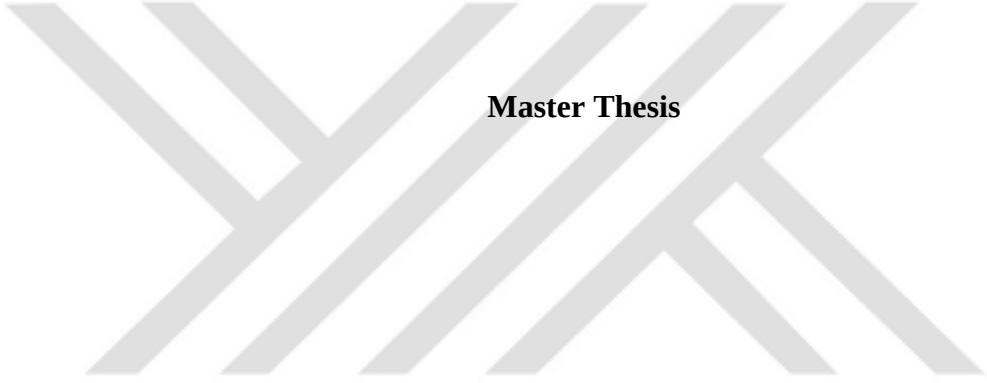


**THE RELATIONSHIP BETWEEN BODY IMAGE
AND SELF-COMPASSION IN UNIVERSITY
STUDENTS: THE MEDIATION EFFECT OF
ATTACHMENT**



Master Thesis

AFİFE KÜBRA AKTARAN

ISTANBUL, 2018

THE RELATIONSHIP BETWEEN BODY IMAGE AND SELF-COMPASSION IN
UNIVERSITY STUDENT: THE MEDIATION EFFECT OF ATTACHMENT

A THESIS SUBMITTED TO
THE GRADUATE SCHOOL OF SOCIAL SCIENCES
OF
BAHÇEŞEHİR UNIVERSITY

BY

AFİFE KÜBRA AKTARAN

IN PARTIAL FULFILLMENT OF THE REQUIREMENTS
FOR
THE DEGREE OF MASTER OF ARTS
IN
THE DEPARTMENT OF CLINICAL PSYCHOLOGY

JUNE, 2018

**THE REPUBLIC OF TURKEY
BAHÇEŞEHİR UNIVERSITY**

**GRADUATE SCHOOL OF SOCIAL SCIENCES
CLINICAL PSYCHOLOGY**

Name of the thesis: The Relationship between Body Image and Self-Compassion: The Mediation Effect of Attachment
Name / Last Name of the Student: Afife Kübra Aktaran
Date of the Defense of Thesis: 31 May 2018

The thesis has been approved by the Graduate School of Social Sciences.

Title, Name and LAST NAME
Graduate School Director
Signature

I certify that this thesis meets all the requirements as a thesis for the degree of Master of Arts.

Title, Name and LAST NAME
Program Coordinator
Signature

This is to certify that we have read this thesis and we find it fully adequate in scope, quality and content, as a thesis for the degree of Master of Arts.

Examining Comittee Members

Signature

Thesis Supervisor
Title, Name and SURNAME

Member
Title Name and SURNAME

Member
Title Name and SURNAME

“I hereby declare that all information in this document has been obtained and presented in accordance with academic rules and ethical conduct. I also declare that, as required by these rules and ethical conduct, I have fully cited and referenced all material and results that are not original to this work.”

Name Surname: Afife Kübra Aktaran

Signature:

ABSTRACT

THE RELATIONSHIP BETWEEN BODY IMAGE AND SELF-COMPASSION: THE MEDIATION EFFECT OF ATTACHMENT

Aktaran, Afife Kübra

M.A., Clinical Psychology

Thesis Supervisor: Assist. Prof. Ayşe Meltem Üstündağ-Budak

June, 2018, 113 pages

The current study aims to investigate the relation between attachment, self-compassion and body image in a sample of university students. The main objective was to analyze the mediation role of attachment dimensions, anxiety and avoidance, on the link between self-compassion and body image. Gender differences were also explored to understand whether the mediator roles of attachment dimensions differ across participants' gender. Our sample consisted of 133 university students (77 females, 56 males), and their age ranged from 18 to 31. A Demographic Information Form and self-report measures of Body Image Scale (BIS), Experiences in Close Relationships-Revised Questionnaire (ECR-R), and Self-Compassion Scale (SCS) were applied participants to analyze the variables of the study. Regression analyses presented that both attachment anxiety and avoidance fully mediated the relation among self-compassion and body image in total sample. In addition, gender differences were observed in which attachment anxiety showed full mediation role

on this relationship in females, yet anxious and avoidant attachment did not present mediation effect in both females and males.

Key words: Body image, attachment anxiety, attachment avoidance, self-compassion.



ÖZ

ÜNİVERSİTE ÖĞRENCİLERİNDE BEDEN ALGISI VE ÖZ-ANLAYIŞ ARASINDAKİ İLİŞKİNİN BAĞLANMA STİLLERİ ARACILIĞIYLA İNCELENMESİ

Aktaran, Afife Kübra

Klinik Psikoloji, Yüksek Lisans

Yöneticisi: Yrd. Doç. Dr. Ayşe Meltem Üstündağ-Budak

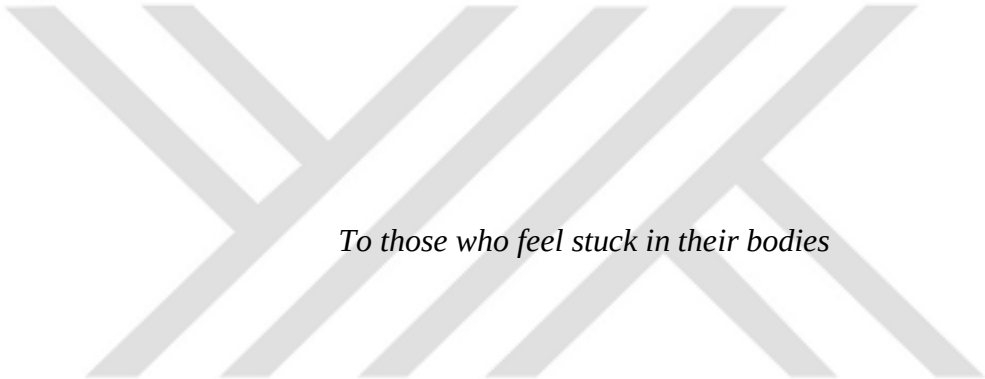
Haziran, 2018, 113 sayfa

Bu araştırma üniversite öğrencilerinde bağlanma stilleri, beden algısı ve öz-anlayış arasındaki ilişkiyi incelemeyi amaçlamaktadır. Çalışmanın ana hedefi, kaygılı ve kaçınan bağlanma boyutlarının öz anlayış ve beden algısı ilişkisi üzerindeki aracı rolünün incelenmesidir. Ayrıca çalışmada bağlanma boyutlarının aracı etkisinin kişilerin cinsiyetine göre değişip değişmediği de araştırılmıştır. Araştırmanın örneklemini yaşları 18 ile 31 arasında değişen 133 üniversite öğrencisi (77 kadın, 56 erkek) oluşturmaktadır. Demografik Bilgi Formu, Vücut Algısı Ölçeği (VAÖ), Yakın İlişkilerde Yaşantılar Envanteri-II (YİYE-II) ve Öz-Anlayış Ölçeği (ÖAÖ) araştırma değişkenlerini incelemek üzere katılımcılara uygulanmıştır. Regresyon analizleri kaygılı ve kaçınan bağlanma boyutlarının öz-anlayış ve beden algısı arasındaki ilişkiyi tüm örnekleme yordadığını göstermiştir. Ek olarak, bağlanma boyutlarının aracılık rolünün cinsiyete göre değiştiği: kadınlarda kaygılı bağlanma boyutunun

aracılık rolü istatistiksel olarak anlamlı iken kaçınan bağlanma boyutunun aracılık rolünün hem kadınlarda hem de erkeklerde istatistiksel olarak anlamlı olmadığı gözlemlenmiştir.

Anahtar sözcükler: Beden algısı, kaygılı bağlanma, kaçınan bağlanma, öz-anlayış.





To those who feel stuck in their bodies

ACKNOWLEDGEMENTS

I would first like to thank my thesis advisor Assist. Prof. A. Meltem Üstündağ-Budak for her valuable efforts, comments, and emotional support through my thesis process. She encouraged me to study on the topics which I am curious about and guided me with her helpful advices on the way of this study.

I would also appreciate my jury members, Assist. Prof. Arzu Aydınlı-Karakulak and Assist. Prof. Başak Türküler Aka, for their valuable comments and advices.

I'm very grateful to my parents Nermin and İlhan Aktaran who have always believed me and supported my dream of being a clinical psychologist since the eighth grade of secondary school. I would like to say my appreciations to my brother Cihat Aktaran and my sister-in-law Selen Aktaran who both encouraged me and helped me during my thesis process. Additionally, I would like to thank my cousin Sevtap Sıvış who helped me to collect the data of my thesis.

Last but not the least; I would like to thank my friends for their supports and empathy through this process. Without them, not only my education life but also my entire life would not be the same.

TABLE OF CONTENTS

PLAGIARISM.....	iii
ABSTRACT.....	iv
ÖZ	vi
DEDICATION.....	viii
ACKNOWLEDGEMENTS.....	ix
TABLE OF CONTENTS.....	x
LIST OF TABLES	xii
LIST OF FIGURES.....	xii
LIST OF ABBREVIATIONS.....	xiv
1.INTRODUCTION.....	1
1.1. Literature Review.....	4
1.1.1. Body Image	4
1.1.1.1. Body Image, BMI, and Gender	9
1.1.2. Body Image Development.....	13
1.1.2.1. Psychodynamic Perspectives on Body Image Development	13
1.1.2.2. Attachment Perspectives on Body Image Development.....	16
1.1.2. Attachment Theory.....	19
1.1.2.1. Attachment and Body Image.....	25
1.1.3. Self-Compassion	28
1.1.3.1. Self-Compassion and Attachment.....	31
1.1.3.2. Self-Compassion and Body Image.....	34
1.2. Aims of the Study.....	39
2. METHOD.....	43
2.1. Participants.....	43
2.2. Instruments.....	46
2.2.1. Demographic Information Form	46
2.2.2. Body Image Scale (BIS).....	47

2.2.3. Experiences in Close Relationships-Revised Questionnaire (ECR-R)	48
2.2.4. Self-Compassion Scale (SCS).....	49
2.3. Procedure.....	51
2.4. Data Analysis	52
3. RESULTS	55
3.1. Preliminary Analyses	55
3.1.1. Data Screening	55
3.1.2. Descriptive Statistics for the Scales	55
3.1.3. Analyses Depending on the Variables	56
3.2. Testing The Hypotheses	60
3.2.1. Testing the Mediating Role of Attachment Anxiety	61
3.2.2. Testing the Mediating Role of Attachment Avoidance.....	65
3.2.3. Analyzing Gender Differences in Attachment Anxiety Mediation Effect.....	68
3.2.4. Analyzing Gender Differences in Attachment Avoidance Mediation Effect.....	70
4. DISCUSSION	73
4.1. Interpretation of Findings of the Study	73
4.1.1. Interpretation of Preliminary Analyses	73
4.1.2. Evaluation of Mediation Analyses	76
4.1.2.1. Evaluation of Mediator Roles of Attachment Anxiety and Avoidance.....	76
4.1.2.2. Evaluation of Gender Differences in Mediator Roles of Attachment Anxiety and Avoidance.....	78
4.2. Contributions and Clinical Implications of the Study.....	81
4.3. Limitations of the Study and Future Research.....	83
REFERENCES.....	84
APPENDICES.....	103

LIST OF TABLES

Table 2.1. Departments of the participants.....	44
Table 2.2. Gender distribution of the BMI categories.....	45
Table 2.3. Reliability coefficients / Cronbach's alpha values of Body Image Scale (BIS).....	47
Table 2.4. Reliability coefficients / Cronbach's alpha values of Experience in Close Relationships-Revised (ECR-R).....	49
Table 2.5. Reliability coefficients / Cronbach's alpha values of Self-Compassion Scale (SCS).....	51
Table 3.1. Descriptive statistics for the scales applied in the present study.....	56
Table 3.2. Mean and standard deviation values among gender.....	57
Table 3.3. Mean and standard deviation values among romantic relationship status.....	57
Table 3.4. Mean and standard deviation values among psychological treatment history.....	58
Table 3.5. Correlations between the demographic and major variables.....	59
Table 3.6. Correlations between variables.....	60
Table 3.7. Coefficients.....	62
Table 3.8. Coefficients.....	63
Table 3.9. Coefficients.....	64
Table 3.10. Coefficients.....	66
Table 3.11. Coefficients.....	67
Table 3.12. Descriptives for attachment anxiety levels in two gender groups.....	68
Table 3.13. Descriptives for attachment avoidance levels in two gender groups.....	71

LIST OF FIGURES

Figure 1.1. The two-dimensional model of attachment styles (Bartholomew & Shaver, 1998).....	24
Figure 1.2. The Hypothesized Mediation Model.....	42
Figure 2.1. Illustration of the mediation analysis design of Baron & Kenny (1986).....	54
Figure 3.1. Predicting body image from self-compassion through attachment anxiety.....	61
Figure 3.2. Predicting body image from self-compassion through attachment anxiety.....	65
Figure 3.3. Predicting body image from self-compassion through attachment avoidance.....	65
Figure 3.4. Predicting body image from self-compassion through attachment avoidance.....	67
Figure 3.5. Predicting body image from self-compassion through attachment anxiety in female participants.....	69
Figure 3.6. Predicting body image from self-compassion through attachment anxiety in male participants.....	70
Figure 3.7. Predicting body image from self-compassion through attachment avoidance in female participants.....	71
Figure 3.8. Predicting body image from self-compassion through attachment avoidance in male participants.....	72

LIST OF ABBREVIATIONS

BDD: Body Dysmorphic Disorder

BMI: Body Mass Index

BIS: Body Image Scale

DSM: Diagnostic and Statistical Manual of Mental Disorders

ECR-R: Experiences in Close Relationships – Revised Questionnaire

ED: Eating Disorders

SCS: Self-Compassion Scale

WHO: World Health Organization

CHAPTER 1

INTRODUCTION

“The ego is first and foremost a bodily ego...”

Sigmund Freud, 1923

Throughout the years, the significance of physical appearance for both women and men has been highly valued. Having an ‘ideal body’ captures attention in a good way and makes the others admire. The efforts to achieve ‘ideal body,’ the negative thoughts over the actual body and dissatisfaction with physical appearance may lead people to experience anxiety. Appearance anxiety is a growing problem for adults, adolescents, and even children. In recent studies, authors have argued that negative body image can be experienced not only in middle age but also in early and old age (Neves, Cipriani, Meireles, Morgado, & Ferreira, 2017; Clarke & Korotchenko, 2011). Levine & Smolak (2002) revealed that 40% to 70% of adolescent girls were not happy with at least two parts of their body, 50% to 80% of teenage girls demanded to be thinner than they actually were. A prospective study of Bearman, Presnell, Martinez, & Stice, (2006) has showed the increase in age was correlated to the increase in body image dissatisfaction in girl adolescents. The findings of this study indicated that adolescent girls’ dissatisfaction with their bodies had risen significantly after 1 and 2 years follow-up. These results reveal the threat of body image dissatisfaction that should not be underestimated.

Body image is correlated to the way we experience our very own body and how we take care of it. It can be thought as the mental image that we all maintain, and it is related to the thoughts and feelings about how we seem to others. It also indicates how we experience ourselves in society and how we compare ourselves to others. People who have negative perception of their body experience embarrassment and anxiety about their physical appearance (e.g., Mili & Raakhee, 2015). Negative and distorted body image can affect not only our feelings about our body but also our psychological situation. A great body of literature has expressed many important results that body image dissatisfaction is related to depressive symptoms and mood (e.g., El Ansari, Dibba, & Stock, 2014), higher perceived stress (El Ansari et al., 2014; Duchesne, Dion, Lalande, Begin, Emond, Lalande & McDuff, 2017), social physique anxiety (Clode, Lewis, & Fuller-Tyszkiewicz, 2016), low self-esteem (Oktan, & Şahin, 2010), sexual self-concept (Potki, Ziaei, Faramarzi, Moosazadeh, & Shahhosseini, 2017), psychological well-being (Dubey, & Sharma, 2016), quality of life (Morais, Nascimento, Carmen, Vieira, Moreira, Camana, Maciel, & Almeida, 2017) and so on. Moreover, it is proposed that body dissatisfaction can be observed in the cases of severe depression, eating disorders, and body dysmorphic disorder (DSM-5, 2013).

Body dissatisfaction as the one of the most important predictor of eating disorder and body dysmorphic disorder (e.g. Thompson, Covert, Richards, Johnson, & Cattarin, 1995; Arji, Borjali, Sohrabi, & Farrokhi, 2016) has captured greatest attention. Authors suggested that different factors led to body dissatisfaction, which were individual psychological factors, such as self-compassion, attachment, self-esteem, and depressed affect (e.g., Kelly, & Stephen, 2016; Cash, 2004; Bearman et al., 2006), biological factors including body mass index (e.g., Zawawi, 2014), and

sociocultural factors as family, peer and friend messages (e.g., Cafri, Yamamiya, Brannick, & Thompson, 2005). All of these factors cause increase in body image dissatisfaction. Nevertheless, attachment theory made valuable contribution to understand the mechanism of body dissatisfaction (Cash, 2004, Pietromonaco, Greenwood, & Barret, 2004; Suldo & Sandberg, 2000). The efforts have represented that insecure attachment was in relation to body image dissatisfaction (Troisi, Lorenzo, Alcini, & Siracusano, 2006), especially anxious attachment (Cash, 2004; Pietromonaco et al., 2004).

Increasing attention on body dissatisfaction directed efforts to search for correlational studies to find out which psychological factors were linked to body dissatisfaction. Low self-esteem was one of the most emphasized factors in relation to body dissatisfaction (Oktan, & Şahin, 2010). In recent years, self-compassion (a concept that comprises (self-kindness, common humanity, and mindfulness) has also highly been stressed in body image studies due to its close relation to psychological health (Neff, 2003b). The literature has suggested a common result that self-compassion is related to higher levels of body appreciation and lower levels of body dissatisfaction (e.g. Bogdan, Piontkowski, Hui, Ziemer, & Garriot, 2016; Kelly, & Stephen, 2016; Wasylkiw, MacKinnon, & MacLellan, 2012). Well documented findings proposed the link between self-compassion and body perception by implementing self-compassion training (Seekis, Bradley, & Duffy, 2017; Toole, & Craighead, 2016) or assessing trait self-compassion (e.g. Rodgers, Franko, Donovan, Cousineau, Yates, McGowan, Cook, & Lowy, 2017; Kelly, & Stephen, 2016). In their follow-up study, Seekis et al. (2017) put forward that the link between self-compassion and body appreciation was stronger than self-esteem, moreover, self-compassion could help alleviate body related dissatisfaction. With this new

perspective, the predictor (Rodgers et al., 2017; Wasylkiw et al., 2012) role of self-compassion on body concerns has been underlined.

According to Pepping, Davis, O'Donovan, & Pal (2015), both attachment anxiety and avoidance are linked to low self-compassion but stronger links were observed in attachment anxiety. In their second study (2015), they found that state secure attachment and self-compassion level was alleviated after security priming self-compassion sessions. Interestingly, anxious and avoidance attachment levels were not lessened after the security priming sessions. The results were in line with the Kickpatrick & Hazan's (1994) theories that insecure attachment developed in early stages of life, the inherent negative beliefs on self, others and the relationships could be opposed to change. The individual differences in the development of self-compassion were needed to be analyzed further. By taking into account the attachment style, the connection between self-compassion and body dissatisfaction will be analyzed in this study.

1.1. Literature Review

1.1. 1. Body Image

Beauty of the body has always been of a great importance for the human society. Even though the definition of the beauty differs from within the decades, societies, and cultures, it has always highly been valued. Physical appearance is a personal characteristic that is instantly accessible to others in social interactions. In this regard, the philosopher Aristotle highlighted the importance of the physical appearance by commenting "Beauty is a greater recommendation than any letter of introduction." The worth of being good-looking emphasized by many other

philosophers and authors. It is argued that the physical appearance not only affects one's social interactions but also psychological status and health. There are two distinct perspectives in psychological approach to physical appearance: "the outside, body-in-society view" and the other is "the inside, body-in-self view" (Cash, 2006). "Body-in-society" perspective regards how certain facets of one's body appearance, such as weight, height, physical attractiveness, hair color, body shape, influence the interpersonal behaviors, cognitions and perceptions. The other perspective of "body-in-self," in other words body image, considers the one's own actual observation of embodiment, particularly self-perceptions and appearance related self-attitudes toward one's body.

Paul Schilder (1950) defines body image as "the picture of our own body which we form in our mind, that is to say the way in which the body appears to ourselves." Prior to Schilder's (1950) efforts, body image studies mostly study on individuals with brain damage, lack of organs, and damage of a body part. Unfortunately, until the 1980's, body image researches were directed with adult women suffering from eating disorders and weight concerns mostly. After the 1980's, body image studies began to be conducted on children, adolescents, older people, and men. Schilder's (1950) definition was found too simple because it neglected the fact that body image was a multifaceted construct (Cash & Pruzinsky, 2002). As a multidimensional construct, body image investigations should focus not only on weight and shape concerns but also contain perceptual and attitudinal components as Gardner (2011) stated. According to Gardner (2011), perceptual component of body image comprises the perception of one's body shape, size, and appearance; attitudinal component reflects attitudes and feelings over the one's body.

Grogan (1999) also explained body image as “a person’s perceptions, thoughts, and feelings about his or her body”.

In general terms, body image refers to the degree to which people perceive their body. The perception of the body may result in satisfaction or dissatisfaction or in between these two, and comprises the two facets of body image: perceptual and attitudinal components. A positive, satisfied body image enables one to view his/her body properly and correctly, thus he/she feels relaxed and satisfied with the way he/she appears to others. Seeing the body in a positive way provides certain and proper perception of body, people can see every single part of their body clearly and truly as it actually is. One can feel comfortable and proud, thus accept their own unique body and do not waste a large amount of time complaining about weight, and the appearance of his/her body. They can be comfortable and sure about their body boundaries. In comparison to negative body image studies, articles on positive body perception are very limited. Recently, the authors directed the focus on body appreciation and adopted a view of positive psychological outcomes of body image.

According to Tylka & Wood-Barcalow (2015), positive body image and negative body perception are not the opposite ends of the continuum. Positive body image is a multidimensional construct which involves body appreciation, love, and acceptance, protection behaviors through body. It is a protective construct which is mostly stable but may be improved with intervention. It is crucial to attach importance in positive body image to extend the knowledge of body image theory and practice. To search for the importance of body appreciation, researchers have focused on the psychosocial outcomes. In their study, Williams, Cash, & Santos (2004) divided the participants into positive and negative body image groups. Women in positive body perception group reported more body appreciation, less

distress inflicting body image, and leaning to feel that their positive body image influence their functioning and life favorably than the other group of negative body perception. Positive body perception group also reported higher self-esteem levels, adaptive coping, and optimism.

Andrew, Tiggemann, & Clark (2016, 2016b) directed two studies about health-related results of positive body image in women. Researchers asserted important results that body appreciation was positively linked to attempting medical attention, protection the skin from sun damages, skin screening, and was negatively linked to dieting behaviors. The authors' other contribution to literature (2016b) presented that adolescent girls expressed the result of body appreciation predicted intuitive eating over in one year. The results also showed that body appreciation predicted the decrease in alcohol consumption and smoking. One year later, a follow-up study was done and it was found out that there was a decrease in the participants' dieting activities and an increase in exercise activities. Another study of health-related outcomes of positive body image in both men and women was proposed by Gillen (2015) and found no gender differences in the relationship between body appreciation and less depressive symptoms, decreased unhealthy weight control behaviors, higher self-esteem, greater aim to protect skin from sun, and lower urge to being masculine.

The studies including positive body image have reflected the bio-psycho-social outcomes of positive body image (e.g., Rodgers, Paxton, McLean, & Damiano, 2016; Dubey & Sharma, 2016). For promoting positive body image in individuals, it is of a great importance to search for the predictor factors of this stable image affecting all over the one's life.

As expressed before, positive and negative body image are not the opposite ends of a continuum. Different factors contribute to the development of negative body image. To define broadly, negative body image consists of two components: investment (body image importance) and evaluation (body dissatisfaction). While body dissatisfaction reflects one's subjective perception and attitudes toward his/her body, experiencing high concern over body appearance relates to high body image concern (Cash & Pruzinsky, 2002). The discrepancy between the actual shape, weight and ideal body in mind causes body dissatisfaction. However, this definition was criticized considering that one's body shape/weight might be close to their ideal body shape/weight but still the image of body could be negative, and the individual could be disturbed by their body appearance. The attitude and perception toward body affect one's psychological status more than the actual body shape/weight (Cash & Pruzinsky, 2002).

It is also important to clarify the distinction between body dissatisfaction and body image distortion. Negative body representation ranges from negative thoughts over body to distorted image – the perception of body parts not clearly and truly as they actually are. Distorted body image represents the discrepancy between the perception of the shape, size, weight or actual body status. Distortion in body image reflects a brain condition which the individual is unable to see herself/himself accurately in front of the mirror, they perceive their body is distorted (Cash, & Brown, 1987).

Both body dissatisfaction and body image distortion have implicated psychological, mental and health outcomes, and should be taken into consideration. Body image disturbances are seen in severe psychopathological diseases, such as Eating Disorders (EDs)- the persevering disturbance of eating and eating-related

actions which, then, result in the food consumption that harms physical and psychological functioning- and Body Dysmorphic Disorder (BDD)- one's fixation on an imagined defect in the body appearance (DSM-5, 2013). The empirical body of literature focused on the effect of body dissatisfaction/distortion on the onset of eating disorder and eating-related behaviors in children and adolescents (e.g., Smolak & Thompson, 2009, Rohde, Stice, & Marti, 2015). On the other hand, the studies searching negative body image found the link to higher depressive symptom levels, (e.g. El Ansari et al., 2014), perceived health and stress (El Ansari et al., 2014), low self-esteem (e.g., Duchesne et al., 2017; Brennan, 2010), low quality of life (e.g., Cash & Fleming, 2002; Morais et al., 2017), suicidal thoughts or suicide attempts (Rodriguez-Cano, Beato-Fernandez & Llario, 2006), smoking as an unhealthy weight control strategy (Clark, Croghan, Reading, Schrouder, Stoner, Patten & Vickers, 2005), steroid abuse to muscle gain in males (Pope, Gruber, Mangweth, Bureau, Decol, Jouvent & Hudson, 2000); higher perceived stress (Duchesne et al., 2017), and so on. Body image studies are not limited to these correlational studies. This issue was searched in different cultures, ages, gender types, workplaces, patients, mental, and physical health situations to understand which extent to body image disturbances affect people. The important results will be shared by highlighting some of the studies to better discuss the significance of body image issues.

1.1.1.1. Body Image, BMI and Gender

As Smolak (2002) asserted, BMI is a biological factor which contributes to the development of body image. The association between these two concepts has been highly stressed. According to previous efforts, body mass index (BMI) -

dividing a person's weight by the square of his/her height- is strongly correlated to body dissatisfaction (e.g., Bucchianeri et al., 2013; Mintem et al., 2015). Kostanski, Fisher & Gullone (2004) suggested in their studies, which they evaluated the relationship between BMI and body image in adolescents, the linear relationship between these two variables observed for girl adolescents, thus girls experiencing higher body dissatisfaction when their values of BMI increase. However, the relationship was curvilinear in boys, which means they were prone to experiencing high body dissatisfaction when they were either overweight or underweight. Neumark-Sztainer (2011) argued the fact that regardless of age, sex or race, weight-related body dissatisfaction occurred in obese people living their youth or adulthood. They reported less body image satisfaction than their non-obese counterparts. However, as Berge, Wall, Hsueh, Fulkerson, Larson, & Neumark-Sztainer (2015) demonstrated in their longitudinal study, overweight girls having body dissatisfaction faced more increase in weight after ten years than the others who had reported body satisfaction.

Longitudinal studies have highlighted the fact that body image concern has increased over time (e.g., Bucchianeri, Arikian, Hannan, Eisenberg & Neumark-Sztainer, 2013; Mintem, Gigante & Horta 2015). Bucchianeri and her colleagues (2013), possessed a 10-year longitudinal study which conducted with 1902 male and female adolescents from adolescence to young adulthood. By assessing the scores of body dissatisfaction levels and BMI after 5 years and 10 years, authors found the result of increased level of dissatisfaction and BMI after 5 and 10 years later.

Another contribution to literature was done by Mintem and her colleagues (2015). They carried out a research on a sample of babies from their birth to 23 years old. The assessments were done firstly right after the birth, and the following

measurements were done after 4 years and 23 years. The BMI scores were also assessed three times. The important study has demonstrated that the prevalence of body image dissatisfaction was high in both sexes between 4 and 23 years. The changes in weight were strongly correlated to the dissatisfaction of body in adulthood. These studies pointed out the possibility of increase in one's body image satisfaction level over time. The importance of weight and BMI was also highly valued. Through this perspective, the association between these two and the studies have conducted will be summarized.

Another point worth mentioning is ethnicity. Even if African American women were heavier they stated higher body satisfaction than Caucasian women (Duncan, Anton, Newton & Perri, 2003). Thus, weight is an important factor but it cannot alone explain the body dissatisfaction without the support of other factors.

Additionally, gender differences have highlighted often in body image studies. A great body of literature expressed that women were having higher body preoccupation compared to men (Goksan, 2007; Yahia, El-Ghazele, Achkar & Rizk, 2011). With the proper tools measuring body image concern and the media's growth pressure on men's body ideal, the findings have changed. Recent studies have reflected the fact that both men and women experience body image concerns, and it affects them to a greater extent (e.g., Hoffmann & Warschburger, 2017). With starting the age of 13-15, women showed more weight/shape concerns than their male counterparts (Bearman et al., 2006; Bucchianeri et al., 2006) while men were having more muscle preoccupation than females (Pope et al., 2000; Neagu, 2015). Beyond masculinity and adiposity, men were having more concern on 5 parts of their bodies which were weight, head hair, height, penis size, and body hair (Tiggemann, Martins & Churchett, 2008). Weight, stomach, breast size, thighs and legs were the

body parts which women most invested in (Stiman, Leavy & Garland, 2009). Even if investment in body parts differentiates between both genders, increased body dissatisfaction levels across women and men is threatening for both sexes. According to Neagu (2015), some people are more vulnerable to develop body dissatisfaction or distortion because of their professional work choices, physical characteristics or sexual choices. Among women sport practitioners, athletes, ballerinas, gymnasts, feminists, and lesbians, on the other hand sportsmen and homosexuals among men were at greater risk to develop body dissatisfaction and related psychopathologies.

An important area which body dissatisfaction studies have mostly demonstrated is cosmetic/plastic surgery patients. Both medical professionals and health professionals interest in patients who undergo plastic surgery because of the most important motivation to seek surgical help was body dissatisfaction, and the level of the disturbance predicted consideration the elective plastic/cosmetic surgery, as well (e.g. Callaghan, Lopez, Wong, Northcross & Anderson 2011). In both gender, the studies which analyzed body dissatisfaction levels in cosmetic surgery patients found that a significant number of patients were not satisfied with the surgery results which their body dissatisfaction levels were alleviated (Sarwer & Crerand, 2003; Hashemi, Edalatnoor, Edalatnoor & Niksun, 2017). The worsened body concern in post-operation requires psychological assessment before cosmetic surgery process.

Body image and its effect on one's psychological situation were presented so far. As asserted above, body perception is an important and quite stable construct which affects one's psychological and physiological status and quality of life. In order to understand the importance of body image, the body image development will be expressed.

1.1.2. Body Image Development

According to literature, various perspectives can be seen in body image development, it is a highly studied subject that cognitive, behavioral, developmental psychologists, psychoanalysts, philosophers and sociologists are discussed through their perspectives. Physical attributes and related changes, societal messages, social environments all play an important role on the development of the body perception, and, moreover, this image has an impact on the way one feels about in his/her body boundary. Numerous mental representations and psychological situation in different stages of one's life shape the concept of body image which has an influence on psychological health, quality of life and social functioning.

1.1.2.1. Psychodynamic Perspectives on Body Image Development

According to Krueger (2002a), a psychodynamic theorist, body representations begin from the birth with the interaction of caregivers and constitute the self-concept. Freud asserted his understanding of body, an important fundamental of self-concept, by saying “the ego is first and foremost a bodily ego” (Freud, 1923). Harter (2012) expressed her knowledge that “We gaze at ourselves in real mirrors and we anticipate the evaluations of others, as mirrors.” Along with these perspectives, the influence of body representations on self-concept was highly discussed in studies of body image concept.

From infancy to middle childhood, the child passes through psychological and cognitive developmental phases which shape his/her self and body perception, and these perceptions have critical implications for the following development in body and self-images. The whole developmental phases include the interactions with others and the dynamic relationships between infant and significant others in early

stages. Through this perspective, we can better understand the developmental paths of body representations by starting with the birth. In agreement with psychoanalytic perspective, a newborn infant is “fairly asocial”, and the interaction between primary caregiver and infant is mostly physiological (Stern, 1985). Anna Freud (1989), argued that the infant desires to merge with the primary caretaker, mostly mother, and he/she is in confusion about the body boundaries. The differentiation between two worlds- internal and external- in early life is based on subjective experiences of the infant’s pleasure and displeasure. Just as the infants’ hunger, tiredness, discomfort, and concern are his/her own experiences, they believe that the mother’s body parts, such as breast, hair, face, and hands are the parts of his/her own organization.

By reaching two months of age, baby develops an awareness based on the interactions with primary caregiver. Being touched, held, fed, and changed by caregiver encourages the infant to form his/her body boundaries, limits, and experience where his/her own body boundary begins and ends (Krueger, 2002b). All along the first year of age, by the caregiving and holding environment, the infant starts to realize the inner and outer worlds are two separate worlds, begin to understand his/her body is independent, and inner sensations are separated from the external experiences (e.g., Krueger, 2002a; Freud, 1989). According to Lemche (1998), the emotional attunement by the primary caregivers plays an important role on this separation, and observation of the external experiences. By reaching the end of the first year, the development of the baby’s autonomy and separation from the mother are important to shape representations of self and object (Mahler, Pine & Bergman, 1975), and provides baby’s development of body image and experience (Lemche, 1998).

Lewis (1991) represented that by reaching the two years of age the baby is ready to recognize his/her self; thus, the self-recognition process is developed. To better explain the self-recognition construct, mirror experiments were done by Lewis and his colleagues (1989). The infant is able to recognize himself/herself in front of the mirror. And this is a capacity that requires both seeing the self as subject (being in his/her own body) and object (viewing and recognizing his/her body from out of the body). Then, the infant develops body-awareness, approximately in the middle of the second year of age, which is an ability to understand the interaction of the body with the outer world (Brownell, Zerwas & Ramani, 2007). The authors emphasized the importance of this stage by reporting the crucial role of body-awareness on psychological self-development in infancy and adolescence.

In the third year of age, the baby can understand the concept of enduring-self and body perception (Tremblay, Lovsin, Zecevic & Lariviere, 2011). Children are able to symbolize their body size as the adults do and misperceptions about their bodies were held by their parents. From four to five years of age, the self-awareness of child reaches higher degrees and becomes more complex. Children are able to show shame, embarrassment, and pride while their counterparts compare them with others (Smolak, 2011). Tremblay & Limbos (2009) reflected that children as young as 5 years old, showed the proof of body dissatisfaction. Furthermore, this can predict the development of EDs, low self-esteem, and weak psychosocial interactions in adulthood (Harter, 2012).

According to Krueger (2002b), children aged six and seven years old hold more definite body image which is developed by higher levels of abstract thinking. This metallization guide children to grasp the others' feelings, thinking, desires, and beliefs, which, in turn, help them to develop an accurate combination of body and

self. The author also added that the integration of body and self provides one to regulate affect and tension, control impulsivity, develop a self-agency, and self-monitoring. At the age of the metallization capacity begins to develop, children showed body dissatisfaction (Smolak, 2011). The later development of the self is affected by this dissatisfaction; make children vulnerable to experience ED and eating-related psychopathologies, BDD, depression, or social anxiety.

As asserted above, from the perspective of psychoanalytic theory, the development of body image and self begins from the birth and these two are highly associated to the interaction with primary caregivers.

1.1.2.2 Attachment Perspectives on Body Image Development

As Krueger (2002a, 2002b) expressed, body is an important part of the growth of self-concept. If the self-concept is not well integrated the body perception will possibly be poor (Buhl-Neilsen, 2006). As asserted, body image development starts with the birth. For this reason, the role of caregivers cannot be overestimated. How early interactions with caregivers during infancy affect body development and studies including attachment perspectives on body image development will be expressed.

Attachment is a relatively stable and reliable indicator of interactions with primary caregivers' effect on the developing secure base which affects individual's life. Attachment styles originate from the interplay of the infant's temperament with primary caregivers' attitudes (Amianto, Martini, Spalatro, Abbate Daga, & Fassino, 2017). Bowlby (1988) argued that the infant's attachment-related behaviors arise from a biological and instinctive urge to be taken care of, and protected. The

tendency to develop strong emotional bonds between infant and significant others is a part of the human nature and exists in newborn. He highlighted the importance of the child's need for protection and parents who are both physically and emotionally attainable to serve a secure-base during infancy and childhood (Bowlby, 1969). How strong and healthy attachment bonds can accomplish the secure-base and safe-haven functions, in turn, these bonds shifts not only to attachment figures' certain behaviors but also to translation of the interaction patterns into the "internal working models (IVM)" (Bretherton, & Munholland, 1999). Bowlby's (1988) term of "internal working models" represents a cognitive design which created in infancy between self and other. It refers to self-representations created by the infant's feelings of acceptable through the eye of significant others'.

The infant's physical needs to be fed, cleaned, changed, touched, cared, and held not only provide him/her to be taken care of but also have an impact on the infant's thoughts over his/her own body. Moreover, it influences the way infant feels in his/her own body, cares the body, and wishes the others to look at and treat his/her body. The caregivers' way of looking, holding, touching, feeding and caring is of a great importance for baby to develop a positive view of self and body. In order to highlight the importance of attachment on body development, Krueger (2002a) argued that "attachment needs are first and foremost body based needs". In this sentence, Krueger stressed the strong and undeniable link between attachment and body. He contended that the internal working models developed in infancy serve a direct path to develop feelings over body which are inferences drawn from the unfulfilled demands of the infant's. Moreover, the rooted negative conclusions such as inadequacy and defectiveness might form into body perception (2002a). The

fulfilled and unfulfilled physical and emotional demands of the infant have an impact on self-esteem and body esteem.

From Winnicott's (1971) perspective, the caregiver serves as a "mirror" through the infant's eye by saying that "the mother is looking at the baby and what she looks like is related to what she sees there." The reaction of the caregiver when looking into the baby's eyes leads baby to conclude whether he/she is a thing to be looked into. The affective and physical (un)responsiveness of the caregivers influence the baby's self and body image development.

To better understand the role of attachment -the impact of parents- on body image Kernberg (2007) and Nielsen (2006) developed Mirror Interviews to observe whether children feel comfortable in front of the mirror while their mothers leave them alone in a room. Later, the Mirror Interviews also run with adults to observe the link between attachment and body (Haick, 2012). These interviews rested on a foundation of Winnicott's (1971) theory that the mirroring role of mother. Kernberg (2007) argued that when children are in front of the mirror and look at themselves, they would remember the memories of mothers who have served as a mirror. Her observations directed that children who developed secure bonds with their mothers showed positive emotions while interacting with the mirror. She assumed that positive manners in front of the mirror reflected self-recognition. What the children saw in the mirror and how they feel about it affected by the interactions with their mothers.

The Mirror Interviews were also done by Tosi (2014) who assessed mothers' attachment type and run the interviews with children. She found out that children whose mothers were secure interacted with the mirror freely, the others who had

preoccupied mothers seemed angry while interacting with the mirror and reflected over-involvement, and children with dismissing mothers not much interested in mirror. Haick (2012) observed adult women by asking questions about their bodies while the women were answering them in front of the mirror. She thought that women should integrate feelings over their body with what they see in the mirror. With assessing women's attachment by using Main's (1985, 1988) Adult Attachment Interview she reached a conclusion that women who were securely attached were more relax and positive in front of the mirror while answering the body-related questions than the others who were insecure. The Mirror Interviews have contributed a lot in attachment perspective on body image and with this method the bonds between these two have captured great attention.

1.1.2. Attachment Theory

Attachment has its roots in object relations theory which is a field of psychoanalytic theory. The theory of attachment was developed by Bowlby (1969, 1973, 1982) and Ainsworth (1967, 1970, 1978) to understand how early interactions with caregivers and experiences in infancy affect individual's self-development. It is an affectionate tie which chains two individuals together and this bond continues throughout the life (Ainsworth, 1970). Bowlby (1969, 1982) emphasized the great importance of stable, available, and protective parental figures during the child's development. The responsiveness of the caretaker plays a crucial role on the self-development and sense of others, moreover, has an impact on the one's life course. Attachment behaviors characterized as the behaviors which lead proximity to the caregiver, essentially the mother (Bowlby 1969). Infants lean on the interactions with

primary caretaker and look for closeness, so that they can survive. The baby has an innate knowledge of actions which keep caregivers closer. Infant expresses his/her needs through the genetic behaviors, such as crying, clinging, and sucking. If caregiver responds to the needs properly then the caretaker develops secure and stable attachment bonds. The “secure base” provides infant to experience security, shift his/her interest in others and environment, and encounter challenges in comfort. Whenever infants get into a dangerous situation, they turn back to protective parental figures as a “safe heaven”. The primary aim is not only defend from danger but also having confidence in parents’ availability. As Bowlby (1969) stated, “availability” means both physically and emotionally being present.

The baby’s perceptions through the availability, protectiveness and responsiveness of the primary caretaker provide them to build up mental representations, in other words internal working models. Internal working models relatively resist changing throughout the lifespan and these representations created in infancy are transferred to the interactions with the others such as friends and romantic partners. According to Bowlby (1969, 1980), individuals often are not consciously aware of these internal working models which shape the latter interpersonal interactions.

The development of secure attachment in infancy and childhood not only contributes to build up a positive sense of self but also enables individual’s to organize their actions, emotions and cognitions (Rosenstein, & Horowitz, 1996). In addition, individuals with secure attachment bonds are less likely to develop psychopathology and are able to create better interpersonal relationships than the others who develop insecure attachment (Bowlby, 1973). Those with insecure attachment bonds have negative sense of self and others, and are more likely to

develop psychopathological problems. Because of insecurely attached individuals' early interactions with caregivers are not protective, caring and strong enough, their latter relationships in adulthood will possibly be poor, as well.

Ainsworth (1970) conducted longitudinal studies with babies in different cultures to understand the creation and signals of attachment bonds and found out these bonds developed through phases. She suggested that it matters not quantity of primary caregivers' responses but quality of care. Ainsworth (1970) created an observation technique which called "Strange Situation". It provided to study on twelve-month-old babies in a strange situation causing distress either absence or presence of the mother. The assessment organized in a controlled laboratory setting, a toy room, consisted of eight different phases. Mainly, the phases comprised of different situations involved observer, baby, mother and a stranger. Baby's behaviors and emotional fluctuations were observed while creating stressful and relaxing conditions involved the mother's actions. Mother leaves the baby alone either with observer and stranger, and then returning to the baby. The efforts of Ainsworth (1970) reflected that the infants who are securely attached to their mothers explored the environment, played with the toys while their mothers were there as a secure base. They experienced distress just after mothers left the room until they came back. When mothers return to the room, babies were reassured and kept on playing. The other infants (avoidant) did not show any emotional behaviors to the mothers' absence and presence in the room. They explored the environment in both condition, seemed to be irresponsive to mothers and looked relaxed. Even if avoidant babies seemed to experience no stress during the separation, their heart rates increased just as their peers' did. Ainsworth reflected that other babies who had ambivalent attachment showed two different types of behaviors which were angry and passive.

These babies felt high stress while their mothers were late and not interested in the environment. Insecurely attached infants' interactions with mothers were dissimilar to secure type. The mothers of insecure infants were not sensitive to the baby's needs, seemed to fail signals. These mothers did not show any signs of rejecting the babies; unfortunately their quality of care was poor.

Main & Solomon (1990) also study on strange situation experiments and observed a different type of attachment which they called disorganized. They argued that the mothers of disorganized babies served as both safe heaven and threat to them. When their mothers return to the room the babies showed behaviors such as keeping away from mother and looking trancelike. They asserted that these mothers could be caring but at the same time they might be fearful and dangerous when angry.

Attachment observations continued with the adults as attachment relationships are crucial for shaping interactions with others in adulthood. After Strange Situation experiments, Main and her colleagues (1988) developed Adult Attachment Interview which investigates adults' representations of attachment interactions created in infancy. Kobak & Sceery (1988) also run Adult Attachment Interview and they asked adults to recall their memories and experiences with parents. Their findings were in line with Strange Situation observations. Furthermore, Hazan & Shaver (1987) created a self-report method and searched for romantic relationships in the role of attachment. Their self-report method illustrated that individuals with insecure attachment stated more pessimistic way of thinking of love, asserted short-term relationship histories and more negative interactions in relationships than those developed secure attachment bonds. Moreover, insecure

individuals reported that they feel unacceptable by the others; they do not deserve love and feel self-doubt (Hazan & Shaver, 1987).

Bartholomew (1990), Bartholomew & Horowitz (1991) and Bartholomew and Shaver (1998) studied on adult attachment through a model which had two dimensions: the individuals' sense of self (positive or negative) and sense of others (positive or negative). The model consisted of four categories (i.e. secure, fearful-avoidant, dismissing-avoidant, and preoccupied). Individuals with both positive on sense of self and others were secure; negative internal sense of self but positive sense of others were preoccupied; both negative view of self and others were fearful; and lastly, positive evaluation of self in contrast to negative sense of others were dismissing (See Figure 1.1). Bartholomew et al. (1990, 1991, 1998) contributed to the attachment style measurement techniques by suggesting that it would be more descriptive to use dimensions rather than categories while assessing attachment. Furthermore, Brennan and her colleagues (1998) collected 323 items which used in different attachment questionnaires, applied these items to a large group of adults and suggested two dimensions: anxious and avoidant. While anxious dimension reflected experiencing abandonment and rejection anxiety in romantic relationships, avoidant dimension indicated being worried about getting close to someone and depending on others. In this manner, secure attachment indicated having low anxiety and avoidance; fearful-avoidant style reflected having high levels of anxiety and avoidance; preoccupied attachment revealed experiencing low level of avoidance and high levels of anxiety; and finally having low anxiety and high avoidance expressed dismissing-avoidant style.

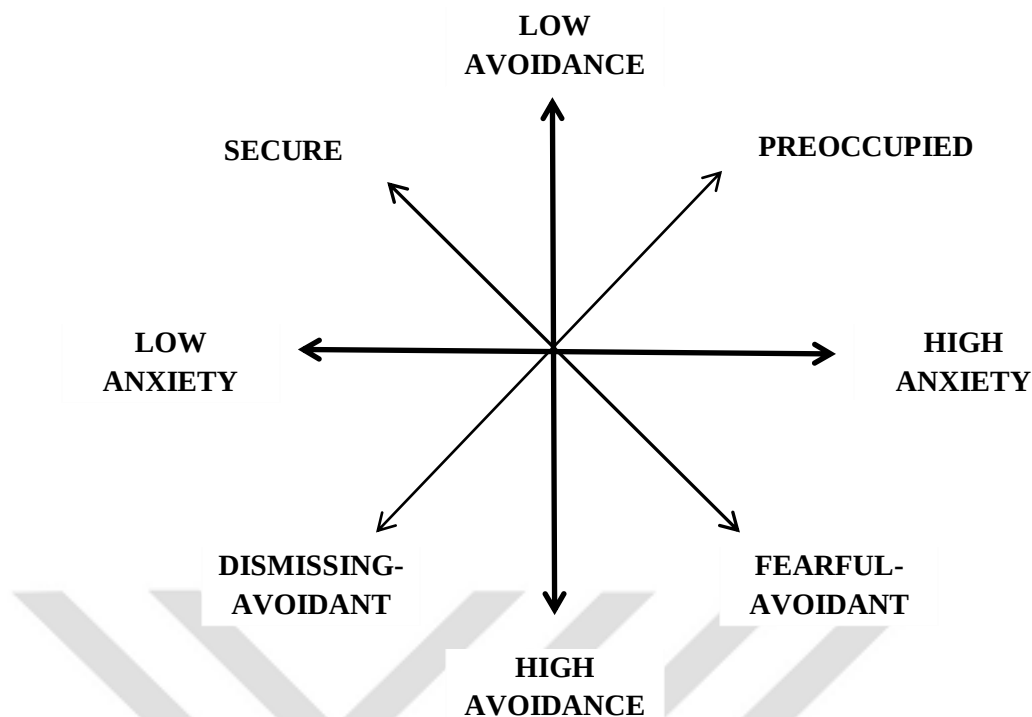


Figure 1.1: The two-dimensional model of Attachment Styles (Bartholomew & Shaver, 1998)

With the contributions of the authors, attachment theory has evolved in time and developed into one of the most important theories in psychology and analyzed in different areas of psychology. As asserted above, interactions with unstable, unreliable, unsupportive parental figures prevent from developing secure attachment bonds and stable mental organization; decreasing the ability of managing stress and causes to mental breakdown when encountering a crisis (Bowlby, 1988). Developing insecure attachment bonds in early years of life lead individuals to be prone to develop psychopathologies. The link between attachment and psychopathologies, such as depression (e.g., Catanzaro, & Wei, 2010); anxiety disorders (e.g., Warren, Huston, Egeland, & Sroufe, 1997), obsessive-compulsive disorder (e.g., Doron, Moulding, & Kyrios, 2009), and eating disorders (e.g., Ward, Ramsay, Turnbull, Steele, Steele, & Treasure, 2001) has highly studied in the field. Insufficient care and

poor bonds created in infancy have an effect upon infants' whole stages in life, latter interactions with others, sense of self and mental health. Individuals whose caregivers are not caring, loving, stable, and reliable enough are vulnerable to develop diminished sense of self-worth, experiencing self-doubt, having poor self-organization and poor self-concept. Due to the fact that infants' survival needs in early stages of life are mostly the body-based needs (to be fed, held, changed, cleaned, touched, and cared), the quality of care is of a great importance to develop positive body representations.

1.1.2.1. Attachment and Body Image

As stated before, the body image studies have mostly conducted with women due to the fact that women had greater body image concerns than men (e.g., Goksan, 2007; Yahia, El-Ghazele, Achkar & Rizk, 2011). Even though recent findings expressed that men's concerns over appearance as strong as women (Hoffmann & Warschburger, 2017), the literature about attachment and body image correlation in men has remained limited.

Sharpe and her colleagues (1998) conducted a study to examine the relationship between attachment and weight concern on a group of adolescent girls. They used self-report technique to assess attachment style of participants and expressed that the girls with insecure attachment are having greater concerns over weight than those with secure attachment. In line with Sharpe et al. (1998), Troisi et al. (2006) studied on a group of adult women with anorexia and bulimia nervosa and found that insecure attachment style was correlated to body dissatisfaction.

Another contribution was done by Cash, Theriault, & Annis (2004). They conducted their study with both female and male college students and used Experience in Close Relationships Questionnaire (ECR). Their results revealed that preoccupied adult attachment and anxious romantic attachment style are correlated to negative body image in both sexes. McKinley & Randa (2005) replicated the study of Cash and his colleagues (2004) with adult women and reported the association between adult attachment anxiety and body satisfaction. Increase in body satisfaction related to decrease in attachment anxiety levels. Lev-Ari, Baumgarten-Katz, & Zohar (2014) presented the similar results that attachment anxiety, but not avoidant, significantly predicted body dissatisfaction in women adults whose ages ranged from 18 to 42 years.

DeVille, Ellmo, Horton, & Erchull (2015) carried their study with adult women aged 18-30 years and assessed attachment with ECR. They showed that both anxious and avoidant dimensions of adult romantic attachment are related to body surveillance and body shame in women. However, attachment anxiety reflected stronger correlation than avoidant. Mili & Raakhee (2015) found similar findings on their sample consisted of women and men adults that both avoidant and anxious attachment are related to body esteem. They reported both dimensions showed no significant gender differences in the relationship between two construct. The two dimensions were inversely related to body image; moreover, these results were accepted for both sexes.

Cheng, & Mallinckrodt (2009) created a study to examine whether adult attachment, assessed with ECR, is related to body image dissatisfaction and media internalization in women adults. Their findings revealed that body dissatisfaction and attachment anxiety was in correlation. Moreover, the mediation role of media

internalization on this relationship was accepted. They interpreted these findings that the poor emotional bonds with primary caregivers lead to anxious attachment which associated with women's aim to internalize the "ideal body" messages of media which, in turn, result in body dissatisfaction. Secure attachment served as a protective factor against the internalization of "ideal body" messages. This study provided a different perspective of sociocultural theories (i.e. peers, family, and media) of body perception which investigated mostly in body image studies.

Another study was done by Sandoval (2008) to investigate the prediction role of attachment on positive body image in women aged 18-60 years. They applied Body Image Quality of Life Inventory (BIQLI) which assesses the impact of body perception experiences on well-being. Their findings indicated that secure attachment predicted positive body image.

Arslangiray, 2013 conducted a study with a Turkish sample which consisted of 427 college students. The aim of the study was investigating the predictor role of attachment and gender role attitudes of students on body perception. They used ECR-R to assess attachment styles of the participants. Findings revealed that significant negative relationship was observed among body image and attachment anxiety.

The studies reflected above expressed that there is a correlation between body image and attachment. However, different perspectives and scales caused mixed results in the literature of body image and attachment. Throughout the years, the classification of attachment styles has evolved and methods used to assess attachment have changed. Today, we prefer to assess attachment using dimensions rather than categories. Some of the studies expressed above used categorical attachment measurement rather than dimensional, thus, brought mixed findings.

However, a great body of literature expressed valuable information that attachment is one of the most important factor leading dissatisfied body image.

Another issue should be taken into account that gender differences in attachment. The way of socializing with others is different between two genders (Bem, 1993). Males are likely to be less emotional than their female counterparts. The attachment studies have often reported gender differences in attachment (Del-Giudice, 2019) in line with Bem's (1993) argument. Del-Giudice (2019), Koskina, & Giovazolias (2010) and Schmitt et al. (2003) expressed that males scored higher on attachment avoidance and scored lower on attachment anxiety. On the contrary, women have reported higher attachment anxiety than men. Studies on romantic couples expressed that men are likely to state less comfort with emotional intimacy. On the other hand, Schmitt et al. (2003) argued that cultural differences in attachment styles of women and men can be observed. They conducted their study with men in 62 cultural regions and found out that there were culture differences in men's attachment styles. The study of Keklik (2011) and Uras (2004) directed with Turkish university students and showed that men scored higher than women on avoidance dimension, which was consistent with the other studies. In conclusion, both measurement methods and sex differences in attachment might have produced inconsistent results.

1.1.3. Self-Compassion

Self-compassion is an important concept, which has its origin in Buddhist philosophy and this concept is well-known in Eastern philosophy and psychology. However, it is a relatively new construct to Western culture and psychology. Self-

compassion has brought a new and a different understanding of psychological well-being and mental health. The way of explaining, researching and treating the mental health problems has changed through this concept. To better understand the construct, compassion should be defined. Compassion is an affection of feeling touched by the suffering others' and desiring to prevent others from suffering (Neff, 2003a). Thus, it is about being aware of others' problems and pain, sharing the pain of others', moreover, having an urge to alleviate their suffering. In addition, the concept of compassion involves nonjudgmental understanding of people who fail or do things in a wrong way. For this reason, self-compassion is about being touched by own pain and suffering, having a nonjudgmental view of self, accepting the all fails, and healing the suffering self with kindness. According to Neff (2003b) this concept consists of three components: self-kindness, common humanity, and mindfulness. The first one, self-kindness, is about being kind to self rather than treating harsh in an emergence of failure or pain. Instead of being judgmental or ignoring the feelings when experiencing pain, people who are self-kind adopt an understanding attitude towards us. Self-compassionate individuals are aware of it is inevitable that people may fail when encounter with life challenges. Rather than treating the self harshly when times of failure, they try to be sensitive themselves.

The second component of self-compassion, common humanity, demonstrates that experiencing the painful situations as part of the human experience. People who are frustrated with the life challenges and angry about not meeting their expectations enough tend to believe an irrational isolation: "I am the only one who suffers and fails." However, all people suffer in life. They ignore the fact that human beings are mortal, not perfect, and sensitive. For that reason being self-compassionate means

that failing and being imperfect is an experience which is shared by all human beings not only by “me” (Neff, 2003b).

The third and the last one is mindfulness which is about holding negative emotions in balance, so that the emotions are neither overstated nor restrained. It is about being open to experience negative emotions, in order that the feelings can be held in balanced. The state of mindfulness indicates being non-judgmental and open-minded, accepting the feelings as they really are without ignoring them. Overstating and restraining the emotions cannot coexist. Mindfulness protects from over-identifying thoughts, feelings, and pain, so that we don't overwhelm emotionally (Neff, 2003b).

Even though the three elements of self-compassion are differentiate from each other they are still in interaction and help each other to occur and to improve. Studies suggested that mindfulness is an important mind state to keep people away from their negative experiences, moreover, provide them to develop self-kindness and common humanity (Neff, 2003b). According to Jopling (2000), mindfulness entails to increase self-criticism, so that people could understand themselves. In this manner, they can help to develop self-kindness and treat themselves sensitively. Mindful individuals support themselves to struggle with being self-centered and, in turn, could improve their social interactions with others.

Similarly, self-kindness plays an important role to develop mindfulness. Individuals who accomplish not to judge themselves for a long period of time, they could balance their emotion when times of crisis, so that help to improve mindfulness (Fredrickson, 2001). In addition, people who recognize human beings

are all suffering in life, could evaluate their experiences from a social point of view thus, avoid to exacerbate negative feelings.

As a multi-dimensional construct, self-compassion is negatively related to many psychological concepts such as body shame (e.g., Braun, Park, & Gorin, 2016) depressive symptoms (Neff, 2003b; Neff, Rude, & Kirkpatrick, 2007b), anxiety (e.g., Neff et al. 2007b), self-criticism (Neff, 2003a), negative affect (Neff et al. 2007b) and positively correlated to body appreciation (e.g., Braun et al., 2016; Kelly, & Stephen, 2016), well-being (e.g., Neff, Kirkpatrick, & Rude, 2007a), life satisfaction (Neff, 2003a), social connectedness (Neff, 2003a); and positive affect (Neff et al. 2007b). Therefore, the researchers studied on the link between self-compassion and psychological disorders including depression (e.g., Pauley, & McPherson, 2010) and eating disorders (e.g., Kelly et al., 2016).

These links suggest that self-compassion might be clinically and theoretically important construct in explaining the psychological constructs and disorders. In order to understand how self-compassion develops and it relates to all of these psychological constructs, we will express the theoretical perspectives presented in literature.

1.1.3.1 Self-Compassion and Attachment

In order to examine the effect mechanism of self-compassion Gilbert (2005a, 2006) suggested a model which consisted of three concepts and their interactions with each other. The concepts were attachment, brain development and neuroscience. He stated that there was a system provides to increase in feelings of relaxed, calmness, secure, and social connectivity, which was soothing system. The soothing system has its roots in early interactions with caregivers, thus attachment. When

baby is anxious or angry, the caretaker's facial expressions, tone of voice, kind of caring, speaking, and listening stimulate the soothing system, in turn, the baby calms down. As the infants' neural connections develop, they improve their self-soothing skills with the help of the memories of soothing experiences shared with caregivers. In case of the traumatic events in childhood, this system might not be developed. As well as soothing system, defense system has an impact on self-compassion development. Traumatic childhood experiences might lead to overstimulation of the neural connections of defense system and under-stimulation of soothing system. In this case, the strong neural connections of defense system become easily triggered in latter stages of life (Gilbert, & Procter, 2006). If the caregiver, mostly the mother, is not sensitive, compassionate and caring enough, the ability of being self-compassionate cannot be developed because the neural connections of soothing system might not be triggered as much as defense system.

The authors tested Gilbert's theory (e.g., Tanaka, Wekerle, Schmurck, & Paglia-Boak, 2011) and approved the model. They expressed childhood emotional abuse experiences, and having unsupportive and unavailable parents affect the development of self-compassion. Neff & McGehee (2010) suggested that secure attachment contribute to development of self-compassion and its indicators, such as self-worth. If parental figures are physically and mentally available and treat compassionately when times of danger and stress, the baby could improve the ability of treating self compassionately.

Another study included both attachment and self-compassion was done by Bogdan, Ericson, Jackson, Martin, & Bryan (2011). They conducted an online research with 153 female and 44 male college students. They used ECR-R and Self-Compassion Scale (SCS) to test related concepts. Their findings represented that

high levels of attachment anxiety and avoidance indicated low degrees of self-compassion. The differences between two dimensions suggested that stronger relationship between attachment anxiety and self-compassion was observed. These findings interpreted by authors that attachment avoidance indicates negative view of others and positive view of self -in other words attachment avoidance- might provide to individuals feel self-worthy in contrast to those having high attachment anxiety.

A study directed with Turkish married couples investigated the role of self-compassion, attachment and the attitudes of couples' marital functioning (Terzi, 2015). 158 couple participated in the study and filled questionnaires of SCS, ECR-R and the other related measures separately. In line with Bogdan et al. (2011) their results presented a relationship among attachment anxiety and self-compassion in couples. However, attachment avoidance did not show any relation to self-compassion. Their interpretation was similar with Bogdan et al. (2011) that viewing the self positively might support individuals to be compassionate through themselves.

Pepping, Davis, O'Donovan, & Paul (2015) created two studies to examine the roots of self-compassion. In the first study participants, 241 females and 88 males, were asked to recall their memories of parental rejection, warmth, and over-protection. They also applied ECR-R and SCS to the participants. It is stated that attachment anxiety mediated the association between parenting style and self-compassion. The second study conducted to search whether secure attachment developed by security priming sessions contribute to alleviate state self-compassion. 32 college students, 24 females, 8 males, randomly assigned to experimental and control groups. After 10-minute length 4 security priming sessions, attachment

security alleviated in experimental condition, however both attachment anxiety and avoidance did not decrease.

In a recent study, Mackintosh, Power, Schwannuer, & Chan (2017) searched for whether attachment, self-compassion and interpersonal difficulties have an impact on a clinical sample suffering depression and anxiety. They recruited their sample in a clinical population consisted of both women and men. SCS and ECR-R and Inventory of Interpersonal Problems questionnaires used for measuring related variables. They expressed that low levels of self-compassion correlated to insecure attachment, thus both attachment anxiety and avoidance. Participants who had higher attachment avoidance, lower self-compassion level and suffer higher interpersonal difficulties reflected higher anxiety and distress. In contrast with the previous findings the results suggested no effect of attachment anxiety on participants' self-compassion levels.

In order to summarize the previous results, individuals' attachment bonds provide to develop the ability of being self-compassionate. Their association was represented in the literature; however, findings served contradictory results in attachment dimensions' relation to self-compassion. While some of the studies reflected both anxiety and avoidance dimensions contributed to self-compassion, the others suggested either attachment anxiety or avoidance have an impact on self-compassion.

1.1.3.2. Self-Compassion and Body Image

The previous researches have provided information about individuals who treat themselves self-compassionately are mentally healthier than the others who are not self-compassionate. The link between self-compassion and psychopathology

(e.g., Braun et al., 2016), positive psychology (e.g., Braun et al., 2016; Kelly, & Stephen, 2016), and many other psychological concepts (Neff, 2003b) suggested that self-compassion is an emotion regulation strategy which provide individuals to develop understanding of their imperfections and accept the flaws they have. The emotion regulatory role of self-compassion provided body image studies to shift their focus in self-compassion and search for whether this construct has a potential for decreasing body-related disturbance (Albertson, Neff, & Dill-Shackleford, 2014). According to Albertson et al., (2014) the three components of self-compassion help to alleviate body dissatisfaction: self-kindness confronts the origin of body disturbance with accepting the body as it actually is, common humanity provide to consider body from a wider perspective, and mindfulness serves a function in balancing negative thoughts and emotions about physical appearance.

According to previous studies self-compassion is associated to higher levels of body appreciation and lower levels of body dissatisfaction (e.g., Wasylikiw et al., 2012; Ferreira, Pinto-Gouveia, & Duarte, 2013; Bogdan et al., 2016). It is stated that self-compassion interventions promote body appreciation and also weaken the body-related distress and anxiety. As reported by Ferreira and her colleagues (2013) self-compassion might play an important role on negative outcomes of body image disturbance by teaching how to appreciate their body, broaden their thinking about themselves and improve their self-worth. The individuals who have negative experiences of shame, distress, anxiety and many others criticize themselves harshly. It has highly underlined that meeting the ideal beauty standards of the society is of a great importance for both sexes to feel self-worthy. However, self-compassion suggests individuals a different approach of giving value to themselves and accept who they really are.

To better understand the effect mechanism underlying self-compassion Kelly, & Stephen (2016) studied on a seven day daily diary which they implemented questionnaires on a daily basis to search for the relationship between self-compassion, body image, social interactions with body-focused individuals and eating attitudes. 92 female college students reported their self-compassion level, body image, social interaction level and eating attitudes on an online platform for seven nights. They expressed that on days women treated themselves more self-compassionately, they reported more positive body image than usual. Results suggested that having more social interactions with individuals who were body-focused led to having poorer body image, less self-compassion level and less emotional eating behaviors, and vice versa. The study also revealed that the average level of self-compassion over the week predicted the women's satisfaction level of their own body and body parts.

Another valuable contribution was done by Albertson (2014) who offered 3-weeks self-compassion meditation training to women participants who suffering body image concerns. While 130 women assigned to control group, 98 women selected for intervention group. The intervention group received 3 different podcasts each week and each podcast consisted of 20 minutes length self-compassion training. After the training, most of the participants reflected their positive thoughts about self-compassion training. The results proposed that compared to the control group, the intervention group showed significantly decreased body dissatisfaction after the training program. Moreover, the intervention group showed improvements on overall self-compassion and its 3 components (i.e. self-kindness, common humanity, mindfulness). The efforts proposed a highly significant correlation between the body image and self-compassion.

In their literature review, Braun and her colleagues (2016) presented that similar results observed in different cultures. Self-compassion was negatively associated to positive body image in a sample of general Portuguese population and subjects with ED (Pinto-Gouveia, Ferreira, & Duarete, 2014), in Australian patients with breast cancer (Ferreira et al., 2013), and in Canadian female college students (Wasylikiw, et al., 2012). They also reflected the link between self-compassion and body image avoidance which caused to behavioral avoidance of social environments, and in turn, lead to distress and dissatisfaction (Rosen, Srebnik, Saltzberg, &Wendt, 1991).

Rodgers et al. (2017) recruited both female and male adolescents aged 13-18 years to investigate whether self-compassion serve as a protective construct on body image. They assessed the participants' self-compassion and its three dimensions, perceptions of weight status, appearance esteem and comparison. According to the findings they stated that improving self-compassion might be beneficial for developing positive body perception in both female and male adolescents. In addition, they revealed the outcome of three dimensions were linked to higher body esteem, lower levels of appearance comparison and lower perception of being overweight, especially in females. They discussed the results that the gender differences might be an evidence self-compassion process differs between two genders.

Another study conducted by Seekis and her colleagues (2017) to assess the effects of both self-compassion and self-esteem on decreasing body-related concerns. The sample consisted of 96 female college students and divided into three groups: self-compassion, self-esteem and control. Participants read a hypothetical writing about negative body perception and after that they requested to imagine a scenario

about their unattractive photos leak to a social media platform by a friend. Following the scenario, they asked to complete writing tasks according to group they attended to. The questionnaires measuring variables of the study were applied to each participant at both pre and post-treatment. Results indicated that self-compassion group reflected the highest body appreciation because they asked to complete writing tasks designed to encourage self-compassion and its dimensions. In follow-up studies self-compassion group was higher on body appreciation than only control group, not self-esteem group. This was a short term effect however self-esteem group did not show any difference in body appreciation at post-treatment and follow-up. The findings suggested that self-compassion might be more sufficient to higher body appreciation than self-esteem.

An experimental study was directed by Toole & Craighead (2016) to search for body image distress in women by implementing self-compassion training. 40 participators attended to intervention group received 20-minutes length self-compassion training podcast and continued to listen to podcasts over a week. The control group, consisted of 40 women, was said they would receive training but did not. Pre and post-assessments reflected that exposure to self-compassion training is adequate to alter in actions, emotions and thinking relate to body image distress. However, one week length self-compassion training did not significantly reduce the level of distress resulted from body evaluation.

To sum up, the studies of self-compassion and body image suggest that there is an association between these two construct in which high self-compassion is related to lower body dissatisfaction. In addition, self-compassion trainings help to alleviate body image distress and provide a change in body-related thoughts, behaviors and emotions. However, the two construct mostly studied on women

which lead to gaps in the body of knowledge in correlation between two construct in men. In this study, we aim to investigate this relation in both gender and provide information about gender differences.

1.2. Aims of the Study

From Bowlby's (1969, 1980) aspect, primary caretaker plays a crucial and fateful role in one's behaviors, relationship with others, and developing a sense of self. With the caring, holding, responsive, consistent, supportive environment secure attachment develops and helps to establish healthy interpersonal relationships, and also positive body representations (Krueger, 2002a, 2002b). On the contrary, individuals who do not grow in a caring and supportive environment might develop a poor self-concept which may bring about dissatisfaction in body perception (Perry, 2008). Attachment is the most important, determinative component for the human being to decide, to think about whether our own self is valued and our body is worth accepting as it actually is. On the basis of these perspectives, we predict that attachment style will serve as a protective and determinative role on the correlation between self-compassion and body perception. In accordance with the literature and our hypotheses, we assessed attachment with the two-dimensional model which expressed in Figure 1.1. We expressed above that the dimensional models are more identifying and detailed models than the categorical models to assess and explain the individual differences in attachment styles.

Along with the previous efforts, several issues will be addressed in this study: body image and its relationship between attachment and self-compassion. Firstly, the relationship between these three variables in male and female university students will

be searched. Secondly, we purpose to understand whether attachment anxiety and avoidance mediate the relationship between self-compassion and body image. There is only one research explored the link between three variables which directed with women adults (Bogdan et al., 2016). To the best of our knowledge, there have been no studies assessed the mediation role of attachment styles on the relationship between self-compassion and body image. The importance of our study is to carry out this study in university sample consists of both females and males. With the contribution of this study, we could better understand the mechanism underlies the individual's perceptions of their body. In addition, we aimed to investigate gender differences in the mediation role of attachment anxiety and attachment avoidance. As detailed above, attachment styles are formed in relation to early childhood experiences and carried on to adulthood. Attachment styles establishes individuals' view of self and view of world (IWM) as well as influences emotion regulation strategies. Thus individuals' responds to their environment and themselves are already influenced by their attachment styles. Therefore, in the proposed model of mediation attachment styles are considered as mediator in predicting body image satisfaction from self-compassion.

As a summary, the hypotheses of this study are including:

H1: There will be significant associations between attachment anxiety, self-compassion, and body image.

H2: Attachment anxiety will mediate the link between self-compassion and body image (See Figure 1.2).

H3: There will be significant correlations between attachment avoidance, self-compassion, and attachment anxiety.

H4: Attachment avoidance will mediate the correlation between self-compassion and body image (See Figure 1.2).

H5: There will be gender differences in the mediation effect of attachment anxiety on the relation between self-compassion and body image.

H6: There will be gender differences in the mediation effect of attachment avoidance on the link between self-compassion and body image.



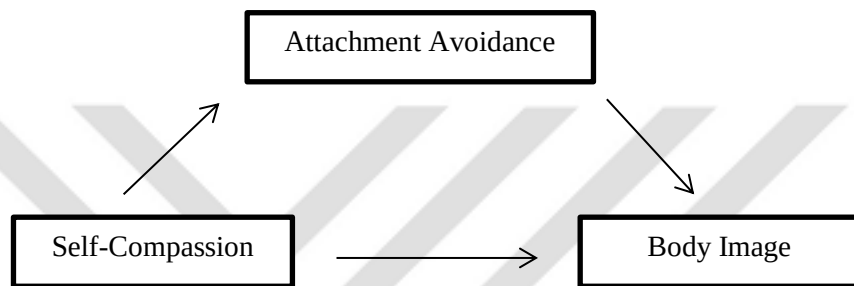
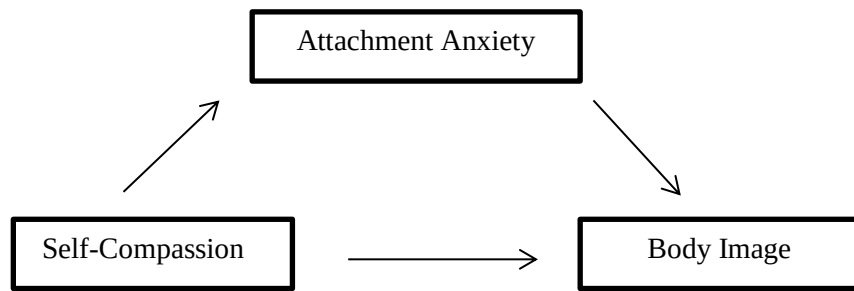


Figure 1.2: *The Hypothesized Mediation Model*

CHAPTER 2

METHOD

2.1. Participants

Data used in this study was collected from Bahçeşehir University students who are young adults and living in Istanbul, Turkey. 133 university students (77 females, 56 males) are participated voluntarily in this study. Their ages were ranged from 18 to 31 years ($M = 20,17$, $SD = 1,76$). Among all participants, 36,1% of them were in a romantic relationship whereas 63,9% of them were not. In terms of the departments participants study at university, 25,6% of them studied law, 15,8% of them studied physical therapy and rehabilitation, 12,8% of them studied psychological counseling and guidance. The other departments which participants study at university, frequency and percentage levels were expressed in Table 2.1.

Table 2.1. Departments of the Participants

	Frequency	%	Cumulative
Subject			
Law	34	25,6	25,6
Physical Therapy and Rehabilitation	21	15,8	41,4
Psychological Counseling and Guidance	17	12,8	54,1
Computer Engineering	8	6,0	60,2
Business Management	2	1,5	89,5
Software Engineering	6	4,5	69,2
International Commerce and Business Management	5	3,8	72,9
Computer Education and Instructional Technology	3	2,3	81,2
Preschool Teacher	4	3,0	78,9
Electrical and Electronics Engineering	3	2,3	83,5
Industrial Engineering	3	2,3	85,7
Energy Systems Engineering	3	2,3	88,0
Architecture	2	1,5	91,0
Psychology	2	1,5	92,5
International Finance	2	1,5	94,0
Economics	1	,8	94,7
Economics and Finance	1	,8	95,5
Logistic Management	1	,8	96,2
Mechatronics Engineering	1	,8	97,0
Molecular Biology and Genetics	1	,8	97,7
Advertising	1	,8	98,5
Political Science and International Relations	1	,8	99,2
Sociology	1	,8	100,0
Total	133	100,0	

In order to calculate the participants body mass index (BMI), their weight and height information were obtained. Through this information, 12% of our participants were underweight, 62% of them were normal weight, 21,8% were overweight, and 3,8% of them were obese. Table 2.2 represents the gender distribution of the BMI scores and categories.

Table 2.2. Gender Distribution of the BMI Categories

Gender	BMI Category	N	%
Female	underweight	15	11,3
	normal	51	38,3
	overweight	9	6,8
	obese	2	1,5
	Total	77	57,9
Male	underweight	1	0,8
	normal	32	24,1
	overweight	20	15,0
	obese	3	2,3
	Total	56	42,1

Additionally, people who confirmed to attend this study were indicated that 11,3 % of the participators had suffered mental problems which were detailed as depression, obsessive compulsive disorder (OCD), anxiety problems, and attention deficit hyperactivity disorder (ADHD). None of the participants reflected that they were having an eating disorder (EDs), eating-related problems or body dysmorphic disorder (BDD). The percentage of participants who had psychotherapy treatment was 25,6%, and the duration of the psychological therapy is ranged from 1 session to 10 years. Students who explained that they were having psychological problems but not prefer to take a professional help are generated 13,3 % of the participators in this research. The others who were not diagnosed with mental disorders but chosen having psychotherapy, 17,8%, expressed that they experienced test anxiety and family relationship problems.

2.2. Instruments

There were three instruments and a demographic form used in this study. The Demographic Information Form (see Appendix B) was consisted of questions about participator's demographic information and psychological status. The first instrument was The Body Image Scale (see Appendix C) which asks participants to rate their body and its' functions. The second one was Experiences In Close Relationships – Revised (see Appendix D) in order to explore the adult attachment style, and the third one was Self-Compassion Scale (see Appendix E) which was a measurement tool to test the trait levels of self-compassion.

2.2.1. Demographic Information Form

The Demographic Information Form was developed by the researcher of this study taking into account the main purpose of the research. The basic demographic information was collected about gender, age, weight, height, and romantic relationship status. It had also questions about psychological diagnosis history and the duration of the possible psychotherapy treatment. The weight and height information were collected to calculate Body Mass Index (BMI). This index is calculated by dividing a person's weight by the square of his or her height. According to World Health Organization (WHO, 2000), less than 18.5 value means underweight, between 18.5 and 24.5 value equal to normal weight, between 25 to 29.5 value represents overweight, and 30 and greater values are identified as obesity.

2.2.2. The Body Image Scale

The original name of the scale was Body-Cathexis Scale (BCS). This measure was developed by Secord and Jourard (1953), was a 5-point likert scale (1= very much satisfied, 2= fairly satisfied, 3= not sure, 4= not much satisfied, 5= not satisfied at all) asked participators to rate the parts of the body and its functions. The original form of the scale consisted of 2 parts. First part, body-cathexis, had 46 questions and asked participant to rate body parts and its functions, whereas the second part, self-cathexis, of the measure had 55 items, contained the questions about self and its various aspects. The reliability of this scale was observed .81 for body-cathexis and .90 for self-cathexis.

In Turkey, validity and reliability studies were done by Hovardaoğlu (1993). The adaptation work consisted of 40 items. 40 was the lowest score which participants could receive and 200 was the highest. Participators who receive less than 135 were assigned to group of low body image dissatisfaction and, the others, who received 135 and more determined as the group of high body image dissatisfaction. As the score rising, the satisfaction of one's body was increasing. The internal consistency coefficient value was determined as $\alpha = .91$ for total scale. For the present study the reliability coefficients of the scale was assessed and determined as .92 (See Table 2.3).

Table 2.3. Reliability Coefficients / Cronbach's Alpha Values of Body Image Scale (BIS)

Scale	Cronbach's Alpha Value for Present Study
Body Image Scale	.92

2.2.3. Experiences In Close Relationships – Revised Questionnaire (ECR-R)

Experiences in Close Relationships Inventory (ECR), was a 7-point Likert type scale, consisted of 36 questions which aimed to explore the adult attachment styles (Brennan et al., 1998). The purpose of the ECR was to evaluate participants' anxiety and avoidance experiences in close relationships. Turkish adaptation of the questionnaire was done by Sümer (2006) and the internal consistency value was determined as $\alpha = .86$ for anxiety and $\alpha = .90$ for avoidance.

The revised version of the questionnaire (ECR-R) was suggested by Fraley, Waller, & Brennan (2000), the items were clustered two dimensions: Avoidance of intimacy and anxiety about abandonment. The 7-point Likert type questionnaire had 36 questions. The rating was ranging from 1 (strongly disagree) to 7 (strongly agree). 18 items of the scale evaluated the attachment-related anxiety (e.g. "I often feel worry that my partner will not want to stay with me") and the other items assessed attachment-related avoidance (e.g. "I prefer not to show a partner how I feel deep down"). Sibley & Liu (2004) showed that the measure had good internal consistency and the Cronbach's α values were $\alpha = .93$ for avoidance and $\alpha = .95$ for anxiety attachment styles. Turkish version of Experiences in Close Relationships - Revised Inventory was worked by Sümer, Selçuk, Günaydın, & Uysal (2005) and showed that the adaptation questionnaire had also excellent internal consistency. The internal consistency was found as $\alpha = .90$ and $\alpha = .86$ for avoidance and anxious attachment styles respectively. Test-retest reliability scores were found as $r = .81$ for avoidance and $r = .82$ for anxious attachment styles. Overall, the studies had suggested that

ECR-R had high measurement precision; it was also valid and reliable questionnaire. The reliability coefficients were discovered for the present study as .87 for avoidant dimension and .87 for anxious dimension of the scale (See Table 2.4).

Table 2.4. Reliability Coefficients / Cronbach's Alpha Values of Experiences in Close Relationships-Revised (ECR-R)

Scale	Cronbach's Alpha Value for Present Study
Anxiety Dimension	.87
Avoidance Dimension	.87

There were 14 items (items 4, 8, 16, 17, 18, 20, 22, 24, 26, 30, 32, 34, 36) which were reverse keyed before the scoring of the measure was calculated. The mean score of the even item numbers generated the avoidant dimension; the mean score of the odd item numbers formed the anxiety dimension of the participants.

2.2.4. Self-Compassion Scale (SCS)

Self-Compassion scale was developed by Neff (2003), the original form was consisted of 26 items. This self-rating inventory was a 5-point Likert scale which answers ranging from 1= almost never to 5= almost always (1-5). It assessed with what recurrence the participator's act in manner expressed in each item. It had 6 subscales which were self-kindness (e.g., "I try to be loving towards myself when I'm feeling emotional pain"), self-judgement (e.g., "When times are really difficult, I tend to be tough on myself"), common humanity (e.g., "When things are going badly for me, I see the difficulties as part of life that everyone goes through"), isolation (e.g., "When I think about my inadequacies, it tends to make me feel more separate and cut off from the rest of the World"), mindfulness (e.g., "When something upsets

me I try to keep my emotions in balance”), and overidentification (e.g. “When I’m feeling down I tend to obsess and fixate on everything that’s wrong”). Confirmatory Factor Analysis was used to make up a total score of these subscales to offer a participants’ overall level of self-compassion. For overall scale, Cronbach’s α value and test-retest reliability was found as $\alpha = .92$ and $\alpha = .93$, respectively.

Firstly, the Turkish adaptation and translation of the scale was done by Akın, Akın, & Abacı (2007). Their study offered 6-factors solution similar to original study. The factors explained, respectively, the 25.6%, 13.2%, 11.8%, 6.7%, 5.5%, 5.1% of variance and explained 67.9% of the total variance. Internal reliability of the 6 subscales were between $\alpha = .72$ and $\alpha = .80$. However the test-retest reliability values of Turkish adaptation of Self-Compassion Scale were ranged between $\alpha = .58$ and $\alpha = .69$, which indicated poor reliability.

Secondly, the Turkish translation of original SCS was studied by Deniz, Kesici, & Sümer (2008). In relation to construct validity, the second adaptation of the Turkish SCS was not providing support to the six factors solution but, the studies of Akın et al. (2007) and Neff (2003) were. The second adaptation study suggested one factor solution. The calculated item total correlations expressed how the items differentiated the participants about their self-compassion. Moreover, 2 items (item 1 (“I’m disapproving and judgmental about my own flaws and inadequacies” and item 22 (“When I’m feeling down I try to approach my feelings with curiosity and openness”)) were excluded by the reason of their factor loading were below .30, and remained 24 items. This exclusion was higher the Cronbach’s alpha coefficient value $\alpha = .89$ and offered good test-retest reliability with the value of $\alpha = .83$. In the Turkish form of the scale, 24 was the lowest score which participants could get and 120 was the highest. As the score rising, the level of self-compassion increased

which indicated that the individuals could be more likely to express that they treated kindly to themselves as they treated to other individuals (Neff, 2003). In their research, Neff (2003b) proposed a positive significant correlation between life satisfaction and self-compassion, Neff, Kirkpatrick, & Rude (2007) showed significant relationships among the both positive and negative affection and self-compassion. The same correlations also found by Deniz et al. (2008) when assessed discriminant validity.

In this study, Turkish adaptation of SCS, done by Deniz et al. (2008), 24 items and with one factor solution was used. This form of the SCS was reviewed and confirmed by the developer of Self-Compassion Scale. The reliability coefficients of the scale for this study were discovered as .92 (See Table 2.5).

Table 2.5. Reliability Coefficients / Cronbach's Alpha Values of Self-Compassion Scale (SCS)

Scale	Cronbach's Alpha Value for Present Study
Self-Compassion	.92

2.3. Procedure

Prior to data collection process, the ethical issues in processing and data collection were considered. All of the questionnaires, the questions in measures and demographic form, processes in data collection, and method used in this study were approved and permitted by Bahçeşehir University Ethical Committee for Research and Publishing Ethics (see Appendix F). In order to obtain approval of the participators of this study, an Informed Consent Form (see Appendix A), which was

arranged by the researcher considering the main purpose of the study, was given. No identifying information was collected, only their sign was demanded to approve to participate in this study. Taking part in the research was on a voluntary basis. In Informed Consent Form, a brief explanation of the aim of the study, participants' rights, confidentiality issues, and contact information of the researcher were expressed. Gathering data process was conducted before the participants' class started. By the reason of the questionnaires are self-report measures, paper-pencil measuring method was used. Filling the questionnaires took approximately 15 minutes.

2.4. Data Analysis

As stated, the purpose of the study was to analyze the mediation role of attachment styles on the relationship of body image and self-compassion. Through this aim, the data was examined with the statistics program of SPSS 20 (Statistical Package for Social Sciences).

Prior to main data analysis, the outlier detection was performed. The univariate and multivariate outliers were screened to eliminate the outliers from the data. Results of evaluation of the assumptions of normality, linearity, multicollinearity and homogeneity of variance were satisfactory. Furthermore, before testing the each statistical analysis, the sample was assessed whether it was suitable to run the each particular analyses.

To perform preliminary analysis, Independent Sample T-Test and Pearson's Correlation were applied as an initial process to analyze the relationships between three variables, body image, attachment and self-compassion. Moreover, regression

analysis was applied to test the mediation effect of attachment. To test the mediation role of attachment styles Baron & Kenny's (1986) approach was used. According to Baron & Kenny (1986) mediation analysis designed to assess whether an independent variable (IV) has an impact on dependent variable (DV) and this impact was intervened by a mediation variable (MV). Thus, the influence of an IV on a DV was mediated by a process of MV, in addition IV was still affect the DV. To test mediation effect 4 four steps required to meet according to authors. The first step (path c') analyzed whether IV was correlated to DV it should be significant relation among two variables to skip the further step. Step 2 (path a) tested the correlation between IV and MV, IV must be related to the MV to continue the analysis. Third step (path b) included the establishment of the relationship between MV and DV. In this step IV should be controlled while establishing the relationship among MV and DV. Thus, the mediator variable must be in correlation with DV, and when the criterion was lessened on both MV and IV, the power of the MV dropped comparative to the first step. In final step, Step 4, the procedure involved a requirement of influence of IV on DV while controlling for MV was equal to zero. We applied Sobel's (1982) equation to assess whether the relation among IV and DV lessened significantly from step 1 to step 3. If the four steps were met the existing data was consistent with mediation analysis, and mediating role of MV was full mediator, if only three steps were satisfied the mediator role of MV was partial according to authors (See Figure 2.1).

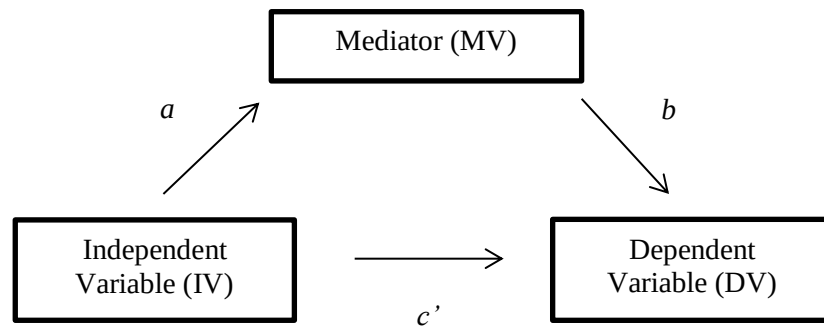


Figure 2.1: Illustration of the Mediation Analysis Design of Baron & Kenny (1986)

CHAPTER 3

RESULTS

This chapter represents the statistical analysis of the data which collected from the university students in order to test of the hypotheses asserted above.

3.1. Preliminary Analysis

3.1.1. Data Screening

Prior to testing main analysis, the data was screened whether it was accurate of data entry, missing values, and fit between their distributions and the assumptions of multivariate analysis. Before the preliminary analysis, there were 138 subjects, no missing values were found, and univariate and multivariate outliers analysis were performed. Mahalanobis distance analysis was conducted to detect multivariate outliers. As a result, 5 cases were extracted from the data because of the fact that their values were above 9,48 cutoff with $p < .05$. After the exclusion, there were 133 subjects left, and the later analyses were done with 133 cases.

3.1.2. Descriptive Statistics for the Scales

In order to carry out a statistical analysis the total score of BIS and SCS was assessed. The mean scores of attachment and avoidant dimensions were calculated for each subject. The mean scores, standard deviations, minimum and maximum values of the scales were represented in Table 3.1.

Table 3.1. Descriptive Statistics for the Scales Applied in the Present Study

Scales	Min	Max	Mean	Standard Deviation
BIS	41	146	92,07	20,6
Anxiety	1,33	6,06	3,7	1,03
Avoidance	1	5,9	2,9	1,04
SCS	39	114	74,9	17,3

Note: BIS: Body Image Scale, SCS: Self-Compassion Scale

3.1.3. Analyses Depending on the Demographic Variables

The sample was analyzed according to the demographic variables which gathered from the participants (i.e., gender, age, BMI, romantic relationship status psychological diagnosis status, and psychological treatment history) and assessed variables (mean scores of anxiety and avoidance dimensions, and total scores of BIS and SCS).

In order to evaluate the levels of BIS, attachment anxiety, avoidance and SCS differ across BMI Categories (i.e. underweight, normal weight, overweight, obese) One-Way ANOVA was applied. The results illustrated the homogeneity of variances was equal, Levene's Test, $p > .05$, however, there were no differences across the BMI groups in terms of the scores of the measured variables.

The other demographic variables were analyzed using Independent Sample T-Test. Based on the conclusions drawn from the statistical analyses, BIS scores differences were observed between females and males. The tests illustrated that females outscored males significantly in terms of BIS scores $t(131) = 2,523$ $p < .05$.

Therefore, female participants' perceptions through their bodies were more negative than males. Table 3.2 represents the mean scores and standard deviation values.

Table 3.2. Mean and Standard Deviation Values among Gender

Scales	Female Mean	Std. Deviation	Male Mean	Std. Deviation
BIS	95,8	20	86,9	20,5

Note: BIS: Body Image Scale

Furthermore, romantic relationship status differences were observed in terms of the scores on anxious and avoidant dimensions of ECR-R. Those who were in a romantic relationship scored lower on anxious attachment $t(131) = -2,172$ $p < .05$ and avoidant attachment $t(131) = -2,860$ $p < .01$., significantly. The statistical analysis represented that single individuals had higher mean scores on anxious and avoidant dimensions. Thus, single subjects expressed higher levels of attachment anxiety and attachment avoidance than their counterparts. The mean scores and standard deviation values were shown in Table 3.3.

Table 3.3. Mean and Standard Deviation Values among Romantic Relationship Status

Scales	In A Relationship Mean	Std. Deviation	Single Mean	Std. Deviation
Anxious	3,4	0,14	3,8	0,11
Avoidance	2,6	0,13	3,1	0,12

.

Another significant difference was found between psychological treatment histories, BIS scores, and anxious attachment scores. The statistical analysis confirmed that those who sought psychological treatment expressed higher scores on

BIS than who did not, $t(131) = 2,265$ $p < .05$, moreover, outsourced the others on attachment anxiety, $t(131) = 2,371$ $p < .05$. This means that individuals who experience psychological problems and seeking professional help tend to have negative perception through their body. Another conclusion, also, can be drawn that these participants showed higher level of attachment anxiety. The descriptive findings are shown in Table 3.4.

Table 3.4. Mean and Standard Deviation Values among Psychological Treatment History

Scales	Yes	Standard Deviation	No	Standard Deviation
	Treatment History Mean		Treatment History Mean	
Anxiety	4	1	3,5	1,02
BIS	98,9	23,2	89,7	19,3

Note: BIS: Body Image Scale

The other demographic characteristics of this particular sample do not differ across the BIS, SCS, avoidance, anxiety dimensions and ECR-R scores. Table 3.5 represents the correlations between measured and demographic variables used in this study.

Table: 3.5. *Correlations Between the Demographic and Major Variables*

	1	2	3	4	5	6	7	8	9	10
1. Gender	1									
2. Age	,258**	1								
3. BMI Category	,344**	,210*	1							
4. Romantic Relationship Status	,07	-,152	,169	1						
5. Psychological Diagnosis	-,033	-,116	,126	,128	1					
6. Psychological Treatment History	,081	,016	-,003	,134	,499**	1				
7. BIS	-,215*	-,099	,007	,117	-,024	-,194*	1			
8. Anxiety Subscale	-,101	-,129	-,013	,186*	-,162	-,203*	,503**	1		
9. Avoidance Subscale	-,152	-,075	-,007	,242**	,047	-,053	,409**	,372**	1	
10. SCS	,111	,124	-,093	,025	,041	,15	-,429**	-,466**	-,255**	1

Note: BMI Category: Body Mass Index Category, BIS: Body Image Scale, SCS Self-Compassion Scale

*Correlation is significant at the .05 level (2-tailed)

**Correlation is significant at the .01 level (2-tailed)

3.2. Testing the Hypotheses

In order to run mediation analysis, firstly, the correlations between variables were assessed. Pearson correlation was used to test relationship between the variables adopted in this study which were body image, attachment anxiety, attachment avoidance, and self-compassion. The findings revealed the outcome of these four measured variables were inter-correlated. That is to say, body image found out that positively correlated to anxious attachment, $r(133) = .50, p < .001$; positively correlated to avoidant attachment, $r(133) = .41, p < .001$; and negatively in correlation to self-compassion, $r(133) = -.43, p < .001$. In terms of the relationship among anxious attachment and the other variables, it was positively correlated to avoidant attachment, $r(133) = .37, p < .001$; and negatively in correlation to self-compassion, $r(133) = -.47, p < .001$. Finally, there were negative relationships between avoidant attachment and self-compassion, $r(133) = -.26, p < .001$. After the analysis, the data was found appropriate for regression analysis, because of the fact that all variables were interrelated. Table 3.6 displays the correlations between the variables.

Table 3.6. *Correlations Between Variables*

Variables	1	2	3	4
1. Body Image	1			
2. Anxious Attachment	.503**	1		
3. Avoidant Attachment	.409**	.372**	1	
4. Self-Compassion	-.429**	-.466**	-.255**	1

Note:** Correlation is significant at .01 level (2-tailed)

Regression analysis was conducted so that to test each hypothesis presented above. The analysis was administered between the independent variables which were attachment anxiety, attachment avoidance, and self-compassion on the dependent variable which was body perception. Firstly, the mediation effect of attachment

anxiety, then mediator role of attachment avoidance was analyzed. Furthermore, the gender differences of the mediation effect of attachment anxiety and avoidance on body image and self-compassion were assessed. To conduct a regression analysis, the predictor variables were entered as hierarchical into the model of regression in four steps for each variable of attachment anxiety and avoidance.

3.2.1. Testing the Mediating Role of Attachment Anxiety

To test the first hypothesis, a standard simple linear regression was performed. Figure 3.1 represents the mediating relationship among attachment anxiety and self-compassion on body image.

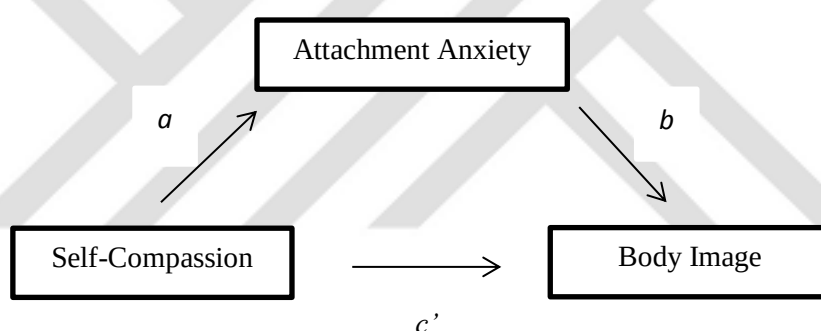


Figure 3.1. Predicting Body Image from Self-Compassion through Attachment Anxiety

In initial step, path c' , body image was the dependent variable and self-compassion was the independent variable to test relationship between these two. R for regression was significant with the value of .43 which indicated shared correlation between two variables. A significant regression equation was detected $F(1,131) = 29.55, p < .001$ with an adjusted R^2 value of .18 which signified that shared variance of self-compassion and body image was 18%. In this manner, predicting body image by looking at self-compassion was 18%, and this prediction was significant.

Self-Compassion was a significant predictor of body image $t = -5.44, p < .001$. The participants' predicted body image was equal to $130.41 - .51$ (self-compassion) score when self-compassion was measured with SCS ($\hat{Y} = -.51x + 130.41$ (CI = $-.70\%$ / $-.33\%$)). Regression equation, showed that confidence interval changed between $.33\%$ / $.70\%$ on predicting body perception by looking at self-compassion and this relation was negative (Table 3.7). As the scores of self-compassion increased, scores of body image decreased. Thus, the more compassionate individuals treated themselves, the less negatively perceived their bodies.

Table 3.7. Coefficients^a

Model	Unstandardized Coefficients		Standardized Coefficients	<i>t</i>	95% CI
	B	Std. Error	β		
1 (Constant)	130,41	7,24		18,02	
Self-Compassion	-,51	,094	-,429	-5,44	-70. / -.33

a. Dependent Variable: Body Image, Note: $R = .43, R^2 = .18$

In second step, path *a*, a standard simple linear regression was conducted between attachment anxiety as dependent variable and self-compassion as independent variable. *R* for regression was significant with the value of .47 which demonstrated shared correlation between these two. A significant regression equation was discovered $F(1,131) = 36.3, p < .001$ with an adjusted R^2 value of .21. Shared variance of attachment anxiety and self-compassion was 21%. Thus, predicting attachment anxiety by looking at self-compassion was 21%, and this prediction was significant.

Self-compassion, was a significant predictor of attachment anxiety, $t = -6.03, p < .001$. Regression equation ($\hat{Y} = -0.03x + 5.74$ (CI = $-.04\%$ / $-.02\%$)), showed that confidence interval changed between $.02\%$ / $.04\%$ on predicting anxious attachment

by looking at self-compassion. Furthermore, the direction of the correlation was negative. As the self-compassion scores alleviated, mean scores of anxious attachment diminished (Table 3.8). This outcome suggests that individuals who treat more compassionately themselves, experience less attachment anxiety.

Table 3.8. Coefficients^a

Model	Unstandardized Coefficients		Standardized Coefficients	<i>t</i>	95% CI
	B	Std. Error	β		
1 (Constant)	5,74	,35		16,24	
Self-Compassion	-,03	,005	-,466	-6,03	-.04 / -.02

a. Dependent Variable: Anxious Attachment, Note: $R = .47$, $R^2 = .21$

In step 3, path *b*, regression analysis was observed to evaluate the effect of attachment anxiety on the relationship between self-compassion and body image. The findings revealed that shared correlation between three variables were satisfactory with the *R* value of .55. Moreover, regression equation was assessed $F(2,130) = 28.01$, $p < .001$ with an adjusted R^2 value of .30 which means that shared variance of three variables was 30%.

Attachment anxiety was a significant predictor of appearance perception with $t = 4.67$, $p < .001$. Regression equation, $\hat{Y} = 7.76x + 85.9$ (CI= 4.47% / 11.05%), showed that confidence interval changed between 4.47% and 11.05% on predicting body image by looking at anxious attachment was significant, and the direction of the relationship was positive. That indicated having higher scores from attachment anxiety led to showing higher body dissatisfaction, even after controlling self-compassion. In addition, self-compassion was a significant predictor of body dissatisfaction $t = -3.004$, $p < .01$. Regression equation, $\hat{Y} = -.30x + 85.9$ (CI= -.49% / -.10%), showed that confidence interval changed between .10% and .49% on

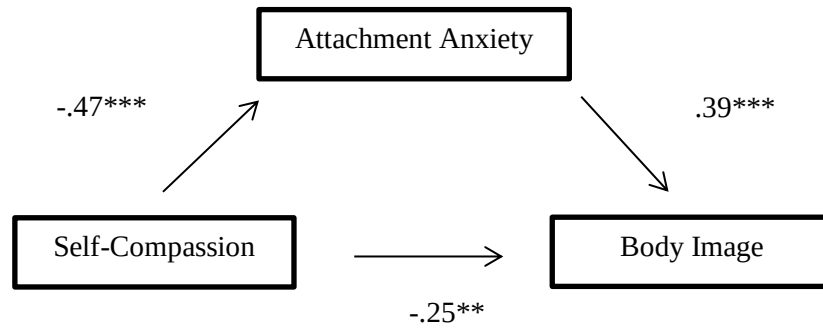
predicting body image by looking at self-compassion and the direction of correlation was negative. Overall, because the β value of self-compassion reduced after attachment anxiety was included to analysis it can be concluded that attachment anxiety was a full mediator between self-compassion and body image. It was also necessary to control attachment anxiety effect when looking for prediction effect of self-compassion on appearance perception. These results were in line with our expectations, with the three variables attachment anxiety, self-compassion, and body image were inter-correlated. Consequently, the first hypothesis of this study was confirmed (Table 3.9).

Table 3.9. Coefficients^a

Model	Unstandardized Coefficients		Standardized Coefficients		
	B	Std. Error	β	<i>t</i>	95% CI
1 (Constant)	85,9	11,67		7,36	62,8 / 109
Attachment Anxiety	7,76	1,67	,39	4,67	4,247 / 11,05
Self-Compassion	-,30	,1	-,25	-3,004	-.49 / -.10

a. Dependent Variable: Body Image, Note: $R = .55$, $R^2 = .30$

Finally, in step 4, Sobel Test was applied to assess whether the link among predictor and outcome variables reduced significantly from step 1 to 3. The statistical analysis was revealed the mediation effect of attachment anxiety was significant at $p < .01$ with full mediation effect (See Figure 3.2). Together with these results, our second assumption of the attachment anxiety will mediate the correlation between body image and self-compassion is accepted.



Model Summary $N = 133$, $R^2 = .29$, $F = 28.011$, $p < .001$

$^{**}p < .01$, $^{***}p < .001$

Figure 3.2: Predicting Body Image from Self-Compassion through Attachment Anxiety

3.2.2. Testing the Mediating Role of Attachment Avoidance

In this section we assessed whether the mediation effect of attachment avoidance was significant on the relationship between self-compassion and body image as reflected in Figure 3.3.

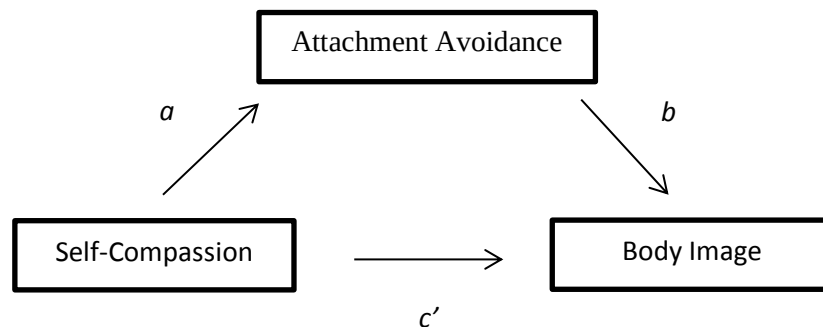


Figure 3.3: Predicting Body Image from Self-Compassion through Attachment Avoidance

As the first step reflected same results (See Table 3.7) which presented above we started with the second step. To explore the path a , linear regression analysis was run, and observed the R value of .26. Regression equation was satisfactory with $F(1,131) = 9.08$, $p < .01$, and with an adjusted R^2 value of .06. These findings

proposed that shared variance of self-compassion and attachment avoidance was 0.6%.

The analysis revealed the outcome of self-compassion was a significant predictor of attachment avoidance with the value of $t = -3.014$, $p < .01$. Additionally, regression equation and confidence interval were defined as $\hat{Y} = -0.15x + 4.097$ (CI= -.25% / -.05%), and the direction was negative. Along with these results, with the increasing in self-compassion scores, attachment anxiety mean scores were decreased (See Table 3.10).

Table 3.10. Coefficients^a

Model	Unstandardized Coefficients		Standardized Coefficients	<i>t</i>	95% CI
	B	Std. Error	<i>B</i>		
1 (Constant)	4,097	,39		10,45	
Self-Compassion	-,15	,005	-,255	-3,014	-.25 / -.05

a. Dependent Variable: Avoidant Attachment, Note: $R = .26$, $R^2 = .06$

After the analysis, to explore the path *b* in third step, we identified the model was significant with R of .53, and adjusted R^2 of .28 which signified shared variance was 28%, $F(2,130) = 25.27$, $p < .001$.

Attachment avoidance was a significant, positive, predictor of body perception with $t = 4.16$, $p < .001$. The regression equation was calculated for each variable and found for attachment avoidance $\hat{Y} = 6.33x + 104.5$ (CI= 3.32% / 9.4%), and for self-compassion $\hat{Y} = -.42x + 104.5$ (CI= -.6% / -.23%). That indicates to having higher scores from attachment avoidance caused reflecting higher negative body perception, even after controlling self-compassion. Self-compassion was a significant, negative predictor of body dissatisfaction, as well, $t = -4.52$, $p < .001$. In

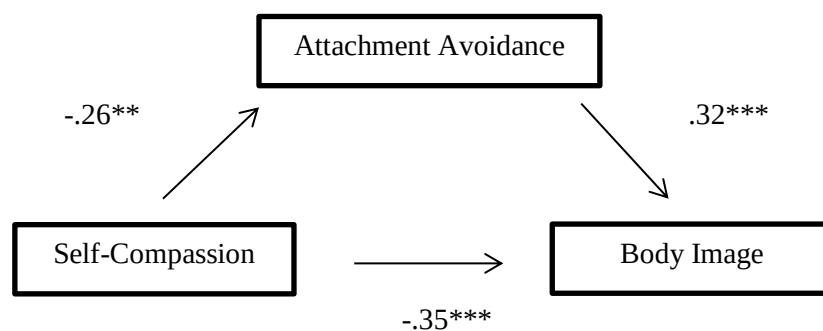
general, because the β value of self-compassion reduced from step 1 to step 3, attachment avoidance was found as a full mediator between self-compassion and body image (Table 3.11). In this regard, our third hypothesis was confirmed that the three variables, attachment avoidance, self-compassion and body image were inter-related.

Table 3.11. Coefficients^a

Model	Unstandardized Coefficients		Standardized Coefficients	<i>t</i>	95% CI
	B	Std. Error	β		
1 (Constant)	104,5	9,24		11,31	86,2 / 122,8
Attachment Avoidance	6,33	1,52	,32	4,16	3,32 / 9,4
Self-Compassion	-,415	,1	-,35	-4,515	-.6 / -.23

a. Dependent Variable: Body Image, Note: $R = .53$, $R^2 = .28$

In final step, it Sobel Test was calculated for assessing the significance of these results, hence discovered the full mediator role of attachment avoidance was significant at $p < .05$ (See Figure 3.4) and the fourth hypothesis of this study was confirmed.



Model Summary $N = 133$, $R^2 = .27$, $F = 25.271$, $p < .001$

** $p < .01$ *** $p < .001$

Figure 3.4: Predicting Body Image from Self-Compassion through Attachment Avoidance

3.2.3. Analyzing Gender Differences in Attachment Anxiety Mediation

Effect

Before conducting regression analysis, we compared the two genders whether the groups differentiate between participants' attachment anxiety levels. According to One-Way ANOVA findings, the homogeneity of variances was accepted $p > .05$, and attachment anxiety levels did not differ across gender $F(1,131) = 1,341$ $p > .05$. Table 3.12 represents the descriptive values for two gender groups.

Table 3.12. Descriptives for Attachment Anxiety Levels in Two Gender Groups

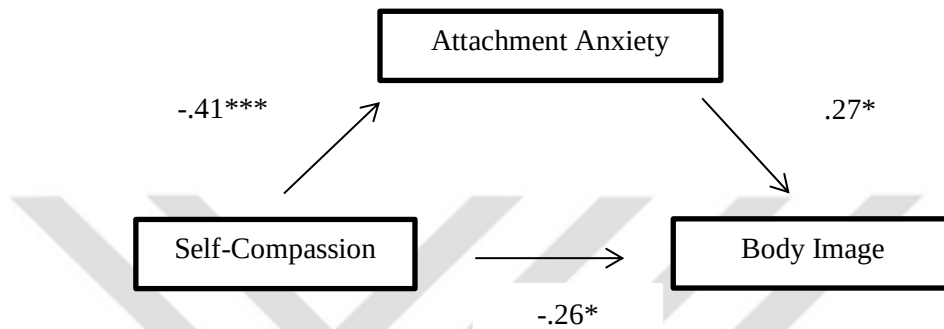
Groups	N	Mean	Std. Deviation	Min	Max
Female	77	3.7496	.98740	1.61	5.94
Male	56	3.5407	1.080015	1.33	6.06

As expressed above, the four steps were done for total subject. In this section we analyzed the gender differences in mediation effect of attachment anxiety. Firstly, We tested attachment anxiety mediation effect in female subjects (See Figure 3.1), and noticed in first step was significant with; R value of .38 and adjusted R^2 value of .13; $F(1,75) = 12.25$, $p < .001$. Further the prediction of self-compassion on body image was significant with, $t = -3.5$ $p < .01$.

In second step, the results indicated satisfactory prediction role of self-compassion on attachment anxiety with the values of $R = .41$; adjusted R^2 value of .16; $F(1,75) = 14.9$, $p < .001$; and $t = -3.87$, $p < .001$.

Step 3 reflected, again, significant results with $R = .45$; adjusted R^2 value of .18; $F(2,74) = 9.4$, $p < .001$; and $t = -2.32$, $p < .05$. It is observed that from step 1 to step 3 the β value dropped which means that attachment anxiety is a full mediator on

this relationship. Finally, mediation effect of attachment anxiety analyzed with Sobel's test in order to understand whether mediation effect of attachment anxiety is significant or not in women participants. Sobel's test conducted and the findings of the full mediation role of attachment anxiety among self-compassion and body perception in females accepted (See Figure 3.5), $p < .05$.

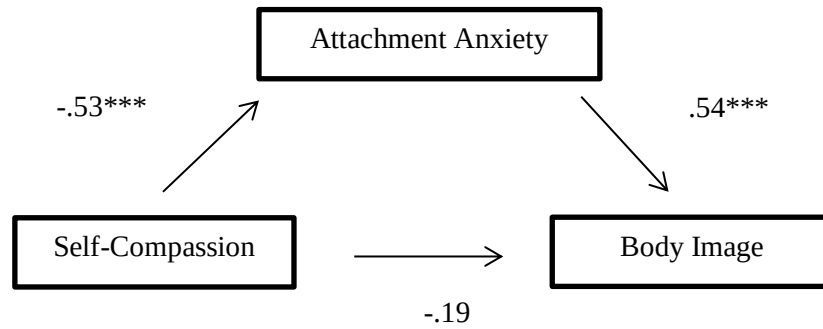


Model Summary $N = 77$, $R^2 = .18$, $F = 9.408$, $p < .05$

* $p < .05$, *** $p < .001$

Figure 3.5: Predicting Body Image from Self-Compassion through Attachment Anxiety in Female Participants

The same steps were followed for male subjects to evaluate mediation role of attachment anxiety in the model (See Figure 3.1). Values obtained in each step can be summarized as $R = .47$; adjusted $R^2 = .21$; $F(1,54) = 15.69$, $p < .001$; and $t = -3.96$, $p < .001$ in step 1; $R = .53$; adjusted $R^2 = .26$; $F(1,54) = 20.72$, $p < .001$; and $t = -4.55$, $p < .001$ in step 2; and $R = .66$; adjusted $R^2 = .41$; $F(2,53) = 20.18$, $p < .001$; and $t = -1.58$, $p > .05$ in step 3. According to Baron & Kenny (1986) three steps are required to reflect significant results to observe mediation effect. For this reason, Sobel's test was not applied as path c' was not significant. Thus, in males, attachment anxiety demonstrated no mediation effect between self-compassion and body image (See Figure 3.6).



Model Summary $N = 56$, $R^2 = .41$, $F = 20.184$, $p > .05$

*** $p < .001$

Figure 3.6: Predicting Body Image from Self-Compassion through Attachment Anxiety in Male Participants

The findings revealed that there exist gender differences in the mediation effect of attachment anxiety. Attachment anxiety was fully mediated the relationship between self-compassion and body image in female participants, however no mediation effect was observed in male participants. These results were confirmed our hypothesis 5.

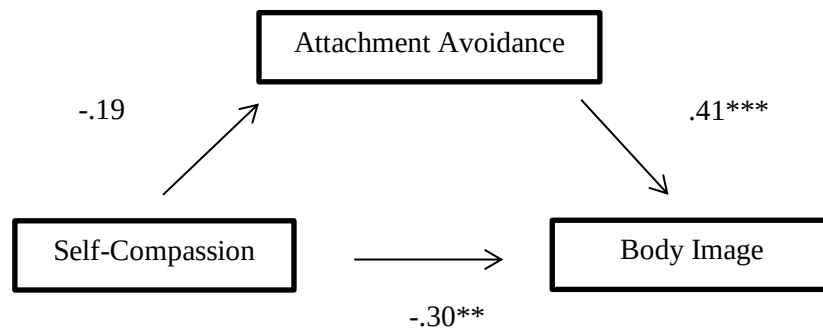
3.2.3. Analyzing Gender Differences in Attachment Avoidance Mediation Effect

Prior to regression test, we performed One-Way ANOVA to assess whether females and males differ across attachment avoidance levels. According to Levene's Test, homogeneity of variances was significant. On the other hand, females and males did not showed difference in attachment avoidance levels, $F(1,131) = 3.111$, $p > .05$. Table 3.13 presents the descriptive findings.

Table 3.13. Descriptives for Attachment Avoidance Levels in Two Gender Groups

Groups	N	Mean	Std. Deviation	Min	Max
Female	77	3.0803	.98510	1.22	5.11
Male	56	2.7589	1.10363	1.00	5.89

As shown in Figure 3.3 the path c' results and values were indicated above and we started with step 2 and found out that $R = .19$; adjusted $R^2 = .02$; $F(1,75) = 2.7$, $p > .05$; and $t = -1.65$, $p > .05$; and $R = .55$; adjusted $R^2 = .28$; $F(2,74) = 15.73$, $p < .001$; and $t = -3.02$, $p < .01$ in step 3. As the values were above .05 in path a , the predictor role of self-compassion on attachment avoidance in females did not accepted. Consequently, attachment avoidance was not a mediator on the link between self-compassion and body perception in females participated in this study (See Figure 3.7).



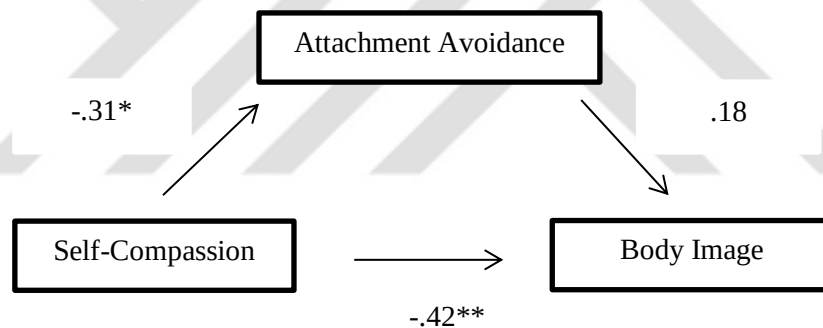
Model Summary $N = 77$, $R^2 = .28$, $F = 15.732$, $p < .001$

** $P < .01$ *** $p < .001$

Figure 3.7: Predicting Body Image from Self-Compassion through Attachment Avoidance in Female Participants

In order to analyze the mediation effect of attachment avoidance in male participators (See Figure 3.3) we started with the step 2 and found that $R = .31$;

adjusted $R^2 = .08$; $F(1,54) = 5.76$, $p < .05$; and $t = -2.4$, $p < .05$; moreover discovered in step 3 that $R = .50$; adjusted $R^2 = .22$; $F(2,53) = 8.96$, $p > .001$; and $t = 1.398$, $p > .05$. Through the nonsignificant values in step 3, we did not perform Sobel Test. Thus, mediation role of attachment avoidance between self-compassion and body image in male subjects was not accepted (See Figure 3.8). Gender differences were not observed in the mediation effect of attachment avoidance that both groups were showed non-significant results. The mediator role of attachment avoidance was not significant when participants were divided along genders. In this way, our last hypothesis, hypothesis 6, was not accepted.



Model Summary $N = 53$, $R^2 = .22$, $F = 8.958$, $p > .05$

$*P < .05$ $***p < .001$

Figure 3.8: Predicting Body Image from Self-Compassion through Attachment Avoidance in Male Participants

CHAPTER 4

DISCUSSION

The aim of this study was to investigate the extent to which attachment anxiety and attachment avoidance mediate the relationship between self-compassion and body image. In addition, it was analyzed that whether there are gender differences in the mediation effect of attachment anxiety and avoidance on this relationship. In this chapter findings of the study are discussed regarding the hypotheses of the study. Furthermore, contributions and limitations of the study, and recommendations for future researches are offered.

4.1. Interpretation of Findings of the Study

4.1.1. Interpretation of Preliminary Analyses

The sample of this study was analyzed in terms of their attachment styles, self-compassion levels and body perception. In addition, participants' were evaluated in terms of their demographic information which were gender, age, BMI, romantic relationship status, psychological diagnosis history, and duration of the possible psychotherapy treatment. Results reflected that females outscored males on body image scores which indicated that females' body dissatisfaction levels were significantly higher than their male counterparts. This finding is consistent with the

previous studies (Goksan, 2007; Yahia et al., 2011). It is argued that women tend to evaluate their bodies and weight status, and more likely to seek cosmetic surgery than men. However, according to the results of this study, the mean scores of BIS reflected that both females and males did not show high body dissatisfaction, thus our sample reported that they were not having high levels of body image concerns.

Another difference was observed in participants' romantic relationship status in terms of the attachment anxiety and avoidance levels. Participants who were in a romantic relationship reported less attachment anxiety and avoidance than single participants which can be concluded that individuals who are having less attachment anxiety and avoidance might feel that they deserve to be loved and need to be close to others. The others who experience high levels of attachment anxiety and avoidance have the fear of rejection, moreover, they experience that their self-worth depends on capability of finding a romantic partner (Sanchez, & Kwang, 2007). According to Bowlby's attachment theory (1969, 1973, 1988), internal working models developed in infancy are transferred to the latter interactions with others, such as friends and romantic partners. It is also stated that sustained romantic love requires an emotional attachment bonds that is similar to emotional bonds created in infancy with caregivers (Shaver et al. 1988). From this perspective, our results confirmed this theory that experiencing high concerns over abandonment, rejection, and being close to others lead individuals to avoid being in a romantic relationship.

Another correlation was observed between psychological treatment history, body image and attachment anxiety. Participants who needed psychological treatment reflected both higher attachment anxiety and body dissatisfaction. These results suggest that individuals who have negative sense of self and self-doubt about worthiness are more likely to having negative body perception and, in turn, seeking

professional help. Findings are in line with the literature that individuals' attachment interactions with primary caregivers have an impact on thoughts, feelings, and experiences over their body in infancy (Winnicott, 1971; Krueger, 2002a; Kernberg, 2007) and these negative feelings continue to be experienced in adulthood, so that individuals who are overwhelmed by their negative sense of self-worth and having high disturbance of appearance seek to psychological help. It should be noted that none of the participants of this study reported that they were having EDs or BDD, and they explained their reasons to seek psychological treatment were having family relationship problems and test anxiety, mostly. Consequently, these findings support our main hypotheses.

It is also explored that whether BMI levels of the participants' have an impact on body image. The literature revealed that BMI is linked to body dissatisfaction (Olds, 2010; Hudson, 2008; Watkins et al. 2008; Stanford, 2002), moreover, women tend to experience body dissatisfaction when they are overweight but men are likely to report body dissatisfaction when they are either underweight or overweight (Kostanski et al., 2004; Presnell et al., 2004). In contrary to these studies the results did not expressed a relation between BMI and body perception.

Lastly, we conducted correlation analyses to found out whether variables of this study (attachment anxiety, attachment avoidance, body image, and self-compassion) are inter-correlated. The results presented that variables used in this study were inter-related which suggested that the data was suitable to run regression analyses.

4.1.2. Evaluation of Mediation Analyses

4.1.2.1. Evaluation of Mediator Roles of Attachment Anxiety and Avoidance

This study is mainly aimed to assess mediational pathways of attachment dimensions on the relationship between body image and self-compassion. Our model served an important representation that how interpersonal variables (attachment anxiety and avoidance) might associate with the individuals ability to be kind to themselves and with their body perceptions. With this aim, we hypothesized that attachment anxiety and avoidance would mediate the link between self-compassion and body image. Analyses confirmed our first four hypotheses by presenting both attachment anxiety and avoidance are significant full mediators of the link among self-compassion and body image. This result suggested that attachment dimensions explain the nature of the relation among body perception and self-compassion in females and males. To the best of our knowledge, this is the first study which presents the mediation effect of attachment anxiety and avoidance on this relationship. It can be interpreted that self-compassion levels of the individuals relate to anxious and avoidant attachment and, in turn, body perception. In other words, individuals who treat themselves compassionately are more likely to have lower attachment anxiety and avoidance, and are more likely to have positive perception of their bodies, and vice versa. Study results support the Bowlby's (1969, 1973, 1988) attachment theory and Krueger's (2002a, 2002b) assumptions considering the role of attachment on body image development. Moreover, the findings are in line with previous efforts that revealed the relationship between attachment on body

perception (Sharpe et al., 1998, Cash et al., 2004; Troisi et al., 2006; Kernberg, 2007; Mili, & Raakhee, 2015) and the link among body image and self-compassion (Wasyliw et al., 2012; Ferreira et al., 2013; Albertson et al., 2014; Bogdan et al., 2016). This study extend the previous findings by describing how self-compassion, shaped by attachment is relevant in predicting body image satisfaction.

As asserted, self-compassion is the ability to be nonjudgmental toward the self and treating kindly to self in an occurrence of a failure. It begins to develop in infancy with primary caregivers' consistent soothing behaviors when times of anger, fear or anxiety (Gilbert, 2005). We assumed that these actions are mostly the body-based, such as holding, touching, and kissing. If body-based soothing actions in infancy play an important role on developing a healthy body-concept, then attachment bonds with caregivers should be the determinative factor on body image development. Because these bonds reflect which extent to primary caregivers are sensitive and are able to serve as a soothing mechanism. We thought that caretaker's soothing actions and sensitive attitude toward the anxious baby profoundly influences body representations in infancy which are, then, transferred to adulthood. Our findings support our assumptions that individuals who are not able to be kind toward themselves are also have poor interactions with others, and suffering body dissatisfaction. Secure relationships with caretakers and compassionate environment could serve as protective factors which provide positive body perception.

The studies are mostly highlighted that body investment has its roots in sense of self, thus attachment anxiety (Cash et al., 2004; Cheng, & Mallinckrodt, 2009; Lev-Ari et al., 2014). Those who have high attachment anxiety levels pay attention to appearance as it is socially relevant. However, consistent with the study hypotheses, our results expressed that both attachment anxiety and avoidance explain this

relationship. Positive perception of body might lead to reduce in using avoidance and decrease the worry about being close to others. As we assessed participants' adult romantic attachment orientation in this research, it can be concluded that being in a relationship strengthens the ability to close to others and encourage the feelings of more favorable perception of body. In line with Mckinley & Randa, (2005), it could be also discussed that while anxiety dimension might be more beneficial for predicting appearance satisfaction levels in general, avoidance dimension could be more appropriate to predict positive body perception in romantic relationships. On the other hand, attachment studies have highly presented the gender differences in attachment orientation that women tend to report higher attachment anxiety while men are likely to express higher attachment avoidance (Creasey & Hesson-Mellniss, 2001; Koskina, & Giovazolias, 2010; Keklik, 2011). In this regard, we assumed that the effect mechanism of attachment on body perception would differ in gender just because women and men tend to express different attachment orientations. In line with the studies of DeVille et al., (2015) and Mili & Raakhee, (2015) both attachment anxiety and avoidance predicted body image. It should be noted that body image construct has mostly studied on women adults and suggested only attachment anxiety predict body perception which might lead to contradictory results in body image literature.

4.1.2.2. Evaluation of Gender Differences in Mediator Roles of Attachment Anxiety and Avoidance

Another aim of the current study was to investigate whether there were gender differences in mediation effects of attachment anxiety and avoidance on the

link between self-compassion and body image. Although infants encounter basically the same survival threats and there are no developmental reasons to anticipate that female and male infants should differ in attachment styles, the studies presented that there are gender differences in attachment orientation (Del-Guidice, 2018). It is stated that sex differences in attachment could not exist from birth; they might develop in line with biological functions of developmental phases. Through the previous studies' suggestions, we expected that sex differences would be observed in mediation roles of attachment anxiety and avoidance. We assumed that while mediator role of attachment anxiety would be stronger in females than males, the mediation effect of attachment avoidance would be stronger in males. However, our results presented that only attachment anxiety served full mediation effect on the relationship between self-compassion and body image in females, but not in males. In addition, when we divide our sample according to participants' gender, attachment avoidance did not show any mediation effect on this relationship. Even though the analyses reflected that the mediation role of attachment anxiety differs in gender and our fifth hypothesis is partially accepted, results are inconsistent with the previous findings that attachment anxiety and avoidance showed full mediation effect in total sample.

In line with the study of Bogdan et al., (2016) attachment anxiety and self-compassion predicted body image in females. The study results are also consistent with other studies which showed higher romantic attachment anxiety was correlated to higher body dissatisfaction in females (McKinley & Randa, 2005; Cheng, & Mallinckrodt, 2009; Lev-Ari et al., 2014; Bogdan et al., 2016). Additionally, our findings proposed support for female college students, self-compassion is linked to attachment anxiety, and that attachment anxiety presents an association between self-

compassion and body image. Individuals who are high on attachment anxiety are likely to be preoccupied, experience the fear of rejection, and tend to feel unworthy (Brennan et al., 1998). They tend to exaggerate their thoughts and feelings of unworthiness, which, in turn, lead to experience intense emotions. Females who are high in attachment anxiety might struggle to treat themselves self-compassionately and, in turn, they tend to experience body dissatisfaction. According to McKinley, & Randa, (2005), women with high attachment anxiety try to control their fear of rejection by using body surveillance and this, in turn, results in body dissatisfaction.

Additionally, for women and men alike, attachment avoidance did not present mediation effect on the relationship of self-compassion and body image, and therefore our sixth hypothesis was not accepted. This result is in line with the previous studies which showed that only attachment anxiety is related to body perception, but not avoidant (Cash et al., 2004; Lev-Ari et al., 2014; Terzi, 2015; Bogdan, et al., 2016). In addition, previous studies suggest that attachment avoidance found lack of predicting mental health problems uniquely (Mikulincer, & Shaver, 2008). Having high on attachment avoidance is related to fear of being close to others and experiencing anxiety about depending on other individuals. Due to the fact that individuals with attachment avoidance tend to avoid their negative thoughts and feelings by using defensive strategies, or they are not completely aware of their problems and therefore they mostly do not report their negative emotions (Mikulincer, & Shaver, 2008). From this point of view, individuals with high attachment avoidance might fail to express their negative perceptions of body. However, it could be also that attachment avoidance contributes to development of body dissatisfaction but its effect is not as strong as attachment anxiety and does not predict body perception directly, by itself (Lev-Ari et al., 2014).

Furthermore, it should be noted that when the sample of this study divided into two parts on the basis of the gender, the sizes of the two groups were moderately small to run mediation analysis, especially the group of males. According to Fritz, & Mackinnon (2007), mediation analysis requires large sample size in order to detect mediation effect. Nevertheless, our gender group sizes remained inadequate for detecting mediation effect. When we analyze the correlations between attachment dimensions, body image and self-compassion, we observed medium to high significant correlations between variables in males group, moreover, in females group except between attachment avoidance and self-compassion. Additionally, both attachment anxiety and avoidance significantly predicted the relation of self-compassion and body perception in total sample. These findings strengthen the argument of Fritz and MacKinnon (2007) that mediation analyses require large samples in order to observe mediation effect. Gender differences findings might be affected by the inadequate sample size in this study and did not completely support the findings obtained from total sample.

4.2. Contributions and Clinical Implications of the Study

This study has both clinical and scientific implications. Firstly, the study findings expanded the knowledge about individuals' body perception. Secondly, due to the fact that this is the first study investigated the interactions among attachment, self-compassion and body image by measuring attachment as dimensional, it broadened the knowledge of body perception and the factors contribute to its development. In addition, examining these interactions in a sample of female and male college students enhanced our understanding of both attachment dimensions'

and self-compassion' effects on individuals' body perceptions. Lastly, findings gave a perspective for which attachment dimensions (anxiety and avoidance) predicted the relation among self-compassion and body image in females and males separately. The study results presented that not only attachment anxiety but also attachment avoidance predict these interactions; and the two dimensions contribute to ability to be self-compassionate and to develop body representations.

Furthermore, our study deepens the knowledge of self-compassion and its relation to body image in adult males. In recent years, self-compassion and its strong effect on psychological health has highly emphasized (Neff, 2003b), yet the studies mostly have focused on women adults which lead to a knowledge gap in understanding the close relation among self-compassion and mental health in males. Moreover, the literature of body image has been inadequate for explaining the predictor role of self-compassion in males. One of the most important contributions of this study was giving equal attention to both genders and raising awareness for future studies by offering strong implications.

Apart from the scientific implications, the current study has also clinical advancements. The theory of attachment has made valuable contribution to clinical interventions by explaining the mechanism underlies the psychological problems. Considering the study findings, it is suggested that health practitioners be conscious of the attachment styles of individuals as attachment plays an important role on one's ability to treat self-compassionately, and they should be aware how being self-compassionate could influence the perception of the body and the feelings about the body. In addition, findings observed in this study might be beneficial for therapists to broaden their approach to body-based disturbances and improve their interventions techniques when working on individuals with these disturbances. Self-compassion

trainings may help individuals to learn how to treat kindly themselves, stay mindful, and avoid the irrational thoughts of being only one who suffers. However, it should be noted that these trainings could be more useful and provide permanent effects with the help of attachment perspectives. Considering the early interactions with caregivers and their poor ability to serve as a soothing mechanism, individuals' ability to self-soothe could be improved and, in turn, experiences of body dissatisfaction could be alleviated. Thus, practitioners should not only focus on behavioral and attitudinal changes in cases with body dissatisfaction but also address their emotional experiences which have its roots in early interactions with significant others.

4.3. Limitations of the Study and Future Research

As there is no study beyond limitations, our study has also some limitations which should be considered. First of all, the total sample was adequate to run analyses. However, when we separate our sample in terms of the participants' gender the group sizes were neither equal nor adequate to detect significant findings, specifically the males group. Our findings should be evaluated considering the data limitation of the study and future research can replicate this study with a larger sample. Secondly, our sample consisted of female and male young adults aged from 18 to 31 years from a private university. Findings of this research cannot be generalized to individuals who are not on this developmental period. Lastly, the current study adopted cross-sectional design and build on correlational analyses, therefore causality cannot be drawn from our study findings. The interpretation of mediation effects should be made cautiously.

REFERENCES

- Ainsworth, M. D. S. (1967) *Infancy in Uganda: infant care and the growth of attachment*, Baltimore: The Johns Hopkins University Press.
- Ainsworth, M. D. S., Bell, S. M. (1970). Attachment, Exploration, and Separation: Illustrated by the Behavior of One-Year-Olds in a Strange Situation, *Child Development*, 41, 49-67.
- Ainsworth, M. D. S., Blehar, M. C., Waters, E., Wall, S. (1978). *Patterns of attachment: Assessed in the Strange Situation and at Home..* Hillsdale, NJ: Erlbaum.
- Akın, Ü., Akın, A., Abacı, R. (2007). Öz-Duyarlık Ölçeği: Geçerlik Ve Güvenirlilik Çalışması, Hacettepe Üniversitesi Eğitim Fakültesi Dergisi, 33, 1-10.
- Albertson, E.R., Neff,K.D., Dill-Shackleford, K.E. (2014). Self-Compassion and Body Dissatisfaction in Women: A Randomized Controlled Trial of a Brief Meditation Intervention, *Mindfulness*, 6(3), 444-454.
- Amianto, F., Martini, M., Spalatro, A., Abbate, D.G., Fassino, S. (2017). Body Image Development within the Family: Attachment Dynamics and Parental Attitudes in Cross-Sectional and Longitudinal Studies, *IMedPub Journals*, 3(4), 1-6.

- Andrew, R., Tiggemann, M., Clark, L. (2016). Positive Body Image and Young Women's Health: Implications for Sun Protection, Cancer Screening, Weight Loss and Alcohol Consumption Behaviors, *Journal of Health Psychology*, 21(1), 28-39.
- Andrew, R., Tiggemann, M., Clark, L. (2016b). Predictors and Health-Related Outcomes of Positive Body Image in Adolescent Girls: A Prospective Study, *Developmental Psychology*, 52(3), 463-474.
- Arji, M., Borjali, A., Sohrabi, F., Farrokhi, N.A. (2016). Role of Perfectionism and Body Image in the Prediction of Body Dysmorphic Disorder Symptoms, *Avicenna Journal of Neuro Psycho Physiology*, 3(3) 1-4.
- Arslangiray, N. (2013). *Üniversite Öğrencilerinde Beden İmajının Yordayıcıları Olarak Bağlanma Stilleri ve Toplumsal Cinsiyet Rollerini*. (Unpublished master dissertation). Hacettepe University, Ankara, Turkey.
- Baron, R. M., & Kenny, D. A. (1986). The Moderator-Mediator Variable Distinction in Social Psychological Research: Conceptual, Strategic, and Statistical Considerations, *Journal of Personality and Social Psychology*, 51, 1173-82.
- Bartholomew, K. (1990). Avoidance of Intimacy: An Attachment Perspective, *Journal of Social and Personal Relationships*, 7(2), 147-178.
- Bartholomew, K., Horowitz, L.M. (1991). Attachment Styles Among Young Adults: A Test of a Four-Category Model, *Journal of Personality and Social Psychology*, 61(2), 226-244.

- Bartholomew, K., Shaver, P.R. (1998). Methods of Assessing Adult Attachment: Do They Converge? In J. A. Simpson & W. S. Rholes (Eds.), *Attachment Theory and Close Relationships* (pp. 25-45). New York: Guilford..
- Bearman, S.K. Presnell, K., Martinez, E., Stice, E. (2006). The Skinny on Body Dissatisfaction: A Longitudinal Study of Adolescent Girls and Boys, *Journal of Youth and Adolescence*, 35(2), 229-241.
- Bem, S.L. (1993). *The Lenses of Gender: Transforming the Debate on Sexual Inequality*. New Haven, CT: Yale University Press.
- Berge, J.M., Wall, M., Hsueh, T.F., Fulkerson, J.A., Larson, N., Neumark-Sztainer, D. (2015). The Protective Role of Family Meals for Youth Obesity: 10-Year Longitudinal Associations, *The Journal of Pediatrics*, 166(2), 296-301.
- Bogdan, T.L.R, Piontkowski, S., Hui, K., Ziemer, K.S., Garriot, P.O. (2016). Self-compassion as a mediator between attachment anxiety and body appreciation: An exploratory model, *Body Image*, 19(2016), 28-36.
- Bowlby J. (1980). *Attachment and Loss: Vol. 3. Loss, Sadness and Depression*. New York: Basic Books.
- Bowlby J. (1973). *Attachment and Loss: Vol. 2. Separation: Anxiety and anger*. New York: Basic Books.
- Bowlby J. (1969/1982). *Attachment and Loss: Vol. 1. Attachment*. New York: Basic Books.
- Bowlby, J. (1988). *A secure base: Parent-child attachment and healthy human development*, New York: Basic Books.

- Braun, T.D., Park, C.L., Gorin, A. (2016). Self-Compassion, Body Image, and Disordered Eating: A review of the Literature, *Body Image*, 17, 117-131.
- Brennan, M.A., Lalonde, C.E., Bain, J.L. (2010). Body Image Perceptions: Do Gender Differences Exist?, *Psi Chi Journal of Undergraduate Research*, 15(3), 130-138.
- Bretherton, I., Munholland, K.A. (1999). Internal Working Models in Attachment Relationships: A Construct Revisited. In Cassidy, J., Shaver, P.R. (Eds), *Handbook of Attachment: Theory, Research, and Clinical Applications*, (pp. 89-111). New York, NY: Guilford Press.
- Brownell, C.A. Zerwas, S., Ramani, G.B. (2007). "So Big": The Development of Body Self-Awareness in Toddlers, *Child Development*, 78(5), 1426-1440.
- Bucchianeri, M.M., Arikian, A.J., Hannan, P.J., Eisenberg, M.E., Neumark-Szteiner, D. (2013). Body Dissatisfaction From Adolescence to Young Adulthood: Findings From a 10-year Longitudinal Study, *Body Image*, 10, 1-7.
- Buhl-Neilsen, B. (2006). Mirrors, Body Image, and Self, *International Congress Series*, 1286, 87-94.
- Cafri, G., Yamamiya, Y., Brannick, M., Thompson, J.K. (2005). The Influence of Sociocultural Factors on Body Image: A Meta-Analysis, *Science and Practice*, 12(4), 421-433.
- Callaghan, G.M., Lopez, A., Wong, L., Northcross, J., Anderson, K.R. (2011). Predicting Consideration of Cosmetic Surgery in an College Population: A Continuum of Body Image Disturbance and the Importance of Coping Strategies, *Body Image*, 8, 267-274.

- Cash, T.F. (2004). Body Image: Past, Present, and Future, *Body Image*, 1, 1-5.
- Cash, T.F. (2006). Body Image and Plastic Surgery. In D. Sarwer, T. Pruzinsky, T. Cash, L. Whitaker, J. Persing, & R. Goldwyn (Eds), *Psychological Aspects of Reconstructive and Cosmetic Plastic Surgery: Clinical, Empirical and Ethical Perspectives* (pp. 37-59). Philadelphia: Lippincott, Williams and Wilkins.
- Cash, T.F., Brown, T.A. (1987). Body Image in Anorexia Nervosa and Bulimia Nervosa, *Behavior Modification*, 11, 487-521.
- Cash, T.F., Fleming, E.C. (2002). The Impact of Body Experiences: Development of the Body Image Quality of Life Inventory, *International Journal of Eating Disorders*, 31(4), 455-460.
- Cash, T.F., Theriault, J., Annis, N.M. (2004). Body Image in an Interpersonal Context: Adult Attachment, Fear of Intimacy, and Social Anxiety, *Journal of Social and Clinical Psychology*, 23(1),89-103.
- Cash, T.F., Pruzinsky, T. (2002). *Body Image: A Handbook of Theory, Research, and Clinical Practice*, New York, NY: Guilford Press.
- Catanzaro A., Wei M. (2010). Adult attachment, Dependence, Self-Criticism, and Depressive Symptoms: A Test of a Mediational Model, *Journal of Personality*, 78, 1135–1162.
- Cheng, H.L., Mallinckrodt, B. (2009). Parental Bonds, Anxious Attachment, Media Internalization, and Body Image Dissatisfaction: Exploring a Mediation Model, *Journal of Counseling Psychology*, 56(3), 365-375.

- Clark, M.M., Croghan, I.T., Reading, S., Schroeder, D.R., Stoner, S.M., Patten, C.A., Vickers, K.S. (2005). The Relationship of Body Image Dissatisfaction to Cigarette Smoking in College Students, *Body Image*, 2(3), 263-270.
- Clarke, L.H., Korotchenko, A. (2011). Aging and the Body: A review, *Canadian Institutes of Health Research*, 30(3), 495-510.
- Clode, J., Lewis, V., Fuller-Tyszkiewicz, M. (2016). Body Image Concerns as Predictors of Psychology Students' Confidence with Clients, *Applied Behavioral Research*, 21(4), 253-261.
- Del-Giudice, M. (2019). Sex differences in Attachment Styles, *Current Opinion in Psychology*, 25, 1-5.
- Deniz, M.E., Kesici, S., Sümer, A.S., (2008). The Validity And Reliability Of The Turkish Version Of The Self-Compassion Scale, Social Behavior And Personality, 36(9), 1151-1160.
- DeVille, D.C., Ellmo, F.I., Horton, W., Erchull, M.J. (2015). The Role of Romantic Attachment in Women's Experiences of Body Surveillance and Body Shame, *Gender Issues*, 32, 111-120.
- Doron, G., Moulding, R., Kyrios, M., Mikulincer, M. (2009). Adult Attachment Insecurities are Related to Obsessive Compulsive Phenomena, *Journal of Social and Clinical Psychology*, 28(8), 1022-1049.
- Duarte, C., Pinto-Gouveia, J. (2016). Self-Defining Memories of Body Image Shame and Bing-Eating in Men and Women: Body Image Shame and Self-Criticism in Adulthood as Mediating Mechanisms, *Sex Roles*, 77, 338-351.

- Dubey, M., Sharma, O.P. (2016). Body Image, Self-Esteem and Psychological Well-Being of Aged: A Correlational Study, *Indian Journal of Health and Well-Being*, 7(10), 973-975.
- Duchesne, A., Dion, J., Lalonde, D., Begin, C., Emond, C., Lalonde, G., McDuff, P. (2017). Body Dissatisfaction and Psychological Distress in Adolescents: Is Self-Esteem a Mediator?, *Journal of Health Psychology*, 22(12), 1563-1569.
- Duncan, G.E., Anton, S.D., Newton, R.L., Perri, M.G. (2003). Comparison of Perceived to Physiological Measure of Health in Black and White Women, *Preventive Medicine*, 36, 624-628.
- El Ansari, W., Dibba, E., Stock, C. (2014). Body Image Concerns: Levels, Correlates and Gender Differences Among Students in The United Kingdom, *Central European Journal of Public Health*, 22(2), 106-117.
- Ferreira, C., Pinto-Gouveia, J., Duarte, C. (2013). Self-Compassion in the Face of Shame and Body Image Dissatisfaction: Implications for Eating Disorders, *Eating Behaviors*, 14(2), 207-210.
- Fraley R.C., Waller, N.G., Brennan, K.A. (2000). An Item-Response Theory Analysis of Self-Report Measures of Adult Attachment, *Journal of Personality and Social Psychology*, 78(2), 350-365.
- Freud, A. (1989). *Normality and Pathology in Childhood: Assessment of Development*. London, UK: Karnac Books.
- Freud, S. (1923). *The Ego and the Id*. Vienna, AT: W.W. Norton and Company.

Fritz, M.S., MacKinnon, D.P. (2007). Required Sample Size to Detect the Mediated Effect, *Psychological Science*, 18(3), 233-239.

Gardner, R.M. (2011). Perceptual Measures of Body Image for Adolescents and Adults. In Cash, T.F., Smolak, L. (Eds.), *Body Image: A Handbook of Science, Practice, and Prevention* (pp. 146-153). New York, NY: Guilford Press.

Gilbert, P. (2005a). Compassion and Cruelty: A Biopsychosocial Approach. In Gilbert, P. (Ed), *Compassion: Conceptualizations, Research and Use in Psychotherapy* (pp. 9-74). London: Routledge.

Gilbert, P., Procter, S. (2006). Compassionate Mind Training for People with High Shame and Self-Criticism: Overview and Pilot Study of a Group Therapy Approach, *Clinical Psychology and Psychotherapy*, 13:353-379.

Gillen, M.M. (2015). Associations Between Positive Body Image and Indicators of Men's and Women's Mental and Physical Health, *Body Image*, 13, 67-74.

Goksan, B. (2007). Ergenlerde Beden İmajı ve Beden Dismorfik Bozuluğu, *Master Thesis*.

Grogan, S. (1999). *Body Image: Understanding Body Dissatisfaction in Men, Women, and Children*, 1st Ed. London: Routledge.

Haick, T. (2012). *The relationship between attachment organization, mirror behavior and body image dissatisfaction in mothers*. (Unpublished doctoral dissertation). The New School for Social Research: New York, NY.

- Harter, S. (2012). *The Construction of the Self: Developmental and Sociocultural Foundations*, 2nd Ed. New York, NY: Guilford Press.
- Hashemi, S.A.G., Edalatnoor, B., Edalatnoor, B., Niksun, O. (2017). Investigating the Level of Body Image Concern Among the Applicants for Rhinoplasty Before and After Surgery, *International Journal of Pediatrics*, 5(9), 5789-96.
- Hazan, C., Shaver, P. (1987). Romantic Love Conceptualized as Attachment Process, *Journal of Personality and Social Psychology*, 52(3), 511-524.
- Hoffman, S. Warschburger, P. (2017). Weight, Shape, and Muscularity Concerns in Male and Female Adolescents: Predictors of Change and Influences on Eating Concern, *International Journal of Eating Disorder*, 50(2), 139-147.
- Hovardaoğlu, S. (1993). Vücut Algısı Ölçeği, *Psikiyatri, Psikoloji, Psikofarmakoloji Dergisi* (3P), 1-26.
- Jopling, D.A. (2000). *Self-Knowledge and the Self*. London: Routledge.
- Keklik, I. (2011). Relationships of Attachment Styles and Gender, Personal Meaning, Depressiveness and Trait-Anxiety among College Students, *Education and Science*, 36, 84-95.
- Kelly, A.C., Stephen, E. (2016). A Daily Diary Study Of Self-Compassion, Body Image, and Eating Behavior In Female College Students, *Body Image*, 17(2016), 152-160.
- Kernberg, P. F. (2007). In Buhl-Nielsen, B., & Normandin, L. *Beyond the reflection: The role of the mirror paradigm in clinical practice*, New York, NY: Other Press.

- Kirkpatrick, L.E., Hazan, C. (1994). Attachment Styles and Close Relationships: A Four-Year Prospective Study, *Personal Relationships*, 1, 123-142.
- Kobak, R.R., Sceery, A. (1988). Attachment in Late Adolescence: Working Models, Affect Regulation, and Representations of Self and Others, *Childhood Development*, 59(1), 135-146.
- Koskina, N., Giovazolias, T. (2010). The Effect Of Attachment Insecurity In The Development Of Eating Disturbances Across Gender: The Role Of Body Dissatisfaction, *The Journal Of Psychology*, 144(5), 449-471.
- Kostanski, M., Fisher, A., Gullone, E. (2004). Current Conceptualization of Body Image Dissatisfaction: Have We Got It Wrong?, *Journal of Child Psychology and Psychiatry*, 45(7), 1317-1325.
- Krueger, D.W. (2002a) Psychodynamic Perspectives on Body Image. In T.F. Cash & T. Pruzinsky (Eds), *Body Image: A Handbook of a Psychology*, (pp. 30-37). New York, NY: Guilford Press.
- Krueger, D.W. (2002b). *Integrating Body Self & Psychological Self*. New York, NY: Routledge.
- Lemche, E. (1998). The Development of the Body Image in the First Three Years of Life, *Psychoanalysis & Contemporary Thought*, 21(2), 155-275.
- Levine, M.P., Smolak, L. (2002). Body Image Development in Adolescence. In T.F. Cash, Pruzinsky, T. (Eds), *Body Image: A Handbook of Theory, Research, And Clinical Practice*, (pp.13-21). New York: Guilford Press.

- Lewis, M. (1991). Ways of Knowing: Objective Self-Awareness or Consciousness, *Developmental Review*, 11(3), 231-243.
- Lewis, M. Sullivan, M.W., Stranger, C., Weiss, M. (1989). Self-Development and Self-Consciousness Emotions, *Child Development*, 146-156.
- Lev-Ari, L., Baumgarten-Katz, B., Zohar, A.H. (2014). Show Me Your Friends, And I Shall Show You Who You Are: The Way Attachment And Social Comparisons Influence Body Dissatisfaction, *Wiley Online Library*, 463-469.
- Mackintosh, K., Power, K., Schwannuer, M., Chan, S.W.Y. (2017). The Relationships between Self-Compassion, Attachment and Interpersonal Problems in Clinical Patients with Mixed Anxiety and Depression and Emotional Distress, *Mindfulness*.
- Mahler, M.S., Pine, F., Bergman, A. (1975). *The Psychological Birth of the Human Infant: Symbiosis and Individuation*. New York, NY: Basic Books.
- Main, M., Cassidy, J. (1988). Categories of Response to Reunion with the Parent at the Age 6: Predictable from Infant Attachment Classifications and Stable over a 1-Month Period, *Developmental Psychology*, 24, 1-12.
- Main, M., Kaplan, N., & Cassidy, J. (1985). Security in Infancy, Childhood, and Adulthood: A Move to the Level of Representation, *Monographs of the Society for Research in Child Development*, 50 (1&2), 66-104.
- Main, M., & Solomon, J. (1990). Procedures For Identifying Infants as Disorganized/disoriented During the Ainsworth Strange Situation. In M. T. Greenberg, D. Cicchetti, & E. M. Cummings (Eds.), *Attachment in the*

preschool years: Theory, research, and intervention (pp. 121-160). Chicago, IL, US: University of Chicago Press.

McKinley, N.M., Randa, L.A. (2005). Adult Attachment And Body Satisfaction. An Exploration Of General and Specific Relationship Differences, *Body Image*, 2(3), 209-218.

Mikulincer M, Shaver P.R. (2008). Adult attachment and affect regulation. In: Cassidy J, Shaver P.R., (2nd Eds), *Handbook of attachment*. (pp. 503–531). New York: Guilford Press; 2008.

Mili, M., Raakhee, A.S. (2015). The Relationship between Body Esteem, Attachment Anxiety and Attachment Avoidance Among Young Adults, *Journal of Psychology & Mental Health*, 22, 119-123.

Mintem, G.C., Gigante, D.P., Horta, B.L. (2015). Change in Body Weight and Body Image in Young Adults: A Longitudinal Study, *BioMed Central Public Health*, 15, 1-7.

Morais, M.S.M., Nascimento, R.A., Carmen, M., Vieira, A., Moreira, M.A., Camana, S.M.A., Maciel, A.C.C., Almeida, M.G. (2017). Does Body Image Relate to Quality of Life in Middle-Aged Women?, *Plos One*, 12(9), 1-12.

Neagu, A. (2015). Body Image: A Theoretical Framework, *The Publishing House of the Romanian Academy*, 17(1), 29-38.

Neff, K.D. (2003a). The Development and Validation of a Scale to Measure Self-Compassion, *Self and Identity*, 2, 223-250.

- Neff, K.D. (2003b). Self-Compassion: An Alternative Conceptualization of a Healthy Attitude Toward Oneself, *Self and Identity*, 2, 85-101.
- Neff, K.D., Kirkpatrick, K.L., Rude, S.S. (2007). Self-Compassion and Adaptive Psychological Functioning, *Journal of Research Personality*, 41, 139-154.
- Neff, K.D., McGehee, P. (2010). Self-compassion and Psychological Resilience Among Adolescents and Young Adults, *Self and Identity*, 9, 225-240.
- Neff, K.D., Rude, S.S., Kirkpatrick, K.L. (2007b). An Examination of Self-Compassion in Relation To Positive Psychological Functioning and Personality Traits, *Journal of Research in Personality*, 41, 908-916.
- Neumak-Sztainer, D. (2011). Obesity and Body Image in Youth. In T.F. Cash & T. Pruzinsky (Eds.), *Body Image: A Handbook of Theory, Research, and Clinical Practice*, (pp 180-188). New York, NY: Guilford Press.
- Neves, C.M., Cipriani, F.M., Meireles, J.F.F, Morgado, F.F.R, Ferreira, M.E.C. (2017). Body Image in Childhood: An Integrative Literature Review, *Revista Paulista de Pediatria*, 35(3), 331-339.
- Oktan, V., Şahin, M. (2010). Kız Ergenlerde Beden Imaji ile Benlik Saygısı Arasındaki İlişkinin İncelenmesi, *Uluslararası İnsan Bilimleri Dergisi*, 7(2), 543-554.
- Pauley, G., McPherson, S. (2010). The Experience and Meaning of Compassion and Self-Compassion for Individuals with Depression or Anxiety, *Psychology and Psychotherapy*, 83, 129-143.

Pepping, C.A., Davis, P.J., O'Donovan, A., Pal, J. (2015). Individual Differences in Self-Compassion: The Role of Attachment and Experiences of Parenting in Childhood, *Self and Identity*, 14(1), 104-117.

Perry, B. D. (2008). Child Maltreatment: The Role of Abuse and Neglect in Developmental Psychopathology. In T. P. Beauchaine & S. P. Hinshaw *Textbook of Child and Adolescent Psychopathology* (Eds.), (pp. 93–128). New York: Wiley.

Pietremonaco, P.R., Greenwood, D., Barret, L.F. (2004). *Conflict in Adult Close Relationships: An Attachment Perspective*. New York: Guilford Press.

Pope, H.G., Gruber, A.M., Mangweth, B., Bureau, B., Decol, C., Jouvent, R., Hudson, J.I. (2000). Body Image Perception among Men in Three Countries, *The American Journal of Psychiatry*, 157, 1297-1301.

Potki, R. Ziaei, T., Faramarzi, M., Moosazadeh, M., Shahhosseini, Z. (2017). Bio-Psycho-Social Factors Affecting Sexual Self-Concept: A Systematic Review, *Electronic Physician*, 9(9), 5172-5178..

Rodgers, R.F., Paxton, S.J., McLean, S.A., Damiano, S.R. (2016). “Does the Voice in Your Head Get Kinder As You Get Older?” Women’s Perceptions of Body Image in Midlife, *Journal of Women & Aging*, 28, 395-402.

Rodgers, R.F., Franko, D.L. Donovan, E., Cousineau, T., Yates, K., McGowan, K., Cook, E., Lowy, A.S. (2017). Body Image in Emerging Adults: The Protective Role of Self-Compassion, *Body Image*, 22, 148-155.

Rodriguez-Cano, T, Beato-Fernandez, L., Llario, A.B. (2006). Body dissatisfaction as a Predictor of Self-Reported Suicide Attempts in Adolescents: A Spanish

- Community Prospective Study, *Journal of Adolescence Health*, 38(6), 684-688.
- Rohde, P., Stice, E., Marti, C.N. (2015). Development and Predictive Effects of Eating Disorder Risk Factors during Adolescence: Implications for Prevention Efforts, *International Journal of Eating Disorders*, 48(2), 187-198.
- Rosenstein, D.S., Horowitz, H.A. (1996). Adolescent Attachment and Psychopathology, *Journal of Consulting and Clinical Psychology*, 64(2), 244-253.
- Sandoval, E.L. (2008). Secure Attachment, Self-Esteem, and Optimism as Predictors of Positive Body Image in Women. (Published doctoral dissertation). Texas A&M University.
- Sarwer, D., Crerand, C.E. (2003). Body Image and Cosmetic Medical Treatments, *Body Image*, (2004), 99-111.
- Schmitt, D.P. (2003). Are Men Universally More Dismissing Than Women? Gender Differences in Romantic Attachment Across 62 Cultural Regions, *Personal Relationships*, 10, 307-331.
- Secord, P.F., Jourard S.M. (1953). The Appraisal of Body-Cathexis: Body-Cathexis and the Self, *Journal of Consulting Psychology*, 17(5), 343-347.
- Seekis, V., Bradley, G.L., Duffy, A. (2017). The Effectiveness of Self-Compassion and Self-Esteem Writing Tasks in Reducing Body Image Concerns, *Body Image*, 23, 206-213.

- Sharpe, T.M., Killen, J.D., Bryson, S.W., Shisslak, C.M., Estes, L.S., Gray, N., Crago, M., Taylor, C.B. (1998). Attachment Style and Weight Concerns in Preadolescent and Adolescent Girls, *International Journal of Eating Disorders*, 23, 39-44.
- Shilder, P. (1950). *The Image and Appearance of the Human Body*, (p. 11). New York: International Universities Press.
- Sibley, C.G., Liu J.H. (2004). Short-Term Temporal Stability and Factor Structure of the Revised Experiences in Close Relationships (ECR-R) Measure of Adult Attachment, Personality and Individual Differences, 36, 969-975.
- Smolak, L. (2002). Body Image Development in Children. In T.F. Cash & T. Pruzinsky (Eds.), *Body Image: A Handbook of Theory, Research, and Clinical Practice*, (pp 65-73). New York, NY: Guilford Press.
- Smolak, L. (2011). Body Image Development in Children. In T.F. Cash & T. Pruzinsky (Eds.), *Body Image: A Handbook of Theory, Research, and Clinical Practice*, (pp 67-75). New York, NY: Guilford Press.
- Smolak, L., Thompson, J.K. (2009). *Body Image, Eating Disorders, and Obesity in Youth: Assessment Prevention, and Treatment*, (2nd Edition). Washington DC American Psychological Association.
- Stern, D.N. (1985). *The Interpersonal World of the Human Infant*, New York, NY: Basic Books.
- Stiman, M., Leavy, P., Garland, A. (2009). Heterosexual Female and Male Body Image and Body Concept in the Context of Attraction Ideals, *Electronic Journal of Human Sexuality*, 12. Retrived on 20 March 2018, from

<https://pdfs.semanticscholar.org/6ea9/d14e6a80e836d989de1208ed7e7ced79938a.pdf>

Suldo, S.M., Sandberg, D.A. (2000). Relationship Between Attachment Styles and Eating Disorder Symptomatology Among College Women, *Journal of College Student Psychotherapy*, 15(1), 59-71.

Sümer, N. (2006). Yetişkin Bağlanma Ölçeklerinin Kategoriler ve Boyutlar Düzeyinde Karşılaştırılması, *Türk Psikoloji Dergisi*, 21(57), 1-22.

Sümer, N., Selçuk, E., Günaydın, G., Uysal, A. (2005). Yetişkin Bağlanma Boyutları İçin Yeni Bir Ölçüm: Yakın İlişkilerde Yaşantılar Envanteri –II’nin Türk Örnekleminde Psikometrik Açıdan Değerlendirilmesi, *Türk Psikoloji Yazıları*, 8(16), 1-11.

Tanaka, M., Wekerle, C., Schmurck, M.L., Paglia-Boak, A. (2011). The Linkages among Childhood Maltreatment, Adolescent Mental Health, and Self-Compassion in Child Welfare Adolescents, *Child Abuse & Neglect*, 35(10), 887-898.

Terzi, H. (2015). The Interplay Between Self-Compassion Attachment Security, and Relational Attributions on Marital functioning.(Unpublished thesis dissertation). Middle East Technical University, Ankara, Turkey.

Thompson, J.K., Covert, M.D., Richards, K.J., Johnson, S., Cattarin, J. (1995). Development of Body Image, Eating Disturbance, and General Psychological Functioning in Female Adolescents: Covariance Structure Modeling and Longitudinal Investigations, *International Journal of Eating Disorders*, 18(3), 221-236.

- Tiggemann, M., Martins, Y., Churchett, L. (2008). Beyond Muscles: Unexplored Parts of Men's Body Image, *Journal of Health Psychology*, 13(8), 1163-1172.
- Toole, A.M., Craighead, L.W. (2016). Brief Self-Compassion Meditation Training for Body Image Distress in Young Adult Women, *Body Image*, 19, 104-112.
- Tosi, K. (2014). *The child mirror paradigm and the adult attachment interview: Intergeneration influences of the mother's attachment pattern*. (Unpublished doctoral dissertation). The New School for Social Research: New York, NY.
- Tremblay, L.G., Limbos, M. (2009). Body Image Disturbance and Psychopathology in Children: Research Evidence and Implications for Prevention and Treatment, *Current Psychiatry Reviews*, 5(1), 62-72.
- Tremblay, L., Lovsin, T., Zecevic, C., Lariviere, M. (2011). Perceptions of Self in 3-5 year old Children: A Preliminary Investigation into the Early Emergence of Body Dissatisfaction, *Body Image*, 8(3), 287-292.
- Troisi, A., Lorenzo, G., Alcini, S., Siracusano, A. (2006). Body Dissatisfaction in Women With Eating Disorders: Relationship to Early Separation Anxiety and Insecure Attachment, *Psychosomatic Medicine*, 68(3), 449-453.
- Tylka, T.L., Wood-Barcalow, N.L. (2015). What Is and What Is Not Positive Body Image? Conceptual Foundations and Construct Definition, *Body Image*, 14, 118-129.
- Uras, B. Y. (2004). *Body Satisfaction and Depression Symptoms Relationship among University Students: The Mediating Role of Self-Esteem*. (Unpublished master dissertation). Middle East Technical University, Ankara, Turkey.

- Ward, A., Ramsay, R., Turnbull, S., Steele, M., Treasure, J. (2001). Attachment in Anorexia Nervosa: A Transgenerational Perspective, *the British Journal of Medical Psychology*, 74, 497-505.
- Warren, S.L., Huston, L., Egeland, B., Sroufe, L.A. (1997). Child and Adolescent Anxiety Disorders and Early Attachment, *Journal of the American Academy of Child and Adolescent Psychiatry*, 36(5), 637-644.
- Wasylikiw, L., MacKinnon, A.L., MacLellan, A.M. (2012). Exploring The Link Between Self-Compassion and Body Image In University Students, *Body Image*, 9(2012), 236-245.
- Williams, E.F., Cash, T. F., Santos, M.T. (2004). Positive and Negative Body Image: Precursors, Correlates, and Consequences, *Paper presented at the 38th annual Association for the Advancement of Behavior Therapy*.
- Winnicott, D. W. (1971). *Playing and Reality*. London: Penguin Books.
- World Health Organization. (2000). Obesity: Preventing and Managing The Global Epidemic, *WHO Technical Report Series*.
- Yahia, N., El-Ghazale, H., Achkar, A., Rizk, S. (2011). Dieting Practices and Body Image Perception Among Lebanese University Students, *Asia Pacific Journal of Clinical Nutrition*, 20(1), 21-28.
- Zawawi, J.A. (2014). Relationships Between Body Mass Index, Body Image Dissatisfaction and Psychological Distress Among Fitness Center Female Users in Zarqa-Jordan, *International Journal of Humanities and Social Science*, 11(1), 109-130.

APPENDIX A

INFORMED CONSENT FORM

Bu araştırma Bahçeşehir Üniversitesi Klinik Psikoloji yüksek lisans öğrencisi Afife Kübra AKTARAN tarafından tez kapsamında ve Yrd. Doç. Dr. Ayşe Meltem BUDAK gözetiminde yürütülmektedir. Bu çalışmada kişilerin beden algısı ve bunu etkileyen faktörler araştırılmaktadır. Araştırma sırasında size üç farklı form verilecektir ve bu formları eksiksiz bir şekilde doldurmanız çalışma için önem taşımaktadır.

Bu araştırma anonim bir çalışma olduğu için kişinin kimlik bilgileri alınmamaktadır. Araştırma sırasında vereceğiniz bilgiler sadece bilimsel amaçlı kullanılacak ve sonuçların gizliliği her koşulda garanti edilecektir.

Çalışmaya katılım gönüllü olduğu için araştırma sırasında sebep bildirmeksizin çalışmayı bırakabilirsiniz.

Çalışma bittikten sonra araştırma ile ilgili karşılaşılabileceğiniz bir sorun veya araştırma hakkında bilgi almak için ... numaralı telefonu arayabilir veya @... adresine mail atabilirsiniz.

Yukarıdaki araştırmanın amacını ve içeriğini belirten açıklamaları okudum ve araştırmaya katılmayı kabul ediyorum.

İmza:

APPENDIX B

DEMOGRAPHIC INFORMATION FORM

CİNSİYET: ☐ KADIN ☐ ERKEK

YAŞ: _____

OKUDUĞU BÖLÜM: _____

BOY: _____

KİLO: _____

ROMANTİK İLİŞKİ DURUMU: ☐ İlişkisi Var ☐ İlişkisi Yok

**HERHANGİ BİR PSİKOLOJİK RAHATSIZLIĞINIZ VAR MI?
PSİKOLOJİK BİR TANI ALDINIZ MI?**

☐ Evet (Belirtiniz:.....)

☐ Hayır

**PSİKOLOJİK BİR NEDENDEN ÖTÜRÜ HİÇ TERAPİ VEYA TEDAVİ
ALDINIZ MI? EVET İSE SÜRESİNİ BELİRTİNİZ.**

☐ Evet (Süreyi belirtiniz:.....)

☐ Hayır

APPENDIX C

BODY IMAGE SCALE

Aşağıda çeşitli vücut özellikleri ve beğenip beğenmeme ifadeleri bulunmaktadır. Yapmanız gereken, bir vücut özelliğiniz hakkındaki duygularınızı bu ifadelere göre değerlendirmektir. Örneğin bir vücut özelliğinizi çok beğeniyorsanız, bu özellik için “çok beğeniyorum” ifadesinin bulunduğu kutuya “X” işareti koyunuz. Herhangi bir vücut özelliğinizi genel olarak beğenip beğenmediğinize göre duygularınızı değerlendiriniz.

	Çok Beğeniyorum	Oldukça Beğeniyorum	Kararsızım	Pek Beğenmiyorum	Hiç Beğenmiyorum
1. Saçlarım					
2. Yüzümün Rengi					
3. İştahım					
4. Ellerim					
5. Vücudumdaki Kıl Dağılımı					
6. Burnum					
7. Fiziksel Gücüm					
8. İdrar-dışkı Düzenim					
9. Kas Kuvvetim					
10. Belim					
11. Enerji Düzeyim					
12. Sırtım					
13. Kulaklarım					
14. Yaşım					

15. Çenem					
16. Vücut Yapım					
17. Profilim					
18. Boyum					
19. Duyularımın keskinliği					
20. Ağrıya Dayanıklılığım					
21. Omuzlarımın Genişliği					
22. Kollarım					
23. Göğüslerim					
24. Gözlerimin Şekli					
25. Sindirim Sistemim					
26. Kalçalarım					
27. Hastalığa Direncim					
28. Bacaklarım					
29. Dişlerimin Şekli					
30. Cinsel Gücüm					
31. Ayaklarım					
32. Uyku Düzenim					
33. Sesim					
34. Sağlığım					
35. Cinsel Faaliyetlerim					
36. Dizlerim					
37. Vücudumun Duruş Şekli					
38. Yüzümün Şekli					
39. Kilom					
40. Cinsel Organlarım					

APPENDIX D

EXPERIENCES IN CLOSE RELATIONSHIPS – REVISED

QUESTIONNAIRE

Aşağıdaki maddeler romantik ilişkilerinizde hissettiğiniz duygularla ilgilidir. Bu araştırmada sizin ilişkilerinizde yalnızca şu anda değil, genel olarak neler olduğuyla ya da neler yaşadığınızla ilgilenmekteyiz. Maddelerde sözü geçen “birlikte olduğum kişi” ifadesi ile romantik ilişkide bulunduğunuz kişi kastedilmektedir. Eğer hali hazırda bir romantik ilişkide değilseniz, aşağıdaki maddeleri bir ilişki içinde olduğunuzu varsayarak cevaplandırınız. Her bir maddenin ilişkilerinizdeki duygu ve düşüncelerinizi ne oranda yansıttığını karşılarındaki 7 aralıklı ölçek üzerinde, ilgili rakama çarpı işareti (X) koyarak gösteriniz.

1-----2-----3-----4-----5-----6-----7		
Hiç	Kararsızım/	Tamamen
Katılmıyorum	Fikrim Yok	Katılıyorum

	1	2	3	4	5	6	7
	Hiç katılmıyorum			Kararsızım / Fikrim Yok			Tamamen katılıyorum
1.Birlikte olduğum kişinin sevgisini kaybetmekten korkarım.							
2.Gerçekte ne hissettiğimi birlikte olduğum kişiye göstermemeyi tercih ederim.							
3.Sıklıkla, birlikte olduğum kişinin artık benimle birlikte olmak istemeyeceği korkusuna kapılırım.							

4.Özel duygu ve düşüncelerimi birlikte olduğum kişiyle paylaşmak konusunda kendimi rahat hissederim.							
5.Sıklıkla, birlikte olduğum kişinin beni gerçekten sevmediği duygusuna kapılırım.							
6.Romantik ilişkide olduğum kişilere güvenip inanmak bana zor geliyor.							
7.Romantik ilişkide olduğum kişilerin beni, benim onları önemsedığım kadar önemsemeyeceklerinden endişe duyarım.							
8.Romantik ilişkide olduğum kişilere yakın olma konusunda çok rahatımdır.							
9.Sıklıkla, birlikte olduğum kişinin bana duyduğu hislerin benim ona duyduğum hisler kadar güçlü olmasını isterim.							
10.Romantik ilişkide olduğum kişilere açılma konusunda kendimi rahat hissetmem.							
11.İlişkilerimi kafama çok takarım.							
12.Romantik ilişkide olduğum kişilere fazla yakın olmamayı tercih ederim.							
13.Benden uzakta olduğunda, birlikte olduğum kişinin başka birine ilgi duyabileceği korkusuna kapılırım.							
14.Romantik ilişkide olduğum kişi benimle çok yakın olmak istediğinde rahatsızlık duyarım.							
15.Romantik ilişkide olduğum kişilere duygularımı gösterdiğimde, onların benim için aynı şeyleri hissetmeyeceğinden korkarım.							
16.Birlikte olduğum kişiyle kolayca yakınlaşabilirim.							

17.Birlikte olduğum kişinin beni terk edeceğinden pek endişe duymam.							
18.Birlikte olduğum kişiyle yakınlaşmak bana zor gelmez.							
19.Romantik ilişkide olduğum kişi kendime olan güvenimi sarsar.							
20.Genellikle, birlikte olduğum kişiyle sorunlarımı ve kaygılarımı tartışırım.							
21.Terk edilmekten pek korkmam.							
22.Zor zamanlarımda, romantik ilişkide olduğum kişiden yardım istemek bana iyi gelir							
23.Birlikte olduğum kişinin, bana istediğim kadar yakın olmadığını düşünürüm.							
24.Birlikte olduğum kişiye hemen hemen her şeyi anlatırım.							
25.Romantik ilişkide olduğum kişiler bazen bana olan duygularını sebepsiz yere değiştirirler.							
26.Başımdan geçenleri birlikte olduğum kişiyle konuşurum.							
27.Çok yakın olma arzum bazen insanları korkutup uzaklaştırır.							
28.Birlikte olduğum kişiler benimle çok yakınlaştığında gergin hissedirim.							
29.Romantik ilişkide olduğum bir kişi beni yakından tanıdıkça, benden hoşlanmayacağından korkarım.							
30.Romantik ilişkide olduğum kişilere güvenip inanma konusunda rahatımdır.							

31.Birlikte olduđum kiřiden ihtiya duyduđum řekfat ve desteđi grememek beni fkelerendirir.							
32.Romantik iliřkide olduđum kiřiye gvenip inanmak benim iin kolaydır.							
33.Bařka insanlara denk olamamaktan endiře duyarım.							
34.Birlikte olduđum kiřiye řekfat gstermek benim iin kolaydır.							
35.Birlikte olduđum kiři beni sadece kızgın olduđumda fark eder.							
36.Birlikte olduđum kiři beni ve ihtiyalarımı gerekten anlar.							

APPENDIX E

SELF-COMPASSION SCALE

ZORLUKLAR KARŞISINDA KENDİME GENEL OLARAK NASIL DAVRANIYORUM? Yanıtlamadan önce her bir ifadeyi dikkatle okuyunuz. Her bir maddenin sağında takip eden ölçeği kullanarak, belirtilen durumda ne kadar sıklıkla hareket ettiğinizi belirtiniz.					
	Hemen Hemen Hiçbir Zaman	Nadiren	Ara sıra	Çoğu Zaman	Hemen Hemen Her Zaman
	1	2	3	4	5
1. Kendimi kötü hissettiğimde, kötü olan her şeye takılma eğilimim vardır.					
2. İşler benim için kötü gittiğinde zorlukların yaşamın bir parçası olduğunu ve herkesin bu zorlukları yaşadığını görebilirim.					
3. Yetersizliklerimi düşünmek kendimi daha yalnız ve dünyadan kopuk hissetmeme neden olur.					
4. Duygusal olarak acı yaşadığım durumlarda kendime sevgiyle yaklaşmaya çalışırım.					
5. Benim için önemli bir şeyde başarısız olduğumda, yetersizlik hisleriyle tükenirim.					
6. Kötü hissettiğimde, dünyada benim gibi kötü hisseden pek çok kişi olduğunu kendi kendime hatırlatırım.					
7. Zor zamanlar geçirdiğimde kendime daha katı (acımasız) olma eğilimindeyim.					
8. Herhangi bir şey beni üzdüğünde hislerimi dengede tutmaya çalışırım.					
9. Kendimi bir şekilde yetersiz hissettiğimde kendi kendime birçok insanın aynı şekilde kendi hakkında yetersizlik duyguları yaşadığını hatırlatmaya çalışırım.					
10. Kişiliğimin sevmediğim yanlarına karşı hoşgörüsüz ve sabırsızım.					
11. Çok sıkıntılıysam, kendime ihtiyacım olan ilgi ve şefkati gösteririm					
12. Kendimi kötü hissettiğimde diğer insanların çoğunun benden mutlu olduğunu düşünme eğilimindeyim.					

13. Acı veren bir şey olduğunda, durumu dengeli bir bakış açısıyla görmeye çalışırım.					
14. Başarısızlıklarımı insan olmanın bir parçası olarak görmeye çalışırım.					
15. Sevmediğim yanlarımı gördüğümde kendi kendimi üzerim.					
16. Benim için önemli bir şeyde başarısız olduğumda, işleri belli bir bakış açısı içerisinde tutmaya çalışırım.					
17. Ben mücadele halindeyken diğer herkesin işlerinin benimkinden kolay gittiğini hissetme eğilimim vardır.					
18. Acı çektiğim zamanlarda, kendime karşı iyiyimdir.					
19. Bir şey beni üzdüğünde, duygusal olarak bunu abartırım.					
20. Acı çektiğim durumlarda kendime karşı bir parça daha soğukkanlı olabilirim.					
21. Kendi kusur ve yetersizliklerime karşı hoşgörölüyümdür.					
22. Acı veren bir şey olduğunda, olayı büyütme eğilimim vardır.					
23. Benim için önemli bir şeyde başarısız olduğumda, başarısızlığın yalnız benim başıma geldiği duygusunu hissetme eğiliminde olurum.					
24. Kişiliğimin sevmediğim yönlerine karşı anlayışlı ve sabırlı olmaya çalışırım.					

APPENDIX F

OFFICIAL PERMISSION FROM BAHCESEHIR UNIVERSITY COMMITTEE FOR RESEARCH AND PUBLISHING ETHICS



T.C.
BAHÇEŞEHİR ÜNİVERSİTESİ REKTÖRLÜĞÜ



Sayı : 20021704-604.01.01-187

24/01/2018

Konu : Proje Başvurusu

SAYIN YRD.DOÇ.DR. MELTEM BUDAK
İktisadi, İdari ve Sosyal Bilimler Fakültesi
Psikoloji Bölümü

Tez Danışmanlığını yürütmekte olduğunuz Klinik Psikoloji yüksek lisans programı öğrencisi Afife Kübra AKTARAN'ın "Üniversite Öğrencilerinde Beden Aldısı ve Öz-Anlayış Arasındaki İlişkinin Bağlanma Stilleri Aracılığıyla İncelenmesi" başlıklı tez araştırması incelenmiş olup, Bilimsel Araştırma ve Yayın Etiği'ne aykırılık içermediği anlaşılmıştır.

Prof.Dr. Faik Tunç BOZBURA
Rektör a.
Rektör Yardımcısı

Evrakı Doğrulamak İçin : <https://ebys.bahcesehir.edu.tr/enVision/Dogrula/SN310SA>

/ 1
Pin : 16291

Çırağan Caddesi, Osmanpaşa Mektebi Sokak, No: 4-6 34353- Beşiktaş –İstanbul
KEP : bahcesehiruniversitesi@hs01.kep.tr
Telefon:0212 381 01 61 Fax:0212 381 01 44
İrtibat Email: meltem.cakir@bau.edu.tr

Ayrıntılı bilgi için irtibat: Meltem ÇAKIR
Elektronik Ağ: www.bahcesehir.edu.tr

