

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

CHAPTER 4: DISCUSSION

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

4.1. The Most Frequently Chosen Current and Ideal Bodies

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

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

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

4.2. Correlations Between the Main Measures for Women and Men

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

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

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

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

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

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

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

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

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

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

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

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

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

4.3 Predictors of Body Dissatisfaction

4.3.1 Predictors of Body Fat Discrepancy in Women and Men

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

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

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

4.3.2. Predictors of Overall Body Satisfaction of Women and Men

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

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

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

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

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

4.4. Gender Differences

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

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

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

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

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

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

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

4.5. Differences In the Levels of Self-Compassion

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

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

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

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

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

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

4.6. Self-Compassion as a Moderator

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

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

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

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

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

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

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

4.7. Limitations and Future Suggestions

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

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

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

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

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

4.8. Clinical Implications

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

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

CHAPTER 5: CONCLUSION

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

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APPENDICES

Appendix A: Ethics Committee Approval

SAYI : B.30.2.EÜ.D.05.05-020-190

25.02.2022

KONU : Etik Kurul Kararı hk.

Sayın Dr. Öğr. Üyesi Yasemin Meral Öğütçü ve Ezgi Unçu

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

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

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

Gereği için bilgilerinize sunarım.

Saygılarımla,

Prof. Dr. Murat Bengisu

Etik Kurul Başkanı

Appendix B: Participation Consent Form

SAYIN KATILIMCI,

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

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

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

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

Katılımcının (Kendi el yazısı ile)

İmzası:

Appendix C: Demographic Information Form

Cinsiyet: Kadın () Erkek () Diğer ()

Yaş: ____.

Yaşadığınız yer: _____.

Yaşamınızın çoğunu geçirdiğiniz yer:

- () Metropol (İstanbul, İzmir, Ankara)
() Büyükşehir
() İl
() İlçe
() Kasaba
() Köy

Eğitim Durumunuz (en son mezun olduğunuz okulu düşünerek):

- () İlkokul
() Ortaokul
() Lise
() Lisans
() Yüksek Lisans
() Doktora

Meslek: _____.

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

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

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

Evet ise lütfen belirtiniz: _____.

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

Evet ise lütfen belirtiniz:_____.

Boyunuz:

Kilonuz:

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

Evet ise lütfen hangi diyet olduğunu belirtiniz: _____.

Lütfen fiziksel egzersiz yapma sıklığınızı işaretleyiniz:

- ()Hiç
- ()Nadiren
- ()Haftada 1
- ()Haftada 2-3
- ()Haftada 4-5
- ()Haftanın her günü

Appendix D: Self- Compassion Scale

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

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

| | | | | | | |
|----|--|---|---|---|---|---|
| 15 | Sıkıntı çektiğim durumlarda kendime karşı biraz acımasız | 1 | 2 | 3 | 4 | 5 |
|----|--|---|---|---|---|---|

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

Appendix E: Objectified Body Consciousness Scale

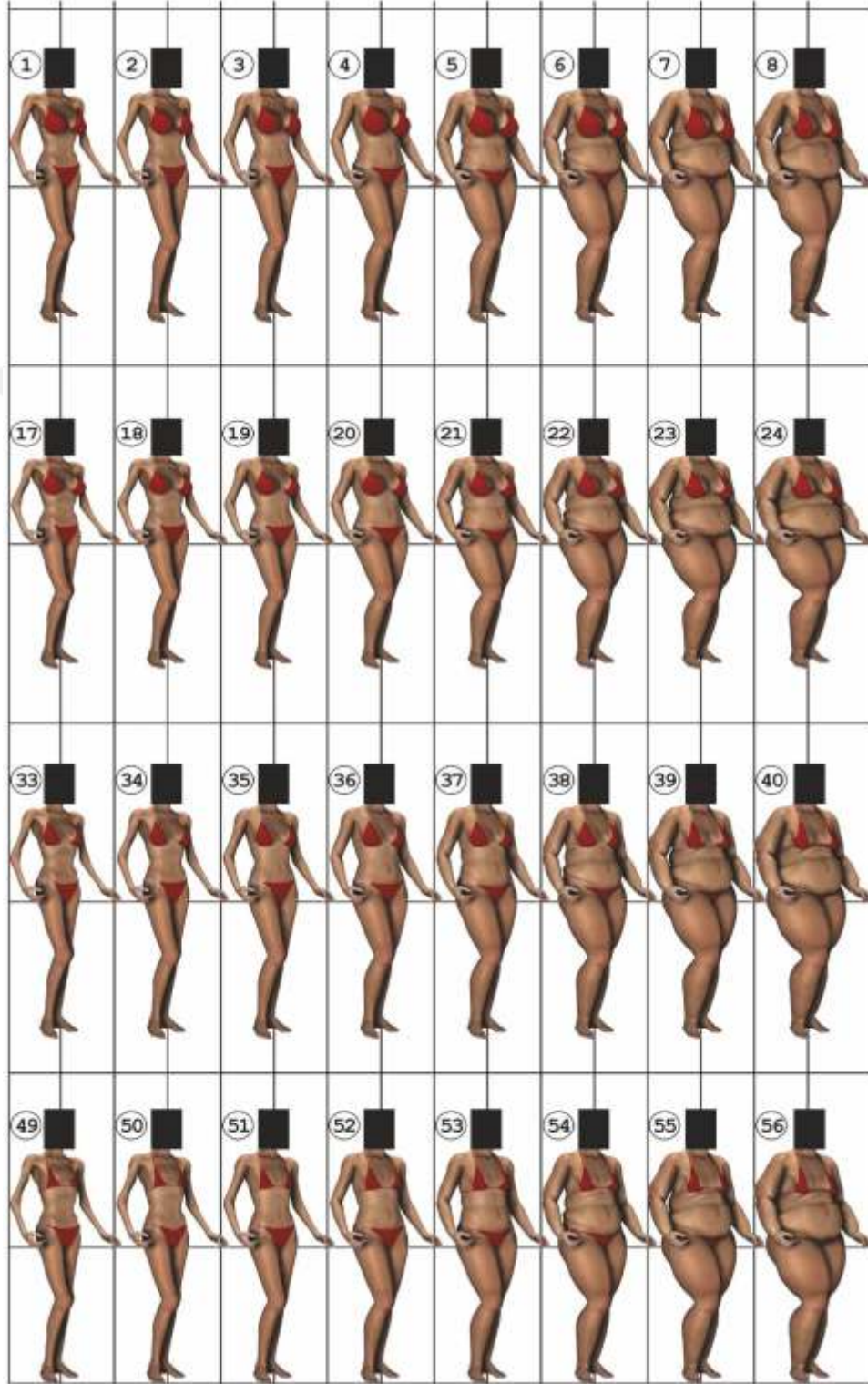
Aşağıda çeşitli ifadeler bulunmaktadır. Lütfen her maddeyi dikkatlice okuyunuz ve okuduğunuz maddeye ne oranda katıldığınızı en iyi şekilde yansıttığını düşündüğünüz rakamı yuvarlak içine alınız.

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

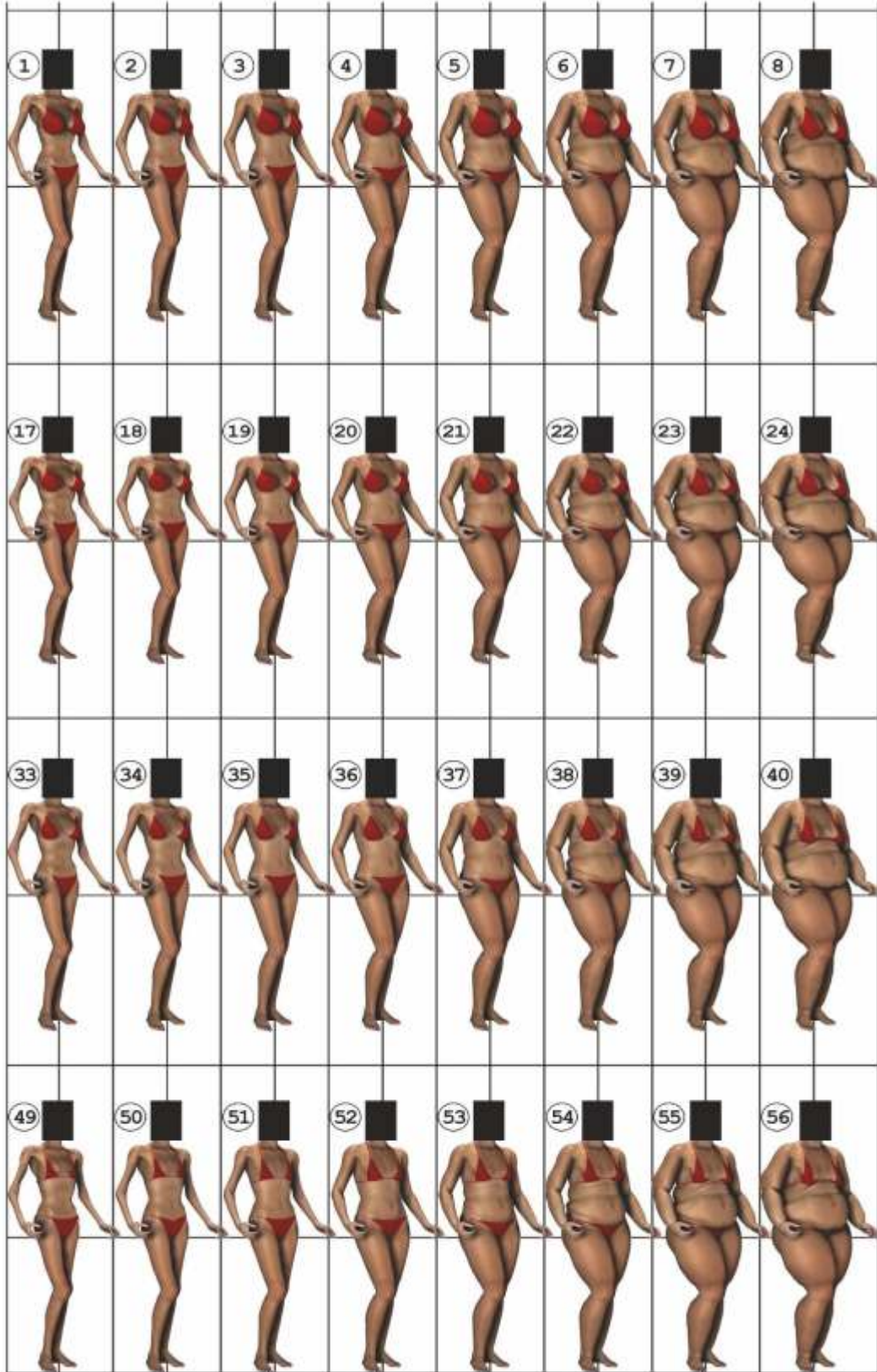
| | Hiç katılmıyorum | Oldukça katılmıyorum | Birazcık katılmıyorum | Ne katılıyorum ne de katılmıyorum | Birazcık katılıyorum | Oldukça katılıyorum | Çok katılıyorum |
|--|-------------------------|-----------------------------|------------------------------|--|-----------------------------|----------------------------|------------------------|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

Appendix F: UCLA BODY Matrices- II

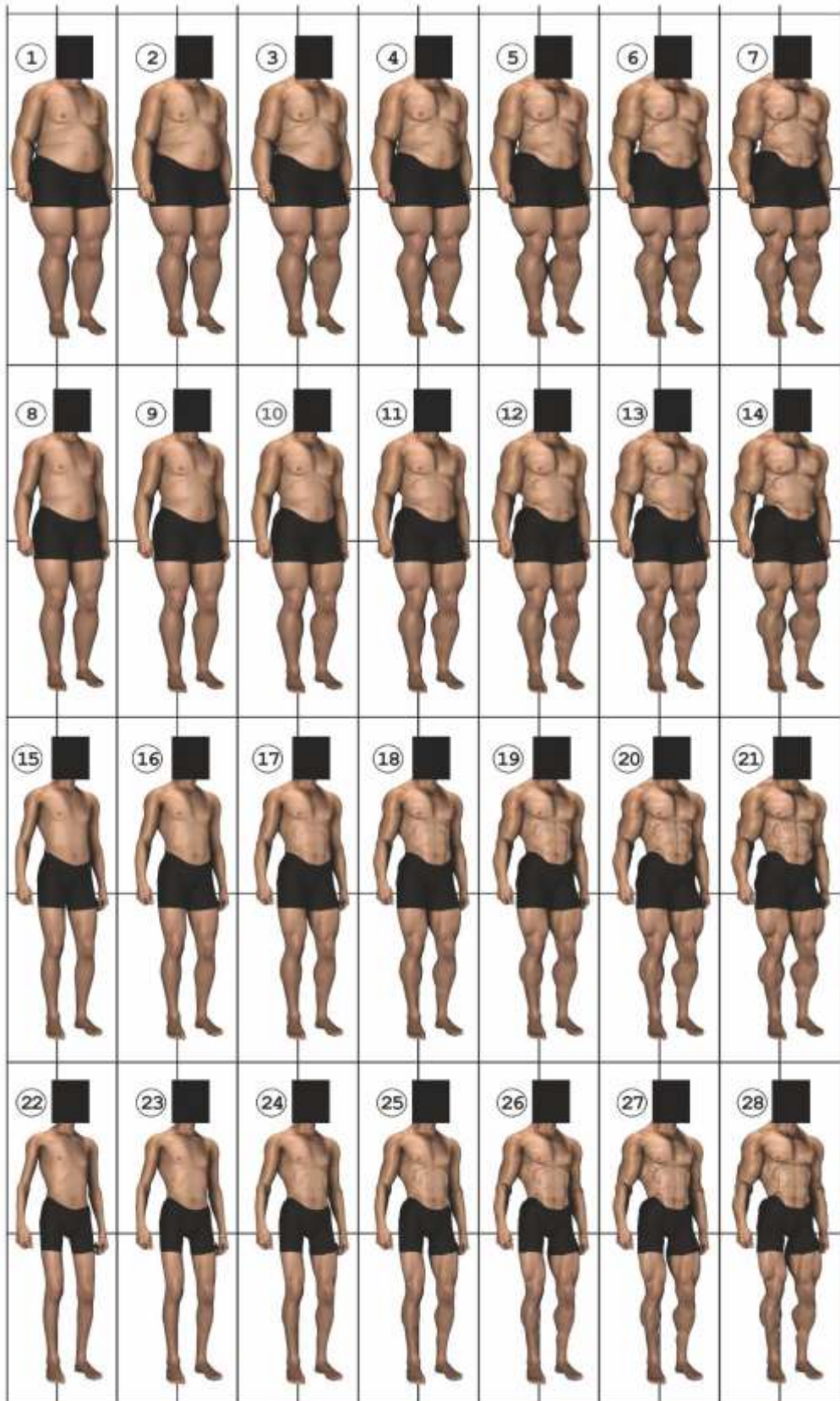
Sizin Őu andaki beden Őeklinizi en iyi temsil eden figürü iŐaretleyiniz.



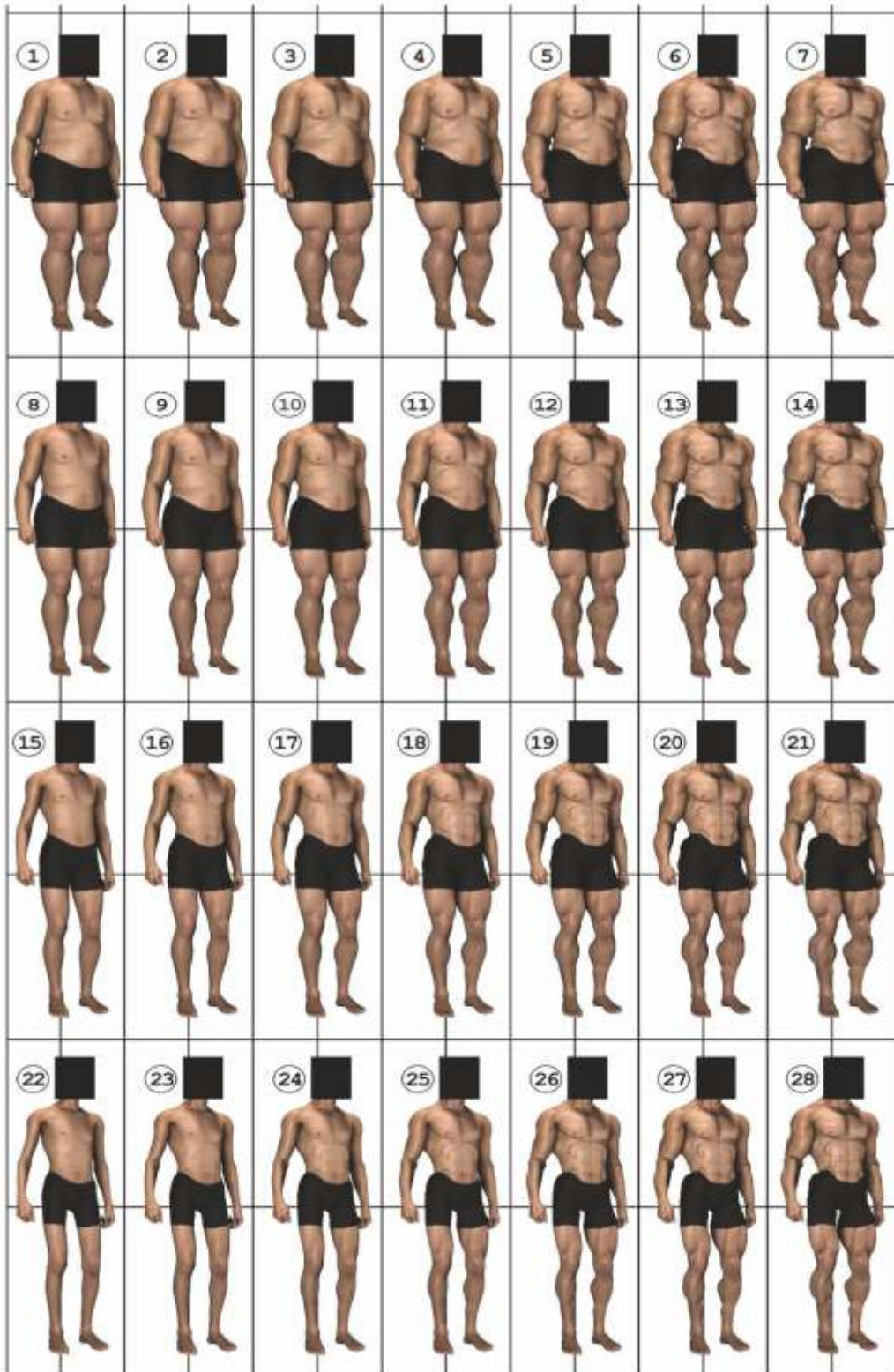
Size göre bir kadın için ideal olan beden şeklini en iyi temsil eden figürü işaretleyiniz.



Sizin Őu andaki beden Őeklinizi en iyi temsil eden figürü iŐaretleyiniz.



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



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

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

0 1 2 3 4 5 6 7 8 9 10

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

0 1 2 3 4 5 6 7 8 9 10