OBJECTIFIED BODY CONSCIOUSNESS AND BODY DISSATISFACTION: THE ROLE OF SELF-COMPASSION

EZGİ UNCU

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ABSTRACT

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Uncu, Ezgi

Master's Program in Clinical Psychology

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This study aimed to investigate relationship between objectified body consciousness, body dissatisfaction, and self-compassion in individuals who define themselves as women or men. The role of self-compassion in the relationship between body shame, which is one of the sub-dimensions of objectified body consciousness, and body dissatisfaction was examined. The sample consists of 222 people, 155 women and 67 men, between the ages of 18-30. To test the hypotheses, UCLA Body Matrices-II, Objectified Body Consciousness Scale, Self-Compassion Scale and two questions prepared by the researcher were used. The results revealed that the association between body dissatisfaction, objectified body awareness, and self-compassion differed between men and women. Although the associations differ, it was noted that men and women did not differ significantly in body dissatisfaction, objectified body awareness, and self-compassion levels. Body mass index (BMI) was found to be the most important predictor of the discrepancy between current and ideal bodies of women and men. On the other hand, the body fat dissatisfaction was found to be the most important

predictor of general body dissatisfaction in both women and men. In addition, elevation of self-compassion has been found to be associated with a decrease in some negative body image experiences. However, self-compassion was only significantly moderated the relationship between body shame and men's muscle dissatisfaction. In summary, it has been thought that individuals who define themselves as men and women may have different mechanisms underlying their body dissatisfaction, but that both groups may be similarly affected by the imposed appearance ideals.

Keywords: Body image, body dissatisfaction, body surveillance, body shame, control beliefs, self- compassion, ideal body

ÖZET

NESNELEŞTİRİLMİŞ BEDEN BİLİNCİ VE BEDEN MEMNUNİYETSİZLİĞİ: ÖZ- ŞEFKATİN ROLÜ

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Bu çalışma nesneleştirilmiş beden bilinci, beden memnuniyetsizliği ve öz- şefkat ilişkisinin kendini kadın veya erkek olarak tanımlayan bireylerce ne şekilde deneyimlendiğini araştırmayı amaçlamıştır. Nesneleştirilmiş beden bilincinin alt boyutlarında biri olan beden utancı ile beden memnuniyetsizliği arasındaki ilişkide öz-şefkatin rolü incelenmiştir. Örneklem 18- 30 yaş arasında 155'i kadın, 67'si erkek toplam 222 kişiden oluşmaktadır. Hipotezlerin test edilmesi için KULA Beden Matrisleri- II, Nesneleştirilmiş Beden Bilinci Ölçeği, Öz- Duyarlık Ölçeği ve araştırmacı tarafından hazırlanan iki soru kullanılmıştır. Sonuçlar beden memnuniyetsizliği, nesneleştirilmiş beden bilinci ve öz- şefkat arasındaki ilişkilenmenin kadın ve erkeklerde farklılıklar gösterdiğini ortaya koymuştur. İlişkilenmeler farklılık gösterse de kadın ve erkeklerin beden memnuniyetsizliği, nesneleştirilmiş beden bilinci ve öz- şefkat seviyelerinde anlamlı şekilde farklılaşmadıkları dikkat çekmiştir. Vücut kitle endeksinin (VKİ) kadın ve erkeklerin mevcut- ideal vücut yağı farkının en önemli yordayıcısı olduğu görülmüştür. Öte

yandan, mevcut- ideal vücut yağı farklılığının kadınlarda da erkeklerde de genel vücut memnuniyetsizliğinin en önemli yordayıcısı olduğu görülmüştür. Ek olarak, öz-şefkatin yükselmesinin bazı olumsuz beden imgesi deneyimlerinde düşüşle ilişkili olduğu ortaya konmuştur. Ancak, öz- şefkat anlamlı şekilde yalnızca beden utancı ile erkeklerin kas memnuniyetsizliği arasında ılımlaştırıcı rol oynamıştır. Özetle, kendilerini kadın ve erkek olarak tanımlayan bireylerin beden memnuniyetsizliklerinin altında farklı mekanizmalar yatabileceği ancak iki grubun da dayatılan görünüş ideallerinden benzer seviyede etkileniyor olabileceği düşünülmüştür.

Anahtar Kelimeler: Beden imgesi, beden memnuniyetsizliği, beden izleme, beden utancı, kontrol inançları, öz- şefkat, ideal vücut

Dedicated to my dearest grandmother…

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PREFACE

This study aimed to examine the appearance pressures on individuals who define themselves as women and men and the role of self-compassion in this experience. The study was conducted with the participation of 222 people and measures of body dissatisfaction, objectified body consciousness, and self-compassion were obtained from them.

It is well known that ideals of beauty put pressure on people, bullying towards appearance increases, and psychological disorders such as eating disorders reduce people's quality of life. Although these ideals of beauty have always existed, today's photoshopped photographs, unreal photo filters and the bullying we witness on social media every day have revealed that this issue needs serious attention. In addition, some roles brought about by being defined as women and men in society make us feel obliged to comply with some beauty norms. It is a fact that not being able or unwilling to comply with them leaves us with negative experiences such as being bullied or rejected. In this context, it is of great importance to investigate the pressure that people feel towards their bodies, negative consequences, and some protective factors, taking into account gender roles.

During the research, it was quite impressive to see that the vast majority of the sample was not satisfied with their own body. It was also enlightening to see that gender roles may affect people's relationships with their bodies in a number of ways, and self-compassion can be a factor that protects people. It was very impressive that people who heard about the researched subject shared their own experiences on the subject and contributed a lot to my motivation to write the thesis. I would like to express my sincere thanks to all of them, and most importantly to my thesis advisor Asst. Prof. Yasemin MERAL ÖĞÜTÇÜ, who supported and most importantly encouraged me on this path. It was a great honor to work with her during this process.

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LIST OF ABBREVIATIONS

BMI	: Body Mass Index
SAT	: Overall Body Satisfaction
DesId	: Desire for the Ideal Body
WFD	: Women's Body Fat Discrepancy
WBD	: Women's Breast Discrepancy
MMD	: Men's Muscularity Discrepancy
MFD	: Men's Body Fat Discrepancy
OBC	: Objectified Body Consciousness
OBCSU	: Objectified Body Consciousness- Body Surveillance
OBCSH	: Objectified Body Consciousness- Body Shame
OBCCO	: Objectified Body Consciousness- Control Beliefs
SCS	: Self- Compassion Scale

CHAPTER 1: INTRODUCTION

Many people experience body image problems today. This is not surprising because appearance is associated with many positive features and looking good is reinforced with positive feedback. Some individuals may have a distorted perception of their appearance, while others may not like their body. Other individuals do not like their weight or may feel bad about their hair loss. From this point of view, it can be said that body image is a multi-faceted experience related to various parts of the body and defines the relationship of the person with his/her body (Cash, 2012).

Body dissatisfaction, on the other hand, is a more attitudinal dimension of body image refers to not liking the body or finding it inadequate. Although body dissatisfaction is a quite personal experience, it can be said that it is shaped according to the roles that society assigns for certain genders. For example, women with shaped breasts and a lean body are perceived as attractive, while men with muscular bodies are portrayed as good-looking (Neighbors, and Sobal, 2007; Frederick et al., 2007). Individuals who are reduced to their body parts, that is, objectified from an early age, are exposed to these appearance norms. Over time, the state of being evaluated like an object is internalized by individuals and they begin to evaluate themselves from an observer perspective (Fredrick, and Roberts, 1997).

The experience that arises from being constantly objectified is called objectified body consciousness, and these people, who may be exposed to the pressures of appearance, experience this situation as a defense mechanism to check whether they comply with the norms of beauty. In this regard, people with an objectified body consciousness can constantly observe their bodies, feel ashamed by comparing their bodies with the ideal body they have internalized, and have a belief that they can control their appearance regardless of biological limitations (McKinley, and Hyde, 1996). Although people experience these in order to approach the norms of beauty, they may be faced with serious psychological disorders such as eating disorders (Piran, and Cormier, 2005).
In the simplest form, they are not satisfied with their bodies. Although these body-related experiences have been discussed in studies involving mostly women, it has been shown that appearance ideals also affect men (Tiggemann, and Kuring, 2004).

From the perspective of gender roles, it can be said that men are also exposed to body pressures, but there may be differences in the mechanisms leading to body dissatisfaction in individuals who define themselves as women and men.

Self-compassion on the other hand, is an experience that includes an accepting and non-judgmental attitude towards oneself (Neff, 2003a). It differs from self-confidence, which refers to social comparisons, competition, and being the best. For this reason, self-compassion has been conceptualized as a protective factor in many aspects of psychological health (MacBeth, and Gumley, 2012). It is thought that this non-competitive, accepting nature of self-compassion may have a healing power in the face of unattainable beauty ideals that make people feel like they are in a race. The positive effect of self-compassion on body dissatisfaction has also been shown in the literature (Moffitt, Neumann, and Williamson, 2018).

However, there are limited studies investigating the relationship between body dissatisfaction, objectified body consciousness, and self-compassion. Moreover, considering that gender roles differentiate individuals in terms of objectification and body dissatisfaction experiences, it seems reasonable to include the gender roles perspective in this study. In this regard, objectified body consciousness, body dissatisfaction, and self-compassion experiences of individuals who define themselves as women and men are discussed in the present study, and these concepts will be introduced in detail in the section below.

1.1. Body Image

In recent decades, much attention has been paid to the concept of body image and its importance in psychopathology. Although interest in this concept has increased, inconsistent measurement instruments and different conceptualizations of the term body image have led to inconsistencies in research (Keeton, Cash, and Brown, 1990). Keeton, Cash, and Brown (1990) argued that body image is a complex construct that does not simply refer to a distorted assessment of body size or negative feelings toward the body. Body image is a multidimensional construct that relates to an individual's relationship with their own body (Cash, 2012). Although the main focus is generally on appearance, the term body image also encompasses the strength and health of the

individual (Cash, 2012; Cash, Winstead, and Janda, 1986). In addition, body image includes not only weight and shape, but also other aspects of physical appearance (Cash, 2012). Problems with acne during puberty, a physical injury after an accident, hair loss due to aging are all life events that affect body image (Cash, 2012). In addition, body image is a multidimensional concept that encompasses the perception of one's body or attitude toward one's body (Cash, 2012). The perceptual dimension of body image refers to mental representations of our appearance and is often distorted (Cash, 2012). In a study conducted with children, their parents and their doctors, results showed that both parents and children tended to underestimate children's body size on both, the visual scale and the 5-point word description scale (Chaimovitz et al., 2008). Although doctors provided more accurate responses on the visual scale, they also tended to underestimate children's body weight (Chaimovitz et al., 2008). This study highlighted the biases in the body perception. In a cross-cultural study conducted with men from Austria, America, and France, men were asked to rate their current body on a visual rating scale (Pope et al., 2000). The results showed that men from all three countries chose a body that was more muscular than their current body (Pope et al., 2000). In another study examining the extent of body perception disturbance, it was found that both individuals with anorexia and control groups misperceived their bodies (Casper et al., 1979). Overall, misperception of the body is a common body image experience. People tend to overestimate or underestimate certain parts of their appearance, such as muscularity or weight. In addition to body image perception, there are also cognitive, emotional, and behavioral aspects of body image (Cash, 2012). The cognitive aspect reflects the way one thinks about their body; the emotional aspect reflects the feelings one has about their body; the behavioral aspect reflects coping behaviors. People may have attitudes about their bodies such as "I am an ugly person"; feelings such as "I feel fat and worthless"; and behaviors such as avoiding mirrors or restricting certain foods. Body dissatisfaction, as an attitudinal element of body image, is nearly the most studied dimension of the body image construct (Cash, 2012; Hrabosky et al., 2009). It refers to an affective evaluation of the body (Cash, 2012; Sejčová, 2008). While the perceptual component of body image refers to the assessment of the breadth and depth of body parts, the affective component of body image is more about the emotional evaluations of individuals in relation to their bodies (Cash, 2012; Sejčová, 2008). As a result of these evaluations, individuals may choose to like their body, feel pride, or dislike their appearance. Over the decades, body

dissatisfaction has been measured by asking participants direct questions, such as how they feel about their bodies, or it has been measured using figure rating scales that identify the discrepancy between current and desired to calculate the discrepancy (Cash, 2012; Altabe, and Thompson, 1992; Cash, and Grasso, 2005; Sejčová, 2008).

In summary, body image is a complex concept that includes body perception, body evaluation, cognitive processing of body-related information, and some coping behaviors (Pruzinsky, and Cash, 2002; Vocks et al., 2007; Aspen, Darcy, and Lock, 2013; Hrabosky et al., 2009; Nikojidevic et al., 2018). This multidimensional concept has been found in the literature to be associated with a plethora of life experiences-including severe psychopathology such as eating disorders or body dysmorphic disorder (Fairburn, 2008; Stice, and Shaw, 2002; Olivardia, Pope Jr, and Hudson, 2000).

1.1.1. Epidemiology of the Body Image Disturbance

Exact prevalence rates are not known because body image is an umbrella term that describes a person's relationship with their body. However, many of the studies involving different populations showed that over 50 % of the participants had a negative body image (Frederick, and Peplau, 2008; Silva et al., 2011; Hong et al., 2015; Becker et al., 2005). Recent literature that has shifted focus to different populations has found similar prevalence for body image disturbance in different groups: %66.1 for a U.S. adult population (Kruger et al., 2008), more than %50 of adults from Brazil (Silva et al., 2011), and %47.5 of the adult population from Korea (Hong et al., 2015). There is also evidence that not only people who live in Western countries, but also people who have immigrated to Western countries are at risk for negative body image (Argyrides and Kkeli, 2015; Swami et al., 2012). When the prevalence rates for body image problems of some groups that vary according to gender and sexual orientation are examined, it is seen that the literature reveals different results. Studies that addressed gender differences generally found that women had more body image issues compared to men (Rodgers, Paxton, and Chabrol, 2009; Phares, Steinberg, and Thompson, 2004; Daniel and Bridges, 2010; Pingitore, Spring, and Garfieldt, 1997; Muth and Cash et al, 1997). However, the number of men exposed to muscular ideals has also increased (Pingitore, Spring, and Garfieldt, 1997;

Halliwell, and Harvey, 2006; McCabe, and Ricciardelli, 2003b; Silberstein et al., 1998). Although most research endorses the binary gender system and focuses on heterosexual participants, there is growing evidence that transgender, non-heterosexual individuals experience body dissatisfaction and related issues (Koff et al., 2010; Heffernan, 1996; Bowen, Balsam, and Ender, 2008; Witcomb et al., 2015). While some suggested that non-hetero women would be more satisfied with their bodies due to less pressure from the dominant culture, others suggested that non-hetero women would also be dissatisfied with their bodies because they grew up in the same dominant culture (Dworkin, 1989). In summary, body image issues become a universal experience through the internalization of thin ideals through acculturation and media exposure (Argyrides, and Kkeli, 2015; Ricciardelli et al., 2007; Bakhshi, 2011).

When the distribution of body image problems by age groups is examined, there is no clear research on the age at which body image problems begin or peak. There are some studies that indicate that even children are dissatisfied with their bodies (Manneville et al., 2021; DeLeel et al., 2009). Several studies have indicated that body image problems peak in adolescents due to body changes that increase the discrepancy between the current body and the ideal figure (Silva et al., 2011; Hong et al., 2015). In adults, body image problems may occur due to the importance of attractiveness in mating and reproductive behavior (Ålgars et al., 2009). Some studies suggest that dissatisfaction with one's body remains unchanged across the lifespan, while others find that dissatisfaction decreases with age as the importance of the body to overall self-esteem shifts (Tiggemann, 2004; Wilcox, 1997; Frederick, Peplau, and Lever, 2006; Davison, and McCabe, 2005). However, it is also thought that dissatisfaction with one's body may be exacerbated by the physical changes that accompany aging (Striegel-Moore et al., 2004). For example, Body mass index (BMI), a measure of body fat in relation to weight and height, is one of these physical changes that may exacerbate the prevalence of body image problems. Although some studies have shown that body image disturbance is common regardless of BMI, it has also been shown to be highly associated with body dissatisfaction (Ålgars et al., 2009; Van der Berg et al., 2007). Women experienced dissatisfaction with their bodies mostly as a result of high BMI (Ålgars et al., 2009; Neighbors, and Sobal, 2007). In men, it is believed that there is a complex relationship between BMI and body image, suggesting that a high BMI may be a sign of muscularity, which is a desirable trait for men

(Neighbors and Sobal, 2007; Halliwell, Dittmar, and Orsborn, 2007). Taken together, different age groups who experience different life tasks and bodily changes may be dissatisfied with their appearance (Ålgars et al., 2009). From a sociocultural perspective, it may not be so easy to get rid of the pressure to look young, fit, and attractive (Striegel-Moore et al., 2004).

In addition to gender and age, socioeconomic status was also thought as factor that plays a role in the distribution of body image problems. For decades, it has been common knowledge that body dissatisfaction is high among individuals of high socioeconomic status (Duchin et al., 2014; Kops et al., 2019; DeLeel et al., 2009; Manneville et al., 2021). Westernized lifestyles in high-income countries provide opportunities for healthy lifestyles as well as access to fast food (Kops et al., 2019). The internalization of a slimming ideal set by Western media determines the relationship with food (Kops et al., 2019). Although the literature has focused on Western countries, it has been pointed out that there is a rapid transition from a cultural lifestyle to a Westernized lifestyle in lower-income countries that promotes food consumption and internalization of media ideals (Duchin et al., 2014; Popkin, 2004; Hong et al., 2015; Becker et al., 2005). The beauty ideals that have become widespread have gradually become a universal experience. It has been revealed that not only individuals with high socioeconomic status who pay attention to their appearance, but also a wide variety of groups experience body image problems. Some clinical groups who exhibit deterioration in appearance also experiences body dissatisfaction. Surgical wounds, abnormal appearance of some body parts as a result of syndromes such as Marfan's (usually with long arms and legs), and conditions such as obesity have been associated with disturbed body image (Hung et al., 2017; Hansen et al., 2020; Mazurkiewicz et al., 2021). In addition, individuals with bulimia or muscle dysmorphia were experiencing body image problems (Keeton, Cash, and Brown, 1990; Olivardia, Pope, and Hudson, 2000). To summarize, body image problems may vary depending on factors such as gender, age, culture, ethnicity, chronic illness, psychological disorders, BMI, socioeconomic status, sexual orientation, and identity.

1.1.2. Etiology of the Body Image Problems and Maintaining Factors

In this section, genetic, temperamental, and sociocultural factors that promote or maintain negative body image are briefly described. Because the focus of this study is primarily on the sociocultural pressures that cause people to be dissatisfied with their bodies, the sociocultural perspective emphasizing the influence of beauty ideals, Western media, and gender differences, is described in more detail.

Over the decades, a lifestyle has become prevalent that emphasizes body esthetics more than the true self. Especially in Western societies, thin bodies of women and muscular bodies of men have been valued as indicators of success, control, willpower, and happiness, while overweight individuals have been stigmatized with the opposite characteristics (Bordo, 1993; Sejčová, 2008; Cash, 2012). Cash (2012) emphasized that these cultural norms, along with our temperamental traits, can lead to the development of our schemas. From this perspective of cognitive behavioral learning, it can be said that our schemas determine the value of our appearance to our overall self-worth (Cash, 2012). When individuals grow up with a schema that emphasizes the importance of the appearance to overall success in life, they tend to selectively focus on the information and experiences related to their bodies (teasing from peers, comments from parents, trauma, etc.). With a mental filter formed around body-related information, individuals become predisposed to certain emotions, thoughts, and beliefs related to their bodies. In accordance with these emotions, thoughts, and beliefs, they may engage in certain behaviors, such as checking the mirror, overusing cosmetics, or avoiding situations in which their bodies might be revealed (Cash, 2012). Thus, the environment in which people grow up and their temperament determine how they think and feel about their bodies. Genetic factors have been shown to explain 44% of the variance in body dysmorphic concerns; the remaining variance has been interpreted by researchers as non-shared environmental factors (Monzani et al., 2012). Temperament traits responsible for making individuals prone to body image concerns include perfectionism, low self-esteem, and neuroticism (Cash, 2012). Furthermore, several studies have reported that neuroticism is associated with increased self- ideal weight and decreased body esteem (Swami et al., 2013; Cash, 2012). Besides traits, the environment in which people grow up and in which their schemas are formed can vary widely. Some may be exposed to teasing or bullying or grow up in a home where they

observe maladaptive behaviors. Comments about the body or teasing from parents and direct modeling of dysfunctional eating habits have been identified as the two mechanisms of parental influence on preschool children (Phares, Steinberg, and Thompson, 2004). While some studies indicate that body-related positive comments are associated with body satisfaction in girls and boys, other studies indicate that both, positive and negative comments are associated with body dissatisfaction by increasing the focus on the body (Rodgers, Paxton, and Chabrol, 2009; Gross, and Nelson, 2000; Ricciardelli, McCabe, and Banfield ,2000; Baker, Whisman, and Brownell, 2000). Not only parental comments, but also teasing and direct modeling of dieting behavior by peers have been reported as risk factors for body image problems (Phares, Steinberg, and Thompson, 2004). In a study examining 115 adult women regarding their teasing and body image, results indicated that teasing related to general appearance was associated with body dissatisfaction (Jackson, Grilo, and Masheb, 2000). Lack of social support was also a predictor of body dissatisfaction in adolescents, as shown in a longitudinal study of Stice, and Whitenton (2002). In summary, environmental characteristics are closely associated with body image problems.

The biggest factor that facilitates the environment to pave the way for body dissatisfaction may be that children are born into gender roles. The cultural messages regarding the female body mostly come from gender roles that dictate that a woman's body must be esthetic. In one study, it was found that the adoption of classical gender roles, particularly in relation to romantic relationships, was associated with a greater investment in appearance and a more dysfunctional attitude toward the body (Cash, Ancis, and Strachan, 1997). In this context, where the importance of an esthetic body is constantly emphasized, women are objectified and condemned to have a slim figure with narrow hips and large breasts, which is an unrealistic body figure (Fredrickson, and Roberts, 1997). In order to be accepted in society, the pressure to look beautiful begins in the family (Fredrickson, and Roberts, 1997; Phares, Steinberg, and Thompson, 2004). Parental messages regarding the body and associated body dissatisfaction are known to be more prevalent in girls than boys (Phares, Steinberg, and Thompson, 2004). Pressure on the women's body has been found to be associated with body dissatisfaction, disordered eating behaviors, tendency to compare bodies, and thin- ideal internalization regardless of BMI (Pingitore, Spring, and Garfieldt, 1997; Rodgers, Paxton, and Chabrol, 2009). Women with average BMI were found to

be dissatisfied with their bodies; in particular, overweight women were highly critical of themselves and overemphasized their body weight in their self-definition (Pingitore, Spring, and Garfieldt, 1997). Although findings related to body image problems tend to involve women, recent research has shown that men are also at risk for body image problems due to the increasing portrayal of the muscular and fit ideal in the media (Rodgers, Paxton, and Chabrol, 2009; Phares, Steinberg, and Thompson, 2004; Daniel, and Bridges, 2010; Pingitore, Spring, and Garfieldt, 1997). There is a growing body of evidence that boys are also born into a cultural pressure to be muscular and fit and are vulnerable to body image issues as well (Pingitore, Spring, and Garfieldt, 1997; Halliwell, and Harvey, 2006; McCabe, and Ricciardelli, 2003b; Silberstein et al., 1998). They have also been found to be dissatisfied with their bodies across their lifespan (McCabe, and Ricciardelli, 2003a). A strong, fit, and muscular body ideal is portrayed in the media and promotes a different body dissatisfaction in men than the ideal image of a slender woman (Pingitore, Spring, and Garfieldt, 1997; Silberstein et al., 1998; McCabe, and Ricciardelli, 2003a). Daniel, and Bridge's (2010) study found that internalizing media standards and BMI were the strongest predictors of striving for muscularity in men in a sample of college students in the United States. In another study involving 320 college students, results showed that both high and low BMI were related to body dissatisfaction (Pingitore, Spring, and Garfieldt, 1997). In a cross-cultural study, Frederick et al. (2007) examined body dissatisfaction and beliefs about women's preferences over men's bodies. In this study, a figure rating scale was used to calculate the differences between men's current and ideal bodies in terms of body fat and muscularity (Frederick et al., 2007). Results showed that most men-particularly men from the United States-desired a more muscular body to be successful in competitive situations and to be attractive to women (Frederick et al., 2007). Most participants desired less body fat, a few desired higher body weight, and they believed that women desired a more muscular body in men (Frederick et al., 2007). As can be seen from this study, women and men may have incorrect assumptions about the body preferences of the opposite sex based on attractive body stereotypes internalized through gender roles and disseminated through the media. It has been suggested that these assumptions about the body preferences of the opposite sex may lead to body dissatisfaction. In Frederick, Forbes, and Anna's (2008) study, most women indicated that they were dissatisfied with their breasts, while most men indicated that they were satisfied with their partner's breasts. Consistent with these findings, the results of

another study showed that both women and men misjudged the body type preferences of the opposite sex on a figure rating scale (Demarest, and Allen, 2000). These results suggest that people may be misjudging their partners body preferences due to some stereotypes about body preferences of the opposite sex. In summary, pressures on appearance begin by being born into the norms of how bodies of women and men should be and can be internalized by the pressures of the environment. Moreover, the increasing use of traditional and social media, where the rules for how bodies should look like, are constantly emphasized by reinforcing these environmental pressures (Silberstein et al., 1998; Archer et al., 1983; Holland, and Tiggemann, 2016). If people adopt these beauty ideals and compare their bodies with these beauty ideals, it may result in body dissatisfaction by causing the difference between their current body and ideal body to increase (Veale et al., 2003; Stice, Telch, and Rizvi, 2000).

To conclude, women and men are exposed to certain beauty ideals from an early age. Although temperament and genetic factors may explain some of the variance in body image problems, the sociocultural perspective has emphasized the importance of gender roles, characteristics of the environment, beauty trends, and exposure to media. Internalization of these pressures and beauty ideals have been found to be strongly associated with negative body image. Internalization of these ideals and efforts to change appearance are reinforced by society, which equates beauty with success and happiness. On the other hand, failure to fulfill these ideals can lead to distress and severe psychopathology. In the next section, the relationship between a negative body image and the associated psychological consequences will be explained.

1.1.3. Relationship Between Body Image and Psychopathology

The literature on body image has shown that negative body experiences are associated with many negative life experiences, from decreased sexual pleasure to severe psychopathology. The study, conducted in Canada with 214 women, showed that women who had poor body image, particularly in the affective dimension, reported more problems related to their sexual functioning, such as more sexual anxiety, lower sexual self-esteem, and less assertiveness (Weaver, and Byers, 2006). Frederick, Forbes, and Anna (2008) found in their study that most women were dissatisfied with their breasts and these attitudes were related to their relationship with their partner,

their sex life, and willingness to undress in front of their partner. The relationship with the partner and the sex life can be affected by the negative body image. In a study conducted by Lowery et al. (2005), the body image, health-related habits, and self-esteem of first-year college students were examined. Results indicated that body image experience was associated with a decrease in overall self-esteem in both women and men. In addition, self-esteem was positively correlated with health-related behaviors such as exercise and abstaining from drugs and alcohol (Lowery et al., 2005). Overall lower self-esteem, lowered by a negative body image, can lead to behaviors such as exercising less and using drugs or alcohol. There is also evidence that negative body image is associated with psychopathology. In the study by Keeton, Cash, and Brown (1990), distorted body image was found to be associated with general psychological maladjustment. Women whose figure evaluations of the current and ideal body did not match were more prone to bulimia nervosa (Keeton, Cash, and Brown, 1990). In general, the findings supported the notion that individuals who are dissatisfied with their appearance and avoid the mirror also report psychological symptoms (Keeton, Cash, and Brown, 1990). In another study, body dissatisfaction was found to be a risk factor and a maintaining factor for eating disorders (Stice, and Shaw, 2002). Garfinkel et al. (1992) indicated that body dissatisfaction was high in the group with bulimia. Olivardia, Pope, and Hudson (2000) conducted a study in which they examined a group of bodybuilder men. The results showed a significant difference between the group of bodybuilders who had developed muscle dysmorphia and the control group in terms of eating behaviors, diagnosis of anxiety and eating disorders, body dissatisfaction, and use of anabolic steroids (Olivardia, Pope, and Hudson, 2000). In their study, Hrabosky et al. (2009) examined groups with body dysmorphia, bulimia, and anorexia. The results showed that each group was more dissatisfied with their bodies compared to the control group (Hrabosky et al., 2009). In conclusion, body image is closely associated with negative life experiences and severe psychopathology. Among the dimensions of body image, dissatisfaction with one's body has been shown to be a risk and maintenance factor, particularly for eating disorders and body dysmorphic disorder.

1.2. Objectified Body Consciousness

1.2.1. Self- Objectification Theory

To understand objectified body consciousness (OBC), one must first understand the theory of self-objectification developed by Fredrickson and Roberts (1997). Self-objectification refers to women's experience when their body parts are viewed and valued as something separate from who they are – just like objects consumed by patriarchal society (Fredrickson, and Roberts, 1997). Some feminist theorists have argued that anatomical features are inappropriately exaggerated and cannot be determinants of personality (Fredrickson, and Roberts, 1997). They stated that the differential socialization of children is more crucial than anatomical features such as a male or female body. Although this was a well-supported, non-deterministic explanation, the consequence of having a female body in a predominantly heterosexual, male-dominated culture was not well explained. In this dominant culture, the female body is exposed to the "gaze" and the body parts are treated as separate objects important for consumption by others (Fredrickson, and Roberts, 1997; Bartky, 1990). Although the specific consequences may vary across groups, this objectification of the female body has been hypothesized to be a common negative experience for women regardless of ethnicity, sexual orientation, age, or class. This objectification of the body encompasses a broad spectrum, ranging from subtle gaze to sexual violence (Fredrickson, and Roberts, 1997). The most common form of objectification of the female body is the "gaze" that is displayed in interpersonal relationships or in media images. According to the theory, women begin to socialize into this objectifying culture by internalizing an observer perspective brought about by the "gaze." Through the negative consequences of being unattractive (such as rejection) and positive consequences (such as success) they begin to internalize the pressure to be attractive (Fredrickson, and Roberts, 1997; Costanzo, 1992; Snow and Harris, 1985; Wooley and Wooley, 1980; Unger, 1979). This self-objectification, which refers to women's experience of valuing their bodies as objects, is characterized by the behavior of self-monitoring. This behavior leads women to constantly monitor their appearance to avoid the aversive consequences of being unattractive. While the constant monitoring of the body keeps women on guard against the aversive consequences of looking unattractive, it also leads women to feel ashamed and anxious about their

bodies. Women learn to examine their bodies to recognize when they fall short of the ideal body image, and they also learn to be anxious to be prepared for any situation in which they might be judged based on their bodies. In addition, women experience a disruption of peak motivational states, such as the flow experience first described by Csikszentmihalyi in 2014. This flow state, characterized by transcendence of the boundaries of the mind and body, leads to maximum creativity and enjoyment of the activity (Csikszentmihalyi, 2014). Excessive focus on the external interferes with the almost unconscious nature of the flow experience by increasing self-consciousness. Finally, excessive focus on external body features can lead to a disruption of awareness of internal body states, as several studies have shown (Fredrickson, and Roberts, 1997; Katkin et al., 1981; Harver et al., 1993). In this context, women are thought to be more prone to psychopathology such as depression, eating disorders, or sexual dysfunction (Fredrickson, and Roberts, 1997). To conclude, Self- Objectification Theory (1997) first emerged from women's experiences and was embodied as women constantly watching their bodies from the perspective of an observer.

1.2.2. Objectified Body Consciousness

McKinley, and Hyde (1996) proposed another construct called objectified body consciousness (OBC) in relation to the objectification experience. OBC refers to the subjective experience of women who experience body-related pressures in the objectifying environment. They defined a multidimensional experience that encompasses more than the constant monitoring of the body as in Fredrickson, and Roberts' (1997) original theory. OBC has three sub-dimensions conceptualized as the effects of objectifying culture. The first of the three sub-dimensions of OBC is body surveillance which fits Fredrick and Roberts' (1997) definition of habitual body monitoring. This habit of constant body monitoring helps women control their bodies to avoid social rejection. Although it promotes disruption of awareness of internal states and vulnerability to external pressures, it also inspires a sense of accomplishment by being compatible with cultural norms due to constant monitoring and change (Fredrickson, and Roberts, 1997; McKinley, and Hyde, 1996; Spitzack, 1990; Carver, and Scheier, 2012). Another sub-dimension is body shame, which refers to internalized cultural norms and the feeling that one is/is not compatible with cultural norms (McKinley, and Hyde, 1996; McKinley, 1995). Because these norms are deeply

internalized, they are perceived as the ideals of the self. Therefore, any failure to meet these standards may be perceived as a failure of the self. The last and third of these subdimensions is control beliefs, which refers to the belief that one can control one's body and change it in accordance with cultural norms (McKinley, and Hyde, 1996). This belief that one is in control can enhance one's sense of competence, but it can also end in disappointment when one fails to meet these norms even though one has the "power" (McKinley, and Hyde, 1996; McKinley, 1995). In addition, dysfunctional control methods such as restrictive eating, vomiting, or excessive exercising may occur. In summary, OBC bridges sociocultural risk factors and an individual's relationship with his or her body. In order to carefully examine the pathway leading to body image, these three sub-dimensions should be examined separately. McKinley and Hyde (1996) found in their study that although body surveillance and body shame can be reduced through some behavioral techniques or sociocultural awareness programs, control beliefs can hinder this process by providing a sense of control and success in order to be attractive in that culture. On the other hand, women may succeed in reducing surveillance and feeling less shame, but this may not be appreciated by society, which has strict definitions of a woman's appearance (McKinley, 1995; McKinley and, Hyde, 1996). These findings underscore the importance of carefully examining the three distinct but also interrelated constructs of OBC and other possible confounding factors that impede women's self-love.

In conclusion, there are different conceptualizations of the objectification experience in the literature. Some conceptualize self-objectification as body surveillance, while others associate this experience with body shame and control beliefs (Noll, and Fredrickson, 1998; Silberstein et al., 1988; Calogero, Davis and, Thompson, 2005). Objectified body consciousness, described by McKinley and Hyde (1996), is a broader construct that emphasizes that an objectified body is more than body surveillance. Body shame is also a component of this experience because we have an ideal figure in our minds that is propagated by culture. Constant comparisons of the self to these ideals evoke the shame. The belief in control is also an important component of OBC, as it makes people believe that they can control their bodies if they just try hard enough. To conclude; surveillance of body, having an ideal figure in mind, and having control beliefs together bring up the experience of objectified body consciousness.

1.2.3. Risk Factors for Objectified Body Consciousness

The literature suggests that there are some risk factors such as age, culture, and gender that favor the experience of objectification. The intensity of the objectification experience may change over the life course (Fredrickson, and Roberts, 1997). Boys and girls have been shown to experience self-objectification at an early age (Clark, and Tiggemann, 2008; Berger, Schilke, and Strauss, 2005; Ricciardelli et al., 2003). Girls aged 6 to 11 years had similar scores on self-objectification compared to adult females (Jongenelis, Byrne, and Pettigrew, 2014). However, boys' scores were not similar compared to adult males (Jongenelis, Byrne, and Pettigrew, 2014). Although boys' scores were not comparable to adult males, these results were important in highlighting the self-objectification that was also experienced by boys (Jongenelis, Byrne, and Pettigrew, 2014). Another striking finding was that children between the ages of 6 and 11 years experienced self-objectification regardless of their weight (Jongenelis, Byrne, and Pettigrew, 2014). These findings shed light on the risk of self-objectification that exists at an early age regardless of gender or BMI. From an evolutionary perspective, the female body appears to be primed for reproductive behavior in a way that increases the potential for objectification from adolescence through midlife (Fredrickson, and Roberts, 1997; Fredrickson et al., 1998). Therefore, adolescence is a critical life stage due to physiological changes in the body, sexual exploration, and increased attention paid to the body by others (Lindberg, Grabe, and Hyde, 2007; Fredrickson, and Roberts, 1997). Because appearance is a sensitive aspect of the self that is often emphasized, particularly in Western societies, teasing and bullying by peers in early adolescence can lead to adverse consequences such as increased objectified body consciousness (Lunde, and Frisén, 2011; Thompson et al., 1999). A prospective study conducted with a large sample of Swedish boys and girls found that peer victimization at age 10 was associated with increased body surveillance and body shame at age 18 (Lunde, and Frisén, 2011). Although boys and girls did not differ in body surveillance at age 18 after being victimized at age 10, girls were significantly more likely to report body shame than boys (Lunde, and Frisén, 2011). Moreover, young college women are hypothesized to be at higher risk for OBC because they are at a stage in life when intimate romantic relationships are being established and their bodies are being evaluated for attractiveness (McKinley, 2006). For older women, on the other hand, it has been hypothesized that there are multiple ways to experience objectification

(Fredrickson, and Roberts, 1997). First, it may be difficult to step outside of the objectifying context due to the physical changes that accompany aging. Another way to experience this would be to feel the freedom of not being dependent on the spotlight (Fredrickson, and Roberts, 1997). In a study with 10-year follow-up, McKinley (2006) examined objectified body consciousness in both young college women and their middle-aged mothers. It was found that body surveillance and body shame had decreased in the young women after 10 years. Differences in life tasks and entering more committed relationships were interpreted as the factors involved in this decline. Control beliefs remained relatively stable over these 10 years (McKinley, 2006). Taken together, these studies shed light on the high risk of objectification of young adult women by life tasks. However, it was also pointed out that regardless of age, OBC is a common experience that plays a critical role, especially in the lives of women.

Another risk factor for objectified body consciousness is sociocultural pressures (Tiggemann, and Kuring, 2004). As some studies have shown, internalization of traditional gender roles (a good woman should be attractive and childbearing) is associated with the adoption of cultural beauty ideals, and therefore more is invested in appearance (Bepko, and Krestan, 1991; Cash, 2011). The beauty norms offered by society, which they associate with life experiences such as success and happiness, may lead women to pay more attention to and invest more in their bodies. (Buunk et al., 2002; Noser, and Zeigler-Hill, 2013; Judge, Hurst, and Simon, 2009). Inevitably, appearance becomes the largest component of self-worth, especially for women, and an internalized observer perspective is reinforced to alert them to being "not attractive" (McKinley, and Hyde, 1996; Noser, and Zeigler-Hill, 2013; Breines, Crocker, and Garcia, 2008). The results of Boquiren et al. (2013) study conducted with breast cancer survivors showed that those who endorsed traditional gender roles had higher levels of body surveillance and body shame and lower levels of adjustment in their body image after treatment. Body surveillance and body shame increase and alert women to continue to strive to reduce the discrepancy between their current and ideal bodies in ways that are socially acceptable (Boquiren et al., 2013). Because ideal body figures are fit and lean, high BMI has been considered a one of these sociocultural appearance pressures for increased OBC. Sinclair, and Myers (2004) indicated that overweight and normal weight women experience higher levels of body shame compared to

underweight women. These findings demonstrate that beauty ideals have an influence on the experience of objectified body consciousness in women. Although they are limited, there are findings related to men's experiences with objectified body consciousness. Failure to meet socially accepted appearance standards has also been shown to be associated with body shame in men. In their study, Tiggemann, and Kuring (2004) found that Australian men experienced increased levels of body shame when they adopted a strong and physically coordinated ideal figure. More recent research has found that men are also highly exposed to muscular ideals and sociocultural pressures in ways that are not significantly different from women (Knauss, Paxton, and Alsaker, 2008). These studies suggest that although women are at higher risk for increased OBC, men are also at risk for internalizing gender stereotypes and muscular body ideals.

As the examples given above, risk factor studies are carried out only with certain ethnic groups and binary gender system, which makes it difficult to obtain date from other risk groups. The prevailing view in the literature has been that white, heterosexual, high-income, Western women are more vulnerable to objectification experiences. However, Black, White, heterosexual, and non-heterosexual women have been found to exhibit similar levels of body shame and body surveillance (Kozee et al., 2007; Kozee, and Tylka, 2006; Downs, James, and Cowan, 2006). More recent studies have focused on cross-cultural experiences of negative body image and objectification experiences because people now live in a globalized world where much information is rapidly disseminated. Several studies suggest that objectification is almost a global experience, as it is more likely to be experienced by the generation that was exposed to the media and sexually objectifying images (McHugh, 2004; Crawford et al., 2009; Kahumoku et al., 2011). Despite differences in intensity and manner of experience, objectified body consciousness may be a common experience in a world where appearance norms are strongly emphasized. Overall, it is important to keep in mind that objectification experiences are common regardless of culture, race, gender, or sexual orientation. In summary, recent literature indicates that objectified body consciousness is a common experience in a globalized world. However, being a young adult woman in a sexually objectifying world is considered an important risk factor when examining the literature in relation to age, life tasks, culture, gender, and some sociodemographic characteristics. It has also been noted that men are also at risk from

the objectifying culture that represents the ideal of a fit, muscular body for men.

1.2.4. Objectified Body Consciousness and Psychological Outcomes

Environments conducive to OBC experiences have been found to be associated with various negative outcomes, ranging from lower task performance to depression and body image disturbances. Some remarkable findings underscoring these associations are presented below, including gender differences. There are some biases regarding women's abilities on physical (e.g., "throwing like a girl") and mental tasks such as sports or a math test (Fredrickson et al., 1998). It is hypothesized that men are more successful than women on such tasks. It has been discussed that objectified body consciousness consumes quite a bit of energy and results in lower task performance (Fredrickson et al., 1998; Spencer, Steele, and Quinn, 1999). This refers to the possibility that women are at risk for lower performance when they expend more mental energy on their appearance, especially in sexually objectifying situations. OBC was associated not only with decreased task performance but also with sexuality. Body surveillance mediated the relationship between media exposure to sexually objectifying content and concern about appearance during sex (Aubrey, 2007). Similarly, body shame was associated with decreased pleasure in sexual activity, lower arousal, and concern about appearance (Sanchez, and Kiefer, 2007). However, most of the literature on sexuality and OBC has focused on women; findings for men have been limited. Overall, literature indicated that objectified body consciousness was associated with psychological well-being. In their study, Sinclair and Myers (2004) examined college women's well-being in relation to their OBC levels. Results indicated that increased body surveillance and body shame were associated with lower well-being scores, while control beliefs were positively associated with being on many dimensions (Sinclair, and Myers, 2004). McKinley (1999) indicated that body surveillance was associated with body esteem and most subdimensions of psychological well-being in young women, but not in middle-aged women (McKinley, 1999). Body shame was associated with body esteem and psychological well-being in both young and middle-aged women (McKinley, 1999). In both groups, control beliefs were positively correlated with overall psychological well-being (McKinley, 1999). Moreover, there are also studies showing that this experience is also associated with psychopathology. Objectified body consciousness has been found to be associated

with depressive symptoms, health-seeking behaviors, stress management, and well-being (Harrison, and Fredrickson, 2003; Tolman et al., 2006; Aubrey, 2006b; Lowery et al., 2005; Sinclair, and Myers, 2004; Hayman et al., 2007). A longitudinal study found that non-suicidal self-injury (NSSI) was associated with OBC in adolescent girls and boys (Duggan, Heath, and Hu, 2015).

It has been shown in the literature that the relationship between objectified body consciousness and negative psychological experiences may differ between women and men. Most often, men and boys have been found to experience lower levels of body surveillance and body shame compared to women and girls (Aubrey, 2006a; Hebl, King, and Rin, 2004; McKinley, 1998; Lowery et al., 2005). Some studies also indicated that experimentally elevated OBC was not associated with decreased task performance, body disgust, dysfunctional sexual behavior, and body-related thoughts in men (Hebl, King, and Rin, 2004; Quinn, Kallen, and Cathey, 2006; Fredrickson et al., 1998; Roberts, and Gettman, 2004); on the other hand, some findings highlighted similar experiences of women and men related to objectification, such as lower body esteem, health-seeking behaviors, concerns about sexual activity, decreased arousal/pleasure, and overall self-esteem (Sanchez, and Kiefer, 2007; Lindberg, Hyde, and McKinley, 2006; Lowery et al, 2005; Strelan, and Horgreoves, 2005a; Aubrey, 2007). Morry, and Staska (2001) indicated that differential gender socialization leads to differential sensitivity to different situations and thus to differential negative consequences. These mixed results suggest that men's experience of self-objectification should be examined more closely, as the original theory emphasized only women's experience. In summary, objectified body consciousness has been shown to be in relation to many negative experiences, including stress management, self-harm, depression, lower task performance, lower sexual pleasure, and general well.

1.2.5. Objectified Body Consciousness and Body Image Disturbance

A sexually objectifying culture that entices individuals to body parts and body ideals has been assessed as a risk factor for body image disorders ranging from body dissatisfaction to eating disorders. An objectifying context has been found to be associated with appearance anxiety, negative affect, internalization of body ideals by

women, and food restriction (Moradi, and Huang, 2008; Kozee et al., 2007; Calogero, 2004). In an experimental study, researchers sought to examine the effects of sexually objectifying images on self-perceptions and perceptions of romantic partners' ideal body choices (Overstreet, Quinn, and Marsh, 2015). In the experimental condition, participants entered the home of a partner of the opposite sex created by a visual environment and were exposed to images of sexually objectifying images of the same sex (Overstreet, Quinn, and Marsh, 2015). In the control condition, they entered the house but encountered neutral images with no objectifying content (Overstreet, Quinn, and Marsh, 2015). After the experiment, they completed rating scales that asked about their current body and the body preference of the opposite sex (Overstreet, Quinn, and Marsh, 2015). Results showed that women in the experimental condition had a greater discrepancy between their body perceptions and their opinions of the opposite sex's body preference than men (Overstreet, Quinn, and Marsh, 2015). For men, although confrontation with muscular ideal images affected their perceptions, it was more likely to affect their opinions about the opposite sex's body preferences than their self-perceptions (Overstreet, Quinn, and Marsh, 2015). In their comprehensive study, McKinley, and Hyde (1996) indicated that OBC is related to eating behaviors and body image in both young and older adult women. In addition, OBC was also shown to be associated with body dissatisfaction, attitudes toward cosmetic surgery, and related dysfunctional coping strategies (Knauss, Paxton, and Alsaker, 2008; Calogero et al., 2010). Jackson, and Chen (2015) indicated that body shame and body surveillance made unique contributors to women's model of disordered eating disturbance. Davis, and Thompson (2005) indicated that body shame is a strong factor for women to engage in disordered eating behaviors. Body shame was also found to be associated with the desire for weight change and cosmetic surgery, whereas body monitoring was associated only with the desire for weight change (Henderson-King, and Henderson-King, 2005; Forbes, Jobe, and Revok, 2006). Fitzsimmons- Craft, Bardone- Cone, and Kelly (2011) examined the OBC experiences of patients with eating disorder at various stages of recovery and a control group. The results of this longitudinal study showed that levels of body shame and body surveillance were similar in the fully recovered group (behavioral, physical, psychological) and the nonclinical group when compared to clinical group, indicating that OBC plays a role in eating disorders (Fitzsimmons-Craft, Bardone-Cone, and Kelly, 2011). Calogero, Although most research has focused on the objectification of women, there is evidence that men are also sexually

objectified by the media and that this objectification is associated with eating disorders, steroid use, and excessive exercise (Rohlinger, 2002; Bordo, 1999; Hallsworth, Wade, and Tiggemann, 2005; Aubrey, 2006; Wiseman and Moradi, 2010). There is evidence that exposure to beauty magazines may have an impact on women's experience of objectification and body dissatisfaction, while exposure to fitness magazines may have an impact on men's experience of objectification and body dissatisfaction (Morry and Staska, 2001). Hallsworth, Wade, and Tiggemann (2005) showed that bodybuilders scored higher on the self-objectification scale than weightlifters and a group that did not exercise. In their study, in which participants wore either swim trunks or sweaters, Martins, Tiggemann, and Kirkbride (2007) indicated that men in the swim trunks group experienced greater body monitoring compared to the sweater group. Gay men in the swim trunk group experienced more body shame and restricted eating compared to the sweater group. Heterosexual men, on the other hand, exhibited similar levels of shame and eating restriction in both conditions (Martins, Tiggemann, and Kirkbride, 2007). Thus, there appear to be some within-group differences that should be carefully examined. Finally, it should be remembered that the scales associated with objectification theory were originally developed for women. Some specific adjustments for men in these scales could reduce measurement error related to men's experiences (Calogero, 2009). In summary, objectified body consciousness that emerged from an objectifying culture puts women and men at risk for body image problems, including desire for change, body dissatisfaction, and eating disorder symptoms.

1.3. Self- Compassion

1.3.1. Self- Compassion as a Healthy Relationship with the Self

Most of the time, people find it difficult to tolerate their faults and weaknesses as they tolerate the weaknesses of others (Neff, 2003a; Neff, 2011). In a competitive world, people learn that they must be ambitious to rise above the average and be special (Neff, 2011). This tendency to feel superior requires being hard on oneself to eliminate flaws and weaknesses. Some may assume that harsh self-criticism will motivate them to be successful and competent (Neff, 2003a). However, punishing the self is not likely to motivate, but instead only activates dysfunctional defense mechanisms (Neff, 2003a).

Moreover, some think that being kind to self is an egocentric attitude that prevents us from relating to others (Neff, 2003a). However, when our relationship with ourselves becomes unhealthy, our relationship with others also becomes unhealthy. Western traditions emphasize individualistic success, social comparison, and focusing on the good aspects of the self. Self-compassion, on the other hand, is a healthy attitude that originated in Buddhist philosophy (Neff, 2003a). According to Neff (2003a), this healthy attitude allows for a non-judgmental attitude toward the parts of the self or toward one's experiences. A self-compassionate person sees their pain as part of the human condition, treats themselves with kindness, and accepts pain without judgment. Self-compassion encompasses three separate but interrelated sub-dimensions (Neff, 2003a). The first is mindfulness, which is the ability to not merge with thoughts or events that define us. A mindful person can recognize that feelings and thoughts are only temporary experiences that do not encompass the whole self. Therefore, a mindful person can also recognize that all people struggle with some thoughts and emotions. In relation to this, second characteristic of self-compassion is common humanity. One can recognize that pain is not unique to oneself, but that everyone has their own struggle and pain that is a part of human nature. The last of the three qualities is self-kindness. A person who feels connected to humanity and embraces their experiences without bias can treat themselves with more kindness. In this way, one can listen to one's needs, accept them without judgment, and take steps to take care of oneself.

According to Neff (2003a), self- compassion is different from concepts of self- pity and self- esteem. Getting fused with negative experiences can be perceived as a flaw in one's self-description and lead to self- pity. However, a mindful person can recognize that negative experiences are only a part of life. Self-esteem, on the other hand, is an attitude based on competition, comparison with others, and unrealistic self-presentations (Neff, 2003a; Neff, 2003b). Because self-esteem feeds the need to feel competent and superior in important areas, and is threatened by failure, it is most pronounced when people have only positive perceptions of themselves and negative perceptions of others (Taylor, and Brown, 1988; James, 1890; Kernis, 2003). Gilbert, and Irons (2005) shed light on the differences between self-esteem and self-compassion from a physiological perspective. They indicated that self-compassion, by creating a sense of security, inhibits the activation of the threat system, which can be activated by insecurity. Self-esteem, on the other hand, deactivates the soothing system

by making people feel superior and by creating a competitive environment (Gilbert, and Brown, 2005). Because self-esteem is an alarm system, it has been associated with elevated narcissism scores and unrealistic perceptions of parts of the self (Twenge, and Campbell, 2009; Twenge et al., 2008). These attitudes also prevent individuals from recognizing their limitations and inhibit their improvement (Taylor, and Brown, 1988). Unlike self-esteem, self-compassion does not prepare the context to ignore the mistakes or pain. It merely encourages the context to normalize the errors by emphasizing that it is a shared experience (Neff, 2011). In this regard, one can have realistic expectations of oneself and the confidence to try again or recover. Having confidence that one can make mistakes and knowing that this is a normal part of being human and that one will not be punished can improve mood and motivate the self (Neff, 2003a; Neff, 2011). Some studies have shown that self-compassion can be a protective factor against setbacks, whereas self-esteem did not play such a role (Neff, and Vonk, 2009; Barnard, and Curry, 2011). In addition, self-compassion has been found to be associated with less catastrophizing and anger, whereas self-esteem has not been associated with these constructs (Neff, and Vonk, 2009; Leary et al., 2007). Neff hypothesized that this realistic and accepting attitude may be associated with lower anxiety, lower avoidance behaviors, and lower depression scores. In addition, people may be more interested in exploring their strengths and limits in a healthy relationship with themselves (Neff, 2003a). As Neff (2003b) later noted, the results were consistent with this theory. Self-compassion was associated with overall well-being (Neff, 2003b). More specifically, increased self-compassion was associated with optimism, connectedness with others, positive affect, life satisfaction, and emotional intelligence (Neff, 2009). On the other hand, lower levels of self-esteem have been found to be associated with fear of failure, perfectionism, eating disorders, and anxiety (Neff, 2009). In summary, different from self-esteem or self- pity that alert people to compare themselves with others, self-compassion is a healthy attitude toward oneself even in the presence of flaws and pain.

1.3.2. Development of Compassionate Attitude Towards the Self

As with any other experience, certain personality traits and environmental characteristics have been hypothesized to be related to the degree of self-compassion. In one study, self-compassion was found to be negatively correlated with neuroticism

and positively correlated with extroversion, agreeableness, and conscientiousness (Neff, Rude, and Kirkpatrick, 2007). In addition to personality traits, gender was also examined as a risk factor associated with self-compassion. The literature on gender differences in self-compassion levels indicates that self-compassion scores are lower in women than in men (Neff, 2003a, Neff, and McGeehee, 2010; Neff, Hseih, and Dejitthirat, 2005; Yarnell et al., 2015). This difference has been explained primarily by the fact that women are more likely to reflect on and criticize aspects of themselves that they dislike compared to men (Nolen-Hoeksema, Larson, and Grayson, 1999, Leadbeater et al., 1999). However, there are also studies that show no gender differences in self-compassion (Neff, Kirkpatrick, and Rude, 2007; Neff et al., 2008; Iskender, 2009). These mixed results regarding gender differences have been interpreted as an interaction effect of culture and gender (Barnard, and Curry, 2011). Some of these studies were conducted with American college students while others included participants from Thailand, Turkey, and Taiwan (Neff, Kirkpatrick, and Rude, 2007; Neff, Pisitsungkagarn, and Hseih, 2008; Iskender, 2009). The gender roles ascribed to men and women may differ and affect the level of self-compassion. Therefore, cultural elements may be considered when examining gender differences in self-compassion (Barnard, and Curry, 2011). In addition, the multidimensional construct of self-compassion should not be ignored in relation to the relationship between self-compassion and gender. Neff (2003a) hypothesized that although women have a tendency to be self-judgmental, they may have a greater sense of common humanity due to their social relationships. Murn and Steele (2020) pointed out that although men and women did not differ in overall self-compassion scores; women identified more strongly with their problems whereas men had lower scores on common humanity. In summary, when examining gender differences, the multidimensional construct of self-compassion and cultural elements should be carefully examined. Overall, personality traits and gender might play a role in how much self-compassion one feels for oneself.

There are other factors that influence levels of self- compassion including age, culture. There were some conflicting results about the relationship between self-compassion and age. Although it was hypothesized that people would have more self-compassion later in life, the results showed a mixed relationship between age and the level of self-compassion (Neff, and McGeehee, 2010; Neff, and Vonk, 2009). Some studies

suggested that high levels of self-compassion may be a protective factor for emerging physical health problems in the elderly (Homan, 2016; Allen, Goldwasser, and Leary, 2012). Murn and Steele (2020), indicated in their study that older participants scored higher on the mindfulness and compassion subdimensions of self-compassion. Therefore, the risk factors that decrease self-compassion in young people and the coping mechanisms of older people can be carefully examined for increased compassionate attitudes toward the self. In addition, culture has been indicated to be associated with levels of self- compassion. Neff (2008) examined cultural differences in the level of self-compassion by including participants from Thailand, Taiwan, and the United States in the study. Self-compassion was higher in Thailand, the United States, and Taiwan, respectively. Despite the differences in scores, self-compassion predicted less depression and higher life satisfaction, indicating its universal effect (Neff, 2008). In summary, gender, personality traits, age, and cultural diversity may be important in the development of self-compassion. Beyond all these, it is known that a loving, open and understanding environment can facilitate noncompetitive and harsh relationship with oneself. An open environment where one can feel understood and emotions are not forbidden may increase self-compassion (Neff, 2003a).

1.3.3. Protective Role of the Self- Compassion

In the literature, self-compassion has mostly been conceptualized and studied as a protective factor against psychopathology. There are some reasons for this conceptualization. People have two types of motivations that direct them toward their goals: Mastery or achievement goals (Barnard, and Curry, 2011; Neff, Hsieh, and Dejitterat, 2005). Mastery goals were conceptualized as being activated by internal standards and useful curiosity, whereas performance goals were activated by competition and the fear of falling behind (Neff, Hsieh, and Dejitterat, 2005). Neff, Hsieh, and Dejitterat (2005) indicated that self-compassion was more associated with mastery goals and negatively associated with performance goals. In addition, self-compassion was found to be associated with less maladaptive perfectionism and reliable self-evaluations (Williams, Stark, and Foster, 2008; Leary et al., 2007; Barnard, and Curry, 2011). Finally, what was not associated with self-compassion was positive outlook and social desirability (Neff, 2003b). In a world where perfect bodies are desired, competitive work is expected, and inflated self-evaluation is respected,

self-compassion might be a protective factor by not being activated by competition and providing an accepting attitude. In this regard, high levels of self-compassion have been found to be associated with lower avoidance of painful thoughts and emotions (Leary et al., 2007). One study showed that avoidance behaviors, which are a symptom of posttraumatic stress disorder, were associated with high levels of self-compassion (Thompson, and Waltz, 2008). Another study included physical and mental health and showed that self-compassion was associated with both physical and mental health (Hall et al., 2013). Furthermore, a meta-analysis included 14 studies and found that self-compassion was negatively associated with key elements of psychopathology, including depression, stress, and anxiety (MacBeth, and Gumley, 2012). These findings that highlighted the protective role of self- compassion have led to new approaches aimed at teaching and promoting self-compassion (Barnard, and Curry, 2011). These approaches include Compassionate Mind Training (CMT) and Mindfulness Based Stress Reduction (MBSR) (Gilbert, and Irons, 2005; Kabat-Zinn, 2003). Dialectical Behavior Therapy (DBT) and Acceptance Commitment Therapy (ACT) are approaches that also have roots in Eastern philosophy (Nicastro et al., 2010; Hayes et al., 2004). In summary, self-compassion is a well-studied factor that is usually included in research as a moderator variable because it is a protective factor against key elements of psychopathology, including stress, anxiety, emotion dysregulation, and intolerance of mistakes.

1.3.4. Relationship Between Self- Compassion and Body Image Problems

One of the important areas where self-compassion can be a protective factor are body image issues. In a context where perfect bodies are valued and individuals have the opportunity to compare themselves to perfect ideals through social media, self-compassion can play a critical role by being non-judgmental and non-critical. In one study, self-compassion was shown to positively affect the relationship between self-esteem and body satisfaction, suggesting that the level of self-esteem based on body satisfaction decreased in women with high levels of self-compassion (Pisitsungkagarn, Taephant, and Attasaranya, 2014). Yamaoka and Stapleton (2016) showed in their study of 138 young people that self-compassion reduced weight stigmatization regardless of culture. Because self-compassion is conceptualized as being related to both one's own and others' thoughts, emotions, and pain, people with high self-

compassion may be more critical of weight stigma (Yamaoka, and Stapleton, 2016). Braun et al. (2020) conducted a study of 229 bariatric surgery patients who were known to suffer from weight stigmatization and internalized shame. Results showed that self-compassion buffered the relationship between internalized weight bias and emotional eating (Braun et al., 2020). This and other studies demonstrated that self-compassion is a functional emotion regulation strategy against external and internal shame such as weight- related discrimination and internal body shame (Braun et al., 2020; Finlay-Jones, 2017; Johnson, and O'Brien, 2013). Webb, Fieri, and Jafari (2016) indicated that self-compassion buffers the relationship between body shame and body-complaints in collage women. In addition, Kelly, Vimalakanthan, and Miller (2014) indicated that self-compassion buffered the positive relationship between BMI and eating disorders in college-aged women.

Self-compassion is also directly related to dimensions of body image, including body satisfaction and its consequences such as eating problems. There is growing evidence in the literature that self-compassion is related to body satisfaction (Mosewich et al., 2011; Kelly, Vimalakanthan, and Miller, 2014; Wasylkiw, McKinnon, and MacLellan, 2012; Koç and Owen, 2021; Ferreira, Pinto- Gouveia, and Duarte, 2013; Pinto-Gouveia et al., 2014; Przezdziecki et al., 2013). Wasylkiw, McKinnon, and MacLellan (2012) indicated that self-compassion is a negative predictor of concerns about weight and preoccupation with the body. A systematic review that included 28 studies found that self-compassion is a protective factor against eating problems and negative body image (Braun, Park, and Gorin, 2016). In a study conducted with 443 young women, Koç and Owen (2021) indicated that women with high levels of self-compassion had higher body satisfaction. Ferreira, Pinto- Gouveia, and Duarte (2013) suggested that a compassionate attitude toward oneself was associated with lower eating disorder and body dissatisfaction, while self-criticism was associated with increased disordered eating and body dissatisfaction. This association was stronger in the eating disorder group than in the general population (Ferreira, Pinto-Gouveia, and Duarte, 2013). In this regard, interventions based on increasing self-compassion were also found to be effective in reducing body dissatisfaction (Moffitt, Neumann, and Williamson, 2018). Mindfulness as an element of self-compassion has been shown to be associated with fewer body comparisons (Dijkstra, and Barelds, 2011). Mindfulness was also shown to mediate the relationship between body comparison and body dissatisfaction

(Dijkstra, and Barelds, 2011). In summary, self-compassion is closely associated with lower body dissatisfaction and perfectionistic weight control mechanisms. Self-compassion is thought to protect women from body dissatisfaction by preventing them from feeling isolated about their body flaws and over-identifying with negative feelings toward their bodies (Albertson, Neff, and Dill- Shackleford, 2014). In addition, self-compassion can increase feelings of connectedness and prevent women from feeling isolated with their "imperfect bodies" (Albertson, Neff, and Dill-Shackleford, 2014).

1.3.5. Relationship Between Self- Compassion and Objectified Body Consciousness

The literature suggests that self-compassion is associated with objectification experiences. In their study, Mosewich et al. (2011) showed that self-compassion was negatively correlated with body shame, body dissatisfaction, and objectified body consciousness in young women athletes. In a study conducted with a group of religious women, researchers examined levels of self-compassion, objectified body consciousness, and religion (Marston, 2019). Results showed that self-compassion significantly predicted all elements of objectified body consciousness; body surveillance and body shame decreased as self-compassion increased (Marston, 2019). The same study found that religiosity and self-compassion significantly predicted control beliefs. Control beliefs increased when self-compassion also increased. Self-compassion may help decrease feelings of incompetence and increase feelings of agency (Marston, 2019). In addition, Liss and Erchull (2015) conducted a study which included 306 college age women to examine some body- related experiences in low and high self- compassion groups. Results indicated that body surveillance and body shame were less in higher levels of self- compassion. In summary, research has shown that self-compassion is negatively correlated with body surveillance and body shame. Because the relationship between self-compassion and body experience has begun to attract attention, some intervention programs have been developed. For example, the feasibility study of Compassion Focused Therapy (CFT) conducted a group intervention specifically designed to reduce body shame in individuals with high BMI (Carter, Gilbert, and Kirby, 2021). Results showed that CFT improved self-compassion and healthy behaviors while reducing body shame, once again highlighting the relationship between self- compassion and objectified body consciousness.

1.4. Self- Compassion on the Relationship Between Objectified Body Consciousness and Body Dissatisfaction

There was no study in the literature that considered all three variables of the present study together. However, the protective role of self-compassion between body-related variables has been highlighted in some studies. Wollast et al. (2019) examined the buffering role of self-compassion on depression and on happiness in their study with 119 Belgian women. According to the results, self-compassion moderated the relationship between body surveillance and depression, and also moderated the relationship between body surveillance and happiness. Among women with lower levels of self-compassion, body surveillance was negatively related to happiness and positively related to depression (Wollast et al., 2019). Sick et al. (2020) examined the role of self-compassion on the relationship between body-related shame and depressive symptoms in 537 participants, both women and men. Results showed that high levels of self-compassion buffered the relationship between body shame and depressive symptoms in women, but not in men (Sick et al., 2020). This finding was interpreted as a result of higher mean self-compassion in men, so the buffering effect was limited (Sick et al., 2020). In addition, Liss and Erchull (2015) indicated in their study with college women that self-compassion moderates the relationship between body surveillance and some negative consequences of self-comparison, such as disordered eating. In another study, it was examined that whether body shame, self-compassion, and recalling restrictive parental messages related to eating would be associated in 302 college age women (Webb, Daye, and Jafari, 2014). Results indicated that body shame increased as recalling restrictive messages increased and self- compassion buffered the relationship between recalling these messages and body shame. Lastly, some research indicated that self-compassion-based interventions reduced levels of self-objectification and body dissatisfaction (Rahimi- Ardabili et al., 2017; Albertson, Neff, and Dill- Shackleford, 2014). Albertson, Neff, and Dill-Shackleford (2014) designed a study in which the intervention group had the opportunity to receive a link that directed participants to a 20-minute self-compassion mediation based on Neff and Germer's (2013) Mindfulness Self Compassion Program. Results showed that women in the intervention group experienced lower body surveillance, body shame, body dissatisfaction, and body-related self-esteem, while

their body esteem actually increased up to a 3-month follow-up period (Albertson, Neff, and Dill- Shackleford, 2014). In summary, self-compassion was a strongly studied protective factor against elements of objectified body consciousness and body dissatisfaction.

As a result, body image problems, especially body dissatisfaction, are commonly experienced. While there are many factors that predispose to these problems, strict beauty ideals and constant exposure to these beauty ideals play a particularly critical role. From a sociocultural perspective, it is seen that these ideals of beauty are attributed to women and men and these ideals are adopted. In a context where people are judged according to these ideals, it is inevitable to be objectified. Constantly controlling the body, living with the shame of internalizing ideal bodies and believing that this is under the control of the person reinforces all these ideals of beauty. It is thought that a non-judgmental, accepting attitude such as self-compassion can be beneficial in this situation where the body is constantly monitored, faults are sought, and the body is competed with ideal bodies.

1.5. Present Study

1.5.1. Aim of the Present Study

Body image problems are among the most common and serious mental health problems today, where unrealistic body ideals are rapidly spreading and internalized through the media. Adolescents and young adults who are objects of objectifying culture are at higher risk for serious body image problems, which are also known precursors to serious psychopathologies such as eating disorders and body dysmorphic disorder. Therefore, the present study aims to examine the body dissatisfaction in young women and men. The literature has revealed that there is pressure on women to be thin and have ideal breasts, while there is pressure on men to be muscular and at ideal weight (Fredrickson, and Roberts, 1997; Rodgers, Paxton, and Chabrol, 2009; Pingitore, Spring, and Garfieldt, 1997). In the light of this information, it was thought that it is important to measure body dissatisfaction in specific areas such as body fat, chest and muscularity. Moreover, it is aimed to measure general body dissatisfaction in order to determine to what extent and how dissatisfaction with these specific body

parts is related to general body dissatisfaction. It is also aimed to measure the desire of people for an ideal body in relation to body dissatisfaction.

From a sociocultural perspective, it is one of the aims of this study to examine the experience of objectified body consciousness, since it is known that the evaluation of people based on their bodies, that is, their objectification, is one of the factors that paves the way for body dissatisfaction. Therefore, it was planned to examine separately the three subscales of objectified body consciousness, body tracking, body shame, and control belief. BMI is another factor that plays a role in body dissatisfaction is therefore included in the study. Because high BMI is undesirable in an objectifying culture, BMI was found repeatedly as significantly related to body dissatisfaction (Van den Berg et al., 2007; Ålgars et al., 2009; Neighbors, and Sobal, 2007). Unfortunately, it is unrealistic to hope that in such a culture, one can always stay thin, avoid being objectified, avoid being judged as a body part, and not internalizing ideals of beauty. However, protective factors such as self-compassion, a concept from Buddhist philosophy that refers to a healthy relationship with oneself, has been shown to be as effective in decreasing the levels of objectification and body dissatisfaction by providing a non-judgmental attitude (Webb, Fieri, and Jafari, 2016; Kelly, Vimalakanthan, and Miller, 2014). Therefore, this well-studied protective factor against body image problems is included into the study.

Another important point that this research aims to highlight is that defining oneself as a woman or a man can have an impact on body image problems, the experience of objectification, and self-compassion. In this direction, it was aimed to examine the differences in the main variables by including men, who are shown to experience body image problems as much as women in the current literature, and by separating the analyzes according to gender. First, to be separate for women and men, it was aimed to examine the relationships between body dissatisfaction measures, BMI, subscales of objectified body consciousness, and self-compassion. In addition, based on the literature, it was aimed to measure whether BMI, body surveillance, body shame, and self-compassion predict body fat dissatisfaction in women and men. Control belief in subscales of objectified body consciousness was not included in this analysis because the relationship between this belief and body satisfaction has been shown to be mixed in the literature (McKinley, and Hyde, 1996; McKinley, 1995). Furthermore, it was

also intended to explain how much of the overall body dissatisfaction was explained by measures such as BMI, body fat, breast dissatisfaction, and muscle dissatisfaction. Another aim of the study was to investigate differences in the main measures depending on the gender differences and degree of self-compassion since they have been shown to be associated with body experience of women and men. Lastly, the moderator role of self-compassion on the relationship between the body shame and body dissatisfaction was aimed to be examined. Body shame, among the subdimensions of objectified body consciousness, is conceptualized as an internalized ideal of beauty and known as a strong factor for body dissatisfaction (Henderson-King, and Henderson-King, 2005; Forbes, Jobe, and Revok, 2006; Calogero, Davis, and Thompson, 2005). Therefore, it was planned to be included in the moderation model. On the other hand, as a variable whose protective role has been shown many times in the literature, it was deemed appropriate to add self-compassion as a moderator to the model. In summary, this study aimed to address body dissatisfaction, one of the most important problems of our time, from a sociocultural perspective by including attitudes towards specific body parts in a non-clinical population. The objectification experience, which is thought to play a very critical role when viewed from a sociocultural perspective, is aimed to be analyzed comprehensively by considering all three sub-dimensions. Self-compassion, one of the protective factors that has been studied extensively recently, was included in the study to investigate its role on body dissatisfaction.

1.5.2. Research Questions

1-) Will current bodies of women and men differ from the ideal bodies they have selected?

2-) Are overall body satisfaction, desire for the ideal body, breast dissatisfaction, body fat dissatisfaction, BMI, self- compassion, and sub- dimensions of objectified body consciousness significantly correlated with each other in women?

3-) Are overall body satisfaction, desire for the ideal body, muscle dissatisfaction, body fat dissatisfaction, BMI, self- compassion, and sub- dimensions of objectified body consciousness significantly correlated with each other in men?

1.5.3. Hypotheses

H1: BMI, body surveillance, body shame, and self-compassion will predict body fat dissatisfaction in women and men.

H2: BMI, body fat dissatisfaction, and breast size dissatisfaction will significantly predict women's overall body satisfaction.

H3: BMI, body fat dissatisfaction, and muscle dissatisfaction will significantly predict men's overall body satisfaction.

H4: Women and men will significantly differ in terms of body satisfaction, desire for the ideal body, self-compassion, and sub-dimensions of objectified body consciousness.

H5: Dissatisfaction scores, overall body satisfaction, desire for the ideal body, and sub-dimensions of objectified body consciousness will significantly differ across levels of self- compassion in women and men.

H6: Self- compassion will significantly moderate the relationship between body shame and women's body fat dissatisfaction.

H7: Self- compassion will significantly moderate the relationship between body shame and women's breast dissatisfaction.

H8: Self- compassion will significantly moderate the relationship between body shame and men's body fat dissatisfaction.

H9: Self- compassion will significantly moderate the relationship between body shame and men's muscularity dissatisfaction.

CHAPTER 2: METHOD

2.1. Participants

In the present study, data collection began with the paper-pencil method. Participants were selected using convenience sampling, a method in which the researcher selects easily accessible participants (Erkuş, 2011), mainly on the campus of Izmir University of Economics. The process of data collection was then continued as online data collection as the number of COVID cases increased. Snowball sampling method, a sampling method in which participants spread the questionnaire to those around them, was used in the online data collection (Baştürk, and Taştepe, 2013). Participants were asked to complete the surveys through an online link and then share the link with those around them. 235 participants completed the surveys. The inclusion criterion was to be between the ages of 18 and 30 because this age group is known to be at risk for body image problems. 13 participants were excluded due to missing information and not meeting the research criteria which is being 18-30 years old. The normality tests and outlier detection procedure showed that there were no extreme cases that needed to be excluded. Therefore, the study was continued with a total of 222 participants. The demographic characteristics of the 222 participants, including gender, education level, marital status, residence, hometown, frequency of exercise, psychiatric or physical diagnoses, diets, occupation, and income, are shown in Table 1. Detailed information on age, weight, height, and BMI is presented in Table 2.

Table 1. Demographic Information of the Participants

N (%)		
Gender	Women	155 (69.8)
	Men	67 (30.2)
Residential Area	Metropolis	140 (63.1)
	Big City	58 (26.1)
	Province	23 (10.4)
	Other	1 (0.5)
Hometown	Metropolis	96 (43.2)
	Big City	61 (27.5)
	Province	31 (14.0)
	District	23 (10.4)
	Town	6 (2.7)
	Village	5 (2.3)
Educational Status (Graduated From)	High School	74 (33.3)
	University	135 (60.8)
	Graduate School	13 (5.9)

Table 1. Demographic Information of the Participants (continued)

Monthly Income	0-2000	128 (57.7)
	2001-4000	36 (16.2)
	4001-6000	31 (14.0)
	6001-8000	12 (5.4)
	8000 and above	15 (6.8)
Marital Status	Single	120 (54.1)
	In Relationship	89 (40.1)
	Married	10 (4.5)
	Divorced	2 (0.9)
	Other	1 (0.5)
Chronic Physical Illness	Yes	27 (12.2)
	No	195 (87.8)
Diet	Yes	21 (9.5)
	No	201 (90.5)
Psychiatric Diagnosis	Yes	35 (15.8)
	No	187 (84.2)
Exercising	Never	41 (18.5)
	Rarely	91 (41.0)
	Once in a week	33 (14.9)
	2-3 times a week	43 (19.4)
	4-5 times a week	12 (5.4)
	Every day of the week	2 (0.9)

Table 2. Descriptive Statistics of Age, Weight, Height and BMI

	Women		**Men**	
	M	***SD***	***M***	***SD***
Height (cm)	165.33	5.55	178.70	5.98
Weight (kg)	59.01	9.89	77.87	12.28
Age	24	2.62	23	2.74
BMI	21,57	3.40	24.38	3.71

2.2. Instruments

Participants were asked to complete a series of questionnaires including the Demographic Information Form, Self-Compassion Scale, Objectified Body Consciousness Scale, UCLA Body Matrices- II, and finally they were asked to answer two researcher-generated questions (overall body satisfaction and desire for the ideal body). Detailed information about these questionnaires and their demographic characteristics can be found below. All of the aforementioned materials can be found in Appendix C, D, E, F, and G.

2.2.1. Demographic Information Form

The Demographic Information Form was developed specifically for this study to obtain information about participant demographics. It includes questions about gender, age, hometown, current residence, education level, occupation, monthly income, marital status, psychiatric/medical diagnosis. Related to the hypothesis of this study, the form also includes questions about body shape and efforts to control body shape, such as weight, height, frequency of exercise, and dieting (Appendix C). BMI was calculated using values for height and weight obtained from the demographic information form. The Quetelet index (kg/m2), a well-known and robust method for calculating BMI (Weaver, and Byers, 2006; Garrow, and Webster, 1985), was used.

2.2.2. UCLA Body Matrices- II

The UCLA Body Matrices II (UCLA BM- II) is a figure rating scale developed by Fredrick, and Peplau (2007). The scale aims to measure the dimensions of the body image including body dissatisfaction. There are both paper-pencil and computer versions for this scale. The questions of UCLA Body Matrices- II can be selected by the researcher to be related to the research hypothesis. Typical questions related to body image require participants to mark their current body, their ideal body, and the ideal body desired by the opposite sex. In addition, the researcher can choose to use the *Pick a Number* or the *Scaled* version. In the *Pick a Number* version, participants are simply asked to choose a number that represents an image in the matrices in response to the corresponding question. In the *Scaled version*, participants are again asked to select an image that represents their answer, but they can also mark a number between images, which is accepted as an intermediate value. Since the Pick a Number version of this scale was used in this study, it is described in detail. In the UCLA Body Matrix of men, there are 28 images varying between slender to heavy and non-muscular to very muscular. There are 4 levels for body fat (10 points: slender, 40 points: heavy) and 7 levels for muscularity (10: non- muscular, 70: very muscular). The image which is picked by a participant gives scores for both body fat and muscularity. In the UCLA Body Matrix of women, there are 32 images ranging between slender to heavy and small breast to large breast. There are 8 levels for body

fat (10 points: slender, 80 points: heavy) and 4 levels for breast size (10: small breast, 40: large breast). The image which was selected by a participant gives scores for both body fat and breast size. Discrepancy between current and ideal body is calculated by subtracting the current body score from the ideal body score.

In the validation study of this scale, 255 women and 102 men whose mean age is 18.94 participated (Fredrick, and Peplau, 2007). Results showed that the matrices are useful ways to assess body type preferences and dimensions of body image. Women's scores of body fat and breast size were reported to be positively correlated with self- reported cup size and BMI; just as men' scores of body fat and muscularity were reported to be positively correlated with BMI. Body fat discrepancy scores of women (between current body fat and desired body fat) were negatively associated with body satisfaction ($r = -.45$, $p < 0.001$). Breast size discrepancy scores of women were positively associated with breast dissatisfaction ($r = .51$, $p < 0.001$). Body fat discrepancy scores of men were not significantly correlated with body satisfaction; however, muscularity discrepancy scores of men were positively correlated with muscle dissatisfaction ($r = .21$, $p < 0.05$). The results of this study showed that ''pick a number'' version of the UCLA BM-II is a useful way to asses global body satisfaction and muscle / breast satisfaction (Fredrick, and Peplau, 2007).

The UCLA BM- II was used for the first time in a Turkish population to assess body image by Yıldız (2019). Pick a Number version was used and 5 questions were asked to participants; 1) Pick the best figure which represents your current body type, 2) Pick the best figure which represents the ideal body according to your preferences, 3) Pick the best figure which represents your current body type according to people around you, 4) Pick the best figure which represents the ideal body type according to opposite sex, 5) Pick the best figure which represents the most attractive body type for the opposite sex. The results of the study showed that scores of the participants with high BMI displayed high discrepancy between actual- ideal body type preferences. Lastly, participants with high discrepancy scores were more dissatisfied with their bodies when compared to participants with low discrepancy scores. To summarize, Turkish study of UCLA BM- II showed that this figure rating scale is a sound way to assess body dissatisfaction (Yıldız, 2019).

In the present study, UCLA BM – II was used to assess the degree of body dissatisfaction in terms of muscularity, body fat, and breast size. Because it is a gender-specific measure, UCLA BM- II gives scores for women and men separately. In later chapters, breast discrepancy and women's body fat discrepancy will be referred as WBD and WFD. In addition, muscle discrepancy and men's body fat discrepancy will be referred as MMD, MFD, respectively. The Pick a Number version was used and participants were asked two questions: 1) Pick the best figure that represents your current body type, 2) Pick the best figure that represents the ideal body according to your preferences. Current and ideal muscularity, body fat, and breast size values were determined based on the figures selected by the participants. Lastly, discrepancy scores were calculated based on current and ideal body scores.

Besides the questions UCLA Body Matrices- II, two questions were prepared by the researcher to examine the overall body satisfaction and level of desire for the ideal figure they picked out. These questions were: 1) *How satisfied are you with the way your body looks like? Please rate between 0 and 10* (0 = I am not satisfied at all, 10 = I am extremely satisfied); and 2) *How much would you like to have the ideal body you have marked above? Please rate between 0 and 10* (0 = I wouldn't want at all, 10 = I totally would like to). The first question aims to assess overall body satisfaction while the second aims to assess desire for the ideal body. In later chapters, overall body satisfaction will be referred as SAT, while desire for the ideal body will relate to DesId. The aim was to check out the correlations between results of UCLA BM- II and the questions prepared by the researcher. In addition; because the matrices and the discrepancy scores are gender- specific, it was not possible to conduct analysis without splitting the file as men and women. In this regard, these questions were decided to be used as a common outcome variable for both women and men when an analysis was needed to be conducted without splitting the file.

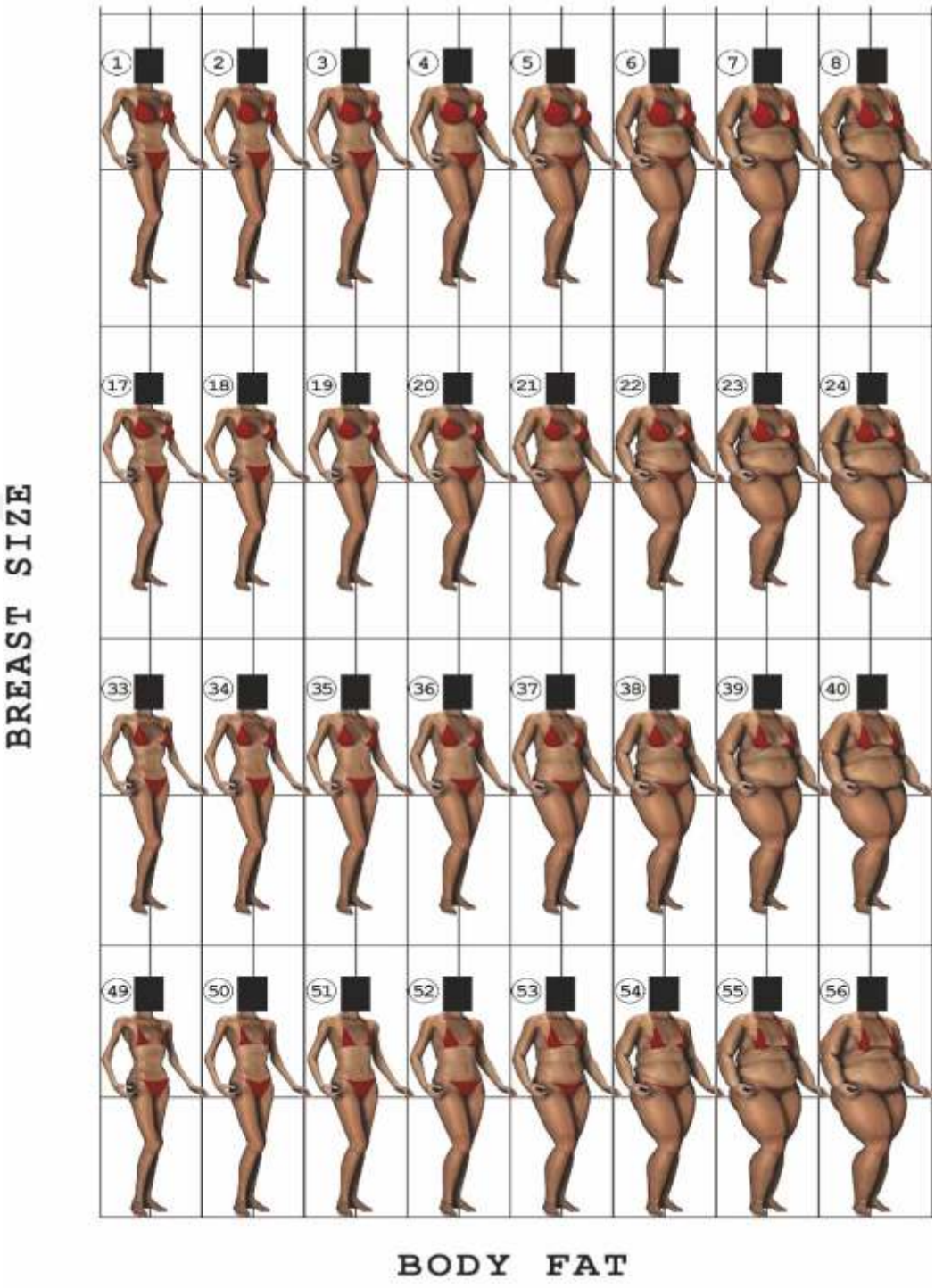

Figure 1. UCLA BM-II for Women. *Note.* Scores are ranged between 10 and 40 for breast size (small to large), scores are ranged between 10 and 80 (slender to heavy) for body fat (Source: Fredrick, and Peplau, 2007).

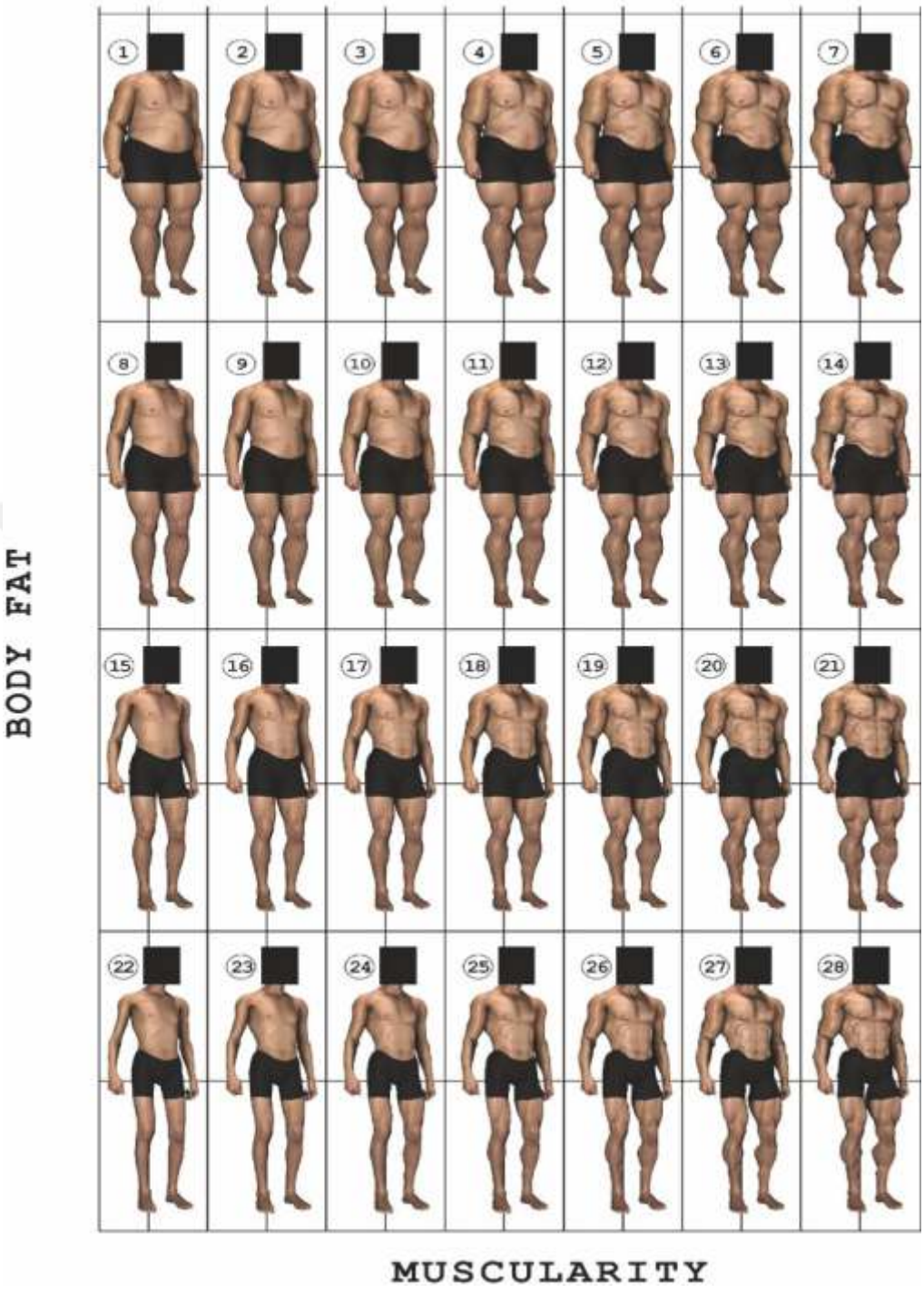

Figure 2. UCLA BM- II for Men. *Note.* Scores are ranged between 10 and 70 (non-muscular to muscular) for muscularity, scores are ranged between 10 and 80 (slender to heavy) for body fat (Source: Fredrick, and Peplau, 2007).

2.2.3. Objectified Body Consciousness Scale

Objectified Body Consciousness Scale which was developed by McKinley, and Hyde (1996) aims to measure the levels of body surveillance, body shame, and control beliefs which are three dimensions of having an objectified body consciousness. The scale consists of 22 questions in 7- point Likert type (1 = totally don't agree, 7 = totally agree). Questions of 1, 3, 7, 9, 16, 18 aim to measure the body surveillance while questions of 2, 5, 8, 11, 13, 14, 15, 20 measure the body shame and questions of 4, 6, 10, 12, 17, 19, 21, 22 measure the control beliefs. Body surveillance subscale includes statements such as ''During the day, I think about how I look many times.''. Body shame subscale includes statements such as ''When I am not the size, I think I should be, I feel ashamed.''. Control beliefs subscale includes statements such as ''The shape you are in mostly depend on your genes.'' By reverse coding the 14 questions (1, 3, 4, 6, 7, 9, 12, 13, 14, 16, 17, 18, 19, 22), total scores from each subdimension can be calculated. High scores in the body surveillance subdimension indicate that the participant frequently pays attention to his or her body to check his or her appearance (Yağmurcu, and Tosun, 2018). High scores in the body shame subdimension mean that the participant recognizes that his or her body does not conform to beauty ideals and he or she feels ashamed. Finally, high scores in the control beliefs subdimension mean that the participant believes that he or she can change appearance if he invests enough in his appearance. The original study showed that the coefficient of internal consistency for college age women ranged from .72 to .89 (McKinley, and Hyde, 1996). The results of a later study by McKinley (1998) showed that the internal consistency coefficients for a male sample were .79 for body surveillance, .73 for body shame, and .64 for control beliefs. The analysis confirmed the 3-factor model for the Objectified Body Consciousness Scale, $p < .001$.

Turkish study of validity and reliability for this scale was conducted by Yağmurcu and Tosun (2018) in a sample consists of 337 participants. Three subdimensions revealed by the common factor analysis in the original study were also supported in this study. The Cronbach alpha for body surveillance, body shame, and control beliefs were found to be .73, .68, and .61 respectively. Factor Analysis confirmed the 3- factor structure of the scale as in the original study, $\chi 2\ (249) = 716.44$, $p < .001$. Results showed that it

is a reliable way to measure dimensions of objectified body consciousness of both men and women (Yağmurcu, and Tosun, 2018). In the present study, Cronbach Alphas were .74 for the body surveillance, .79 for the body shame, .70 for the control beliefs, and .70 for the whole scale. These results were consistent with the other reliability studies.

2.2.4. Self- Compassion Scale

Self- Compassion Scale (SCS) which was developed by Neff (2003) aims to measure the level of compassionate attitude people have for themselves by evaluating six subdimensions described below. The scale consists of 26 questions in 5-point Likert type (1 = never, 5 = always). These 26 questions are divided into 6 subdimensions called *self- kindness* (questions; 2, 6, 13, 17, 21, e.g. "I try to be understanding and patient towards those aspects of my personality that I don't like."), *self- judgment* (questions; 4, 7, 15, 20, 26, e.g. "When I see some aspects of myself that I don't like, I get down on myself.''), *common humanity* (questions; 1, 8, 12, 22, e.g. "I try to see my failings as a part of the human condition."), *isolation* (questions; 5, 11, 19, 25, e.g. "When I think I fail at something that is important to me, I tend to feel alone in my failure."), *mindfulness* (questions; 9, 14, 18, 23, e.g. "When something upsets me, I try to keep my emotions in balance"), and *over- identification* (questions; 3, 10, 16, 24, e.g. "When something painful happens, I tend to blow the incidence out of proportion."). High scores received from each subscale mean that characteristic defined by the subscale is highly observable. It is also possible to obtain a total score from this scale by reverse coding the negative subscales which are self- judgment, isolation, and over- identification. The total mean-score changes between 1 and 5. Scores ranging between 1- 2.5 correspond to low self- compassion while 3.5- 5 correspond to high self- compassion (Akın, Akın, and Abacı, 2007). In the original study; coefficients of internal consistency were .78 for self- kindness, .77 for self-judgment, .80 for common humanity, .79 for isolation, .75 for mindfulness, .81 for over- identification subscale and lastly .92 for the whole scale. Analysis confirmed the six- factor model for the Self- Compassion Scale (*NNFI* = .90; *CFI* = .91). Turkish study of validity and reliability of the Self- Compassion Scale was published by Akın, Akın, and Abacı (2007). The coefficient of internal consistency was found to be between .72 and .80 for the 26-item SCS (Akın, Akın, and Abacı, 2007). According to the results; number of questions, number of subscales revealed by the factor analysis

(*NFI* = .95; *CFI* = .97) and scoring were decided to remain the same as in the original study. To summarize, SCS is a reliable way of assessing the level of self -compassion of a person has for him/herself. In the present study, Cronbach alpha for the self-compassion was found to be .95.

2.3. Procedure

The present study was approved by the Ethics Committee of Izmir University of Economics Graduate School (Appendix A). Data collection was conducted using the above sampling methods after approval by the ethics committee. Potential participants were gently approached to introduce them to the study, and participants who agreed to participate in the study were asked to sign the informed consent form (Appendix B). Participants who signed the consent form were asked to complete the questionnaires. The researcher waited in an easily accessible position for potential questions from the participants while they completed the surveys, which took approximately 15 minutes. Online data was collected by sharing the research link on various social media platforms. Participants who clicked on the link were presented with the consent form, which emphasized that participation was voluntary and that they had the right to opt out at any time. Participants who agreed to participate by clicking the "I agree" button continued and answered the questions. In the same order as the paper-pencil method, participants were presented with the Demographic Information Form, UCLA BM-II, Objectified Body Consciousness Scale, Self- Compassion Scale, and the two questions (SAT and DesId) prepared by the researcher.

2.4. Statistical Analysis

Statistical Package for the Social Sciences Version 20 (SPSS) and PROCESS v3.5 by Andrew Hayes were used for statistical analysis. Data were numerically coded, entered into SPSS, and purged of participants with missing information. A total of 13 participants with missing data who did not meet the inclusion criteria (18-30 years old) were excluded. Normality tests were first performed on the variables. The values for skewness and kurtosis for each continuous variable ranged from -1.5 to 1.5, and these values, ranging from -1.5 to 1.5, were expected to be normally distributed (Tabachnick, Fidell, and Ullman, 2007). Before conducting the analysis, the means

and standard deviations of the main variables in the paper-pen method and the online data collection were compared using the t-test. Since there was no significant difference between the two data sets, it was decided that the data collected by two of these methods could be used. The Cronbach's alpha values were calculated and compared with the values from the original studies. In this regard, it was decided that the values from this study and from the original studies were similar. Correlation Analyses were performed to examine the relationship between the discrepancy scores obtained from the UCLA Body Matrices- II, overall body satisfaction, desire for the ideal body, objectified body consciousness, and self-compassion. Regression Analyses were conducted to determine the predictors of overall body satisfaction and body fat discrepancy in women and men. In addition, an independent t-test Analyses were performed to examine gender differences in the main measures. Moreover, self-compassion scores were grouped according to cut-off scores and divided into three categories as low (1- 2.5 points), medium (2.5- 3.5 points), and high (3.5- 5 points). Next, ANOVA analysis was used to identify differences between levels of self-compassion in relation to the main measures. Finally, moderation analyses were conducted to examine the role of self-compassion between body shame and the discrepancy scores (breast discrepancy, body fat discrepancy, and muscle discrepancy). Although there were multiple outcome variables, no MANOVA analysis was conducted. This is because the outcome variables were gender specific. In this context, the analysis was mostly performed with the split command and the file was divided into women and men.

CHAPTER 3: RESULTS

In this chapter, results of the analysis are presented. First, descriptive analysis including mean, standard deviation, minimum and maximum values of the study variables are given. Next, most frequent current and ideal body choices of women and men are presented with figures. Then, results of pearson correlation analysis are given to demonstrate the relationships between main variables of the study including overall body satisfaction (SAT), desire for the ideal (DesId), objectified body consciousness (OBC), self- compassion (SCS), women's body fat discrepancy (WFD), women's breast discrepancy (WBD), men's muscle discrepancy (MMD), and men's body fat discrepancy (MFD). After that, hierarchical regression analysis that presents the predictors of the body fat discrepancy and body satisfaction in women and men are presented. Results of the independent t-tests that demonstrates the differences between women/men and results of the one- way ANOVA demonstrating the differences of the main variables for different levels of self- compassion are given. Lastly, results of the moderation analysis are presented to demonstrate the moderating role of the self-compassion on the relationship between body shame and discrepancy scores of women and men including WFD, WBD, MFD, and MMD.

3.1. Descriptive Analysis

Mean, standard deviation, minimum, and maximum values of age, body satisfaction, desire for the ideal body, men's muscle discrepancy, men's body fat discrepancy, women's breast discrepancy, women's body fat discrepancy, BMI, self-compassion, and objectified body consciousness (body surveillance, body shame, and control beliefs) are presented in Table 3. In addition, Figure 1 indicates the most frequently picked current and ideal bodies for both, women and men.

Table 3. Mean, Standard Deviation, Minimum and Maximum Values of the Scales

Scales /Questions	*M*	*SD*	Min.	Max.
Age	23.45	2.65	18	30
SAT	6.49	2.14	0	10
DesId	7.60	2.23	0	10
MMD	20.90	11.90	0	50
MFD	5.82	6.09	0	20
WBD	7.10	7.81	0	30
WFD	11.16	8.37	0	40
BMI	22.42	3.72	15.05	38.87
SCS	3.09	0.75	1	4.76
OBCSU	22.75	6.85	6	40
OBCSH	21.99	8.99	8	54
OBCCO	39.90	7.38	20	56

Note. SAT: Body Satisfaction, DesId: Desiring the Ideal Body, MMD: Men's Current-Ideal Muscularity Discrepancy, MFD: Men's Current- Ideal Body Fat Discrepancy, WBD: Women's Current- Ideal Breast Discrepancy, WFD: Women's Current- Ideal Body Fat Discrepancy, BMI: Body Mass Index, SCS: Self- Compassion Scale, OBCSU: Objectified Body Consciousness – Body Surveillance Subscale, OBCSH: Objectified Body Consciousness – Body Shame Subscale, OBCCO: Objectified Body Consciousness – Control Beliefs Subscale.

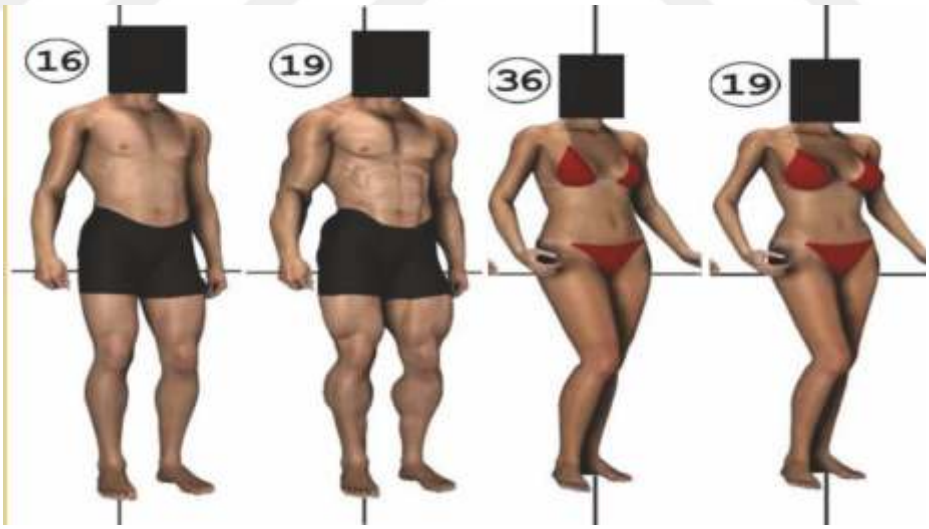

Figure 3. Current and Ideal Bodies for Both Genders. *Note.* 16 = most frequent current body of men, 19 = most frequent ideal body of men, 36 = most frequent current body of women, 19 = most frequent ideal body of women, respectively (Reference: This figure was created by the author).

3.2. Main Analysis

3.2.1. Correlations Between the Variables for Women and Men

Pearson correlation analysis was conducted to examine the relationships between the variables age, body satisfaction, desire for the ideal body, BMI, self- compassion, and objectified body consciousness (body surveillance, body shame, and control beliefs). Results are presented in the Table 4.

Table 4. Pearson Correlation Analysis Between Variables

	Age	SAT	DesId	BMI	SCS	OBCSU	OBCSH	OBCCO
Age	1							
SAT	.091	1						
DesId	.007	-.334**	1					
BMI	.074	-.384**	.238**	1				
SCS	.121	.306**	-.190**	.065	1			
OBCSU	-.057	-.273**	.198**	-.004	-.260**	1		
OBCSH	-.215**	-.459**	.332**	.085	-.441**	.430**	1	
OBCCO	.257**	.210**	.012	.075	.272**	.037	-.341**	1

** $p < 0.01$, * $p < 0.05$

Note. SAT: Body Satisfaction, DesId.: Desiring the Ideal Body, BMI: Body Mass Index, SCS: Self-Compassion Scale, OBCSU: Objectified Body Consciousness – Body Surveillance Subscale, OBCSH: Objectified Body Consciousness – Body Shame Subscale, OBCCO: Objectified Body Consciousness – Control Beliefs Subscale.

3.2.2. Correlation Analysis for Women

Select cases command was used to examine only the participants who define themselves as women in purpose of being able to include the gender-specific discrepancy scores (WBD, WFD). The relationships between variables for women are presented in the Table 5. There was a negative, moderate relationship between SAT and DesId, r = -.33, p = .000. As body satisfaction increased, desire for the ideal

decreased. However, overall body satisfaction was not significantly associated with breast discrepancy, r = -.08, p = .313. There was a large, negative relationship between SAT and WFD, r = -.52, p = .000. Higher body fat discrepancy in women was associated with lower body satisfaction. In addition, SAT was negatively associated with BMI, r = -.47, p = .000, showing that as BMI increased, body dissatisfaction decreased. SAT was also associated with SCS, r = .28, p = .000, showing that body satisfaction increased with higher levels of self- compassion. Furthermore, body satisfaction was significantly correlated with body surveillance and body shame (r = -.30, p = .000; r = -.45, p = .000). Lastly, there was a small, positive relationship between SAT and OBCCO, r = .24, p = .003. According to this finding, when control beliefs increased, body satisfaction also increased.

Women's breast discrepancy was not significantly correlated with self-compassion (*r* = -.00, *p* = .963), body surveillance (*r* = -.01, *p* = .941), body shame (*r* = -.14, *p* = .075), and control beliefs (r = -.09, p = .280). However, there was a moderate, positive relationship between body fat discrepancy and body shame, *r* = .34, *p* = .000, showing that higher level of body shame was associated with higher body fat discrepancy in women. Lastly, BMI was not significantly associated with body surveillance (r = .11, p = .174) while there was a small, positive relationship between BMI and body shame (*r* = .23, *p* = .004). This indicated that higher BMI was related to increased body shame. In addition, there was a small, negative relationship between SCS and OBCSU, *r* = -.27, *p* = .001. As women's self- compassion increased, body surveillance decreased. Moreover, self- compassion was negatively associated with body shame and positively associated with control beliefs (*r* = -.42, *p* = .000; *r* = .23, *p* = .004).

3.2.3. Correlation Analysis for Men

Select cases command was used again for examining the relationships between variables for men by also including gender-specific discrepancy scores (MMD, MFD). Results are presented in the Table 6. There was a moderate, negative relationship between SAT and DesId, *r* = -.35, *p* = .004. As desire for the ideal body increased, body satisfaction decreased. Overall body satisfaction was not significantly correlated with muscle discrepancy (*r* = -.10, *p* = .442) while overall body satisfaction was negatively correlated with body fat discrepancy (*r* = -.36, *p* = .002). Higher body fat

discrepancy in men was associated with lower body satisfaction. However, overall body satisfaction was not significantly associated with BMI (r = -.22, p = .076), body surveillance (r = -.22, p = .076), and control beliefs (r = .16, p = .201). There was a positive, moderate relationship between SAT and SCS, $r = .39$, $p = .001$, showing that higher self- compassion was associated with higher body satisfaction Lastly, there was a negative, moderate relationship between SAT and OBCSH, $r = -.49$, $p = .000$, indicating that, body satisfaction increased as the body shame decreased.

Table 5. Correlations Between Variables for Women

	Age	SAT	DesId	WBD	WFD	BMI	SCS	OBCSU	OBCSH	OBCCO
Age	1									
SAT	.122	1								
DesId	.007	-.330**	1							
WBD	-.111	-.081	-.159*	1						
WFD	.016	-.515**	.203*	-.067	1					
BMI	.042	-.467**	.312**	-.098	.460**	1				
SCS	.140	.284**	-.172*	-.004	-.180*	-.078	1			
OBCSU	-.059	-.297**	.234**	-.006	.063	.110	-.268**	1		
OBCSH	-.254**	-.453**	.337**	-.144	.344**	.231**	-.420**	.406**	1	
OBCCO	.288**	.237**	-.016	-.087	-.127	-.050	.231**	.042	-.337**	1

** p < 0.01, * p < 0.05

Note. SAT: Body Satisfaction, DesId.: Desiring the Ideal Body, WBD: Women's Breast Discrepancy, WFD: Women's Body Fat Discrepancy, BMI: Body Mass Index, SCS: Self- Compassion Scale, OBCSU: Objectified Body Consciousness – Body Surveillance Subscale, OBCSH: Objectified Body Consciousness – Body Shame Subscale, OBCCO: Objectified Body Consciousness – Control Beliefs Subscale.

Men's muscle discrepancy was not significantly associated with body fat discrepancy ($r = -.14$, $p = .272$), BMI ($r = .18$, $p = .154$), self- compassion ($r = -.03$, $p = .807$), body surveillance ($r = -.01$, $p = .963$), body shame ($r = .00$, $p = .989$), and control beliefs ($r = .01$, $p = .943$). In addition, body fat discrepancy of men was not significantly associated with self-compassion (r = .19, p = .129), body surveillance (r = -.01, p = .959), body shame (r = .08, p = .506), and control beliefs (r = .01, p = .927). However, there was a significantly positive and moderate relationship between MFD and BMI,

r = .42, p = .000, indicating that higher discrepancy between men's current and ideal body fat was associated with higher BMI. However, BMI was not significantly correlated body shame (r = -.20, p = .103). There was a small, negative relationship between BMI and body surveillance, r = -.24, p = .049, indicating that, BMI decreased as body surveillance increased. Self-compassion was not significantly correlated with body surveillance, r = -.24, p = .052. However, there was a negative, moderate relationship between SCS and OBCSH, r = -.49, p = .000, indicating that, higher body shame was associated with lower self- compassion. Furthermore, there was a moderate, positive relationship between SCS and OBCCO, r = .35, p = .003, showing that, control beliefs increased when self- compassion scores also increased.

Table 6. Correlations Between Variables for Men

	Age	SAT	DesId	MMD	MFD	BMI	SCS	OBCSU	OBCSH	OBCCO
Age	1									
SAT	.012	1								
DesId	.015	-.345**	1							
MMD	-.049	-.096	.134	1						
MFD	-.096	-.364**	.095	-.136	1					
BMI	.207	-.218	.057	.176	.422**	1				
SCS	.102	.391**	-.274*	-.030	.187	.234	1			
OBCSU	-.058	-.218	.086	-.006	-.006	-.242*	-.239	1		
OBCSH	-.129	-.488**	.328**	.002	.083	-.201	-.493**	.497**	1	
OBCCO	.199	.158	.087	.009	.011	.300*	.353**	.032	-.348**	1

** p < 0.01, * p < 0.05

Note. SAT: Body Satisfaction, DesId.: Desiring the Ideal Body, MMD: Men's Muscle Discrepancy, MFD: Men's Body Fat Discrepancy, BMI: Body Mass Index, SCS: Self- Compassion Scale, OBCSU: Objectified Body Consciousness – Body Surveillance Subscale, OBCSH: Objectified Body Consciousness – Body Shame Subscale, OBCCO: Objectified Body Consciousness – Control Beliefs Subscale.

3.2.4. Examining the Predictors of Women's Body Fat Discrepancy

A hierarchical regression analysis was carried out to examine whether BMI, body surveillance, body shame, and self-compassion would predict women's body fat discrepancy. Results are presented in the Table 7. In the first step of this hierarchical

regression, BMI was included as the first predictor based on the past research. Results showed that BMI (B = 1.132, p = .000) significantly predicted the women's body fat discrepancy explaining %21.2 of the variance by being a significant predictor of women's body fat discrepancy, F (1, 153) = 41.07, p = .000. In the second step; body surveillance, body shame, and self-compassion was included in addition to BMI. Results indicated that BMI and body shame significantly contributed to the model (B = .997, p = .000; B = .239, p = .002), while surveillance and self-compassion did not (B = -.126, p = .163; B = -.730, p = .399). This second model was a significant predictor of women's body fat discrepancy explaining %28.3 of the variance increasing the explained variance by adding %7.1, F (4, 150) = 14.78, p = .000. Standardized Beta values revealed that BMI (β = .405) was the most significant predictor of the women's body fat discrepancy.

Table 7. Regression Analysis Predicting Women's Body Fat Discrepancy

	B	**SE B**	**ß**	**p**
Step 1				
Constant	-13.254	3.857		.001**
BMI	1.132	.177	.460	.000**
Step 2				
Constant	-10.555	5.210		.045*
BMI	.997	.175	.405	.000**
OBCSU	-.126	.090	-.107	.163
OBCSHA	.239	.074	.266	.002**
SCS	-.730	.863	-.065	.399

** p < 0.01, * p < 0.05

Note. BMI: Body Mass Index, OBCSU: Objectified Body Consciousness – Body Surveillance Subscale, OBCSH: Objectified Body Consciousness – Body Shame Subscale, SCS: Self- Compassion Scale.

3.2.5. Examining the Predictors of Men's Body Fat Discrepancy

A hierarchical regression analysis was carried out to examine whether BMI, body surveillance, body shame, and self-compassion would predict the men's body fat discrepancy. BMI included as the first predictor based on the literature while body surveillance, body shame, and self- compassion included into the second step of the model. Results are presented in the Table 8. In the first step of this hierarchical regression, results showed that BMI (B = .689, p = .000) was a significant predictor of

body fat discrepancy explaining %17.8 of the variance, F (1, 65) = 14.05, p = .000. Second model was also a significant predictor of men's body fat discrepancy explaining %24.5 of the variance -increasing the explained variance by adding %6.7 - , F (4, 62) = 5.02, p = .001. In the second model; BMI (B = .699, p = .000) significantly contributed to the model while body surveillance, body shame, and self-compassion did not contribute to the model significantly (B = .015, p = .904; B = .199, p = .060; B = 1.795, p = .085). Standardized Beta values revealed that BMI (β = .427) was the most significant predictor of the men's body fat discrepancy.

Table 8. Regression Analysis Predicting Men's Body Fat Discrepancy

	B	**SE B**	**ß**	**p**
Step 1				
Constant	-10.984	4.535		.018*
BMI	.689	.184	.422	.000**
Step 2				
Constant	-21.629	6.742		.002**
BMI	.699	.189	.427	.000**
OBCSU	.015	.123	.016	.904
OBCSH	.199	.104	.277	.060
SCS	1.795	1.025	.225	.085

** p < 0.01, * p < 0.05

Note. BMI: Body Mass Index, OBCSU: Objectified Body Consciousness – Body Surveillance Subscale, OBCSH: Objectified Body Consciousness – Body Shame Subscale, SCS: Self- Compassion Scale.

3.2.6. Examining the Predictors of the Body Satisfaction in Women

A hierarchical regression analysis was carried out to examine whether body fat discrepancy, BMI, and breast discrepancy would predict the overall body satisfaction of women. Results are presented in the Table 9. In the first step of this hierarchical regression, body fat discrepancy and BMI included into the model based on the past research. This first model was a significant predictor of the women's body satisfaction explaining %33.2 of the variance, F (2, 152) = 37.80, p = .000. BMI and body fat discrepancy significantly contributed to the model (B = -.185, p = .000; B = -.98, p = .000). In the second model, breast discrepancy also included into the model. Results revealed that this model is a significant predictor of women's body satisfaction

explaining %35.1 of the variance -increasing the explained variance by adding %1.9, F (3, 151) = 27.20, p = .000. BMI, body fat discrepancy and breast discrepancy significantly contributed to the model (B = -.192, p = .000; B = -.099, p = .000; B = -.038, p = .039). As Standardized Beta values revealed, body fat discrepancy (β = -.385) was the most significant predictor of women's body satisfaction.

Table 9. Regression Analysis Predicting Women's Body Satisfaction

	B	***SE B***	***ß***	***p***
Step 1				
Constant	11.661	.953		.000**
BMI	-.185	.047	-.291	.000**
WFD	-.098	.019	-.381	.000**
Step 2				
Constant	12.100	.966		.000**
BMI	-.192	.047	-.303	.000**
WFD	-.099	.019	-.385	.000**
WBD	-.038	.018	-.137	.039*

** p < 0.01, * p < 0.05

Note. BMI: Body Mass Index, WFD: Women's Body Fat Discrepancy, WBD: Women's Breast Discrepancy.

3.2.7. Examining the Predictors of the Body Satisfaction in Men

To examine whether men's body fat discrepancy, BMI, muscle discrepancy could predict the overall body satisfaction of men, a hierarchical regression analysis was carried out. Results are presented in the Table 10. Based on the past research, body fat discrepancy and BMI included into the first step of the model while muscle discrepancy was added into the second step. This first model was a significant predictor of the men's body satisfaction explaining %13.7 of the variance, F (2, 64) = 20.07, p = .009. Body fat discrepancy significantly contributed to the model while BMI did not (B = -.115, p = .012; B = -.045, p = .539). The second model was a significant predictor of men's body satisfaction as well, explaining %15.5 of the variance increasing the explained variance by adding %1.8, F (3, 63) = 15.09, p = .014. Body fat discrepancy significantly contributed to the model while BMI and muscle discrepancy did not (B = -.127, p = .007; B = -.023, p = .764; B = -.024, p = .257).

Men's body fat discrepancy (β = -.366) was the most significant predictor of the men's body satisfaction according to the Standardized Beta values.

Table 10. Regression Analysis Predicting Men's Body Satisfaction

	B	*SE B*	*ß*	*p*
Step 1				
Constant	8.059	1.694		.000**
MFD	-.115	.044	-.330	.012*
BMI	-.045	.073	-.079	.539
Step 2				
Constant	8.098	1.691		.000**
MFD	-.127	.046	-.366	.007**
BMI	-.023	.075	-.040	.764
MMD	-.024	.021	-.138	.257

** p < 0.01, * p < 0.05

Note. MFD: Men's Body Fat Discrepancy BMI: Body Mass Index, MMD: Men's Muscularity Discrepancy.

3.2.8. Gender Differences for Main Variables

An independent t-test Analysis was conducted to investigate the differences in the levels of overall body satisfaction, desire for the ideal, self-compassion, body surveillance, body shame, and control beliefs between women and men. Results are presented in the Table 11. There were no significant differences between women and men for body satisfaction, t (220) = .880, p = .380; for desire for ideal, t (157.753) = -.565, p = .573; for self-compassion, t (220) = -1.890, p = 0.60; for body surveillance, t (220) = .386, p = .700; for body shame, t (220) = .553, p =.581; and for control beliefs, t (220) = -.764, p = .445.

Table 11. Independent T-Test Analysis for Gender Differences on Main Variables

	Group	*N*	*M*	*SD*	*t*	*df*	*p*
SAT	Women	155	6.57	2.159	.880	220	.380
	Men	67	6.30	2.103			
DesId	Women	155	7.55	2.375	-.565	157.753	.573
	Men	67	7.72	1.865			

Table 11. Independent T-Test Analysis for Gender Differences on Main Variables (continued)

SCS	Women	155	3.02	0.745	-1.890	220	.060
	Men	67	3.23	0.761			
OBCSU	Women	155	22.86	7.062	.386	220	.700
	Men	67	22.48	6.359			
OBCSH	Women	155	22.21	9.303	.553	220	.581
	Men	67	21.48	8.274			
OBCCO	Women	155	39.65	7.390	-.764	220	.445
	Men	67	40.48	7.388			

** p < 0.01, * p < 0.05

Note. SAT: Body Satisfaction, DesId; Desiring the Ideal Body, SCS: Self- Compassion Scale, OBCSU: Objectified Body Consciousness – Body Surveillance Subscale, OBCSH: Objectified Body Consciousness – Body Shame Subscale, OBCCO: Objectified Body Consciousness – Control Beliefs Subscale.

3.2.9. *Differences in Body- Related Variables Based on Self- Compassion Levels in Women*

A one-way independent ANOVA analysis was conducted to investigate the differences in the body- related variables including breast discrepancy, body fat discrepancy, body satisfaction, desire for ideal, body surveillance, body shame, and control beliefs in low, medium, and high levels of self-compassion levels on in women. Results are presented in the Table 14. There was no difference in breast dissatisfaction scores of women at different levels of self-compassion, F (2, 152) = .741, p = .478. However, there was a significant difference in the level of body fat discrepancy as self- compassion levels also differed, F (2, 152) = 4.26, p = .016. There was also a significant linear trend, F (1, 152) = 7.00, p = .009. When self- compassion increased, body fat discrepancy decreased proportionately. Planned contrasts indicated that the effect of having medium or high self- compassion on body fat discrepancy did not significantly differ from having low self- compassion, t (152) = -1.89, p = .061. However, the levels of body fat discrepancy significantly differentiated between having medium or high compassion for the self, t (152) = -2.45, p = .015. In addition, overall body satisfaction

significantly differed in levels of self-compassion, F (2, 152) = 6.72, p = .002, showing a significant linear trend, F (1, 152) = 12.83, p = .000. When self- compassion increased, body satisfaction increased proportionately. Planned contrasts indicated that the effect of having medium or high self- compassion on body satisfaction significantly differed from having low self- compassion, t (152) = 2.93, p = .004. In addition, body satisfaction significantly differed among having medium or high compassion for the self, t (152) = -2.57, p = .011. Assumption of homogeneity of variances was not met, therefore Welch's correction was used for examining desire for the ideal in different levels of self- compassion. Desire for the ideal body figure significantly differentiated between levels of self- compassion, Welch's F (2, 92.982) = 8.169, p = .001. Planned contrasts indicated that the having medium or high self- compassion on desire for the ideal significantly differed from having low self- compassion, t (106.417) = -4.04, p = .000. However, desire for the ideal body did not significantly differ between having medium or high self- compassion, t (93.993) =.282, p = .779.

There was a significant difference in body surveillance across levels of self-compassion, F (2, 152) = 6.69, p = .002. There was also a significant linear trend, F (1, 152) = 11.16, p = .001. When self- compassion increased, body surveillance decreased proportionately. Planned contrasts indicated that having medium or high self- compassion on body surveillance significantly differed from having low self-compassion, t (152) = -2.41, p = .017. In addition, the levels of body surveillance significantly differed between having medium or high compassion for the self, t (152) = -3.04, p = .003. Assumption of homogeneity of variances was not met, therefore Welch's correction was used for examining the differences in body shame between levels of self- compassion. Body shame differed significantly as the levels of self-compassion changed, Welch's F (2, 80.236) = 19.13, p = .000. Planned contrasts indicated that the effect of having medium or high self- compassion on body shame significantly differed from having low self- compassion, t (45.288) = -4.54, p = .000. In addition, body shame significantly differed between having medium or high compassion for the self, t (112.808) = -4.11, p = .000. Control beliefs significantly differentiated between levels of self- compassion as well, F (2, 152) = 4.85, p = .009. There was also a significant linear trend, F (1, 152) = 7.78, p = .006. Control beliefs increased with self- compassion, proportionately. Planned contrasts indicated that having medium or high self- compassion on control beliefs significantly differed from

having low self- compassion, t (152) = -3.11, p = .002. However, the level of control beliefs did not significantly differ between having medium or high compassion for the self, t (152) = .313, p = .754.

Table 12. ANOVA Analysis for Examining Body- Related Variables in Terms of Levels of Self-Compassion for Women

	Self-Compassion	*N*	*M*	*SD*	Sum of Square	df	Mean of Squares	*F*	*p*
WBD	Low	36	6.11	5.99	90.690	2	45.345	.741	.478
	Medium	75	7.87	7.59					
	High	44	6.59	9.39					
WFD	Low	36	13.06	8.89	572.533	2	286.267	4.26	.016*
	Medium	75	12.00	8.38					
	High	44	8.18	7.24					
SAT	Low	36	5.78	2.44	58.285	2	29.143	6.72	.002**
	Medium	75	6.44	1.89					
	High	44	7.45	2.09					
DesId	Low	36	8.56	1.36	48.065	2	24.033	8.17	.001**
	Medium	75	7.29	2.59					
	High	44	7.16	2.46					
OBCSU	Low	36	24.89	7.69	621.325	2	310.663	6.690	.002**
	Medium	75	23.71	7.01					
	High	44	19.77	5.61					
OBCSH	Low	36	28.25	10.62	2541.848	2	1270.924	19.126	.000**
	Medium	75	22.40	8.46					
	High	44	16.93	5.99					
OBCCO	Low	36	36.39	7.17	504.275	2	252.138	4.85	.009*
	Medium	75	40.48	6.83					
	High	44	40.91	7.87					

** $p < 0.01$, * $p < 0.05$

Note. SAT: Body satisfaction, WBD: Women's Actual- Ideal Breast Discrepancy, WFD: Women's Actual- Ideal Body Fat Discrepancy, DesId; Desiring the Ideal Body, OBCSU: Objectified Body Consciousness – Body Surveillance Subscale, OBCSH: Objectified Body Consciousness – Body Shame Subscale, OBCCO: Objectified Body Consciousness – Control Beliefs Subscale.

3.2.10. Differences in Body- Related Variables Based on Self- Compassion Levels in Men

A one-way independent ANOVA was conducted to examine the differences in body-related variables including muscle discrepancy, men's body fat discrepancy, overall body satisfaction, desire for the ideal body, body surveillance, body shame, and control beliefs between different levels of self- compassion for men. As presented in the Table 13; results revealed MMD, F (2, 64) = 1.51, p = .230; MFD, F (2, 64) = 1.56, p = 218; OBCSU, F (2, 64) = 2.11, p = .130 and OBCCO, F (2, 64) = 2.57, p = .085 did not significantly differ between low, medium, and high levels of self- compassion. However, overall body satisfaction significantly differentiated between levels of self-compassion, F (2, 64) = 5.67, p = .005. There was also a significant linear trend, F (1, 64) = 11.30, p = .001. When self- compassion increased, levels of body satisfaction increased proportionately. Planned contrasts indicated that having medium or high self- compassion was significantly associated with increased body satisfaction when compared to having low self- compassion, t (64) = 3.14, p = .003. However, the levels of body satisfaction did not significantly differ between having medium or high self-compassion, t (64) = 1.36, p = .179. In addition, desire for the ideal body was different in low, medium, and high levels of self-compassion, F (2, 64) = 3.47, p = .037. There was also a significant linear trend, F (1, 64) = 6.80, p = .011. Levels of overall body satisfaction decreased with self- compassion proportionately. It was indicated by the planned contrasts that having medium or high self- compassion was significantly associated with lower desire for the ideal body when compared to having low self-compassion, t (64) = -2.53, p = .014. However, the levels of desire for the ideal did not significantly differ between having medium or high compassion for the self, t (64) = -.831, p = .409. Lastly, body shame differed in different levels of self- compassion, F (2, 64) = 6.42, p = .003. A significant linear trend has been indicated, F (1, 64) = 12.80, p = .001. When self- compassion increased, levels of body shame decreased proportionately. Planned contrasts indicated that having medium or high self-compassion was significantly associated with lower body shame when compared to having low self- compassion, t (64) = -3.18, p = .002. However, the levels body shame did not significantly differ between having medium or high compassion for the self, t (64) = -1.78, p = .079.

Table 13. ANOVA Analysis for Examining Body- Related Variables in Terms of Levels of Self-Compassion for Men

	Self-Compassion	*N*	*M*	*SD*	Sum of Square	df	Mean of Squares	*F*	*p*
MMD	Low	14	25.71	10.16	420.08	2	210.04	1.51	.230
	Medium	29	20.00	11.65					
	High	24	19.17	12.83					
MFD	Low	14	4.29	7.56	112.86	2	56.43	1.56	.218
	Medium	29	5.17	5.75					
	High	24	7.50	5.32					
SAT	Low	14	4.86	2.35	43.93	2	21.97	5.67	.005**
	Medium	29	6.34	1.80					
	High	24	7.08	1.93					
DesId	Low	14	8.79	1.12	22.47	2	11.23	3.47	.037*
	Medium	29	7.62	1.95					
	High	24	7.21	1.91					
OBCSU	Low	14	25.50	5.23	164.69	2	82.35	2.11	.130
	Medium	29	21.90	7.07					
	High	24	21.42	5.70					
OBCSH	Low	14	27.14	9.37	754.96	2	377.42	6.42	.003**
	Medium	29	21.69	6.92					
	High	24	17.92	7.47					
OBCCO	Low	14	36.86	9.24	267.46	2	133.73	2.57	.085
	Medium	29	40.69	5.57					
	High	24	42.33	7.68					

** $p < 0.01$, * $p < 0.05$

Note. SAT: Body Satisfaction MMD: Men's Actual- Ideal Muscle Discrepancy, MFD: Men's Actual-Ideal Body Fat Discrepancy, DesId; Desiring the Ideal Body, OBCSU: Objectified Body Consciousness – Body Surveillance Subscale, OBCSH: Objectified Body Consciousness – Body Shame Subscale, OBCCO: Objectified Body Consciousness – Control Beliefs Subscale.

3.2.11. Moderating Role of Self- Compassion in the Relationship Between Body Shame and Women's Body Fat Discrepancy

A moderation analysis was performed to examine the moderating role of self-compassion in the in the relationship between body shame and women's body fat discrepancy. As presented in the Table 19; results revealed that body shame significantly predicted body fat discrepancy, b = .29, 95% Cl [.13, .45], t = 3.53, p = .00. However, self-compassion did not predict body fat discrepancy of women, b = -.50, 95% Cl [-2.42, 1.41], t = -.52, p = .60. The moderating effect of self- compassion was also not significant, b = -.01, 95% Cl [-.19, .17], t = -.12, p = .90. Self- compassion did not moderate the relationship between body shame and body fat discrepancy of women.

Table 14. Moderation Effect of Self- Compassion on Body Shame and Women's Body Fat Discrepancy

	b	*SE B*	*t*	*p*
Constant	11.13 [9.77, 12.49]	.69	16.17	.00
OBCSH	.29 [.13, .45]	.08	3.53	.00**
SCS	-.50 [-2.42, 1.41]	.97	-.52	.60
OBCSHxSCS	-.01 [-.19, .17]	.09	-.12	.90

Note. OBCSH: Objectified Body Consciousness- Body Shame Subscale, SCS: Self-Compassion Scale, OBCSH x SCS: Interaction Effect of Body Shame and Self- Compassion, R^2 = .12

3.2.12. Moderating Role of Self- Compassion in the Relationship Between Body Shame and Women's Breast Discrepancy

To examine whether self- compassion moderates the relationship between body shame and breast discrepancy of women, a moderation analysis was conducted. As presented in the Table 20; results revealed that body shame significantly predicted the breast discrepancy, b = -.16, 95% Cl [-.32, -.01], t = -2.04, p = .04. Self-compassion did not predict the breast discrepancy, b = -.92, 95% Cl [-2.80, .95], t = -.97, p = .33. The moderating effect of self-compassion was also not significant, b = -.05, 95% Cl [-.22, .13], t = -.52, p = .60. To conclude, self- compassion did not moderate the relationship between body shame and breast discrepancy in women.

Table 15. *Moderation Effect of Self- Compassion on Body Shame and Women's Breast Discrepancy*

	b	*SE B*	*t*	*p*
Constant	6.96 [5.63, 8.30]	.68	10.31	.00
OBCSH	-.16 [-.32, -.01]	.08	-2.04	.04
SCS	-.92 [-2.80, .95]	.95	-.97	.33
OBCSH xSCS	-.05 [-.22, .13]	.09	-.52	.60

Note. OBCSH: Objectified Body Consciousness- Body Shame Subscale, SCS: Self-Compassion Scale, OBCSH x SCS: Interaction Effect of Body Shame and Self- Compassion, R^2 = .00

3.2.13. Moderating Role of Self- Compassion in the Relationship Between Body Shame and Men's Body Fat Discrepancy

A moderation analysis was performed with PROCESS v3.5 tool to examine the moderating role of self- compassion in the relationship between body shame and men's body fat discrepancy. According to the results presented in the Table 15, body shame did not significantly predict the men's body fat discrepancy, b = .15 95% Cl [-.06, .36], t = 1.41, p = .16. Self-compassion also did not predict the body fat discrepancy of men, b = 2.20, 95% Cl [-.08, 4.48], t = 1.93, p = .06. Moreover, the moderating effect of self- compassion was not significant, b = -.08, 95% Cl [-.31, .15], t = -.70, p = .48. Self- compassion did not moderate the relationship between body shame and body fat discrepancy in men.

Table 16. Moderation Effect of Self- Compassion on Body Shame and Men's Body Fat Discrepancy

	b	*SE B*	*t*	*p*
Constant	5.57 [3.96, 7.19]	.81	6.91	.00
OBCSH	.15 [-.06, .36]	.11	1.41	.16
SCS	2.20 [-.08, 4.48]	1.14	1.93	.06
OBCSHxSCS	-.08 [-.31, .15]	.11	-.70	.48

Note. OBCSH: Objectified Body Consciousness- Body Shame Subscale, SCS: Self-Compassion Scale, OBCSH x SCS: Interaction Effect of Body Shame and Self- Compassion, R^2 = .08

3.2.14. Moderating Role of Self- Compassion in the Relationship Between Body Shame and Men's Muscle Discrepancy

Moderation analysis was conducted to examine the moderating role of self-compassion in the relationship between body shame and men's muscle discrepancy. As presented in the Table 16; results revealed that body shame did not significantly predict the muscle discrepancy of men, b = -.17, 95% Cl [-.58, .24], t = -.84, p = .40. Self-compassion did not predict the muscle discrepancy as well, b = -2.06, 95% Cl [-6.49, 2.37], t = -.93, p = .36. The moderating effect of self-compassion was significant, b = -.59, 95% Cl [-1.03, -.14], t = -2.63, p = .01, indicating that, self- compassion moderated the relationship between body shame and muscle discrepancy in men. There was a non- significant relationship between body shame and men's muscle discrepancy when self- compassion is low, b = .27, 95% Cl [-.18, .73], t = 1.20, p = .23. In addition, there was a non- significant relationship between body shame and men's muscle discrepancy when self- compassion is moderate, b = -.17, 95% Cl [-.58, .24], t = -.84, p = .40. Lastly, there was a significant negative relationship between body shame and men's muscle discrepancy when self- compassion is high, b = -.62, 95% Cl [-1.22, -.02], t = -2.07, p = .04.

Table 17. Moderation Effect of Self- Compassion on Body Shame and Men's Muscle Discrepancy

	b	*SE B*	*t*	*p*
Constant	19.10 [15.97, 22.23]	1.57	12.19	.00
OBCSH	-.17 [-.58, .24]	.21	-.84	.40
SCS	-2.06 [-6.49, 2.37]	2.22	-.93	.36
OBCSHxSCS	-.59 [-1.03, -.14]	.22	-2.63	.01*

Note. OBCSH: Objectified Body Consciousness- Body Shame Subscale, SCS: Self-Compassion Scale, OBCSH x SCS: Interaction Effect of Body Shame and Self- Compassion, R^2 = .10

CHAPTER 4: DISCUSSION

The purpose of the present study was to examine the role of self-compassion in the relationship between objectified body consciousness and body dissatisfaction. This study examined women's and men's body preferences, differences between women and men on key measures, predictors of body dissatisfaction, and the moderator role of self-compassion. In this section, findings are discussed in relation to the research questions in light of the literature. After discussing these findings, limitations of the present study and future directions will be provided.

4.1. The Most Frequently Chosen Current and Ideal Bodies

The women and men in this study were asked to choose the best figure representing their current body and their ideal body on a figure rating scale. It has been expected that current bodies of women and men would differ from their ideal bodies they have selected. The results showed that most women have chosen an average body in terms of body fat and breast size as their current body. However, the figure most often chosen as the ideal body was a slimmer figure with larger breasts. This finding is consistent with previous research showing that most women prefer lower body fat and larger breasts (Ålgars et al., 2009; Neighbors, and Sobal, 2007; Frederick, Forbes, and Anna, 2008; Fredrickson, and Roberts, 1997). Frederick, and Peplau's (2008) study showed that 70% of women were dissatisfied with their breasts, with younger women more likely to be dissatisfied with their size than their shape. In addition, research indicated that women prefer a lower BMI than their current body (Pingitore, Spring, and Garfieldt, 1997; Fallon, and Rozin, 1985; Silberstein et al., 1998).

Regarding the results of men, most men chose a figure with low body fat and low muscularity as their current body. The most frequently selected ideal figure of men did not differ in terms of body fat. However, men's ideal figure differed in terms of muscularity; men preferred a more muscular body. These results are consistent with the literature as well. Previous research emphasized the complex relationship between BMI and body satisfaction in men and indicated that low BMI may not be the only predictor of body satisfaction (Neighbors, and Sobal, 2007; Halliwell, Dittmar, and

Orsborn, 2007). A high BMI may even be desirable if it is due to muscularity (Neighbors, and Sobal, 2007; Halliwell, Dittmar, and Orsborn, 2007). Men with low BMI also have been found to be dissatisfied with their bodies (Pingitore, Spring, and Garfieldt, 1997). Muscularity, on the other hand, was desirable as an indicator of success and attractiveness (Frederick et al., 2007). In summary, most women preferred larger breasts with a leaner body while men preferred more muscular bodies, consistent with the results of Yıldız's study (2019) in which the same body matrices were used to assess discrepancy scores. Women and men selected ideal body figures that are portrayed in society as signs of success, dedication, attractiveness, and happiness (Bordo, 1993; Sejčová, 2008; Cash 2012).

4.2. Correlations Between the Main Measures for Women and Men

In the present study, a correlation analysis was conducted to examine whether overall body satisfaction, desire for the ideal body, body fat discrepancy scores, breast discrepancy, muscle discrepancy, BMI, self- compassion, body surveillance, body shame, and control beliefs are correlated in women and men. Results of the present study indicated that overall body satisfaction of women and men increased when their desire for the ideal body decreased. In addition, discrepancy between women's and men's current body fat and their ideal body fat decreased when overall body satisfaction increased. However, the discrepancy between women's current breast size and ideal breast size was not significantly associated with overall body satisfaction. In addition, men's muscle discrepancy was not associated with overall body satisfaction. These results are highly consistent with those of the study by Fredrick, and Peplau (2007), which was conducted with 255 women and 102 men with a mean age of 18.94 years. The body fat discrepancy score in women was negatively correlated with overall body satisfaction, while the breast size discrepancy score was negatively associated with specifically breast satisfaction (Fredrick, and Peplau, 2007). In addition, muscle discrepancy scores were positively related to muscle dissatisfaction but not with overall body satisfaction in men. The reason why breast discrepancy and muscle discrepancy were not correlated with overall body satisfaction may be because the people do not perceive their bodies as unappealing despite the discrepancy. It is possible that they do not generalize their breast and muscle dissatisfaction to overall body dissatisfaction. Different than the results of the present study, Fredrick, and

Peplau (2007) indicated that body fat discrepancy was not significantly related to overall body satisfaction in men. However, it has been emphasized in the literature that men are also born into a society where fit and muscular bodies are desirable (Pingitore, Spring, and Garfieldt, 1997; Halliwell, and Harvey, 2006; McCabe, and Ricciardelli, 2003b; Silberstein et al., 1998). In this regard, it is reasonable to expect that men may also experience body dissatisfaction related to the discrepancy between their current and desired body fat discrepancy. In summary, it was indicated that body satisfaction was correlated with body fat discrepancy in women and men. However, overall body satisfaction was not correlated with breast and muscle discrepancy. The present study highlighted the importance of discrepancy between current and ideal body fat for overall body satisfaction in women and men. Results also indicated that overall body satisfaction was correlated with BMI in women but not in men. Literature indicated that higher BMI is associated with lower body satisfaction in women (Ålgars et al., 2009; Van den Berg et al., 2007). On the other hand, men's relationship with BMI has been shown to be more complicated as mentioned before. In summary, the lack of association between BMI and body satisfaction in men may be due to this complex relationship. Careful consideration should be given to whether a high BMI signifies unhealthy body fat or the desired amount of muscle. Women's relationship with BMI seems to be clearer highlighting the critical role of BMI for women's overall body satisfaction.

Based on the literature, it was reasonable to expect that overall body satisfaction would be associated with self-compassion in both women and men. Results of the present study confirmed this expectation. In addition, these findings were consistent with the previous studies that indicated a positive relationship between body satisfaction and self-compassion (Mosewich et al., 2011; Kelly, Vimalakanthan, and Miller, 2014; Wasylkiw, McKinnon, and MacLellan, 2012; Koç, and Owen, 2021; Ferreira, Pinto-Gouveria, and Duarte, 2013; Pinto- Gouveria, Ferreira, and Duarte, 2014). Similar to the present study, Koç, and Owen (2021) conducted a study with 443 college age women whose age was ranging between 19 and 30. Results indicated that women with high levels of self-compassion experience higher body satisfaction (Koç, and Owen, 2021). Even though most of the research included only women as participants, it is likely that men who are known to be dissatisfied with their bodies across the lifespan may benefit from high levels of self-compassion (McCabe, and Ricciardelli, 2003a).

Non-judgmental acceptance of the body and not feeling isolated because of appearance flaws can promote body satisfaction, and body satisfaction can promote compassionate attitudes toward one's self regardless of gender.

According to the results, it was also indicated that overall body satisfaction was correlated with some of the sub-dimensions of objectified body consciousness in women and men. In women, there was a negative correlation between body satisfaction and two sub-dimensions of objectified body consciousness: Body surveillance and body shame. In the literature, body surveillance was found to be associated with a desire for weight change, whereas body shame was associated with a desire for weight change and cosmetic procedures (Henderson-King, and Henderson-King, 2005; Forbes, Jobe, and Revok, 2006). In addition, the objectifying context and objectified body consciousness have been associated with body dissatisfaction, appearance anxiety, disordered eating behaviors, internalization of ideal figures, and restricted eating (Moradi, and Huang, 2008; Kozee et al., 2007; Calogero, 2004; Knauss, Paxton, and Alsaker, 2008; Calogero, Davis, and Thompson, 2005; Overstreet, Quinn, and Marsh, 2015). Given these findings, it makes sense that constant monitoring of the body and feeling ashamed of the body are negatively related to positive attitudes toward the body. One outstanding finding was the positive relationship between control beliefs and body satisfaction. There were mixed assumptions in the literature regarding control beliefs. Because the belief that one can control appearance can create a sense of incompetence or promote dysfunctional body modification efforts, it is sometimes conceptualized as a negative subdimension of objectified body consciousness (McKinley, and Hyde, 1996; McKinley, 1995). However, it also creates a sense of agency and instills hope by promoting setting aside of the body's biological limitations (McKinley, and Hyde, 1996; McKinley, 1995). Consistent with the latter explanation, control beliefs were positively related to body satisfaction in the present study. Young women who are under the spotlight of the objectifying culture may use control beliefs as a defense mechanism in a way that it creates a sense of agency in the face of hard- to- reach beauty ideals. In summary, all three dimensions of objectified body consciousness were related with women’s overall body satisfaction. For men, not all of the sub- dimensions of objectified body consciousness were correlated with their overall body satisfaction. Body surveillance and control beliefs were not associated with men's body satisfaction. Although men are exposed to muscular ideals,

objectification theory was originally developed based on women's experiences (McKinley, 2006; Fredrick, and Peplau, 2007). Body monitoring was conceived as a defense mechanism for women to monitor their deficiencies, which are stigmatized as failures in society. For men, recognizing flaws in their appearance may not be as important as it is for women. There are other areas of life in which men are expected to fulfill their self-worth. Control beliefs, on the other hand, may be more important for women who need a sense of control over their appearance, which is considered crucial for their self-esteem. Only body shame was significantly negatively related to body satisfaction in men. This finding may point to the importance of an internalized ideal body figure and constant comparison to that figure, which can lead to body dissatisfaction regardless of gender. Previous research has highlighted that although women's body experience has mostly been studied in light of objectification theory, men may also have been under the influence of this objectification through the media and their experience has been associated with inappropriate training, body dissatisfaction, disordered eating behaviors, steroid use, etc. (Rohlinger, 2002; Bordo, 1999; Hallsworth, Wade, and Tiggemann, 2005; Aubrey, 2006a; Wiseman, and Moradi, 2010; Morry, and Staska, 2001). Most studies on men's objectification experience have been conducted with specific groups such as bodybuilders, and the results showed that bodybuilders experience greater self-objectification (Hallsworth, Wade, and Tiggemann, 2005). Another way to examine men's objectification was to study them in specific situations, such as wearing a bathing suit, and the results indicated that men experience increased body surveillance in such situations (Martins, Tiggemann, and Kirkbride, 2007). Given these studies, it can be said that further studies examining men's objectification experiences in a general population and in general situations are needed for a better understanding. Finally, the scales of objectification theory, originally developed for women, should be carefully adapted to better understand men's experiences in all dimensions of objectified body consciousness (Calogero, 2009). In this way, men's experiences of objectification and its relationship to body dissatisfaction can be better understood. To conclude, only body shame was associated with men’s body overall body satisfaction.

Results of the correlation analysis revealed different results in terms of the relationship between the desire for the ideal body for women and men with other variables. It can be said main measures in the present study are more associated with women’s desire

for an ideal body when compared to men. This finding may be indicating that women's negative body experience may be more related with a stronger desire for an ideal body than men. The fact that women's bodies have become an object that is looked at, evaluated and frequently discussed in the media may encourage them to prefer a body with ideal measures rather than their own. In this regard, it has been thought that breast and body fat dissatisfaction would be associated with main measures of the study. However, an outstanding result of the study was that women's breast discrepancy was not associated with any of these measures while women's body fat discrepancy scores were associated with many of these measures. This finding may be referring to the fact that body fat is a more controllable aspect of the body. In addition, being able to control body fat is more associated with positive traits such as success and willpower. Therefore, an undesirable level of body fat rather than breast size may be associated with more negative experiences. Consistently, literature focused more on the weight dissatisfaction, and overall body dissatisfaction in terms of their relationship with self-compassion, objectified body consciousness, although women's breasts are highly objectified. (Moradi, and Huang, 2008; Kozee et al., 2007; Calogero, 2004; Knauss, Paxton, and Alsaker, 2008; Calogero, Davis, and Thompson, 2005; Overstreet, Quinn, and Marsh, 2015). In addition, Objectified Body Consciousness Scale include questions about weight and exercise along with questions about general appearance. The emphasis on weight may have inhibited the contemplation of other parts of the body through the priming effect. Therefore, breast dissatisfaction alone may require a further exploration. Another interesting finding was that men's muscle and body fat discrepancy scores were not significantly related to self-compassion, body monitoring, body shame, and control beliefs. Only BMI was positively associated with men's body fat discrepancy, indicating that discrepancy increased as BMI increased. Increase in the weight may be undesirable for men in a society in which fitness is being equated with overall success in life. However, it should be noted that body fat discrepancy was associated with more measures in women than in men. Body fat discrepancy may be more relevant to women's experiences. In summary, women's breast discrepancy and men's muscle discrepancy were not associated with main measures of the study. However, the association between BMI and body fat discrepancy was common in both women and men.

Among sub-dimensions of the objectified body consciousness, body shame was associated with body fat discrepancy in women. There was a positive relationship between body shame and body fat discrepancy, suggesting that as the sense of shame increased, the discrepancy between the current and ideal body also increased. Consistently, there are findings in the literature indicating that body shame is associated with the desire for weight change and cosmetic procedures (Henderson-King, and Henderson-King, 2005; Forbes, Jobe, and Revok, 2006). Thus, it can be said that body shame which is conceptualized as idealizing an ideal figure and feeling ashamed of one's body may be associated with dissatisfaction with the weight and therefore with the desire and efforts to change it. In addition, body shame increased in women as BMI also increased. This finding is consistent with the study of Sinclair, and Myers (2004), who indicated that overweight and normal weight women experience higher levels of body shame compared to underweight women. However, there was no significant relationship between body surveillance, control beliefs, and BMI in women. This may suggest that regardless of BMI, women tend to monitor their bodies to avoid negative consequences of not noticing deviations from ideals. In addition, regardless of their BMI, women may think they can control their appearance. This may protect them from the possibility that their appearance may deviate from ideals now or in the future. For men, BMI was not associated with body shame of men. However, body surveillance was negatively associated with BMI in men, suggesting that BMI decreases when men monitor their bodies. The fact that men's BMI was not associated with body shame but was associated with body monitoring could indicate a functional nature of body monitoring. In other words, men monitor their bodies, notice weight gain, and make an effort to get in shape without feeling shame. Another way to interpret this association is that men reduce their body monitoring when they notice weight gain to protect their self-confidence. Women, on the other hand, may monitor their bodies regardless of their BMI and feel shame when their BMI increases (Sinclair, and Myers, 2004). In summary, the present study revealed an outstanding finding that the function of body monitoring and the effects of this constant monitoring may differ between men and women.

Since self-compassion requires accepting oneself regardless on a high rank in social comparisons, it has been assumed that it could reduce the effects of body surveillance and comparison to an ideal body. As expected, the results of women showed that self-

compassion was negatively associated with body surveillance and body shame. This finding is consistent with the literature indicated that body shame and body surveillance decreases with higher levels of self- compassion (Mosewich et al., 2011; Daye, Webb, and Jafari, 2014; Marston, 2019). Finally, consistent with Marston's (2019) study, the present study found a positive relationship between control beliefs and self-compassion. A compassionate attitude toward oneself may promote feelings of agency in various life domains. However, the opposite is also possible. The sense of agency that accompanies control belief may also contribute to a compassionate attitude. A pattern similar to women was indicated for men according to the results of the present study. Men's body shame decreased and control beliefs increased as self-compassion increased. However, body surveillance was not associated with self-compassion in men. This finding may suggest that body monitoring is not perceived as a painful habit that can be reduced by high levels of self-compassion in men. In summary, self- compassion is a critical factor that seems to play a role in women and men's body experience with some minor changes.

In summary, overall body satisfaction and desire for an ideal body are closely related to body fat discrepancy, BMI, self-compassion, body shame, and body monitoring in women. It was found that body fat discrepancy was negatively associated with women's self-compassion. In addition, the discrepancy between women's current and ideal bodies increased the more body shame they experienced. Finally, the women's compassionate relationship with their self was related to their experience of objectified body consciousness. These correlations highlighted the interrelationship between the objectifying context, body satisfaction, and the women's level of self-compassion. Men's body satisfaction was related to their desire for the ideal body, body fat discrepancy, body shame, and self-compassion. Surprisingly, men's overall body satisfaction was not related to their muscle discrepancy. In addition, men's desire for the ideal body was not associated with most of the measures, in contrast to women, whose desire for the ideal body was associated with many of the main measures. Interestingly, body fat discrepancy scores were not associated with many of the metrics in men. The negative relationship between BMI and body monitoring was interpreted as a sign that men and women experience self-objectification in different ways. Finally, men's self-compassion was associated with both body shame and control beliefs, although it was not related to body monitoring. Overall, women's relationship

with their bodies appears to be more strongly correlated with other measures compared to men. Men also appear to experience body dissatisfaction - perhaps in a different way than women.

4.3 Predictors of Body Dissatisfaction

4.3.1 Predictors of Body Fat Discrepancy in Women and Men

One of the hypotheses of the present study (Hypothesis 1) was that BMI, body monitoring, body shame, and self-compassion would predict body fat discrepancy in women and men. In the first step of the hierarchical regression, BMI was included as the first predictor of body fat discrepancy because previous research has shown that BMI is a strong predictor of weight dissatisfaction. Based on the literature, it was decided to include body monitoring, body shame, and self-compassion as potential predictors of women's weight dissatisfaction in the second model. Control beliefs were not included in the model due to their complex relationship with negative body image. The first model showed that BMI significantly predicted body fat discrepancy in women. Results of the second model showed that BMI and body shame contributed significantly to the model, which is consistent with previous research. Body shame, like BMI, is known to be a strong motivator for body-related problems such as disordered eating behaviors (Calogero, Davis, and Thompson, 2005; Knauss, Paxton, and Alsaker, 2008). Calogero, Davis, and Thompson (2005) indicated that body shame was linked with drive for thinness in 209 patients with an eating disorder. Surprisingly, body monitoring did not contribute significantly to the model, although it was indicated that body surveillance was found to be associated with a desire for weight change in 123 college age women (Forbes, Jobe, and Revok, 2006). Another unexpected finding was that self-compassion also did not contribute to the model, although most research emphasized its association with weight concern, dysfunctional eating, and body dissatisfaction (Ferreira, Pinto- Gouveria, and Duarte, 2013; Wasylkiw, McKinnon, and MacLellan, 2021). Wasylkiw, McKinnon, and MacLellan (2021) indicated that self-compassion was a negative predictor of preoccupation with the body and concern about weight. Ferreira, Pinto- Gouveria, and Duarte (2013) conducted a study including an eating disorder group and general population. Results revealed that higher self- compassion was linked with lower dysfunctional eating and

body dissatisfaction (Ferreira, Pinto- Gouveria, and Duarte, 2013). The reason that self-compassion did not contribute significantly to the model may be due to the fact that a clinical population was not studied in this study. Looking at the literature, it is seen that it is mostly studied with patients having an eating disorder. However, the model as a whole seems to be significant and plays a role in women's body fat dissatisfaction with BMI being the most significant predictor.

For men, only BMI significantly contributed to the model. Even though the complex nature, literature highlighted men's relationship with BMI. Neighbors, and Sobal (2007) included 326 college students in their study and examined body dissatisfaction by using discrepancy scores. Results revealed that some men desired less body fat while some desired more. Overweight men selected an ideal body which is also overweight. Desire for higher body weight may be associated with cultural norms that emphasize muscular bodies in men rather than slim bodies. In summary, BMI may be a determinant of body fat dissatisfaction in men. However, body surveillance, body shame, and self- compassion did not significantly contribute to the model of body fat discrepancy in men. The reason why body shame is not significant may be that feeling ashamed of the body can be considered a more valid experience for women. As mentioned above, self-compassion may show its protective effect more in a clinical population. In summary, both models overall significantly predicted women and men's body fat discrepancy. Thus, Hypothesis 1 was supported. A model which included BMI, objectified body consciousness, and self- compassion predicted the body fat discrepancy in women and men.

4.3.2. Predictors of Overall Body Satisfaction of Women and Men

In Hypothesis 2, it was proposed that BMI, body fat discrepancy, and breast size discrepancy would significantly predict women's overall body satisfaction. Multiple regression was performed to examine the predictors of women's overall body satisfaction. Initially, body fat discrepancy and BMI were included in the model because previous research emphasized the importance of the critical role of weight-related factors in women's body satisfaction. For the second model, breast discrepancy was also included in the model as it is another commonly objectified body part of women (Frederick, Forbes, and Anna, 2008). As expected, BMI and body fat

discrepancy between current and ideal body were significant predictors of women's overall body satisfaction. According to the results, the second model with breast size discrepancy also significantly contributed to women's overall body satisfaction. These results are consistent with previous research that indicated that a slender figure with large breasts is usually defined as the ideal body and that comparisons to this ideal may be the source of women's body dissatisfaction (Ålgars et al., 2009; Neighbors, and Sobal, 2007; Frederick, Forbes, and Anna, 2008; Fredrickson, and Roberts, 1997). Fallon, and Rozin (1985) examined women's body preferences using a figure rating scale that included scores ranging from slim to heavy. Consistent with the present study, results indicated that women preferred slimmer bodies than their current bodies (Fallon, and Rozin, 1985). Most research in the literature emphasized that internalizing a thin ideal was a predictive and even causal factor for negative body image (Stice, and Agras, 1998; Stice, Telch, and Rizvi, 2000; Stice, and Whitenton, 2002). In addition to body weight, Forbes, David, and Fredrick (2007) indicated that %61 of the women was dissatisfied with their breasts in an ethnically diverse sample of 729 college age women. In summary, the results of the present study once again highlight the importance of emphasizing weight and breast size on women's body dissatisfaction.

According to Hypothesis 3, body fat discrepancy, BMI, and muscle discrepancy were expected to significantly predict men's overall body satisfaction. A hierarchical regression was performed. Men's body fat discrepancy and BMI were included together in the first model because previous research has shown that extra body fat is undesirable for both women and men (Bordo, 1993; Sejčová, 2008; Cash 2012; Frederick et al., 2007). In the second step, men's muscular discrepancy scores were also included in the model based on previous research that indicated the effects of internalizing muscular ideals as a source of body dissatisfaction (Pingitore, Spring, Garfieldt, 1997; Halliwell, and Harvey, 2006; McCabe, and Ricciardelli, 2003b; Silberstein et al., 1998; Daniel, and Bridge, 2010). Both, the first and the second model significantly predicted men's overall body satisfaction. This finding is consistent with previous research that has highlighted the pressure on men to be fit and muscular (Frederick et al., 2007; Pingitore, Spring, and Garfieldt, 1997; Halliwell, and Harvey, 2006; McCabe, and Ricciardelli, 2003b; Silberstein et al., 1998; Daniel, and Bridge, 2010). Consistently, physical activity has been found to positively correlate with

positive body image, especially in men, suggesting that looking fit and muscular may improve their body image (Silva et al., 2011). Frederick et al. (2007) examined body dissatisfaction in a cross-cultural sample that included participants from the United States, Ukraine, and Ghana. A figure rating scale was used to calculate men's discrepancy scores on two dimensions, including body fat and muscularity. According to their results, men expressed a desire for muscularity in order to be successful in competitive situations and to be considered attractive by women. Most men-particularly those from the United States-desired muscular bodies and felt that women would prefer these muscular bodies as well (Frederick et al., 2007). In summary, ideal body figures for men are also portrayed to be fit and muscular, which can lead to overall body satisfaction. However, it should be noted that BMI, and muscle discrepancy did not contribute significantly to the model, while body fat discrepancy did. This result could be related to the fact that the relationship between men and BMI is more complex than in women. In addition, it is possible that men are dissatisfied with their musculature - they may desire a more muscular body, but this desire may not prevent their positive relationship with their current body. In this regard, men's relationship with their bodies could be studied in more detail by considering all other predictors and protective factors.

In summary, all models significantly predicted women and men’s overall body satisfaction, conforming Hypothesis 1 and 2. Body fat discrepancy was the most important predictor of women and men’s overall body satisfaction. This finding may be indicating the dominance of the thin- ideal in the society. Weight related dissatisfaction plays a critical role in body image problems regardless of gender. In addition, unexplained variance by the models may be examined in more detail. There may be other factors that predict body dissatisfaction. According to Cash (2012), a person's relationship with their body is not only related to weight dissatisfaction; acne at puberty, hair loss, aging, or a physical injury, etc. are all life events that affect a person's body image. Media emphasizes many body parts such as smooth skin and hair. How the factors highlighted in the media affect women and men can be investigated in more detail. Archer et al. (1983) emphasized that men are portrayed in the media with their facial features, whereas women are more likely to be portrayed with their entire figure. It is thought that all kinds of body ideals propagated by the media shape women's and men's relationship with their bodies (Silberstein et al., 1998).

4.4. Gender Differences

The present study proposed that women and men would significantly differ in terms of body satisfaction, desire for the ideal body, self-compassion, and sub-dimensions of objectified body consciousness (Hypothesis 4). According to the results of the independent t-test conducted to examine gender differences, women and men did not differ in any of these experiences. In the literature, dissatisfaction with one's body has been studied primarily in women, and being a woman has been considered a risk factor for body image problems (Rodgers, Paxton, and Chabrol, 2009; Phares, Steinberg, and Thompson, 2004; Daniel, and Bridges, 2010; Pingitore, Spring, and Garfieldt, 1997; Cash et al., 1997). Beauty trends usually target and objectify women by describing an unrealistic body figure (Frederick, Forbes, and Anna, 2008; Fredrickson, and Roberts, 1997). It is desirable to meet these beauty standards to be considered attractive and successful, and this pressure begins in the family, especially for girls (Fredrickson, and Roberts, 1997; Phares, Steinberg, and Thompson, 2004). Gender roles, in turn, imply that a woman's body must be esthetic in order to be romantically involved. Cash (1997) indicated that the adoption of traditional gender roles is associated with dysfunctional attitudes toward the body and investment in appearance. Numerous studies have shown that regardless of BMI, women suffer from eating disorders, body dissatisfaction, a tendency to compare bodies, and thin ideal internalization (Pingitore, Spring, and Garfieldt, 1997; Rodgers, Paxton, and Chabrol, 2009). Women, especially if they are not underweighted, overvalue the value of weight in their self-definition and criticize themselves (Pingitore, Spring, and Garfieldt, 1997). Although body image research has been more consistent among women, recent research has shown that men's risk for body image issues is also increasing due to the media's portrayal of the muscular and fit ideal (Rodgers, Paxton, and Chabrol, 2009; Phares, Steinberg, and Thompson, 2004; Daniel, and Bridges, 2010; Pingitore, Spring, and Garfieldt, 1997). Boys are also exposed to cultural pressures to be muscular and fit that make them vulnerable to body image issues (Pingitore, Spring, and Garfieldt, 1997; Halliwell, and Harvey, 2006; McCabe, and Ricciardelli, 2003b; Silberstein et al., 1998). In this regard, men may be dissatisfied with their bodies throughout their lifespan (McCabe, and Ricciardelli, 2003a). In the present study, although men's experience of body dissatisfaction increased, it was thought that women were at greater risk and that they would differ from men on body dissatisfaction. However, women and men did not differ in

accordance with Silberstein's (1998) study, which found that men were not less dissatisfied with their appearance compared to women. The reason why women are more prone to body dissatisfaction than men may be due to measurement tools developed for women and studies with a large sample of women. Gender roles, which cause us to think that body image plays a more central role in women's lives, may have caused women to have more serious problems with body image and make the focus of researches on women. Recent literature which focused on men, on the other hand, indicated that there is an increase in the portrayal of male ideal body on the media as well as male body dissatisfaction and anabolic steroid use (Daniel, and Bridges, 2010; Morrison et al., 2003; Schooler, and Ward, 2006). In summary, it can be said that non-significant difference between women and men in terms of body dissatisfaction may be due to the fact that an ideal body is considered a sign of success and happiness regardless of gender (Bordo, 1993; Sejčová, 2008; Cash 2012). People may experience body dissatisfaction in the face of these hard- to- reach body ideals.

In the present study, it was expected that women would differ from men in self-compassion scores because of their tendency to ruminate more on events and criticize themselves (Nolen-Hoeksema, Larson, and Grayson, 1999, Leadbeater et al., 1999). However, women and men did not differ in terms of self- compassion. Previous research showed mixed results in levels of self-compassion in women and men. Some studies found lower levels of self-compassion in women compared to men, while some studies found no difference between men and women (Neff, 2003a, Neff, and McGeehee, 2010; Neff, Hseih, and Dejitthirat, 2005; Yarnell et al., 2015; Neff, Kirkpatrick, and Rude, 2007; Neff, Pisitsungkagarn, and Hseih, 2008; Iskender, 2009). Some researchers interpreted these mixed results as an interaction effect of culture and gender (Barnard, and Curry, 2011). Gender roles may differ across cultures and may determine the quality of the relationship one has with oneself. In addition to the interaction of self-compassion and culture, the multidimensional nature of self-compassion has also been shown to influence gender differences. According to Neff (2003a), although women tend to judge themselves, they may exhibit higher levels of compassion due to their social relationships. Accordingly, Murn, and Steele (2020) indicated that men and women did not differ in their overall ratings of self-compassion, but that women identified more strongly with their problems, whereas men had lower scores on common humanity. Results in the present study are consistent with research

finding that there was no difference between women and men in overall self-compassion scores (Murn, and Steele, 2020). This finding highlights the importance of examining the multidimensional construct of self-compassion rather than the total score to better understand gender differences. In Turkey, where gender roles are prominent, the freedom of men to experience and express their feelings is not welcomed, while women's acceptance of themselves in all aspects may be perceived as selfish. In this regard, women and men may experience similar levels of self-compassion with some differences in sub- dimensions. Cross-cultural studies that include sub- dimensions of self- compassion may better explain gender differences. Thus, further investigations are needed to clarify the relationship between self-compassion and gender.

Furthermore, it was expected that women and men would differ significantly in objectified body consciousness. However, they did not differ in terms of having an objectified body consciousness. The original theory highlighted the difficulties of being a woman in a patriarchal system that objectifies women in ways that impact women's life experiences, particularly their bodies (Fredrickson, and Roberts, 1997). Because an ideal body is equated with relational and economic success, especially for women, they tend to monitor and invest in their appearance (Buunk et al., 2002; Noser, and Zeigler-Hill, 2013; Judge, Hurst, and Simon, 2009). In their study, Gervais, Vescio, and Allen (2011) indicated that two groups of women similarly experienced body surveillance and body shame, although one group was exposed to an experimentally induced objectifying gaze while the other group was not. Men experienced less surveillance and body shame compared to women, regardless of conditions (Gervais, Vescio, and Allen, 2011). Although the original theory focused more on the experiences of young adult women, there are studies that show that both boys and girls experience self- objectification. In their study, Jongenelis, Byrne, and Pettigrew (2014) indicated that 6-11-year-old girls exhibited similar levels of self-objectification compared to adult women. However, boys' self-objectification was not comparable to that of adult males (Jongenelis, Byrne, and Pettigrew, 2014). Although these results were not comparable to those of adult males, they were an important indication that self-objectification was also experienced by boys (Jongenelis, Byrne, and Pettigrew, 2014). Similarly, Tiggemann, and Kuring (2004) showed that men also experienced body shame in a sample of 115 Australian men. Their body shame was

associated with endorsing a strong and physically coordinated male figure (Tiggemann, and Kuring, 2004). Thus, despite the original theory that focused on women's experiences, men may also face social pressure to have a perfect body shape. The present study also showed that women and men have similar objective body consciousness. The fact that the literature includes studies with more women participants may have prevented the correct examination of gender differences. Men's higher exposure to muscular ideals in daily life through social media, which is no different from women's exposure to ideals, may play a role in women and men having similar scores on objectified body consciousness. (Knauss, Paxton, and Alsaker, 2008).

To sum up, Hypothesis 4 was not confirmed. Women and men did not differ in terms of main measures in the study. The fact that the literature has shifted its focus from women to men who experience the consequences of body image more clearly, the lack of male-specific measurement tools, and the increasing pressure on men's appearance may give a new direction to gender studies. The present study highlighted the importance of common body image experience regardless of gender.

4.5. Differences In the Levels of Self-Compassion

In the literature, self-compassion has mostly been described and studied as a protective factor against psychopathology (Leary et al., 2007; Hall et al., 2013; MacBeth, and Gumley, 2012). Therefore, it has been thought that main measures of the present study would differ across low, medium, and high levels of self- compassion. In this regard, Hypothesis 5 was that discrepancy scores, overall body satisfaction, desire for the ideal body, and sub- dimensions of objectified body consciousness would significantly differ across levels of self- compassion in women and men. According to the results, body fat discrepancy, overall body satisfaction, desire for the ideal body, and all of the sub-dimensions of objectified body consciousness significantly differed across different levels of self- compassion in women. Body fat discrepancy and desire for the ideal body decreased with higher the self-compassion scores, while overall satisfaction increased with higher the self-compassion scores. These findings are in line with the literature that indicated body related experiences improved in higher levels of self-compassion. Pisitsungkagarn, Taephant, and Attasaranya (2014) showed in college

age women that appearance-dependent self-esteem decreased in the high self-compassion group. Yamaoka, and Stapleton (2016) conducted a study with an ethnically diverse sample of young women and men. Results indicated that individuals with high self-compassion may be more critical of anti- fat- attitudes. In addition, interventions based on increasing self-compassion are known to improve body satisfaction (Moffitt, Neumann, and Williamson, 2018). Moffitt, Neumann, and Williamson (2018) conducted a study with college age women consisting of three intervention methods. After they induced state body dissatisfaction, they randomly assigned participants in positive distraction, self- esteem, or self- compassion groups (Moffitt, Neumann, and Williamson, 2018). Results indicated that body dissatisfaction was lower in the self- compassion intervention group when compared to other groups (Moffitt, Neumann, and Williamson, 2018). In light of these studies, it is reasonable to speculate that women who have lower self-compassion have a greater discrepancy between their current and ideal bodies and lower overall body satisfaction and a greater desire for the ideal body. Strikingly, the discrepancy between current and ideal breasts did not differ among women with different levels of self-compassion. One explanation for this finding is that weight-related body pressure may be more stressful and associated with self-compassion. For men, the results showed that overall body satisfaction and desire for the ideal body changed at different levels of self-compassion. Moderate or high levels of self-compassion were associated with lower desire for the ideal and higher overall body satisfaction in men. In addition, muscle dissatisfaction tended to decrease as self-compassion increased, although not significantly. These findings are consistent with Maher, Lane, and Mulgrew's (2021) study in which internalization of body ideals, body dissatisfaction, and self-compassion was examined with a sample of 231 Australian men whose age ranged between 18 and 51. Their results indicated that low levels of ideal body internalization and high self- compassion predicted low body dissatisfaction. In this regard, higher self- compassion may be related to lower body satisfaction in men by fostering the sense of connectedness and non-judgmental acceptance in the face of strict ideals for the appearance. It is surprising that the men's body fat discrepancy did not differ between levels of self-compassion. The relationship of men to body fat may not be simple enough to obtain clear results. For example, the results of the present study show an interesting difference between women and men. While women's body fat discrepancy scores decreased in higher levels of self-compassion, body fat discrepancy

scores increased in men, although not significantly, when they had higher levels of self-compassion. Women may be more critical of their perceived weaknesses, such as not being slim, while men have the ability to be more compassionate toward themselves when the discrepancy between their current and ideal bodies was greater. Pingitore, Spring, Garfieldt (1997) indicated in their study of 320 college men and women that overweight women tend to criticize themselves and overvalue their weight as part of their self-worth, while overweight men tend to protect their self-esteem by underestimating the value of weight to their self-worth. In summary, high self-compassion may play a role in protecting men from body dissatisfaction.

Consistent with the hypothesis, the results of the present study also indicated that the subdimensions of objectified body consciousness differed at different levels of self-compassion in women. Body surveillance and body shame decreased when levels of self-compassion increased. In addition, women's control beliefs increased in high levels of self-compassion. Albertson, Neff, and Dill-Shackleford (2014) examined the effect of 3-week self-compassion intervention on a group of women who experience body image concerns. Consistent with the present study, results indicated that the program was effective in reducing body surveillance and body shame even after 3 months after the intervention (Albertson, Neff, and Dill-Shackleford, 2014). In summary, the findings are consistent with previous research highlighting the importance of high levels of self-compassion for decreased objectified body consciousness. High levels of self-compassion may help women avoid over-identifying with their appearance and be less judgmental about themselves. In addition, high levels of self-compassion may promote feelings of agency regarding one's appearance. According to the men's results, only body shame among dimensions of objectified body consciousness differed in the different levels of self-compassion. Men's body shame decreased with higher levels of self-compassion. This experience of being ashamed of the body due to cultural standards may be intense enough for self-compassion to play a protective role.

In summary, Hypothesis 5 was partially confirmed. Not all of the main measures significantly differed across different levels of self- compassion. However, results indicated that women and men followed similar patterns in terms of overall body satisfaction and body shame in different levels of self-compassion. Although self-

compassion appears to play a protective role against general body dissatisfaction, it is clear that women's and men's patterns of objectified body consciousness should be carefully examined. The original theory and scales of objectification experience can be examined and modified using men's experiences.

4.6. Self-Compassion as a Moderator

4.6.1. Self-Compassion as a Moderator in the Relationship Between Body Shame and Discrepancy Scores of Women

Previous research has shown that self-compassion is associated with lower avoidance of painful emotions (Leary et al., 2007). A meta-analysis that included 14 studies found that self-compassion was negatively associated with features of psychopathology including anxiety and depression (MacBeth, and Gumley, 2012). These studies furthered the conceptualization of self-compassion as a protective factor against negative experiences and psychopathology. In this regard, self-compassion became one of the concepts frequently included as a protective factor in body image research. Braun et al. (2021) conducted a study with 229 patients after bariatric surgery who had suffered from internalized shame and weight stigma. The results of this study showed that self-compassion moderated the relationship between internalized weight biases and emotional eating (Braun et al., 2021). In another study, self-compassion was found to buffer the relationship between body shame and body discomfort in collage women (Webb, Fieri, and Jafari, 2016). Consequently, Kelly, Vimalakanthan, and Miller (2014) indicated that self-compassion moderates the relationship between BMI and eating disorder symptoms in college-aged women. A systematic review that included 28 studies found that self-compassion is a protective factor against negative body image and eating problems (Braun, Park, and Gorin, 2016). Finally, Sick et al. (2020) examined the protective role of self-compassion with the participation of 537 men and women. Results showed that the association between body shame and depressive symptoms was buffered by high levels of self-compassion in women but not in men (Sick et al., 2020). Thus, it is useful to consider self-compassion as a functional emotion regulation strategy against body-related psychological consequences (Braun et al., 2021; Finlay-Jones, 2017; Johnson, and O'Brien, 2013). In light of previous research, it was hypothesized that (Hypothesis 6 and 7) self- compassion would

significantly moderate the relationship between body shame and discrepancy scores of women. According to the results of the moderation analysis this, hypothesis was not confirmed. Self-compassion did not play a buffering role between body shame and discrepancy scores. This result is inconsistent with the literature that emphasizes the protective role of self-compassion. It is possible that self-compassion scores are not high enough in women to buffer the association between an ideal image leading to shame and body satisfaction. College-aged women are known to be targets of objectifying context and negative body image, which may also affect their positive attitudes toward the self (Toole, and Craighead, 2016; Kelly, Vimalakanthan, and Carter, 2014). Beginning with the family, the environment in which a perfect body is associated with success and well-being, it can be difficult to adopt a compassionate attitude toward the self (Fredrickson, and Roberts, 1997; Phares, Steinberg, and Thompson, 2004). Albertson, Neff, and Dill-Shackleford (2014) explained the mechanism underlying the protective role of self-compassion against body dissatisfaction. Self-compassion can increase feelings of connectedness, prevent them from feeling isolated because of pressures about their appearance, and help them defuse negative feelings about their bodies (Albertson, Neff, and Dill-Shackleford, 2014). However, young women, a high-risk group for body image issues, may have difficulty improving this sense of connection while perfect body figures are disseminated through social media. In summary, young women may not be protected by their compassionate attitudes toward themselves because of their low self-compassion. Interventions based on developing self-compassion may be the first step in recognizing its protective role for negative body image (Moffitt, Neumann, and Williamson, 2018; Dijkstra, and Barelds, 2011). Another explanation may be that dissatisfaction scores may not be high enough for self- compassion to be efficient on this relationship. Moffitt, Neumann, and Williamson (2018) indicated that their self-compassion intervention was more efficient in the high body dissatisfaction group. Considering that the sample of this study was not a clinical sample, and the focus of the past research was mostly on psychopathology, it makes sense that the results of this study were not significant. In summary, Hypotheses 6 and 7 were not confirmed. Self- compassion did not moderate the relationship between body shame and discrepancy between women's current and ideal bodies. Clinical sample who has high levels of body satisfaction may be more convenient for examining the role of self-compassion on body image.

4.6.2. Self- Compassion as a Moderator on the Relationship Between Body Shame and Discrepancy Scores of Men

Most of the body image studies in the literature were conducted with young women, recently it has been indicated that men also suffer from internalizing the fit body ideals and may benefit from a compassionate attitude toward themselves (Knauss, Paxton, and Alsaker, 2008; Jongenelis, Byrne, and Pettigrew, 2014; Tiggemann, and Kuring, 2004). In Hypotheses 8 and 9, it was proposed that self-compassion could moderate the relationship between body shame and men's discrepancy scores. Results indicated that self-compassion only moderated the relationship between body shame and men's muscle discrepancy. This moderation effect was significant at high levels of self-compassion, indicating that the relationship between body shame and muscle discrepancy became negative in the high levels of self-compassion. In a study, it has been indicated that men desired muscularity in order to be successful in competitive situations (Frederick et al., 2007). Most men desired muscular bodies and felt that women would prefer these muscular bodies as well (Frederick et al., 2007). From an evolutionary perspective, muscularity may symbolize being strong which is important for survival and mating. It can be said that muscularity makes one have an advantage in competitive situations. In this regard, muscle dissatisfaction may be accompanied by a feeling of inadequacy due to gender roles that attribute strength and competition to men. On the other hand, self-compassion may have played a protective role against muscle dissatisfaction, as it promotes self-acceptance rather than feeling successful in competitive situations. In summary, high levels of self-compassion may protect against comparing an idealized fit body figure, which may lead to increased discrepancy between the current body and the ideal body. Surprisingly, self-compassion did not moderate the relationship between body shame and body fat discrepancy in men. Sick et al. (2020) found that high levels of self-compassion moderated the association between body shame and depressive symptoms in women but not in men. According to their interpretation, this nonsignificant moderation effect was a consequence of the already higher level of self-compassion in men compared with women, which limited the buffering effect (Sick et al., 2020). However, the results of the present study suggest that men's self-compassion scores were average and not significantly different from women's scores. One explanation for this finding

could be that men's relationship with weight discrepancy may not be as straightforward. Interestingly, analysis of ANOVA also revealed that body fat discrepancy tended to be higher in men, if they had higher levels of self-compassion, although not significantly. Men may have some complicated defense mechanisms that increase their compassionate attitude toward themselves when they fall short of certain cultural ideals. For example, Pingitore, Spring, and Garfieldt (1997) indicated that overweight men protect their self-worth by underestimating the value of their weight, whereas overweight women overestimate their weight as part of their self-worth. In addition, they may begin to overvalue other areas of life, such as success, personality, and money, in ways that promote their acceptance of their bodies. Therefore, they may recognize and accept the discrepancy between their actual body and their ideal body. Between body shame and body satisfaction, there may be more than self-compassion, such as an overvaluation of weight and improvement in other areas of life.

In summary, self-compassion did not buffer the relationship between body shame and body fat discrepancy in both women and men. Furthermore, self-compassion did not moderate the relationship between body shame and breast discrepancy in women. Self-compassion only moderated the relationship between body shame and muscle discrepancy in men. In this regard, Hypothesis 7 was not confirmed while Hypothesis 8 was partially confirmed. It seems important to examine women and men's relationship to self-compassion that leads to protection. Clinical samples may be more convenient to examine the effect of self- compassion. Interventions aimed at increasing the level of self-compassion could be crucial for women to achieve the buffering effect. In addition, men's body experience should be carefully examined by considering other possible explanations that serve as a safeguard against negative body image

4.7. Limitations and Future Suggestions

Although the present study contributed to the literature and clinical practice, it has some limitations. First, the sample consisted of 222 participants. However, the gender distribution was not balanced. 155 women and 67 men participated in the study. Future studies could balance the gender distribution and increase the sample size to obtain more generalizable results. Another limitation of the present study relates to the data

collection process. First, data were collected using the paper-pencil method. However, the increase in COVID -19 cases disrupted the process. After that, the data collection was continued online. Although it was found that there were no critical differences, future studies may advocate a more uniform method of data collection. This way, participants can participate in the research under similar conditions.

In the present study, six measures were used as indicators of body dissatisfaction. Four of them were discrepancy values: body fat discrepancy in men, body discrepancy in women, muscle discrepancy, and breast size discrepancy. Although these discrepancy scores were obtained using realistic visual matrices, talking with participants to allow them to better express themselves could improve the results. The other two measures were two questions developed by the research to determine overall body satisfaction and desire for an ideal body. Future research may use more detailed questions, such as asking about desired body parts, to better understand participants' experiences. In summary, the present study is limited to specific aspects of the body and how body satisfaction is measured. Open-ended questions covering other body parts could highlight other important experiences of participants. In addition, the total self-compassion score was used for the analysis of the present study. However, women and men might differ with respect to the different subdimensions of self-compassion. Future studies could examine the relationship between self-compassion and body satisfaction by considering both the positive and negative subscales of self-compassion separately.

Another limitation of the present study is that it was designed as a cross-sectional study. However, the development of body dissatisfaction, the extent of self-compassion, and the lifelong experience of objectified body consciousness can be examined with a longitudinal design to determine the underlying mechanism between these experiences. The results of the present study suggest that women and men may differ in their experience of self-objectification. Future studies may focus on revising scales originally developed for understanding women's experiences. It is also important to consider that the present study was not conducted by including a clinical sample. Body image problems and the protective role of self-compassion can be better understood in a clinical sample. Therefore, future studies can examine the same model including a clinical sample such as eating disorder or body dysmorphic disorder.

Besides clinical groups, it is also important to remember that binary gender system may not represent all participants. Different replications of the study with different groups could increase the generalizability of the results. Finally, although this study was conducted on the basis of how people define themselves (women or men), the effect of gender roles can be better examined with objective measurement tools that can detect implicit internalizations.

4.8. Clinical Implications

Previous studies have examined the relationship between self-compassion and body-related experiences. The present study contributes to the literature and clinical practice by being the first study to examine the relationship between objectified body consciousness, self-compassion, general body dissatisfaction, and dissatisfaction with specific aspects of the body. Examining body dissatisfaction in the context of objectifying culture is important for understanding the experience of constantly monitoring the body, being ashamed of not having the ideal body, and having the belief that appearance can be controlled. A better understanding of this experience can be crucial to identify the threats that prepare the context for body dissatisfaction. Interventions can be planned to educate high-risk groups so that they are aware of the threats that may have resulted from self-objectification.

This study has highlighted the different experiences of women and men in relation to body satisfaction. Although each relationship with the body is unique, women and men are socialized into a world in which they are expected to own different roles. These different patterns women and men can be considered in clinical practice for a better understanding. In addition, a compassionate attitude toward one's body may be a protective factor for body satisfaction for both women and men. Consistent with previous research findings, it may be useful to incorporate self-compassion into clinical practice when working with body image issues. A nonjudgmental acceptance of self, feeling connected to others, and not over-identifying with negative thoughts may improve body image. In summary, this study has contributed to the literature and clinical practice by highlighting the context in which body dissatisfaction can be increased and by underlining the context in which body dissatisfaction can develop. It is important to consider these aspects to improve body image in young adults.

CHAPTER 5: CONCLUSION

Body dissatisfaction is a very common experience today, where ideals of beauty are spreading faster than ever before. Being reduced to body parts, just like an object, causes people to constantly control their body and compare it with the ideals of beauty. In this context, where the intensity of exposure to these ideals does not decrease and the effort to reach these ideals is reinforced, it is important to examine protective factors such as self-compassion against being objectified and body dissatisfaction. In this regard, the aim of the present study was to investigate the relationship between objectified body consciousness, self-compassion, and body satisfaction in both women and men, taking into account certain appearance pressures grounded by gender roles. The results show that BMI is the most significant predictor of body fat discrepancy score. Body fat discrepancy score was the most significant predictor of overall body satisfaction in both women and men. Another important finding of the study was that women and men did not differ on self-compassion, overall dissatisfaction, and objectified body consciousness levels. However, they did differ in some of the main measures such as overall body dissatisfaction and body fat dissatisfaction at different levels of self-compassion. In addition, the relationship between some measures differed between women and men indicating that their experience with their body may change in terms of risk factors or protective factors. Finally, self-compassion only moderated the relationship between body shame and muscle discrepancy in men. In conclusion, this study indicates that self-compassion, body satisfaction, and objectified body consciousness are interrelated experiences. Because the patterns of women and men appeared to be different, it is important to examine these experiences separately for men and women. It was also highlighted that self-compassion is a positive attitude toward body-related psychological experiences. However, the protective role of self-compassion needs further investigation, such as which level is more effective and which subdimensions are more important. Overall, the present study has contributed to a better understanding of body satisfaction, self-compassion, and objectification experiences by accounting for gender differences.

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APPENDICES

Appendix A: Ethics Committee Approval

SAYI : B.30.2.İEÜ.0.05.05-020-190 25.02.2022

KONU : Etik Kurul Kararı hk.

Sayın Dr. Öğr. Üyesi Yasemin Meral Öğütcü ve Ezgi Uncu

"Nesneleştirilmiş Beden Bilinci Beden Memnuniyetsizliği Arasındaki İlişkide Öz-Şefkatin Rolü" başlıklı projenizin etik uygunluğu konusundaki başvurunuz sonuçlanmıştır.

Etik Kurulumuz 27.01.2022 tarihinde sizin başvurunuzun da içinde bulunduğu bir gündemle toplanmış ve Etik Kurul üyeleri projeleri incelemiştir.

Sonuçta 27.01.2022 tarihinde "Nesneleştirilmiş Beden Bilinci Beden Memnuniyetsizliği Arasındaki İlişkide Öz-Şefkatin Rolü" konulu projenizin etik açıdan uygun olduğuna oy birliğiyle karar verilmiştir

Gereği için bilgilerinize sunarım.

Saygılarımla,

Prof. Dr. Murat Bengisu

Etik Kurul Başkanı

Appendix B: Participation Consent Form

SAYIN KATILIMCI,

Bu araştırma, İzmir Ekonomi Üniversitesi Klinik Psikoloji Yüksek Lisans programı kapsamında Dr. Öğretim Üyesi Yasemin Meral Öğütçü danışmanlığında, Ezgi Uncu tarafından yürütülecek olan bir tez çalışmasıdır. Bu araştırmanın amacı öz-şefkat ve beden bilinci arasındaki ilişkiyi araştırmaktır. Çalışma yaklaşık olarak 15 dakika sürecektir. Çalışmaya katılabilmeniz için 18- 30 yaş aralığında olmanız gerekmektedir.

Bu çalışmaya katılmak tamamen gönüllülük esasına dayanmakla beraber çalışmaya katılmama veya herhangi bir anda çalışmayı bırakma hakkına sahipsiniz. Çalışma kapsamında sizden hiçbir kimlik bilgisi talep edilmeyecektir. Formlar aracılığıyla sizden toplanacak olan bilgiler ise gizli tutulacak ve yalnızca araştırmacı tarafından değerlendirilecektir. Sizden toplanacak olan bu bilgiler yalnızca bilimsel amaçlar doğrultusunda kullanılacaktır. Formlardaki sorulara vereceğiniz yanıtların doğruluğu araştırmanın niteliği açısından oldukça önem taşımaktadır. Lütfen formların başındaki yönergeleri dikkatle okuyarak sorulara sizi en iyi ifade eden cevapları vermeye çalışınız.

Katılımınız için teşekkür ederiz. Araştırma ile ilgili herhangi bir bilgi edinmek ya da sorun bildirmek isterseniz adresi üzerinden araştırmacı ile iletişime geçebilirsiniz.

Yukarıda yer alan ve araştırmadan önce katılımcıya/gönüllüye verilmesi gereken bilgileri okudum ve katılmam istenen çalışmanın kapsamını ve amacını, gönüllü olarak üzerime düşen sorumlulukları tamamen anladım. Çalışma hakkında yazılı açıklama yukarıda adı belirtilen araştırmacı tarafından yapıldı. Bu çalışmayı istediğim zaman ve herhangi bir neden belirtmek zorunda kalmadan bırakabileceğimi ve bıraktığım takdirde herhangi bir olumsuzluk ile karşılaşmayacağımı anladım. Bu koşullarda söz konusu araştırmaya kendi isteğimle, hiçbir baskı ve zorlama olmaksızın katılmayı kabul ediyorum.

Katılımcının (Kendi el yazısı ile)

İmzası:

Appendix C: Demographic Information Form

Cinsiyet: Kadın ( ) Erkek ( ) Diğer ( )

Yaş: __.

Yaşadığınız yer:_____.

Yaşamınızın çoğunu geçirdiğiniz yer:

( )Metropol (İstanbul, İzmir, Ankara)

( )Büyükşehir

( ) İl

( ) İlçe

( ) Kasaba

( )Köy

Eğitim Durumunuz (en son mezun olduğunuz okulu düşünerek):

( ) İlkokul

( ) Ortaokul

( ) Lise

( ) Lisans

( ) Yüksek Lisans

( ) Doktora

Meslek: _____.

Aylık Gelir: ( )0-2000 ( )2001-4000 ( )4001-6000 ( )6001- 8000 ( ) 8001 ve üzeri

Medeni Durum: ( )Bekar ( )İlişkisi var ( )Evli ( )Dul ( )Boşanmış ( )Diğer

Şu ana kadar herhangi bir psikiyatrik tanı aldınız mı? ( )Evet ( )Hayır

Evet ise lütfen belirtiniz:_____.

Herhangi bir kronik fiziksel rahatsızlığınız var mı? ( )Evet ( )Hayır

Evet ise lütfen belirtiniz:_____.

Boyunuz:

Kilonuz:

Şu anda uyguladığınız bir diyet var mı? ( )Evet ( )Hayır

Evet ise lütfen hangi diyet olduğunu belirtiniz: ____.

Lütfen fiziksel egzersiz yapma sıklığınızı işaretleyiniz:

( )Hiç

( )Nadiren

( )Haftada 1

( )Haftada 2-3

( )Haftada 4-5

( )Haftanın her günü

Appendix D: Self- Compassion Scale

Sizden istenilen bu ifadeleri okuduktan sonra kendinizi değerlendirmeniz ve sizin için en uygun seçeneğin karşısına çarpı **(X)** işareti koymanızdır. Her sorunun karşısında bulunan; (1) Hiçbir zaman (2) Nadiren (3) Sık sık (4) Genellikle ve (5) Her zaman anlamına gelmektedir. Lütfen **her ifadeye** mutlaka **TEK yanıt** veriniz ve kesinlikle **BOŞ bırakmayınız**. En uygun yanıtları vereceğinizi ümit eder katkılarınız için teşekkür ederim.

1	Bir yetersizlik hissettiğimde, kendime bu yetersizlik duygusunun insanların birçoğu tarafından paylaşıldığını hatırlatmaya çalışırım.	1	2	3	4	5
2	Kişiliğimin beğenmediğim yönlerine ilişkin anlayışlı ve sabırlı olmaya çalışırım.	1	2	3	4	5
3	Bir şey beni üzdüğünde, duygularıma kapılıp giderim.	1	2	3	4	5
4	Hoşlanmadığım yönlerimi fark ettiğimde kendimi suçlarım.	1	2	3	4	5
5	Benim için önemli olan bir şeyde başarısız olduğumda, kendimi bu başarısızlıkta yalnız hissederim.	1	2	3	4	5
6	Zor zamanlarımda ihtiyaç duyduğum özen ve şefkati kendime gösteririm.	1	2	3	4	5
7	Gerçekten güç durumlarla karşılaştığımda kendime kaba davranırım.	1	2	3	4	5
8	Başarısızlıklarımı insanlık halinin bir parçası olarak görmeye çalışırım.	1	2	3	4	5
9	Bir şey beni üzdüğünde duygularımı dengede tutmaya çalışırım.	1	2	3	4	5
10	Kendimi kötü hissettiğimde kötü olan her şeye kafamı takar ve onunla meşgul olurum.	1	2	3	4	5
11	Yetersizliklerim hakkında düşündüğümde, bu kendimi yalnız hissetmeme ve dünyayla bağlantımı koparmama neden olur.	1	2	3	4	5
12	Kendimi çok kötü hissettiğim durumlarda, dünyadaki birçok insanın benzer duygular yaşadığını hatırlamaya çalışırım.	1	2	3	4	5
13	Acı veren olaylar yaşadığımda kendime kibar davranırım.	1	2	3	4	5
14	Kendimi kötü hissettiğimde duygularıma ilgi ve açıklıkla yaklaşmaya çalışırım.	1	2	3	4	5
15	Sıkıntı çektiğim durumlarda kendime karşı biraz acımasız	1	2	3	4	5

	olabilirim.					
16	Sıkıntı veren bir olay olduğund a olayı mantıksız biçimde abartırım.	1	2	3	4	5
17	Hata ve yetersizliklerimi anlayışla karşılarım.	1	2	3	4	5
18	Acı veren bir şeyler yaşadığımda bu duruma dengeli bir bakış açısıyla yaklaşmaya çalışırım.	1	2	3	4	5
19	Kendimi üzgün hissettiğimde, diğer insanların çoğunun belki de benden daha mutlu olduklarını düşünürüm.	1	2	3	4	5
20	Hata ve yetersizliklerime karşı kınayıcı ve yargılayıcı bir tavır takınırım.	1	2	3	4	5
21	Duygusal anlamda acı çektiğim durumlarda kendime sevgiyle yaklaşırım.	1	2	3	4	5
22	Benim için bir şeyler kötüye gittiğinde, bu durumun herkesin yaşayabileceğini ve yaşamın bir parçası olduğunu düşünürüm.	1	2	3	4	5
23	Bir şeyde başarısızlık yaşadığımda objektif bir bakış açısı takınmaya çalışırım.	1	2	3	4	5
24	Benim için önemli olan bir şeyde başarısız olduğumda, yetersizlik duygularıyla kendimi harap ederim.	1	2	3	4	5
25	Zor durumlarla mücadele ettiğimde, diğer insanların daha rahat bir durumda olduklarını düşünürüm.	1	2	3	4	5
26	Kişiliğimin beğenmediğim yönlerine karşı sabırlı ve hoşgörülü değilimdir.	1	2	3	4	5

Appendix E: Objectified Body Consciousness Scale

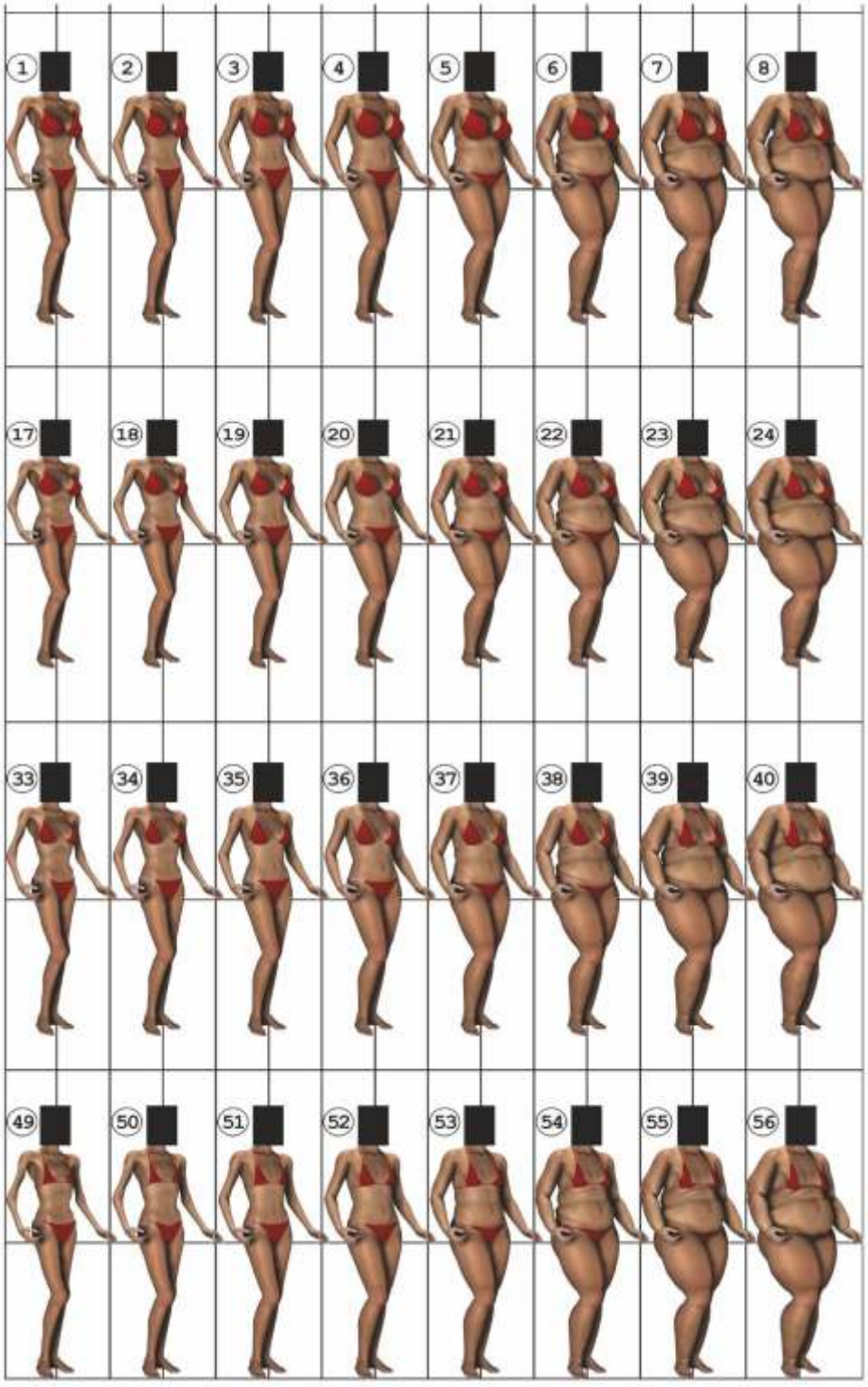
Aşağıda çeşitli ifadeler bulunmaktadır. Lütfen her maddeyi dikkatlice okuyunuz ve okuduğunuz maddeye ne oranda katıldığınızı en iyi şekilde yansıttığını düşündüğünüz rakamı yuvarlak içine alınız.

	Kesinlikle katılmıyorum	**Oldukça katılmıyorum**	**Kısmen katılmıyorum**	**Ne katılıyorum ne de katılmıyorum**	**Kısmen katılıyorum**	**Oldukça katılıyorum**	**Kesinlikle katılıyorum**
1. Nasıl göründüğüm hakkında nadiren düşünürüm.	1	2	3	4	5	6	7
2. Kilomu kontrol edemediğimde kendimde bir terslik varmış gibi hissederim.	1	2	3	4	5	6	7
3. Bence giysilerimin rahat olması, üzerimde güzel durmasından daha önemlidir.	1	2	3	4	5	6	7
4. Bence bir insan doğuştan getirdiği görünüş özelliklerinin büyük bir kısmını yaşamı boyunca korur.	1	2	3	4	5	6	7
5. En iyi şekilde görünmek için çaba sarf etmediğimde kendimden utanırım.	1	2	3	4	5	6	7
6. Formda bir bedene sahip olmak en baştan beri öyle bir bedene sahip olmayı gerektirir.	1	2	3	4	5	6	7
7. Bedenimin nasıl göründüğünden çok nasıl hissettiği hakkında düşünürüm.	1	2	3	4	5	6	7
8. Olabildiğim kadar iyi görünemediğimde, kendimi kötü bir insanmış gibi hissederim.	1	2	3	4	5	6	7
9. Kendi görünüşümü başkalarının görünüşleri ile nadiren kıyaslarım.	1	2	3	4	5	6	7
10. Bence, eğer bir kişinin görünüşü üzerinde çalışmaya niyeti varsa, büyük ölçüde istediği gibi bir görünüşe sahip olması mümkündür.	1	2	3	4	5	6	7
11. İnsanlar gerçekte kaç kilo olduğumu bilirlerse kendimden utanırım.	1	2	3	4	5	6	7

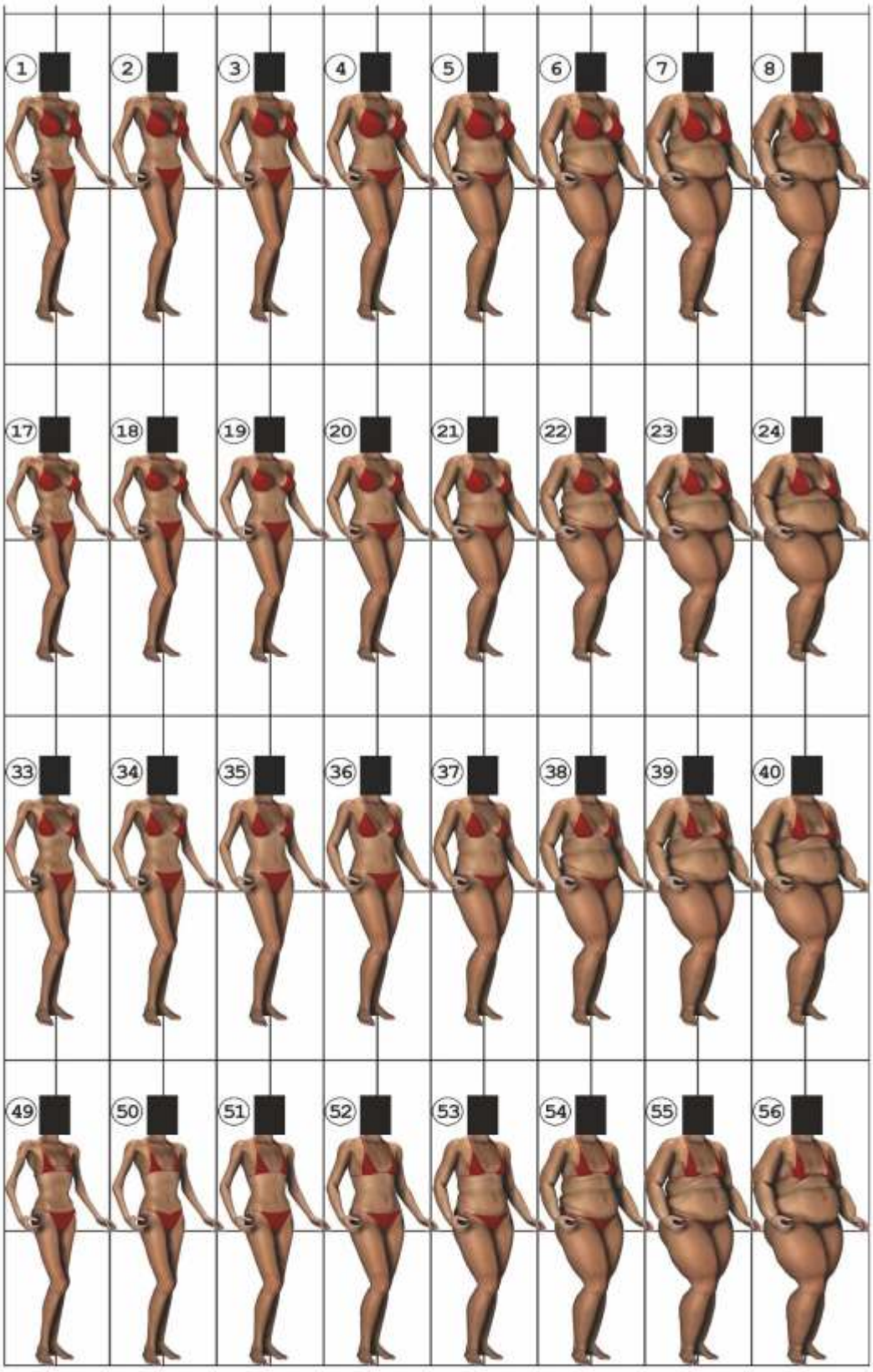
	Hiç katılmıyorum	**Oldukça katılmıyorum**	**Birazcık katılmıyorum**	**Ne katılıyorum ne de katılmıyorum**	**Birazcık katılıyorum**	**Oldukça katılıyorum**	**Çok katılıyorum**
12. Bedenimin nasıl göründüğü hakkında pek fazla kontrolüm olduğunu sanmıyorum.	1	2	3	4	5	6	7
13. Kilomu kontrol edemediğimde bile kendimi makbul bir insan olarak görürüm.	1	2	3	4	5	6	7
14. Yapmam gerektiği kadar egzersiz yapmadığımda, kendimde bir terslik olduğu kaygısına asla kapılmam.	1	2	3	4	5	6	7
15. Gereği kadar egzersiz yapmadığımda, yeterince iyi bir insan olup olmadığımı sorgularım.	1	2	3	4	5	6	7
16. Diğer insanların gözüne nasıl gözüktüğüm hakkında nadiren kaygılanırım.	1	2	3	4	5	6	7
17. Bence bir insanın kilosu çoğunlukla o kişinin doğuştan getirdiği genleriyle belirlenmektedir.	1	2	3	4	5	6	7
18. Bedenimin nasıl göründüğünden ziyade bedenimle neler yapabileceğimle ilgilenirim.	1	2	3	4	5	6	7
19. Kilo almak/vermek için ne kadar uğraşırsam uğraşayım, büyük ihtimalle kilom hep aynı kalacak.	1	2	3	4	5	6	7
20. Olmam gerektiğini düşündüğüm beden ölçülerine sahip değilsem, utanırım.	1	2	3	4	5	6	7
21. Yeterince gayret ettiğim takdirde, olmam gereken kiloya ulaşabilirim.	1	2	3	4	5	6	7
22. Bedeninizin şekli, büyük ölçüde genlerinize bağlıdır.	1	2	3	4	5	6	7

Appendix F: UCLA BODY Matrices- II

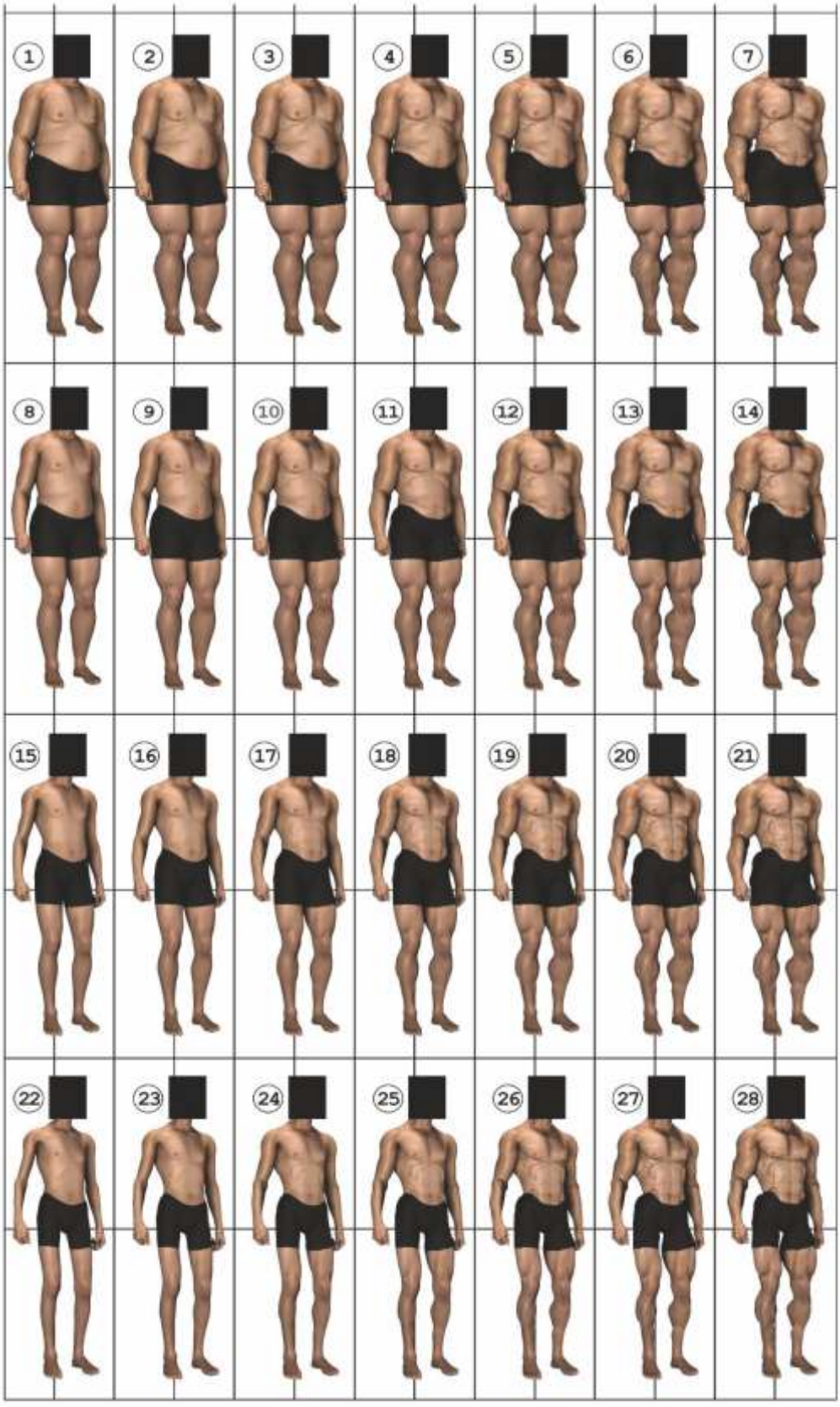
Sizin şu andaki beden şeklinizi en iyi temsil eden figürü işaretleyiniz.



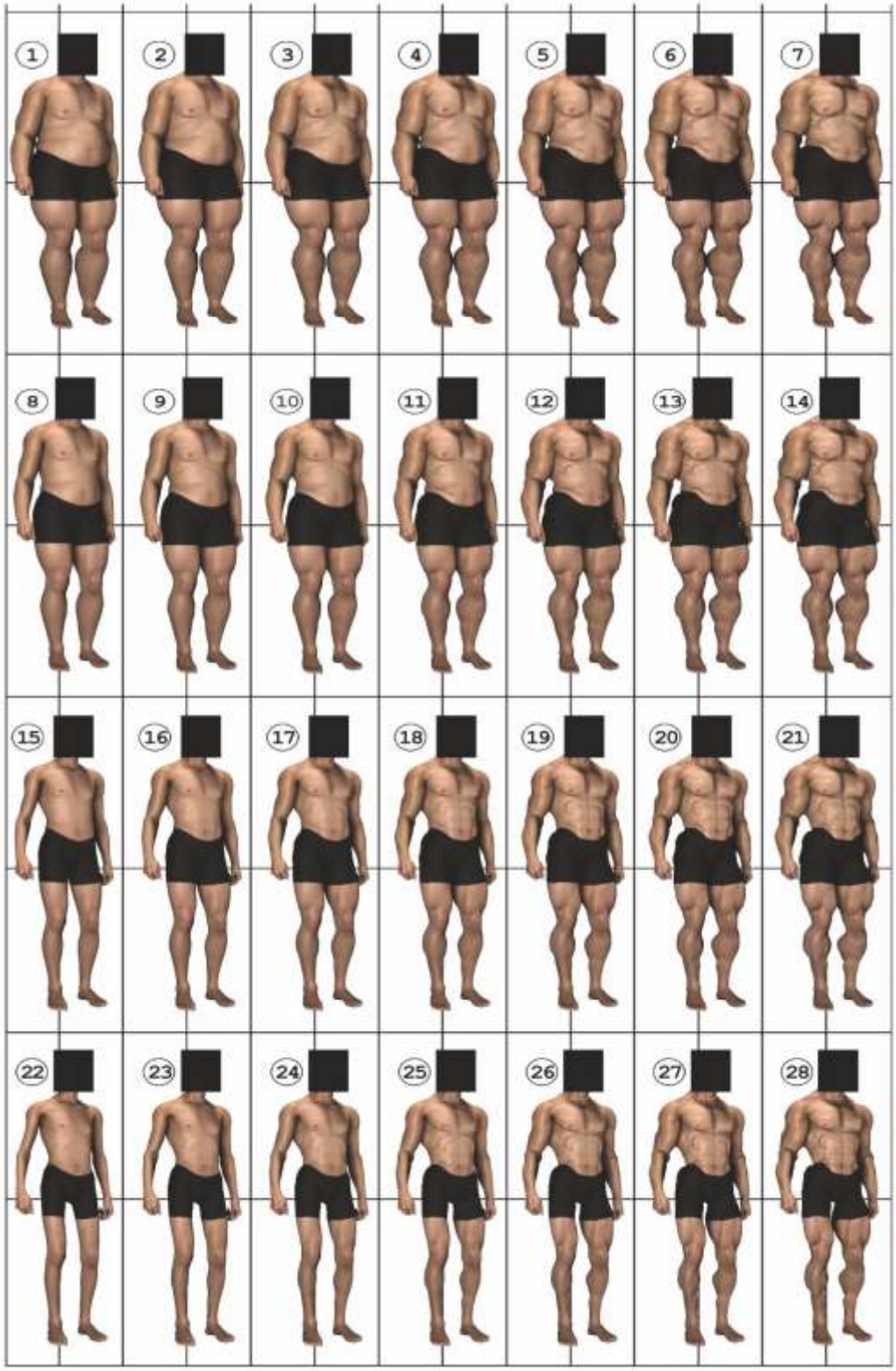
Size göre bir kadın için ideal olan beden şeklini en iyi temsil eden figürü işaretleyiniz.



Sizin şu andaki beden şeklinizi en iyi temsil eden figürü işaretleyiniz.



Size göre bir erkek için ideal olan beden şeklini en iyi temsil eden figürü işaretleyiniz.



Appendix G: Overall Body Satisfaction and Desire for the Ideal Body

Bedeninizin görünüşünden ne derece memnunsunuz? Lütfen 0-10 arasından bir puanı yuvarlak içine alınız. (0: Hiç memnun değilim 10: Son derece memnunum)

0 1 2 3 4 5 6 7 8 9 10

Önceki sayfada işaretlemiş olduğunuz ideal bedene sahip olmayı ne kadar çok isterdiniz? Lütfen 0-10 arasından bir puanı yuvarlak içine alınız. (0: Hiç istemezdim. 10: Son derece isterdim.)

0 1 2 3 4 5 6 7 8 9 10