THE MEDIATING ROLE OF BASIC NEEDS SATISFACTION IN RELATION BETWEEN PERCEIVED PARTNER RESPONSIVENESS AND BINGING BEHAVIOR

MÜGE ÇAĞLAYAN

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ABSTRACT

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Çağlayan, Müge

Master's Program in Clinical Psychology

Advisor: Asst. Prof. Dr. Aylin Koçak Şen

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Guided by the self-determination theory, this study investigated the mediating role of basic psychological needs satisfaction between perceived partner responsiveness and binge eating behavior. 311 participants ranging from 18 to 67 years (M = 29.82, SD = 8.64) having a romantic relationship for at least one month (M = 85.56, SD = 144.06) participated in the study. Demographic Information Questionnaire, Basic Psychological Needs Satisfaction Scale, Perceived Partner Responsiveness Scale and Bulimic Investigatory Test Edinburgh were used to collect data in this research.

Mediation analyzes showed that perceived partner responsiveness significantly and positively predicts basic psychological needs satisfaction. In addition, lower levels of binge eating behavior was negatively predicted by higher levels basic psychological needs satisfaction. Further, the results of the mediation analysis showed that

perceived partner responsiveness is associated with binge eating behavior by means of basic psychological needs satisfaction.

Keywords: Self-determination theory, perceived partner responsiveness, binge eating behavior, eating disorders, basic psychological needs satisfaction

ÖZET

ALGILANAN PARTNER DUYARLILIĞI VE TIKINIRCASINA YEME DAVRANIŞI ARASINDAKİ İLİŞKİDE TEMEL PSİKOLOJİK İHTİYAÇLARIN ARACI ROLÜ

Çağlayan, Müge

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Kendi kaderini tayin teorisi tarafından yönlendirilen bu çalışma, algılanan partner duyarlılığı ile tıkınırcasına yeme davranışı arasındaki temel psikolojik ihtiyaç tatmininin aracı rolünü araştırdı. Çalışmaya en az bir aydır romantik bir ilişkisi olan (M = 85.56, SD = 144.06) ve yaşları 18 ile 67 yaş arasında olan (M = 29.82, SD = 8.64) 311 katılımcı katılmıştır. Bu araştırmada veri toplamak için Demografik Bilgi Anketi, Temel Psikolojik İhtiyaçlar Memnuniyet Ölçeği, Algılanan Partner Duyarlılığı Ölçeği ve Bulimik Araştırma Testi Edinburgh kullanılmıştır. Aracılık analizleri, algılanan partner duyarlılığının temel psikolojik ihtiyaçların tatminini önemli ölçüde ve olumlu bir şekilde yordadığını göstermiştir. Ek olarak, düşük düzeyde tıkınırcasına yeme davranışı, daha yüksek düzeyde temel psikolojik ihtiyaç tatmini tarafından olumsuz yönde yordanmıştır. Ayrıca, aracılık analizinin sonuçları, algılanan partner duyarlılığının, temel psikolojik ihtiyaç tatmini aracılığıyla tıkınırcasına yeme davranışı ile ilişkili olduğunu göstermiştir.

Anahtar Sözcükler: Kendi kaderini tayin teorisi, algılanan partner duyarlılığı, tıkınırcasına yeme davranışı, yeme bozuklukları, temel psikolojik ihtiyaçlar

To my precious parents, Cemile Çağlayan and Halil Çağlayan

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CHAPTER 1: INTRODUCTION

Although research on eating disorders has been well-documented, binge eating behavior has been taken little interest in the literature. Therefore, examining the binge eating behaviors and possible antecedents of it is critical. Guided by the close relationship literature, perceived partner responsiveness has been thought as one of the possible antecedents of it. Since previous research shows that having a caring and satisfying partner relationship relates to less eating problems, having a responsive relationship was considered as having a significant buffering effect on eating problems. However, given that perceived partner responsiveness is a new topic in the literature, there is not much research which examine eating disorders from the romantic relationship perspective. Therefore, the relationship between perceived partner responsiveness and binge eating behavior was aimed to examine in the current study. Moreover, guided by the self-determination theory, satisfaction of the basic psychological needs has been considered as the other possible predictor of binge eating behavior. Although there is not much research on needs satisfaction and binge eating behavior, the significant positive relationship between perceived partner responsiveness and needs satisfaction guided us about the possible intervening role of it in relation between perceived partner responsiveness and binge eating behavior. Therefore, in this thesis, the mediating role of satisfaction of basic psychological needs in the relationship between perceived partner responsiveness and binge eating behavior has been examined.

Throughout this chapter, firstly, an overview of binge eating behavior and its relationship with related demographics will be provided and then possible antecedents of binge eating behavior will be discussed. Secondly, the relationship of binge eating behavior with perceived partner responsiveness, as one of the possible antecedents, will be reviewed. Thirdly, the basic psychological needs will be explained from the perspective of self-determination theory and then the relationship between perceived partner responsiveness and basic psychological needs satisfaction will be given. Fourthly, the relationships among binge eating behavior and basic

psychological needs will be discussed. Lastly, the aims and the hypotheses of the present thesis will be presented.

1.1. Binge Eating Behavior

Eating disorders are the set of self and self-control struggles which are characterized by unhealthy attitudes and behaviors associated with eating, body weight, and body shape (Levine, Piran and Jasper, 2015). Eating disorders occur as a result of the combination of many factors such as genetic, biological, gender, socio-cultural, family, and psychological factors (Göktürk, 2000). The importance to be given to eating disorders has increased because they cause life-threatening morbidity. Also, they have severe and chronic effects on quality of life and a notable increase of incidence and prevalence in children and adolescents (Academy for Eating Disorders 2012; Rosen 2010).

According to DSM-5, there are three main diagnostic categories in the eating disorders namely binge eating disorder, bulimia nervosa, anorexia nervosa. Anorexia nervosa is an eating disorder characterized by persistent energy intake restriction, excessive fear of getting fat and put on weight, or persistent behaviors that disrupt weight gain, and a discomfort in perceiving one's own body shape (APA, 2013). DSM-5 defines bulimia nervosa in three main features: 1) Repetitive binge eating attacks, 2) Repetitive inappropriate compensatory behaviors to prevent weight gain, 3) Self-evaluation influenced by body shape and weight. Lastly, binge eating disorder is defined as repeating behavior of binge eating, but without regular inappropriate compensatory behaviors, which are used to counteract the weight-inducing effect of large portions of food, as in bulimia nervosa. Excessive compensatory behaviors must occur at least once a week and continue for three months to meet the diagnosis of binge eating. (APA, 2013). It is characterized by losing control of eating and consuming excessive amounts of food in a short time (Grucza, Przybeck and Cloninger, 2007). According to the DSM-5, the main features of binge eating disorder are binge eating attacks that must occur at least once a week on average for 3 months. Generally, individuals with binge eating disorder prefer to eat alone because they are ashamed of the amount of food they eat, feel guilty after

binge, and hate themselves for their eating habits (Heatherton and Baumeister, 1991). Body weights increase due to binge causes a higher body dissatisfaction of individuals (Herzog and Eddy 2009). As a result of these, individual's relationship between their family, friends and loved ones affected negatively (Herzog and Eddy 2009).

Binge eating disorder criteria in accordance with the Mental Disorder Diagnostic and Statistical Manual (DSM–5, 2013; Fifth Edition of American Psychiatric Association) is stated as that the amount of food they consume is greater than that of most individuals who would eat in similar circumstances in the same amount of time. (For example, within any two-hour period) and a sense of insufficiency in controlling eating (for instance, the feeling that you can't stop eating or control how much or what you eat.). These repetitive episodes of binge eating are associated with eating much faster than usual, eating until feeling uncomfortable, eating large quantities of food even not feeling hungry, eating alone due to the embarrassment about how much is eaten, and feeling disgust, depressed, or guilty. In order to be diagnosed, at least three of these episodes should be met (APA, 2013). Although the characteristics of the episodes are stated clearly, there are some handicaps to reach the accurate information about this disorder. The fact that individuals do not see it as a disorder, or that they do not seek help even though they understand that there is a problem about their eating attitude. This prevents clear results from being obtained about their diagnosis. (Çelik, Odabaşı and Bayraktar, 2015). However, as mentioned before, ratio of eating disorders is increasing rapidly. Binge eating disorder is the most prevalent type of eating disorder with the ratio of 2.8% (Pull, 2004). Regarding recent results, the prevalence of binge eating disorder is around 1-3% in the general population and this ratio is reported to be 25% or higher in obesity patients and patients who seek assistance with losing weight (Pull, 2004). Therefore, it makes the binge eating research highly important.

Studies conducted in the USA, Europe and Australia show that the incidence of binge eating disorder in the population is below 3%, but its frequency increases as the degree of obesity increases (Yanovski and Yanovski, 1999). National Eating Disorder Association's data from 2017 reveals that 2.8% of the US adult population

will experience binge eating disorder at some point in their lives. Most of the research on the etiology of eating disorders has been done on anorexia nervosa and bulimia nervosa. Although genetic susceptibility and a number of environmental risk factors are known to be effective, there is no information about how these factors are involved in the development and subsequent individual process of these disorders and how they interact with each other (Rutter et al., 2011). Disordered eating is associated with high levels of psychopathology and considerable psychosocial impairment, including depressive symptoms, lowered self-esteem, body dissatisfaction, substance abuse, suicidal behaviors, and impaired functioning (Thomas, Vartanian and Brownell, 2009). Binge eating behavior was initially thought to be a disease of adulthood, but recent studies show that its onset is earlier in life (Kessler et al., 2013).

Under the guidance of empirical studies published since 2011, etiological factors are grouped under 3 main headings namely genetic/biological, psychological, social-environmental (Bakalar et al., 2015). People with eating disorders are thought to have a biological or genetic predisposition activated by environmental factors (sociocultural, psychosocial) (Jacobi et al., 2004). The effects of genetic factors on eating disorders have been investigated in various studies. One of the most important studies is that of Gershon et al (1984). According to the results of the study, the incidence of anorexia nervosa in first-degree relatives of individuals with anorexia nervosa eating disorder was 2%, and the incidence of bulimia nervosa was 4.4% (Gershon et al., 1984). Therefore, it can be inferred that individuals with a family history of eating disorders are more prone to these diseases. However, in some other studies, the researchers could not find any significant role of family history. Although studies on genetics are controversial, research on gender reveals more precise results.

1.1.1. The Role of Gender

In the current years, the prevalence of eating disorders has increased in both males and females (Micali et al., 2013). When gender, which is one of the factors affecting eating disorders, is evaluated, many studies have found that the incidence of eating

disorders is higher in women than in men (Grogan, 1999). Binge eating disorder differs from other eating disorders in terms of gender distribution. While eating disorders such as anorexia nervosa and bulimia nervosa are rarely seen in men, binge eating disorder is also common in men. Despite this, binge eating disorder is a disease that is seen 1.75 times more in women than in men (Hudson et al., 2007). In addition, Kullman (2007) claims that men use food to help themselves think or deal with their emotions as often as women. Moreover, men who overeat and purging try to compensate for their overeating by yo-yo dieting, starving themselves or engaging in extreme sports. (Kullman, 2007). Moreover, 60% of individuals with binge eating disorder are female and 40% are male. Unlike bulimia and anorexia, binge eating disorder is common in both sexes, racial and ethnic minorities (Yanovski, Eklin and Tanovsky, 2001). Therefore, the prevalence and the frequency of binge eating disorder is leading the researchers to understand the incidences of it. Moreover, not only in USA, Europe, and Australia but also in Turkey, the rate of it getting increased. For example, in a study conducted in Turkey, the frequency of binge eating disorder among university students was expressed as 23.1% (Kızıltan et al., 2005). In this study, the frequency of binge eating disorder in men with 14.2% was found to be higher than that of women with 8.9%. In another study conducted in Turkey, the prevalence of eating disorder was found to be 1.52% and binge eating disorder was found to be the most common eating disorder in adults (Semiz, Kavakçı and Yağız, 2021). Since research on binge eating disorder in our country is limited, it is not possible to make a clear conclusion.

In terms of the gender difference, the prevalence of binge eating in adult women ranged from 7.3% (Vollrath, Koch and Angst, 1992) to 20.9% (Cooper and Fairburn, 1983) and it varies from 0% (Garfinkel et. al., 1995) to 7.8% (Striegel et al., 2003) in adult males. The prevalence of binge eating disorder is between 1.0% (Hay and Fairburn, 1998) and 4.6% (Spitzer et al., 1993) in the general adult population. Moreover, while the frequency of binge eating disorder in women is between 2.1% (Striegel et al., 2003) and 5.3% (Spitzer et al., 1993), it is between 0.8% and 3.1% in men (Spitzer et al., 1993). In addition to gender, relatively new line of research indicates that the role of age should also be considered while determining the

prevalence of binge eating behaviors. Therefore, in the next section, the role of age on binge eating behaviors will be evaluated.

1.1.2. The Role of Age

The age range at which binge eating occurs is very wide. In recent research, it is observed that eating disorders often begin in adolescence and young adulthood (Pedersen et al., 2014). Increasing evidence indicates that it occurs in childhood and adolescence, with the average age of onset being late adolescence and early 20s (Kessler et al., 2013). The age of onset may be associated with the increase in women's concerns about their physical appearance during this period and the increase in excessive controlled eating and strict dietary habits in this period (Levine and Smolak, 2010). In addition, another study showed that leaving home to go to university for the 18-year-old group has also been identified as an important reason for problematic eating because for the first time they have control over what they eat and when they eat, and as a result, some may eat less uncontrollably while others may overeat uncontrollably (Jacobi, Hütter and Fittig, 2010). There are studies that investigated binge eating behavior in children. In the study of 112 overweight child participants, more than 5% of this sample met the criteria for binge eating disorder (Norris, Bondy and Pinhas, 2011).

Most of the studies have shown that prevalence of the eating disorders are more common in women than men especially in younger ages (Striegel, et al., 2003; Norris et al, 2011; Fairburn et al., 2009). However, another study shows that adult women over the age of 40 become more concerned with their identities, families, careers, and roles in the society they live in, and less associated with their appearance. In addition, they adopt more realistic body images than younger women, and their strict dietary habits tend to decrease (Grogan, 2008). However, it should also be noted that despite the large number of studies, the etiology of eating disorders still remains unclear (Kuruoğlu, 2000). Therefore, understanding the role of other demographics such as social environment, negative perception about body shape, inadequate parenting and genetic factors will help us to understand the prevalence of binge eating behaviors in a more comprehensive way.

1.1.3. The Role of Other Demographics

In recent years, physical appearance has an important place in people's lives and social environments. In different social circles, different views are at the forefront. The ideal female figure is thin and lean, and the ideal male figure is generally muscular. One of the most supportive factors for this is the emphasis on thin and attractive female and muscular male figures in publications in media such as magazines, newspapers, internet and television. These can cause individuals to affect their own body shape and perceptions positively or negatively (Grogan, 1999). In addition, in a population-based study conducted in adolescents and young adults, it was found that risky diet behaviors were an important predictor of binge eating, regardless of gender, at a five-year follow-up, and that binge eating began at a later age in men than in women (Goldschmidt et al., 2012). Another study which was conducted with the adolescents showed that when body image scores and risks of eating disorders are compared, participants with eating disorders have much higher negative perceptions of their bodies (Güven et al., 2020).

Another study suggested that individuals with eating disorders had inadequate parenting in the past and could not distinguish between their emotional and physical needs. As a result, he suggested that these individuals may develop excessive control behavior in order to cope with the helplessness and inadequacy brought about by the attachment problem, and this may result in eating disorders (Erskine, Whiteford and Pike, 2016).

It has been determined that genetic factors may also be an effective precursor. Accordingly, close relatives of an individual with an eating disorder may also develop an eating disorder. However, it is not known exactly what is inherited (Wade, 2010). Therefore, not only the demographic factors, but also personality factors as well as psychological factors should be considered while trying to explain the binge eating behaviors.

1.1.4. Possible Antecedents of Binge Eating Behavior

As stated above, there may also be some other predictors different than demographic factors (in this study only age and gender were considered). For instance, psychological factors such as lack of self-confidence, body dissatisfaction, depressive mood, constant worry, and inability to cope with problems are at the forefront of eating disorders (Kocabaşoğlu, 2001). In various longitudinal studies, temperament and personality traits were found to be strong predictors of eating disorders and were considered more predictive than other etiological factors (Wonderlich et al., 2004). For example, it has been determined that extreme perfectionism, high fear of growth, and low trust in interpersonal relationships are predictors of eating disorder risk (Holland et al., 2013).

A large literature reveals that there are disorders in experiencing emotions in eating disorders and that these disorders are effective in the psychopathology of eating disorders (Lavender et al., 2015). There is consistency among studies in terms of finding links with greater difficulties in emotional regulation in those with eating disorders compared to those without (Brockmeyer et al., 2014). Also, it has been reported that individuals with binge eating disorder have higher levels of negative affective experiences and inadequacy in their ability to recognize and define emotions (Zeeck et al., 2011). Past investigations have proved that couples who are supportive and have intense emotional bonds show improved physical and mental well-being while nonresponsive relations affect mental and physical health in a negative way (Berkman and Syme, 1979). In addition, problems in the relationships cause higher levels of distress in partners. As an outcome, for the emotion regulation, individuals adopt maladaptive behaviors such as binge eating (Cohen and Pressman, 2004).

Based on the close relationship literature given above, the responsive relationship with the romantic partner was thought as one of the possible antecedents of binge eating behavior. Therefore, in the next section, the stated relationship between binge eating behavior and perceived partner responsiveness will be presented in a more detailed way.

1.2. Perceived Partner Responsiveness and Binge Eating Behavior

Perceived partner responsiveness is the feelings that the person we are in a romantic relationship understands, values and cares about us, also forms the basis of processes such as secure attachment, relationship commitment and relationship satisfaction (Reis, 2012; Reis, Clark and Holmes, 2004). Also, it shows romantic partners' sensibilities, approvement, and taking notice of each other and consists of cognitive and emotional aspects (Reis and Patrick, 2006). Cognitive aspect contains the perceived qualities of the partner and emotional aspect includes the intensity of emotional ties with the partner (Reis et al., 2006). Studies show that perceived partner responsiveness is linked to psychological well-being (Taşfiliz et al., 2016) and physical health (Selcuk et al., 2017) as well as relationship intimacy (Laurenceau, Barrett and Rovine, 2005). Moreover, responsive partners promote sense of security, and this sense of security has two functions: Stress buffering and interpersonal emotion regulation of distress (Selcuk et al., 2010). A study directly examining the relationship between perceived partner sensitivity and binge eating behavior was conducted in Turkey, but no direct relationship was found between them (Tosyalı, 2018). However, a study by Markey and Gray (2007) revealed that individuals who are in a romantic relationship think that their romantic partners are people who influence them in terms of their eating behavior and physical activity behaviors. If the responsiveness condition is not met, the individual's emotion regulation and ability to cope with stress decreases and s/he may adopt dysfunctional coping skills such as binge eating (Cohen and Pressman, 2004). Moreover, in a recent study, the relationship between binge eating and insecure attachment was examined. The insecure attachment here is the anxious and avoidant type in the romantic relationship perspective. This study examined the mediator role of emotion regulation between binge eating and insecure attachment. The result of the online study of 381 people, 155 of whom were men, showed that there is a positive and significant relationship between binge eating behavior and insecure attachment. In addition, maladaptive emotion regulation was found to mediate this relationship (Han and Pistole, 2014). On the other hand, because higher perceived partner responsiveness is related to better mental and physical health, one may assume that

perceived partner responsiveness is a protective factor for binge eating (Selçuk and Ong, 2013). In addition, increased perceived partner responsiveness among partners was identified as associated with lower negative effects in daily life (Maisel and Gable, 2009). Over and above, in the binge eating section, it was mentioned that the most common binge eating cause was the negative effects in the daily life (APA, 2013).

Unfortunately, there is not many studies investigating the relationship between binge eating behavior and perceived partner responsiveness. However, when we consider the predictors of the binge eating and how partner relations may affect our health, a significant relation between them may be expected. Moreover, guided by the self-determination theory and the positive relation between perceived partner responsiveness and basic psychological needs directed us that not only perceived partner responsiveness but also basic psychological needs can be counted among the possible antecedents of binge eating. Therefore, in the next section, first, the basic psychological needs will be explained from the perspective of self-determination theory and then the relationship between perceived partner responsiveness and basic psychological needs as well as binge eating behavior and basic psychological needs will be presented in a more detailed way.

1.3. Basic Psychological Needs Satisfaction

Basic psychological needs satisfaction is an important sub-theory which rooted from self-determination theory. It is a theory that focuses on the individual's ability to make her own choices and control her life (Legault, 2017). In addition, it is suggested that there is a significant relationship between the level of basic psychological needs satisfaction and level of well-being (Williams et al., 2000). Also, both of the binge eating behavior (Thomas, Vartanian and Brownell, 2009) and perceived partner responsiveness (Taşfiliz et al., 2016) has significant relationships with well-being.

Basic psychological needs satisfaction has been proposed by the Self-Determination Theory which investigates the motivation, emotions, and development of the

individual, deals with the factors that help and/or hinder the human assimilation of new things and developmental growth functions (Deci and Ryan, 2000). Self-determination is defined as the determination of behaviors by the individual's own personal beliefs and value judgments rather than external factors (i.e., society norms, group pressure, etc.), and making decisions on his own (Budak, 2000). Individuals experience a sense of choice in initiating and regulating their own behaviors (Deci, Connell and Ryan, 1989). Recently, self-determination had the meaning of ability to making choices and controlling the life (Legault, 2017). There are studies suggesting that individuals with a high level of self-determination and satisfying their basic psychological needs have a high level of well-being (Williams et al., 2000), anxiety (Deci et al., 2001), self-esteem (Jenkins, 2003) variables were used.

In self-determination theory, there are three basic psychological needs, namely autonomy, competence, and relatedness. In the theory, it is accepted that basic psychological needs are universal (Ryan and Deci, 2000). According to the theory, the satisfaction of these needs is necessary for the growth, integration, development, mental health, and well-being of individuals (Ryan and Deci, 2000; Andersen, 2000). Among these needs, autonomy is the individual's initiation of her own actions and making choices, fully accepting, approving, and standing behind her own behavior (Deci and Ryan, 2000). The need for autonomy enables the person to direct her activities (Reis, Collins and Berscheid, 2000). Secondly, the need for relatedness is the individual's need to relate to others. It is the individual's feeling of belonging in the social environment s/he is in (Kowal and Fortier, 1999) and caring for people (Connell, 1986). The need to be related requires mutual respect, care and trust in others and includes sensitivity, warmth, and emotional acceptance (Andersen, 2000). This need enables the individual to be close and connected with important people in his life (Reis et al., 2000) and to feel support and satisfaction in his relationships (Ingledew, Markland and Sheppard, 2004). Lastly, the need for competence is the individual's desire to influence his environment well (Kowal and Fortier, 1999) and the capacity to interact effectively with the environment (Deci and Ryan, 1985a). It is the sum of the individual's interaction with the environment, learning and adaptation (Deci and Ryan, 1985a). Being effective in achieving desired results (Reis et al., 2000) and feeling competent in dealing with the environment (Ingledew, Markland

and Sheppard, 2004). Individuals who experience a sense of efficacy believe that they will achieve their goals successfully (Williams et al., 2002).

1.4. Perceived Partner Responsiveness and Basic Psychological Needs Satisfaction

As mentioned before perceived partner responsiveness is about our feelings that the person with whom we are in a romantic relationship understands us, values us and is interested in us also forms the basis of processes such as secure attachment, relationship commitment and relationship satisfaction (Reis, 2012; Reis, Clark and Holmes, 2004). On the other hand, basic psychological needs satisfaction is one of the sub-theories of the self-determination theory which includes three main needs: autonomy, competency and relatedness. Deci and Ryan's self-determination theory suggests that people have a level of psychological well-being to the extent that these needs are satisfied. Perceived partner responsiveness has been accepted as a need-supportive behavior in terms of meeting both the need for relatedness (Reis et al., 2000) and the need for autonomy and competence (Patrick et al., 2007.) Doğan and Eryılmaz (2012), in their study with 215 academicians from different universities in Turkey, revealed that the satisfaction of autonomy, competence, and relatedness needs significantly explained by subjective well-being. Moreover, in the literature, there is no direct research about this correlation except one and that study showed that there is a significant relationship between basic psychological needs satisfaction and perceived partner responsiveness (Koçak et al., 2020). In addition to that, there is also another study examining the relationships among romantic relationship satisfaction, basic psychological needs, mindfulness, relationship quality, and attribution styles with university students. In that study, Güleç (2020) examined the stated relations within the framework of the proposed satisfaction in romantic relationship model. It was found that basic psychological needs positively predicted romantic relationship satisfaction in university students (Güleç, 2020). That means the more satisfaction of the basic psychological needs the more satisfaction in romantic relationship too.

We know that all over the world, including in the most economically and culturally developed regions, there are many people whose psychological needs are not met,

who cannot show their love or are not loved, and who do not feel a sense of worth towards themselves and others (Glasser, 1965). Relatedness, which has an important place in self-determination theory, reflects the individual's efforts to be understood by others, to be connected with them, to receive and give support, to spend time and to act (Deci and Vansteenkiste, 2004). Also, it has been revealed that perceived partner responsiveness and support of partners to each other make things easier to do in stressful periods, reduce the risk of depression and do not weaken the sense of autonomy (Ibarra-Rovillard and Kuiper, 2011) on the contrary, perceived support increases the partner's autonomy and self-efficacy (Feeney, 2007). Also, according to the findings of a study conducted with 200 couples in Istanbul, Turkey (Çemberci, 2019), when the sub-dimensions of basic psychological needs, namely autonomy, competence, and relatedness were analyzed by considering gender, it was found that the higher the women's competence and relatedness levels, the higher the relationship satisfaction of the men. Moreover, when the results were examined from the perspective of the men, it was found that the satisfaction of autonomy and relatedness needs were significantly predicted the women's relationship satisfaction.

Furthermore, according to the results of Eşici (2011)'s research, satisfaction of psychological needs positively predicts the quality of romantic relationships. It is also seen that psychological needs satisfaction is the strongest predictor in their model explaining the quality of romantic relationships. What is more about Eşici's research is that romantic relationship quality negatively predicted by impaired autonomy. Similarly, when the relationship between psychological needs and romantic relationship satisfaction was taken into account in a study conducted with participants who were in a romantic relationship but were not married, a significant positive correlation was found between the need for autonomy and relationship satisfaction (Arslan, 2020).

According to another research, which again have done in Turkey, there is a positive relationship between marital adjustment and the level of meeting basic psychological needs. Furthermore, negatively significant relationships were found between spouse burnout and the level of satisfaction of basic psychological needs (Karaburç, 2017). When we see it from the interpersonal perspective, Pronina and Gerasimova (2018)

have revealed that interpersonal relationships are one of the strongest, most profound, and beneficial parts of our lives because these relationships play a big role in meeting our physical and emotional needs for many of us. Moreover, individuals with strong and healthy interpersonal relationships can cope better with the daily stress they experience and tend to be physically and emotionally healthier than individuals with bad relationships. Therefore, having a responsive partner as well as satisfying the basic psychological needs can be assumed as the possible predictors of healthy habits (it is operationalized as binge eating in the current study). Given that there is not much research examining the relationship between basic need satisfaction and binge eating, in the next section, the related literature will be tried to be evaluated in a detailed way.

1.5. Basic psychological Needs Satisfaction and Binge Eating Behavior

While nutrition meets physiological needs, it also ensures that psychological and sociological needs should be met. When these needs are not met, the physical and mental health of the person is also directly affected (Şentürk et al., 2012). Need satisfaction have been related to psychological well-being, productivity, and social functioning (Vansteenkiste, Niemiec and Soenens, 2010). In the study conducted by Özer (2009) with 638 university students, a positive and significant relationship was found between the satisfaction of three basic requirements namely autonomy, competence, and relatedness and subjective well-being.

Autonomy, competence, and relatedness have reported as affect psychological well-being and long-term attention to one's own health in older adolescents (Bell, 2010). Denial of basic needs and unmet basic needs or are linked with negative outcomes such as reduced intrinsic motivation, health, job performance, and well-being. (Deci and Ryan, 2008). In addition, we know that problems in eating habits may cause some disorders like bulimia, anorexia nervosa or binge eating disorder (Downe et al. 2009; Marchi and Cohen 1990). Also, some evidence suggests that failure to meet autonomy, competence, and relatedness needs may contribute to the etiology of eating disorders and it has been proven that there is a significant relationship between healthy eating pattern and needs satisfaction (Ryan et al., 2008). Completely reverse,

unmet needs are causing excessive weight control behaviors (Thøgersen et al., 2010) and more symptoms of eating disorders (Kopp and Zimmer-Gembeck, 2011; Schüler and Kuster, 2011). According to Deci and Ryan (2000), the reason for the transition from limited eating to uncontrolled and excessive eating is unmet needs, and limited eating is a behavior in which one aims to reestablish feelings of competence and control by trying to control their body. Additionally, Verstuyf et al. (2012) defined self-determination theory as a conceptual framework of human motivation explored in the context of disordered eating. In addition, Begin et al. (2018) conducted a study with 239 female participants who were not diagnosed with an eating disorder. Research findings showed that there is a significant relationship between the satisfaction of basic psychological needs associated with better life satisfaction and less disordered eating habits, and the autonomous regulation of eating and overall motivation for self- determination. Moreover, result of unsatisfied basic needs that people generally have a try on to recover the unfulfilled needs for autonomy, competence, and relatedness by developing malfunctional behaviors such as limiting their own eating. For example, anorexia nervosa patients reported that they feel inadequate autonomy and inefficacy, which supports our expectation of the relationship between eating disorders and need satisfaction (Strauss and Ryan, 1987).

Even though there are residual evidence of the association of lack of psychological need satisfaction and malfunctional eating behavior, the underlying reason of this relationship is not known for certain. One of the potential possibilities in this relationship is perceived loss of control (Deci and Ryan, 2000). In a study conducted with women, it was found that not meeting psychological needs is associated with disordered eating and controlling behavior may be the trigger in this relationship (Franzisca et al., 2017). Unfulfilled demands for autonomy and competence, also, might lead individuals to see life and themselves as out of control, which may increase sensitivity to adopting unhealthy eating behaviors for attempt to regain control (Kopp and Zimmer-Gembeck, 2011; Schüler and Kuster, 2011). For example, there is a research explored that those not satisfied basic psychological needs in adolescent girls is a predicter of body dissatisfaction, and body dissatisfaction is already a predicter of excessive weight control behaviors (Thogersen-Ntoumani et al., 2010). Furthermore, many theorists regard excessive

control over food and weight as a functional reaction to acute emotions of loss of control (Patching and Lawler, 2009). In the absence of adaptive personal control mechanisms, the individual strives to reestablish a sense of control and efficacy through dietary self-discipline (Fairburn, Shafran and Cooper, 1999). There are studies showing that perceived autonomy in young girls protects against socio-cultural pressure related to body image and is negatively related to eating disorder behaviors (Frederick and Grow, 1996; Pelletier, Dion and Levesque, 2004). There is an association between the low levels of perceived autonomy in a family and eating disorder symptoms in young women (Karwautz et al., 2003).

Although research showed a significant relation between perceived partner responsiveness and basic psychological needs satisfaction (Koçak et. al., 2020), needs satisfaction and binge eating (Schuler and Kuster, 2011), and perceived partner responsiveness and binge eating (Cohen and Pressman, 2004), this triarchic relationship has not been fully tested before. In addition, this triarchic relationship also has not investigated in Turkey. Recent study is important because it is a study from the perspective of a comprehensive theory such as self-determination theory and, there is no other study in the literature that uses basic psychological needs as a mediator in this relation. In addition, there were mostly studies on clinical samples in the literature, but this research conducted on undiagnosed binge eating behavior. Therefore, the present study aims to investigate the relationship between all these variables in a mediation model with the aid of self-determination theory.

1.6. The Aim of the Present Study

The purpose of the current study is to examine the mediating role of basic psychological needs in the relationship among binge eating behavior and perceived partner responsiveness in the aid of self-determination theory. Firstly, it was hypothesized that perceived partner responsiveness would positively predict basic psychological needs satisfaction. Secondly, it was hypothesized that basic psychological needs satisfaction would negatively predict binge eating. Thirdly, it was hypothesized the relationship between binge eating behaviors and perceived partner responsiveness would be significantly mediated by basic psychological needs

satisfaction. Moreover, as a secondary hypothesis of the present study, it was hypothesized that basic psychological needs satisfaction would differ by marital status and socio-economic status of the participants. Lastly, it was hypothesized that there would be significant relations among perceived partner responsiveness, basic psychological needs satisfaction, binge eating behaviors, and age.

CHAPTER 2: METHOD

2.1. Participants

A total of 311 participants ranging from 18 to 67 years (M_{age} = 29.82, *SD* = 8.64) who had a romantic relationship for at least one month ($M_{duration(month)}$ = 85.56, *SD* = 144.06) took part in the study. Specifically, 238 of the participants were female (76.5%) and 73 of them were male (23.5%). Moreover, 66.2% of the participants were single and rest of them were married (33.8%). In terms of the educational levels of the participants, 17.4% of them were graduated from high school or less, 59.2% of them were graduated from university, and lastly 23.5% of them had a master or Ph.D. degree.,. Furthermore, in terms of the employment status of the participants, 63.0% of the participants had a job and they were actively working and rest of them (37.7%) were not working at all. Moreover, a question related to socio-economic status (SES) level of participants was asked and 18.0% of the participants were from low-income group, 47.6% of them were from average income group, and 34.4% of them were from high-income group. Additionally, most of the participants (54.0%) were living with their family members, 29.6% of them with their romantic partners, 12.5% of them were living alone, and 3.9% of them with their friends. Lastly, none of the participants was diagnosed by any kind of eating disorders.

2.2. Measures

In this study, firstly, Demographic Information Form including gender, age, education level, marital status, relationship status, duration of the relationship, employment status, who they live with, and any kind of eating disorder diagnosis was applied. After that, Basic Psychological Needs Satisfaction and Needs Frustration Scale, Perceived Partner Responsiveness Scale, and the Bulimic Investigatory Test Edinburgh (BITE) were used as main measures.

2.2.1. Demographic Information Form

The Demographic Information Form was a self-report form which included questions

about gender, age, education level, marital status, relationship status, duration of the relationship, employment status, who they live with, and any kind of eating disorder diagnosis if they had. (See Appendix C for Demographic Information Form)

2.2.2. Basic Psychological Needs Satisfaction and Needs Frustration Scale (BPNSFS)

Basic Psychological Needs Satisfaction Subscale of Basic Psychological Needs Satisfaction and Needs Frustration Scale was used to measure the basic psychological needs satisfaction of the participants. The scale was developed by Chen et al. (2015) and adapted into Turkish by Mouratidis et al. (2018). The needs satisfaction subscale includes 12 items including autonomy satisfaction (4-item; "I feel that I have the freedom and the possibility to choose things I assume."), competence satisfaction (4- item; "I feel I can do things right."), and relatedness satisfaction (4-item; "I feel that people, who matter to me, care about me."). The answers were taken over 5-point Likert type scale (1 for "strongly disagree", 5 for "strongly agree"). In the Belgian sample, the Cronbach's alpha was calculated as .69, .77 and .81 for autonomy, relatedness, and competence satisfaction, respectively. In the Chinese sample, the Cronbach's alpha was calculated as .72, .79, and .47 for autonomy, relatedness, and competence satisfaction, respectively. In the Turkish adaptation of the scale, internal consistency was found as .82 for the subscale of needs satisfaction. Specifically, the internal consistency was found .76 for autonomy satisfaction, .84 for competence satisfaction, and .64 for relatedness satisfaction. In the current study, the Cronbach's alpha was calculated as .87 for the subscale of needs satisfaction, .79 for autonomy satisfaction, .91 for competence satisfaction, and .64 for relatedness satisfaction. (See Appendix D for BPNSFS)

2.2.3. Perceived Partner Responsiveness Scale (PPRS)

The 18-item Perceived Partner Responsiveness Scale was first introduced by Harry Reis and Cheryl Carmichael (2006) and adapted into Turkish by Taşfiliz, Sağel Çetiner, and Selçuk (2020). The scale measures the perceived responsiveness for romantic partners with 18 items (e.g., "My partner really listens to me.") which are

rated over a 9-point Likert type scale (1 for “Not at True All” and 9 for “Completely True”). Higher scores indicate higher perceived responsiveness from the partner. The original scale’s Cronbach’s alpha was found as .98 and the Cronbach’s alpha of the Turkish adaptation study was found as .91. The current study’s internal consistency was found as .97. (See Appendix E for PPR)

2.2.4. Bulimic Investigatory Test Edinburgh (BITE)

The Bulimic Investigatory Test Edinburgh developed by Henderson and Freeman (1987) to determine the individuals with the binge eating disorder. It was adapted into Turkish by Orhan (1998). It is a brief questionnaire which contains 33 items and the reports for 30 items are taken with yes or no answers and the 3 items are taken according to frequency of the binge or purge behavior. (See Appendix F for the BITE). The BITE consists of two subscales namely The Symptom Scale (30-item; “Does your weight fluctuate by more than 5 pounds in a week?”) and the Severity Scale (3-item; If you do binge, how often is this?”). Higher scores of symptom scale (20 to 30 points) indicate highly disordered eating pattern and the presence of binge eating. Higher scores of severity scale (10 or more points) show high degrees of severity of the disorder. In the original paper, the Cronbach’s alpha for the symptom subscale was .96 and the Cronbach’s alpha for the severity subscale was .62. The Cronbach’s alpha of the Turkish version of the scale was .82. Lastly, in the current study, the Cronbach’s alpha was found as .87 for the symptom subscale and .46 for the severity subscale.

2.3. Procedure

The measures that we used in this study were submitted for the approval (B.30.2. İEÜ.0.05.05-020-116) of Izmir University of Economics Ethic Committee. Having received the approval of ethical standards of the institutional committee in Izmir University of Economics, we started to gather the data. Online questionnaires were prepared via an online survey website (forms.google.com) and distributed via social media means such as WhatsApp mobile messaging application, Facebook, and Instagram. Participants were asked to approve the informed consent that includes the

aim and general procedures of the study, information about voluntary participation first. (See Appendix B for the Informed Consent) Participants who accepted the voluntary participation continued to answer the demographic questions that consist of gender, age, education level, who lives with, relationship status, marital status, the participant's perception of their socioeconomic status, and employment status. Also, they were asked about if they were diagnosed with any kind of eating disorder. Given that one of our exclusion criteria was having any kind of eating disorder diagnosis, the participants who had any diagnosis were not included in the study. Then, the participants were asked to complete the scales which were Needs Satisfaction and Needs Frustration Scale, Perceived Partner Responsiveness Scale, and the Bulimic Investigatory Test Edinburgh. All scales were presented in Turkish.

2.4. Statistical Analyzes

In this study, perceived partner responsiveness was the predictor variable, basic needs satisfaction was the mediator, and binging behavior was the outcome variable. The data was collected from totally 344 participants. As a beginning, data file was cleaned from exclusion criteria's (33). Our exclusion criterias were being older than 18, having a romantic relationship and not diagnosed with any kind of eating disorder. One of the participants were diagnosed with binge eating disorder. So, we removed him from the data. Two of the participants have given irrelevant answers. As a result of that their data were also deleted. Lastly, 30 of the participants were not in a romantic relationship and because being in a relationship was our inclusion criteria, they were all removed from the total. Results showed that 99.7% of the participants were not diagnosed by any kind of eating disorder. Rest of the participants, 0.3% were diagnosed by binge eating disorder. Therefore, the final analysis were carried out with a total of 311 participants. IBM SPSS Statistics version 26 was used to analyze the data. First, descriptive statistics were used to explore mean, frequencies, percentages, and standard deviations. Second, MANOVA were used for analyzing the relationship between the main variables (need satisfaction, perceived partner responsiveness and binge eating behavior) and the demographic variables. Third, correlational analysis was used for investigating the relationship between need satisfaction, perceived partner responsiveness, and binge

eating behavior. Moreover, correlation between descriptive and main variables was also explored. Finally, model 4 of PROCESS version 3.5 by Andrew F. Hayes (2020) was used to conduct the mediation analysis to test whether need satisfaction mediates the relationship between perceived partner responsiveness and binge eating behavior. The significance of the models was evaluated over 95% confidence interval. If it included zero, the result was evaluated as statistically nonsignificant (Preacher and Hayes, 2008).

CHAPTER 3: RESULTS

3.1. Descriptive Statistics

Firstly, descriptive statistics were used to explore mean, frequencies, percentages, and standard deviations. Demographic characteristics of the participants were presented in Table 1. The mean scores of the participants age were found *M* = 29.82, (*SD* = 8.64) and the relationship duration was found *M* = 85.6, (*SD* = 144.06). 238 of our participants were female (76.5%) and 73 of them were male (23.5). There were 105 participants who were married (33.8%) and 206 of them were single (66.2%). 73 of the participants were highly educated (23.5%) 184 of the participants were moderately educated (59.0%). and 54 of them were low educated individuals (17.4%). Participant who are working was 196 (63%), and 115 of the participants were not working (37%). 107 of the participants were in high-income group (34.4%), 148 of them were average income group (47.6%) and 56 of them were in low-income group (18%). 168 of the participants were living with their family (54.4%), 92 of them were living with their romantic partner (29.6%), 39 of them were living with their friends (12.5%), and 12 of them were living alone (3.9%).

Table 1. Demographic Characteristic of the Participants

Variables	Categories	*N*	*%*
Gender	Female	238	76.5%
	Male	73	23.5%
Marital Status	Married	105	33.8%
	Single	206	66.2%
Socio-Economic Status	High-income	107	34.4%
	Average Income	148	47.6%
	Low-income	56	18.0%

Note 1. N: Number, %: Percentage

3.2. Group Differences

Secondly, Multivariate analyzes of variance (MANOVA) were performed to investigate the differences among groups in main study variables (basic psychological needs satisfaction, perceived partner responsiveness and binge eating behavior) and the demographics (marital status and socio-economic status). Given that number of male and female participants were not balanced, further gender statistics were not handled.

3.2.1. Differences Between Groups on Study Variables in Terms of Demographics

MANOVA was applied to specify group differences among variables regarding to marital status. Results showed that there was a significant difference between groups in terms of marital status, Wilks' Lambda = .93, F (2, 307) = 7.34, p = .000. There was a significant difference between married and single participants in needs satisfaction, F (1, 309) = 11.05, $p < .001$, $\eta^2 = .035$. Married participants (n = 105, M = 4.24, SD = .49) were higher needs satisfaction than single participants (n = 206, M = 4.01, SD = .61). However, there were no significant difference between married and single participants in perceived partner responsiveness (p = .16) and binge eating behavior (p =. 17)

Table 2. MANOVA Results for the Marital Status

	Married		Single				
Variables	*M*	*SD*	*M*	*SD*	*F*	*p*	η^2
BPNS	4.24	.49	4.01	.61	11.05	p<.001	.035
PPR	7.35	1.61	7.59	1.27	2.01	.16	.006
BEB	10.15	7.12	11.34	7.15	98.06	.17	.006

Note 1. NS: Need Satisfaction, PPR: Perceived Partner Responsiveness, BEB: Binge Eating Behavior, M: Mean, SD: Standard Deviation, ŋ2: Partial Eta Squared

In addition, between the main study variables and some of the demographics there was not significant difference such as education level, employment status, and who the

participant lives with. Education level was not provided statistically significant difference among groups $\lambda = .98$, $F(6, 612) = 1.02$, $p = .41$. Employment status was not provided statistically significant difference among groups $\lambda = .98$, $F(3, 307) = 2.17$, $p = .09$. Who the Participant Live With was not provided statistically significant difference among groups $\lambda = .97$, $F(9, 742) = 1.22$, $p = .28$. However, MANOVA was applied to specify group differences among variables regarding to socio-economic status. Results showed that there was a significant difference between groups in terms of socio-economic status, $\lambda = .92$, $F(6, 612) = 4.56$, $p = .000$. There was a significant difference between high-income group, average income group and low-income group in needs satisfaction, $F(2, 308) = 9.93$, $p < .001$, $\eta^2 = .061$. High-income group ($n = 107$, $M = 4.27$, $SD = .50$) were higher needs satisfaction than average income group ($n = 148$, $M = 4.04$, $SD = .60$) and low-income group ($n = 56$, $M = 3.87$, $SD = .69$). However, there were no significant difference between high-income group, average income group and low-income group in perceived partner responsiveness ($p = .06$) and binge eating behavior ($p = .05$)

Table 3. MANOVA Results for the Socio-Economic Status

	High-income		Average Income		Low-income				
Variables	*M*	*SD*	*M*	*SD*	*M*	*SD*	*F*	*p*	η^2
BPNS	4.27	.51	4.04	.56	3.87	.69	9.93	<.001***	.035
PPR	7.60	1.35	7.59	1.33	7.11	1.61	2.01	.160	.006
BEB	10.97	7.34	10.17	6.62	12.91	7.85	98.06	.170	.006

Note 1. NS: Need Satisfaction, PPR: Perceived Partner Responsiveness, BEB: Binge Eating Behavior, M: Mean, SD: Standard Deviation, η2: Partial Eta Squared

3.3. Correlation Analyzes among Study Variables

Thirdly, the relationships between study variables (Basic psychological needs satisfaction, perceived partner responsiveness and binge eating behavior) and demographic variable (age) were examined with a pearson correlation analysis. The result of the correlation analyzes indicated that the perceived partner responsiveness and binge eating behavior were negatively associated with each other (r = -.26, p < .01). Similarly, binge eating scores and need satisfaction scores were negatively correlated (r = -.31, p < .01). Analyzes also shows that there was a significant and positive correlation between perceived partner responsiveness and need satisfaction scores (r = .42, p < .01). In addition, in terms of the correlations between demographic variables, it was found that there was a positively significant correlation between age and need satisfaction (r = .17, p < .01). Age also has a negatively significant relation with perceived partner responsiveness (r = -.13, p<.05). However, there were no significant relationship between age and binge eating behavior (r = -.82, p >.05).

Table 4. Pearson Correlation of Variables Considered in the Study

		1	*2*	*3*	*4*
1. NS	311	---			
2. PPR	311	.416**	---		
3. BIB	311	-.311**	-.260**	---	
4. Age	311	.173**	-.128*	-.082	---

Note 1. NS: Need Satisfaction, PPR: Perceived Partner Responsiveness, BIB: Binge Eating Behavior
Note 2. * p < .05, ** p < .01, *** p < .001.

According to the MANOVA and correlation results, we had tested two main models and one supplementary model. In the first model, we tested the relationship between main variables namely need satisfaction, perceived partner responsiveness, and binge

eating behavior. In the second model, we included the significant demographic variables (i.e., marital status and socio-economic status) to the model. In the supplementary model, guided by the self-determination theory researchers' studies (e.g., Deci and Ryan, 1985; Deci and Ryan, 2012) we wanted to examine the unique mediating roles of needs satisfaction subscales (i.e., need for autonomy, need for competence, need for relatedness). Therefore, in the last model, we tested the mediating roles of autonomy, competence, and relatedness needs in relation between perceived partner responsiveness and binge eating behavior.

3.4. Main Analyzes

The aim of the current study is to analyze the mediating role of the basic need satisfaction in relation between perceived partner responsiveness and binge eating behavior. Therefore, the mediation analysis was applied for the first model including only main variables. For the mediation analysis, PROCESS Macro for SPSS Version 26. (Hayes, 2018), was used. The confidence interval not including zero in the 95% of confidence interval was evaluated as statistically significant (Hayes, 2018; Preacher and Hayes, 2008)).

As a result of the mediation analysis, it was found that the perceived partner responsiveness significantly and positively predicted the need satisfaction (B = .17, SE =.02, t = 8.03, β = .42, p < .001 95% BCa CI [.131, .217]). Moreover, need satisfaction negatively predicted binge eating behavior (B = -2.10, SE =.72, t = -4.16, β = -.25, p < .001, 95% BCa CI [-4.414, -1.578]). Both direct effect of perceived partner responsiveness on binge eating behavior (B = -.81, SE =.30, t = -2.70, β = -.16, p < .001 95% BCa CI [-1.407, -.220]) and total effect of the perceived partner responsiveness on binge eating behavior (B = -1.34, SE = .28, t = -4.74, β = -.26, p < .001 95% BCa CI [-1.889, -.781]) were significant. Lastly, the indirect effect of perceived partner responsiveness on binge eating behavior through the mediating role of basic needs satisfaction was found significant (B= -.52, SE = .18, β = -.07, 95% BCa CI [-.878, -.201]). The results showed that basic needs satisfaction played a significant intervening role in relation between perceived partner responsiveness and binge eating behavior.

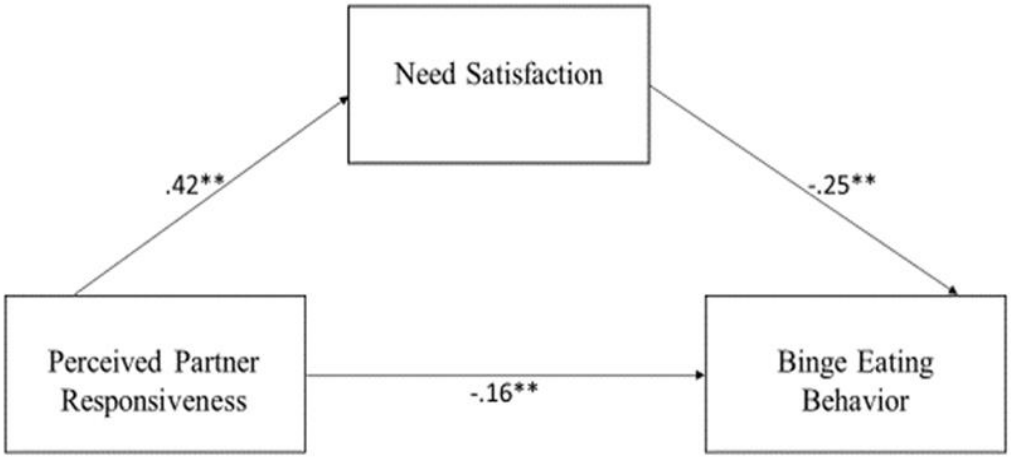

Figure 1. Mediating Role of Needs Satisfaction in Relation Between Perceived Partner Responsiveness and Binge Eating Behavior

Total Effect: B = -1.34, SE = .28, β = -.26, 95% BCa CI [-1.889, -.781], p < .001
Direct Effect: B = -.81, SE =.30, β = -.16, p < .001 95% BCa CI [-1.407, -.220], p <.05
Indirect Effect: B= -.52, SE = .18, β = -.07, 95% BCa CI [-.8776, -.2006]
Model: R^2 = (.07), F (1,309) = 22.47, p <.001

Note 1. The standardized values were used in the figure.
Note 2. * p < .05, ** p < .01, *** p < .001.

In the second model, it was aimed to analyze the mediating role of the basic need satisfaction in relation between perceived partner responsiveness and binge eating behavior by considering the covariate roles of demographic variables (i.e., marital status and socio- economic status). Given that we had found a significant correlation of needs satisfaction and marital status and found a significant difference between needs satisfaction and socio-economic status in MANOVA, we added them to our mediation analyzes as covariates. Firstly, results showed that, the marital status only predicted the needs satisfaction (B =.27, SE =.06, t =4.37, β = .22, p <.01 95% BCa CI [.150, .395]). Furthermore, need satisfaction negatively predicted binge eating behavior (B = -2.84, SE =.74, t = -3.82, β = -.23, p < .01, 95% BCa CI [-4.299, -1.375]). In addition, both direct effect of perceived partner responsiveness on binge eating behavior (B = -.86, SE =.31, t = -2.81, β = -.17, p < .05 95% BCa CI [-1.465, -.258]) and total effect of the perceived partner responsiveness on binge eating

behavior (*B* = -1.37, *SE* = .28, *t* = -4.89, *β* = -.27, *p* < .001 95% BCa CI [-1.930, -.822]) were significant. Moreover, the indirect effect of perceived partner responsiveness on binge eating behavior through the mediating role of basic needs satisfaction was found significant (*B*= -.52 *SE* = .18, *β* = -.07, 95% BCa CI [-.885, -.197]).

Secondly, we found that socio-economic status only predicted the needs satisfaction (*B* =.16, *SE* =.02, *t* =7.59, *β* = .39, *p* <.01 95% BCa CI [.121, .205]). Furthermore, need satisfaction negatively predicted binge eating behavior (*B* = -3.03, *SE* =.74, *t* = -4.09, *β* = -.25, *p* < .01, 95% BCa CI [-4.493, -1.573]). In addition, both direct effect of perceived partner responsiveness on binge eating behavior (*B* = -.82, *SE* =.30, *t* = -2.71, *β* = -.16, *p* < .01 95% BCa CI [-1.419, -.223]) and total effect of the perceived partner responsiveness on binge eating behavior (*B* = -1.32, *SE* = .29, *t* = -4.60, *β* = -.26, *p* < .001 95% BCa CI [-1.887, -.752]) were significant. Moreover, the indirect effect of perceived partner responsiveness on binge eating behavior through the mediating role of basic needs satisfaction was found significant (*B*= -.49 *SE* = .16, *β* = -.07, 95% BCa CI [-.842, -.028]).

3.5. Supplementary Analyzes

In the literature, the basic needs satisfaction measure has been used by considering the total score of the subscales as well as by considering each subscale separately to see the unique roles of each subscale (see Deci and Ryan, 2012, Bell, 2010 for an example). Therefore, in the last model, we tested the mediating roles of autonomy, competence, and relatedness needs in relation between perceived partner responsiveness and binge eating behavior. As a result of the mediation analysis, it was found that the perceived partner responsiveness significantly and positively predicted the autonomy satisfaction (*B* = .20, *SE* =.03, *t* = 7.62, *β* = .40, *p* < .001 95% BCa CI [.147, .250]). Also, perceived partner responsiveness significantly and positively predicted the relatedness satisfaction (*B* = .16, *SE* =.02, *t* = 7.06, *β* = .37, *p* < .001 95% BCa CI [.118, .208]). In addition, perceived partner responsiveness significantly and positively predicted the competence satisfaction (*B* = .16, *SE* =.03, *t* = 4.71, *β* = .26, *p* < .001 95% BCa CI [.094, .228]). Moreover, competence satisfaction

negatively predicted binge eating behavior (*B* = -1.44, *SE* =.55, *t* = -2.60, *β* = -.17, *p* < .01, 95% BCa CI [-2.521, -.349]). Both direct effect of perceived partner responsiveness on binge eating behavior (*B* = -.86, *SE* =.31, *t* = -2.78, *β* = -.16, *p* < .01 95% BCa CI [- 1.407, -.220]) and total effect of the perceived partner responsiveness on binge eating behavior (*B* = -1.34, *SE* = .28, *t* = -4.74, *β* = -.26, *p* < .001 95% BCa CI [-1.889, -.781]) were significant. Lastly, the indirect effect of perceived partner responsiveness on binge eating behavior through the mediating role of basic competence satisfaction was found significant (*B*= -.23, *SE* = .11, *β* = -.03, 95% BCa CI [-.065, -.007]). The results showed that competence satisfaction played a significant intervening role in relation between perceived partner responsiveness and binge eating behavior.

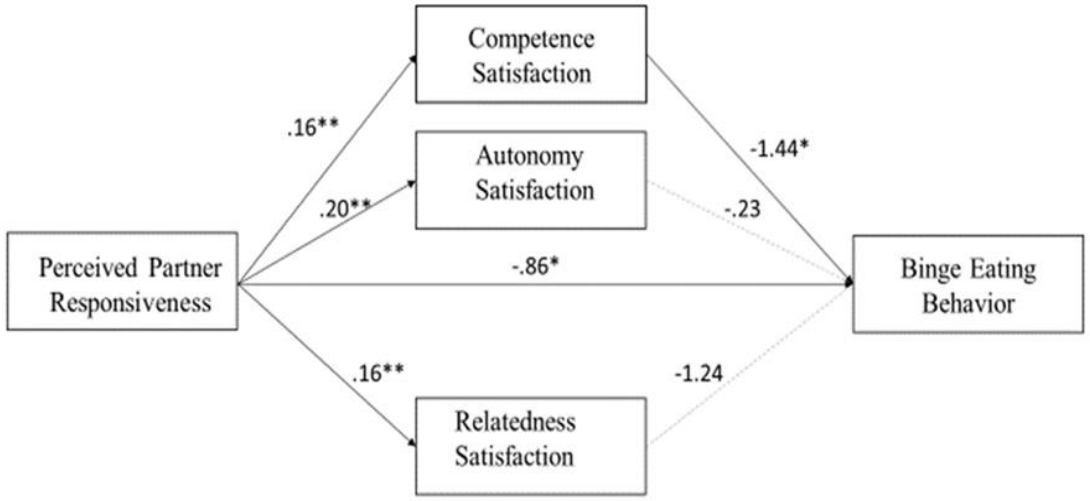

Figure 2. Mediating role of Autonomy Satisfaction, Relatedness Satisfaction and Competence Satisfaction in Relation Between Perceived Partner Responsiveness and Binge Eating Behavior

Total Effect: *B* = -1.34, *SE* = .28, *t* = -4.74, *β* = -.26, *p* < .001 95% BCa CI [-1.889, -.781]

Direct Effect: *B* = -.86, *SE* =.31, *t* = -2.78, *β* = -.17, *p* < .01 95% BCa CI [-1.407, -.220]

Indirect Effect: *B*= -.23, *SE* = .11, *β* = -.03, 95% BCa CI [-.065, -.007]

Model: R^2 = (.07), *F* (1,309) = 22.47, *p* < .001

Note 1. The standardized values were used in the figure.
Note 2. * $p < .05$, ** $p < .01$, *** $p < .001$.

CHAPTER 4: DISCUSSION

4.1. Discussion of the Results

Individual's needs satisfaction and perception of responsiveness from their romantic partners are essential aspects of individual's lives (Sbarra and Hazan, 2008). Both of them are related to people's wellbeing, satisfaction with their life, relationship satisfaction, physical and psychological health (Ryff and Singer, 2000), and, as stated in the current study, to eating habits. Therefore, this study was carried out to examine the mediating role of basic psychological needs satisfaction in the relationship between perceived partner responsiveness and binge eating behavior. As a result of the mediation analysis, it was found that basic psychological needs satisfaction played a significant intervening role in relation between perceived partner responsiveness and binge eating behavior. In the next sections, firstly, the relationship between perceived partner responsiveness and basic psychological needs satisfaction will be discussed. Then, the discussion of the results related to the association between basic psychological needs satisfaction and binge eating behavior will be given. And lastly, the intervening role of basic psychological needs satisfaction in relation between perceived partner responsiveness and binge eating behavior will be evaluated.

4.1.1. Findings Related to Relationship Between Perceived Partner Responsiveness and Basic Psychological Needs Satisfaction

Firstly, it was hypothesized that, perceived partner responsiveness would positively predict basic psychological needs satisfaction. As expected, the findings indicated that perceived partner responsiveness significantly and positively predicted the basic psychological needs satisfaction. It means that the more satisfaction of the basic psychological needs, the higher perception of responsiveness from the romantic partner. As mentioned before this direct association was not investigated before except a weekly diary study about interparental relationship dimensions and autonomy supportive parenting (Koçak et. al., 2020). Similarly, they have found a significant positive relation between perceived partner responsiveness and basic

psychological needs satisfaction. Glasser (2003) suggested that psychological needs are necessary for individuals in a relationship to understand each other and to provide long-term satisfaction from their relationships. Moreover, Eşici (2011) found that the satisfaction of basic psychological needs positively predicted the quality of romantic relationships. In addition, according to the results of this research, psychological needs were found to be the strongest predictor of romantic relationship quality. Furthermore, another study recently conducted in Turkey showed that there is a positive and significant relationship between marital adjustment and the level of meeting basic psychological needs (Karaburç, 2017). In addition, the researcher found a negative significant relationship between spouse burnout and the level of satisfaction of basic psychological needs. Therefore, it can be said that frustration of basic psychological needs is related to spousal and adjustment problems. So, we can say our findings and current literature findings are consistent because firstly, romantic relationships have three basic characteristics which are attachment, meeting psychological needs, and interdependence (Berscheid and Peplau, 1983). So, if the psychological needs are not met, one of the romantic relationship dimensions cannot be provided. Secondly, perceived partner responsiveness is a need supportive behavior (Reis et al., 2000; Patrick et al., 2007) and as a result of that our finding of perceived partner responsiveness predicts psychological needs satisfaction can be understandable. Finally, responsive partners tend to take responsibility for meeting their partner's needs (Yarkın, 2013).

Within self-determination theory, the concepts of responsibility and responsiveness are differentiated according to three believed innate psychological needs, which are autonomy, relating, and competence. In this respect, responsive partners are those who can respond to the satisfaction of the individual’s needs according to these three psychological elements (Ryan and Deci, 2000) and our research has produced results that confirm Ryan and Deci’s findings.

On the other hand, from a theoretical point of view, we may also associate the relationship between perceived partner responsiveness and basic psychological needs satisfaction with the projection defense in the psychoanalytic approach. Projective identification is a kind of defense mechanism that people use subconsciously to cope

with difficult emotions. It can be defined as projecting unwanted emotions and desires onto someone else rather than accepting them or dealing with them (Mitchell and Black, 1995). According to Freud (1937), projection can be observed in two different ways: The individual's generally disapproved, undesirable feelings, desires and behaviors attributing to others and attributing faults to others due to one's own sense of incompetency. From this point of view, we may say that by projecting the positive emotional state that the individual experiences by being approved in the relationship, satisfying his wishes and needs, making him feel loved and accepted as he is, it may also enable him to meet his own psychological needs and feel competent. On the contrary, we can say that the individual can reduce the responsiveness of the partner by projecting the negative emotions that she will experience in a situation where she cannot meet her psychological needs. Given that there is not much research examining on the relationship between perceived partner responsiveness and satisfaction of basic psychological needs, these may support our findings, but further research is needed.

4.1.2. Findings Related to Relationship Between Basic Psychological Needs Satisfaction and Binge Eating Behavior

Secondly, it was hypothesized that basic psychological needs satisfaction would negatively predict binge eating. The results of the current study showed that there is a significantly negative relationship between satisfaction of basic psychological needs and binge eating behavior. It means that the more satisfied the basic psychological needs, the less tendency of the participants for binge eating behavior. Excessive controlling attitude on food consumption and weight may actually be a reaction against a sudden loss of control (Patching and Lawler, 2009). In support of this finding, this is one of the most common symptoms of binge eating disorder.

Binge eating is when a person consumes much more food than he or she can eat uncontrollably and very quickly (APA, 2013). In other words, if the person feels that he has lost control in an area of his life, he may exhibit an uncontrolled eating attitude as a sudden reaction and then choose his own body and weight as the starting point to feel that he has regained control (Kopp and Zimmer-Gembeck, 2011;

Schüler and Kuster, 2011). Another study shows that one of the reasons for excessive control of body, weight and eating attitude is unmet needs (Thøgersen et al, 2010). As a support, anorexia nervosa patients reported that they feel inadequate autonomy and inefficacy (Strauss and Ryan, 1987), which are the dimensions of the basic psychological needs satisfaction. Anorexia nervosa patients are limiting their food intake and do excessively strict diets (APA, 2013). Individuals who have binge eating behavior also go on extreme diets or at least try to do it once in their lives (Masheb, Grilo and White, 2011) and the limitation of the food intake also caused by unmet basic psychological needs (Schüler and Kuster, 2011). As another support for our findings, Schüler and Kuster (2011), also have done a research specifically about binge eating as a consequence of unfulfilled basic needs and they found that unsatisfied basic needs significantly predict the binge eating behavior as well as the urge to eat. Moreover, findings of a relatively recent research showed that when women's basic psychological needs are met, they can regulate their eating behaviors autonomously (Begin et al., 2018). As a result of that they don't adopt problematic eating behaviors and feel more satisfied with their life.

4.1.3. Findings Related to Mediating Role of Basic Psychological Needs Satisfaction in Relation Between Perceived Partner Responsiveness and Binge Eating

Lastly, it was hypothesized that basic psychological needs satisfaction would significantly mediate the relationship between perceived partner responsiveness and binge eating. As we expected, the results of the mediation analysis showed that perceived partner responsiveness is associated with binge eating behavior by means of basic psychological needs satisfaction.

It is a well-known fact that individuals eat food not only to meet their physical needs, but also to meet their emotional and psychological needs. When these needs are not met, the physical, and mental health of the individual and social relations are also directly affected (Kaye, 2008). Our findings are supporting this point of view. We found that high needs satisfaction predicts low binge eating behavior. So, if the individual's psychological needs are met, he may not overeat to satisfy an unmet

need. Also, based on another finding of our study, we can say that when the perceived partner responsiveness are higher, the binge eating behavior is lower or there are no binging attacks. Similarly, when the literature is examined, we saw that relationship quality plays an important role in the connection between romantic relationships and health- related activities (Ryff and Singer, 2000). Because an individual who feels understanding, valued and caring by his partner he may feel his emotional and psychological needs are satisfied and as a result of that binge eating will not be necessary for satisfying other needs except hunger. There are lots of research that can support our thoughts and findings. For example, in the study conducted by Braithwaite, Delevi and Fincham (2010), on university students; between who was in a romantic relationship and who are not; It was investigated whether there was a significant difference in terms of physical and mental health. The results showed that individuals who were romantically involved had much better mental health and had lower obesity values compared to individuals who were not romantically involved. Also, according to the finding obtained from a longitudinal study (Stanton et al, 2019), decreased responsiveness of the partner was associated with emotional weakening in coping with daily stress. In addition to the study, it has been revealed that the decrease in perceived partner responsiveness is associated with an increased risk of losing one's life in the long run. We can count lots of probabilities for increased risk of death but in our case if the perceived partner responsiveness is in a low level, possibility of binge eating will increase and long-term binge eating behavior causes obesity (Bahadır, 2007). Researches showed that obesity and overweight are risk factors for cardiovascular diseases, some cancers, diabetes and mortality in adults (Field, Barnoya and Colditz, 2003). Another study supporting our finding revealed that higher perceived partner responsiveness is related to better mental and physical health. So, we may say that perceived partner responsiveness is a protective factor for binge eating (Selçuk and Ong, 2013).

4.1.4. Findings Related to Secondary Hypothesis

It was hypothesized that basic psychological needs satisfaction would differ by marital status and socio-economic status. Results showed that there was a significant difference between married and single participants in needs satisfaction. Married

participants had higher needs satisfaction scores than single participants. There are studies which supporting our finding showed that married couples have higher needs satisfaction scores than singles. Research which conducted in America shows that the relationship quality of people who live together but do not plan to marry their partner is weaker than married couples and those who plan to marry while living with their partner (Brown, 2004). Moreover, studies show that married individuals are generally happier and physically and mentally healthier than unmarried individuals (Gove, Hughes and Style, 1983; Mookherjee, 1997; Rosen-Grandon, Myers and Hattie, 2004). Also, it is known that meeting basic psychological needs can contribute to positive functioning and psychological well-being in various areas of life such as work, education, and health (Zhen et al., 2017). In addition to this common point, another study recently conducted in Turkey showed that there is a positive and significant relationship between marital adjustment and the level of meeting basic psychological needs (Karaburç, 2017). Their findings showed that the more satisfaction of the basic psychological needs the higher levels of marital adjustment.

Secondly, it was also hypothesized that there was a significant difference between groups in terms of socio-economic status in basic psychological needs satisfaction. As a result of the analyzes, it was found that there was a significant difference between high-income group, average income group and low-income group in needs satisfaction. High-income group were higher needs satisfaction than average income group and low-income group. As a support of the relation between needs satisfaction and socio-economic status, in a study conducted in Turkey, a significant relationship was found between mental health, economic status and meeting basic needs (İlhan, Güzlük and Özmen, 2019). In addition, it was determined that as the economic situation improved, the General Health Questionnaire-12 (a scale used to determine acute psychological symptoms) scores decreased and the mental health of individuals with higher economic status was better than lower group. It can be said that mental health improves as the economic situation improves too. It has already known that basic psychological needs satisfaction has an effect on mental and physical health (Zhen et al., 2017). Furthermore, in a study of staff from one of the largest corporate institutions in New York State, with thousands of employees showed that socio-

economic status was negatively associated with physical and mental health. Individuals from lower socioeconomic status showed lower levels of physical and mental health compared to their higher socioeconomic level counterparts (González et al., 2004). González and his friends also found that socio-economic status was positively associated with basic needs support; Individuals with higher socio-economic status were found to be more satisfied with their basic psychological needs compared to their counterparts with lower socio-economic status.

Based on these supportive findings, we may expected that basic psychological needs satisfaction would differ by marital status and socio-economic status and as a result of the analyzes our findings confirmed these hypotheses.

4.1.5. Supplementary Analyzes

In the present study, we also have done supplementary analyzes for investigating the mediating role of autonomy, competence, and relatedness relation between perceived partner responsiveness and binge eating behavior. Our findings showed that perceived partner responsiveness was significantly and positively predicted the autonomy, competence, and relatedness needs satisfaction. However, only the competence significantly predicted binge eating behavior in a negative way and it had a mediating role in the relation between perceived partner responsiveness and binge eating behavior. It means that individuals who satisfied their competency need, perceived more responsiveness from their partners and they showed less binge eating behaviors in turn. Self-efficacy may be a key point for this finding because it has an important role in both romantic relationships and need for competence. For example, in a study which conducted in Turkey found that as the self-efficacy perception increased in romantic relationships, individuals were more satisfied with their relationships (Gündüz and Karataş, 2020). Chui et al., (2008) found that young adults' positive beliefs about their self-efficacy in romantic relationships were associated with less conflict with their partners and a higher quality perception of their relationships (feeling more fulfilled, warm, rewarded, and happy). Riggio et al., (2013) revealed that as individuals' self-efficacy perceptions increase in romantic relationships, they are more satisfied with their romantic relationships, develop more

commitment to their partners, and experience less conflict with their partners. In another study, it was found that self-efficacy judgments in romantic relationships predicted university students' relationship satisfaction (Lopez et al., 2007). Moreover, self-efficacy is also an important part of the need for competence because individuals want to feel self-efficacy by realizing their capacities. According to Bandura, self-efficacy is an individual's self-judgment about his capacity to organize and successfully perform the activities necessary for a certain performance (Lee, 2005). To put it more generally, self-efficacy is the beliefs that an individual has about what he or she can do. Satisfaction of the need of competence is about achieving goals or performing well in difficult tasks and being appreciated by others (Deci and Ryan, 1985). Competent individuals, with an intrinsic motivation, strive to explore their environment and surpass themselves. In other words, they try to beat a standard in their performance, and an important factor influencing this is their beliefs about one's own capacity (Sheldon et al., 2001). Self-efficacy, self-realization, pride, and self-esteem can all be seen in relation to an individual's experience of competence, and employment may play an important role in meeting this basic psychological need (Jahoda et al., 2008).

Moreover, unsatisfied needs for competence may lead individuals to perceive life and themselves as out of control, which may raise sensitivity to engaging in unhealthy eating habits to recover control (Thogersen-Ntoumani et al., 2010) which is also a support for our findings because we found that competence satisfaction negatively predicted binge eating behavior. Furthermore, it has been reported that autonomy, competence, and relatedness affect psychological well-being and long-term attention to one's own health in older adolescents (Bell, 2010). Based on this finding, we may expect that an individual who satisfy his competence need have less tendency to binging because he is caring about his own health and adopting healthy eating style. Given that we could not find significant intervening roles of autonomy and relatedness needs which we expected to be significantly related to perceived partner responsiveness as well as binge eating behavior, future studies are needed to explain the unique roles of each of these needs.

4.2. Limitations of the Present Study and Suggestions for Future Studies

There are some limitations of the study. The first of these is that the data collection tools are self-report scales. Therefore, social desirability bias may have occurred while answering questions. In addition, our sample was not a vast sample. It includes mostly young, well educated, middle- and high-income group and non-clinical participants. These features limits generalizability of the results.

There may also be some inconsistencies between the research results of non-clinical participants and clinical participants (for example, those diagnosed with an eating disorder). Since the quality and quantity of interpersonal relationships may be different in psychopathological processes, it cannot be ignored.

Thirdly, it is not possible to observe and generalize the progression of binge eating symptoms over time, the fluctuations in the relationship, and the changes in the fulfillment of psychological needs with a cross-sectional design. Longitudinal studies on this subject would be more appropriate to examine relational questions and establish causality.

In the present study, we also collected the data from Izmir, Turkey and we believe that cultural differences may affect our results. For instance, gender roles in Turkey are definitely different than western countries. Relationship standards would certainly have caused differences in results, because even individuals in the east and west of Turkey differ in relationship standards. In this case, it would be easier to find differences in the results and generalize them, since the relationship standards of the countries with the influence of eastern and western cultures would be different.

Moreover, since our female participants were almost three times as many as male participants, the difference between males and females was not investigated in this study. However, we believe that a more crowded participant group and equality between men and women will contribute to the literature in this respect. Therefore, future studies should consider to balance the number of participants in terms of certain demographics that will enable them to make comparisons among the groups.

When the Turkish literature is examined, it is seen that there are a limited number of studies on basic psychological needs and perceived partner responsiveness. It is seen that the antecedents and outcomes of the satisfaction of basic psychological needs have not been adequately examined. Thus, future research is needed to show relatively stable patterns for Turkish sample as well.

Lastly, in this study, the reports were only taken from the participants. However, given that in the literature, the relationship with the mother and attachment to the mother have an important place in binge eating and similar eating disorders (Armstrong and Roth, 1989,; O'Kearney, 1996), in future studies, the mothers reports can be added to this relationship as well.

CHAPTER 5: CONCLUSION

In conclusion, the present study was examining the relationship between perceived partner responsiveness and binge eating behavior by considering the mediating role of basic psychological needs satisfaction in a Turkish sample. First hypothesis was that perceived partner responsiveness would positively predict basic psychological needs satisfaction. The second hypothesis was that basic psychological needs satisfaction would negatively predict binge eating. Last hypothesis was that basic psychological needs satisfaction would significantly mediate the relationship between perceived partner responsiveness and binge eating. All the hypothesis of this study was confirmed, and these findings make quite unique contributions to the literature.

5.1. Clinical Implications

This research will guide future research on the possible antecedents of binge eating, the possible consequences of perceived partner responsiveness and the importance of the satisfying basic psychological needs.

For a clinical psychologist, it is very important to get the client's personal information, but if there is a client who comes with binge eating behavior, it is now even more important to find out if he or she has a romantic relationship because this study has shown that feeling understood, cared and valued by the partner in the relationship can reduce the binge eating behavior and it will also be beneficial to understand whether the individual’s basic psychological needs are met because this study also proved that basic psychological needs satisfaction mediates the relation between perceived partner responsiveness and binge eating behavior.

On the other hand, couples therapists can also collect information about eating habits while collecting information about the couple’s relationship. In addition, while collecting information about the responsiveness that the partners perceived from each other, he can also try to understand whether the basic psychological needs of the partners are met or not. It is recommended that couples whose relationship

satisfaction is low should be supported on the importance of meeting the basic psychological needs of individuals and their partners in their romantic relationships. As a result of the therapist's findings therapist can give psychoeducation on these issues or if it is necessary (in case of binge eating symptoms) may direct the couple to individual therapy.

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APPENDICIES

Appendix A: Ethics Committee Approval

SAYI : B.30.2.İEÜ.0.05.05-**020**-*116* 03.03.2021

KONU : Etik Kurul Kararı hk.

Sayın Dr. Öğr. Üyesi Aylin Koçak ve Müge Çağlayan,

"The Mediating Role Of Basic Needs Satisfaction In Relation Between Perceived Partner Responsiveness And Binging Behavior" başlıklı projenizin etik uygunluğu konusundaki başvurunuz sonuçlanmıştır.

Etik Kurulumuz 02.02.2021 tarihinde sizin başvurunuzun da içinde bulunduğu bir gündemle toplanmış ve projenin incelenmesi için bir alt komisyon oluşturmuştur. Projenizin detayları alt komisyon üyelerine gönderilerek görüş istenmiştir. Üyelerden gelen raporlar doğrultusunda Etik Kurul 03.03.2021 tarihinde tekrar toplanmış ve raporları gözden geçirmiştir.

Başvurunuzla ilgili olarak araştırmanın katılımcılarının bilgilerinin anonimleştirilmesi hususunun geliştirilmesi tavsiye edilmektedir.

Sonuçta 03.03.2021 tarih ve 118 numaralı **"The Mediating Role Of Basic Needs Satisfaction In Relation Between Perceived Partner Responsiveness And Binging Behavior"** konulu projenizin etik açıdan uygun olduğuna oy birliği ile karar verilmiştir.

Gereği için bilgilerinize sunarım.

Saygılarımla,

[redacted]

Prof. Dr. Murat Bengisu
Etik Kurul Başkanı

Appendix B: Informed Consent Form

Sayın Katılımcı,

Bu çalışma, İzmir Ekonomi Üniversitesi bünyesinde, Klinik Psikoloji Yüksek Lisans programı kapsamında, Dr. Öğr. Üyesi Aylin Koçak danışmanlığında Müge Çağlayan tarafından yürütülmektedir. Bu form sizi çalışma koşulları hakkında bilgilendirmek için hazırlanmıştır.

Çalışmanın amacı nedir?

Bu araştırmanın amacı çiftlerin ilişkilerinde algılanan partner duyarlılığı ve aşırı yeme davranışı arasındaki ilişkide temel psikolojik ihtiyaçların aracı rolünün anlaşılmasıdır. Bu doğrultuda size kendiniz, romantik partnerinizle olan ilişkileriniz ve yeme alışkanlıklarınızla ilgili sorular yöneltilmiştir

Bize nasıl yardımcı olursunuz?

Araştırmaya katılmayı kabul ederseniz, bu aşamada sizden yaklaşık 8-10 dakikanızı alacak anketimizi doldurmanız istenecektir. Soruların doğru ya da yanlış cevapları yoktur. Bundan dolayı soruları kendiniz yanıtlamanız ve size en doğru gelen yanıtları tercih etmeniz araştırmanın doğruluğu ve güvenilirliği açısından önemlidir.

Sizden topladığımız bilgileri nasıl kullanacağız?

Araştırmada kimse sizden kimlik bilgilerinizi ortaya çıkaracak bilgiler istemeyecektir. Verdiğiniz yanıtlar gizli tutulacak, bu bilgilere sadece araştırmacılar ulaşabilecektir. Katılımcılardan elde edilecek bilgiler toplu halde değerlendirilecek, bilimsel yayınlar ve akademik amaçlar için kullanılacaktır.

Katılımınız ile ilgili bilmeniz gerekenler:

Araştırmaya katılım tamamen gönüllülük esasına dayanmaktadır. Çalışma, genel olarak kişisel rahatsızlık verecek sorular içermemektedir. Ancak, katılım sırasında sorulardan ya da herhangi başka bir nedenden ötürü kendinizi rahatsız hissederseniz çalışmaya katılmayı reddedebilir veya cevaplama işini yarıda bırakıp çıkabilirsiniz.

Çalışmaya katılımınız için şimdiden teşekkür ederiz. Çalışma hakkında daha fazla bilgi almak isterseniz Müge Çağlayan (caglayanmuge11@gmail.com) ile iletişime geçebilirsiniz.

Bu çalışmaya tamamen gönüllü olarak katılmayı kabul ediyor ve istediğim zaman yarıda kesip çıkabileceğimi biliyorum. Verdiğim bilgilerin bilimsel amaçlı yayımlarda kullanılmasını kabul ediyorum.

EVET HAYIR

Appendix C: Demographic Information Form/ Demografik Bilgi Formu

1. Cinsiyetiniz
   Kadın
   Erkek
   Diğer:

2. Doğum Yılınız (Örn: 1995):

3. En son mezun olduğunuz okul?
   İlkokul
   Ortaokul
   Önlisans
   Lisans
   Yüksek Lisans
   Doktora

4. Medeni durumunuz?
   Evli
   Bekar

5. İlişki durumunuz?
   Var
   Yok

6. İlişki süreniz (İlişkinin başlangıç tarihini giriniz)

7. Herhangi bir işte çalışıyor musunuz?
   Çalışıyorum.
   Çalışmıyorum.

8. Kiminle yaşıyorsunuz?
   Romantik Partner

Aile Üyeleri

Arkadaşlarla

Yalnız

9. Daha önce herhangi bir yeme bozukluğu tanısı aldınız mı?

Evet, aldım.

Hayır, almadım.

10. Aldıysanız bu hangi yeme bozukluğu tanısıydı? (Tanı almadıysanız lütfen "Tanı almadım"'ı işaretleyiniz.)

Bulimiya Nervoza

Anoreksiya Nervoza

Tıkınırcasına Yeme Bozukluğu

Tanı almadım.

11. Kendinizi hangi gelir grubuna ait görüyorsunuz?

Alt gelir grubu

Orta gelir grubu

Üst gelir grubu

Appendix D: Basic Psychological Needs Satisfaction Scale/ Temel Psikolojik İhtiyaçlar Doyumu Ölçeği

1 Kesinlikle Katılmıyorum	2	3	4	5 Tamamen Katılıyorum
1. Üstlendiğim şeyleri özgürce seçebildiğimi hissederim.			1 2 3 4 5	
2. Kararlarımın gerçekten ne istediğimi yansıttığını hissederim.			1 2 3 4 5	
3. Tercih ettiğim şeyler gerçekten kim olduğumu gösterir.			1 2 3 4 5	
4. Gerçekten ilgimi çeken şeyleri yaptığımı hissederim.			1 2 3 4 5	
5. Önemsediğim insanların da beni önemsediğini hissederim.			1 2 3 4 5	
6. Önemsediğim ve beni önemseyen insanlara bağlı olduğumu hissederim.			1 2 3 4 5	
7. Benim için önemli olan diğer insanlara yakın ve bağlı hissederim.			1 2 3 4 5	
8. Birlikte zaman geçirdiğim insanlarla samimi duygular içindeyim.			1 2 3 4 5	
9. Bir şeyleri iyi yapabileceğim konusunda kendime güvenirim.			1 2 3 4 5	
10. Yaptığım şeylerde kendimi yeterli hissederim.			1 2 3 4 5	
11. Hedeflerime ulaşmak için yeterli olduğumu hissederim.			1 2 3 4 5	
12. Zor görevleri başarıyla tamamlayacağımı hissederim.			1 2 3 4 5	

Appendix E: Perceived Partner Responsiveness Scale/ Algılanan Partner Duyarlılığı Ölçeği

Lütfen romantik partnerinizle olan ilişkinizi düşünerek aşağıda verilen cümlelerin sizin için ne kadar doğru olduğunu belirtiniz.

1 2	3 4	5 6	7 8	9
Hiç doğru değil	Biraz doğru	Orta derecede Doğru	Oldukça doğru	Tamamen doğru

Romantik partnerim çoğu zaman…

... nasıl biri olduğumu çok iyi bilir.	1	2	3	4	5	6	7	8	9
... "gerçek ben"i görür.	1	2	3	4	5	6	7	8	9
… iyi yönlerimi ve kusurlarımı, beni kendimde gördüğüm gibi görür.	1	2	3	4	5	6	7	8	9
… söz konusu bensem yanılmaz.	1	2	3	4	5	6	7	8	9
... zayıf yönlerim de dahil her şeyimi takdir eder.	1	2	3	4	5	6	7	8	9
... beni iyi tanır.	1	2	3	4	5	6	7	8	9
... iyisiyle kötüsüyle "gerçek ben"i oluşturan her şeye değer verir ve saygı gösterir.	1	2	3	4	5	6	7	8	9
... çoğu zaman en iyi yönlerimi görür.	1	2	3	4	5	6	7	8	9
…ne düşündüğümün ve hissettiğimin farkındadır.	1	2	3	4	5	6	7	8	9
... beni anlar.	1	2	3	4	5	6	7	8	9
... beni gerçekten dinler.	1	2	3	4	5	6	7	8	9
... bana olan sevgisini gösterir ve beni yüreklendirir.	1	2	3	4	5	6	7	8	9
... ne düşündüğümü ve hissettiğimi duymak ister.	1	2	3	4	5	6	7	8	9
... benimle birlikte bir şeyler yapmaya heveslidir.	1	2	3	4	5	6	7	8	9
... yetenek ve fikirlerime değer verir.	1	2	3	4	5	6	7	8	9
... benimle aynı kafadadır.	1	2	3	4	5	6	7	8	9
... bana saygı duyar.	1	2	3	4	5	6	7	8	9
...ıhtıyaçlarıma duyarlıdır.	1	2	3	4	5	6	7	8	9

Appendix F: Bulimic Investigatory Test Edinburgh Edinburgh Bulimiya Araştırma Testi (BITE)

1. Günlük düzenli bir yemek programınız var mı? EVET HAYIR
2. İstediğiniz zaman yemek yemeyi durdurabilir misiniz? EVET HAYIR
3. Yemeğin sonunda tabağınızda yiyecek bırakabilir misiniz? EVET HAYIR
4. Açlık dereceniz yeme miktarınızı belirler mi? EVET HAYIR
5. Yeme alışkanlıklarınızı normal buluyor musunuz? EVET HAYIR
6. Katı bir diyet uygular mısınız? EVET HAYIR
7. Diyet bir kez bozulunca yılgınlık hisseder misiniz? EVET HAYIR
8. Diyette olmasanız bile yemeklerin kalorisini düşünüyor musunuz? EVET HAYIR
9. Yeme biçiminiz yaşamınızı ciddi bir şekilde etkiliyor mu? EVET HAYIR
10. Yemek yemek yaşamınıza hakim midir? EVET HAYIR
11. Rahatsız olana kadar yemek yer misiniz? EVET HAYIR
12. Hep yemek düşündüğünüz zamanlar olur mu? EVET HAYIR
13. Başkalarının önünde daha mı dikkatli yersiniz? EVET HAYIR
14. Sürekli yemek için kuvvetli bir dürtü hisseder misiniz? EVET HAYIR
15. Kaygılı olduğunuz anlarda aşırı yemek istediğiniz olur mu? EVET HAYIR
16. Şişmanlamak sizi dehşete düşürüyor mu? EVET HAYIR
17. Çok fazla miktarda yemeyi hızlı bir şekilde yediğiniz olur mu? EVET HAYIR
18. Yemek alışkanlığınız sizi utandırıyor mu? EVET HAYIR
19. Yediğiniz miktarı kontrol edemediğiniz hissine kapılıyor musunuz? EVET HAYIR
20. Rahatlamak için yemek yer misiniz? EVET HAYIR
21. Yemek miktarınız hakkında yalan söyler misiniz? EVET HAYIR
22. Çok fazla miktarda yemek yeme atağınız oluyor mu? EVET HAYIR
23. Eğer oluyorsa sizde psikolojik rahatsızlık yaratıyor mu? EVET HAYIR
24. Aşırı yeme atakları yalnızken mi görülüyor? EVET HAYIR
25. Fazla yeme atağı sırasında aşırı miktarda gıda alıyor musunuz? EVET HAYIR
26. Aşırı yemek yediğiniz zaman kendinizi suçlu hissediyor musunuz? EVET HAYIR
27. Hiç gizli yemek yediğiniz olur mu? EVET HAYIR
28. Kendinizi aşırı bir yemek yiyici olarak kabul ediyor musunuz? EVET HAYIR
29. Ağırlığınızda haftada 2.5 kg'dan fazla değişiklik oluyor mu? EVET HAYIR
30. Hiç bütün gün aç kaldınız mı? EVET HAYIR

31.Evet ise bu ne sıklıkta oluyor?_____

32.Zayıflamaya yardımcı olarak aşağıdakilerden hangisini kullanırsınız?

İLAÇ

DİÜRETİK

LAKSATİF

KUSMA

33.Aşırı yeme atakları oluyorsa sıklığı nasıldır?

SEYREK

AYDA 1

HAFTADA 1

HAFTADA 2-3 KEZ HER GÜN

GÜNDE 2-3 KEZ