

THE RELATIONSHIP BETWEEN SEPARATION INDIVIDUATION PROCESS AND
ORTHOREXIA NERVOSA: THE MEDIATOR ROLE OF VULNERABLE NARCISSISM

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ÖZET

Bu arařtırmada ayrıřma bireyleřme s¼reci ile ortoreksiya nevroza arasındaki iliřkiye kırılğan narsisizmin aracı rol¼ ile bakılmıřtır. Arařtırmaya 238 kiři katılmıřtır. Katılımcıların yař aralıęı 18-49'dur. Arařtırmada "Sosyodemografik Bilgi Formu", "Ayrıřma-Bireyleřme Envanter," "Ortoreksiya Nevrosa ¼lçeęi-11" ve "Patolojik Narsisizm Envanteri" kullanılmıřtır. Ayrıřma-bireyleřme, ortoreksiya nevroza ve kırılğan narsisizm arasındaki iliřkiyi anlamak için önce pearson korelasyon analizi uygulanmıřtır. Korelasyon analizinden sonra kırılğan narsisizmin ayrıřma-bireyleřme ve ortoreksiya nevroza arasındaki aracı rol¼n¼ anlayabilmek için mediasyon analizi uygulanmıřtır. Mediasyon analizi bulguları kırılğan narsisizmin hem ayrıřma-bireyleřme hem de ortoreksiya nevroza arasında pozitif bir iliřki olduęunu g¼stermiřtir. Bu arařtırmanın sonularına g¼re y¼ksek d¼zeyde kırılğan narsisizmin, ortoreksiya nevroza eęilimi ve ayrıřma-bireyleřme s¼recindeki problemlerle iliřkili olduęu bulunmuřtur.

Anahtar kelimeler: Ayrıřma-bireyleřme, ortoreksiya nevroza, kırılğan narsisizm

ABSTRACT

In this study, it was aimed to examine the mediating role of vulnerable narcissism in the relationship between separation-individuation process and orthorexia nervosa. 238 participants ages between 18 and 49 participated in the study. “Sociodemographic Information Form”, “Separation-Individuation Form”, “Orto-11” and “Pathological Narcissism Inventory were used on participants. In the analysis, the first Pearson Correlation was applied to examine the relationship between separation-individuation, orthorexia nervosa and vulnerable narcissism. After the correlation analysis, the mediation was conducted to understand the mediating role of vulnerable narcissism effects of separation-individuation and orthorexia nervosa. The mediating role of analysis showed that separation-individuation were significantly and positively associated with the vulnerable narcissism. The direct effects of vulnerable narcissism on orthorexia nervosa were found to be positively significant. The total effect on separation-individuation to orthorexia nervosa was found to be positively significant. In general, higher levels of vulnerable narcissism were related to orthorexia nervosa tendency and higher levels of separation-individuation issues. Moreover, higher levels of separation-individuation issues were related to orthorexia nervosa. The results obtained by this research can be crucial to understand early relationships influence on personality and orthorexia nervosa’s relationship with it.

Keywords: *separation-individuation, orthorexia nervosa, vulnerable narcissism*



To My Family,

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CHAPTER 1

INTRODUCTION

1.1. Separation-Individuation

Mahler and her colleagues (1989) separate the biological birth of human infants from psychological birth of the individual. Mahler (1974) states that biological and psychological birth of human infants is not concurrent. According to Mahler and her colleagues (1989) psychological birth of the individual is called the separation-individuation process. Forerunners of separation-individuation phase are normal autistic phase and symbiotic phase. (Mahler et al, 1989).

The first weeks of an infant's life is called the normal autistic phase which lasts around 0 to 2 months. (Mahler et al., 1989). The newborn infant is not aware of the outside world, he could not acknowledge his own existence. During this phase there is no distinction between inner and outer reality. The infant cannot differentiate himself from his inanimate surroundings (Mahler & Perriere, 1965).

When the infant slowly moves into a symbiotic phase which lasts for 2 to 5 months, he becomes slightly aware of his instinctual tensions such as hunger which comes from the outside world. He also starts to realize his painful experiences are also generated within himself (Mahler & Perriere, 1965). In the symbiotic phase infant cannot understand the difference between inner and outer, self and other, he does not understand that the stimuli are coming from the world outside (Mahler, 1974). The major psychological achievement of the symbiotic phase is the smiling response which creates a specific bond between infant and the mother (Mahler, 1974).

The Separation-Individuation process captures the establishment of a sense of separateness from, and relation to, a world of reality, particularly with regard to the experiences of one's own body and to the principal representative of the world as the infant experiences it, the primary love object (Mahler et al., 1989, p.3).

The notable psychological achievement of this process takes place in the fourth or fifth month to thirtieth or thirty sixth month period, Mahler and her colleagues call it

the separation-individuation phase (Mahler et al., 1989, p.3). Separation is related to the child's emergence from his symbiotic fused mother and the individuation process is the child's ability to develop individual identity. Mahler et al. (1989) suggests that the separation-individuation phase consists of four subphases. These subphases are differentiation, practicing, rapprochement and consolidation of individuality and the beginnings of emotional object constancy.

The first subphase of the individuation process is differentiation which lasts about six months to next four to five months (Mahler & Perriere, 1965). The main character of differentiation subphase infant's bodily dependence to his mother decreases gradually. In this subphase infant's locomotor functions begin to develop (Mahler & Perriere, 1965). The infant slowly starts to distance away from the mother's arms but still tends to stay close to her. The specific bond between the mother and the child develops during this subphase. The child also begins to discover inanimate objects. As the locomotor functions of the child begin to develop, he slowly departs away from the mothers' feet but still stays close to her for physical comfort when it is needed (Mahler, 1974).

The second subphase is the practicing period between 10-15 months. Child begins to master his motor skills and he explores his surroundings both humane and inanimate. The child during the second sub-phase starts to toddle, and his ability to crawl, right himself or padding becomes advanced. (Mahler & Perriere, 1965). The main characteristic of this subphase is the child's great narcissistic investment of his own functions and body. Every new achievement, admiration and the gesture of the caregiver promotes the ego's autonomous functioning which would result in toddler's feeling of grandiosity and dignifies self-esteem (Mahler, 1974). The child is also very invested in the objects and the objects of his surroundings. The child may show great frustration when their toy is grabbed by another child. Only familiar adults are acceptable when the mother is not around. As the child matures, he begins to move away from the mother's feet and becomes more interested in his own activities. During this time, the child seeks emotional refueling from his mother (Mahler & Perriere, 1965).

The third subphase that captures the months between 14 to 22 is called rapprochement. Mahler (1974) describes this phase as the start of psychological birth.

This subphase has two complementary parts: separation and individuation. In individuation, the child explores his limits. In separation, the child experiments with his ability to move away and move toward the mother (Mahler & Perriere, 1965). In the rapprochement phase, the child starts to gain pleasure from the outside world. The key element during this phase is social interactions (Mahler, 1974). The child becomes more aware of his surroundings, he now gains more locomotion, and his/her cognitive abilities become more sophisticated. The child would have a great desire to mirror, imitate and cover what the other child has. If the desire could not be acquired temper tantrums could be apparent (Mahler, 1974). When the infant's cognitive and motor apparatus become more advanced, he becomes aware of his psychical separateness from the mother (Mahler et al, 1989). This recognition would result in both pleasures of mastery and separation anxiety (Mahler & Perriere, 1965). According to Mahler and Perriere (1965), separation anxiety fosters individuation.

Rapprochement subphase is an important period for ego structuring and the establishment of a cohesive self. The child acknowledges his separateness of the mother and other loved objects. Child develops an increased need for object's love and closeness, also sharing newly learned skills and experiences with the mother. (Mahler et al, 1989, p.76-78). According to Mahler and Perriere (1965) at rapprochement subphase great narcissistic investment can no longer be observed and the libido can be redirected towards objects. In this sub-phase fear of object loss can be observed. The toddler would be surprised when the object reappears (Mahler & Perriere, 1965).

The consolidation of individuality and the beginnings of emotion object constancy subphase is characterized by unfolding of complex functions: verbal communication fantasy and reality testing 20/22 months to 30/36 months. The fourth phase has two dimensions; namely achievement of a definite and lifelong individuality and attainment of object constancy (Mahler et al, 1989). This phase has no final point. The constancy of objects refers to the individual's ability to maintain a loved object even when it is absent. Emotional object constancy means unifying both "good" and "bad" objects as one (Mahler et al, 1989).

The successful resolution of separation-individuation phase is crucial because the establishment of a coherent sense of self separated from the primary love objects occurs around this time. The unsuccessful separation individuation could lead to various

psychopathologies such as depression, anxiety and eating disorders (Demirdogen et al., 2020).

1.1.1. Separation Individuation and Eating Disorders

The literature suggests that there is a relationship between separation difficulties and the development of eating disorders. Masterson (1977) suggested that most patients with anorexia nervosa have difficulties at symbiotic or separation-individuation phase. The theory suggests that the main difficulty is the fear of loss of self (engulfment) or fear of loss of object (abandonment) that is linked with abandonment, depression, and separation anxiety (Evans & Street, 1995). According to Armstrong and Roth (1989) the symptoms of eating disorders help people to maintain their separation distress. Their research compared the eating disordered patients both anorexic and bulimic to non-clinical sample to investigate whether eating-disordered patients have attachment and separation difficulties. Their findings suggested that both anorexic and bulimic patients have separation anxiety (Armstrong & Roth, 1989).

Another study, Smolak and Levine (1993) investigated patterns of separation-individuation issues in anorexic and bulimic women. The results of their research showed that women with anorexia had a greater conflictual dependence. They had a separation anxiety which led to under-separation issues whereas the bulimic women were over-separated (Smolak & Levine, 1993). Brath (2003) examines the ways eating disorders are affected by the separation issues of college students. According to Brath (2003) most of the eating disorders among college students arise from the “all or nothing” idea of separation (Barth, 2003). This idea refers to being completely separated from the parents without any lifelong connections. It involves difficulties with object constancy and self-soothing. Although these issues are not the main cause of eating disorders, they are considered as the crucial factors causing the symptoms. Brath (2003) concluded that overattachment to the caretakers could lead to the development of eating difficulties in adolescents.

Most of the studies about separation and individuation process and eating disorders suggest that the difficulty general arises from separation difficulties from the caretaker. However, there are not many studies that investigated the relationship between the early

experiences and orthorexia nervosa. Barnes and Caltabiano's (2017) study investigated the relationship between attachment styles and orthorexia nervosa. Their results suggest that there is a negative correlation between orthorexia and dismissing attachment style (Barnes & Caltabiano, 2017). The aim of this study is to investigate the relationship of early experiences with the primary caregiver and orthorexia nervosa.

1.2. Orthorexia Nervosa

In recent years clean eating has been becoming popular. Clean eating behaviors are about consuming food with good quality nutrition values. Individuals who eat clean avoid foods considered to be unhealthy or impure (Nevin & Vartanian, 2017). The term orthorexia is defined by Steven Bratman to describe a pathological eating pattern (Strahler et al., 2018). Orthorexia comes from the *ortho* and *orexis* which means "right appetite." Orthorexia is an extreme or excessive preoccupation with eating healthy food. Orthorexia nervosa (ON) is a dysfunctional eating pattern that is based on the quality of the food the person consumes (Dunn & Hawkins, 2020). In most cases orthorexia nervosa develops after the person wishes to have a better psychological health. As the pathology progresses the person starts to overthink about what to, how much to eat (Bratman and Knight, 2000). People with orthorexia nervosa avoid eating foods that contain fat, food additives, animal products or other components considered unhealthy (Barrada & Roncero, 2018). They have an intense fear of eating foods which are considered "impure". In orthorexia nervosa the person becomes fixated about the quality of the food unlike other eating disorders where the person fixates on the quantity of the food (Bratman, 1997). The quality of the food these individuals consume becomes more vital than their personal and social relationship (Brytek & Matera, 2021). These people become extremely preoccupied with eating food that they believe is healthy (Barrada & Roncero, 2018). Their belief about their eating behavior is the right one that others should follow to causes social isolation (Donini et al., 2004).

These individuals' eating behaviors are impaired and their interest in healthy eating causes them distress (Zickgraf & Barrada, 2021). These individuals' obsession about eating "healthy" is very intense (Strahler et al., 2018). They have obsessive thoughts, compulsive behaviors towards food, self-punishment, and distorted eating behaviors. The main idea is about the purity of the food intake and failure of this could result in a sense of impurity, uncleanness, and shame (Bratman, 2017). The eatable (good) foods

are considered healthy, correct, organic, pure, safe while inedible (bad) foods are perceived as unhealthy, harmful, and sometimes impure (Cena et al., 2019). These individuals have rigid dietary rules and violation of these rules causes great emotional distress. The prominent features of people with orthorexia nervosa are anxiety, shame, and even panic about unhealthy foods. They would feel guilt and distress after violating their diet. They could have unrealistic ideas about how food can cure diseases. Their eating habits make them feel in control and superior to other people (Dunn, & Hawkins, 2020). According to Barrada and Roncero (2018) orthorexia nervosa symptoms are ego-syntonic because individuals' eating habits and ideas give them a sense of identity. Individuals would feel superior to those who would eat bad (unhealthy) foods. They spend most of their time meticulously planning and preparing their food. Food preparation rituals are an important part of obsessive and compulsive thoughts and behaviors. The planning and preparing of the meals take a great amount of time with these individuals. The quality of the food intake is the crucial factor for people with ON. Individuals either restrict or avoid their food intake at their diet (Moroze et al., 2015). Their eating beliefs and habits are so strong which would lead them to lecture their friends, families, or anybody around them who does not follow their believed eating habits. They could feel anxious and uncomfortable around others because they would not comprehend their different eating habits (Verga et al., 2013).

The literature suggests that ON can be related with other forms of psychopathology such as personality disorders. Although the research on the relationship between personality traits and ON is limited, the existing literature suggests that there is a relationship between ON and neuroticism which is an emotional state that includes depression, anxiety, and anger (Gleaves et al., 2013). Oberle et al. (2017)'s study investigated the correlation between ON and personality traits of self-esteem, narcissism, and perfectionism. The study suggests that ON symptomatology is positively correlated with narcissism and perfectionism. Individuals with high ON scores presented pride in their self-control, restricting their diet. People believe that eating a perfect diet would mean that their diet choices are superior to others (Oberle et al., 2017).

1.3. Narcissism

Paul Nacker 1899 threw out the term narcissism to describe people who preoccupies with one's body as much as one puts his energy on sexual objects. According to Freud in narcissism the libidinal energy is withdrawn from the external world and directed toward the ego (Fonagy, 2012, p.73). The current psychoanalytic theories put its emphasis on individuals' self-esteem problems which are coming from drives and unconscious conflicts to explain narcissism (McWilliam, 2011.).

According to Kohut and Wolf (1978)'s article states that self is crucial to understand narcissistic psychopathology. Self is the fundamental of the individual's personality and early childhood experiences shape it. In healthy adulthood, self would be coherent, vigor and be able to function in harmony. When the healthy self cannot be established, self-disorders would be constituted (Kohut & Wolf, 1978).

A healthy narcissistic self is linked with the development of narcissistic mirroring in which the individuals can love and accept the whole self. Healthy narcissism is established by the successful use of narcissistic mirroring in which the caregiver emphatically enhances the child's self-worth (Muller, 2014). The individual would have the capacity to own their shortcomings and failures. They welcome criticism about themselves from others. They would also accept and love themselves as they are (Muller, 2014).

According to Kealy and Rasmussen (2012) pathological narcissism is an extreme care of self, ignoring others and having several difficulties with interpersonal relationships (Kealy & Rasmussen, 2012).

According to the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) the characteristics of narcissistic personality disorder, 1. grandiose sense of self-importance; 2. preoccupied with fantasies of unlimited success, power, brilliance, beauty, or ideal love; 3. believes that he or she is "special" and unique; 4. requires excessive admiration; 5. has a sense of entitlement; 6. interpersonally exploitative; 7. lacks empathy; 8. is often envious of others or believes that others are envious of him or her; 9. shows arrogant, haughty behaviors or attitudes (DSM-V; "American Psychiatric Association, 2014" p. 400).

1.3.1. Grandiose and Vulnerable Narcissism

There are two dominant perspectives in psychodynamic literature about pathological narcissism. Kernberg's (1975) suggested that narcissistic people have shallow emotional life, they have a limited capacity to feel empathy for others and they feel envious towards others. He stated that the fundamental characteristics of these individuals are grandiosity, self-centeredness, lack of empathy and they seek others approval (Kernberg, 1975). According to Kohut's 1977 point of view narcissistic individuals have low self-esteem and depression. Their uncared childhood experiences cause them to feel worthless and rejected so they seek reassurance from others. Narcissistic individuals have a feeling of deadness and depression inside. The fantasy life they have created for themselves is a defense to avoid meaningful personal bounds (Kohut,1977).

The literature suggests there are two phenotypes of narcissism which are grandiosity and vulnerability (Pincus & Lukowitsky, 2010). The main characteristics of individuals with grandiose narcissism are self-assurance immodesty, exhibitionism, and aggression. These individuals usually have a hard time with authority figures because it is difficult for them to fulfill their requests (Miller et al., 2012). Grandiosity is the main characteristic of narcissistic personality. These individuals repress the negative parts of self and twist the outside information which contradicts their perception of the superior perfect self. These people also lack empathy and have a great amount of envy and aggression (Pincus & Lukowitsky, 2010). According to Kohut (1971) grandiose characters come from an archaic part of a person. The unfulfilled narcissistic needs of a person as child later leads to grandiosity (Kohut, 1971). The people with grandiose narcissistic self try to balance their self-esteem by ignoring their weaknesses and by devaluing others who make them feel self-conscious. These people are not considered to be self-aware of themselves, they have grandiose fantasies. They believe they are superior to others. They are also more likely to have interpersonal difficulties which are hostile (Dickinson & Pincus,2008).

The characteristics of individuals with vulnerable narcissism are slightly different from grandiose narcissism. They have poor and negative self-image about themselves. In vulnerable narcissism, grandiose fantasies are masked by opposite characteristics. These people have unconscious fantasies about grandiosity and omnipotence unlike the

grandiose narcissism type (Akthar, 2000). They are generally self-critical, hypersensitive, and socially withdrawn (Pincus & Lukowitsky, 2010). These individuals are more likely to be introverts. Vulnerable Narcissism has distrusting and hostile interpersonal relationships. These individuals seem to have difficulty in their attachment style to their primary caregivers. They are generally neglected children (Miller et al., 2012). They have an anxious attachment style so they would have difficulties in their personal relationships (Rohmann et al., 2012). These individuals have high rates on avoidant personality disorders. They may appear cold and socially avoidant (Dickinson & Pincus, 2008).

Shame is the domain emotion in vulnerable narcissism and vulnerably narcissistic people generally feel self-conscious and helpless (Van Buren & Meehan, 2015). These individuals are generally shy, and they seem like they can empathize with others. However, underneath these individuals are unable to modulate their self-esteem. When their expectations cannot be fulfilled the anger and hostile emotion they feel turns into shame and depression. Vulnerable narcissistic people have intense anxiety when they build relationships with others because of their weak self-esteem. Their belief about their expectations is destined not to be fulfilled can become intolerable in their personal relationships which could lead to social withdrawal to manage their self-esteem (Dickinson & Pincus, 2008).

The characteristics of vulnerable narcissism are egocentric. These people are introverts, and they appear to be cold in their interpersonal relationships because of their negative childhood experiences. They covertly seek recognition and entitlement from others (Miller et al., 2012). The vulnerable narcissistic individuals appear to be preoccupied with their grandiose fantasies which would cause them to swing between their feelings of superiority and inferiority. The conflict they have inside them weakens their self-confidence (Rohmann et al., 2012).

1.3.2. Relationship between Separation- Individuation and Narcissism

Blum (1974) stated that disruption on rapprochement subphase of separation individuation process would cause a deviance in the developing ego functions and also, he relates this disruption could be relatable with narcissistic disorder (Blum, 1974). Successful resolution in the rapprochement subphase is important because libidinal

object constancy would be established. The libidinal object constancy means establishment of wholesome representation of love objects (Settlage, 1977). Caregivers' reactions such as excitement, interest and joyfulness toward the baby are crucial during the rapprochement phase (Auerbach, 1990). During this period when the caretaker is emotionally unavailable the child's aggression turns into himself which would cause a feeling of helplessness and shame. These individuals have great difficulty in balancing their affects, self-esteem and they cannot maintain a cohesive sense of self. These would cause narcissistic disorders. The difficulty these people experienced in the rapprochement subphase causes deficiency in their self-esteem and sense of self. They cannot build and maintain an intimate relationship with others due to their childhood experiences (Settlage, 1977).

1.3.3. Orthorexia Nervosa and Narcissism

The research on the relationship between orthorexia nervosa and narcissism appears to be limited. But the existing literature suggests that there is a link between orthorexia nervosa and narcissism. In a recent study by Martinovic et al. (2022) explored the relationship between ON and its association with narcissism in fitness centers. This study finds a strong association between ON and narcissism. The study also suggests that ON behavior could be a result of distorted body image, low self-esteem, and the use of social media (Martinovic et al., 2022).

Another study investigated the association between ON and relationship satisfaction while including moderating effects of Dark Triad which refers to Machiavellianism, narcissism, and psychopathy (Brunett & Oberle, 2022). One of the crucial findings of this study is ON symptomatology is positively correlated with all three components of the dark triad. The study further suggests that since the dark triad is based on personality traits then ON symptoms are more likely to be behavior-based (Brunett & Oberle, 2022).

Bandi et al. (2019) investigated how ON is related to Orthogonal Narcissism Concept (ONC). ONC is designed by Bandi (2014), and it measures vulnerable-grandiose, and covert – overt tendencies of narcissism. The findings of this study suggest that there is a strong relationship between vulnerable narcissism and ON. Individuals with covert vulnerable narcissism use their imagination to build a world

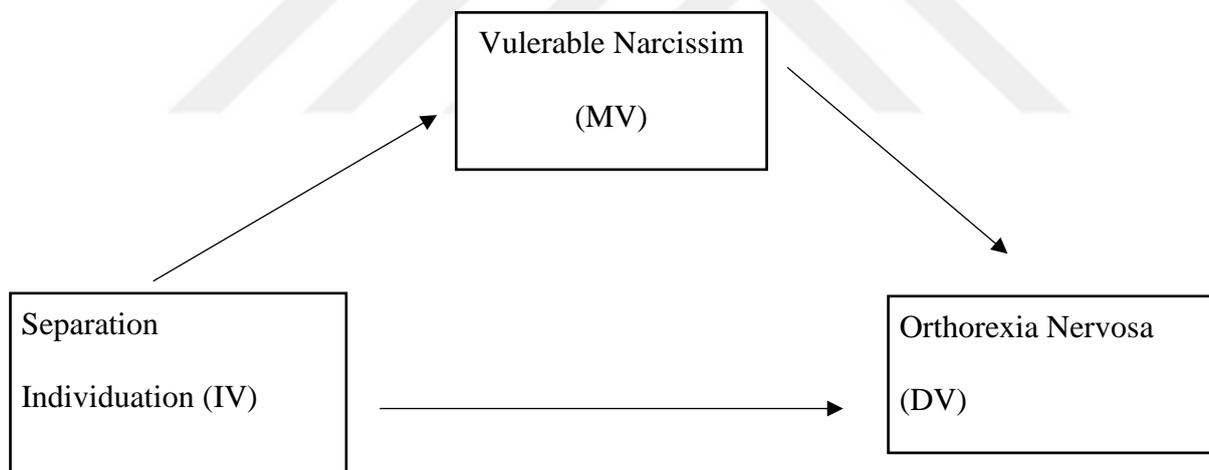
where they can achieve greatness without dealing with reality. ON could serve this idea that people's perfect diet can help them to achieve their perceived grandeur (Bandi et al., 2019).

1.4. The Aim of the Present Study:

The main aim of this study is to examine the mediating role of vulnerable narcissism between separation-individuation process and orthorexia nervosa. This current study expects to find a relationship between separation-individuation process and orthorexia nervosa mediated by vulnerable narcissism. The hypothesis of this study is the relationship between separation-individuation issues and orthorexia nervosa will be mediated by vulnerable narcissism.

Figure 1.

The Proposed Model of the Thesis



CHAPTER 2

METHOD

2.1. Participants

Convenient sampling is used in this study and all participants voluntarily completed the questionnaires. There are 238 participants 198 female (83.2 %) 39 male (16.4%) and 1 other (0.4 %) in this study. The mean age is $M= 24.26$ with standard deviation of $SD= 4.65$ and a range of 18-49 years. Demographic information about the participants is given in Table 1.

Table 1.

Demographic characteristics of population

		N	%
Education	Highschool graduate	5	2.1
	University Student	120	50.4
	University Graduate	56	23.5
	Grad Student or Graduate	53	22.3
	Doctoral Student or Graduate	2	0.8
	Other	2	0.8
	Living Status	Family	131
Friends		18	7.6
Alone		65	27.3
Other		24	10.1
SES	High	38	16.0
	Middle	185	77.7
	Low	15	6.3
Relationship Status	Alone	125	52.5
	In relationship	96	40.3
	Married	12	5.0

Divorced or lost partner	3	1.3
Other	2	0.8

2.2 Measurement Instruments

2.2.1. Social Demographic Form

The demographic information form (see Appendix A) is developed by the researcher and includes questions about age, gender, educational background, accommodation status, economic status, relationship status.

2.2.2. Separation Individuation Inventory (SII)

The Separation Individuation Inventory (SII) is developed by Christenson et al. (1985). The inventory consists of 39 items. It has three subscales which measure the deficiency in differentiation, defense mechanism of splitting and separation individuation related relationship problems. The scale is 10-point Likert-type scale. The inventory was adapted to Turkish by Göral (2010). The Cronbach alpha for the whole scale was .90. The Cronbach alpha for three subscales where splitting was .78, lack of differentiation subscale was .80, and separation individuation-related problems subscale was .65. The higher scores indicate separation individuation pathology (Göral, 2010). The internal reliability of the inventory is .92 which explains the 49% variance. (Göral, 2010).

2.2.3. Orto-11 Scale

Orto-15 scale was developed by Donini et al. (2005). It is a 15-item self-report questionnaire that measures the tendency for orthorexia nervosa. The items on Orto-15 are answered on a 4-point Likert scale. Three factors emotional, behavioral, and cognitive were assessed. The lower scores indicate higher orthorexic tendencies. The Turkish adaptation of Orto-15 was conducted by Arsuoğlu et al., 2008. Three factors explained 40.62% of the total variance. The factors which were below .50 were eliminated in the Turkish version of the Scale. 11 items left so the scale is called ORTO-11. The Cronbach alpha coefficient for Orto-11 was found 0.62 (Arsuoğlu et al, 2008).

2.2.4. Pathological Narcissism Inventory (PNI)

The Pathological Narcissism Inventory which consists of 52 items is developed by Pincus (2009). PNI is a self-report scale on a 6-point Likert scale ranging from 0 “not at all like me” to 5 “very much like me.” The includes 7 factors-Contingent Self Esteem (CSE), Exploitativeness (EXP), Self-Sacrificing Self-Enhancement (SSSE), Hiding the Self (HS), Grandiose Fantasy (GF), Devaluing (DEV), Entitlement Rage (ER). The scale provides a score for grandiose narcissism, vulnerable narcissism, and whole level of pathological narcissism. The Turkish adaptation was conducted by Büyükgüngör (2016). The Turkish version of the scale has 40 items. The Turkish version has 7 subscales which are Denial of Dependency (DD), Grandiose Fantasy (GF), Contingent Self- Esteem (CSE), Entitlement Rage (ER), Exploitativeness (EXP), Self-Sacrificing (SS), and Self-Enhancement (SE). The mean of subscales; (GF, CSE, DD, ER, SE, SS) gives narcissistic vulnerability score and EXP subscale gives the narcissistic grandiosity score. The Cronbach alpha of the Turkish version was .91.

2.3. Study Design

The data will be collected by using “Google Forms” and convenience sampling method will be used for the data collection process. The participants will complete an informed consent form. This form will inform the participant briefly about the aim of the study without revealing the hypothesis. The participant process of this study will be voluntary, and they can withdraw from the study without any penalty. After informed consent is completed the participants will complete Turkish forms of Separation Individuation Inventory, Orto-11 Scale, Pathological Narcissism Inventory and Socio-Demographic Form which is designed by the researcher. After all the forms have been completed a debriefing form will be given which will reveal the true hypothesis of the study. The entire data collection process will take approximately about 10-15 minutes.

CHAPTER 3

RESULTS

The main aim of this study is to investigate the role of vulnerable narcissism between separation-individuation and orthorexia nervosa. The dependent variable is orthorexia nervosa while the independent variable is separation-individuation. Vulnerable narcissism is the mediator to understand the relation between dependent and independent variables. The statistical analysis is conducted by IBM SPSS Statistics version 26.

3.1. Descriptive Statistics

Descriptive information was calculated as mean scores, standard deviation minimum- maximum values for the measures of Separation-Individuation, Orthorexia Nervosa, and Vulnerable Narcissism. Findings are presented in Table 2.

Table 2.

Descriptive Statistics of Study Variables

Measures	Min	Max	M	SD
Separation Individuation	71	335	181.15	64.28
Orthorexia Nervosa	13	39	26.34	5.60
Vulnerable Narcissism	5	178	98.62	39.68

3.2. Correlation Analysis

Correlation analysis is conducted to understand the relationship between variables. Findings are presented in Table 3.

Table 3.*Correlational Findings between the Study Variables N (= 238)*

	1	2	3
Separation	1	-.535**	.735**
Individuation			
Orthorexia Nervosa	-.535**	1	-.570**
Vulnerable			
Narcissism	.735**	-.570**	1

**p<0.01

According to the results separation individuation scores were significantly and negatively correlated with orthorexia nervosa scores $r = (-.535, p < 0.01)$. Since in Orto-11 scale lower scores indicate higher orthorexic tendencies. The negative correlation between separation-individuation and orthorexia nervosa scores indicates statistically significant positive correlation.

Separation individuation scores were significantly and positively correlated with vulnerable narcissism scores $r = (.735, p < 0.01)$. Orthorexia nervosa scores were significantly and negatively correlated with vulnerable narcissism scores $r = (-.570, p < 0.01)$. The negative correlation between orthorexia nervosa scores and vulnerable narcissism scores indicates a significant positive correlation because of Orto-11 scales scoring system. Separation individuation scores were significantly and positively correlated with vulnerable narcissism scores $r = (.735, p < 0.01)$.

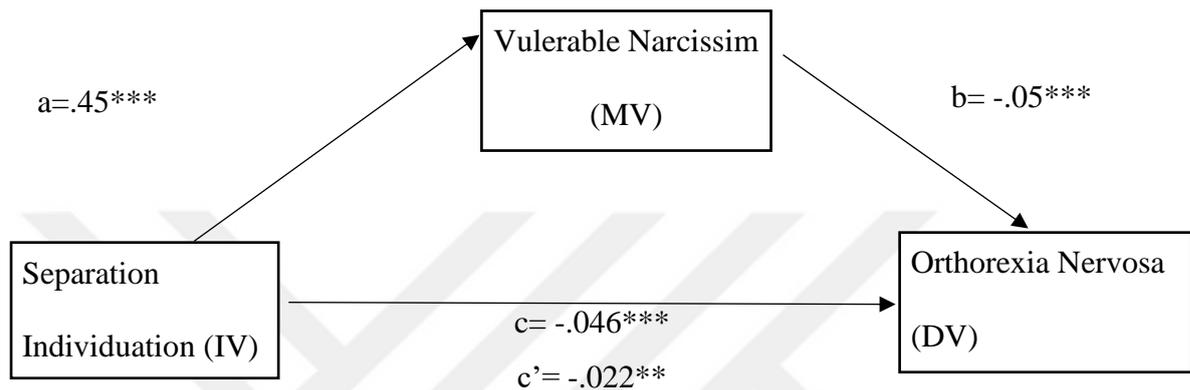
3.3. Mediation Analysis

The bootstrapping method was used in mediation analysis to understand the effect of vulnerable narcissism on the relationship between separation-individuation and orthorexia nervosa. According to Preacher and Hayes (2008), bootstrapping method reduces the chance of Type I error rate. Before the bootstrapping method was used 6 assumptions of multiple regressions were tested and no violations were found. The data showed that standard residual min=-2.92 and standard residual max=2.56. The data also met the multicollinearity assumption (Separation Individuation=.460, VIF=2.17; Vulnerable Narcissism= .460, VIF=2.17). The values met the assumption of residuals are independent (Durbin-Watson Value=1.87). The graph of standardized

residual showed that data was normally distributed (Mean= $-2.220E-16$, SD=.99) as illustrated by P-P plot of standardized residual.

Figure 2

Mediation analysis with separation individuation, orthorexia nervosa and vulnerable narcissism



*** $p < .00$, ** $p < .01$

Mediation model for vulnerable narcissism on the relationship between separation individuation issues and orthorexia nervosa. According to the result of the mediation analysis separation individuation scores were significantly associated with vulnerable narcissism scores ($a = .45$, $SE = .0273$, $p < .00$).

It indicates that individuals with separation individuation issues are more likely to have vulnerable narcissistic personalities. When we looked at the direct effect of vulnerable narcissism on orthorexia nervosa the results showed that there were a significant and negative effect on orthorexia nervosa ($b = -.05$, $SE = .0109$, $p < .00$). This negative effect statistically suggests a positive effect on these two variables because lower scores in orthorexia nervosa indicate higher orthorexic tendencies. Overall, this indicates that individuals with vulnerable narcissistic personalities are more likely to have orthorexia nervosa. The total effect on separation individuation to orthorexia nervosa was found significant ($c = -.046$, $SE = .0048$, $p < .00$). The direct effect of separation individuation on orthorexia nervosa was also found statistically significant ($c' = -.022$, $SE = .0067$, $p < .01$). There is a significant indirect relationship between the separation individuation and orthorexia nervosa through vulnerable narcissism is statistically significant ($a \times b = -.024$, $SE = .005$, %95 CI $[-.0351, -.0149]$). The general model was significant ($R^2 = .35$ $F(2, 236) = 64.52$, $p < .00$) and explained 35 % variance.

CHAPTER 4

DISCUSSION

The aim of the current study is to understand the role of vulnerable narcissism in the relationship between separation individuation process and orthorexia nervosa. It was hypothesized that the relationship between separation-individuation issues and orthorexia nervosa will be mediated by vulnerable narcissism. The data was collected from Turkish individuals who are above 18 years old. In this research, the first descriptive analysis was performed. To understand the relationship between variables correlation analysis was between (Separation Individuation Inventory, Orto-11 Scale, and Pathological Narcissism Inventory). To further examine the relationship between variables, mediation analysis was conducted. The findings, limitations and clinical implications will be discussed in this section.

4.1. Interpretation of Correlational Analysis

In this study, it was hypothesized that there is a positive correlation with separation-individuation scores and orthorexia nervosa scores. The study suggests the participants with high separation-individuation scores have lower orthorexia nervosa scores. Since on the Orto-11 scale, lower scores indicated higher orthorexic tendencies the result of the current study suggests there is a statistically significant and positive correlation between separation-individuation and orthorexia nervosa. Steven Bratman first introduced orthorexia nervosa to the literature in 1997 and he defined orthorexia nervosa as a pathological obsession with healthy eating (Pontillo et al 2022). Previous studies indicated that orthorexia nervosa shares similarities with both eating disorders and obsessive-compulsive disorders (Biswajit et al., 2013; Scarff, 2017).

Psychodynamic literature focuses on the relationship between the child and caregivers to understand the development of eating disorders (Granieri & Schimmenti, 2014; Lerner, 1983). While the early relationship between the caregiver and the mother is being investigated Mahler's separation-individuation theory is taken into consideration (Friedlander & Siegel, 1990). Separation-individuation theory explains how a separate sense of self is established from the primary love object (Mahler, 1974). The difficulty in this period causes serious emotional difficulties which later can be features as eating disorder. The literature suggests that dependency conflicts and eating pathology have a strong relationship (Friedlander & Siegel, 1990). Studies suggest that separation and attachment difficulties are significant elements in eating disorders

(Armstrong and Roth, 1989). Armstrong and Roth, 1989 study suggests that separation anxiety is associated with eating disorders. Sugerma et al. (1981) study suggests that unsuccessful separation-individuation from the maternal object is associated with anorexic symptoms. Eating pathology symptoms can be viewed as a defense against separation experiences (Sugerma et al., 1981). Orthorexia nervosa viewed as a disordered eating behavior (Cane et al., 2017). The literature also suggests that the history of eating disorders significantly predicts orthorexia nervosa (Barnes & Caltabiano, 2017).

According to the literature attachment style and orthorexia nervosa has a relationship. Strahler et al. (2022) study suggests that anxious attachment is linked to orthorexia. Their study explained attachment played a role in explaining orthorexia nervosa scores (Strahler et al.,2022). There are shared similarities between orthorexia nervosa with other eating disorders and attachment styles (Barnes & Caltabiano, 2017). The positive relationship between separation-individuation difficulties and orthorexia nervosa can be viewed as consistent with the literature.

The study found a positive correlation between separation-individuation scores and vulnerable narcissism scores. This finding is consistent with the relevant literature. Separation-individuation disturbances significantly related with borderline and narcissistic personalities (Settlage, 1977). Pine (1979) divides separation-individuation pathology into two forms. Lower-order disturbances form individuals lack self-other boundaries. In higher-order disturbances individuals cannot tolerate being alone. In an unsuccessful resolution of separation-individuation process the individuals have a hard time building and obtaining close relationships (Grotevant & Cooper, 1986). Dysfunctional separation-individuation could lead individuals to have an avoidant relationship with others. They could be emotionally distant and feel uncomfortable with being close to another (Kins et al., 2013). In vulnerable narcissism individuals are generally shy, fear criticism and rejection (Aktar,2003). They avoid social contact to keep their self-esteem in balance (Dickinson & Pincus, 2008). The positive correlation between separation-individuation scores and vulnerable narcissism can be understood from this point.

Vulnerable narcissism is associated with borderline personality disorder (Busmann et al., 2021). Marf et al. (2017) demonstrated that borderline personality disorder and vulnerable narcissism are related. Both personality disorders share negative emotionality, antagonistic interpersonal styles, introversion, and disinhibition (Miller

et al., 2010). The studies link separation-individuation themes with borderline personality disorder (Coonerly, 1986). The crisis in rapprochement phase which is the child's ambivalence toward completing separation and disorganizing range could cause the development of borderline personality disturbances (Coonerly, 1986). The positive correlation between separation-individuation score and vulnerable narcissism score can be understood from this point as well.

Lastly, the finding of current study indicated that there was a negative correlation between vulnerable narcissism and orthorexia nervosa. However, since the lower Orto-11 scores are indicative of higher orthorexic tendencies the outcome indicates there is a positive correlation between orthorexia nervosa and vulnerable narcissism as expected. The literature suggests that there is a relationship between orthorexia nervosa and narcissism. Oberle et al. (2017) study found that narcissism and perfectionism are positively correlated with orthorexia nervosa symptomatology. They stated that individuals with high ON feel superior to others about their diet (Oberle et al., 2017). Furthermore, a recent study that investigates the ON association with narcissism among young fitness center users found that there is a positive correlation between orthorexic and narcissistic behavior (Martinovic et al., 2022). The existing literature suggests that there is a positive relationship between ON and narcissism. The current study is not only consistent with the literature but also contributes by suggesting that vulnerable aspects of narcissism also have an association with the ON.

4.2. Interpretation of Mediation Analysis

The findings of current study showed that vulnerable narcissism significantly mediated the relationship between separation-individuation and orthorexia nervosa as expected. While vulnerable narcissism has a significant relationship with higher levels of separation-individuation issues, the research indicated that vulnerable narcissism also has a significant relationship with orthorexia nervosa. This study is one of the few studies that try to understand the mediating role of vulnerable narcissism on separation-individuation issues and orthorexia nervosa.

Pathological narcissism is divided into two themes narcissistic grandiosity and narcissistic vulnerability based on the defects in self-esteem (Pincus & Lukowitsky, 2010). This thesis focuses on vulnerable narcissism's relationship with the separation-individuation process and orthorexia nervosa. Vulnerable narcissism is strongly associated with distrustful, hostile interpersonal relationships which is driven by

negative emotionality, problematic attachment styles and early childhood abuse or neglect (Miller et al., 2021).

Separation-individuation process is crucial for establishment for autonomy, independence, and identity. The one of the hallmarks of separation-individuation process is the development of object constancy during its final subphase (Mahler et al, 1989). The failure of this causes a number of psychopathologies and one of them is narcissistic personality disorder (Blum, 2001). Insecurely attached infants are more likely to develop narcissistic personalities as adults (Blum, 2001). Vulnerably narcissistic individuals are more likely to have attachment anxiety (Rohmann et al., 2021). The significant and positive relationship between vulnerable narcissism and separation-individuation issues can be understood from this view as well.

The literature suggests that there is a relationship with orthorexic tendencies and maladaptive personality traits. The “negative affectivity” and “detachment” are part of the maladaptive personality traits. The detachment domain refers to interpersonal relationship difficulties such as giving/receiving empathy (Novara et al., 2022). One of the characteristics of narcissistic personalities is that they lack empathy (DSM-V; “American Psychiatric Association, 2014” p. 400). According to the literature there is an association between orthorexia nervosa symptomology and narcissism (Brunett & Oberle, 2022). Martinovic et al. (2021) study investigates orthorexia nervosa and narcissism relationship among fitness center users. They suggest that there is a positive relationship between the tendency to orthorexia nervosa behavior and the tendency to narcissistic behavior (Martinovic et al., 2021). Bandi et al. (2019) study also investigates the relationship between orthorexia nervosa and complex forms of narcissism. Their findings suggest that there is a positive correlation between orthorexia nervosa and narcissism. It suggests that vulnerable narcissism has a major impact on developing orthorexia nervosa symptoms because of its connection with lower self-esteem (Bandi et al., 2019). There is link between lower self-esteem and orthorexia nervosa (Bona et al., 2021). Individuals’ perfect diet may help them to overcompensate for their low self-worth (Muscolino et al., 2015). Narcissistic personalities also struggle with maintaining their self-esteem. They generally have a fragile sense of self (McWilliams, 2011).

There is a relationship between perfectionism and eating disorders (Minarik et al., 1996, Cockell et al., 2002). Disordered eating includes characteristics like; restraint eating, strict dieting, controlling one's body weight and shape (Quick et al., 2013). According to Lilenfeld et al. (2006) perfectionism could be a predisposing personality trait for the development of eating disorders. The literature suggests a relationship between orthorexia nervosa and perfectionism as well (Oberle et al., 2017). In orthorexia people separate foods as good or bad (Cena et al., 2019). They only eat good foods to feel superior (Barrada&Roncero, 2018). In a way they use splitting defense mechanism when they separate foods as good and bad. In splitting defense mechanisms, the person be in an either a good or a bad ego state toward an object in one's world (McWilliams, 2011). The splitting of foods in orthorexia nervosa could be a way to achieve perfectionism.

The literature suggests that there is a relationship between lower self-esteem and eating disorders (Mantilla et al., 2015; Cervera et al., 2003). Although Diagnostic and Statistical Manual of Mental Disorders (DSM-V 2013) still questions whether orthorexia nervosa is a disorder or not. It contains dysfunctional eating patterns (Dunn & Hawkins, 2020). Cena et al. (2019) suggests that orthorexia nervosa is a new eating disorder that individuals excessively focus on eating healthy. There is a relationship between separation-individuation difficulties and eating disorders (Masterson, 1977; Evans & Street, 1995). Separation issues are related to the development of eating disorders (Smolak & Levine, 1993). A case study proposed that delayed separation-individuation process is related with anorexia nervosa (Orum et al., 2017). Barth's (2003) study suggests that early difficulties with object constancy and self-soothing are important factors in eating disorder symptoms. According to this study overattachment to caregivers could reinforce the development of eating difficulties in adolescents (Barth, 2003). There is a link between orthorexia nervosa and insecure attachment pattern. According to Strahler et al. (2022) study there is a link between anxious attachment and orthorexic eating (Strahler et al., 2022). The literature suggests a relationship between insecure attachment styles and eating disorders (Evan et al., 1998). The positive correlation between separation-individuation and orthorexia nervosa is consistent with the literature since orthorexia nervosa has eating disorder characteristics.

Narcissistically structured people have lower levels of self-esteem or self-coherence (McWilliams, 2011). Vulnerable narcissistic people struggle with anxiety when they are building relationships with others due to their weak self-esteem (Dickinson & Pincus, 2008). The low levels of self-esteem also can be related to early difficulties in separation-individuation process (Aslan, 2013) and the development of orthorexia nervosa (Bona et al., 2021). There is a relationship between separation-individuation difficulties and eating disorders (Geçtan, 1994). The difficulties in separation-individuation process cause separation anxiety (Evans & Street, 1995). Individuals develop eating disorders to maintain their separation anxiety (Armstrong & Rooth, 1989). Low self-esteem has been associated with depression and anxiety (De Jong et al., 2012). Individuals with lower self-esteem are more vulnerable to developing eating disorders (Mora et al., 2022). Low self-esteem is the common denominator for the development of eating disorders (Colmsee et al., 2021). Lower self-esteem is also a predictor for orthorexia nervosa (Oberle et al., 2017). The development of orthorexia nervosa could be a result of distorted body image, low self-esteem, and social media use (Martinovic et al., 2022). The individuals restrictive eating habits are a way to improve their self-esteem (Brytek-Matera et al., 2022). In the light of the literature vulnerable narcissism characteristic low self-esteem plays an important role on both separation individuation disturbance and orthorexia nervosa. Individuals' low self-esteem causes difficulties in separation-individuation process (Aslan, 2013) such as separation anxiety (Evans & Street, 1995). They could develop orthorexia nervosa, a restrictive eating pattern to overcome this anxiety and low self-esteem.

4.3. Clinical Implications

In the light of the psychotherapy process the findings of the thesis have various implications for early relationships with caregivers, eating attitudes, and personality disorders. Findings suggest that separation-individuation issues indicate higher levels of vulnerable narcissism and lower levels of orthorexia nervosa. This could mean that individuals with separation-individuation issues are more vulnerable to have narcissistically vulnerable personality and orthorexia nervosa. Separation-individuation means a person's ability to achieve "a sense of separate individual entity" (Edward, Ruskin & Turinni, 1981 p.3). In a clinical setting it can be viewed as when a person cannot achieve this separate and autonomous self, they could be more vulnerable to

developing personality disorders such as narcissistic personalities. Kohut (1977) states that narcissistic pathology occurs when a person cannot maintain self-consciousness and self-esteem. Vulnerable narcissistic individuals generally have low self-esteem, and they appear to be very shy (Dickinson & Pincus, 2008). In a clinical setting when a clinician works with vulnerably narcissistic people it could be beneficial to investigate their early relationship with their caregivers. The understanding of how a person sees himself as a separate and autonomous person can give an in-depth understanding about how their self and understanding of others is built.

This study showed that orthorexia nervosa has a positive relationship with both separation-individuation issues and vulnerable narcissism. In the light of these findings, orthorexia nervosa problems could be related to early relationship patterns and how a person builds a sense of self. According to Bartman and Knight (2000) orthorexic person's self-esteem is often linked with their diet. Eating disorders are also linked with individuals' low self-esteem (Mantilla et al., 2015; Cervera et al., 2003). In a clinical setting, orthorexia nervosa could be investigated from the self-esteem dimension and, the way early childhood experiences affect its development later into adulthood.

The most important implication of this study is the significance of how early childhood relationships could affect the way a person builds his or her personality and eating attitude. The results of this thesis could emphasize the importance of psychodynamic therapy because of its focus on early relationships and how it affects our current life.

4.4. Limitations and Future Directions

The present study is first to focus separation-individuation issues and orthorexia nervosa through the effect of vulnerable narcissism within Turkish population. Although there are previous studies focus on the relationship between separation-individuation and vulnerable narcissism, this study is one of the first studies that try to understand the relationship between separation-individuation and orthorexia nervosa.

However, there are certain limitations to discuss. The data collected from 238 participants: 198 female, 39 male and 1 other. The generalizability of our findings to general population is very limited due to low number of participants who are mainly females. In later research increased and a balanced number of male and female participants could be more beneficial to examine the relationship between the variables.

In the current study nearly half of the participants had a relationship, and the other half did not. The separation-individuation issues could influence individuals' relationship status. In further research it could be beneficial to investigate relationship status effect on the variables.

The data was collected online by using self-report questionnaires forms. The absence of face-to-face communication during the data collection process could have prevented us from assessing participants' objectivity. The participants could have given more desirable answers. In later researchers adding a face-to-face interaction with the participants could help to limit possible unobjectively problem.

The general population used in this study. The use of clinical sample group could be more beneficial to understand the orthorexia nervosa and vulnerable narcissism relationship with separation-individuation issues. The clinical sample could be helpful to have in depth understanding of how early relationships could affect both orthorexia nervosa and vulnerable narcissism.

4.5. Conclusion

This study examined the mediating role of vulnerable narcissism between the separation-individuation process and orthorexia nervosa. The vulnerable narcissism is found to have a mediating relationship between variables. According to our results, there is a positive and significant relationship is found between separation-individuation, orthorexia nervosa, and vulnerable narcissism. To our knowledge, it is the only study that examined the mediating role of vulnerable narcissism on separation-individuation and orthorexia nervosa. This study also only examined Turkish culture. The current study contributes to the literature by trying to understand the relationship between these variables. Further studies should also use more varied participant groups by gender and other cultures should be looked at as well.

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Appendix: A Informed Consent Form

Bilgilendirilmiş Onam Formu

Sayın Katılımcı,

Bu arařtırmada katılımcıların erken dönem iliřkileri, yeme tutumu ile karakter yapılanmaları ilgili deęiřkenlerin incelenmesi amaçlanmaktadır. alıřmanın kapsamında sizden beklenen, bütn soruları eksiksiz ve itenlikle cevaplamazdır. Anket yaklaşık 25 dakika sürecektir.

Bu arařtırmaya katılım tamamen gönülllk esasına dayanmaktadır. Arařtırma genel olarak rahatsızlık verecek sorular iermemektedir. Ancak yine de herhangi bir sebepten dolayı arařtırmadan ıkmak isterseniz arařtırmanın herhangi bir noktasında gereke belirtmeden anketi doldurmayı bırakabilirsiniz.

Anketin hibir ařamasında sizden kimlik bilgileriniz istenmeyecektir.. Verdięiniz bilgiler gizli tutulacak olup sadece arařtırmacılar tarafından deęerlendirilecektir. Elde edilen bilgiler sadece bilimsel amalar doęrultusunda bilimsel yayınlarda kullanılacaktır. kullanılacaktır.

Yukarıda yazılanları okudum ve anladım. Bu alıřmaya tamamen gönüll olarak katılıyorum ve istedięim takdirde yarıda kesip ıkabileceęimi biliyorum. Verdięim bilgilerin bilimsel amalı yayınlarda kullanılmasını kabul ediyorum. (Formu doldurup imzaladıktan sonra uygulayıcıya geri veriniz).

Evet

Hayır

Appendix B: Socio Demographic Form

1. Yaşınız:

2. Cinsiyetiniz?

- Kadın
- Erkek
- Diğer

3. Eğitim Durumunuz ?

- İlkokul Mezunu
- Lise Mezunu
- Üniversite Öğrencisi
- Üniversite Mezunu
- Yüksek Lisans öğrencisi ya da mezunu
- Doktora öğrencisi ya da mezunu
- Diğer _____

4. Şu an kimler ile yaşıyorsunuz?

- Ailem ile
- Arkadaşlarım ile
- Yanlız

5. Ekonomik Durumunuz?

- Düşük
- Orta
- Yüksek

6. İlişki Durumunuz ?

- Yanlız
- İlişkisi var
- Evli
- Boşanmış ya da Eşini kaybetmiş

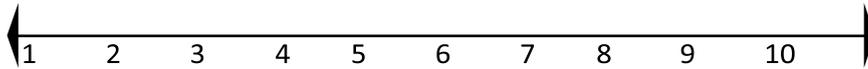
Appendix C: Separation Individuation Inventory

Ayrışma-Bireysleme Envanteri (SII)

Aşağıdaki cümleler genel olarak insanlarla ve kendimizle ilgili düşüncelerimizi yansıtmaktadır. Her ifadeyi aşağıda verilen 10 dereceli ölçeği kullanarak değerlendiriniz. Yaptığınız derecelendirmeyi cümlenin yanındaki boş kutuya yazınız. Lütfen hiçbir soruyu boş bırakmayınız.

Hiç Katılmıyorum

Tamamen Katılıyorum



1. İnsanlar birine gerçekten çok değer verip bağlandığında, sıklıkla kendileri hakkında daha kötü hissederler.	
2. Bir kişi, başka birine duygusal olarak aşırı yaklaştığında, çoğu zaman kendini kaybolmuş hisseder.	
3. İnsanlar birine gerçekten öfkelenildiğinde genelde kendilerini değersiz hisseder.	
4. İnsanların birine karşı duygusal olarak çok fazla yakınlaşmaya başladıkları zaman, büyük bir olasılıkla incinmeye en açık oldukları zamandır.	
5 İnsanlar zarar görmemek için başkaları üzerindeki kontrolü elinde tutmaya ihtiyaç duyar.	
6. İnsanları tanıdıkça değişmeye başladıklarını hissederim.	
7. Hem iyi hem kötü yanlarımı aynı anda görebilmek benim için kolaydır.	
8. Bana öyle geliyor ki insanlar benden ya gerçekten hoşlanıyor ya da nefret ediyorlar.	
9. İnsanlar bana karşı çoğu zaman sanki ben yalnızca onların her isteğini yerine getirmek için oradaymışım gibi davranıyor.	

10. Kendimden gerçekten hoşlanmak ile kendimi hiç beğenmemek arasında ciddi anlamda gidip geliyorum.	
11. Kendi başıma olduğumda bir şeylerin eksik olduğunu hissederim.	
12. İçimde bir boşluk hissetmemek için etrafımda başka insanların olmasına ihtiyaç duyarım.	
13. Başka biriyle aynı fikirde olduğumda bazen kendime ait bir parçamı kaybetmiş gibi hissederim.	
14. Herkes gibi ben de, ne zaman gerçekten saygı duyduğum ve hürmet ettiğim biriyle karşılaşsam kendimi daha kötü görürüm, kendimle ilgili daha kötü hissederim.	
15. Kendimi ayrı bir birey olarak görmek benim için kolaydır.	
16. Anne babamdan ne kadar farklı olduğumu fark ettiğim zamanlarda çok rahatsızlık duyarım.	
17. Önemli bir karar almadan önce neredeyse her zaman anneme danışırım.	
18. Diğer insanlarla bağlılık kurup bunun gereklerini yerine getirmek benim için oldukça kolaydır.	
19. Duygusal yönden biriyle yakınlığımda ara sıra kendime zarar veriyordum gibi hissediyorum.	
20. Ya birini çok sevdiğimi ya da kimseye katlanamadığımı hissediyorum.	
21. Sıklıkla, düşmekle ilgili beni korkutup tedirgin eden rüyalar görürüm.	
22. Gözlerimi kapatıp, benim için anlamı olan kişileri zihnimde canlandırmak bana zor geliyor.	
23. Birden fazla kere nasıl ya da neden olduğunu anlayamadığım şekilde, uykudan uyanır gibi kendimi biriyle bir ilişkide buldum.	
24. Kabul etmeliyim ki kendimi yalnız hissettiğimde çoğunlukla sarhoş olmak isterim.	
25. Ne zaman biriyle kavgalı ya da birine çok kızgın olsam kendimi değersiz hissederim.	
26. En derin düşüncelerimi söyleyip paylaşacak olsaydım içimde bir boşluk hissederdim.	
27. İnsanların benden hep nefret edermiş gibi olduklarını hissederim.	

28. Anne- babama ne kadar çok benzediğimi fark ettiğim zamanlarda kendimi çok rahatsız hissediyorum.	
29. Biriyle yakın bir ilişki içinde olduğumda sıklıkla kim olduğum duygusunun kaybolduğunu hissedirim.	
30. Başkalarını aynı anda hem iyi hem kötü özelliklere sahip insanlar olarak görmek benim için zordur.	
31. Bana öyle geliyor ki kendim olabilmenin tek yolu diğerlerinden farklı olmaktır.	
32. Duygusal açıdan birine aşırı yakınlaştığımda, benliğimin bir parçasını kaybettiğimi hissediyorum.	
33. Ne zaman ailemden uzakta olsam kendimi çok rahatsız hissediyorum.	
34. Fiziksel yakınlığı ve şefkati almak, kendi başına, onu bana kimin verdiğiinden daha önemliymiş gibi olabiliyor.	
35. Bir başka insanı gerçekten iyi tanımak bana zor geliyor.	
36. Bir karar vermeden önce annemin onayını almak benim için önemlidir.	
37. İtiraf etmeliyim ki, başka birinin kusurlarını gördüğümde kendimi daha iyi hissediyorum.	
38. Diğer insanları yakınımda tutabilmek için, içimde onları kontrol etme dürtüsü duyarım.	
39. İtiraf etmeliyim ki birine duygusal olarak yakınlaştığımda, bazen onlara acı çektirme isteği duyarım.	

Appendix D: Orto-11 Scale

ORTOREKSİYA NERVOZA ÖLÇEĞİ- 11 (ORTO-11)

	Her zaman	Sık sık	Bazen	Hiçbir zaman
1- Son üç ay içerisinde tükettiğiniz besinleri düşünmek endişelenmenize neden oldu mu?	1	2	3	4
2- Sağlığınızla ilgili endişeleriniz besin seçiminizi etkiler mi?	1	2	3	4
3- Yiyeceklerinizin sağlıklı olması sizin için lezzetinden daha mı önemlidir?	4	3	2	1
4- Daha sağlıklı besinlere daha fazla para harcar mısınız?	1	2	3	4
5- Sağlıklı beslenme ile ilgili düşünceler sizi günde üç saatten fazla meşgul eder mi?	1	2	3	4
6- Sağlıksız olduğunu düşündüğünüz besinleri yediğiniz olur mu?	4	3	2	1
7- Besinler içerisinde sadece sağlıklı olanlarını tüketmek kendinize olan güveninizi artırır mı?	1	2	3	4
8- Sağlıklı beslenmek yaşam tarzınızı değiştirir mi? (dışarıda yeme, arkadaşlarla yemek gibi)	1	2	3	4
9- Sağlıklı beslenmenin dış görünümünüzü daha iyi hale getirebileceğini düşünür müsünüz?	1	2	3	4
10- Sağlıksız beslendiğinizde kendinizi suçlu hisseder misiniz?	2	4	3	1
11- Süpermarketlerde sağlıksız besinlerin de satıldığını düşünür müsünüz?	1	2	3	4

Appendix: E Pathological Narcissism Inventory

**PATOLOJİK NARSİSİZM ENVANTERİ
(PNE)**

PNE- 40

Yönerge: Aşağıda 39 betimleyici ifade bulacaksınız. Lütfen herbir ifadeyi değerlendirmeye alınız ve sizi ne kadar iyi tarif ettiğini belirtiniz. Doğru veya yanlış yanıt söz konusu değildir. İfadenin yanındaki çizgiye tek bir yanıt işaretleyeceksiniz. Her bir ifadenin, 6 derecelik ölçek üzerinden, sizi ne kadar iyi tarif ettiğini belirtiniz:

0	1	2	3	4	5
Bana hiç benzemiyor	Bana biraz benzemiyor	Bana çok az benzemiyor	Bana çok az benziyor	Bana biraz benziyor	Bana çok benziyor

1. Kendimi sık sık hayran olunan ve saygı duyulan biri olarak hayal ederim.
2. Kendime olan güvenimde sık sık dalgalanmalar olur.
3. Yalnızken kendimi iyi hissetmek benim için zordur.
4. Yardım istemekten nefret ederim.
5. İnsanlar beni farketmediğinde kendimi kötü hissetmeye başlarım.
6. Başkalarının beni muhtaç ve bağımlı biri gibi görmesinden korktuğum için çoğunlukla ihtiyaçlarımı gizlerim.
7. Herkesi istediğim herşeye inandırabilirim.
8. İnsanlar onlar için yaptıklarımı farketmediğinde, sinirden deliye dönerim.
9. Yaptıklarım ya da söylediklerimle ilgilenmeyen insanlar sinirime dokunur.

10. İnsanları kolaylıkla kendi isteklerime göre yönlendirebilirim.
11. Başkaları beni farketmediğinde kendimi değersiz hissetmeye başlarım.
12. Beni hayalkırıklığına uğratacakları endişesiyle bazen insanlardan kaçırım.
13. Genelde, insanlardan istediğimi alamayınca çok öfkelenirim.
14. Kendimi değerli hissetmem için, bazen önemsedğim insanların beni bu konuda rahatlatmalarına ihtiyaç duyarım.
15. Başkaları bana güven duydıklarında kendimi önemli hissederim.
16. İnsanların içini bir kitap gibi okuyabilirim.
17. Başkaları beni hayal kırıklığına uğrattığında, çoğu kez kendime kızarım.
18. Başkaları için fedakârlık yapmak beni daha iyi bir insan yapar.
19. Çoğu kez olanaklarımın ötesinde olan şeyleri başardığımın hayalini kurarım.
20. Onlardan istediklerimi yapmayacaklarından korktuğum için bazen insanlardan kaçınırım.
21. İçimde hissettiğim zayıflığı başkalarına göstermek benim için zordur.
22. Diğer insanların beni beğendiğini bilmediğim sürece kendimi iyi hissetmem zordur.

23. Sık sık çabalarım için ödüllendirildiğimin hayalini kurarım.
24. Çoğu insanın benimle ilgilenmediğine yönelik düşünce ve endişelerle zihnimi meşgul ederim.
25. Bana güvenen arkadaşlarım olmasından hoşlanırım çünkü bu bana kendimi önemli hissettirir.
26. Herkes benim anlattıklarımı dinlemekten hoşlanır.
27. İnsanların beni sevdiğini bilmezsem, kendimi iyi hissetmekte zorlanırım.
28. İnsanlar benim ne kadar iyi birisi olduğumu fark etmediklerinde rahatsız olurum
29. Hak ettiğim herşeyi elde edene dek asla tatmin olmam.
30. Yaptığım fedakârlıklarla ne kadar iyi bir insan olduğumu göstermeye çalışırım
31. İnsanlar beni farketmediğinde hayal kırıklığına uğrarım
32. Sık sık kahramanca davranışlarda bulunduğumun hayalini kurarım.
33. İyi bir insan olduğumu kanıtlamak için insanlara yardım ederim.
34. Sıklıkla başarılarıyla tanınmış biri olduğumun hayalini kurarım.
35. Kendimi zayıf hissetmeme neden olduğu için başlakalarına bel bağlamaya tahammül edemem.

36. Dięer insanların beni onaylamasına ihtiya duyarım.

37. Dnyanın gznde bir deęerimin olmasını isterim.

38. Dięer insanlar ihtiyalarımı bir an iin bile farkettięinde, kaygılanır ve utanırım.

39. Bazen, insanlardan her istedięimi elde edemedięimi grmektense, yalnız kalmak daha kolay gelir.

40. Bařkaları benimle aynı fikirde olmadıęında ok fkelenabiliyorum.

Appendix F: Debriefing Form

Sayın Katılımcı,

Bu araştırmanın amacı, ayrışma bireyleşme süreçleri ile ortoreksiya nervoza arasındaki ilişkide kırılğan narsisizmin aracı rolünü araştırmaktır. Benim bu araştırmadaki hipotezim; ayrışma bireyleşme süreçlerindeki zorluklar ile ortoreksiya nervoza arasındaki ilişkide kırılğan narsisizmin aracı rolü bulunmaktadır. Bu araştırmanın alanda yakın zamanda ortaya çıkan ve dikkat çeken bir yeme tutumu olan ortoreksiya nervoza ile ilgili mekanizmaların anlaşılmasına önemli katkıda bulunması beklenmektedir. Bu çalışmaya veri sağlayarak katkıda bulunduğunuz için size ayrıca teşekkür ederiz.