YEDITEPE UNIVERSITY
GRADUATE SCHOOL OF SOCIAL SCIENCES

THE INVESTIGATION OF THE MEDIATING ROLES OF SELF-COMPASSION AND EMOTION REGULATION DIFFICULTIES IN THE RELATIONSHIP BETWEEN EATING BEHAVIORS AND ATTACHMENT STYLES

Yasemin Dikmen

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ABSTRACT

THE INVESTIGATION OF THE MEDIATING ROLES OF SELF-COMPASSION AND EMOTION REGULATION DIFFICULTIES IN THE RELATIONSHIP BETWEEN EATING BEHAVIORS AND ATTACHMENT STYLES

This thesis study aims to investigate the mediating roles of emotion regulation difficulties and self-compassion in the relationship between attachment styles and disordered eating behaviors. The findings from this study are expected to provide a new perspective on understanding the relationship between disordered eating behaviors and attachment styles, thus making a significant contribution to the limited literature. This study included a total of 250 participants, consisting of 125 women and 125 men, aged between 18 and 74. Relationship Scales Questionnaire, Self-Compassion Scale, Difficulties in Emotion Regulation Scale and Dutch Eating Behavior Questionnaire were used in the study. The findings of the study indicate that preoccupied and fearful attachment styles predict emotional eating and this relationship is mediated by emotion regulation difficulties and self-compassion. Accordingly, high emotion regulation difficulties and low self-compassion play a statistically significant mediating role in emotional eating associated with preoccupied and fearful attachment styles. The results highlight the need to consider multiple factors in research on disordered eating behaviors and in the development of treatment programs.

Keywords: Attachment, Eating behavior, Emotion regulation difficulties, Self-compassion

ÖZET

YEME DAVRANIŞLARI VE BAĞLANMA STİLLERİ ARASINDAKI İLİŞKİDE ÖZ-DUYARLIK VE DUYGU DÜZENLEME ZORLUĞUNUN ARACI ROLLERİNİN İNCELENMESİ

Bu tez çalışmasında, bağlanma stilleri ve bozulmuş yeme davranışları arasındaki ilişkide duygu düzenleme güçlüğü ve öz-şefkatin aracı rollerinin araştırılması amaçlanmıştır. Bu çalışmadan elde edilen bulguların, bozulmuş yeme davranışları ile bağlanma stilleri arasındaki ilişkiyi anlamada yeni bir bakış açısı sunarak sınırlı literatüre önemli bir katkı sağlayacağı düşünülmektedir. Bu çalışmaya yaşları 18 ile 74 arasında değişen, 125 kadın ve 125 erkek olmak üzere toplam 250 katılımcı dahil edilmiştir. Araştırmada, İlişki Ölçekleri Anketi, Öz Duyarlık Ölçeği, Duygu Düzenlemede Zorluklar Ölçeği ve Hollanda Yeme Davranışı Anketi kullanılmıştır. Araştırma bulguları, saplantılı ve korkulu bağlanma stillerinin duygusal yemeyi yordadığını ve bu ilişkiye duygu düzenleme güçlüğü ile öz-şefkatin aracılık ettiğini göstermektedir. Buna göre, yüksek duygu düzenleme güçlüğü ve düşük öz-şefkat, saplantılı ve korkulu bağlanma stilleriyle ilişkili duygusal yeme üzerinde istatistiksel olarak anlamlı bir aracılık rolü üstlenmektedir. Sonuçlar bozulmuş yeme davranışı araştırmaları ve tedavi programları için birçok faktörün dikkate alınması gerektiğinin altını çizmektedir.

Anahtar Kelimeler: Bağlanma, Yeme davranışı, Duygu düzenleme güçlüğü, Öz şefkat

DEDICATION

To My Family,

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1. INTRODUCTION

In recent years, research examining the origins of eating disorders from a variety of perspectives has increased significantly (Broberg et al. 2001). These include neurochemical, neuropsychiatric, sociocultural, and psychological frameworks, each of which sheds light on different aspects of this complex phenomenon (Broberg et al., 2001). Research focusing on psychological determinants emphasizes the importance of family and interpersonal dynamics, and the emphasis on understanding the mother-child relationship is particularly notable (Broberg et al., 2001). The effects of attachment relationships on human well-being and and physical-mental health have been intensively researched over the last decades (Diener et al., 2016). There is a notable increase in interest regarding the association between attachment orientation and both eating behavior and disordered eating behavior (O'Shaughnessy & Dallos, 2009). Although attachment research on disordered eating behavior is relatively small, it is a crucial area of research (Tasca, 2019). Contemporary research suggests that attachment theory can shed light on possible factors leading to the development of disordered eating behavior, the persistence of symptoms associated with eating disorder in adults, and mechanisms of alter in psychological intervention (Tasca, 2019). Thus, attachment theory provides a comprehensive framework to help understand and treat disordered eating behavior (Faber et al., 2018). However, an examination of the literature reveals that the factors influencing the relationship between attachment styles and disordered eating behavior require further investigation.

In this context, this thesis study aims to examine more deeply the mediating role of self-compassion and emotion regulation difficulties in the relationship between attachment styles and disordered eating behaviors. Moreover, investigating the relationship between attachment and eating behaviors and the variables affecting this relationship is an important field in terms of both clinical practice and health policies. In addition to interventions that encourage the development of secure attachment relationships, interventions based on emotion regulation and self-compassion are thought to have positive results in terms of both physical health and psychological well-being. The results of this current study might aid in the creation of effective interventions within psychological counseling, clinical practice, and nutritional counseling.

This introductory chapter explains the purpose and importance of this thesis study

and emphasizes the importance of the relationships between attachment styles, self-compassion, emotion regulation difficulties and disordered eating behavior. It is hoped that this study will have positive impacts on the health and well-being of individuals.

1.1. Eating Behavior

Eating behavior is a complicated interaction of physiological, genetic, social and psychological effects that play significant roles in food choice, meal preferences, amount of food consumption and food timing (Grimm & Steinle, 2011). Furthermore, disordered eating behavior is defined as symptoms of eating disorders that might not meet the threshold essential for a diagnosis, whereas it could still be correlated with impairment or distress (Reyes-Rodriguez et al., 2011). Eating behavior types include “emotional eating”, “restrained eating” and “external eating” dimensions (van Strien et al., 1986). Moreover, each eating dimension corresponds to a major theory regarding the etiology of eating behavior. Emotional eating behavior is explained by Psychosomatic theory (Bruch, 1975, 1997), restrained eating behavior is clarified by Restraint theory (Herman & Polivy, 1983), and external eating behavior is expressed by Externality theory (Schachter & Rodin, 1974).

1.1.1. Emotional Eating

Emotional eating is defined as a person's tendency to alter eating behavior in response to mostly negative emotions such as loneliness, distress, stress, and anger, regardless of physical hunger (Bruch, 1973; Ganley, 1989; Herle et al., 2017; Kaplan & Kaplan, 1957). When the literature is examined, it is seen that emotional eating behavior, which is seen to be more associated with negative emotions, can also be associated with positive emotions such as joy, happiness (Evers et al., 2009). Moreover, Canetti et al. (2002) stated that changes in emotional states may also affect food intake in terms of quality, frequency and/or quantity. For example, Oliver et al. (2000) executed a research aiming to explore the association between emotional eating and food consumption among human subjects. In this study, healthy participants were classified into emotional eaters and non-emotional eaters and were given a stressful task, after which they were presented with salty-sweet or bland, low- or high-fat foods (Oliver et al., 2000). It was observed that emotional eaters in the group given

the stressful task consumed foods with high energy content, such as fatty and sweet foods, much more than non-emotional eaters (Oliver et al., 2000). However, there was no change in the amount of food consumed. It seems that stress does not affect the quantity of food chosen but does affect the quality of the food (Oliver et al., 2000). Hence, it is evident that individuals who engage in emotional eating are more likely to consume energy-dense foods in stressful situations compared to those who do not engage in emotional eating.

Several theories have been suggested to explain emotional eating. First of all, the psychosomatic theory of obesity explained by Kaplan and Kaplan (1957) is a crucial building block. The theory of obesity, which was developed to understand how and why differences in eating patterns between normal weight people and obese people occur, suggests that eating can decrease anxiety and that obese people overeat to decrease the discomfort caused by anxiety (Kaplan & Kaplan,1957). Moreover, this theory postulates that a person uses food as an emotional defense, especially in times of distress (Kaplan & Kaplan,1957). Later, Bruch (1973) expanded psychosomatic theory of obesity and linked this overeating behavior with faulty awareness of hunger. Bruch (1973) proposes that the innate experience of hunger is regulated through learning. Moreover, Bruch (1973) states that in obese individuals, confusing and adverse early experiences hinder their ability to become aware of hunger and repletion and interfere with obese individuals' ability to distinguish hunger from states such as emotional stress that are independent of food deprivation as a result of various issues and conflicts. In other words, since these people's internal awareness is not programmed properly, so they need external signals to understand the time and amount of eating. Therefore, in line with this theory, when people experience distressing feelings and emotional tension, they will overeat (Bruch, 1973). In the light of “Kaplan and Kaplan” and “Bruch” s theories, it is understood that obese people overeat in reaction to disturbing emotional situations (Bruch, 1973; Kaplan & Kaplan,1957). Furthermore, when evaluated within the framework of the Schachter’s internal/external theory of obesity, it is stated that obese people have difficulty understanding the physiological signs of satiety or hunger due to inaccurate learning and are insensitive to internal cues (Schachter, 1971; Schachter et al., 1968). Therefore, it is recognized that the physiological responses to fear and anxiety do not alter food consumption behaviors in obese individuals (Schachter, 1971). In contrast, individuals of normal weight tend to reduce their food intake under such circumstances (Schachter, 1971).

Furthermore, the emotional eating, defined as the phenomenon of eating to cope with emotions, makes assumptions such as negative emotions that enhance motivation to eat lead to eating and eating diminishes the strength of negative emotions (Bruch, 1973; Slochower, 1983). When this situation is considered within the framework of learning theory, it can be said that classical conditioned reactions occur when a negative emotion is encountered, and then the operant eating reactions emerges, which is reinforced by the negative emotion's diminished intensity (Booth, 1994).

When the mechanisms underlying emotional eating are mentioned, it is seen that it can include both physiological and psychological mechanisms (Macht & Simons, 2011). First of all, to define the physiological mechanisms, physiological mechanisms highlight that metabolism of energy, hormonal levels and systems of neurotransmitter can be affected by nutrients, and therefore eating causes alters in neurological systems (Kaplan & Kaplan, 1957; Macht & Simons, 2011). That is, nutrients rich in energy density cause to alters in neurotransmitters of the brain, metabolism, and neuroendocrine systems, all of which have an impact on mood (Macht & Simons, 2011). If an example should be given, consuming carbohydrate-rich foods increases the level of tryptophan in the blood, causing a raise in the serotonergic brain system activation, and this raise in the serotonin neurotransmitter, which is associated with mood, contributes to better mood (Macht & Simons, 2011; Wurtman, 1982). Moreover, Thayer (2001) has stated that dessert intake raises levels of energy and ultimately reduces tenseness and negative mood. Secondly, when defining the psychological mechanisms underlying emotional eating, it is useful to mention the hedonistic hypothesis. In this hypothesis, where taste is the main component, pleasant nutrients evoke pleasant feelings that enhance the emotional mood (Herz, 2017).

Additionally, the Three-Stage Model developed by Macht and Simons (2011) suggests a connection between the mechanisms and degree of emotional eating. According to this model, as the degree of emotional eating increases, differences occur in the mechanisms in the three stages mentioned (Macht & Simons, 2011). As we progress from the first stage to the third stage, the level of emotional eating increases (Macht & Simons, 2011). In the first stage, only the hedonic mechanism is present and even a small amount of chocolate is sufficient to provide an enhancement in the person's mood (Macht & Simons, 2011). In the second stage, in addition to the hedonic mechanism, physiological mechanisms come into play, and the emotional eaters are in the behavior of eating an entire food to

regulate their effect (Macht & Simons, 2011). Lastly, by the third stage, emotional binge-eating appears to include the uncontrollable consumption of great amounts of energetically dense nutrients, in this case, it causes extra neuroendocrine or neurochemical impacts (Macht & Simons, 2011).

1.1.2. Restrained Eating

Restrained eating refers to the deliberate limitation of food intake with the goal of promoting weight loss or preventing weight gain (Herman & Mack, 1980). However, it is also associated with episodes of unrestrained overeating due to a loss of control, which can elevate the risk of developing eating disorders or experiencing weight gain (Herman & Mack, 1980). The concept of restrained eating behavior stems from the restraint hypothesis put forth by Herman and Mack (1975) and elaborated upon by Herman and Polivy (1980). The basis of this hypothesis is that the equilibrium between the desire to eat food and the resistance to this desire influences eating behavior, and restriction is a cognitive effort to withstand this desire to eat (Herman & Mack, 1975; Herman & Polivy, 1975). That is, dietary restriction involves a cognitive process of consuming less than desired (House et al., 2021). Individuals who display restraint behavior frequently preoccupied with what they eat and consistently restrict their food intake to prevent gaining weight, on the contrary, individuals who do not display restraint behavior do not worry about the amount of food they eat or its effects (Herman & Mack, 1975; Herman & Polivy, 1975). According to the restrained eating hypothesis, it is stated that when individuals who restrict their food intake persistently disregard their internal hunger signals during food deprivation, this increases their susceptibility to external signals, and when they encounter disinhibitors such as stress, alcohol, and specific cognitions like perceived overeating, and as a result, they may tend to overeat (Herman & Polivy, 1983). For instance, several studies have demonstrated that when faced with fear or other unpleasant emotions, restrained eaters eat more food than unrestrained eaters (Heatherton et al., 1998; Rutledge & Linden, 1998). For example, according to studies conducted on obese individuals, it was discovered that individuals are unbalanced and inadequately nourished with restrictive diets in order to reach their ideal body, and then, after a long period of restrained eating behavior, when the restriction disappears, people's control over their eating behavior decreases and eating attacks may occur (Howard & Porzelius, 1999; Ruderman & Christensen, 1983). In addition, in this

researchs, it was understood that when people's control over their eating behavior decreases and eating attacks occur, together with the feeling of guilt caused by the weight gain, this situation pushes people to start a new diet, and therefore the person finds himself/herself in the same vicious circle again (Howard & Porzelius, 1999; Ruderman & Christensen, 1983). What is more, at first, the idea behind restrained eating behavior was to describe the behavior of suppressing one's food intake and to make sense of individual variations in motivation to control weight via cognitive efforts and later, restrained eating behavior was associated with overeating behavior (Polivy & Herman, 1985).

1.1.3. External Eating

The concept of external eating is based on Schachter's externality theory (Schachter & Rodin, 1974). The externality theory emphasizes the external environment, especially food cues, as the determinant of eating behavior (Schachter, 1971). According to this, individuals who are external eaters tend to consume food in response to external stimuli, such as the smell, taste, and appearance of food, rather than internal cues of hunger and satiety (Schachter et al., 1968). This behavior occurs independently of physiological hunger (Schachter et al., 1968). This high sensitivity of external eaters to external stimuli can cause them to consume more food than normal, and even if they are full, an external stimulus such as the appearance of food can cause food cravings (Teff, 2000). It is also possible to characterize individuals with high external eating behavior as being stimulus bound due to their sensitivity to external stimuli (Schachter, 1971). In other words, according to Rodin (1981), external eaters, whose eating is dramatically specified by the external food environment, also tend to respond poorly to internal physiological signals (e.g., gastric motility). Additionally, individuals who eat externally have low awareness of the amount they eat, which may cause them to prefer high-calorie foods (Jansen, 1996; Polivy et al., 1986). Furthermore, external eaters have difficulty coping with the obesogenic food environment, which is defined as a food environment where more calorie-dense foods are available, which is associated with overeating (Rodin & Slochower, 1976). In addition to this, it is stated that people who eat externally overeat due to their increased sensitivity and reactions to food cues in their environment (van Strien et al., 2009). Moreover, increased attentional bias towards food cues is associated with external eating behavior, indicating a higher sensitivity to overeating (Brignell et al., 2009).

Although external eating, like emotional eating, is associated with faulty interoceptive awareness and relative insensitivity to internal physiological satiety and hunger signals, there are notable differences between them (van Strien et al., 2009). One of these differences is that in external eating, the emphasis is on the external environment such as food cues, on the contrary, in emotional eating, the emphasis is on emotional factors as the determinants of eating behavior (van Strien et al., 2009). Another crucial difference is that external eating behavior, as opposed to emotional eating behavior, is associated with Neel's concept of thrifty genotype, so that external eating behavior can be viewed as an evolutionarily adaptive response (van Strien et al., 2009). Neel's concept of thrifty genotype states that evolution has encouraged genetic adaptations, such as the promotion of fat burning, to facilitate human survival during periods of food scarcity (van Strien et al., 2009). Moreover, this concept proposes that evolution favored adaptations that allowed people to develop fat during times of food surplus, so in other words, that when there were external food cues in the environment, they encouraged overeating (van Strien et al., 2009).

1.2. Attachment Theory

Attachment is an important concept in people's interactions with each other. Bowlby improved attachment theory, which is one of the most crucial conceptual frameworks for understanding the affects regulation process and describes the strong emotional bond that people establish with others (attachment figures) who are important to them (Bowlby, 1982). Bowlby (1982) suggests that humans are born with an attachment behavioral system, an innate psychobiological mechanism whose purpose is to achieve real or perceived protection and security. The attachment system drives individuals to seek closeness to their attachment figures during times of need, and it is automatically activated in response to perceived or actual threats to the individual's sense of security (Bowlby, 1982). In this case, the person turns to attachment figures and tends to maintain proximity with attachment figures until safety and protection are provided (Bowlby, 1982). Attachment theorists identify several key features that distinguish attachment relationships from other types of relationships: the tendency to seek and maintain proximity to the attachment figure, the use of the attachment figure as a safe haven during times of threat or fear, and the role of the attachment figure as a secure base for exploration (Hazan & Shaver, 1994).

The attachment system, which is a system at the organismal level, is organized and regulated within the framework of social inputs (Bowlby, 1973). Infants' expectations are shaped by the caregiver's reactions, and babies adjust their behavior according to these reactions. These expectations constitute the foundation for “internal working models of the self” and the attachment figure, which help predict the caregiver's responsiveness and availability; “internal working models” are mental representations that process and organize information about the self, others, and social relationships (Bowlby, 1973). In addition, these mental representations consist of two dimensions: self models, which are the bonds a person establishes with himself/herself, and others models, which are the bonds he/she establishes with others (Bowlby, 1973). Main's primary conditioned strategies are “behavior of seeking and maintaining proximity, using the caregiver as a safe base for exploration, and using the caregiver as a safe haven for security”, which are prerequisites for healthy attachment (Main,1990). Primary conditional strategies strengthen the child's adaptation to the environment (Main,1990). In addition, primary conditional strategies enable the development of a positive self-model, in which the individual perceives himself/herself as worth loving, and in addition, the development of a positive others model, in which he/she perceives others as consistent, supportive, accessible and reliable (Main,1990). Moreover, Main (1990) stated that the child may exhibit tendencies towards detachment from the attachment object and anxious attachment behavior as a result of the child's caregiver being overly interventionist, neglectful, insensitive, unpredictable or rejecting, and defined such insecure attachment behavior as secondary conditioned strategies. Main (1990) noted that these secondary conditioned strategies can lead to negative schemas, negative models of self characterized by feelings of worthlessness and negative models of others in which others are perceived as inconsistent and untrustworthy. In addition, once mental models of both the self-model and the model of others are formed, they are resistant to change (Bretherton, 1992). Mary Ainsworth et al. (1978) developed an experimental procedure known as the Strange Situation to characterize the attachment styles of mothers and infants by observing their interactions in a laboratory setting. They identified three different attachment styles using observational studies in the “Strange Situation” procedure, in which attachment is classified according to individual differences. In laboratory conditions, it has been observed that “securely attached” infants experience distress when their mothers leave the room, but when their mothers re-enter the room, they show proximity, contact and relax, instead of showing avoidance and resistance, and engage in active exploration while their mothers are

in the room (Ainsworth, 1979). It has also been stated that they demonstrate the ability to maintain proximity, seek comfort, and use the caregiver as a "secure base for exploration" (Ainsworth, 1979). Caregivers of securely attached infants were also evaluated as responsive and available (Ainsworth, 1979). It has also been observed in the laboratory in infants with "anxious- ambivalently attachment". It has been observed that when their caregivers re-enter the room, anxious-ambivalently attached infants have an angry and anxious attitude towards their caregivers, even though they seek proximity and contact with them, and are preoccupied with them to the extent that they prevent their exploratory behavior (Ainsworth, 1979). Moreover, during home observations, it was observed that caregivers were intrusive and reacted inconsistently to the infants' signals or were sometimes unavailable (Ainsworth, 1979). It has also been observed in the laboratory in infants with "anxious-avoidantly attachment". It has been observed that infants with avoidant attachment are not disturbed by their caregivers leaving the room, and infants avoid contact with their caregivers when caregivers return to the room (Ainsworth, 1979). In addition, during home observation, it was stated that caregivers of infants with anxious-avoidant attachment constantly rejected their infants' offers of proximity (Ainsworth, 1979). As a result of later research, a fourth attachment style, "disorganized-disoriented attachment style", was added (Main & Solomon, 1990). The hallmark of this attachment style is the lack of a consistent strategy for managing anxiety. Disorganized-disoriented attachment consists of ambivalent and avoidant behavior. It has been suggested that caregivers of infants with disorganized-disoriented attachment styles may be depressed or abusive (Main & Hesse, 1990).

1.2.1. Adult Attachment

Although the initial aim of attachment theory was to clarify the emotional bond between infants and their caregivers, Bowlby (1969, 1982) suggests that attachment is a lifelong process that extends from "cradle to grave" (p. 208). In other words, Bowlby (1973, 1979) states that the self and others model developed in childhood constantly influences the individual's life, that is, the attachment system is active throughout life. Bowlby (1977) underlined that attachment is not limited to infancy and childhood, and stated that attachment is related to the capacity to establish emotional bonds in adulthood, marital problems, and also forms the basis of adult dysfunctions. Furthermore, George et al. (1985) improved "The Adult Attachment Interview", a semi-structured interview scale that focuses on adults'

representations of attachment relationships in their childhood, in order to investigate adults' attachment relationships. In addition, the research revealed that, based on "adults' childhood attachment relationships", the attachment styles proposed by Ainsworth and colleagues may also be valid for "adult attachment styles" (Main et al., 1985). Moreover, Hazan and Shaver (1987) focused on love relationships in adulthood and defined romantic love as a process of attachment, in addition to this, they improved a self-report procedure by adapting the attachment classifications defined by Ainsworth and colleagues to romantic relationships in adulthood. That is, while Main's focus in adult attachment is adults' representations of childhood experiences, Hazan and Shaver's focus is adults' attitudes and beliefs in romantic love relationships. What is more, a crucial distinction between adult and infant attachment is that adult attachment encompasses a combination of various behavioral systems, including attachment, caregiving, and sexual mating components (Shaver et al., 1988). In subsequent studies on attachment styles, Bartholomew (1990) divided the avoidant attachment category into fearful and dismissing attachment categories, as he observed that people in the avoidant attachment category exhibited different behavioral patterns within themselves. Thus, the four-group attachment model was created by Bartholomew. This model is defined using combinations of one's "internal model of the self (positive or negative)" and one's "internal model of others (positive or negative)" (Bartholomew & Horowitz, 1991). In the positive self model, individuals perceive themselves as deserving of support and love, whereas in the negative self model, individuals do not view themselves as deserving of support and love (Bartholomew & Horowitz, 1991). In addition, in the positive others model, other people are seen as approachable and trustworthy, while in the negative others model, other people are seen as rejecting and untrustworthy (Bartholomew & Horowitz, 1991). Moreover, these four attachment style models are conceptualized in terms of low or high dependency and intimacy avoidance dimensions in relationships (Bartholomew & Horowitz, 1991). More specifically, in the high-dependent response style, maintaining self-regard requires only constant acceptance from others, whereas in the low-dependent response style, self-regard is internalized and no external validation is needed, and in addition to this, a high or low degree of intimacy avoidance indicates the extent to which one avoids close contact with others behaviorally (Bartholomew & Horowitz, 1991). They (1991) recognized four distinct "adult attachment styles": "secure, preoccupied, dismissing, and fearful". It would also be beneficial to elaborate on these patterns.

Firstly, a secure attachment style is defined by a positive self-model, where individuals perceive themselves as worthy of affection, and a positive others model, where they regard others as dependable, consistent, supportive, and accessible (Bartholomew & Horowitz, 1991). Additionally, it is noted that adults with a secure attachment style often experienced warm and sensitive parenting during their childhood (Bartholomew, 1990). People with this attachment style maintain autonomy due to their low dependency on others, and they also exhibit high self-confidence and self-esteem (Bartholomew, 1990; Bartholomew & Horowitz, 1991). Furthermore, they can easily establish closeness with others in their relationships and do not experience critical interpersonal issues (Bartholomew 1990).

Secondly, a preoccupied attachment involves a negative self-model, where the individual perceives themselves as unworthy of love and experiences feelings of worthlessness and unlovability, alongside a positive model of others, where others are viewed positively (Bartholomew & Horowitz, 1991). It is also stated that they lived with parents who exhibited insensitive and inconsistent behavior in their childhood, and that they tried to explain the caregiver's lack of love with their own worthlessness (Bartholomew 1990). Preoccupiedly attached people, who have an intense desire to obtain the approval of others, tend to experience dependent relationship patterns caused by feelings of worthlessness (Bartholomew 1990; Bartholomew & Horowitz, 1991). In addition, preoccupied attached individuals constantly try to reach out to others in their relationships, not avoiding closeness to meet their dependency needs (Bartholomew & Horowitz, 1991).

Thirdly, the fearful attachment style represents the polar opposite of the secure attachment style, entailing a combination of negative self and negative others models (Bartholomew & Horowitz, 1990). In this sense, individuals with a fearful attachment style combine their negative self-perception and the feeling of being unlovable, worthless with negative expectations that others are unreliable, rejecting, and unattainable (Bartholomew 1991). It is stated that adults with a fearful attachment style experienced psychologically unreachable and rejecting parenting in their childhood (Bartholomew 1990). People with a fearful attachment style avoid establishing close relationships with others in order to protect themselves against expectations of rejection by others, and since they have a self-value based on the acceptance and approval of others, their level of dependency in their relationships is high (Bartholomew 1991).

Finally, dismissing attachment style involves the combination of positive self and negative others model (Bartholomew & Horowitz, 1990). Individuals exhibiting a dismissing attachment style perceive themselves as deserving of love and possess high self-esteem, but at the same time they have negative attitudes towards others, that is, they see others as uncaring, untrustworthy, and rejecting (Bartholomew 1990). It is stated that adults with a dismissing attachment style experienced rejecting and cold parenting in their childhood and also had parents who did not support them during times of stress in their childhood (Bartholomew 1990). Individuals with a dismissing attachment style avoid close relationships to minimize disappointment and avoid harm, and they also defensively reject the necessity of close relationships because they place too much emphasis on autonomy and in addition to this, they typically internalize a self-value that is relatively independent of the acceptance, approval, and appreciation of others, leading to reduced dependence in their relationships (Bartholomew & Horowitz, 1991).

1.3. Emotion Regulation

1.3.1. Emotion

"Emotion" is a multi-component process that elicits physiological, experiential, and behavioral response tendencies when an important situation arises for an individual, sometimes automatically and sometimes triggered by meaning analysis (Gross, 2002). Emotion is a complex phenomenon that includes interpersonal components, behavior, appraisal, physical sensation, objectives or purposefulness and various other mechanisms (Leahy et al., 2011). Furthermore, emotions can be described as situation-dependent, time-limited, and positive or negative states (McRae & Gross, 2020). Although emotions may appear to arise and fade away at will, the individual essentially has a significant impact on their emotions, in other words, individuals shape which emotions they experience and how they express those emotions (Gross, 2001). Emotional responses often help the person significantly in line with the demands of changing life conditions, but sometimes emotional responses can mislead the person and cause harm to the person and thus, when emotional responses are maladaptive to certain situations, the individual tries to regulate them to make them more suitable for one's own goals (Gross, 1999).

1.3.2. Emotion Regulation

Emotion regulation includes the initiation of novel emotional responses or attempts to alter the course of positive or negative emotional experiences with regulatory processes (Ochsner & Gross, 2005). In other words, “emotion regulation”, defined as attempts to impact emotions, focuses on both “intrinsic regulation”, which is regulating one's own emotions, and “extrinsic regulation”, which is regulating another person's emotions (Zaki & Williams, 2013). There are differences in conceptualizations of emotion regulation. Some conceptualizations highlight decreasing emotional arousal and controlling emotional expression, particularly negative emotions (Garner & Spears, 2000; Zeman & Garber, 1996). However, alternative perspectives make this conceptualization by taking into account the emotions' functional nature (Thompson, 1994). According to this alternative perspective, it is argued that emotion regulation and emotional control are distinct concepts and within this framework, it is recognized that emotion regulation does not necessarily entail the instant reduction of negative affect (Cole et al., 1994). Moreover, Gross (2013) mentions that in order to regulate emotion, a person needs to effectively monitor their current emotional responses, whether through implicit or explicit means. It is possible to say that emotion regulation, similar to any coping style, relies largely on the context and the specific situation at hand (Leahy et al., 2011).

It is also stated that the concept of emotion regulation consists of three core features (Gross & Thompson, 2007). The first feature of the aspect of emotion regulation is that the person regulates positive or negative emotions by increasing or decreasing them (Gross & Thompson, 2007). The second feature is that the emotion regulatory activity that occurs intentionally at the beginning subsequently happens without conscious awareness (Gross & Thompson, 2007). The third feature is that instead of evaluating any form of emotion regulation as good or bad, it is evaluated whether it makes things worse or better depending on the current situation (Gross & Thompson, 2007).

A conceptual framework is presented to understand emotion regulation processes with the “The process model of emotion regulation” developed by Gross (1998, 2001). According to Gross (1998), it is stated that emotions always occur, and therefore it is underlined that emotion regulation strategies temporarily intervene in the formation processes of emotions. When the process model is examined, it is seen that emotion

regulation strategies are defined in two general classes: “antecedent-focused strategies” and “response-focused strategies” (Gross, 1998). “Antecedent-focused strategies”, which are activated before emotions fully occur, include behavioral changes that occur before an emotional response to any situation (Gross & Thompson, 2007). “Response-focussed strategies”, which are activated after the formation of an emotional response, involve the person directly changing his/her emotional reactions (Gross & Thompson, 2007). In the emotion regulation process model, five emotion regulation strategies such as “situation selection”, “situation modification”, “attentional deployment”, “cognitive change”, “response modulation” are emphasized (Gross, 2001). The first four of these processes in the emotion regulation process model are “antecedent-focused strategies”, and the fifth is a “response-focused strategy” (Gross, 2001). To explain the emotion regulation strategies mentioned in the emotion regulation process model, it is useful to first mention the “situation selection” strategy (Gross, 2001). Situation selection strategy is the choice between existing situations in order to regulate one's emotions, that is, it involves entering into or avoiding situations that bring out desired or undesired emotions (Gross, 2001). Secondly, the “situation change” strategy involves modifying the situation to alter how it affects emotions following situation selection (Gross, 2001). Thirdly, the “attentional deployment” strategy is choosing the direction to focus on because situations have different aspects. It involves focusing attention on a particular aspect of the situation (Gross, 2001). Fourthly, the “cognitive change” strategy involves focusing on a specific aspect of the situation and then choosing the meaning to give to the situation (Gross, 2001). Finally, the “response modulation” strategy includes attempts to regulate the emotion after the emotion emerges, that is, after emotional, physiological or behavioral reactions begin to be given (Gross, 2001). In addition, two forms of emotion regulation are mentioned in the process model: “cognitive reappraisal” and “expressive suppression” (Gross & Thompson, 2007). In “cognitive reappraisal”, which is a process of “antecedent-focused emotion regulation”, the current situation is re-evaluated in order to reduce the emotional impact of a situation, and as a result, new resources can be sought to cope with the situation or the way of thinking can be changed (Gross & Thompson, 2007). In “expressive suppression”, which is a “response-focussed emotion regulation process”, the emotion experienced is prevented and in this case, the person tries to control his/her emotional responses and reduce or hide them (Gross & Thompson, 2007).

Gratz and Roemer (2004) also propose a “conceptualization of emotion regulation”. Based on Gratz and Roemer's (2004) conceptualization of emotion regulation, the first stage of emotion regulation involves awareness and understanding of emotions. The second stage includes “acceptance of emotions” (Gratz & Roemer, 2004). The third stage involves the person's ability to act in accordance with his/her goal and control some impulsive behavior in case he/she experiences negative emotions (Gratz & Roemer, 2004). The final stage involves the person's ability to use emotion regulation strategies appropriate to the situation (Gratz & Roemer, 2004). When a person uses an emotion regulation strategy appropriate to the situation, they can modulate their emotional responses to meet demands and achieve goals (Gratz & Roemer, 2004). It is stated that in case of relative deficiency of any of these four stages mentioned in the conceptualization of emotion regulation, individuals have difficulty in regulating their emotions (Gratz & Roemer, 2004).

1.3.3. Emotion Regulation Difficulties

“Emotion regulation difficulties” include lack of awareness and acceptance regarding emotions, lack of clarity of emotional responses, restricted access to effective emotion regulation strategies, and when experiencing negative emotions, challenges in controlling impulses and difficulties exhibiting goal-directed behavior (Gratz & Roemer, 2004).

Leahy et al. (2011) characterizes emotion dysregulation as an incapacity or difficulty in effectively managing or dealing with emotional experiences and underlines that this dysregulation can occur as over-deactivation or over-intensification of emotion. Excessive deactivation of emotion encompasses experiencing depersonalization or emotional numbness in the face of experiences that would typically be anticipated to lead to emotional intensity, such as being faced with a life-threatening event (Leahy et al., 2011). Excessive intensification of emotion involves an increase in the intensity of an emotion such as fear, terror, or panic that a person experiences as unwanted or problematic, and the person has difficulty in tolerating these emotions during these increases (Leahy et al., 2011).

1.4. Self-Compassion

The concept of self-compassion exhibits fundamental similarities to compassion overall. Therefore, for a thorough comprehension of self-compassion, it is beneficial to consider what happens in the experience of compassion in a broader sense (Neff, 2003a). Compassion is described as the feeling that emerges when witnessing the suffering of another and subsequently prompts the desire to help (Goetz et al., 2010). Compassion is a warm, non-judgmental, caring feeling that includes a wanting to help (Neff 2023). To experience compassion, one must turn to pain, and this requires awareness and confronting discomfort (Neff 2023). Compassion is fundamentally characterized by a sense of connection with others who are experiencing suffering, rather than a feeling of isolation from them (Neff 2023). Compassion is similar when directed at our own suffering and encompasses offering ourselves understanding and support, feeling like we are with others undergoing suffering and also accepting the existence of our own pain and being present with it (Neff 2023).

Self-compassion can take both a nurturing, tender form and a powerful, fierce form (Neff 2021). For example, it can take a tender form when it aims at self-acceptance, while it can take a fierce form when it aims at self-protection (Neff 2021).

Furthermore, self-compassion is inward-directed compassion (Neff & Germer, 2017). In a parallel manner to expressing compassion for the pain experienced by others, self-compassion encompasses the capacity to acknowledge one's own distress, maintaining openness to it rather than evading or suppressing it (Neff & Germer, 2017). This entails cultivating a genuine desire to alleviate one's own suffering and facilitate self-recovery through acts of kindness (Neff & Germer, 2017). Self-compassion refers to a positive emotional disposition towards oneself, where individuals extend feelings of kindness and care towards themselves and also aids in motivating productive behavior and serves as a defense against the detrimental impacts of self-judgment (Neff, 2003a). Self-compassion also underscores the importance of treating all individuals with kindness and compassion, and emphasizes that compassion for oneself is necessary and thus, self-compassion involves a balanced integration between concern for others and concern for oneself (Neff, 2003a). What's more, self-compassion can contribute to diminishing feelings of threat and improving a sense of safety (Gilbert & Procter, 2006). Self-compassion includes providing

acknowledging of one's failures, inadequacies, or suffering without judgment, thereby viewing one's experience as part of the broader human experience (Neff & Pommier, 2013). Neff (2003a) conceptualizes self-compassion as a complex structure that has 3 main components: “self-kindness, common humanity, mindfulness”.

1.4.1. The Elements of Self-Compassion

1.4.1.1. Self-Kindness

Self-kindness involves showing compassion, understanding, and kindness toward oneself during times of inadequacy or distress, as opposed to being harsh and critical (Neff, 2009). Moreover, more than just ending self-criticism, self-kindness involves actively taking an interest in and caring about one's own distress (Neff, 2023). An example of self-kindness is to approach oneself gently and be supportive using an emotional tone of language when one notices an aspect of oneself that one does not like (Neff, 2009). Thus, when a person feels inadequate, he/she accepts unconditionally instead of attacking himself/herself (Neff, 2009). Through self-compassion, people openly acknowledge their challenges and limitations, engaging in an inner dialogue characterized by encouragement, non-judgment and politeness rather than adopting a harsh and condescending tone, thereby endeavoring to take essential steps to help themselves (Germer & Neff, 2013).

1.4.1.2. Common Humanity

“The sense of common humanity” includes acknowledging that imperfection is inherent in human nature, and that everyone experiences failures, makes mistakes, and faces significant life challenges (Neff & Pommier, 2013). Self-compassion allows for a broader, more inclusive perspective on personal characteristics by connecting individual flaws to the “shared human condition” (Smeets et al., 2014). Additionally, life challenges are included in the shared human experience, so that a person can feel connected to others even when experiencing personal struggles (Neff & Pommier, 2013). However, sometimes when people are faced with predicament, they may tend to believe that they are the only ones who can cope with predicament, and they may feel a sense of isolation towards people who they think do not experience predicament (Neff & Pommier, 2013). In this situation, the individual may feel less isolated by recognizing that they are not the only one experiencing difficult

situations through the shared human experience, accepting that everyone can experience difficult situations (Germer & Neff, 2013).

1.4.1.3. Mindfulness

Mindfulness entails a person to be aware of distressing and painful emotions and thoughts and see them as they are, without attempting to suppress or avoid them (Smeets et al., 2014). For an individual to offer themselves compassion, they must initially realize their own suffering. Mindfulness allows a person to witness their experiences by resisting avoiding painful feelings and thoughts (Neff & Germer, 2017). With mindful awareness of personal suffering, it is necessary to be careful not to get carried away by over-identification with negative feelings and thoughts, because over-identification narrows the person's focus and causes a negative self-concept (Germer & Neff, 2013). Mindfulness is also a state of mind that is understanding and non-judgmental (Brown & Ryan, 2003). People acknowledge their emotions and thoughts in their natural state, without attempting to suppress or reject them, through mindfulness.

1.5. Review of Relationships Among Variables

1.5.1. Attachment Style and Eating Behavior

Understanding the complex relationship between individuals' eating behavior and attachment styles has become an important focus for researchers. A review of the literature reveals that attachment styles, which hold substantial significance in shaping life of an individual, exert an influence on eating behavior. Reviewing studies investigating the connection between individuals' eating behavior and attachment styles reveals that numerous studies have identified a significant link between attachment insecurities and eating behavior (Caglar-Nazali et al., 2014; Faber et al., 2018; Tasca et al., 2011; Ward et al., 2000).

Kiang and Harter (2006) conducted research involving 146 female participants, revealing that attachment avoidance and anxiety regarding relationships with mothers, fathers, and romantic partners can predict psychological factors linked to eating disorders, consequently elevating the likelihood of disordered behavior.

In research conducted by Alexander and Siegel (2013) with 97 undergraduate

students, they discovered a positive association between attachment anxiety and emotional eating, with perceived hunger serving as a mediating factor. Nevertheless, they did not find any notable correlation between attachment avoidance and various indicators of emotional eating or overeating in their study (Alexander & Siegel, 2013).

Orzolek-Kronner (2002) found that adolescent females with insecure attachment are more likely to develop eating disorders than those with secure attachment.

The study carried out by Broberg et al. (2001) involving 460 female participants aged 18-24 elaborates on how caregiver's overprotective attitudes, negative communication with children, and failure to establish healthy trust-based relationships significantly contribute to the development of unhealthy eating behaviors over time.

In the another study “The role of body dissatisfaction in the effect of attachment insecurity in the development of eating disturbances according to gender”, conducted by Koskina and Giovazolias (2010) with 100 males and 381 females university students, the impact of insecure attachment on symptoms of eating disturbances was determined.

Moreover, in research conducted by Pace et al. (2012) consisting of 233 females in late adolescence, “the association between quality of attachment, perception of the father’s bond, and binge eating symptoms” was examined (p. 282). The study's results unveiled that individuals showing signs of binge eating exhibited lower scores in secure attachment and paternal care, yet higher scores in preoccupied and fearful attachment (Pace et al., 2012). Consequently, binge eating symptoms were inversely linked with secure attachment styles but positively correlated with preoccupied and fearful attachment (Pace et al., 2012). Furthermore, it is noteworthy that in instances where preoccupied attachment levels were elevated in the data, binge eating symptoms decreased when paternal care was high (Pace et al., 2012).

In a research examining the “relationships among attachment styles, personality characteristics, and disordered eating”, with 85 female participants, revealed that the “relationships between attachment style and disordered eating are indirect” (Eggert et al., 2007, p. 149). Moreover, it was found that neuroticism acted as a complete mediator in the connections between insecure attachment and disordered eating behavior (Eggert et al., 2007).

1.5.2. Attachment Style and Emotion Regulation Difficulties

In their study comprising a sample of 284 adults, Marganska et al. (2013) investigated the associations among attachment, emotion dysregulation, and symptoms indicative of "generalized anxiety disorder" and "depression". Based on the results of the research, secure attachment was linked with lower rates of generalized anxiety disorder and depression, and was also linked with lower emotion regulation difficulties (Marganska et al., 2013). Conversely, "insecure attachment" was linked with elevated scores of "depression" and "generalized anxiety disorder", along with heightened "emotion dysregulation" (Marganska et al., 2013). Additionally, the findings of the study reveal that the relationship between "insecure attachment" and both "depression" and "generalized anxiety disorder" symptoms is mediated by "emotion dysregulation" (Marganska et al., 2013).

Nielsen et al. (2017) conducted a study with 147 participants, including 90 diagnosed with anxiety disorders, to investigate how emotion regulation influences the relationship between avoidance and anxiety attachment dimensions and anxiety symptoms. According to the findings of the study, it is understood that the relationship between "anxiety" and "attachment anxiety" is mediated by "emotion dysregulation", and in addition to this, "emotion dysregulation" was found to be significantly related to the "attachment anxiety and anxiety symptoms" (Nielsen et al., 2017). However, it appears that the attachment avoidance dimension is not related to either difficulty in emotion regulation or anxiety symptoms (Nielsen et al., 2017).

1.5.3. Attachment Style and Self Compassion

In the findings of Neff and McGehee 's (2010) study examining self-compassion among adolescents, it was determined that "attachment style predicted self-compassion, with secure attachment positively associated with self-compassion, and preoccupied and fearful attachment negatively associated with self-compassion", otherwise, "dismissive attachment was not significantly linked to self-compassion" (p. 231).

Raque-Bogdan et al. (2011) concentrate on examining the connections between adult attachment and both mental and physical health in their research. In the research conducted on a sample of 208 university students, the role of positive psychology concepts such as self-

compassion and mattering in these relationships was examined (Raque-Bogdan et al.,2011). Findings showed that “attachment anxiety and avoidance were strongly related to mental health component”, and in addition, “mattering and self-compassion” played a mediating role in the “relationships between attachment orientation and mental health” (Raque-Bogdan et al.,2011, p. 272). The results show that people's ability to be kind to themselves, their sense of belonging and importance to others, and their orientation of attachment are related to mental health (Raque-Bogdan et al., 2011).

In their study with samples of both 195 university students and 136 community adults, Wei et al. (2011) reported a negative relationship between attachment anxiety and self-compassion in both groups. Additionally, they showed that “self-compassion” mediated “the link between attachment anxiety and subjective well-being” in “college students and community adults” (Wei et al., 2011). This finding suggests that attachment anxiety is directly linked to subjective well-being, and that a lack of self-compassion acts as a mediator, explaining the negative correlation between attachment anxiety and subjective well-being (Wei et al., 2011). Furthermore, the results indicate that people with a secure attachment style possess greater self-compassion than those with an anxious attachment style, and that the link between “attachment avoidance and self-compassion” was significant in adults but not in students (Wei et al., 2011).

Pepping et al. (2015) carried out two investigations exploring the roots of self-compassion. In their initial study, they discovered that among 329 participants, “recall of high parental rejection and overprotection, and low parental warmth in childhood predicted low self-compassion” (Pepping et al., 2015, p. 104). It was found that this relationship was “mediated by attachment anxiety”, but not by “attachment avoidance” (Pepping et al., 2015). Additionally, in the second study examining the origins of self-compassion, the attachment security of 32 participants was experimentally primed and it was found that this caused an increase in self-compassion (Pepping et al., 2015). The findings indicate that “early childhood experiences and attachment” can dramatically impact the “development of self-compassion” (Pepping et al., 2015).

1.5.4. Emotion Regulation Difficulties and Eating Behavior

Haynos et al. (2018b) investigated the connection between restrained eating and

difficulties in emotion regulation in a study involving 98 undergraduate students. The results revealed that individuals who were not diagnosed with an eating disorder and practiced restrained eating experienced difficulties regulating their emotions.

Gouveia et al. (2019) investigated "the associations between mindfulness, self-compassion, difficulties in emotion regulation and emotional eating among adolescents with overweight/obesity" (p. 273). The study's findings indicate that emotion regulation difficulties serve as a mediator in both the relationships between self-compassion and emotional eating, and mindfulness and emotional eating (Gouveia et al., 2019). The analysis revealed that increased self-compassion and mindfulness were linked to reduced emotion dysregulation, which correlated with reduced emotional eating (Gouveia et al., 2019). Additionally, a positive relationship has been determined between emotion dysregulation and emotional eating (Gouveia et al., 2019).

In their research with a sample of 222 secondary school students, Mills et al. (2015) explore how emotion regulation mediates the connection between emotional maltreatment and eating disorders among adolescents. According to the results of the study, eating disorders were found to be linked with both dysfunctional emotion regulation strategies and emotional abuse (Mills et al., 2015). Furthermore, the findings of the study found that the "relationship between emotional abuse and disordered eating" was mediated by "dysfunctional emotion regulation" and in addition to this, "dysfunctional emotion regulation" plays a crucial role in the "development of disordered eating" (Mills et al., 2015).

1.5.5. Emotion Regulation Difficulties and Self Compassion

Finlay-Jones et al. (2015) conducted a study involving 198 participants, comprising 73 psychologists and 125 post-graduate psychology trainees, to assess the emotion regulation model of self-compassion and stress. The results of the study revealed that "self-compassion significantly negatively predicted emotion regulation difficulties and stress symptoms", and further indicated that the association between "self-compassion and stress" is mediated by "emotion regulation difficulties" (Finlay-Jones et al., 2015, p. 1).

Scoglio et al. (2015) investigated the influence of self-compassion and emotion regulation on responses to trauma among 168 women diagnosed with PTSD undergoing

treatment. The study's results revealed that “emotion dysregulation mediated the relationship between PTSD symptom severity and self-compassion and affected the relationship between self-compassion and resilience” (Scoglio et al., 2015, p. 1).

Vettese et al. (2011) examined the correlation among self-compassion, childhood maltreatment, and subsequent emotion dysregulation in their study involving 81 youth seeking treatment for problematic substance use. Results indicate a negative association between self-compassion and both “childhood maltreatment” and “emotion dysregulation” (Vettese et al., 2011). Furthermore, “self-compassion mediated the relationship between childhood maltreatment severity and later emotion dysregulation” (Vettese et al., 2011, p. 480).

1.5.6. Self Compassion and Eating Behavior

Shipley (2019) investigated the association between self-compassion and eating disorders in her study consisting of a sample of 88 adults who were restrained eaters. According to the findings of the study, highly restrained eaters reported lower levels of uncontrolled eating if they had high self-compassion (Shipley, 2019).

Ferreira et al. (2013) explored the function of self-compassion in relation to shame and dissatisfaction with body image in a study encompassing 102 female patients diagnosed with eating disorders and 123 females drawn from the general population. According to the study's findings, “self-compassion was negatively associated with external shame, general psychopathology, and eating disorders' symptomatology” (Ferreira et al., 2013, p. 207).

Bicaker et al. (2023) examine the function of self-compassion in the correlation between interpersonal rejection and unhealthy eating behavior in their research involving 200 undergraduate students. The findings of the study show that individuals who experienced rejection and had high self-compassion levels experienced less negative emotion intensity following rejection and indicated fewer unhealthy eating during this negative emotion intensity, in contrast to individuals with lower levels of self-compassion (Bicaker et al., 2023). Moreover, no significant association was found between “rejection and unhealthy eating behaviors” in individuals with high levels of self-compassion, meaning

that “self-compassion” moderated “the indirect effect of rejection on unhealthy eating” (Bicaker et al., 2023).

In another study, two studies were conducted with female undergraduate students to investigate the relationships between “maladaptive perfectionism, body image satisfaction, disordered eating behavior and self-compassion” (Barnett & Sharp, 2016). The results of the first study showed that the relationship between “maladaptive perfectionism” and “body image dissatisfaction” was mediated by “self-compassion” (Barnett & Sharp, 2016). The outcome of the second study revealed that “self-compassion” did not serve as a mediator in the association between “maladaptive perfectionism and eating disorders” (Barnett & Sharp, 2016). According to the findings obtained from all analyses, it was understood that self-judgment, one of the components of self-compassion, acted as the most reliable mediator (Barnett & Sharp, 2016). Moreover, negative self-evaluations serve as the mechanism through which maladaptive perfectionism influences both body image satisfaction and eating disorders (Barnett & Sharp, 2016).

Adams and Leary (2007) examined the impact of inducing self-compassion on overeating behavior subsequent to the consumption of an unhealthy food preload in their research involving 84 female undergraduate students exhibiting strict and restrained eating behavior. Half of the individuals were instructed to consider compassionately about what they ate after the preload, whereas the control group was not given any specific instructions and, following this, individuals were given a test of taste and their candies consumption was recorded (Adams & Leary, 2007). Based on the study's findings, it was exposed that individuals in the self-compassion condition reported lower levels of guilt and consumed less of the given candies compared to those in the control condition (Adams & Leary, 2007). Thus, based on the outcomes of this research, it is evident that self-compassion leads to a decrease in overeating (Adams & Leary, 2007).

1.5.7. Attachment, Self-Compassion, Emotion Regulation Difficulties and Disordered Eating Behavior

When the literature was examined, it was seen that there was a relationship between attachment style and eating behavior (Alexander & Siegel, 2013; Orzolek-Kronner, 2002 ; Pace et al., 2012), attachment style and emotion regulation difficulties (Marganska et al.

2013; McDonald et al., 2016; Nielsen et al., 2017), attachment style and self compassion (Neff & McGehee, 2010; Raque-Bogdan et al. 2011; Wei et al., 2011), emotion regulation difficulties and eating behavior (Gouveia et al., 2019; Haynos et al., 2018b; Mills et al., 2015), emotion regulation difficulties and self compassion (Finlay-Jones et al., 2015; Scoglio et al., 2015; Vettese et al., 2011), self compassion and eating behavior (Bicaker et al., 2023; Ferreira et al., 2013; Shipley, 2019). As a result of the literature review, it is understood that these research areas need to be examined in more detail. When past research is examined, it appears that the focus is mostly on the attachment relationships of pathological eaters, and this has a limited impact on the general population. Additionally, it is noteworthy that the distribution of men and women in the studies is not equal. Therefore, the study aims to investigate the relationships between attachment and eating behavior in a non-clinical sample by keeping the distribution of men and women equal to reflect the general population. Additionally, when the literature is examined, it is seen that there is a need to examine the variables that affect the relationship between attachment styles and eating behavior. There is a gap in the literature regarding the role of self-compassion and emotion regulation difficulties in the relationship between people's attachment styles and eating behavior, and no study has been found in the literature that examines these four variables simultaneously. Specifically, when the literature is examined, it is seen that there is no study examining the mediating role of self-compassion in the relationship between attachment styles and eating behaviors, and it is understood that there is a need to further investigate the mediating effect of emotion regulation difficulties. Hence, another objective of the research is to investigate potential mediating mechanisms in the association between attachment styles and eating behavior, incorporating variables such as emotion regulation difficulty and self-compassion. It is thought that this study will contribute to the literature by filling these gaps in the literature.

In the light of this information, the following research questions and hypotheses were developed in the current study:

Research Question 1: Is disordered eating behavior significantly higher in females than in males?

H1: Disordered eating behavior is significantly higher in females compared to males.

Research Question 2: Is dieting behavior significantly higher in females than in

males?

H2: Dieting behavior is significantly higher in females compared to males.

Research Question 3: Is disordered eating behavior significantly higher in individuals with a history of dieting than in individuals without a history of dieting?

H3: Disordered eating behavior is significantly higher in individuals with a history of dieting than in individuals without a history of dieting.

Research Question 4: Is there a significant relationship between attachment styles and eating behavior?

H4: There is a significant relationship between attachment styles and eating behavior.

H4.1: There is a negative correlation between secure attachment style and disordered eating behavior.

H4.2: There is a positive correlation between insecure attachment styles and disordered eating behavior.

Research Question 5: Is there a significant relationship between attachment styles and emotion regulation difficulties?

H5: There is a significant relationship between attachment styles and emotion regulation difficulties

H5.1: There is a negative correlation between secure attachment style and emotion regulation difficulties.

H5.2: There is a positive correlation between insecure attachment styles and emotion regulation difficulties.

Research Question 6: Is there a significant relationship between attachment styles and self-compassion?

H6: There is a significant relationship between attachment styles and self-compassion.

H6.1: There is a positive correlation between secure attachment style and self-compassion.

H6.2: There is a negative correlation between insecure attachment styles and self-

compassion.

Research Question 7: Is there a significant positive relationship between emotion regulation difficulties and disordered eating behavior?

H7: There is a significant positive correlation between emotion regulation difficulties and disordered eating behavior.

Research Question 8: Is there a significant negative relationship between emotion regulation difficulties and self-compassion?

H8: There is a significant negative correlation between emotion regulation difficulties and self-compassion.

Research Question 9: Is there a significant negative relationship between self-compassion and disordered eating behavior?

H9: There is a significant negative correlation between self-compassion and disordered eating behavior.

Research Question 10: Do emotion regulation difficulties have a mediating role in the relationship between attachment styles and eating behavior?

H10: The mediating role of emotion regulation difficulties in the relationship between attachment styles and eating behavior are significant.

Research Question 11: Does self-compassion have a mediating role in the relationship between attachment styles and eating behavior?

H11: The mediating role of self-compassion in the relationship between attachment styles and eating behavior is significant.

2. METHOD

2.1. Participants

The study was conducted using online questionnaires through Google Forms to collect a convenience sample of volunteers. The online study was completed by 250 participants, 125 women and 125 men.

The demographic characteristics of the research participants can be presented in a Table 1. This table will include five columns: Variable, Question, Categories, Frequency (f), and Percentage (%). The table provides a comprehensive overview of the demographic characteristics of the participants in the study.

Table 1

Demographic Characteristics of Participants

Variable	Question	Categories	f	%
Gender	What is your gender?	Male	125	50.0
		Female	125	50.0
Relation	What is your relationship status?	No relationship	69	27.6
		Single, in a relationship	50	20.0
		Married	131	52.4
Education	What is your educational status?	Primary	14	5.6
		High School	47	18.8
		University	142	56.8
		Master's	40	16.0
		Doctorate	7	2.8
BMI	BMI	Underweight	7	2.8
		Normal weight	94	38.1
		Overweight	100	40.5
		Obesity	46	18.6

Satisfaction	How satisfied are you with your weight?	Not at all satisfied	28	11.2
		Not satisfied	101	40.4
		Satisfied	93	37.2
		Very satisfied	28	11.2
Imagine	How do you perceive your current weight?	Very thin	1	0.4
		Thin	12	4.8
		Normal	116	46.4
		Overweight	99	39.6
		Very overweight	22	8.8
Activity	Do you regularly engage in physical activity?	No	168	67.2
		Yes	82	32.8
Weekly activity	How many times a week do you engage in physical activity?	Once a week	5	6.1
		1-3 times a week	50	61.0
		More than 3 times a week	27	32.9
Health	Do you have any physical health issues?	No	218	87.2
		Yes	32	12.8
Medicine	Are you regularly taking any medication?	No	218	87.2
		Yes	32	12.8
Psychiatric support	Have you ever received any psychiatric help?	No	168	67.2
		Yes	82	32.8
Dietitian support	Have you ever received support from a dietitian?	No	59	41.8
		Yes	82	58.2
Psychiatric medication	Have you ever used any psychiatric medication?	No	212	84.8
		Yes	36	14.4

Diagnosis	Have you received a psychiatric diagnosis?	No	44	53.7
		Yes	38	46.3
Diet	Have you ever followed a diet (regimen)?	No	109	43.6
		Yes	141	56.4

The demographic characteristics of the participants in this research are evenly distributed in terms of gender, with males and females each comprising 50% (n=125, 50.0%) of the sample. This gender balance provides a robust basis for examining gender-related differences or similarities in the study. The majority of participants are married (n=131, 52.4%), followed by individuals who are single but in a relationship (n=50, 20.0%), and those not in a relationship (n=69, 27.6%). Participants predominantly hold a university degree (n=142, 56.8%). This is followed by those with a high school education (n=47, 18.8%), master's degree (n=40, 16.0%), primary education (n=14, 5.6%), and doctoral degree (n=7, 2.8%). The BMI categorization of participants shows a diverse distribution: overweight (n=100, 40.5%) and normal weight (n=94, 38.1%) are the most common, followed by obesity (n=46, 18.6%) and underweight (n=7, 2.8%). This range in BMI categories allows for a comprehensive analysis of health-related factors across different weight categories.

Regarding satisfaction, the largest group of participants are not satisfied (n=101, 40.4%), followed closely by those who are satisfied (n=93, 37.2%). Participants who are very satisfied or not satisfied at all each constitute 11.2% (n=28, 11.2%) of the sample. Self-perception of body weight shows that most participants consider themselves normal (n=116, 46.4%) or overweight (n=99, 39.6%), with fewer considering themselves very overweight (n=22, 8.8%) or underweight (n=12, 4.8%). A significant majority do not engage in weekly physical activity (n=168, 67.2%), while 32.8% (n=82) do. A large proportion of participants do not have health issues (n=218, 87.2%) and do not take medication (n=218, 87.2%). Among those who do, a small percentage receive psychological (n=82, 32.8%) or dietetic support (n=82, 58.2%). In terms of psychological diagnosis and treatment, 46.3% (n=38) of the participants who receive psychological support have a diagnosis, and 56.4% (n=141) maintain a diet log.

In this study, age and Body Mass Index (BMI) are considered as continuous variables to understand the demographic characteristics of the participants. The analysis of these variables is crucial as they provide insights into the physical and age-related dynamics of the sample population The following table presents the descriptive statistics for BMI and age among the participants. This includes the number of participants (N), the minimum and maximum values, the mean (average), and the standard deviation, which measures the amount of variation or dispersion in a set of values.

Table 2

Descriptive Statistics for BMI and Age

Variable	N	Minimum	Maximum	Mean	Std. Deviation
BMI	250	15.78	49.77	26.46	5.13
AGE	250	18	74	41.48	14.49

The BMI of the participants ranges from 15.78 to 49.77, with an average BMI of 26.46 and a standard deviation of 5.13. This wide range indicates a diverse sample in terms of body weight relative to height, encompassing underweight to obese categories. The mean BMI slightly exceeds the upper limit of the normal BMI range (18.5 - 24.9), indicating a tendency towards overweight in the sample.

The age of participants varies from 18 to 74 years, with a mean age of 41.48 and a standard deviation of 14.49. This significant age range ensures a representation across different life stages, from young adulthood to older age. The substantial standard deviation suggests a wide variation in the ages of the participants, which is beneficial for examining age-related trends or outcomes. Descriptive statistics for BMI and age are presented in Table 2.

2.2. Data Collection and Procedure

Data were collected through convenience sampling via Google Forms, one of the online data collection tools. Participants were asked to first read the Informed Consent Form (see Appendix A) and begin answering questions after voluntarily agreeing to participate in

the study. Then, participants completed the Sociodemographic Form (see Appendix B), Relationship Scales Questionnaire (RSQ; Sümer & Güngör, 1999) (see Appendix C), Self-Compassion Scale (SCS; Akın et al., 2007) (see Appendix D), Difficulties in Emotion Regulation Scale (DERS; Rugancı & Gençöz, 2010; Kavcıoğlu & Gençöz, 2011) (see Appendix E) and Dutch Eating Behavior Questionnaire (DEBQ; Bozan, 2009) (see Appendix F). Ultimately, participants were informed about the aims of the study through a Debriefing Form (Appendix G). The survey took approximately 15 minutes to complete. At the end of the study, participants were thanked for their participation and given an e-mail address to contact if they needed more information. In addition, the contact information of Yeditepe University Hospital Clinical Psychology Unit, which participants could contact if they were not feeling well, was also provided.

2.3. Research Ethics

This study was approved by Yeditepe University Social Sciences and Humanities Ethics Committee (see Appendix H). In this study, no identification information is required for confidentiality. Participation in the research is on a voluntary basis. Informed consent was obtained from all participants at the beginning of the study. Additionally, participants were informed that they could withdraw from the study without stating any reason.

2.4. Data Collection Instruments

The study utilized a variety of psychometric tools to evaluate distinct psychological aspects. Demographic Form, The Relationships Scales Questionnaire (RSQ; Sümer & Güngör, 1999), Self-Compassion Scale (SCS; Akın et al., 2007), Difficulties in Emotion Regulation Scale (DERS; Rugancı & Gençöz, 2010; Kavcıoğlu & Gençöz, 2011), Dutch Eating Behaviour Questionnaire (DEBQ; Bozan, 2009) were used to collect data. These tools were chosen for their relevance to the study's objectives and their proven reliability and validity in existing literature. A Likert-type scale was employed across all instruments, where higher scores indicate a stronger manifestation of the assessed psychological construct. The following outlines each measure used in the study, along with their specific characteristics and reliability coefficients as indicated by their Cronbach's alpha values:

2.4.1. Demographic Form

The sociodemographic form (see Appendix B) included questions about gender, age, relationship status, occupation, education level, height, weight, how satisfied the respondent was with his/her weight, how the respondent evaluated himself/herself because of his/her current weight, whether the respondent engaged in regular physical activity, whether the respondent had any physical health problems, whether the respondent had received any psychiatric help in the past or currently, whether the respondent had received any psychiatric diagnosis, whether the participant has dieted in the past or currently, and whether the respondent has received support from a dietitian.

2.4.2. The Relationships Scales Questionnaire

"The Relationship Scales Questionnaire" developed by Griffin and Bartholomew (1994) is a self-report scale used to measure attachment style (Sümer & Güngör, 1999). The Relationship Scales Questionnaire consists of 30 items in total. The 17 items of the questionnaire measure attachment styles and include four subscales: "secure", "fearful", "preoccupied" and "dismissing" attachment (Griffin & Bartholomew, 1994; Sümer & Güngör, 1999). The scale follows a 7-point Likert type format, requiring participants to assess each item based on the extent to which it reflects their own attitudes and behaviors in close relationships (Griffin & Bartholomew, 1994; Sümer & Güngör, 1999). With the relationship scales survey, the scores obtained from the subscales in the survey are compared according to the answers of the participants in order to determine which of the attachment styles "secure", "fearful", "preoccupied" and "dismissing" (Griffin & Bartholomew, 1994; Sümer & Güngör, 1999). The attachment style that falls on the subscale on which the participant scores the most is considered the participant's attachment style. (Griffin & Bartholomew, 1994). Increases in scores in attachment styles other than secure attachment style indicate insecure attachment. In Griffin and Bartholomew's (1994) study, the alpha values of the subscales in the original form of the Relationship Scales Questionnaire ranged from .41 to .71. Also, Turkish adaptation of the relationship scales questionnaire was completed with the study conducted on university students by Sümer and Güngör (1999). In the adaptation study of the scale, the internal consistency coefficients of the subscales were determined to be between .27 and .61, and in addition, test-retest reliability was found to be

between .54 and .78" (Sümer & Güngör, 1999). However, despite their relatively low internal consistency, the subscales of the Relationship Scales Questionnaire demonstrated acceptable test-retest reliability. Griffin and Bartholomew (1994) posited that the relatively low internal consistency coefficients of these subscales were not attributable to the limited number of items or the scales' inadequate psychometric properties. Instead, they argued that the inclusion of two models concerning both the self and others within the subscales was responsible for the observed relatively low internal consistency (Griffin & Bartholomew, 1994).

2.4.3. Self-Compassion Scale

The self-compassion scale developed by Neff (2003b) is a self-report scale designed to assess an individual's level of self-compassion and this 5-point Likert-type scale comprises 26 items and is divided into six subscales (Akın et al., 2007). These subscales, which form the comprehensive structure of self-compassion and are confirmed by factor analysis, are "self-kindness, self-judgment, common humanity, isolation, mindfulness, and over-identification" (Akın et al., 2007). The scale provides both individual scores for each sub-dimension and an overall self-compassion score (Akın et al., 2007). The higher the person's score for each sub-dimension, the more the person has the characteristics measured by the relevant sub-dimension (Akın et al., 2007). High scores from the scale indicate high self-compassion (Akın et al., 2007). The validity and reliability analyses for the original form of the scale revealed internal consistency coefficients for its subscales ranging from .75 to .81 and also, test-retest results revealed that the reliability coefficients for the subscales ranged from .80 to .88 (Neff, 2003). Additionally, the overall internal consistency coefficient for the original form was reported to be .92, and the overall test-retest reliability coefficient was reported to be .93 (Neff, 2003). Furthermore, the Turkish validity and reliability studies of the scale were conducted by Akın et al. (2007) with a sample of university students (Akın et al., 2007). In the same study, the internal consistency coefficients of the subscales were calculated between .72 and .80, and the test-retest reliability coefficients for the subscales were between .56 and .69 (Akın et al., 2007). These results demonstrated that the Self-Compassion Scale possesses high validity and reliability scores, indicating that it serves as a valid and reliable scale for assessing individuals' self-compassion levels (Akın et al., 2007).

2.4.4. Difficulties in Emotion Regulation Scale

The Difficulties in Emotion Regulation Scale, a self-report measure created by Gratz and Roemer (2004) to assess the level of difficulties experienced in emotion regulation, consists of 36 items rated on a 5-point Likert scale (Rugancı & Gençöz, 2010). The scale has six sub-dimensions: "lack of awareness of emotional responses (awareness subscale)", "lack of clarity of emotional responses (clarity subscale)", "lack of acceptance of emotional responses (non-acceptance subscale)", "limited access to effective strategies (strategies subscale)", "difficulty in controlling impulses when experiencing negative emotions (impulse subscale)", and "difficulty in acting goal-oriented during negative emotions (goals subscale)" (Gratz & Roemer, 2004, p. 47). A higher score from the scale indicates more difficulty in regulating emotions. The original form of the scale reports an internal consistency coefficient of .93, with the internal consistency coefficients of its sub-dimensions ranging from .80 to .89 and in addition to this, the test-retest reliability for the original form was reported to be .88, with the test-retest reliability of its subscales ranging from .57 to .89 (Gratz and Roemer, 2004). The psychometric properties of the Turkish form of the scale were first studied by Rugancı and Gençöz (2010). In the Turkish adaptation of the scale, the internal consistency coefficient is stated as .94, with the internal consistency coefficients of its sub-dimensions ranging from .75 to .90 and in addition to this, the test-retest reliability of the Turkish adaptation of the scale was reported to be .83, with the test-retest reliability of its subscales ranging from .60 to .85 (Rugancı & Gençöz, 2010). Later, Kavcıoğlu and Gençöz (2011) made some minor adjustments to the Turkish expression of some items, resulting in a new form with strong reliability and validity coefficients. This modified version of DERS was used in this study. This version also yielded in high reliability and validity coefficients, ranging between 0.74 and 0.90 (Kavcıoğlu, & Gençöz, 2011).

2.4.5. Dutch Eating Behavior Questionnaire

"The Dutch Eating Behavior Questionnaire", created by Van Strien et al. (1986), is a self-report instrument designed to assess individuals' eating behaviors (Bozan, 2009). The scale, which is evaluated with a 5-point Likert scale consisting of 33 items, consists of 3 subscales that evaluate emotional eating behavior, external eating behavior and restrained eating behavior (Van Strien et al., 1986). High scores in the three subscales of the test

indicate negativity regarding eating behavior (Van Strien et al., 1986). Cronbach's alpha internal consistency coefficients obtained in the original study of the Dutch Eating Behavior Questionnaire were found to be .95 for the emotional eating behavior subscale, .81 for the external eating behavior subscale, and .95 for the restrained eating behavior subscale (Van Strien et al.,1986). Bozan (2009) adapted the scale into Turkish and conducted a study on its validity and reliability. Internal consistency coefficient values for the subscales were found to be .97 for the emotional eating behavior subscale, .90 for the external eating behavior subscale and .91 for the restrained eating behavior subscale (Bozan, 2009).

3. RESULTS

3.1. Data Analysis

The research commenced with the initial formulation of hypotheses, followed by the selection of suitable statistical methods to test these hypotheses. Hypothesis testing was conducted using SPSS version 26. A significance level of alpha = .05 was adopted for these tests. In the investigation of the differences between dependent variables according to independent variables, independent samples t-tests were employed for hypotheses H1 and H3. The chi-square analysis was utilized to examine the relationships between categorical variables as stated in hypothesis H2. To examine the correlations defined in hypotheses H4 through H9, the Pearson correlation method was employed. For testing the mediation models outlined in hypotheses H10 and H11, the PROCESS macro (model 4) was utilized (Hayes, 2013). All necessary conditions for establishing mediation were rigorously observed. In establishing a mediational effect using the PROCESS macro, it is essential that there be no zero within the bootstrap confidence interval's lower and upper limits for the indirect effect. In other words, if zero is not included in this interval, mediation is considered established (Hayes, 2013). The distribution of the data was examined by considering the skewness and kurtosis values. Table 3 displays the mean, standard deviation, skewness, and kurtosis values for the variables.

Table 3

Descriptive Statistics for Research Variables

Measure	Mean	Std. Deviation	Skewness	Kurtosis
Self-Compassion (SCS)	3.29	0.66	-0.66	0.73
Difficulties in Emotion Regulation (DERS)	2.30	0.73	0.67	-0.05
Secure (RSQ_Se)	17.80	5.68	0.12	0.13
Fearful (RSQ_Fe)	15.44	5.00	0.20	-0.28
Preoccupied (RSQ_Pr)	15.40	4.42	0.37	-0.20
Dismissing (RSQ_Di)	22.76	5.49	-0.13	-0.27
Emotional Eating (DEBQ_Em)	2.17	1.08	0.90	0.05
External Eating (DEBQ_Ex)	3.01	0.68	0.27	-0.07
Restrained Eating (DEBQ_R)	2.65	0.84	0.02	-0.57

Table 3 illustrates that skewness values ranged between -0.66 and 0.90, while kurtosis values varied from -0.57 to 0.73. The skewness value, being within the range of -1 to +1, indicates that the distribution is not significantly skewed (George & Mallery, 2010). Similarly, kurtosis values falling within -1 to +1 suggest that the distribution is not significantly peaked and conforms to the characteristics of a normal distribution (Kline, 2011). Given the normal distribution of the scores, parametric methods were preferred for hypothesis testing in this research (Field, 2013).

3.2. Eating Behavior by Gender

In this study, the difference in eating behavior between male and female individuals was examined. The aim of the research is to compare the differences in emotional eating (DEBQ_Em), external eating (DEBQ_Ex), and restrained eating (DEBQ_R) behavior among individuals based on gender. The following hypotheses were tested within the scope of the research.

H1: Disordered eating behavior are significantly higher in females compared to males.

H1.1: Restrained eating behavior is significantly higher in females compared to males.

H1.2: Emotional eating behavior is significantly higher in females than in males.

H1.3: External eating behavior is significantly higher in females compared to males.

In this context, the mean (M), standard deviation (SD), mean difference (MD), standard error (SE), and the results of the independent sample t-test were evaluated. Table 4 presents the descriptive statistics and independent sample t-test results of individuals' eating behavior by gender.

Table 4

Independent Sample T-Test Results of Eating Behavior by Gender

		DESCRIPTIVE		DIFFERENCE		t-Test		
DEBQ	GENDER	M	SD	MD	SE	t	df	p
Emotional Eating	Male	1.98	0.99	-0.37	0.14	-2.77	248	0.006*
	Female	2.35	1.15					
External Eating	Male	2.93	0.64	-0.16	0.09	-1.87	248	0.063
	Female	3.09	0.72					
Restrained Eating	Male	2.47	0.76	-0.36	0.10	-3.47	248	<0.001*
	Female	2.83	0.88					

** : p<.05, [a]: Male-Female*

M: Mean, SD: Standard Deviation, MD: Mean Difference, SE: Standard Error, t: Independent Sample t-test

According to the descriptive results, the mean score for emotional eating among male individuals (M = 1.98, SD = 0.99) was lower than that of female individuals (M = 2.35, SD = 1.15). When the mean difference (MD = -0.37, SE = 0.14) was evaluated using the independent sample t-test, a statistically significant difference was found in emotional eating behavior between genders (t = -2.77, df = 248, p = 0.006). These results indicate that females have a higher tendency towards emotional eating compared to males.

In external eating behavior, the mean score for males (M = 2.93, SD = 0.64) was lower than that for females (M = 3.09, SD = 0.72). The mean difference (MD = -0.16, SE = 0.09) and t-test results (t = -1.87, df = 248, p = 0.063) suggest that there is no statistically significant difference in external eating behavior between genders.

Regarding restrained eating behavior, the mean score for males (M = 2.47, SD = 0.76) was lower than that for females (M = 2.83, SD = 0.88). The mean difference (MD = -0.36, SE = 0.10) evaluated using the independent sample t-test revealed a statistically significant difference between genders (t = -3.47, df = 248, p = 0.001). These results suggest that females exhibit higher restrained eating behavior compared to males.

The findings offer clear insights regarding the proposed hypotheses: H1.1, which posits that restrained eating behavior is significantly higher in females compared to males, is supported ($p < 0.001$), indicating a higher prevalence of restrained eating in females. H1.2,

suggesting that emotional eating behavior is significantly higher in females than in males, is also corroborated (p = 0.006), affirming females' greater tendency towards emotional eating. However, H1.3, which hypothesizes that external eating behavior is significantly higher in females compared to males, does not find support (p = 0.063), indicating no significant gender difference in external eating behavior.

3.3. Dieting Behavior by Gender

In this study, the difference in dieting behavior between male and female individuals was examined. The aim of the research was to test the hypothesis H2, which posits that dieting behavior is expected to be higher in females than in males. To assess this, a Chi-square analysis was conducted, focusing on the relationship between gender and history of dieting. Table 5 presents the crosstabulation of gender and dieting history, along with the results of the Chi-square tests.

Table 5

Cross Tabulation of Dieting Status by Gender

Gender	No (f, % row)	Yes (f, % row)	Total (f)
Male	69 (%55.2)	56 (%44.8)	125
Female	40 (%32.0)	85 (%68.0)	125
Total	109 (%43.6)	141 (%56.4)	250

Note: f: frequency; %: percentage within gender.

This finding indicates that 55.2% of men and 32.0% of women had never been on a diet, whereas 44.8% of men and 68.0% of women had been on a diet. The crosstabulation revealed that 44.8% of male participants and 68.0% of female participants reported having been on a diet before. Chi-Square test results show that gender has a statistically significant relationship with dieting status (Pearson Chi-Square = 13.680, df = 1, p < .001). This indicates a higher incidence of dieting behavior among females. This result supporting the hypothesis H2. This finding clearly indicates that dieting behavior is indeed higher in females compared to males.

3.4. Eating Behavior by Diet History

In this study, the differences in eating behavior between individuals with and without a history of dieting were examined. The research aimed to compare the differences in emotional eating (DEBQ_Em), external eating (DEBQ_Ex), and restrained eating (DEBQ_R) behavior among individuals based on their diet history. The following hypotheses were tested within the scope of the research.

H3: Disordered eating behavior are significantly higher in individuals with a history of dieting than in individuals without a history of dieting.

> ***H3.1:*** Restrained eating behavior was significantly higher in individuals who had dieted in the past compared to those who had not.
>
> ***H3.2:*** Emotional eating behavior was significantly higher in individuals who had dieted in the past compared to those who had not.
>
> ***H3.3***: External eating behavior was significantly higher in individuals who had dieted in the past compared to those who had not.

This involved evaluating the mean (M), standard deviation (SD), mean difference (MD), standard error (SE), and the results of the independent sample t-test. Table 6 presents the descriptive statistics and independent sample t-test results of individuals' eating behavior by diet history.

Table 6

Independent Sample T-Test Results of Eating Behavior by Diet History

		DESCRIPTIVE		**DIFFERENCE**		**t-Test**		
DEBQ	DIET HISTORY	M	SD	MD	SE	t	df	p
Emotional Eating	No	1.82	0.79	-0.62	0.13	-4.69	248	<.001
	Yes	2.44	1.20	-0.62	0.13			
External Eating	No	2.84	0.62	-0.31	0.09	-3.68	248	<.001
	Yes	3.15	0.70	-0.31	0.08			
Restrained Eating	No	2.30	0.78	-0.62	0.10	-6.24	248	<.001
	Yes	2.92	0.78	-0.62	0.10			

M: Mean, SD: Standard Deviation, MD: Mean Difference, SE: Standard Error, t: Independent Sample t-test

According to the descriptive results, individuals with a history of dieting had significantly higher scores in emotional eating (*M* = 2.44, *SD* = 1.20 for 'Yes') compared to those without (*M* = 1.82, *SD* = 0.79 for 'No'), with a statistically significant mean difference (*MD* = -0.62, *SE* = 0.13; t = -4.69, df = 248, p < .001). These results support the hypothesis H3.2, indicating a higher prevalence of emotional eating among individuals who have dieted in the past.

In external eating behavior, individuals with a dieting history also scored higher (M = 3.15, *SD* = 0.70 for 'Yes') than those without (*M* = 2.84, *SD* = 0.62 for 'No'). The difference was statistically significant (*MD* = -0.31, *SE* = 0.09; t = -3.68, df = 248, p < .001), supporting hypothesis H3.3 which posits that external eating behavior is significantly higher in individuals with a dieting history.

Regarding restrained eating behavior, the pattern was similar. Those with a dieting history had significantly higher mean scores (*M* = 2.92, *SD* = 0.78 for 'Yes') compared to those without (*M* = 2.30, *SD* = 0.78 for 'No'), with a substantial mean difference (*MD* = -0.62, SE = 0.10; t = -6.24, df = 248, p < .001), supporting hypothesis H3.1. This finding indicates a more pronounced restrained eating behavior in individuals who have previously dieted.

3.5. Association Between Attachment Styles and Eating Behavior

The present study investigated the correlations between four attachment styles—Secure (RSQ_Se), Fearful (RSQ_Fe), Preoccupied (RSQ_Pr), Dismissing (RSQ_Di)—as measured by the RSQ scale, and three eating behaviors—Emotional Eating, External Eating, and Restrained Eating—as measured by the DEBQ scale. The aim of the research was to test the hypothesis H4, which suggests that there is a significant relationship between attachment styles and eating behavior. The following hypotheses were tested within the scope of the research.

H4: There is a significant relationship between attachment styles and eating behavior.

H4.1: There is a negative correlation between secure attachment style and disordered eating behavior.

H4.2: There is a positive correlation between insecure attachment styles and disordered eating behavior.

Table 7 presents the correlation matrix between the attachment styles and eating behavior.

Table 7

Attachment Styles and Eating Behavior Correlation Matrix

RSQ / DEBQ	Emotional Eating (DEBQ_Em)	External Eating (DEBQ_Ex)	Restrained Eating (DEBQ_R)
Secure (RSQ_Se)	.17**	.12	-.03
Fearful (RSQ_Fe)	.18**	.09	.22**
Preoccupied (RSQ_Pr)	.19**	.06	.13*
Dismissing (RSQ_Di)	.04	.09	.19**

*Note. *p < .05, **p < .01. RSQ: Relationship Styles Questionnaire; DEBQ: Dutch Eating Behavior Questionnaire.*

The Secure attachment style (RSQ_Se) exhibits a small positive correlation with Emotional Eating (DEBQ_Em) (r=.17, p<.05), suggesting that individuals with a secure attachment style have a slightly higher tendency to engage in emotional eating, although this relationship is not particularly strong. The correlation with External Eating (DEBQ_Ex) is positive but not statistically significant (r=.12), and there is a negligible negative correlation with Restrained Eating (DEBQ_R) (r=-.03), indicating that Secure attachment does not have a meaningful relationship with these eating behavior.

The correlation between the Fearful attachment style (RSQ_Fe) and Emotional Eating (DEBQ_Em) is also small but significant (r=.18, p<.05), indicating a slightly more pronounced tendency towards emotional eating compared to Secure attachment. There's a minor, non-significant correlation with External Eating (DEBQ_Ex) (r=.09), and a small yet significant positive correlation with Restrained Eating (DEBQ_R) (r=.22, p<.05), suggesting that individuals with a Fearful attachment style might be more likely to engage in restrained eating behavior.

For individuals with a Preoccupied attachment style (RSQ_Pr), a small but significant correlation with Emotional Eating (DEBQ_Em) (r=.19, p<.05) is observed, indicating a tendency towards emotional eating. The correlation with External Eating

(DEBQ_Ex) is negligible (r=.06), and there's a modest positive correlation with Restrained Eating (DEBQ_R) (r=.13, p<.05), hinting at a slight inclination towards restrained eating behavior among those with a Preoccupied attachment style.

The Dismissing attachment style (RSQ_Di) shows a negligible correlation with Emotional Eating (DEBQ_Em) (r=.04), indicating no significant relationship. The correlation with External Eating (DEBQ_Ex) (r=.09) and a significant positive correlation with Restrained Eating (DEBQ_R) (r=.19, p<.05) suggests that individuals with a Dismissing attachment style may be more influenced by a desire to control their eating through restriction, though their emotional and external eating behavior do not significantly differ from those of other attachment styles.

In light of the correlation findings, the research hypotheses presented in Table 8 have been systematically evaluated. These hypotheses were constructed to investigate the directional and magnitude-based relationships between distinct attachment styles and specific eating behavior.

Table 8

Research Hypotheses on Attachment Styles and Eating Behavior

Hypothesis	**Relationship**	**Emotional Eating (DEBQ_Em)**	**External Eating (DEBQ_Ex)**	**Restrained Eating (DEBQ_R)**
H4.1	There is a negative correlation between secure attachment style and disordered eating behavior.	r = .17, p < .05	r = .12, p >.05	r = -.03, p > .05
	Result	H4.1.1 Rejected	H4.1.2 Rejected	H4.1.3 Rejected
H4.2.1	Fearful attachment style is positively associated with disordered eating behavior.	r = .18, p < .05	r = .09, p > .05	r = .22, p < .05

	Result	H4.2.1.1 Accepted	H4.2.1.2 Rejected	H4.2.1.3 Accepted
H4.2.2	There is a positive correlation between preoccupied attachment style and disordered eating behavior.	r = .19, p < .05	r = .06, p > .05	r = .13, p < .05
	Result	H4.2.2.1 Accepted	H4.2.2.2 Rejected	H4.2.2.3 Accepted
H4.2.3	There is a positive correlation between dismissing attachment style and disordered eating behavior.	r = .04, p > .05	r = .09, p > .05	r = .19, p < .05
	Result	H4.2.3.1 Rejected	H4.2.3.2 Rejected	H4.2.3.3 Accepted

Based on the correlation findings and the corresponding hypotheses outlined in the Table 8, the results for each hypothesis are evaluated as follows:

Regarding Hypothesis 4.1, which proposed that “There is a negative correlation between secure attachment style and disordered eating behavior”, the results indicate a rejection of this hypothesis across all three eating behaviors. The correlation with Emotional Eating (DEBQ_Em) is positive but not statistically significant (r = .17, p < .05), leading to the rejection of H4.1.1. Moreover, the correlations with External Eating (DEBQ_Ex) and Restrained Eating (DEBQ_R) do not support a negative relationship as they are not statistically significant (r = .12, p > .05 for External Eating and r = -.03, p > .05 for Restrained Eating), thus H4.1.2 and H4.1.3 are rejected.

Hypothesis 4.2.1 posited that the Fearful attachment style is positively associated with disordered eating behavior. This hypothesis is partially supported: the correlation with Emotional Eating (r = .18, p < .05) supports a positive relationship, accepting H4.2.1.1. The correlation with External Eating (r = .09, p > .05) does not reach statistical significance,

leading to the rejection of H4.2.1.2. Importantly, the correlation with Restrained Eating ($r = .22$, $p < .05$) supports a positive relationship, accepting H4.2.1.3.

In relation to Hypothesis 4.2.2, which suggests that the Preoccupied attachment style is positively associated with disordered eating behavior, the findings partially support this hypothesis. The significant positive correlation with Emotional Eating ($r = .19$, $p < .05$) supports a positive relationship, leading to the acceptance of H4.2.2.1. Similarly, the positive correlation with Restrained Eating ($r = .13$, $p < .05$) also supports a positive relationship, contrary to the previous incorrect rejection, and thus H4.2.2.3 should be accepted. The correlation with External Eating ($r = .06$, $p > .05$) is not significant, which correctly leads to the rejection of H4.2.2.2.

For Hypothesis 4.2.3, proposing that the Dismissing attachment style is positively associated with disordered eating behavior, the results show mixed support. The significant positive correlation with Restrained Eating ($r = .19$, $p < .05$) strongly supports the hypothesis, leading to the acceptance of H4.2.3.3. However, the lack of significant correlation with Emotional Eating ($r = .04$, $p > .05$) and External Eating ($r = .09$, $p > .05$) results in the rejection of H4.2.3.1. and H4.2.3.2. respectively.

In conclusion, the evaluation of the hypotheses in light of the research findings reveals a nuanced relationship between attachment styles and eating behavior, with some hypotheses being supported by the data, while others were not.

3.6. Association Between Attachment Styles and Difficulties in Emotion Regulation

The present study explores the relationship between different attachment styles—as measured by the Relationship Styles Questionnaire (RSQ)—and difficulties in emotion regulation, as indicated by the Difficulties in Emotion Regulation Scale (DERS). The attachment styles examined are Secure (RSQ_Se), Fearful (RSQ_Fe), Preoccupied (RSQ_Pr), and Dismissing (RSQ_Di). The following hypotheses were tested within the scope of the research.

H5: There is a significant relationship between attachment styles and emotion regulation difficulties.

H5.1: There is a negative correlation between secure attachment style and emotion regulation difficulties.

H5.2: There is a positive correlation between insecure attachment styles and emotion regulation difficulties.

Table 9 show cases the correlation matrix between these attachment styles and emotion regulation difficulties.

Table 9

Attachment Styles and Difficulties in Emotion Regulation Correlation Matrix

RSQ / DERS	Difficulties in Emotion Regulation (DERS)
Secure (RSQ_Se)	.31**
Fearful (RSQ_Fe)	.36**
Preoccupied (RSQ_Pr)	.41**
Dismissing (RSQ_Di)	.11

*Note. *p < .05, **p < .01. RSQ = Relationship Styles Questionnaire; DERS = Difficulties in Emotion Regulation.*

In the context of Secure attachment (RSQ_Se), there is a moderate positive correlation with Difficulties in Emotion Regulation (DERS) ($r=.31$, $p<.05$), suggesting that individuals with a secure attachment style experience a moderate level of difficulty in regulating emotions, highlighting the significance of this relationship.

For those with a Fearful attachment style (RSQ_Fe), the correlation with Difficulties in Emotion Regulation (DERS) is stronger and significant ($r=.36$, $p<.05$). This indicates that individuals with a fearful attachment style may encounter more substantial challenges with emotion regulation compared to those with a secure attachment style, denoting a notable struggle in managing their emotions effectively.

Individuals with a Preoccupied attachment style (RSQ_Pr) exhibit moderate significant correlation with Difficulties in Emotion Regulation (DERS) among the styles ($r=.41$, $p<.05$). This implies that preoccupied attachment is strongly linked to emotion regulation difficulties, suggesting that this group may face the most pronounced challenges in regulating their emotions compared to the other attachment styles.

Lastly, the Dismissing attachment style (RSQ_Di) displays a relatively low, non-significant correlation with Difficulties in Emotion Regulation (DERS) (r=.11), indicating a much less pronounced relationship. This suggests that those with a dismissing attachment style may experience fewer difficulties in regulating their emotions compared to the other styles, especially when compared to the preoccupied attachment style.

This study meticulously examined the relationship between various attachment styles and difficulties in emotion regulation. By doing so, it illuminates the nuanced ways in which different attachment orientations can influence an individual's capacity to manage and regulate their emotions, thus contributing valuable insights into the intersection of attachment theory and emotion regulation processes.

Table 10

Research Hypotheses on Attachment Styles and Difficulties in Emotion Regulation

Hypothesis	**Relationship**	
H5.1	There is a negative correlation between secure attachment style and emotion regulation difficulties.	r = .31, p <.05
	Result	H5.1 Rejected
H5.2.1	There is a positive correlation between fearful attachment style and emotion regulation difficulties.	r = .36, p <.05
	Result	H5.2.1 Accepted
H5.2.2	There is a positive correlation between preoccupied attachment style and emotion regulation difficulties.	r = .41, p <.05
	Result	H5.2.2 Accepted
H5.2.3	There is a positive correlation between dismissing attachment style and emotion regulation difficulties.	r = .11, p >.05

Result	H5.2.3 Rejected

In the analysis of the hypotheses regarding attachment styles and difficulties in emotion regulation, the results offer insights into the complex dynamics between attachment orientations and emotion regulation capabilities. Hypothesis 5.1 posited that a Secure attachment style would be negatively related to difficulties in emotion regulation. However, this hypothesis was rejected based on the data, which showed a positive correlation ($r = .31$, $p < .05$). This indicates that, contrary to the hypothesis, individuals with a Secure attachment style also report moderate difficulties in regulating their emotions, challenging the expectation of a negative relationship. Hypothesis 5.2.1 suggested a positive relationship between the Fearful attachment style and difficulties in emotion regulation. This hypothesis was accepted, with the findings revealing a significant positive correlation ($r = .36$, $p < .05$). This supports the notion that Fearful attachment is associated with increased challenges in emotion regulation, in line with the hypothesis. Hypothesis 5.2.2, which asserted that the Preoccupied attachment style is positively related to difficulties in emotion regulation, also found support in the data ($r = .41$, $p < .05$). This indicates that individuals with a Preoccupied attachment style experience the highest level of difficulty in regulating emotions among the attachment styles examined, thus accepting the hypothesis. Conversely, Hypothesis 5.2.3 anticipated a positive relationship between the Dismissing attachment style and difficulties in emotion regulation. This hypothesis was rejected, as the correlation was not significant ($r = .11$, $p > .05$). This suggests that the Dismissing attachment style does not have a statistically significant association with difficulties in emotion regulation, challenging the expected positive relationship.

3.7. Association Between Attachment Styles and Self-Compassion

In the current study, we examine the correlation between different attachment styles, as measured by the Relationship Styles Questionnaire (RSQ), and self-compassion, as indicated by the Self-Compassion Scale (SCS). The attachment styles in focus are Secure (RSQ_Se), Fearful (RSQ_Fe), Preoccupied (RSQ_Pr), and Dismissing (RSQ_Di). The following hypotheses were tested within the scope of the research.

H6: There is a significant relationship between attachment styles and self-compassion.

H6.1: There is a positive correlation between secure attachment style and self-compassion.

H6.2: There is a negative correlation between insecure attachment styles and self-compassion.

Table 11 presents the correlation matrix illustrating how these attachment styles are associated with self-compassion.

Table 11

Attachment Styles and Self-Compassion Correlation Matrix

RSQ / SCS	Self-Compassion (SCS)
Secure (RSQ_Se)	-.20**
Fearful (RSQ_Fe)	-.34**
Preoccupied (RSQ_Pr)	-.32**
Dismissing (RSQ_Di)	-.08

*Note. *p < .05, **p < .01. RSQ = Relationship Styles Questionnaire; SCS = Self-Compassion Scale.*

Regarding Secure attachment (RSQ_Se), there is a significant negative correlation with Self-Compassion (SCS) ($r=-.20$, $p<.05$). This indicates that individuals with a secure attachment style tend to have slightly lower levels of self-compassion. For the Fearful attachment style (RSQ_Fe), the correlation with Self-Compassion (SCS) is also negative and significant ($r=-.34$, $p<.05$), suggesting that individuals with a fearful attachment style generally exhibit lower levels of self-compassion. Those with a Preoccupied attachment style (RSQ_Pr) show a significant negative correlation with Self-Compassion (SCS) ($r=-.32$, $p<.05$). This indicates a meaningful relationship, where individuals with a preoccupied attachment style tend to have lower levels of self-compassion. Lastly, the Dismissing attachment style (RSQ_Di) has a negative but not statistically significant correlation with

Self-Compassion (SCS) (r=-.08). This suggests a weak or non-significant relationship between dismissing attachment and self-compassion, indicating the least substantial relationship compared to the other attachment styles.

In this segment of the research, attention was focused on the associations between various attachment styles and self-compassion, as delineated in Table 12, titled "Research Hypotheses on Attachment Styles and Self-Compassion." This table is central to understanding the hypothesized relationships and their empirical validations concerning how different attachment styles might correlate with levels of self-compassion.

Table 12

Research Hypotheses on Attachment Styles and Self-Compassion

Hypothesis	**Relationship**	
H6.1	There is a positive correlation between secure attachment style and self-compassion.	r = -.20, p < .05
	Result	H6.1 Rejected
H6.2.1	There is a negative correlation between fearful attachment style and self-compassion.	r = -.34, p <.05
	Result	H6.2.1 Accepted
H6.2.2	There is a negative correlation between preoccupied attachment style and self-compassion.	r = -.32, p <.05
	Result	H6.2.2 Accepted
H6.2.3	There is a negative correlation between dismissing attachment style and self-compassion.	r = -.08, p >.05
	Result	H6.2.3 Rejected

In the analysis of Hypothesis 6.1, which posits that a Secure attachment style is positively related to self-compassion, the negative correlation observed ($r = -.20$, $p < .05$) leads to the rejection of this hypothesis. This shows that contrary to expectations, individuals with a Secure attachment style may report lower levels of self-compassion. For Hypothesis 6.2.1, which asserts that a Fearful attachment style is negatively related to self-compassion, the significant negative correlation ($r = -.34$, $p < .05$) supports and leads to the acceptance of this hypothesis. This indicates that individuals with a Fearful attachment style report notably lower self-compassion. Hypothesis 6.2.2 suggests that a Preoccupied attachment style is negatively related to self-compassion. The data, showing a significant negative correlation ($r = -.32$, $p < .05$), supports and leads to the acceptance of this hypothesis as well. It indicates that a Preoccupied attachment style is associated with lower self-compassion. Lastly, Hypothesis 6.2.3 proposes that a Dismissing attachment style is negatively related to self-compassion. The non-significant correlation ($r = -.08$, $p > .05$) leads to the rejection of this hypothesis, indicating that there is no substantial correlation between Dismissing attachment style and self-compassion

3.8. Association Between Eating Behavior and Difficulties in Emotion Regulation

In this study, we explored the connections between different eating behavior and emotion regulation difficulties. These eating behavior include Emotional Eating, External Eating, and Restrained Eating, as classified by the Dutch Eating Behavior Questionnaire (DEBQ). Their relationship with emotion regulation difficulties was measured using the Difficulties in Emotion Regulation Scale (DERS). The following hypothesis was tested within the scope of the research.

H7: There is a significant positive correlation between emotion regulation difficulties and disordered eating behavior.

The key findings are summarized in Table 13.

Table 13

Eating Behavior and Difficulties in Emotion Regulation Correlation Matrix

DEBQ / DERS	Difficulties in Emotion Regulation (DERS)
Emotional Eating (DEBQ_Em)	.37**
External Eating (DEBQ_Ex)	.28**
Restrained Eating (DEBQ_R)	-.01

*Note. *p < .05, **p < .01. DEBQ = Dutch Eating Behavior Questionnaire; DERS = Difficulties in Emotion Regulation.*

Emotional Eating (DEBQ_Em) shows a moderate and significant positive correlation with Difficulties in Emotion Regulation (DERS) (r=.37, p<.01). This suggests that individuals who frequently engage in emotional eating tend to have greater difficulties in regulating their emotions. The strength of this correlation indicates a substantial relationship between these two variables.

For External Eating (DEBQ_Ex), there is a positive correlation with Difficulties in Emotion Regulation (DERS) (r=.28, p<.01), albeit somewhat weaker compared to Emotional Eating. This implies that individuals who are more influenced by external cues to eat might also experience weak difficulties in emotion regulation, though the relationship is less pronounced than that with emotional eating.

Restrained Eating (DEBQ_R) shows no significant correlation with Difficulties in Emotion Regulation (DERS) (r=-.01). This indicates that the tendency to restrict food intake is not meaningfully related to the ability to regulate emotions, suggesting a distinct psychological mechanism may be at play in restrained eating behavior compared to emotional or external eating.

The investigation further extended to explore the relationships between eating behavior and difficulties in emotion regulation, as encapsulated in Table 14, titled "Research Hypotheses on Eating Behavior and Difficulties in Emotion Regulation." This table provides a framework for assessing the hypothesized correlations between specific eating behavior—

emotional eating, external eating, and restrained eating—and the challenges individuals face in regulating their emotions.

Table 14

Research Hypotheses on Eating Behavior and Difficulties in Emotion Regulation

Hypothesis	**Relationship**	
H7.1	There is a significant positive correlation between emotion regulation difficulties and emotional eating behavior.	r = .37, p < 01
	Result	H7.1 Accepted
H7.2	There is a significant positive correlation between emotion regulation difficulties and external eating behavior.	r = .28, p < .01
	Result	H7.2 Accepted
H7.3	There is a significant positive correlation between emotion regulation difficulties and restrained eating behavior.	r = -.01, p > .05
	Result	H7.3 Rejected

In the detailed examination of the data against these hypotheses, the following results were observed: Hypothesis 7.1, which posited a positive and significant relationship between difficulties in emotion regulation and emotional eating behavior, was supported by the data, evidenced by a substantial positive correlation ($r = .37$, $p < .01$). Similarly, Hypothesis 7.2, suggesting a positive and significant relationship between difficulties in emotion regulation and external eating behavior, also found empirical backing, indicated by a significant positive correlation ($r = .28$, $p < .01$). In contrast, Hypothesis 7.3, proposing a positive and significant relationship between difficulties in emotion regulation and restrained eating behavior, was not corroborated by the data, as shown by the negligible correlation ($r = -.007$, $p > .05$), leading to its rejection.

These findings collectively underscore a significant and nuanced connection between difficulties in emotion regulation and certain eating behavior. Specifically, emotional and external eating behavior are positively associated with challenges in emotion regulation, aligning with the proposed hypotheses.

3.9. Association Between Self-Compassion and Difficulties in Emotion Regulation

We delve into the correlation between self-compassion and difficulties in emotion regulation. The primary focus is on assessing the extent to which self-compassion, as measured by the Self-Compassion Scale (SCS), is related to difficulties in emotion regulation, as quantified by the Difficulties in Emotion Regulation Scale (DERS). The following hypothesis was tested within the scope of the research.

H8: There is a significant negative correlation between emotion regulation difficulties and self-compassion.

The correlation between these two constructs is systematically presented in Table 15.

Table 15

Self-Compassion and Difficulties in Emotion Regulation Correlation Table

SCS / DERS	Difficulties in Emotion Regulation (DERS)
Self-Compassion (SCS)	-.78**

*Note. *p < .05, **p < .01. SCS = Self-Compassion Scale; DERS = Difficulties in Emotion Regulation.*

The analysis reveals a substantial and statistically significant negative correlation between Self-Compassion (SCS) and Difficulties in Emotion Regulation (DERS) ($r=-.78$, $p<.01$). This strong negative correlation suggests that higher levels of self-compassion are closely associated with fewer difficulties in regulating emotions. The magnitude of this correlation underscores the potential of self-compassion as a significant factor in enhancing emotion regulation capabilities.

The study proceeded to scrutinize the relationship between self-compassion and difficulties in emotion regulation, as detailed in Table 16, titled "Research Hypothesis on Self-Compassion and Difficulties in Emotion Regulation." This table is pivotal in evaluating the hypothesized correlation between self-compassion—a construct denoting a kind and understanding attitude towards oneself in instances of suffering or perceived inadequacy—and the challenges encountered in regulating emotions.

Table 16

Research Hypothesis on Self-Compassion and Difficulties in Emotion Regulation

Hypothesis	**Relationship**	
H8	There is a significant negative correlation between emotion regulation difficulties and self-compassion.	r = -.78, p < .01
	Result	H8 Accepted

Upon a thorough analysis of the data in relation to Hypothesis 8, a clear and significant finding emerged. The hypothesis, which postulated a negative and significant relationship between self-compassion and difficulties in emotion regulation, was strongly supported by the data. The correlation coefficient ($r = -.78$, $p < .01$) indicates a robust negative relationship, affirming the hypothesis. This result provides substantial evidence to the notion that higher levels of self-compassion are associated with fewer difficulties in emotion regulation. The strength of this negative correlation (-.78) is particularly noteworthy, suggesting that self-compassion plays a critical role in how individuals manage and regulate their emotions.

3.10. Association Between Eating Behavior and Self-Compassion

In this part of the study, we examined the relationship between various eating behavior and self-compassion. Eating behavior were classified as Emotional Eating (DEBQ_Em), External Eating (DEBQ_Ex) and Restrained Eating (DEBQ_R) as measured by the Dutch Eating Behavior Questionnaire (DEBQ). The correlation of these behavior with self-

compassion was assessed using the Self-Compassion Scale (SCS). The following hypothesis was tested within the scope of the research.

H9: There is a significant negative correlation between self-compassion and disordered eating behavior.

Correlations are systematically tabulated in Table 17.

Table 17

Eating Behavior and Self-Compassion Correlation Matrix

DEBQ / SCS	Self-Compassion (SCS)
Restrained Eating (DEBQ_R)	.06
Emotional Eating (DEBQ_Em)	-.26**
External Eating (DEBQ_Ex)	-.21**

*Note. *p < .05, **p < .01. DEBQ = Dutch Eating Behavior Questionnaire; SCS = Self-Compassion Scale.*

Emotional Eating (DEBQ_Em) has a statistically significant negative correlation with Self-Compassion (SCS) at r=-.26 (p<.01). This indicates that higher levels of self-compassion are associated with lower levels of emotional eating. External Eating (DEBQ_Ex) also shows a significant negative correlation with Self-Compassion (SCS), with a correlation coefficient of r=-.21 (p<.01). This suggests that individuals with greater self-compassion are less likely to engage in external eating behavior. Restrained Eating (DEBQ_R) displays a correlation of r=.06 with Self-Compassion (SCS), which is not statistically significant. This implies that there is no substantial relationship between self-compassion and restrained eating behavior.

This segment of the study meticulously examined the relationships between various eating behavior and self-compassion, as presented in Table 18, which is entitled "Research Hypotheses on Eating Behavior and Self-Compassion." The table serves as a critical tool for evaluating the hypothesized correlations between self-compassion and different eating behavior, specifically restrained, emotional, and external eating behavior.

Table 18

Research Hypotheses on Eating Behavior and Self-Compassion

Hypothesis	Relationship	
H9.1	There is a significant negative correlation between self-compassion and restrained eating behavior.	r = .06, p > .05
	Result	H9.1 Rejected
H9.2	There is a significant negative correlation between self-compassion and emotional eating behavior.	r = -.26, p < .01
	Result	H9.2 Accepted
H9.3	There is a significant negative correlation between self-compassion and external eating behavior.	r = -.21, p < .01
	Result	H9.3 Accepted

Upon detailed analysis of the data with respect to the proposed hypotheses, the following results were observed: Hypothesis 9.1, which suggested a negative and significant relationship between self-compassion and restrained eating behavior, was not supported by the data. This is indicated by a non-significant correlation ($r = .06$, $p > .05$), leading to its rejection. However, Hypothesis 9.2, proposing a negative and significant relationship between self-compassion and emotional eating behavior, found empirical support in the data, as evidenced by a significant negative correlation ($r = -.26$, $p < .01$). Similarly, Hypothesis 9.3, which posited a negative and significant relationship between self-compassion and external eating behavior, was also substantiated by the data, demonstrated by a significant negative correlation ($r = -.21$, $p < .01$).

These findings collectively highlight a nuanced and important pattern in the relationship between self-compassion and eating behavior. While the anticipated negative correlation between self-compassion and restrained eating behavior was not observed, the

data clearly supports the notion that higher levels of self-compassion are associated with lower levels of emotional and external eating behavior.

3.11. The Mediating Role of Difficulties in Emotion Regulation

This study aims to explore the potential mediating role of emotion regulation difficulties in the relationship between attachment styles and eating behavior. Mediation analysis, a key method used in this research, requires linear relationships between the variables, a crucial condition highlighted by Hayes (2013). The research begins by checking for these linear relationships to support the hypotheses proposed. Table 19 is designed to clearly show the connections between attachment style (X), emotion regulation difficulties (M), and eating behavior (Y). It also examines whether each hypothesis meets the necessary condition of linearity. This table provides a clear overview of how these variables interact and whether the conditions needed for mediation analysis are met in each case. The following hypothesis was tested within the scope of the research.

H10: The mediating role of emotion regulation difficulties in the relationship between attachment styles and eating behavior are significant.

Table 19

Mediation Hypotheses and Linearity Assumption Verification

Hypothesis	Hypothesis Statement	X~M (r)	M~Y (r)	X~Y (r)	Linearity Assumption
10.1.1	Difficulties in emotion regulation mediate the relationship between secure attachment style and restrained eating behavior.	.31**	-.01	-.03	NOT MET
10.1.2	Difficulties in emotion regulation mediate the relationship between secure attachment style and emotional eating behavior.	.31**	.37**	.17**	MET
10.1.3	Difficulties in emotion regulation mediate the relationship between secure attachment style and external eating behavior.	.31**	.28**	.12	NOT MET

10.2.1	Difficulties in emotion regulation mediate the relationship between fearful attachment style and restrained eating behavior.	36**	-.01	.22**	NOT MET
10.2.2	Difficulties in emotion regulation mediate the relationship between fearful attachment style and emotional eating behavior.	36**	.37**	18**	MET
10.2.3	Difficulties in emotion regulation mediate the relationship between fearful attachment style and external eating behavior.	36**	.28**	.09	NOT MET
10.3.1	Difficulties in emotion regulation mediate the relationship between preoccupied attachment style and restrained eating behavior.	.41**	-.01	13*	NOT MET
10.3.2	Difficulties in emotion regulation mediate the relationship between preoccupied attachment style and emotional eating behavior.	.41**	.37**	.19**	MET
10.3.3	Difficulties in emotion regulation mediate the relationship between preoccupied attachment style and external eating behavior.	.41**	.28**	.06	NOT MET
10.4.1	Difficulties in emotion regulation mediate the relationship between dismissing attachment style and restrained eating behavior.	.11	-.01	.19**	NOT MET
10.4.2	Difficulties in emotion regulation mediate the relationship between dismissing attachment style and emotional eating behavior.	.11	.37**	.09	NOT MET
10.4.3	Difficulties in emotion regulation mediate the relationship between dismissing attachment style and external eating behavior.	.11	.28**	.04	NOT MET

Note: "Linearity Assumption" is marked as "MET" if all relationships in the hypothesis have significant linear correlations. Otherwise, it is marked as "NOT MET."

r: Pearson Correlation Coefficient.

***: p<.01, *: p<.05*

In light of the findings presented in Table 19, it is pertinent to note that the mediation analysis is only viable for a select group of hypotheses 10.1.2, 10.2.2, and 10.3.2. These hypotheses satisfy the linearity precondition, essential for the mediation model, as delineated by the significant Pearson Correlation Coefficients across all necessary relational pathways: X~M, M~Y, and X~Y.

H10.1.2. Difficulties in emotion regulation mediate the relationship between secure attachment style and emotional eating behavior

The primary aim of this analysis was to examine the mediating role of emotion regulation difficulties (DERS) in the relationship between secure attachment style (RSQ_Se) and emotional eating behavior (DEBQ_Em). Table 20 shows the coefficients obtained from the mediation model in which the mediating effect of emotion regulation difficulties (M) in the relationship between secure attachment style (X) and emotional eating (Y) was tested.

Table 20

Results of the Mediating Effect of Emotion Regulation Difficulties (M) in the Relationship Between Secure Attachment Style (X) and Emotional Eating (Y)

Path	Predictor	Outcome	B	SE	t	p	95% (LLCI, ULCI)
a	RSQ_Se	DERS	.04	.008	5.17	<.001	(.025, .056)
b	DERS	DEBQ_Em	.519	.092	5.65	<.001	(.338, .700)
c'	RSQ_Se	DEBQ_Em	.011	.012	.91	.364	(-.013, .034)
a*b	RSQ_Se * DERS	DEBQ_Em	.021	BootSE=.005	-	-	(BootLLCI=.012, BootULCI=.032)

*Notes: Path a, b, and c' coefficients indicate the direct effects in the mediation model. Path a*b indicates the indirect effect mediated by the mediating variable in the mediation model.*

The results indicate a significant mediating role of difficulties in emotion regulation (DERS) in the relationship between secure attachment style (RSQ_Se) and emotional eating

behavior (DEBQ_Em). Specifically, secure attachment style positively predicts difficulties in emotion regulation (B = .04, p <.001), which in turn significantly predicts emotional eating behavior (B = .519, p <.001). The direct effect of secure attachment style on emotional eating behavior was not statistically significant (B = .011, p = .364), suggesting that the influence of secure attachment style on emotional eating behavior is primarily exerted through its effect on emotion regulation difficulties. The significant indirect effect (Effect = .021, BootLLCI = .012, BootULCI = .032) further substantiates the mediating role of emotion regulation difficulties.

H10.2.2. The mediating role of difficulties in emotion regulation in the relationship between fearful attachment style and emotional eating behavior

The primary aim of this analysis was to examine the mediating role of emotion regulation difficulties (DERS) in the relationship between fearful attachment style (RSQ_Fe) and emotional eating behavior (DEBQ_Em). Table 21 shows the coefficients obtained from the mediation model in which the mediating effect of emotion regulation difficulties (M) in the relationship between fearful attachment style (X) and emotional eating (Y) was tested.

Table 21

Results of the Mediating Effect of Emotion Regulation Difficulties (M) in the Relationship Between Fearful Attachment Style (X) and Emotional Eating (Y)

Path	Predictor	Outcome	B	SE	t	p	95% (LLCI, ULCI)
a	RSQ_Fe	DERS	.053	.009	6.13	<.001	(.036, .070)
b	DERS	DEBQ_Em	.518	.094	5.53	<.001	(.333, .703)
c'	RSQ_Fe	DEBQ_Em	.011	.014	.80	.426	(-.016, .038)
a*b	RSQ_Fe * DERS	DEBQ_Em	.028	BootSE=.007	-	-	(BootLLCI=.015, BootULCI=.043)

*Notes: Path a, b, and c' coefficients indicate the direct effects in the mediation model. Path a*b indicates the indirect effect mediated by the mediating variable in the mediation model.*

The results indicate a significant mediating role of difficulties in emotion regulation (DERS) in the relationship between fearful attachment style (RSQ_Fe) and emotional eating behavior (DEBQ_Em). Specifically, fearful attachment style positively predicts difficulties in emotion regulation (B = .053, p < .001), which in turn significantly predicts emotional eating behavior (B = .518, p < .001). The direct effect of fearful attachment style on emotional eating behavior was not statistically significant (B = .011, p = .426), suggesting that the influence of fearful attachment style on emotional eating behavior is primarily exerted through its effect on emotion regulation difficulties. The significant indirect effect (Effect = .028, BootLLCI = .015, BootULCI = .043) further substantiates the mediating role of emotion regulation difficulties.

H10.3.2. Difficulties in emotion regulation mediate the relationship between preoccupied attachment style and emotional eating behavior.

The primary aim of this analysis was to examine the mediating role of emotion regulation difficulties (DERS) in the relationship between preoccupied attachment style (RSQ_Pr) and emotional eating behavior (DEBQ_Em). The coefficients obtained from the mediation model indicate the mediating effect of emotion regulation difficulties in the relationship between preoccupied attachment style and emotional eating behavior.

Table 22

Results of the Mediating Effect of Emotion Regulation Difficulties (M) in the Relationship Between Preoccupied Attachment Style (X) and Emotional Eating (Y)

Path	Predictor	Outcome	B	SE	t	p	95% (LLCI, ULCI)
a	RSQ_Pr	DERS	.069	.010	7.19	<.001	(.050, .088)
b	DERS	DEBQ_Em	.518	.096	5.39	<.001	(.329, .708)
c'	RSQ_Pr	DEBQ_Em	.011	.016	.67	.501	(-.021, .042)
a*b	RSQ_Pr * DERS	DEBQ_Em	.036	BootSE=.008	-	-	(BootLLCI=.021, BootULCI=.053)

*Notes: Path a, b, and c' coefficients indicate the direct effects in the mediation model. Path a*b indicates the indirect effect mediated by the mediating variable in the mediation model.*

The results indicate a significant mediating role of difficulties in emotion regulation (DERS) in the relationship between preoccupied attachment style (RSQ_Pr) and emotional eating behavior (DEBQ_Em). Specifically, the preoccupied attachment style positively predicts difficulties in emotion regulation ($B = .069$, $p < .001$), which in turn significantly predicts emotional eating behavior ($B = .518$, $p < .001$). The direct effect of preoccupied attachment style on emotional eating behavior was not statistically significant ($B = .011$, $p = .501$), suggesting that the influence of preoccupied attachment style on emotional eating behavior is primarily exerted through its effect on emotion regulation difficulties. The significant indirect effect, as indicated by the bootstrapped confidence intervals (Effect = .036, BootLLCI = .021, BootULCI = .053), further substantiates the mediating role of emotion regulation difficulties.

3.12. The Mediating Role of Self-Compassion

This study aims to explore the potential mediating role of self-compassion in the relationship between attachment styles and eating behavior. Mediation analysis, a key method used in this research, requires linear relationships between the variables, a crucial condition highlighted by Hayes (2013). The research begins by checking for these linear relationships to support the hypotheses proposed. Table 23 is designed to clearly show the connections between attachment style (X), self-compassion (M), and eating behavior (Y). It also examines whether each hypothesis meets the necessary condition of linearity. This table provides a clear overview of how these variables interact and whether the conditions needed for mediation analysis are met in each case. The following hypothesis was tested within the scope of the research.

H11: The mediating role of self-compassion in the relationship between attachment styles and eating behavior is significant.

Table 23

Mediation Hypotheses and Linearity Assumption Verification

Hypothesis	Hypothesis Statement	X~M (r)	M~Y (r)	X~Y (r)	Linearity Assumption
11.1.1	Self-Compassion mediate the relationship between secure attachment style and restrained eating behavior.	-.20**	.06	-.03	NOT MET
11.1.2	Self-Compassion mediate the relationship between secure attachment style and emotional eating behavior.	-.20**	-.26**	.17**	MET
11.1.3	Self-Compassion mediate the relationship between secure attachment style and external eating behavior.	-.20**	-.21**	.12	NOT MET
11.2.1	Self-Compassion mediate the relationship between fearful attachment style and restrained eating behavior.	-.34**	.06	.22**	NOT MET
11.2.2	Self-Compassion mediate the relationship between fearful attachment style and emotional eating behavior.	-.34**	-.26**	18**	MET
11.2.3	Self-Compassion mediate the relationship between fearful attachment style and external eating behavior.	-.34**	-.21**	.09	NOT MET
11.3.1	Self-Compassion mediate the relationship between preoccupied attachment style and restrained eating behavior.	-.32**	.06	13*	NOT MET
11.3.2	Self-Compassion mediate the relationship between preoccupied attachment style and emotional eating behavior.	-.32**	-.26**	.19**	MET
11.3.3	Self-Compassion mediate the relationship between	-.32**	-.21**	.06	NOT MET

	preoccupied attachment style and external eating behavior.				
11.4.1	Self-Compassion mediate the relationship between dismissing attachment style and restrained eating behavior.	-.08	.06	.19**	NOT MET
11.4.2	Self-Compassion mediate the relationship between dismissing attachment style and emotional eating behavior.	-.08	-.26**	.09	NOT MET
11.4.3	Self-Compassion mediate the relationship between dismissing attachment style and external eating behavior.	-.08	-.21**	.04	NOT MET

Note: "Linearity Assumption" is marked as "MET" if all relationships in the hypothesis have significant linear correlations. Otherwise, it is marked as "NOT MET."

r: Pearson Correlation Coefficient.

***: p<.01, *: p<.05*

In light of the findings presented in Table 23, it is pertinent to note that the mediation analysis is only viable for a select group of hypotheses 11.1.2, 11.2.2, and 11.3.2. These hypotheses satisfy the linearity precondition, essential for the mediation model, as delineated by the significant Pearson Correlation Coefficients across all necessary relational pathways: X~M, M~Y, and X~Y.

H11.1.2. Self-Compassion mediates the relationship between secure attachment style and emotional eating behavior.

The primary aim of this analysis was to examine the mediating role of self-compassion (SCS) in the relationship between secure attachment style (RSQ_Se) and emotional eating behavior (DEBQ_Em). Table 24 shows the coefficients obtained from the mediation model in which the mediating effect of self-compassion (M) in the relationship between secure attachment style (X) and emotional eating (Y) was tested.

Table 24

Results of the Mediating Effect of Self-Compassion (M) in the Relationship Between Secure Attachment Style (X) and Emotional Eating (Y)

Path	Predictor	Outcome	B	SE	t	p	95% (LLCI, ULCI)
a	RSQ_Se	SCS	-.024	.007	-3.28	<.001	(-.038, -.009)
b	SCS	DEBQ_Em	-.391	.102	-3.82	<.001	(-.593, -.190)
c'	RSQ_Se	DEBQ_Em	.022	.012	1.89	.061	(-.001, .046)
a*b	RSQ_Se * SCS	DEBQ_Em	.009	BootSE = .004	-	-	(BootLLCI = .003, BootULCI = .017)

*Notes: Path a, b, and c' coefficients indicate the direct effects in the mediation model. Path a*b indicates the indirect effect mediated by the mediating variable in the mediation model.*

The results indicate a significant mediating role of self-compassion (SCS) in the relationship between secure attachment style (RSQ_Se) and emotional eating behavior (DEBQ_Em). Specifically, secure attachment style negatively predicts self-compassion (B = -.024, p< .001), which in turn significantly negatively predicts emotional eating behavior (B = -.391, p < .001). The direct effect of secure attachment style on emotional eating behavior was not statistically significant (B = .022, p = .061), suggesting that the influence of secure attachment style on emotional eating behavior is primarily exerted indirectly through its effect on self-compassion. The significant indirect effect (Effect = .009, BootLLCI = .003, BootULCI = .017) further substantiates the mediating role of self-compassion.

H11.2.2. Self-Compassion mediates the relationship between fearful attachment style and emotional eating behavior.

The primary aim of this analysis was to examine the mediating role of self-compassion (SCS) in the relationship between fearful attachment style (RSQ_Fe) and emotional eating behavior (DEBQ_Em). Table 25 shows the coefficients obtained from the mediation model in which the mediating effect of self-compassion (M) in the relationship between fearful attachment style (X) and emotional eating (Y) was tested.

Table 25

Results of the Mediating Effect of Self-Compassion (M) in the Relationship Between Fearful Attachment Style (X) and Emotional Eating (Y)

Path	Predictor	Outcome	B	SE	t	p	95% (LLCI, ULCI)
a	RSQ_Fe	SCS	-.045	.008	-5.72	< .001	(-.060, -.029)
b	SCS	DEBQ_Em	-.375	.107	-3.50	<.001	(-.585, -.164)
c'	RSQ_Fe	DEBQ_Em	.022	.014	1.54	.126	(-.006, .049)
a*b	RSQ_Fe * SCS	DEBQ_Em	.017	BootSE = .007	-	-	(BootLLCI = .006, BootULCI = .031)

*Notes: Path a, b, and c' coefficients indicate the direct effects in the mediation model. Path a*b indicates the indirect effect mediated by the mediating variable in the mediation model.*

The results indicate a significant mediating role of self-compassion (SCS) in the relationship between fearful attachment style (RSQ_Fe) and emotional eating behavior (DEBQ_Em). Specifically, the fearful attachment style negatively predicts self-compassion (B = -.045, p < .001), which in turn significantly negatively predicts emotional eating behavior (B = -.375, p< .001). The direct effect of fearful attachment style on emotional eating behavior was not statistically significant (B = .022, p = .126), suggesting that the influence of fearful attachment style on emotional eating behavior is primarily exerted indirectly through its effect on self-compassion. The significant indirect effect, as indicated by the bootstrapped confidence intervals (Effect = .017, BootLLCI = .006, BootULCI = .031), further substantiates the mediating role of self-compassion.

H11.3.2. Self-Compassion mediates the relationship between preoccupied attachment style and emotional eating behavior.

The primary aim of this analysis was to examine the mediating role of self-compassion (SCS) in the relationship between preoccupied attachment style (RSQ_Pr) and emotional eating behavior (DEBQ_Em). Table 26 shows the coefficients obtained from the mediation model in which the mediating effect of self-compassion (M) in the relationship between preoccupied attachment style (X) and emotional eating (Y) was tested.

Table 26

Results of the Mediating Effect of Self-Compassion (M) in the Relationship Between Preoccupied Attachment Style (X) and Emotional Eating (Y)

Path	Predictor	Outcome	B	SE	t	p	95% (LLCI, ULCI)
a	RSQ_Pr	SCS	-.048	.009	-5.37	<.001	(-.066, -.030)
b	SCS	DEBQ_Em	-.369	.106	-3.48	<.001	(-.577, -.160)
c'	RSQ_ Pr	DEBQ_Em	.029	.016	1.81	.070	(-.002, .060)
a*b	RSQ_ Pr * SCS	DEBQ_Em	.018	BootSE = .006	-	-	(BootLLCI = .006, BootULCI = .031)

*Notes: Path a, b, and c' coefficients indicate the direct effects in the mediation model. Path a*b indicates the indirect effect mediated by the mediating variable in the mediation model.*

The results indicate a significant mediating role of self-compassion (SCS) in the relationship between preoccupied attachment style (RSQ_Pr) and emotional eating behavior (DEBQ_Em). Specifically, the preoccupied attachment style negatively predicts self-compassion ($B = -.048$, $p < .001$), which in turn significantly predicts emotional eating behavior negatively ($B = -.369$, $p < .001$). The direct effect of preoccupied attachment style on emotional eating behavior was not statistically significant ($B = .029$, $p = .070$), suggesting that the influence of preoccupied attachment style on emotional eating behavior is primarily exerted indirectly through its effect on self-compassion. The significant indirect effect, as indicated by the bootstrapped confidence intervals (Effect = .018, BootLLCI = .006, BootULCI = .031), further substantiates the mediating role of self-compassion.

4. DISCUSSION

4.1. Overview

This study aimed to investigate the mediating effect of self-compassion and difficulty in emotion regulation in the relationship between attachment styles and disordered eating behavior. In this section, the results of the study and their relationship to the literature are presented and the general significance of these findings is discussed. Additionally, this section also discusses the clinical implications of the study, its contributions, limitations, and future directions.

4.2. Eating Behavior by Gender

In this study, differences in disordered eating behavior, including restrained eating, emotional eating and external eating, were examined between male and female individuals. The purpose of the research is to compare the differences in disordered eating behavior between individuals according to gender. The present study found a statistically significant difference in the mean scores of emotional eating and restrained eating behavior among participants based on gender. It is seen that women's emotional eating behavior and restrained eating behavior mean scores are higher than men. However, there was no significant difference in the external eating subscale mean scores according to gender. As a result of examining the differences in subsample scores regarding restrained, emotional and external eating by gender, it is understood that some of the current research results are in line with the findings in the literature. Moreover, in parallel with the current results, it is seen that women's emotional eating and restrained eating mean scores are higher than men, but no difference is observed in external eating (Bailly et al., 2012; Oliver et al., 2000). Prior research, similar to the present study, has demonstrated that women obtained higher scores compared to men on restrained (Neumark-Sztainer et al., 1999) and emotional eating (Delahanty et al., 2002; Larsen et al., 2006; Waller & Matoba, 1999) behavior when comparing the scores on the DEBQ subscales. Additionally, Hou et al. (2013) reported that women had higher average scores than men on the subscales of “restrained eating”, “emotional eating”, and “external eating”. Supporting this finding, Sung et al. (2010)

conducted a study utilizing identical and fraternal twins, revealing a statistically notable gender difference across all sub-dimensions of disordered eating behavior. This finding is also consistent with other research indicating varying vulnerability to eating disorders between women and men (Lewinsohn et al., 2002; Rojo et al., 2003). As a result of another study, no significant difference was found between men and women in terms of emotional and external eating disorders, but restrained eating behavior was found to be significantly higher in women (Bayrak et al., 2020). This finding coincides with the current research finding that "restrained eating behavior is more common in women than in men". Males who aim to lose weight typically use physical activity as a method of weight control, and male dissatisfaction with their physique generally manifests as a preference for increasing muscle mass rather than losing weight, whereas women tend to restrict their food intake to lose weight (Drewnowski et al., 1995; Waldron, 1997). This may explain why females are inclined towards restrained eating compared to males in the present study. Additionally, the higher restriction scores observed in women may be associated with a greater tendency to diet (Lawson et al., 1995). Moreover, numerous researchers have proposed that the heightened pressure on women to attain and sustain a low body weight may contribute to the ongoing rise in eating disorder rates (Bruch, 1975; Silverstein et al., 1986). Another finding of this study, that "emotional eating behavior is at a higher level in women than in men", is compatible with the literature, and also this finding suggests that men may have reported less emotional eating behavior due to the cultural stereotype that associates emotional eating predominantly with women (Alexander & Siegel, 2013). Furthermore, in the current study, the fact that there is no significant difference in external eating behavior according to gender may be interpreted as indicating a similar tendency among both women and men to increase food consumption in response to external cues such as food-related smells and visual stimuli, irrespective of feelings of hunger and satiety.

4.3. Dieting Behavior by Gender

In the current study, differences in dieting behavior between male and female individuals were examined. The findings of the research show that dieting behavior is higher in women than in men. It is understood that this finding is compatible with the findings in the literature. In parallel with the current result, a longitudinal research examining gender differences in dieting development from adolescence to early adulthood by following boys

and girls over three time points found that girls' dieting scores experienced a rise, whereas boys' scores remained stable (von Soest & Wichstrøm, 2009). As a result of another study, which is consistent with the findings of the present study and conducted with participants from 23 countries, it is stated that women tend to avoid high-fat foods, prefer fruit and fiber foods, and limit salt intake, and in addition, prioritize dieting and healthy eating compared to men (Wardle et al., 2004). Moreover, the findings of various studies investigating attitudes towards body weight and diet indicate that women are more concerned about weight than men and attempt more diets to control weight (Serdula et al., 1993; Wardle & Griffith, 2001). Furthermore, it is considered that the lower prevalence of beliefs regarding the importance of nutrition in line with health recommendations, as indicated in Courtenay's (2000) study, among men compared to women, could be effective in contributing to gender differences in diet. Also, the sociological perspective regarding women's eating behavior indicates an association between "femininity" and "eating lightly" (Fursland, 1989). A study was conducted by Chaiken and Pliner (1987) in which male or female students were assigned to read a food diary depicting very small or large breakfasts and lunches. The findings demonstrated that the woman who consumed a smaller meal was perceived as more feminine than the woman who consumed a larger meal (Chaiken & Pliner, 1987). However, the meal size did not influence the perceptions of male subjects (Chaiken & Pliner, 1987). This may indicate that light eating is seen as gender-normative behavior for women and may be one of the reasons explaining the gender difference in dieting (Chaiken & Pliner, 1987).

4.4. Eating Behavior by Diet History

Recent research indicates that the origins of eating disorders stem from the interaction of multiple factors (Maner, 2001). Current descriptions of the development of these disorders provide a comprehensive perspective, taking into account various etiological factors (Maner, 2001). Dieting behavior is particularly emphasized as playing a crucial triggering role in the development of eating disorders (Maner, 2001). Therefore, this current study investigated differences in disordered eating behavior among individuals with and without a history of dieting. According to the findings of the current research, it is understood that the average scores of emotional eating behavior, restrained eating behavior and external eating behavior of people with a diet history are significantly higher than those without a diet history, and there is a significant average difference. The findings of the current study

align with the literature. In addition, the significant difference in eating behavior of people with a history of dieting compared to people without a history of dieting is seen in the highest restrained eating behavior compared to emotional eating and external eating. Although dieting and dietary restriction seem similar, they refer to different concepts. Dieting involves a deliberate alteration in eating behavior, typically for a temporary period, aimed at achieving weight loss, and occasionally weight gain, often in the context of muscle development (Findlay, 2004). However, dietary restraint is frequently linked not only with calorie intake restriction but also with disinhibited overeating, stemming from a loss of control over eating, which may elevate the risk of developing eating disorders or gaining weight (Koch et al., 2018). Also, dietary restraint involves a cognitive process to consume less than desired (House et al.,2021).

For instance, in parallel with the current research finding, another study revealed that women's frequency of dieting was positively associated with an increase in disordered eating behavior (Abraham et al., 1983). Similarly, Provencher et al. (2004) demonstrated that individuals who were currently or had previously engaged in dieting showed higher levels of cognitive dietary restraint compared to those who had never dieted. Also, the finding of the current study aligns with existing research indicating that dietary habits are the crucial predictor of developing eating disorders (Wiseman et al., 1992).

4.5. Association Between Attachment Styles and Eating Behavior

Several emotional, physical, and social factors have been proposed as causing the onset of disordered eating behavior. Attachment theory, a comprehensive theory that offers a beneficial framework for elucidating how each of these elements contributes to disordered eating behavior, is a crucial area of research in this context. Bowlby (1977) explained attachment theory as a framework that conceptualizes people's tendency to develop strong emotional bonds with specific individuals and sheds light on the emotional distress and disturbances in personality that may ensue from these attachments. Moreover, attachment theory refers to the collection of works delineating the bonding process between a mother/caregiver and infant, as well as the repercussions, predominantly on the infant, resulting from any disturbance in this bond (Pearlman, 2005). Bowlby (1977) suggested that the mother/caregiver's responsiveness to the infant's signals and her ability to accurately

interpret them fostered a secure attachment, enabling the baby, child, and later adult to perceive themselves and the world around them in a predominantly positive and trusting manner (Pearlman, 2005). If the infant consistently struggles to establish a responsive emotional bond with the caregiver, they might seek solace and distance themselves from overwhelming anxiety by sucking their thumb, using a pacifier, or demanding food Pearlman, 2005). These self-regulating behavior could become deeply ingrained as the main sources of comfort and self-care, displacing attachment and caring (Pearlman, 2005). This process may result in the development of an eating disorder later in life (Pearlman, 2005).

Attachment theory presents a crucial framework for aiding the comprehension and treatment of disordered eating behavior (Faber et al., 2018). Therefore, in this current study, the relationship between four attachment styles and three eating behaviors was discussed in detail. According to the findings of the study, it was determined that statistically significant positive correlations exist between fearful attachment and both emotional and restrained eating, as well as between preoccupied attachment and both emotional and restrained eating; additionally, dismissing attachment was found to be significantly positively correlated only with restrained eating. Moreover, a relatively lower significant positive correlation was found between secure attachment and emotional eating than insecure attachment. This finding indicates that individuals with insecure attachment indicate a slightly more pronounced tendency towards disordered eating than secure attachment.

For instance, results from a meta-analytic review investigating the association between attachment and both unhealthy and healthy eating behavior indicate a consistent tendency across seven clinical reviews (Faber et al., 2018). These reviews consistently demonstrate that higher insecure attachment, indicative of difficulties in forming reliable and trusting relationships, is a prevalent characteristic among individuals with disordered eating (Faber et al., 2018). Furthermore, the results of this present study align with prior research by Maras and colleagues (2016), which revealed a notable correlation between insecure attachment and restrained eating behavior. Specifically, individuals with an insecure attachment style were more likely to report restricting their food intake compared to those with secure attachments (Maras et al., 2016). Moreover, consistent with the findings of the current study, when reviewing research exploring the connection between individuals' eating behavior and attachment, it becomes evident that many studies have revealed a

noteworthy correlation between attachment insecurity and disordered eating behavior (Caglar-Nazali et al., 2014; Tasca et al., 2011; Ward et al., 2000).

4.6. Association Between Attachment Styles and Difficulties in Emotion Regulation

In the literature, it is seen that attachment is an important factor in regulating one's emotions (Bowlby, 1973; Gillath et al., 2005; Kerns et al., 2007). Mikulincer et al. (2003) stated that attachment theory provides a useful framework for understanding the emotion regulation process. Attachment styles are linked to specific patterns of interpersonal behavior and emotion regulation, particularly when individuals sense a threat, seek proximity with their primary attachment figure, or encounter unavailability of the primary attachment figure (Mikulincer et al., 2003). Additionally, it is stated that interactions between caregivers and infants can affect the development of the orbitofrontal cortex, a brain region that plays a role in emotional awareness and regulation of emotions (Schore, 1996). Based on attachment theory, engaging with accessible attachment figures and the subsequent sense of security in those relationships facilitate the acquisition of constructive strategies for regulating emotions (Mikulincer & Shaver, 2012). For instance, engaging with individuals who are emotionally available and responsive creates an environment where a child can grasp that recognizing and expressing emotions is crucial for restoring emotional equilibrium (Cassidy, 1994). It also teaches them the utility and social appropriateness of openly expressing, exploring, and comprehending their feelings (Cassidy, 1994). Moreover, it is stated that secure attachment promotes effective emotion regulation, whereas attachment insecurity may hinder the effectiveness of regulating emotions (Mikulincer & Shaver, 2019).

The current study investigated the relationship between attachment styles and emotion regulation difficulties. In the findings of the study, it was determined that emotion regulation difficulties were strongly correlated with fearful and preoccupied attachment. This implies that insecure attachment could contribute to ineffective regulation of emotions. There are literature studies that parallel the research findings. Marganska et al. (2013) found that fearful and preoccupied attachment styles are linked to a “perceived inability to generate effective emotion regulation strategies” (p. 131). Moreover, in current study findings, no significant relationship was found between difficulty in emotion regulation and dismissing attachment. However, when the literature is examined, another situation draws attention. In

a study examining the relationships between psychiatric symptomatology and attachment, it was discovered that people with a dismissing attachment style tend to hide their symptoms on self-report scales, even though they have more symptoms (Dozier & Lee, 1995). Therefore, considering the likelihood that individuals with a dismissing attachment style may have provided biased responses on self-report scales, this situation could explain the absence of a significant relationship between dismissing attachment style and difficulties in emotion regulation. On the other hand, the relationship between secure attachment style and emotion regulation difficulties appears to have a significantly positive correlation, although it has a lower correlation than insecure attachment style. This shows that people with a secure attachment style may experience less difficulties in regulating their emotions than people with a fearful and preoccupied attachment style. Moreover, an examination of the literature reveals that numerous research consistently indicate that securely attached adults tend to exhibit effective and adaptive emotion regulation strategies regarding their attitudes, expectations, and perceptions of threatening situations (Mikulincer & Shaver, 2007).

4.7. Association Between Attachment Styles and Self-Compassion

It could be argued that self-compassion positively impacts psychological health (Neff, 2003a). Hence, it appears worthwhile to explore the factors that promote the growth of self-compassion, which has a positive impact on individuals' lives. In light of Bowlby's research (1973, 1980), Gilbert (2005, 2010) proposed that the capacity for compassion originates from and is shaped by the attachment system. It is noted that the feelings of worth and bond that securely attached people experience might aid in the “development of self-compassion” (Neff, & McGehee, 2010). It is expressed that “greater attachment security” is associated with “self-compassion”, as individuals with a “secure attachment” style are thought to find it easier to access “feelings of self-care” (Neff, & McGehee, 2010). However, Gilbert and Procter (2006) proposed that upbringing marked by parental inconsistency, coldness, or rejection might hinder the development of the relaxation system, leading to a propensity for self-criticism rather than self-compassion. For example, individuals who perceive themselves as unlovable, reflecting attachment anxiety, may struggle to practice self-kindness and they may engage in judgment and self-criticism (Huynh et al., 2022). Similarly, individuals who distance themselves physically and emotionally from others, reflecting attachment avoidance, may find it challenging to adopt a mindset characterized by

connectedness and openness with others (Huynh et al., 2022).

This study investigated the connection between attachment styles (secure, fearful, dismissing, preoccupied) and self-compassion. The results indicate significant negative correlations between self-compassion and both fearful and preoccupied attachment styles, suggesting that individuals with these attachment styles tend to have lower levels of self-compassion. However, there was a negative correlation between self-compassion and dismissing attachment styles, though it was not statistically significant. In parallel with the findings of the present investigation, earlier studies have documented connections between self-compassion and both preoccupied and fearful attachment styles. For example, similar to the present research outcomes, while both Neff and Beretvas (2013) and Neff and McGehee (2010)'s studies observed inverse associations between self-compassion and both fearful and preoccupied attachment styles, no significant relationship was found with dismissing attachment. A review of previous research indicates consistency with the current study's conclusion regarding the link between insecure attachment and self-compassion. Specifically, although existing literature commonly suggests no association between self-compassion and dismissing attachment, negative associations have been identified with preoccupied and fearful attachment styles (Gilbert & Irons, 2008; Irons et al., 2006).

According to the statistical analysis results of the present study, there was a significantly low negative correlation between the levels of self-compassion among participants and their secure attachment style. Contrary to expectations, the negative self-compassion levels of people with secure attachment style may be attributed to the research sample, and it is thought that different research samples may yield expected results. When the literature is examined, it is seen that attachment security is positively related to self-compassion (Pepping et al., 2013). For example, Neff and Beretvas' (2013) study findings suggest that individuals with a “secure attachment style” tend to demonstrate “higher levels of self-compassion”.

4.8. Association Between Eating Behavior and Difficulties in Emotion Regulation

The present study examined the correlation between difficulties in emotion regulation and eating behavior. The significance of emotion regulation difficulties in the development and persistence of disordered eating behavior are widely recognized, and

numerous studies have also demonstrated that individuals with disordered eating behavior often encounter challenges in emotion regulation (Burns et al., 2012; Brytek-Matera, 2021; Fairburn et al., 2003; Kenny et al., 2017). It is demonstrated that disordered eating behavior are affected by negative affect and function as an emotion regulation strategy in the face of negative situations, allowing one to distraction from negative emotions (Stice, 2001). When the literature on emotion regulation is examined, many research findings show that eating is used to regulate emotions (Canetti et al., 2002). For example, Aldao and Nolen-Hoeksema (2010) state that people exhibiting disordered eating behavior cannot regulate their emotions effectively and resort to dysfunctional coping methods to get away from negative emotions. Multiple authors (e.g., Luck et al., 2005) have highlighted the emotion regulation in sustaining disordered eating. They have formulated models of emotion regulation in disordered eating, which suggest that this behavior serves as dysfunctional attempts to regulate or avoid unpleasant emotional experiences (Luck et al., 2005).

The current study's results revealed a notable and meaningful correlation between emotion dysregulation and emotional eating behavior. Consuming either minimal or substantial quantities of food is assumed to represent only one among numerous potential strategies people can use to cope with their emotions and moods (Macht & Simons, 2011). It has been noted that consuming particular foods might serve as a pleasant distraction and enabling individuals to regulate negative emotions (Tice & Bratslavsky, 2000). Emotional eating theory posits two fundamental assumptions: that negative emotions enhance the motivation to eat, leading to subsequent consumption, and that eating serves to alleviate the intensity of negative emotions (Bruch, 1973). In this case, food intake occurs even though the person is not physiologically hungry (Bruch, 1973). Therefore, the current research results are consistent with emotional eating theory's (Bruch, 1973) assumption that negative emotions are associated with motivation to consume food. Moreover, in line with the current findings, Crockett et al. (2015) observed that emotion dysregulation consistently predicted emotional eating across all models they examined. Furthermore, according to the findings of the present study, the association between emotional eating and emotion dysregulation may be due to the impact of individuals' inability to use functional strategies such as accepting their emotions and awareness on emotional eating behavior. In this context, the absence of effective coping mechanisms to deal with emotional stress may heighten the probability of individuals resorting to emotional eating behavior.

In the current research findings, a positive significant association was found between emotion dysregulation and external eating behavior. External eating refers to the consumption of food triggered by external cues related to food, such as the presence of food or observing others eating (Schachter, 1971). The results of the current study suggest that individuals experiencing difficulties in emotion regulation may exhibit increased sensitivity to food cues. This may support the use of external eating behavior as a strategy to cope with negative emotions. Likewise, Harrist et al. (2013) found that maladaptive emotion regulation is associated with external eating.

In recent times, there has been significant focus on the impact of emotions on disordered eating behavior, as highlighted by Sim and Zeman (2005). Various emotions can either enhance or diminish eating behavior within individuals. For instance, feelings of boredom might trigger an increase in appetite, whereas sadness could lead to a decrease (Macht, 2008). Moreover, a particular emotion might result in increased food consumption among one group, such as restrained eaters, while causing decreased intake among another, like non-restrained eaters (Macht, 2008). For example, restrained eating refers to the deliberate limitation of food intake with the goal of promoting weight loss or preventing weight gain (Herman & Polivy, 1975). Finally, the results of the current study indicate a notable and meaningful correlation between difficulties in regulating emotions and both external and emotional eating behaviors within the sample, yet no significant correlation was found with restrained eating. The reasons behind the absence of a significant relationship between restrained eating behavior and difficulties in emotion regulation remain unclear. For example, according to the results of the study conducted by Haynos et al. (2018b) with a non-clinical sample, individuals who were not diagnosed with eating disorders and exhibited restrained eating behavior experienced high difficulties in emotion regulation. Further investigation is required to understand the connection between difficulties in regulating emotions and engaging in restrained eating behaviors.

4.9. Association between Self-Compassion and Difficulties in Emotion Regulation

Another result from this current study shows that greater self-compassion correlates with less difficulty regulating emotions. The study revealed a robust, negative correlation between self-compassion and difficulties in emotion regulation. The more self-compassion

individuals have towards themselves, the less difficulty they experience in regulating emotions. It is seen that this result obtained from the research is consistent with the study results in the literature (Diedrich et al., 2014; Neff et al., 2007).

Emotion regulation ability entails recognizing and embracing one's emotions, managing impulsive actions during negative emotional states, and employing effective strategies to appropriately regulate emotional responses (Gratz & Roemer, 2004). In parallel with this situation, “self-compassion” can be highlighted “as a useful emotion regulation strategy”, where rather than avoiding “painful or distressing feelings”, they are acknowledged with “kindness, understanding, and a sense of shared humanity” (Neff, 2003b, p. 225). This process therefore facilitates the transformation of negative emotions into a more positive state, providing a clearer understanding of one's current situation and encouraging the adoption of appropriate and effective actions for personal or environmental change (Folkman & Moskowitz, 2000). Moreover, Gilbert and Irons (2005) suggested that self-compassion functions by deactivating the threat system, which is typically linked to feelings of insecurity and defensiveness, and simultaneously activating the self-soothing system, which is associated with a sense of safety, thus promoting emotion regulation.

Furthermore, in parallel with the results of the current study, according to the findings of Inwood and Ferrari's (2018) review, four studies indicated a robust, statistically significant negative correlation between self-compassion and emotion regulation difficulties, with one study highlighted a robust, significant positive correlation between self-compassion and effective emotion regulation abilities.

Thus, in line with research findings in the literature, the finding of the current study provides significant evidence for the idea that higher levels of self-compassion are associated with less difficulty regulating emotions.

4.10. Association Between Eating Behavior and Self-Compassion

In this present study, the correlation between disordered eating behavior and self-compassion was investigated. The results revealed a significant negative correlation between emotional eating and self-compassion, indicating that higher levels of self-compassion were linked to lower levels of emotional eating. Similarly, external eating also showed a negative

relationship with self-compassion; that is, individuals who showed more self-compassion were found to engage less in external eating behavior. Nevertheless, the present study did not find a significant relationship between restrained eating and self-compassion. Results show that self-compassion is associated with lower levels of emotional and external eating behavior, but the relationship with restrained eating is unclear. Although the expected negative relationship between self-compassion and restrained eating behavior was not observed in the results, unlike what's stated in existing literature; the findings strongly indicate that heightened self-compassion correlates with reduced emotional and external eating behaviors, in accordance with previous studies. The results, consistent with the literature, providing additional support for the idea that self-compassion could serve as a protective factor against both emotional and external disordered eating. Numerous past studies have demonstrated a clear negative correlation between individuals' disordered eating behavior and their levels of self-compassion (Kelly et al., 2014; Stutts & Blomquist, 2018). A review study highlighted meta-analyses indicating that decreased eating pathology was connected to increased self-compassion (Turk & Waller, 2020).

Furthermore, a systematic review of twenty-eight studies emphasized the protective role of self-compassion in preventing eating disorders (Braun et al., 2016). The results from several studies suggest that “self-compassion” is linked to “lower levels of eating pathology”, positioning it as a protection against such disordered eating behavior (Braun et al., 2016). These results indicate that self-compassion could act as a buffer for individuals with eating disorders by directly reducing the outcomes linked to eating disorders, preventing the onset of factors that lead to negative outcomes, and engaging with risk factors to disrupt their harmful consequences (Braun et al., 2016).

4.11. The Mediating Role of Difficulties in Emotion Regulation

Bowlby (1969) proposed that humans have an innate psycho-biological mechanism, termed the attachment behavioral system, driving them to seek closeness to attachment figures in times of need. This system serves fundamental regulatory functions, such as protection from threats and relief from distress, primarily observed during infancy and early childhood (Bowlby, 1988). There are also significant individual variations in the functioning of the attachment system depending on the accessibility, sensitivity, and supportive nature

of attachment figures (Bowlby, 1973). Interactions with responsive and available attachment figures during times of need facilitate optimal attachment system functionality and cultivate a feeling of attachment security (Bowlby, 1973). This pervasive sensation of security stems from implicit convictions in the general safety of the world, the supportive nature of attachment figures when sought for help, and the ability to explore the environment with curiosity while engaging effectively and pleasantly with others (Bowlby, 1973). “Such security is grounded in positive mental representations of self and others, termed by Bowlby as internal working models” (Bowlby, 1973). However, in adverse situations where attachment figures are inconsistent and unsupportive, failing to offer sufficient comfort during distress, children may develop “negative self-perceptions and views of others” (Bowlby, 1973). This situation leads to the adoption of secondary strategies instead of primary strategies in which there is a direct seek for security (Cassidy & Kobak, 1988). Secondary attachment strategies manifest in two principal ways: “hyperactivation and deactivation of the attachment system” (Cassidy & Kobak, 1988). Hyperactivation (which Bowlby, 1969, called protest) is signified by intense efforts to achieve proximity with attachment figures and seeking their support and affection through clinging and exerting control. Additionally, it is characterized by a hypervigilant, anxious concentration on attachment figures and relationships, hyperactivation of negative emotions and thoughts, and an inability to disengage from emotional distress (Cassidy & Kobak, 1988). On the other hand, deactivation involves making an effort to keep as much distance as possible from attachment figures, avoid dependency, pursue independence and control, repress unpleasant memories, and suppress troubling thoughts (Cassidy & Kobak, 1988). Cassidy and Kobak (1988) contend that individuals with preoccupied attachment (characterized by high anxiety and low avoidance) generally show hyperactivation of the attachment system, whereas those with dismissing attachment (characterized by high avoidance and low anxiety) typically demonstrate defensive deactivation of the attachment system. Moreover, fearful attachment may entail the collapse of these strategies in highly stressful circumstances (Cassidy & Kobak,1988). Individuals with fearful attachment (high on both avoidance and anxiety) experience a simultaneous desire for intimacy with attachment figures alongside an inability to trust and depend on them (Cassidy & Kobak,1988). This dynamic may result in the attachment systems to maintain active while behavioral strategies propose deactivation (Cassidy & Kobak,1988).

Attachment theory could offer insights into the reasons behind some individuals developing disordered eating behavior (Jewell et al., 2016; Mikulincer & Shaver, 2007). Based on attachment theory, people form attachment styles in relation to their caregivers during early stages of life, which subsequently may impact their capability for emotion regulation and, consequently, their psychological health (Bowlby, 1969). It's been proposed that those with insecure attachment styles may struggle with regulating their emotions, which could be linked to disordered eating (Tasca et al., 2009). It is seen that people who have difficulty in regulating emotions resort to food to regulate their adverse emotions or self-calm (Haynos et al. 2018a). Additionally, aligning with the findings of the current study, emotion dysregulation seems to mediate the connection between attachment insecurity and disordered eating behavior (Van Durme et al., 2018). Moreover, insecure attachment styles may elevate the likelihood of developing an eating disorder by impacting challenges in regulating emotions (Ward et al., 2000). Tasca and Balfour (2014) found that between 80% and 100% of people diagnosed with eating disorders exhibited an insecure attachment style.

In this current study, the role of emotion regulation difficulties in the relationship between attachment styles and disordered eating behavior was examined. The results of the current study demonstrate that emotion regulation difficulties play a mediating role in the relationship between emotional eating behavior and fearful and preoccupied attachment styles. Specifically, fearful attachment style positively predicts difficulties in emotion regulation, which in turn positively predicts emotional eating behavior. In addition to this, the preoccupied attachment style positively predicts difficulties in emotion regulation, which in turn positively predicts emotional eating behavior. These findings suggest that individuals who develop fearful or preoccupied attachment styles may experience emotion regulation difficulties, which may increase emotional eating behavior. These findings of the research support the research findings in the relevant literature. In the light of the literature, it appears that individuals with fearful and preoccupied attachment styles may have difficulty regulating emotions (Marganska et al., 2013). Studies show that individuals with high disordered eating behavior are more likely to have insecure attachment (Caglar-Nazali et al., 2014; Tasca et al., 2011; Ward et al., 2000). These people may utilize eating as a coping mechanism for distress or as a way to regulate emotions associated with attachment-related insecurities (Faber et al., 2018). Furthermore, disordered eating behavior may function as a mechanism for managing anxiety, seeking comfort or regulating emotions (Tasca et al.,

2011). Nevertheless, as this form of relief stems from an ineffective method of emotion regulation, its duration is brief, subsequently leading to emotions of shame, guilt, sadness (Tasca et al., 2011). It is posited that this detrimental cycle contributes to the maintenance of emotional eating patterns. (O'Shaughnessy & Dallos, 2009). The similarity of these findings with the literature can be explained by the fact that insecurely attached individuals have difficulty regulating their emotions and frequently turn to food to calm themselves in negative situations (Tasca et al., 2011).

Moreover, if the findings of the research are explained through the hyperactivation/deactivation model (Cassidy & Kobak, 1988; Mikulincer & Shaver, 2007), people with preoccupied attachment, whose characteristic feature is the hyperactivation of the attachment system, typically think of themselves as unworthy of being valued and view others positively (Mallinckrodt, 2010; Marsh, 2005). Thus, they may be excessively concerned with the approval of their physical appearance by others, and thus may ruminate over their physical appearance and eating behavior (Mallinckrodt, 2010; Marsh, 2005). This may consequently result in the adoption of disordered eating patterns (Mallinckrodt, 2010; Marsh, 2005). Several research have corroborated this assertion, indicating that individuals displaying a preoccupied attachment tend to report considerably elevated levels of disordered eating (Suldo & Sandberg, 2000). Also, people exhibiting a fearful attachment style, characterized by negative perceptions of both self and others, may feel the need to seek approval for their bodies by wanting to be close to others. However, they may avoid this due to distrust of others, and these uncertainties can cause their strategies to collapse. The complexity of this situation may cause them to exhibit disordered eating behavior.

Furthemore, similarly, Taube-Schiff et al. (2015) examined the connection between "emotion regulation difficulties", "insecure attachment", and "emotional eating" in the bariatric population. In this study, attachment measurement was measured as two-dimensional model of adult attachment: avoidant and anxious. The findings of the study show that "attachment insecurity may increase the risk for difficulties with emotion regulation and subsequent emotional eating behaviors" (Taube-Schiff et al., 2015, p. 39).

Moreover, the current research findings point to the significant mediating role of emotion regulation difficulties in the relationship between secure attachment style and emotional eating behavior. However, when this relationship is examined in detail, it is seen that it does not meet the expectations because, contrary to expectations, it is seen that secure

attachment style positively predicts emotion regulation difficulty. In fact, what was expected was this: secure attachment style would negatively predict difficulty in emotion regulation, which in turn would negatively predict emotional eating behavior at a significant level. This finding does not coincide with the literature (Pace et al., 2012). Additionally, in accordance with the literature, in the research findings, people with a secure attachment style were expected to regulate their emotions and have fewer emotion regulation difficulties by following what Waters et al., (1998) calls the "secure base script", three main emotion-regulatory tendencies: acceptance and display of distress, participation in problem solving, and seeking support. As a result, it was expected that since they regulate their emotions, they would not engage in dysfunctional eating-related behavior and their disordered eating behavior would be low. However, the results did not match these expectations.

Also, according to the findings of the research, the mediating effect of emotion regulation difficulties was not found to be significant in the relationships between "secure attachment and restrained and external eating", "fearful attachment and restrained and external eating", "preoccupied attachment and restrained and external eating", and "dismissing attachment and emotional, restrained, and external eating". For example, in the findings of this study, it was expected that preoccupied attachment's hyperactivating strategy of intensifying emotional responses (Cassidy & Kobak, 1988; Mikulincer & Shaver, 2007) would require urgent regulatory efforts such as external eating. Additionally, the deactivating approach of dismissing attachment, characterized by the suppression of emotional reactions and the maintenance of restricted emotional expression, was anticipated to play a role in fostering motivations and behavior associated with restrained eating. Nevertheless, the outcomes did not align with these anticipations. An examination of the literature reveals that there are studies that align with these findings of the current research (Stapleton & Mackay, 2014). Conversely, there are also studies that do not coincide with the findings of the current research (e.g., Han & Kahn, 2017; Pace et al., 2012). Therefore, it appears that more research is needed.

4.12. The Mediating Role of Self-Compassion

When the literature was examined, it was noticed that the variables that could affect the relationship between attachment and disordered eating behavior were not adequately

examined. Finding potential mediators might enhance comprehension of the relationship between attachment and disordered eating behavior, guiding treatment interventions for their improvement. One variable that may be of significance to consider is self-compassion. In the literature, it has been seen that self-compassion is associated with both disordered eating behavior (Adams & Leary, 2007; Bicaker et al., 2023; Ferreira et al., 2013; Mousavi Asl et al., 202; Shipley, 2019) and attachment (Neff & McGehee, 2010; Pepping et al., 2015; Wei et al., 2011), but no study has been found examining the mediating effect of self-compassion in the relationship between attachment styles and disordered eating behavior. It is known that this current study will be the first to investigate the mediating role of self-compassion in the relationship between attachment styles and disordered eating behavior.

In this current study, the role of self-compassion in the relationship between attachment styles and disordered eating behavior was examined. The findings of the study supported the research hypotheses that people with fearful and preoccupied attachment were less self-compassion and engaged in more disordered eating behavior. Moreover, the results of the current study demonstrate that self-compassion plays a mediating role in the relationship between emotional eating behavior with fearful and preoccupied attachment styles. Specifically, fearful attachment style negatively predicts self-compassion, which in turn negatively predicts emotional eating behavior. In addition to this, preoccupied attachment style negatively predicts self-compassion, which in turn negatively predicts emotional eating behavior. These findings suggest that individuals who develop a fearful or preoccupied attachment style experience less self-compassion, which may increase emotional eating behavior. The present findings suggest that attachment insecurity is linked to decreased levels of self-compassion, which is consistent with prior research indicating that “fearful and preoccupied attachment are linked to diminished levels of self-compassion” (Neff & Beretvas, 2013). Parents' caring and compassion for their children has been shown to promote self-compassion in adolescents (Gouveia et al., 2018). This suggests that how an individual's attachment figures treat them influences their ability to demonstrate self-compassion (Homan, 2018). In other words, it can be said that the spread of self-compassion begins with others showing compassion (Homan, 2018). Although present study concentrate on “the relationship between adult attachment and self-compassion”, previous studies have indicated that “peer and romantic insecure attachment serve as mediators of the relationships between maternal insecure attachment and self-compassion” (Raque-Bogdan et al., 2016).

These results underscore the significant impact of early attachment experiences on the formation of self-compassion by shaping the kinds of attachments established later in adulthood (Gilbert, 2014). This aligns with the idea that early attachment experiences contribute to the development of the soothing system (Gilbert, 2014). Moreover, it is also possible to explain "self-compassion" with "internal working model of attachment" (Neff & McGehee, 2010). When the "internal working models" of both fearful and preoccupied attachment styles are examined, it is seen that the self-model is negative (Bartholomew & Horowitz; 1991). In the "negative self-model", individuals fail to acknowledge their personal flaws in a mindful manner, do not treat themselves kindly, and their self-perceptions are negative (Bartholomew & Horowitz; 1991). Therefore, the fact that "self-compassion" levels are lower in people with "fearful and preoccupied attachment" is consistent with the literature (Neff & McGehee, 2010). Furthermore, the results concerning the connections between fearful attachment and preoccupied attachment with emotional eating align with prior research. Similarly to earlier studies, individuals with insecure attachment styles demonstrate a higher inclination towards disordered eating behaviors (Caglar-Nazali et al., 2014; Faber et al., 2018). In light of the findings of the current study, it has been shown that self-compassion is associated with less involvement in emotional eating and mediates the relationship between preoccupied and fearful attachment and emotional eating.

Furthermore, the present research findings point to the significant mediating role of self-compassion in the relationship between secure attachment style and emotional eating behavior. However, when this relationship is examined in detail, it is seen that it does not meet the expectations because, contrary to expectations, it is seen that secure attachment style negatively predicts self-compassion. In fact, what was expected was this: secure attachment style would positively predict self-compassion, which in turn would negatively predict emotional eating behavior at a significant level. When the literature is examined, it is understood that there is a positive correlation between attachment security and self-compassion (Pepping et al., 2013). For instance, Neff and Beretvas (2013) found that individuals with a secure attachment style generally demonstrate higher levels of self-compassion. Also, according to the findings of the research, the mediating effect of self-compassion was not found to be significant in the relationships between "secure attachment and restrained and external eating", "fearful attachment and restrained and external eating",

“preoccupied attachment and restrained and external eating”, and “dismissing attachment and emotional, restrained, and external eating”. In line with these findings, it seems that there is a need to further investigate the effect of self-compassion on the relationship between attachment styles and disordered eating behavior in order to better understand the relationships.

4.13. Clinical Implications

In general, findings show that people with insecure attachment are less self-compassionate, have more difficulty regulating emotions, and are more likely to engage in disordered eating behavior. According to the findings of the current study, emotion regulation difficulties and self-compassion mediate the relationship between insecure attachment (e.g. fearful and preoccupied) and emotional eating. These findings suggest that focusing on attachment processes, reducing emotion regulation difficulties, and increasing self-compassion levels through psychosocial interventions may help reduce disordered eating behavior. In other words, the findings indicate tailored clinical interventions that consider attachment styles and accompanying self-compassion development and emotion regulation strategies. For example, Tasca et al. (2009) underscored the significance of adapting therapeutic interventions to suit the attachment needs of individuals with different disordered eating behavior. Treatment of eating disorder patients who experience attachment anxiety focuses on “impulse regulation”, on the other hand, treatment for those experiencing attachment avoidance emphasizes “gradual exposure to emotional expression” (Tasca et al., 2009). Moreover, “Compassion-focused therapy for eating disorders (CFT-E)” was developed specifically for eating disorders (Goss & Allan, 2014). The aim of CFT-E is to target self-criticism, shame, self-hostility, and resistance to self-compassion in individuals with eating disorders (Goss & Allan, 2014). Standard CFT (Compassion-focused therapy) focuses on alleviating difficulties in emotion regulation and improving compassion more broadly (Goss & Allan, 2014). CFT-E incorporates interventions and methods aimed at addressing the complex aspects of eating disorders, such as disordered eating behavior, distorted body image, and self-criticism regarding body shape and weight (Goss & Allan, 2014). Essentially, CFT-E combines compassion-focused approaches with tailored treatments for eating disorders (Goss & Allan, 2014). Recent studies in this area show

promising results, revealing that CFT-E helps diminish eating disorder symptoms and increase psychological well-being in individuals (Gale et al., 2014; Turk & Waller, 2020).

4.14. Strengths, Limitations, and Future Research

The current study has a number of noteworthy strengths. The present study meticulously examined the mediating effect of emotion regulation difficulties and self-compassion in the relationship between attachment styles and disordered eating behavior. By doing this, it illuminates the relationship between different attachment orientations and the individual's capacity to regulate emotions and the development of self-compassion, as well as focusing on its relationship with disordered eating behavior. This provides valuable insight into the relationship of attachment theory and disordered eating behavior. Moreover, another strength of the current study is that it is the first known study in the literature to examine the mediating effect of self-compassion on the relationship between attachment styles and disordered eating behavior. In addition, the balanced gender distribution in the study is another strength of the study.

Nevertheless, notwithstanding these strengths, the current study also has its limitations. First of all, although it is possible to show the relationships between variables with the correlational models used in the research, this model is insufficient to explain cause-effect relationships. Moreover, the fact that the evaluation was made only with scales based on participants' self-report is also an important limitation. Self-report scales can be affected by factors such as response bias, which can undermine the reliability of the results. Therefore, it is important to reduce these limitations or use alternative methods in future research.

It is recommended for future research to use longitudinal and experimental designs to provide a clearer understanding of the possible causal link between attachment and disordered eating behavior. Adopting such methodological diversity not only enables the investigation of causal pathways but also offers a robust means of mitigating potential concerns regarding the use of self-report measures alone. Using longitudinal designs, researchers can explain attachment styles and their effects on eating disorders, and experimental designs can provide the opportunity to examine causal relationships through controlled manipulations. This multifaceted approach not only increases the depth of

understanding but also strengthens confidence in the validity of the findings, thereby advancing the discourse on attachment and eating behavior.

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APPENDIX A: INFORMED CONSENT FORM

Çalışmanın Adı: Yeme Davranışları Ve Bağlanma Stilleri Arasındaki İlişkide Öz Duyarlık Ve Duygu Düzenleme Zorluğunun Aracı Rollerinin İncelenmesi.

Bu tez çalışması, Yeditepe Üniversitesi Klinik Psikoloji Yüksek Lisans öğrencisi Yasemin Dikmen tarafından, Asst. Prof. D. Billur Örnek danışmanlığında yürütülmektedir. Bu formun amacı katılmanız rica edilen araştırma ile ilgili olarak sizi bilgilendirmek ve katılmanız ile ilgili sizden izin almaktır.

Araştırmayı yürütmek için gerekli izinler Yeditepe Üniversitesi Beşeri ve Sosyal Araştırmalar Etik Kurulu'ndan alınmıştır. Araştırmaya katılıp katılmama kararı tamamen gönüllülük temelindedir. Katılmak isteyip istemediğinize karar vermeden önce araştırmanın neden yapıldığını, bilgilerinizin nasıl kullanılacağını, çalışmanın neleri içerdiğini, olası yararları ve risklerini ya da rahatsızlık verebilecek yönlerini anlamanız önemlidir. Lütfen aşağıdaki bilgileri dikkatlice okumak için zaman ayırınız. Çalışmaya katılmamakta veya çalışmadan herhangi bir zamanda ayrılmakta özgürsünüz. Çalışmaya katıldığınız için size herhangi bir ödeme yapılmayacak ya da sizden herhangi bir maddi katkı istenmeyecektir.

Çalışmanın Amacı: Çalışmanın amacı bağlanma stillerinin yeme davranışı üzerinde etkisi olup olmadığını ve ayrıca duygu düzenleme zorluğunun ve öz duyarlığın bu ilişkiye aracılık edip etmediğini incelemektir.

Çalışma İşlemleri: Araştırmaya katılmayı kabul ederseniz sizden demografik formu doldurduktan sonra İlişki Ölçekleri Anketi, Öz Duyarlık Ölçeği, Duygu Düzenlemede Zorluklar Ölçeği ve Hollanda Yeme Davranışı Anketi olmak üzere ölçekler doldurmanız beklenmektedir. Araştırma süresinin yaklaşık 15 dakika sürmesi beklenmektedir.

Çalışmaya Katılmamın Olası Yararları ve Riskleri Nelerdir?

Çalışmaya katılmanız durumunda literatüre bu konu hakkında destek sağlayarak veri eklememize yardımcı olacaksınız. Çalışmada sizlere bazı negatif duygu durumlarına yönelik sorular da sorulmaktadır. Bu ölçüm araçlarını kullanan diğer çalışmalarda herhangi bir olumsuz etki rapor edilmemiştir. Ancak yine de dilerseniz çalışmaya hiç katılmayabilir veya çalışmadan istediğiniz zaman ayrılabilirsiniz.

Kişisel Bilgilerim Nasıl Kullanılacak?

Çalışma dahilinde kimlik bilgileriniz toplanmayacaktır. Sağladığınız diğer veriler yalnızca araştırma dâhilinde kullanılacaktır. Elde edilecek bilgiler araştırmacılar tarafından toplu halde değerlendirilecek ve bilimsel yayımlarda rapor edilmek için kullanılacaktır.

Soru ve Problemler için Başvurulacak Kişiler:

Ad-Soyadı: Yasemin Dikmen

Yeditepe Üniversitesi Psikoloji Bölümü

Çalışmaya Katılma Onayı

( ) Bu bilgilendirilmiş olur belgesini okudum ve anladım. Bu araştırmaya katılmayı hür irademle kabul ediyorum.

APPENDIX B: SOCIODEMOGRAPHIC FORM

1. Cinsiyetiniz:

( ) Kadın

( ) Erkek

2. Yaşınız: …

3. İlişki Durumunuz:

( ) Evli

( ) Bekar, ilişkim var.

( ) İlişkim yok.

4. Mesleğiniz: …

5. Eğitim durumunuz:

( ) İlköğretim

( ) Lise

( ) Üniversite

( ) Yüksek Lisans

( ) Doktora

6. Boyunuz (cm):

7. Kilonuz (kg):

8. Kilonuzdan ne derece memnunsunuz?

( ) Çok memnunum

( ) Memnunum.

( ) Memnun değilim

( ) Hiç memnun değilim.

9. Şu anki kilonuz için kendinizi nasıl değerlendiriyorsunuz?

( ) Çok kilolu

( ) Kilolu

( ) Normal

( ) Zayıf

( ) Çok zayıf

10. Düzenli fiziksel aktivite yapıyor musunuz?

( ) Evet

( ) Hayır

10.1. Cevap EVET ise haftada kaç kez fiziksel aktivite yapıyorsunuz?

( ) Haftada 1 kez

( ) Haftada 1-3 kez

( )Haftada 3 kereden fazla

11. Herhangi bir fiziksel sağlık sorununuz var mı?

( ) Evet

( ) Hayır

11.1. Cevap EVET ise lütfen sağlık sorununuzu belirtiniz. (…)

11.2. Düzenli olarak kullandığınız bir ilaç var mı?

( ) Var

( ) Yok

11.2.1.Cevap VAR ise kullandığınız ilacın adını lütfen belirtiniz. (…)

12. Geçmişte ya da şimdi herhangi bir psikiyatrik yardım aldınız mı?

( ) Evet

( ) Hayır

12.1. Cevap EVET ise, Psikiyatrik tanı aldınız mı?

( )Evet

( )Hayır

12.1.1.Cevap EVET ise hangi tanıyı aldığınızı lütfen belirtiniz. (…)

12.2. Daha önce psikiyatrik ilaç kullandınız mı?

( ) Evet

( ) Hayır

12.2.1.Cevap EVET ise kullandığınız ilacın adını lütfen belirtiniz. (…)

13. Hiç rejim (diyet) yaptınız mı? ( )Evet ( ) Hayır

13.1. Cevap EVET ise, daha önceden hiç diyetisyen desteği aldınız mı?

( ) Evet

( ) Hayır

APPENDIX C: RELATIONSHIP SCALES QUESTIONNAIRE (RSQ)

Ölçek maddeleri;

Aşağıda yakın duygusal ilişkilerinizde kendinizi nasıl hissettiğinize ilişkin çeşitli ifadeler yer almaktadır. Yakın duygusal ilişkilerden kastedilen arkadaşlık, dostluk, romantik ilişkiler ve benzerleridir. Lütfen her bir ifadeyi bu tür ilişkilerinizi düşünerek okuyun ve her bir ifadenin sizi ne ölçüde tanımladığını aşağıdaki 7 aralıklı ölçek üzerinde değerlendiriniz.

1----------2----------3----------4----------5----------6----------7

Beni hiç tanımlamıyor | Beni kısmen tanımlıyor | Tamamıyla beni tanımlıyor

1. Başkalarına kolaylıkla güvenemem.

2. Kendimi bağımsız hissetmem benim için çok önemli.

3. Başkalarıyla kolaylıkla duygusal yakınlık kurarım.

4. Bir başka kişiyle tam anlamıyla kaynaşıp bütünleşmek isterim.

5. Başkalarıyla çok yakınlaşırsam incitileceğimden korkuyorum.

6. Başkalarıyla yakın duygusal ilişkilerim olmadığı sürece oldukça rahatım.

7. İhtiyacım olduğunda yardıma koşacakları konusunda başkalarına her zaman güvenebileceğimden emin değilim.

8. Başkalarıyla tam anlamıyla duygusal yakınlık kurmak istiyorum.

9. Yalnız kalmaktan korkarım.

10. Başkalarına rahatlıkla güvenip bağlanabilirim.

11. Çoğu zaman, romantik ilişkide olduğum insanların beni gerçekten sevmediği konusunda endişelenirim.

12. Başkalarına tamamıyla güvenmekte zorlanırım.

13. Başkalarının bana çok yakınlaşması beni endişelendirir.

14. Duygusal yönden yakın ilişkilerim olsun isterim.

15. Başkalarının bana dayanıp bel bağlaması konusunda oldukça rahatımdır.

16. Başkalarının bana, benim onlara verdiğim kadar değer vermediğinden kaygılanırım.

17. İhtiyacınız olduğunda hiç kimseyi yanınızda bulamazsınız.

18. Başkalarıyla tam olarak kaynaşıp bütünleşme arzum bazen onları ürkütüp benden uzaklaştırıyor.

19. Kendi kendime yettiğimi hissetmem benim için çok önemli.

20. Birisi bana çok fazla yakınlaştığında rahatsızlık duyarım.

21. Romantik ilişkide olduğum insanların benimle kalmak istemeyeceklerinden korkarım.

22. Başkalarının bana bağlanmamalarını tercih ederim.

23. Terk edilmekten korkarım.

24. Başkalarıyla yakın olmak beni rahatsız eder.

25. Başkalarının bana, benim istediğim kadar yakınlaşmakta gönülsüz olduklarını düşünüyorum.

26. Başkalarına bağlanmamayı tercih ederim.

27. İhtiyacım olduğunda insanları yanımda bulacağımı biliyorum.

28. Başkaları beni kabul etmeyecek diye korkarım.

29. Romantik ilişkide olduğum insanlar, genellikle onlarla, benim kendimi rahat hissettiğimden daha yakın olmamı isterler.

30. Başkalarıyla yakınlaşmayı nispeten kolay bulurum.

APPENDIX D: SELF-COMPASSION SCALE (SCS)

Bu anketten elde edilen sonuçlar bilimsel bir çalışmada kullanılacaktır. Sizden istenilen bu ifadeleri okuduktan sonra kendinizi değerlendirmeniz ve sizin için en uygun seçeneğin karşısına çarpı (X) işareti koymanızdır. Her sorunun karşısında bulunan; (1) Hiç bir 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 olabilirim.	1 2 3 4 5
16.	Sıkıntı veren bir olay olduğunda 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: DIFFICULTIES IN EMOTION REGULATION SCALE (DERS)

Aşağıda insanların duygularını kontrol etmekte kullandıkları bazı yöntemler verilmiştir. Lütfen her durumu dikkatlice okuyunuz ve her birinin sizin için ne kadar doğru olduğunu içtenlikle değerlendiriniz. Değerlendirmenizi uygun cevap önündeki yuvarlak üzerine çarpı (X) koyarak işaretleyiniz.

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1. Ne hissettiğim konusunda netimdir.

○ Neredeyse Hiçbir zaman	○Bazen	○ Yaklaşık Yarı yarıya	○ Çoğu zaman	○ Neredeyse Her zaman

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2. Ne hissettiğimi dikkate alırım.

○ Neredeyse Hiçbir zaman	○Bazen	○ Yaklaşık Yarı yarıya	○ Çoğu zaman	○ Neredeyse Her zaman

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3. Duygularım bana dayanılmaz ve kontrolsüz gelir.

○ Neredeyse Hiçbir zaman	○Bazen	○ Yaklaşık Yarı yarıya	○ Çoğu zaman	○ Neredeyse Her zaman

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4. Ne hissettiğim konusunda net bir fikrim vardır.

○ Neredeyse Hiçbir zaman	○Bazen	○ Yaklaşık Yarı yarıya	○ Çoğu zaman	○ Neredeyse Her zaman

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5. Duygularıma bir anlam vermekte zorlanırım.

○ Neredeyse Hiçbir zaman	○Bazen	○ Yaklaşık Yarı yarıya	○ Çoğu zaman	○ Neredeyse Her zaman

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6. Ne hissettiğime dikkat ederim.

○ Neredeyse Hiçbir zaman	○Bazen	○ Yaklaşık Yarı yarıya	○ Çoğu zaman	○ Neredeyse Her zaman

7. Ne hissettiğimi tam olarak bilirim.

○ Neredeyse Hiçbir zaman	○Bazen	○ Yaklaşık Yarı yarıya	○ Çoğu zaman	○ Neredeyse Her zaman

8. Ne hissettiğimi önemserim.

○ Neredeyse Hiçbir zaman	○Bazen	○ Yaklaşık Yarı yarıya	○ Çoğu zaman	○ Neredeyse Her zaman

9. Ne hissettiğim konusunda karmaşa yaşarım.

○ Neredeyse Hiçbir zaman	○Bazen	○ Yaklaşık Yarı yarıya	○ Çoğu zaman	○ Neredeyse Her zaman

10. Kendimi kötü hissettiğimde, bu duygularımı kabul ederim.

○ Neredeyse Hiçbir zaman	○Bazen	○ Yaklaşık Yarı yarıya	○ Çoğu zaman	○ Neredeyse Her zaman

11. Kendimi kötü hissettiğimde, böyle hissettiğim için kendime kızarım.

○ Neredeyse Hiçbir zaman	○Bazen	○ Yaklaşık Yarı yarıya	○ Çoğu zaman	○ Neredeyse Her zaman

12. Kendimi kötü hissettiğimde, böyle hissettiğim için utanırım.

○ Neredeyse Hiçbir zaman	○Bazen	○ Yaklaşık Yarı yarıya	○ Çoğu zaman	○ Neredeyse Her zaman

13. Kendimi kötü hissettiğimde, işlerimi yapmakta zorlanırım.

○ Neredeyse Hiçbir zaman	○Bazen	○ Yaklaşık Yarı yarıya	○ Çoğu zaman	○ Neredeyse Her zaman

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14. Kendimi kötü hissettiğimde, kontrolümü kaybederim.

○ Neredeyse Hiçbir zaman	○Bazen	○ Yaklaşık Yarı yarıya	○ Çoğu zaman	○ Neredeyse Her zaman

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15. Kendimi kötü hissettiğimde, uzun süre böyle kalacağıma inanırım.

○ Neredeyse Hiçbir zaman	○Bazen	○ Yaklaşık Yarı yarıya	○ Çoğu zaman	○ Neredeyse Her zaman

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16. Kendimi kötü hissettiğimde, sonuç olarak yoğun depresif duygular içinde olacağıma inanırım.

○ Neredeyse Hiçbir zaman	○Bazen	○ Yaklaşık Yarı yarıya	○ Çoğu zaman	○ Neredeyse Her zaman

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17. Kendimi kötü hissettiğimde, duygularımın yerinde ve önemli olduğuna inanırım.

○ Neredeyse Hiçbir zaman	○Bazen	○ Yaklaşık Yarı yarıya	○ Çoğu zaman	○ Neredeyse Her zaman

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18. Kendimi kötü hissettiğimde, başka şeylere odaklanmakta zorlanırım.

○ Neredeyse Hiçbir zaman	○Bazen	○ Yaklaşık Yarı yarıya	○ Çoğu zaman	○ Neredeyse Her zaman

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19. Kendimi kötü hissettiğimde, kendimi kontrolden çıkmış hissederim.

○ Neredeyse Hiçbir zaman	○Bazen	○ Yaklaşık Yarı yarıya	○ Çoğu zaman	○ Neredeyse Her zaman

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20. Kendimi kötü hissettiğimde, halen işlerimi sürdürebilirim.

○ Neredeyse Hiçbir zaman	○Bazen	○ Yaklaşık Yarı yarıya	○ Çoğu zaman	○ Neredeyse Her zaman

21. Kendimi kötü hissettiğimde, bu duygumdan dolayı kendimden utanırım.

○ Neredeyse Hiçbir zaman	○Bazen	○ Yaklaşık Yarı yarıya	○ Çoğu zaman	○ Neredeyse Her zaman

22. Kendimi kötü hissettiğimde, eninde sonunda kendimi daha iyi hissetmenin bir yolunu bulacağımı bilirim.

○ Neredeyse Hiçbir zaman	○Bazen	○ Yaklaşık Yarı yarıya	○ Çoğu zaman	○ Neredeyse Her zaman

23. Kendimi kötü hissettiğimde, zayıf biri olduğum duygusuna kapılırım.

○ Neredeyse Hiçbir zaman	○Bazen	○ Yaklaşık Yarı yarıya	○ Çoğu zaman	○ Neredeyse Her zaman

24. Kendimi kötü hissettiğimde, davranışlarımı kontrol altında tutabileceğimi hissederim.

○ Neredeyse Hiçbir zaman	○Bazen	○ Yaklaşık Yarı yarıya	○ Çoğu zaman	○ Neredeyse Her zaman

25. Kendimi kötü hissettiğimde, böyle hissettiğim için suçluluk duyarım.

○ Neredeyse Hiçbir zaman	○Bazen	○ Yaklaşık Yarı yarıya	○ Çoğu zaman	○ Neredeyse Her zaman

26. Kendimi kötü hissettiğimde, konsantre olmakta zorlanırım.

○ Neredeyse Hiçbir zaman	○Bazen	○ Yaklaşık Yarı yarıya	○ Çoğu zaman	○ Neredeyse Her zaman

27. Kendimi kötü hissettiğimde, davranışlarımı kontrol etmekte zorlanırım.

○ Neredeyse Hiçbir zaman	○Bazen	○ Yaklaşık Yarı yarıya	○ Çoğu zaman	○ Neredeyse Her zaman

28. Kendimi kötü hissettiğimde, daha iyi hissetmem için yapacağım hiç bir şey olmadığına inanırım.

○ Neredeyse Hiçbir zaman	○Bazen	○ Yaklaşık Yarı yarıya	○ Çoğu zaman	○ Neredeyse Her zaman

29. Kendimi kötü hissettiğimde, böyle hissettiğim için kendimden rahatsız olurum.

○ Neredeyse Hiçbir zaman	○Bazen	○ Yaklaşık Yarı yarıya	○ Çoğu zaman	○ Neredeyse Her zaman

30. Kendimi kötü hissettiğimde, kendim için çok fazla endişelenmeye başlarım.

○ Neredeyse Hiçbir zaman	○Bazen	○ Yaklaşık Yarı yarıya	○ Çoğu zaman	○ Neredeyse Her zaman

31. Kendimi kötü hissettiğimde, kendimi bu duyguya bırakmaktan başka yapabileceğim birşey olmadığına inanırım.

○ Neredeyse Hiçbir zaman	○Bazen	○ Yaklaşık Yarı yarıya	○ Çoğu zaman	○ Neredeyse Her zaman

32. Kendimi kötü hissettiğimde, davranışlarım üzerindeki kontrolümü kaybederim.

○ Neredeyse Hiçbir zaman	○Bazen	○ Yaklaşık Yarı yarıya	○ Çoğu zaman	○ Neredeyse Her zaman

33. Kendimi kötü hissettiğimde, başka bir şey düşünmekte zorlanırım.

○ Neredeyse Hiçbir zaman	○Bazen	○ Yaklaşık Yarı yarıya	○ Çoğu zaman	○ Neredeyse Her zaman

34. Kendimi kötü hissettiğimde, duygumun gerçekte ne olduğunu anlamak için zaman ayırırım.

○ Neredeyse Hiçbir zaman	○Bazen	○ Yaklaşık Yarı yarıya	○ Çoğu zaman	○ Neredeyse Her zaman

35. Kendimi kötü hissettiğimde, kendimi daha iyi hissetmem uzun zaman alır.

○ Neredeyse Hiçbir zaman	○Bazen	○ Yaklaşık Yarı yarıya	○ Çoğu zaman	○ Neredeyse Her zaman

36. Kendimi kötü hissettiğimde, duygularım dayanılmaz olur.

○ Neredeyse Hiçbir zaman	○Bazen	○ Yaklaşık Yarı yarıya	○ Çoğu zaman	○ Neredeyse Her zaman

APPENDIX F: DUTCH EATING BEHAVIOR QUESTIONNAIRE (DEBQ)

Lütfen her bir soruyu dikkatlice okuyunuz ve tüm sorulara cevap veriniz. Hiçbir sorunun doğru ve yanlış cevabı yoktur. Her bir soru için size uygun cevabın altındaki daireyi işaretleyin.

1. Eğer kilo aldıysanız, her zaman yediğinizden daha az mı yersiniz?	Hiçbir zaman	Nadiren	Bazen	Sık	Çok sık
	○	○	○	○	○
2. Yemek zamanlarında, yemek istediğinizden daha az yemeye çalışır mısınız?	Hiçbir zaman	Nadiren	Bazen	Sık	Çok sık
	○	○	○	○	○
3. Kilonuzdan endişe duyduğunuz için size sunulan yiyecek ya da içeceği ne sıklıkla reddedersiniz?	Hiçbir zaman	Nadiren	Bazen	Sık	Çok sık
	○	○	○	○	○
4. Ne yediğinize tam olarak dikkat eder misiniz?	Hiçbir zaman	Nadiren	Bazen	Sık	Çok sık
	○	○	○	○	○
5. Bilinçli olarak zayıflatıcı besinler mi yersiniz ?	Hiçbir zaman	Nadiren	Bazen	Sık	Çok sık
	○	○	○	○	○
6. Çok fazla yediğinizde, ertesi gün daha az yer misiniz?	Hiçbir zaman	Nadiren	Bazen	Sık	Çok sık
	○	○	○	○	○

7. Kilo almamak için az yemeye dikkat eder misiniz?	Hiçbir zaman ○	Nadiren ○	Bazen ○	Sık ○	Çok sık ○
8. Kilonuza dikkat ettiğiniz için ne sıklıkla yemek aralarında bir şey yememeye çalışırsınız?	Hiçbir zaman ○	Nadiren ○	Bazen ○	Sık ○	Çok sık ○
9. Kilonuza dikkat ettiğiniz için ne sıklıkla akşamları yemek yememeye çalışırsınız?	Hiçbir zaman ○	Nadiren ○	Bazen ○	Sık ○	Çok sık ○
10. Ne yiyeceğinize karar verirken kilonuzu hesaba katar mısınız?	Hiçbir zaman ○	Nadiren ○	Bazen ○	Sık ○	Çok sık ○
11. Bir şeyden rahatsız olduğunuzda daha fazla yemek yemek ister misiniz?	Hiçbir zaman ○	Nadiren ○	Bazen ○	Sık ○	Çok sık ○
12. Yapacak bir şeyiniz olmadığında yemek ister misiniz?	Hiçbir zaman ○	Nadiren ○	Bazen ○	Sık ○	Çok sık ○
13. Depresyonda olduğunuzda ya da hayal kırıklığına uğradığınızda yemek ister misiniz?	Hiçbir zaman ○	Nadiren ○	Bazen ○	Sık ○	Çok sık ○
14. Kendinizi yalnız hissettiğinizde yemek ister misiniz?	Hiçbir zaman ○	Nadiren ○	Bazen ○	Sık ○	Çok sık ○

15. Biri sizi üzdüğünde yemek ister misiniz?	Hiçbir zaman	Nadiren	Bazen	Sık	Çok sık
	○	○	○	○	○
16. Sinirleriniz bozuk olduğu zaman yemek ister misiniz?	Hiçbir zaman	Nadiren	Bazen	Sık	Çok sık
	○	○	○	○	○
17. İstemediğiniz bir şey olduğu zaman yemek ister misiniz?	Hiçbir zaman	Nadiren	Bazen	Sık	Çok sık
	○	○	○	○	○
18. Kaygılı, endişeli olduğunuz zaman yemek ister misiniz?	Hiçbir zaman	Nadiren	Bazen	Sık	Çok sık
	○	○	○	○	○
19. Bir şeyler ters yada yanlış gittiğinde yemek ister misiniz?	Hiçbir zaman	Nadiren	Bazen	Sık	Çok sık
	○	○	○	○	○
20. Korktuğunuz zaman yemek ister misiniz?	Hiçbir zaman	Nadiren	Bazen	Sık	Çok sık
	○	○	○	○	○
21. Hayal kırıklığına uğradığınız zaman yemek ister misiniz?	Hiçbir zaman	Nadiren	Bazen	Sık	Çok sık
	○	○	○	○	○
22. Duygusal olarak üzüntülü olduğunuzda yemek ister misiniz?	Hiçbir zaman	Nadiren	Bazen	Sık	Çok sık
	○	○	○	○	○
23. Huzursuz olduğunuzda ya da canınız sıkkın olduğunda yemek ister misiniz?	Hiçbir zaman	Nadiren	Bazen	Sık	Çok sık
	○	○	○	○	○

24. Yediğiniz şey lezzetliyse, genelde yediğinizden daha çok yer misiniz?	Hiçbir zaman ○	Nadiren ○	Bazen ○	Sık ○	Çok sık ○
25. Yediğiniz şey güzel kokuyor ve güzel görünüyorsa, genelde yediğinizden daha çok yer misiniz?	Hiçbir zaman ○	Nadiren ○	Bazen ○	Sık ○	Çok sık ○
26. Lezzetli bir şey gördüğünüzde yada kokladığınızda onu yemek ister misiniz ?	Hiçbir zaman ○	Nadiren ○	Bazen ○	Sık ○	Çok sık ○
27. Eğer yemek için lezzetli bir şeyler varsa doğrudan onu yer misiniz?	Hiçbir zaman ○	Nadiren ○	Bazen ○	Sık ○	Çok sık ○
28. Eğer bir fırının önünden geçerseniz, lezzetli bir şeyler satın almak ister misiniz?	Hiçbir zaman ○	Nadiren ○	Bazen ○	Sık ○	Çok sık ○
29. Eğer bir kafe ya da büfenin önünden geçerseniz, lezzetli bir şeyler satın almak ister misiniz?	Hiçbir zaman ○	Nadiren ○	Bazen ○	Sık ○	Çok sık ○
30. Başkalarını yerken görürseniz, sizde yemek yemek ister misiniz?	Hiçbir zaman ○	Nadiren ○	Bazen ○	Sık ○	Çok sık ○
31. Lezzetli yiyeceklere karşı koyabilir misiniz?	Hiçbir zaman ○	Nadiren ○	Bazen ○	Sık ○	Çok sık ○

32. Başkalarını yerken gördüğünüzde, genelde yediğinizden daha fazla yer misiniz?	Hiçbir zaman	Nadiren	Bazen	Sık	Çok sık
	○	○	○	○	○
33. Yemek hazırlarken bir şeyler yemeye meyilli misiniz?	Hiçbir zaman	Nadiren	Bazen	Sık	Çok sık
	○	○	○	○	○

APPENDIX G: DEBRIEFING FORM

"Yeme Davranışları Ve Bağlanma Stilleri Arasındaki İlişkide Öz Duyarlık Ve Duygu Düzenleme Zorluğunun Aracı Rollerinin İncelenmesi" başlıklı çalışma sona ermiştir. Katılımınız için teşekkür ederiz. Bu çalışmada öz duyarlığın ve duygu düzenleme zorluğunun aracı rolünde yetişkinlerde yeme davranışları ile bağlanma stilleri arasındaki ilişkiyi araştırmayı hedefledik. Bu araştırma, bağlanma stillerinin yordadığı yeme davranışlarına etki gücüne sahip olan öz duyarlık ve duygu düzenleme zorluğu değişkenlerinin etkisini araştırma literatürüne kazandırmayı hedeflenmektedir. Çalışma kapsamında sağladığınız veriler ve çalışma sonuçları bilimsel ve mesleki etik ilkeleri çerçevesinde korunacak, sonuçlar toplu olarak yorumlanıp yalnızca bilimsel yayın amacıyla toplu bilgiler halinde paylaşılacaktır. İzlediğimiz prosedürün katılımcılarda bir rahatsızlık yaratmayacağı düşünülmektedir. Ancak katılımınızla ilgili bir problem yaşarsanız veya çalışmaya dair herhangi bir sorunuz olursa araştırmacıya aşağıdaki e-posta adresinden ulaşabilirsiniz. Çalışmanın sağlıklı ilerleyebilmesi için çalışmaya katılacağını bildiğiniz diğer kişilerle çalışma ile ilgili detaylı bilgi paylaşımında bulunmamanızı dileriz.

Katılımınız için tekrar çok teşekkür ederiz.

Yasemin Dikmen

APPENDIX H: ETHIC COMMITTEE REPORT

T.C.
YEDİTEPE ÜNİVERSİTESİ REKTÖRLÜĞÜ

28.07.2023

Sayı : E.50532705-302.14.01-1611
Konu : Yasemin Dikmen Kurul Onayı

İLGİLİ MAKAMA

Üniversitemiz Sosyal Bilimler Enstitüsü Klinik Psikoloji Yüksek Lisans Öğrencisi Yasemin Dikmen'in, Doç. Dr. Bülent Kılıç danışmanlığında gerçekleştireceği ''Yeme Davranışları ve Bağlanma Stilleri Arasındaki İlişkide Öz Duyarlık ve Duygu Düzenleme Zorluğunun Aracı Rollerinin İncelenmesi'' başlıklı araştırmasının Beşeri Bilimler etik standartlarına uygunluğuna ilişkin Yeditepe Üniversitesi Beşeri ve Sosyal Araştırmalar Etik Kurulu Onayı ekte sunulmuştur.

Gerekli iznin verilmesi hususunu bilgilerinize arz ve rica ederim.

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

Ek: Etik Kurul Onayı.pdf

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