende tiksinti uyandıran şeyler yaparım. (T)	1	2	3	4	5	6	7
14.	Kendi görüntüme bakmaktan kaçınırım. (T)	1	2	3	4	5	6	7
15.	Kendimi bazen mutlu hissederim.*	1	2	3	4	5	6	7
16.	İyimser bir insanım.*	1	2	3	4	5	6	7
17.	Davranışlarım diğer insanlarınki kadar düzgündür.	1	2	3	4	5	6	7
18.	Kendi görüntüme bakmak beni rahatsız eder. (T)	1	2	3	4	5	6	7
19.	Bazen üzgün hissederim.*	1	2	3	4	5	6	7
20.	Görünüşümü mide bulandırıcı bulurum. (T)	1	2	3	4	5	6	7
21.	Davranışlarım insanları benden uzaklaştıracak kadar iticidir. (T)	1	2	3	4	5	6	7

Not: * Puanlamaya dahil edilmeyen dolgu maddeleri; (T) Ters kodlanan maddeler

Appendix H: Self-Compassion Scale- Short Form (SCS- SF)

Öz Şefkat Ölçeği Kısa Formu

Değerli katılımcı aşağıdaki her maddeyi dikkatlice okuyarak size uygunluğuna göre puanlayınız.

1.Hiçbir zaman 2. Nadiren 3. Bazen 4.Sık Sık 5. Daima

1.Benim için önemli olduğunu düşündüğüm bir şeyi başaramadığımda kendimi yetersiz olduğum duygusuyla yıpratırım.

2.Beğenmediğim kişilik özelliklerimle ilgili kendime karşı sabırlı ve anlayışlı olmaya çalışırım.

3.Üzücü bir durumla karşılaştığımda dengeli bir bakış açısı sergilemeye çalışırım.

4.Kendimi üzgün hissettiğimde diğer insanlarının çoğunun benden daha mutlu olduklarını düşünürüm.

5.Başarısızlıklarımı insan olmanın doğal bir parçası olarak görmeye çalışırım.

6.Zor zamanlardan geçtiğimde ihtiyacım olan özen ve yumuşaklığı kendime gösteririm.

7.Bir şey beni üzdüğünde duygularımı dengede tutmaya çalışırım.

8.Benim için önemli olan bir konuda başarısız olursam, kendimi bu başarısızlıkta yalnız kalmış hissederim.

9.Kötü hissettiğim zaman yanlış giden her şeyi kafama takar ve üzerinde sürekli düşünürüm.

10.Yetersizliklerim ve hatalarım karşısında kendime karşı eleştirel ve yargılayıcı davranırım

11.Sevmediğim kişilik özelliklerim karşısında kendime hoşgörüsüz ve sabırsızımdır.

Appendix I: Dissociative Experiences Scale (DES)

Bu test günlük hayatınızda başınızdan geçmiş olabilecek yaşantıları konu alan 28 sorudan meydana gelmektedir. Sizde bu yaşantıların ne sıklıkta olduğunu anlamak istiyoruz. Yanıt verirken, alkol ya da ilaç etkisi altında meydana gelen yaşatıları değerlendirmeye katmayınız. Lütfen her soruda, anlatılan durumun sizdekine ne ölçüde uyduğunu 100 üzerinden değerlendiriniz ve uygun olan rakamı daire içine alınız.

Örnek:
%0 10 20 30 40 50 60 70 80 90 %100

SORULAR

1. Bazı insanlar, yolculuk yaparken yol boyunca ya da yolun bir bölümünde neler olduğunu hatırlamadıklarını birden farkederler. Bu durumun sizde ne sıklıkta olduğunu yüz üzerinden değerlendirerek uygun olan yüzdeyi daire içine alınız.

%0 10 20 30 40 50 60 70 80 90 %100

2. Bazı insanlar zaman zaman, birisini dinlerken, söylenenlerin bir kısmını ya da tamamını duymamış olduklarını birden farkederler.Bu durumun sizde ne sıklıkta olduğunu yüz üzerinden değerlendirerek uygun olan yüzdeyi daire içine alınız.

%0 10 20 30 40 50 60 70 80 90 %100

3. Bazı insanlar kimi zaman, kendilerini nasıl geldiklerini bilmedikleri bir yerde bulurlar.Bu durumun sizde ne sıklıkta olduğunu yüz üzerinden değerlendirerek uygun olan yüzdeyi daire içine alınız.

%0 10 20 30 40 50 60 70 80 90 %100

4. Bazı insanlar zaman zaman kendilerini, giydiklerini hatırlamadıkları elbiseler içinde bulurlar.Bu durumun sizde ne sıklıkta olduğunu yüz üzerinden değerlendirerek uygun olan yüzdeyi daire içine alınız.

%0 10 20 30 40 50 60 70 80 90 %100

5. Bazı insanlar zaman zaman eşyaları arasında,satın aldıklarını hatırlamadıkları yeni şeyler bulurlar.Bu durumun sizde ne sıklıkta olduğunu yüz üzerinden değerlendirerek uygun olan yüzdeyi daire içine alınız.

%0 10 20 30 40 50 60 70 80 90 %100

6. Bazı insanlar, zaman zaman, yanlarına gelerek başka bir isimle hitabeden ya da önceden tanıştıklarında ısrar eden, tanımadıkları kişilerle karşılaşırlar. Bu durumun sizde ne sıklıkta olduğunu yüz üzerinden değerlendirerek uygun olan yüzdeyi daire içine alınız.

%0 10 20 30 40 50 60 70 80 90 %100

7. Bazı insanlar, zaman zaman, kendilerinin yanıbaşında duruyor ya da kendilerini birşey yaparken seyrediyor ve sanki kendi kendilerine karşıdan bakıyormuş gibi bir his duyarlar. Bu durumun sizde ne sıklıkta olduğunu yüz üzerinden değerlendirerek uygun olan yüzdeyi daire içine alınız.

%0 10 20 30 40 50 60 70 80 90 %100

8. Bazı insanlara, arkadaşlarını ya da aile bireylerini, zaman zaman tanımadıklarının söylendiği olur. Bu durumun sizde ne sıklıkta olduğunu yüz üzerinden değerlendirerek uygun olan yüzdeyi daire içine alınız.

%0 10 20 30 40 50 60 70 80 90 %100

9. Bazı insanlar, yaşamlarındaki kimi önemli olayları (örneğin nikah ya da mezuniyet töreni) hiç hatırlamadıklarını farkederler. Yaşamınızdaki bazı önemli olayları hiç hatırlamama durumunun sizde ne oranda olduğunu yüz üzerinden değerlendirerek uygun olan yüzdeyi daire içine alınız.

%0 10 20 30 40 50 60 70 80 90 %100

10. Bazı insanlar zaman zaman, yalan söylemediklerini bildikleri bir konuda, başkaları tarafından, yalan söylemiş olmakla suçlanırlar. Bu durumun sizde ne sıklıkta olduğunu yüz üzerinden değerlendirerek uygun olan yüzdeyi daire içine alınız.

%0 10 20 30 40 50 60 70 80 90 %100

11. Bazı insanlar kimi zaman, aynaya baktıklarında kendilerini tanıyamazlar. Bu durumun sizde ne sıklıkta olduğunu yüz üzerinden değerlendirerek uygun olan yüzdeyi daire içine alınız.

%0 10 20 30 40 50 60 70 80 90 %100

12. Bazı insanlar kimi zaman, diğer insanların, eşyaların ve çevrelerindeki dünyanın gerçek olmadığı hissini duyarlar. Bu durumun sizde ne sıklıkta olduğunu yüz üzerinden değerlendirerek uygun olan yüzdeyi daire içine alınız.

%0 10 20 30 40 50 60 70 80 90 %100

13. Bazı insanlar, kimi zaman vücutlarının kendilerine ait olmadığı hissini duyarlar. Bu durumun sizde ne sıklıkta olduğunu yüz üzerinden değerlendirerek uygun olan yüzdeyi daire içine alınız.

%0 10 20 30 40 50 60 70 80 90 %100

14. Bazı insanlar, zaman zaman geçmişteki bir olayı o kadar canlı hatırlarlar ki, sanki o olayı yeniden yaşıyor gibi olurlar. Bu durumun sizde ne sıklıkta olduğunu yüz üzerinden değerlendirerek uygun olan yüzdeyi daire içine alınız.

%0 10 20 30 40 50 60 70 80 90 %100

15. Bazı insanlar kimi zaman, olduğunu hatırladıkları şeylerin, gerçekte mi yoksa rüyada mı olduğundan emin olamazlar. Bu durumun sizde ne sıklıkta olduğunu yüz üzerinden değerlendirerek uygun olan yüzdeyi daire içine alınız.

%0 10 20 30 40 50 60 70 80 90 %100

16. Bazı insanlar zaman zaman, bildikleri bir yerde oldukları halde orayı yabancı bulur ve tanıyamazlar. Bu durumun sizde ne sıklıkta olduğunu yüz üzerinden değerlendirerek uygun olan yüzdeyi daire içine alınız.

%0 10 20 30 40 50 60 70 80 90 %100

17. Bazı insanlar, televizyon ya da fim seyrederken, kimi zaman kendilerini öyküye o kadar kaptırırlar ki çevrelerinde olan bitenin farkına varamazlar. Bu durumun sizde ne sıklıkta olduğunu yüz üzerinden değerlendirerek uygun olan yüzdeyi daire içine alınız.

%0 10 20 30 40 50 60 70 80 90 %100

18. Bazı insanlar kimi zaman kendilerini, kafalarında kurdukları bir fantazi ya da hayale o kadar kaptırırlar ki, sanki bunlar gerçekten başlarından geçiyormuş gibi hissederler. Bu durumun sizde ne sıklıkta olduğunu yüz üzerinden değerlendirerek uygun olan yüzdeyi daire içine alınız.

%0 10 20 30 40 50 60 70 80 90 %100

19. Bazı insanlar, ağrı hissini duymamayı zaman zaman başarabildiklerini farkederler. Bu durumun sizde ne sıklıkta olduğunu yüz üzerinden değerlendirerek uygun olan yüzdeyi daire içine alınız.

%0 10 20 30 40 50 60 70 80 90 %100

20. Bazı insanlar kimi zaman, boşluğa bakıp hiç bir şey düşünmeden ve zamanın geçtiğini anlamaksızın oturduklarını farkederler.Bu durumun sizde ne sıklıkta olduğunu yüz üzerinden değerlendirerek uygun olan yüzdeyi daire içine alınız.

%0 10 20 30 40 50 60 70 80 90 %100

21. Bazı insanlar, yalnız olduklarında, zaman zaman sesli olarak kendi kendilerine konuştuklarını farkederler.Bu durumun sizde ne sıklıkta olduğunu yüz üzerinden değerlendirerek uygun olan yüzdeyi daire içine alınız.

%0 10 20 30 40 50 60 70 80 90 %100

22. Bazı insanlar kimi zaman iki ayrı durumda o kadar değişik davrandıklarını görürler ki, kendilerini neredeyse iki farklı insanmış gibi hissettikleri olur. Bu durumun sizde ne sıklıkta olduğunu yüz üzerinden değerlendirerek uygun olan yüzdeyi daire içine alınız.

%0 10 20 30 40 50 60 70 80 90 %100

23. Bazı insanlar, normalde güçlük çektikleri bir şeyi (örneğin spor türleri, iş, sosyal ortamlar vb.) belirli durumlarda son derece kolay ve akıcı biçimde yapabildiklerini farkederler. Bu durumun sizde ne sıklıkta olduğunu yüz üzerinden değerlendirerek uygun olan yüzdeyi daire içine alınız.

%0 10 20 30 40 50 60 70 80 90 %100

24. Bazı insanlar, zaman zaman, bir şeyi yaptıklarını mı yoksa yapmayı sadece akılarından geçirmiş mi olduklarını (örneğin bir mektubu postaya attığını mı yoksa sadece atmayı düşündüğünü mü) hatırlayamazlar. Bu durumun sizde ne sıklıkta olduğunu yüz üzerinden değerlendirerek uygun olan yüzdeyi daire içine alınız.

%0 10 20 30 40 50 60 70 80 90 %100

25. Bazı insanlar kimi zaman, yaptıklarını hatırlamadıkları şeyleri yapmış olduklarını gösteren kanıtlar bulurlar. Bu durumun sizde ne sıklıkta olduğunu yüz üzerinden değerlendirerek uygun olan yüzdeyi daire içine alınız.

%0 10 20 30 40 50 60 70 80 90 %100

26. Bazı insanlar, zaman zaman eşyaları arasında, kendilerinin yapmış olması gereken, fakat yaptıklarını hatırlamadıkları yazılar, çizimler ve notlar bulurlar. Bu durumun sizde ne sıklıkta olduğunu yüz üzerinden değerlendirerek uygun olan yüzdeyi daire içine alınız.

%0 10 20 30 40 50 60 70 80 90 %100

27. Bazı insanlar, zaman zaman kafalarının içersinde, belli şeyleri yapmalarını isteyen ya da yaptıkları şeyler üzerine yorumda bulunan sesler duyarlar. Bu durumun sizde ne sıklıkta olduğunu yüz üzerinden değerlendirerek uygun olan yüzdeyi daire içine alınız.

%0 10 20 30 40 50 60 70 80 90 %100

28. Bazı insanlar, zaman zaman, dünyaya bir sis perdesi arkasından bakıyormuş gibi hissederler, öyle ki insanlar ve eşyalar çok uzakta ve belirsiz görünürler. Bu durumun

sizde ne sıklıkta olduğunu yüz üzerinden değerlendirerek uygun olan yüzdeyi daire içine alınız.

%0 10 20 30 40 50 60 70 80 90 %100