RELATIONSHIP BETWEEN PERCEIVED PARENTING ATTITUDES AND EATING ATTITUDES: ROLES OF SELF-COMPASSION AND SOCIAL APPEARANCE ANXIETY

AYŞENUR BAKİLER

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ABSTRACT

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Bakiler, Ayşenur

Master Program in Clinical Psychology

Advisor: Prof. Dr. Falih KÖKSAL

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The aim of this study was to examine the mediating roles of self-compassion and social appearance anxiety in relation between perceived parenting attitudes and eating attitudes. The data was collected from 252 participants aged between 18-35 via online survey. Perceived Parenting Attitudes in Childhood Scale, Eating Attitude Scale, Self Compassion Scale, and Social Appearance Anxiety Scale were used to collect data. Parenting attitudes has three components: emotional warmth, overprotection, and rejection. Results showed that eating attitudes had significant relationship with all components of perceived parenting attitudes, self-compassion, and social appearance anxiety. More specifically, perceived emotional warmth parenting was found positively correlated with self-compassion; negatively correlated with social appearance anxiety and eating attitudes. Furthermore, both perceived rejected and overprotective parenting were found positively correlated with self-compassion; negatively correlated social appearance anxiety and eating attitudes. In the study, it was investigated that how social appearance anxiety scores differs by BMI; it was

found that there is a significant difference between the two variables. Moreover, it was examined that how perceived parenting attitudes scores differs by educational level; while all perceived parental attitudes differ with mother's education level, only emotional warmth was found to differ significantly at father's education level. The serial mediation results indicated that self-compassion and social appearance anxiety significantly mediated all perceived parenting attitudes on eating attitudes. All models were found to have partially mediator roles. The findings of present study were discussed in the light of the literature.

Keywords: Perceived Parenting Attitudes, Emotional Warmth, Overprotection, Rejection, Eating Attitudes, Self-Compassion, Social Appearance Anxiety

ÖZET

ALGILANAN EBEVEYN TUTUMLARI İLE YEME TUTUMLARI ARASINDAKİ İLİŞKİ: ÖZ-ŞEFKAT VE SOSYAL GÖRÜNÜŞ KAYGISININ ROLLERİ

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Bu çalışmanın amacı, algılanan ebeveynlik tutumları ile yeme tutumları arasındaki ilişkide öz-şefkat ve sosyal görünüş kaygısının aracı rollerini incelemektir. Veriler, çevrimiçi anket yoluyla 18-35 yaş arası 252 katılımcıdan toplanmıştır. Veri toplamak için Çocuklukta Algılanan Ebeveynlik Tutumları Ölçeği, Yeme Tutum Ölçeği, Öz Şefkat Ölçeği ve Sosyal Görünüş Kaygısı Ölçeği kullanılmıştır. Ebeveynlik tutumlarının üç bileşeni vardır; duygusal sıcaklık, aşırı koruma ve reddetme. Sonuçlar, yeme tutumlarının algılanan ebeveynlik tutumlarının tüm bileşenleri, öz-şefkat ve sosyal görünüş kaygısı ile anlamlı bir ilişkisi olduğunu göstermiştir. Daha spesifik olarak, algılanan duygusal olarak sıcak ebeveynlik ile öz-şefkat arasında pozitif bir ilişki olduğu; sosyal görünüş kaygısı ve yeme tutumları ile negatif bir ilişki olduğu bulunmuştur. Ayrıca, hem algılanan reddedici hem de aşırı koruyucu ebeveynlik, öz-şefkatle pozitif olarak ilişkili; sosyal görünüş kaygısı ve yeme tutumu ile negatif ilişkili bulunmuştur. Araştırmada sosyal görünüş kaygısı puanlarının BKİ'ye göre nasıl

farklılaştığı araştırılmış; iki değişken arasında anlamlı bir fark olduğu tespit edilmiştir. Ayrıca algılanan ebeveyn tutum puanlarının eğitim düzeyine göre nasıl farklılaştığı araştırıldığında; algılanan ebeveyn tutumlarının tüm boyutlarının anne eğitim düzeyine göre farklılık gösterirken, baba eğitim düzeyine göre yalnızca duygusal sıcaklığın anlamlı düzeyde farklılaştığı bulunmuştur. Seri mediasyon sonuçları, öz-anlayış ve sosyal görünüş kaygısının, algılanan tüm ebeveynlik tutumları ile yeme tutumları arasındaki ilişkide önemli ölçüde aracılık ettiğini göstermiştir. Tüm modellerde öz-şefkat ve sosyal görünüş kaygısının kısmen aracı rollere sahip olduğu bulunmuştur. Bu çalışmanın bulguları literatür ışığında tartışılmıştır.

Anahtar kelimeler: Algılanan Ebeveyn Tutumları, Duygusal Sıcaklık, Aşırı Koruma, Reddetme, Öz-Şefkat, Sosyal Görünüş Kaygısı

Dedicated to my dear family…

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CHAPTER 1: INTRODUCTION

Although studies on the incidence of eating disorders in our country are at the initial stage, it is estimated that there is an increase in the incidence of these disorders due to rapidly changing socio-cultural factors, and it is observed that the interest in this area is gradually increasing. When the literature on eating disorders is reviewed, it is seen that many studies have been conducted on eating behavior and its consequences. Among these studies, it is observed that the concept of eating attitude is given special importance. In this respect, it is thought that it will be useful to consider functional and dysfunctional eating attitudes in the understanding and conceptualization of eating disorders, which are characterized by excessive impairment in eating attitudes (Erbaş, 2015).

In the following sections of this thesis, it is planned to briefly summarize the basic information about eating disorders and the concept of eating attitude. In later sections, it is aimed to explain the variables that form the basis for the thesis study in more detail. In this respect, first of all, the most common eating disorders, their etiologies and prevalence will be mentioned to explain eating disorders. Afterwards, the concept of eating attitude will be emphasized, and the related variables that are thought to be related to eating attitudes will be explained.

1.1. Eating Disorders

Eating disorders are an important group of psychiatric disorders that focus on the body and body weight, are manifested by various deteriorations in thoughts and eating behaviors with an excessive preoccupation with food, have a low response to treatment, have a high recurrence rate among those who recover, and can eventually lead to death (Agras, 2001; Fairburn, and Harrison, 2003). According to DSM-5, eating disorders are discussed in 8 subtitles. In this study, three basic eating disorders categories with different clinical manifestations will explain: Anorexia Nervosa (AN), Bulimia Nervosa (BN), and Binge Eating Disorder (BED).

Anorexia nervosa is one of the eating behavior disorders characterized by excessive weight loss, starvation, and intense fear-anxiety about body weight. These patients with a dangerous degree of malnutrition and nutritional restrictions are quite resistant to treatment, hospitalization is usually recommended (Bal, and Dikencik, 2013; Erol et al., 2002; Tunç, 2019). Such people perceive themselves as fat, although they are dangerously thin. In addition to these, avoidance behaviors are also involved. They

tend to deny the presence of symptoms and low weight, as well as dysfunctional thoughts about body perception. There are dysfunctional eating behaviors such as reducing food consumption, doing intense exercises, removing what they eat in inappropriate ways (vomiting, laxative, diuretic use) (APA, 2013). Moreover, it is observed in symptoms such as dryness of the skin, body temperature irregularities, hair loss, and intestinal irregularities (Oltmanns et al., 2018; Yurtsever, and Sütcü, 2017).

Bulimia nervosa is basically the patient's loss of control over the act of eating. The most important point in its diagnosis is the coexistence of compensatory behaviors and recurrent binge eating episodes. Inappropriate compensatory behaviors include vomiting, excessive exercise, laxative-diuretic use. Binge eating attacks, which are mostly triggered by a stress factor, involve a person eating quite high-calorie foods (2000-4000 calories) in a short time and hidden way, so that they feel uncomfortable. After experiencing short-term relief after bouts of binge eating, vomiting behavior is often observed along with a feeling of regret. In this way, the person either stops eating or continues to eat more. (Alexander-Mott, and Lumsden, 1994; Bal, and Dikencik, 2013; Erbay, and Seçkin,2016; Granillo et al., 2005; Morrison, 2017; Oltmanns et al., 2018; Öyekçin and Şahin, 2011; Sönmez, 2017; Tolosa-Sola et al., 2019). Bulimic patients have intense fear and anxiety about gaining weight and being fat. Although they are aware that their eating behavior is not healthy, they express that they cannot control themselves. Their inability to control this behavior leads to self-esteem problems, depression, and a sense of guilt. Unlike anorexia nervosa, patients can manage to maintain a normal weight. In addition, persistent vomiting due to swollen salivary glands, damaged tooth enamel, disturbances in the body's potassium balance, urinary tract infections, and severe physical complications such as kidney failure are observed in patients with bulimia nervosa (Oltmanns et al., 2018).

In binge eating disorder, there is a feeling of not being able to control eating and consuming much more than most people can eat under similar conditions. In this disorder, inappropriate compensatory behaviors are not exhibited after excessive food consumption. In binge eating disorder, people lose control of their eating behavior and consume more food in a short time than a normal person can consume at one time. Binge-eating episodes often begin in anxious moments. They tend to eat quite quickly and in excess without any real sense of hunger until they reach a feeling of discomfort. As a result of these attacks, a feeling of guilt arises after experiencing temporary relief. However, unlike bulimia nervosa, inappropriate compensatory behaviors such as

vomiting, excessive exercise, and the use of laxatives are not observed (Kendir, and Karabudak, 2019; Morrison, 2017; Yücel, 2009).

1.1.1. Prevalence of Eating Disorders

It has been stated that determining the prevalence of eating disorders is quite difficult due to various reasons. These reasons include the comorbidity of eating disorders with other mental disorders, the wide use of women in studies, patients' unwillingness to seek treatment, concealment of their symptoms, and the fact that eating disorder classifications and measurement tools are revised over time (Fairburn, and Harrison, 2003; Vardar, and Erzengin, 2011). Eating disorders, which can occur in different populations, such as by gender and age, are particularly common in young people. In addition, adolescent girls and young adult women represent the greatest risk groups. Although it is stated that being a woman poses a risk factor for eating disorders and eating attitudes, recent studies show that the likelihood of this disorder also increases in men, gender differences disappear (Kuğu et al., 2006; Oğur et al., 2016; Tunç, 2019).

It is known that the age of onset and prevalence rates differ according to the diagnostic group of the classification of eating disorders. For anorexia nervosa, the overall prevalence rate was determined as 1%; it was found that it was ten times more common in women than in men (Keel, and Klump, 2003; Morrison, 2017, Toker, and Hocaoglu, 2009; Vardar, and Erzengin, 2011). For bulimia nervosa, the prevalence was reported as 0.79% according to a study conducted in 2011 (Vardar, and Erzengin, 2011). In fact, although anorexia nervosa is known to be more common than bulimia nervosa, the overall prevalence rate is not fully known due to the fact that the disease is hidden. However, 2-3% of women and less than 1% of men receive this diagnosis at any time during their lives (Keel, and Klump, 2003; Morrison, 2017; Yücel, 2009). Studies show that bulimia nervosa emerges from anorexia nervosa patients exhibiting bulimic features and rituals (Sönmez, 2017). Binge-eating disorder is a disease that affects 2% of adults and about half of this rate among adolescents. The lifetime prevalence was reported as 1.4%. It occurs twice as frequently in women than men. (Çaka et al., 2018; Morrison, 2017; Yücel, 2009). It is known that the prevalence of eating disorders varies depending on many factors. In the study examining the prevalence studies of disorders between 2010 and 2018, anorexia nervosa typically begins with dietary restrictions in mid-adolescence, while bulimia nervosa typically begins in late adolescence or early adulthood and has a slightly later age of onset. It has been reported

that binge eating disorders has a very different course compared to other eating disorders and most patients are in the middle age group (Galmiche et al., 2019; Fairburn, 2008).

1.1.2 Etiology of Eating Disorders

The causes of eating disorders have not yet been determined with precise lines. Within the multifactorial structure that plays a role in the formation of eating disorders, there are many psychological, social, and biological factors such as family dynamics, biological predispositions, cognitive characteristics, personality traits, and socio-cultural factors. It is stated that eating disorders occurs with the effect of these factors and these factors play a role in the continuation of the disorder (Suldo, and Sandberg, 2000).

From biological perspective, there are many studies examining the role of genetic factors in the development of eating disorders. Biological risk factors for the development of eating disorders include genetic predispositions, neurotransmitter dysfunction, hormonal irregularity, metabolically determined weight differences, and problems with peripheral functioning in the gastrointestinal tract (Strober et al., 2000). The main reason genetic factors are often included in research is the tendency for eating disorders to occur frequently among family members (Wade, 2010). According to studies on genetic risk factors, the causes of eating disorders can be explained by them at a rate of 50-83%. It is also stated that psychological attitudes such as weight anxiety and fear of gaining weight associated with eating disorders are genetically transmitted (Polivy, and Herman, 2002).

When examined in terms of socio-cultural risk factors, the effect of exposure to body images that do not reflect reality through different sources cannot be ignored. It can be said that it strengthens the perception that thin body appearance is a necessity for beauty in the society and causes deterioration in eating attitudes and eating behaviors in order to change people's physical appearance (Erol, Toprak, and Yazıcı, 2002; Keel, and Klump, 2003; Gordon et al., 2010). Studies show that the influence of the media cannot be denied (Levine, Smolak, and Hayden, 1994). In addition, it is stated that one of the most important factors among the causal factors in the development of eating disorders is family, which has a role in genetic transmission and providing a social environment. In literature, it is seen that the family comes to the fore among the socio-cultural factors in the development of eating disorders. Psychological disorders of the parents themselves have an effect on the family and are considered a risk factor for

eating disorders. In addition, there are many studies stating that negative attitudes toward children such as being critical, over-permissive, overprotective, neglectful, rejective, deprived of emotion and punisher play a major role (Connell, and Goodman, 2002; Moore et al., 2004; Brady, 2008; Kinzl, 1994; Holtom-Viesel, and Allan, 2014; McEwen, and Flouri, 2009; Turner et al., 2005). A study conducted on this topic examined the maternal attitudes of participants with and without inappropriate eating behaviors. Results of the study showed that the attitudes of the mothers of the participants with inappropriate eating behaviors contained more intense and negative judgments and criticisms compared to the mothers of the other participants (Stice, Maxfield, and Wells, 2003). In another study (Perry et al., 2008), relationship patterns associated with an eating disorder and valid for both parents were found. The first pattern involves lack of compassion and emotional support, neglect of the child, lack of psychological support, while the other pattern is about having too many protective attitudes, not allowing autonomy to develop in the child, limiting and controlling the child's behavior. Both patterns were found to be associated with impaired eating.

From the perspective of individual factors, studies on eating disorders show that people diagnosed with eating disorders are highly prone to self-criticism (Speranza et al., 2003) and feelings of shame (Swan, and Andrews, 2003). Self-criticism is accepted as a strong indicator of eating disorder symptoms (Fennig et al., 2018). Along with all these factors, it is very important to understand not only the causes of eating disorder, but also the factors that prevent the occurrence of eating disorder. Self-compassion refers to a more sensitive and uncritical approach to oneself. Therefore, self-compassion has been shown to be one of the protective factors that may play a role in the emergence and/or development of body dissatisfaction, negative eating attitudes, and the development of eating disorders (Braun et al., 2016).

In all these points, in the understanding and conceptualization of eating disorders, which are characterized by excessive impairment in eating attitudes, it will be useful to consider eating attitudes by examining in three frameworks: perceived parenting attitudes, self-compassion and social appearance anxiety.

1.1.3. Eating Attitudes

Eating behavior is motivated by hunger and appetite. Hunger, which is a physiological need, is innate and unlearned. Appetite, on the other hand, is a desire and attitude towards certain foods; developed depending on learning and conditioning. Under normal conditions, hunger and appetite function together. Although it is known that

eating behavior is motivated by hunger and appetite, it is seen that these are not the only determinants of eating behavior. It is observed that many complex psychological and physiological factors affect the eating behavior (Erbaş, 2015).

Attitude is considered as the predisposition that is attributed to the individual and forms the basis of the behavior as a result of the inference made on the concrete behaviors that cannot be observed directly but can be observed by the individual (Kağıtçıbaşı, 2010). It is stated that social development processes, cognitive, emotional and behavioral factors, especially including the early childhood period, take place on the basis of it (Beekley et al., 2009; Shafran, and Robinson, 2004; Yurtsever, and Sütcü, 2017). When the concept of attitude is analyzed in relation to eating, it is shown that eating attitude is defined as the predisposition that reveals the individual's thoughts, feelings, and behaviors regarding food and eating (Santos et al., 2008). In other words, eating attitudes are defined as evaluations of feelings, thoughts, and behaviors related to the object of eating.

The concept of "impaired eating attitude" is often used to describe the process leading to disorder in eating behaviors (Attie, and Brooks-Gunn, 1989; Cordero, and Israel 2009; Owens, Hughes, and Owens-Nicholson, 2002). Impaired eating attitudes are possible precursors for the diagnosis of eating disorders, which increase rapidly in terms of their clinical manifestations and can lead to dramatic results when the appropriate treatment protocol is not applied because the predictive factors cannot be clarified. With the increase in the diagnosis of eating disorders in recent years, eating attitudes have begun to be investigated frequently in non-clinical samples. When the deviations on eating attitude take on a continuous pattern over time, it paves the way for the development of eating disorders with severe deterioration in eating behavior (Cordero, and Israel, 2009; Shaw, and Cassidy, 2020). The determination of eating attitude and its predictors plays an important role in examining the risk of the onset and development of an eating disorder (Albertson et al., 2014; Shaw, and Cassidy, 2020).

1.2. Perceived Parenting Attitudes

Early childhood constitutes a critical time period in the development of individuals. In this period, it can be said that one of the most important factors affecting the development of children is the environment, and the family creates the child's environment in this period (Aydoğdu, and Dilekmen, 2016). As can be seen, the concept of parenting is often used in studies to understand the behavior of individuals

and to determine the causality of the behavior exhibited. The nature of the relationship that parents have with their children and their attitudes toward their children is a concept that theoretical approaches frequently address, both in terms of the psychological development of individuals and in explaining psychopathological disorders in adulthood (Gomez-Beneyto et al., 1993; Ainsworth, and Bowlby, 1991; Maynard, and Harding, 2010). Almost all theorists who have attempted to explain personality development have tried to explain this situation from different perspectives, although they attach great importance to early childhood period and the relationship between mother, father and child. It turns out that mental health is affected accordingly, depending on how the attitude of parents is perceived in early childhood. Parental attitudes are defined as the behaviors directed toward the child (Darling, and Steinberg, 1993). In other words, they are relatively stable set of behaviors that parents display when interacting with their children. Family environment and parental attitudes during childhood are the focus of attention for many researchers, as their impact on personality traits, self, and psychological well-being of individuals cannot be ignored (Dirik et al., 2015). It is seen that the type of relationship that parents have with their children in childhood is often the subject of research because it is seen as a possible risk factor for psychopathological disorders in adulthood as a result of both its possible impact on psychological development and the unhealthy relationship. More than one factor is effective in the formation of the parent's attitude. Sümer and Güngör stated that families with low income and low education level have high levels of strict supervision and control, and low rates of interest and acceptance (Sümer, and Güngör, 1999). Higher parental educational attainment is associated with greater parental investment in the child's education, which in turn is associated with better adolescent emotional functioning and mental health (Desforges, and Abouchaar, 2003). Perceived parental attitudes, defined as the perceptions of children or adults to their parents as their perceptions of their upbringing (Arrindell et al., 1999). According to studies, there are two important dimensions of parenting attitude associated with a child's psychological development: parental warmth and parental control. Warmth consists of emotional warmth and rejection (Grolnick, and Gurland, 2002).

1.2.1. Emotional Warmth

Parental warmth is also known as emotional warmth is defined as a child's feeling or perception of affection from a caregiver or parent. According to Rohner (2005), acceptance of the child by the primary caregiver or parent is associated with emotional

warmth and has a lifelong effect on the individual. Parental emotional warmth has been recognized as an important factor in the psychosocial development of children. The warmth dimension refers to the quality of the love relationship between parents and their children. Emotional warmth consists of perceived warmth, love, care, comfort, nourishment, and support from parents or other caregivers. It has been associated with the quality of the love bond between parents and their children, and the physical and verbal behaviors parents use to express these feelings (Rohner, Khaleque, and Cournoyer, 2005). The term emotionally warm parenting encompasses all caring behaviors of parents toward their child, including expressions of positive regard, acceptance of the child, willingness to be supportive, emotionally present caregivers, and responsiveness of the family toward the child.

1.2.2. Rejection

Parental rejection refers to the opposite of warmth and caring, cold behaviors, hostility and aggressiveness, indifference and neglect, and the belief that their parents don't really care or love them (Rohner, Khaleque, and Cournoyer, 2012). It corresponds to the critical and judgmental attitudes of parents towards children (Dirik, Yorulmaz and Karancı, 2015). In addition to being critical and judgmental, parents who exhibit this attitude refuse to meet the physical and emotional needs of their children. The rejection or perceived rejection experienced in childhood has a very negative impact in later stages of development. Depending on the experience of rejection, psychopathological symptoms may emerge in adulthood (Bagwell et al., 1998).

1.2.3. Overprotection

Overprotection is a high degree of concern for the welfare of others and such an attitude in the family can lead to a lack of autonomy for individual family members. They do not encourage independent behavior and autonomy in their child (Holmbeck et al., 2002). They tend to spend a lot of time with their children and act like a baby for a while, with excessive contact. Overprotection is also defined as parents or primary caregivers who are overly concerned, protective, controlling, and intrusive and do not allow their children's personal freedom (Holmbeck et al., 2002). It is characterized by excessive concern for the child's life, excessive fear for the child's safety. Therefore, overprotective parents apply prohibitions and set strict limits (Lindhout et al., 2006). Parents who find it difficult to part with their children are described as overprotective.

1.2.4. Parenting Attitudes and Eating Attitudes

It is stated that many elements related to eating, such as children's eating practices, physical activities, body satisfaction, perceptions of their bodies, are shaped by the attitudes and behaviors of parents towards their children and the relationships of parents with their children. When the literature is evaluated, it becomes clear that there are many studies supporting that parenting styles, parental attitudes, and unhealthy relationships between family members are a critical socio-cultural component that plays a role in the development of eating disorders and thus in the prevention of eating disorders development (Golan, and Crow, 2004; Holtom-Viesel, and Allan, 2014; Kinzl et al., 1994). As a result of a study conducted on a sample of individuals with anorexia nervosa and bulimia nervosa related to this issue, they found that participants with anorexia nervosa describe their family environment as interlocking, overprotective, and oppressive, while participants with bulimia nervosa describe their families as busy, chaotic, confrontational, lacking meaningful communication, and lower in perceived care and warmth (Strober, and Humphrey, 1987). In another study conducted on a sample of individuals with eating disorders, it was found that participants with eating disorders described their family's functionality as lower than control participants (Holtom-Viesel, and Allan, 2014). It is known that parents' attitudes towards controlling their children's emotions, thoughts and actions are one of the parenting styles that are seen among the causal factors in the development of eating disorders (Soenens et al., 2008). In another study conducted on this subject, it was determined that the parents of individuals with eating disorders were discouraging, rigid, and self-suppressing (Latzer et al., 2009). In studies conducted to examine the causal factors for eating disorders development, it is seen that parents' high standards and non-approving (rejecting) attitudes are included. In a study conducted with individuals with eating disorders and examining the relationship between the standards set by the parents and the eating disorders, it was stated that the standards set by the parents of the individuals with eating disorders were higher than the parents of the individuals in the control group (Gunnard et al., 2012). In another study, it was found that individuals with eating disorders have a high perception of their parents' concerns about success and physical appearance and their associated rejection attitudes, and this was a strong predictor of impaired eating attitude (Laiberté et al., 1999).

When the studies on this subject in Turkey were examined, few studies were found. In a study conducted with a sample of adolescents in Turkey, it was found that

participants with impaired eating attitudes described their parents as overprotective and indifferent, and there was a direct proportional relationship between the impaired eating attitude and perceived level of parental protection (Aytın, 2014). In another study, it was found that participants with high levels of negative perceptions about parental attitudes showed high levels of eating disorders symptoms (Yaykıran, and Altınel, 2018). In connection with this, another study showed that perceived negative parenting towards the mother had a direct effect on the eating attitude (Yurtsever, and Sütçü, 2017).

Research findings in this section appear to support that parenting may be among the causal factors in the development of eating disorders and may be an important risk factor for the development of eating disorders. Considering the concept of "impaired eating attitude" which means the process leading to disorder in eating behaviors, it will be important to study its relationship with parental attitude.

1.3. Self-Compassion

Compassion can be defined as the sadness about the bad situation a human being or another living being is in and the desire to relieve this pain. This includes showing unbiased understanding to those who fail or make mistakes, so that their actions and behavior are seen in the context of common human fallibility. Accordingly, self-compassionate people show understanding of their own pain, inadequacies, and failures with a nonjudgmental attitude, approaching themselves with a gentle attitude and unconditional acceptance (Bayramoğlu, 2011), and in this way they can value their experiences as a natural part of a more general human life (Neff, 2003a). In other words, self-compassion is described as individuals behaving sensitively instead of criticizing themselves against the harm that their negative experiences may cause. Neff (2003b) has proposed three main components of self-compassion: self-kindness, a sense of common humanity, and mindfulness. Self-kindness means that the ability to deal with oneself with care and understanding rather than judging oneself harshly. A sense of common humanity means that the recognition that imperfection is a common aspect of the human experience, rather than feeling isolated by one's faults. Mindfulness means that viewing one's present experience from a balanced perspective rather than exaggerating the dramatic story of one's suffering. These components combine and interact to create a mindset of self-compassion.

1.3.1. Self Compassion, Perceived Parenting Attitudes and Eating Attitudes

Early childhood is very important because it is a period when many experiences about life are made for the first time. During this time, the child expects attention, care and compassion from those around him. The experiences of care and compassion during this period are important for the feeling of compassion he will have for himself later in life. The first people they seek out during this time are their parents. Thus, one of the main sources of individual differences in the development of self-compassion seems to be the parents. Similarly, Stolorow, Brandchaft, and Atwood (1987) argued that the ability to recognize and pay attention to internal emotional states is related to the empathy children receive early on from their caregivers. This suggests that individuals who experienced warm, supportive relationships with their parents as children and who perceived their parents as understanding and compassionate should tend to be more self-compassionate as adults. Conversely, people with cold or highly critical parents (or worse, who were psychologically, sexually, or physically abused as children) should be expected to tend to be less self-compassionate (Brown, 1998). Gilbert and Procter (2006) stated that when individuals' needs for compassion, attention, and care are constantly blocked or unmet by others, those individuals' abilities to recognize their own needs for care and compassion are at a low level. On the contrary, higher self-compassion found associated with self-reported recollections of support of mother and positive functioning of the family (Neff, and McGeehe, 2010). In another study, higher self-criticism was observed individuals who experienced their parents as rejecting and overprotective, lower self-criticism was observed individuals who experienced parental warmth (Irons et al., 2006). In short, preliminary evidence suggests that some aspects of parenting received in childhood are associated with self-compassion in adolescents and young adults (Neff, and McGeehee, 2010) and with self-criticism in adults (Irons et al., 2006).

On the other hand, one of the most consistent findings in the research literature is that greater self-compassion is linked to less psychopathology (Barnard, and Curry, 2011). In terms of self-compassion and eating disorders, studies on the relationship between them have shown that self-compassion, which is attributed with protective qualities, has a strong relationship with psychological well-being and contributes positively to the development and maintenance of eating-related psychopathologies (Webb, and Forman, 2013; Kelly et al., 2014) and negatively associated with symptoms of eating disorders (Ferreira, Pinto-Gouveia, and Duarte 2013; Kelly et al., 2013; Kelly, Carter,

and Boairi, 2014). For this reason, it was thought that self-compassion could be considered as a protective factor in eating disorders and studies were conducted in this direction (Braun et al., 2016; Breines et al., 2013; Tylka et al., 2015). Tylka et al. (2015) found that self-compassion was negatively associated with risk factors for eating disorders, negative eating attitudes and behaviors. Researchers defined these risk factors as the way of perceiving the pressures associated with being thin and internalizing them as a personal standard and emphasized the protective effect of self-compassion (Tylka et al., 2015). In a study based on 28 studies conducted in line with this finding, it was emphasized that self-compassion can be effective in directly reducing the results associated with negative body image, eating disorders and preventing the formation of risk factors, and therefore has a protective effect (Braun et al., 2016). In addition to these, it is stated that people with a high level of self-compassion will have a lower risk of developing an impaired eating attitude because they will not make harsh criticisms and judgments about their physical appearance and will not exhibit behaviors that will harm them too much (Korkmaz, 2018).

1.4. Social Appearance Anxiety

Since humans are social beings by nature, they have a need to interact with others, both to survive and to achieve a high quality of life. This interaction also results in some level of anxiety, especially when performing, making a request, and/or when all attention is focused on the person. From the point of view of survival, this anxiety can be evaluated as necessary and useful. The important question here is at what levels this anxiety experienced in social situations is considered adaptive and acceptable, and in what situations it is considered a psychological disorder. In the DSM-5, social anxiety disorder is defined as fear and anxiety that occurs in social situations, such as performing in front of unfamiliar people, and is felt because of their belief that they will engage in behavior that will cause them to feel humiliated and ashamed. For this reason, people avoid such social situations or endure the situation by feeling fear or anxiety out of proportion to the situation they are in (APA, 2013). The basis of this anxiety is the idea of making a positive impact on others (Dilbaz, 1997). According to Rapee and Heimberg (1997), fear of negative evaluation is one of the basic cognitive components of social anxiety. Individuals with social anxiety disorder believe that others tend to be highly critical. They also feel that others expect them to meet very high standards in social situations. They assume that they will be negatively evaluated by others because they do not consider themselves sufficient to meet these expectations

(Haikal, and Hong, 2010).

Social appearance anxiety is considered a subcomponent of social anxiety (Dilbaz, 1997; Hart et al., 1989) and is defined as the state of anxiety and tension that people experience when their external appearance is evaluated by others (Doğan, 2009; Hart et al., 1989). Apart from factors such as height, weight, and muscle structure, which can be considered general body appearance, social appearance anxiety is a very comprehensive concept that includes details such as facial features, skin color, and hands (Hart et al., 2008). As in social anxiety, social appearance anxiety is based on the fear of being negatively evaluated by others, but the focus here is on people's beliefs that their appearance will be negatively evaluated by others. Ahadzadeh et al. (2018) stated that overweight people tend to have negative feelings about their bodies and are more likely than those of normal weight to report fear of being judged negatively in social situations. Moreover, in women diagnosed with an eating disorder, the fear of social situations in which individuals perceive themselves vulnerable to negative evaluation by others, was positively related to BMI, pursuit of thinness, and body dissatisfaction (Claes et al., 2012).

1.4.1. Social Appearance Anxiety, Perceived Parenting Attitudes, Self-Compassion, and Eating Attitudes

There are many studies show that eating disorders are associated with high social appearance anxiety (Godart et al., 2000; Godart et al., 2002; Godart et al., 2003; Hart et al., 2008). Social appearance anxiety emerges as an important factor in understanding eating disorders such as bulimia nervosa, anorexia nervosa, and body dysmorphic disorder (Claes et al., 2012; Hart et al., 2008). A study has shown that the scores of people diagnosed with bulimia nervosa on the social appearance anxiety scale are significantly higher compared to the control group who has not been diagnosed with any eating disorder (Koskina et al., 2011). In another study, Rodgers and Chabrol (2009) examined the contribution of parental attitudes to socio-cultural pressures for negative body image and irregular eating habits. Research findings revealed that parents influence children's body anxiety and eating behaviors through verbal messages and active encouragement. Consequently, both mothers and fathers are important sources of influence for their children. Considering the relationship between social appearance anxiety and self-compassion, it is possible to say that there is a negative significant relationship between the two (Magnus et al., 2010). There are also studies evaluating self-compassion as a predictor of social appearance anxiety

(Ferguson et al., 2014; Magnus et al., 2010; Mosewich et al., 2011). In the light of these findings and based on the definition of self-compassion, Koç and Ermiş (2016) emphasized the importance of approaching oneself with more compassionate attitude rather than a judgmental attitude when faced with difficulties in life. They also argue that accepting difficulties as part of life and maintaining this attitude in a balanced way will help people overcome their negative evaluation of their bodies.

Research findings presented above in this section appear to support that social appearance anxiety may have a mediating role between parental attitudes and eating attitudes along with self-compassion.

1.5. Aim of the Present Study

In the light of these information summarized above, the family, which is the child's first and natural environment, has a very decisive influence on the child's life. Negative parental perceptions and experiences are often cited as a reason for the development of negative eating attitudes and thus eating disorders (Tetley et al., 2014). On the other hand, the relationship between self-compassion and social appearance anxiety, which is seen as the initiator, maintainer and/or preventive of eating disorders, with early childhood experiences is often emphasized. It is seen that the relationships between eating attitudes, self-compassion, social appearance anxiety and perceived parenting attitudes are used separately as subject of research. However, no study was found in which the mediator effect of both social appearance anxiety and self-compassion on eating attitude was evaluated together. In this study, it is aimed to examine the relationship between attitudes of perceived parenting and attitudes of eating, self-compassion and social appearance anxiety. More specifically, the study aims to examine the mediating role of self-compassion and social appearance anxiety, which are thought to develop as a result of relationships with parents in the early period, in the relationship between perceived parenting attitudes and eating attitudes. Parents' rearing behavior measured as perceived parenting attitudes of participants which included emotional warmth, overprotection, and rejection dimensions. In this respect, it is thought that considering the main variables affecting the eating attitude together in this study will contribute to both subsequent scientific studies and related intervention studies.

1.5.1. Main Hypotheses

1.5.1.1. Serial Mediation Hypotheses with Perceived Parenting Attitudes and Eating Attitudes

1. Significant indirect effect is expected between perceived rejection parenting and eating attitude through the serial mediations of self-compassion and social appearance anxiety.
2. Significant indirect effect is expected between perceived emotional warmth parenting and eating attitude through the serial mediations of self-compassion and social appearance anxiety.
3. Significant indirect effect is expected between perceived overprotective parenting and eating attitude through the serial mediations of self-compassion and social appearance anxiety.

1.5.2. Secondary Hypotheses

1.5.2.1. Comparison Hypotheses by Demographic Variables

1. Significant difference is expected on parental attitude by educational level of mother and father.
2. Significant difference is expected on social appearance anxiety by body mass index (BMI).

1.5.2.2. Correlation Hypotheses Between Variables

1. Significant negative relationship is expected between perceived rejected parenting and self-compassion whereas significant positive relationship is expected between perceived rejected parenting and social appearance anxiety and eating attitudes.
2. Significant positive relationship is expected between perceived emotional warmth parenting and self-compassion whereas significant negative relationship expected between emotional warmth parenting and social appearance anxiety and eating attitudes.
3. Significant negative relationship is expected between overprotective parenting and self-compassion whereas significant positive relationship is expected between overprotective parenting and social appearance anxiety and eating attitudes.
4. Significant negative relationship is expected between social appearance anxiety and self-compassion.

5. Significant negative relationship is expected between self-compassion and eating attitudes whereas significant positive relationship is expected between social appearance anxiety and eating attitudes.

CHAPTER 2: METHOD

2.1. Participants

Total of 252 participants, between the ages 18 and 35, were included of the study. However, 27 of them were excluded because some of them had ongoing psychological treatment (OCD, major depressive disorder, anxiety disorder etc.), chronic disease (cancer, thyroid, chronic lymphocytic thyroiditis, PCOS etc.) and older age. The data consists of 170 female (75.5 %) and 55 male (24.4 %) participants. The ages of the participants are ranged from 18 to 35 (M = 26.5, SD = 4.54).

2.2 Materials

In this present study, the following instruments used to collect data from participants; Informed Consent Form (See Appendix B), Demographical Information Form (See Appendix C), Perceived Parenting Attitudes in Childhood (See Appendix D) , Eating Attitude Scale (See Appendix E), Self Compassion Scale (See Appendix F), and Social Appearance Anxiety Scale (See Appendix G).

2.2.1. Demographical Information Form

The questions here are intended to obtain general information about the participant. This form was created by the researcher of the present study and includes questions about gender, age, height, weight, maternal status, paternal status, education level of parents, if there are any psychiatric diagnosis participants have or not, if there are any chronic diagnosis participants have or not, satisfaction about weight and perception about weight.

2.2.2. Perceived Parenting Attitudes in Childhood, S-EMBU-C (Egna Minnen Barndoms Uppfostran for Children; My memories of upbringing)

The Perceived Parenting Attitudes Scale was developed by Perris et al. (1980) and is one of the most widely used scales aimed at assessing perceived parental attitudes during childhood. It is a self-report instrument in which adult participants are asked to report their perceptions of the attitudes of their parents during their childhood on the dimensions of emotional warmth, overprotection and rejection, separately for each parent (Dirik et al., 2015). The EMBU Child Form initially consisted of 81 items. However, because of its time-consuming nature, some of the items were revised and shortened to 64 items (Arrindell et al., 1983). After further revision, first to 27 items (Winefield et al., 1994) and then 23 items (Arrindell et al. 1999), the new form was referred to as Short-EMBU-C (S-EMBU-C) (Dirik et al., 2015). The short form of

EMBU-C was translated into Turkish and adapted. Some results on its psychometric properties were reported in a pilot study and later elaborated in more detail based on a different and more comprehensive study sample. The studies conducted with the scale yielded the same three factors as in the original scale for both mothers and fathers (Dirik et al., 2004, Dirik et al., 2015). The scale consists of 23 questions and includes three subscales on rejection, emotional warmth, and overprotection, like the original version of the short EMBU-C. 7 of the 23 questions measure rejection (item 1, item 4, item 7, item 13, item 15, item 16, and item 21); 7 questions measure emotional warmth (item 2, item 6, item 9, item 12, item 19, and item 23); and 9 questions measure overprotection (item 3, item 5, item 8, item 10, item11, item 17, item 18, item 20, and item 22). Items were scored on a 4-point Likert-type scale (1= Never; 2 = Sometimes; 3 = Often; 4 = Most of the time). Only item 17 is included in the assessment by reverse coding it as in the original study. The rejection factor includes the abusive, hostile, and humiliating behavior of parents. The emotional warmth factor, on the other hand, includes parental behaviors such as caring, love, respect, and positive attention. Finally, the third factor, overprotection, refers to an excessive amount of attention, interference, and rigid rules, as well as the expectation of high conformity and performance. In the original studies of Perceived Parenting Attitudes in Childhood the three subscales (rejection, emotional warmth, overprotection) show an adequate internal consistency with Cronbach's alphas ranging between samples. In the Turkish adaptation of the scale, the scores for maternal emotional warmth, overprotection, and rejection were 0.75, 0.72, and 0.64, respectively; paternal emotional warmth, overprotection, and rejection were 0.79, 0.73, and 0.71, respectively. In the study, the averages of the total attitude scores taken from the parents for each attitude were used.

2.2.3. Eating Attitude Test (EAT-40)

The Eating Attitude Test is a 40-item self-report scale developed by Garner and Garfinkel (1979) to assess symptoms of anorexia nervosa. This scale, primarily used for individuals with eating disorders, can also be used in nonclinical samples to screen and assess attitudes and behaviors about eating and identify existing or potential eating disorders. The items were rated on a six-point Likert scale ranging from '1=Always, 2=Very Often, 3=Often, 4=Sometimes, 5=Rarely, 6=Never'. Items numbered 1, 18, 19, 23, 27, and 39 in the scale are reverse items for which reverse scoring is applied. The following method was followed while scoring the scale items; for the reversed items (1, 18, 19, 23, 27, 30), "never" was scored "3," "rarely" was scored "2,"

"sometimes" was scored "1," and the remaining responses were scored "0." ; for all items except the reversed items, "always" was scored "3", "very often" was scored "2", "often" was scored "1", and the remaining items were scored "0". An increase in the total scale score indicates impaired eating attitude and an increased risk for eating disorders. In the original form of the scale, the cut-off score required to determine the risk of eating disorders was determined as 30. In the reliability analysis of the original form of the scale by Garner and Grafinkel (1979), the internal consistency coefficient Cronbach alpha of the form was .79 for individuals with anorexia nervosa, whereas the internal consistency coefficient Cronbach alpha was .94 when individuals without anorexia nervosa were added to this group and evaluated together (Garner, and Garfinkel, 1979). Studies on Turkish adaptation, validity and reliability analysis of the Eating Attitude Test (YTT-40) in Turkey were first conducted by Savaşır and Erol (1989). As a result of the studies, an internal consistency coefficient of Cronbach alpha of .70 was obtained for the Turkish version of the Eating Attitude Test, while test-retest reliability was calculated by Pearson moment correlation coefficient and the total score correlation value of the scale was reported to be .65 (Savaşır, and Erol, 1989). Although there is no cut-off score in the Turkish version, high scores indicate impaired eating attitude.

2.2.4. Self-Compassion Scale

Self Compassion Scale (see Appendix F), developed by Neff (2003), assesses how often people adopt a self-compassionate perspective. This scale consists of a total of 26 items. As a result of the factor analysis conducted for the original form of the scale, 6 subdimensions were identified that form the structure of self-compassion: Self kindness, self judgment, common humanity, isolation, mindfulness and over-identification (Neff, 2003; Akın, Akın, and Abacı, 2007). Specifically, self-kindness (e.g., "I try to be patient and understanding with the aspects of my personality that I don't like") and self-judgement (e.g., "When I see aspects of myself that I don't like, I get down on myself") both have five items, common humanity (e.g., "I try to see my failures as part of the human nature"), isolation (e.g.., "When I fail at something that's important to me, I tend to feel alone in my failure"), mindfulness (e.g., "When something upsets me, I try to keep my emotions in balance"), and overidentification (e.g., "When something painful happens, I tend to blow the incident") each have four items. The items were rated on a five-point Likert scale ranging from "1 = almost never" to "5 = almost always". High scores obtained by the individual from each

subscale indicate the presence of the characteristics associated with the subscale in the individual. Scoring of the scale can be done separately for each dimension, and it is also possible to obtain a total self-compasion score from the scale (Akın, Akın, and Abacı, 2007). In order to calculate the total self-compassion score, first of all, the sub-dimensions of Self-Judgement, Overidentification and Isolation, which include negative items (3, 4, 5, 7, 10, 11, 15, 16, 19, 20, 24, 25, 26) are reverse coded because the scale represents negative sub-dimensions. After the reverse coding is done, the total self-compassion score is obtained by calculating the general average of all six sub-dimensions averages (Neff, 2003). In the same study, as a result of validity and reliability analyzes conducted for the original form of the scale, it was found that the internal consistency coefficient of the subdimensions ranged from .75 to .81 (Neff, 2003). As a result of the test-retest of the sub-dimensions of the scale, it was reported that the reliability coefficients of the sub-scales ranged between .80 and .88 (Neff, 2003). Finally, it was stated that the general internal consistency coefficient of the scale was .92, and the general test-retest reliability coefficient of the scale was .93 (Neff, 2003). Studies of Turkish adaptation and validity and reliability analyses of the Self-Compassion Scale in Turkey were conducted by Akın, Akın, and Abacı (2007) on a sample of university students. In the same study, as a result of the validity and reliability analyzes for the Turkish version of the scale, it was found that the internal consistency coefficient of the subdimensions ranged from .72 to .80 (Akın, Akın, and Abacı, 2007).

2.2.5. Social Appearance Anxiety Scale

The Social Appearance Anxiety Scale was developed by Hart et al. (2008) to measure individuals' social appearance anxiety. The purpose of the scale is to measure individuals' emotional, cognitive, and behavioral concerns about their appearance. The scale, which has a single-factor structure, consists of a total of 16 items, with the first item reverse-coded. The scale has a 5-point Likert type (1=Not at all appropriate, 5=Totally appropriate) and high scores indicate high appearance anxiety. The Turkish adaptation, validity and reliability study was conducted by Doğan (2010). The Cronbach alpha internal consistency coefficient for Social Appearance Anxiety scale was found to be .93, the test-retest reliability coefficient was .85, and the reliability coefficient calculated by the test split method was .88.

2.3. Procedure

The measures used in this study were first submitted to the Ethics Committee of Izmir University of Economics for approval. Once the approval of the Ethics Committee was obtained (see Appendix A), the questionnaire package was distributed to the participants through an online survey website and distributed via email and social media such as the mobile messaging application WhatsApp, Facebook, and Instagram. Before completing the questionnaire, participants were presented with a brief explanation of the study and an informed consent form. They were informed that they could leave the study whenever they wished, and that participation was voluntary. They read and accepted the informed consent to participate. The participants will be ensured confidentiality and will be asked to be honest when responding to the questions. To avoid possible effects caused by presenting the scales to participants in a specific order, 24 forms with different scale orders were created by using all possible combinations of 4 scales (4! = 24). In this way, the Perceived Parenting Scale, the Eating Attitude Test, the Self-Compassion Scale, and the Social Appearance Anxiety Scale were administered in a randomized order to each participant. No personal information was asked from the participants. Participant were informed that administration process will take nearly 15 minutes and consist of a Demographical Information Form and four different questionaries (Perceived Parenting Attitudes in Childhood, Eating Attitude Test, Social Anxiety Scale, and Self Compassion Scale). All scales were presented in Turkish.

2.4. Statistical Analyses

The data was analyzed using IBM SPSS Statistics. Before primary test analysis, data were checked for correct data entry, missing values, normal distribution and homogeneity assumption. Initially, there were 252 subjects with no missing value. Because 14 participants had a psychiatric diagnosis and 11 had a chronic illness, they were excluded due to possible influence on eating attitudes. As a prelude, because of the criteria for participants to be between 18 and 35 years old, 3 participants who did not meet this criterion were excluded. Therefore, the main analysis was performed with 225 participants. To verify normality and examine the distribution of the data, descriptive statistics were used to examine the skewness and kurtosis values of the data. The skewness and kurtosis values should be in the range of +1.5 and -1.5 and +2.0 and -2.0, respectively, to be considered normally distributed (Tabachnick, and Fidell, 2013; George, and Mallery, 2010). All values were within the required range.

For the statistical analysis of the study, the Statistical Package for Social Sciences (SPSS) program was used to perform the descriptive analysis, the correlation analysis, ANOVA, and the model 6 of PROCESS version 3.5 by Andrew F. Hayes (2013) to perform the serial mediation analysis.

CHAPTER 3: RESULTS

3.1. Descriptive Features of Samples

In total 225 participants took part of this study. The descriptive characteristics of the data composing from Turkey are presented based on the participants' responses to the demographic questions, with the age distribution of the participants ranging from 18 to 35 years (M = 26.5, SD = 4.54). Looking at the skewness and kurtosis values of the participants' age distribution, it was revealed that they are normally distributed. See Table 1 for the number of participants and percentages of other information collected through demographic questions.

Table 1. Demographic Characteristics of the Participants

Variables	Sample	
	Participants	
	N	*%*
Gender		
Female	170	75.5
Male	55	24.4
Maternal Status		
Birth Mother	222	98.7
Foster Mother	1	.4
Adoptive Mother	1	.4
Stepmother	1	.4
Paternity Status		
Birth Father	224	99.5
Foster Father	1	.4
Adoptive Father	0	0
Stepfather	0	0
Mothers Level of Education		
Not Literate	10	4.4
Literate	4	1.7
Elementary School	39	17.3
Middle School	22	9.7

Table 1. (continued) Demographic Characteristics of the Participants		
High School Degree	66	29.3
Associate Degree	11	4.8
Bachelor's degree	68	30.2
Master's degree	4	1.7
PhD	1	.4
Fathers Level of Education		
Not Literate	0	0
Literate	6	2.6
Elementary School	38	16.8
Middle School	28	12.4
High School Degree	51	22.6
Associate Degree	11	4.8
Bachelor's degree	76	33.7
Master's degree	10	4.4
PhD	5	2.2
Assessment of Weight		
Under Weight	3	1.3
Thin	19	8.4
Average Weight	103	45.7
Fat	78	34.6
Overweight	22	9.7
Satisfaction of Weight		
Not at all satisfied	31	13.7
Nearly satisfied	64	28.4
Satisfied	72	32
Totally satisfied	17	7.5

N number, *%* percentage

3.2. Reliability of the Scales and Subscales

This section reports the reliability results of the sample included in the data set of the present study. The Perceived Parenting Scale consists of 3 subscales, the Rejection subscale, the Emotional Warmth subscale, and the Overprotection subscale. In the

current study, the Rejection Scale for mother showed satisfactory internal consistency with Cronbach's alpha is .86, for father is .84. The other two subscales, the emotional warmth scale and the overprotection scale, also showed satisfactory internal consistency with Cronbach's alphas. The Cronbach's alphas for the Emotional Warmth scale were .85 for the mother and .83 for the father, and the Cronbach's alphas for the Overprotection scale were .82 for the mother and .82 for the father. In reliability analysis of Self-Compassion, it is found that the Cronbach's alpha is .95 and it showed satisfactory internal consistency. In reliability analysis of Social Appearance Anxiety Scale, it is found that Cronbach's alpha is .95 and it showed satisfactory internal consistency. Lastly, in reliability analysis of Eating Attitudes Scale, it is found that Cronbach's alpha is .85 and it showed satisfactory internal consistency.

3.3. Comparison of the Scales by Demographic Variables

This section reports the effects of the demographic information obtained from the participants on the values of the scales with the results of the analysis of the research hypotheses. For educational level 3 groups were formed as low, medium and high; For BMI, four groups were formed as underweighted, normal weight, overweight and obese.

3.3.1. Comparison of Perceived Parenting (Rejected Mother) by Education Level of Mother

A one-way independent ANOVA was conducted to determine the effects of maternal education level on rejected mother scores. See Table 2 for the means and standard deviations for each of the three groups. Levene's test was conducted to examine the equality of variances in the different groups. The result of the analysis showed that the variances for the three levels of education were equal in terms of rejected mother scores F (2, 222) = 1.90, $p > .05$. The assumption of homogeneity of variance was met for these data. There was a significant effect of maternal' educational level on rejected mother scores F (2, 222) = 5.13, $p < .05$, (See Figure 1.). Since equal variances were assumed for maternal educational level, Tukey test was used to examine differences in detail with post-hoc procedures. The follow up comparisons indicated that the mothers' low education level significantly differs in perceived parenting (rejected mother) from participants' maternal average (MD = .30, $p < .05$) and high (MD = .29, $p < .05$) education level. However, there is no significant difference between average education level of mother and high education level of mother (MD = .01, $p > .05$).

Table 2. Means and Standard Deviations of Perceived Parenting (Rejected Mother) Scores by Parents Education Level

Parents Education Level	N	Mean	SD
Low	53	1.74	.63
Medium	99	1.44	.57
High	73	1.45	.60

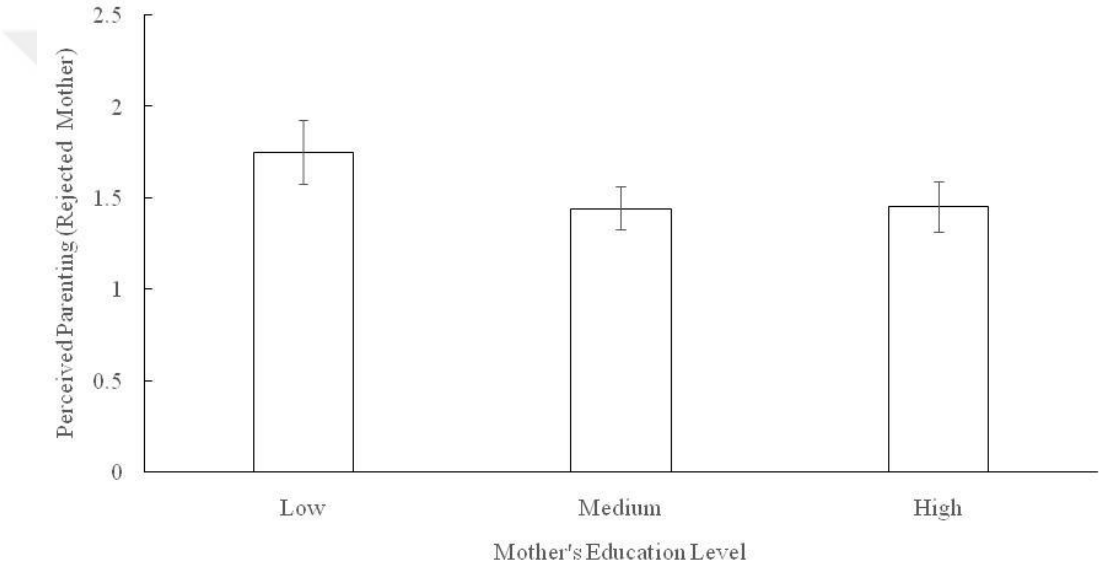

Figure 1. Mean (with 95%CI) Rejected Mother by Education Level of Participant's Parents.

3.3.2. Comparison of Perceived Parenting (Rejected Father) by Education Level of Father

A one-way independent ANOVA was conducted to determine the effects of paternal education level on rejected father scores. See Table 3 for the means and standard deviations for each of the three groups. Levene's test was conducted to examine the equality of variances in the different groups. The result of the analysis showed that the variances for the three levels of education were equal in terms of rejected father scores F (2, 222) = 2.20, $p > .05$. The assumption of homogeneity of variance was met for these data. There was not a significant effect of paternal educational level on rejected

father scores F (2, 222) = 2.35, $p > .05$, (See Figure 2.). Since equal variances were assumed for paternal educational level, Tukey test was used to examine differences in detail with post-hoc procedures. The follow up comparisons indicated that none of the groups were significantly differ from each other.

Table 3. Means and Standard Deviations of Perceived Parenting (Rejected Father) Scores by Parents Education Level

Parents Education Level	*N*	*Mean*	*SD*
Low	44	1.54	.52
Medium	90	1.58	.66
High	91	1.40	.51

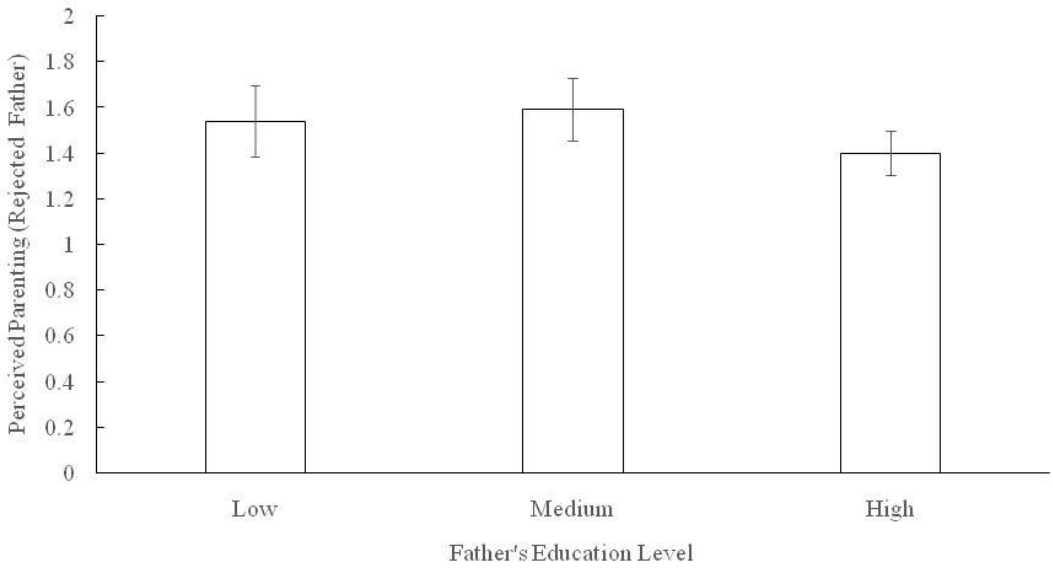

Figure 2. Mean (with 95%CI) Rejected Father by Education Level of Participant's Parents.

3.3.3. Comparison of Perceived Parenting (Emotional Warmth Mother) by Education Level of Mother

A one-way independent ANOVA was conducted to determine the effects of maternal education level on emotional warmth mother scores. See Table 4 for the means and

standard deviations for each of the three groups. Levene's test was conducted to examine the equality of variances in the different groups (See Table 4). The result of the analysis showed that the variances for the three levels of education were equal in terms of emotional warmth mother scores F (2, 222) = 2.49, $p > .05$. The assumption of homogeneity of variance was met for these data. There was a significant effect of maternal' educational level on emotional warmth mother scores F (2, 222) = 6.86, $p < .05$, (See Figure 3). Since equal variances were assumed for maternal educational level, Tukey test was used to examine differences in detail with post-hoc procedures. The follow up comparisons indicated that the mothers' low education level significantly differs in perceived parenting (emotional warmth mother) from participants' maternal average (MD = -.33, $p < .05$) and high (MD = -.46, $p < .05$) education level. However, there is no significant difference between average education level of mother and high education level of mother (MD = -.13, $p > .05$).

Table 4. Means and Standard Deviations of Perceived Parenting (Emotional Warmth Mother) Scores by Parents Education Level

Parents Education Level	*N*	*Mean*	*SD*
Low	53	2.61	.78
Medium	99	2.94	.69
High	73	3.07	.64

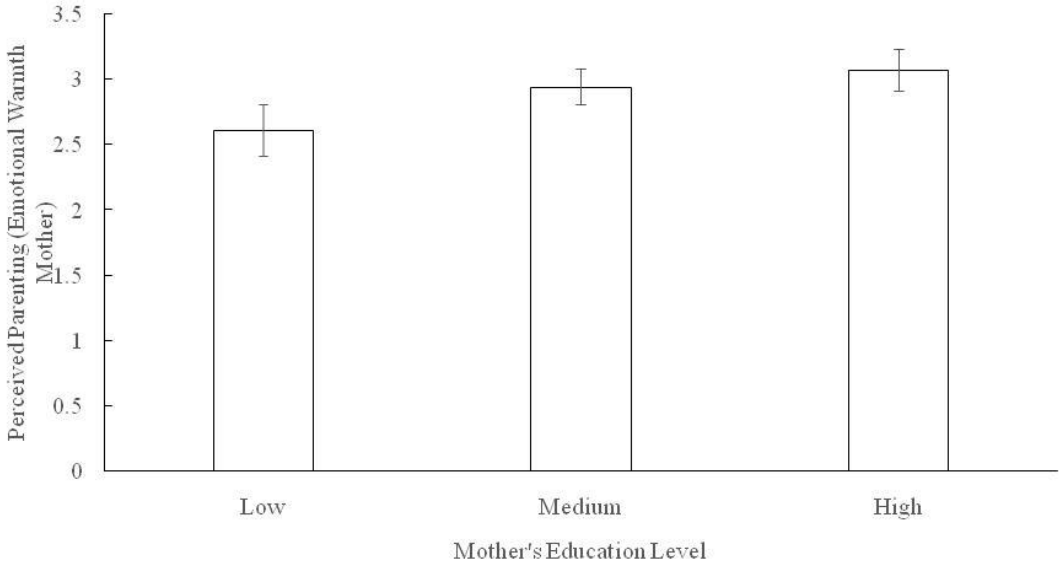

Figure 3. Mean (with 95%CI) Emotional Warmth Mother by Education Level of Participant's Parents.

3.3.4. Comparison of Perceived Parenting (Emotional Warmth Father) by Education Level of Father

A one-way independent ANOVA was conducted to determine the effects of paternal education level on emotional warmth father scores. See Table 5 for the means and standard deviations for each of the three groups. Levene's test was conducted to examine the equality of variances in the different groups. The result of the analysis showed that the variances for the three levels of education were equal in terms of emotional warmth father scores F (2, 222) = .59, p > .05. The assumption of homogeneity of variance was met for these data. There was a significant effect of paternal educational level on emotional warmth father scores F (2, 222) = 6.87, p < .05, (See Figure 4). Since equal variances were assumed for paternal educational level, Tukey test was used to examine differences in detail with post-hoc procedures. The follow up comparisons indicated that the fathers' low education level significantly differs in perceived parenting (emotional warmth father) from participants' paternal average (MD = -.41, p < .05) and high (MD = -.46, p < .05) education level. However, there is no significant difference between average education level of father and high education level of father (MD = -.05, p > .05).

Table 5. Means and Standard Deviations of Perceived Parenting (Emotional Warmth Father) Scores by Parents Education Level

Parents Education Level	*N*	*Mean*	*SD*
Low	44	2.32	.67
Medium	90	2.73	.77
High	91	2.78	.66

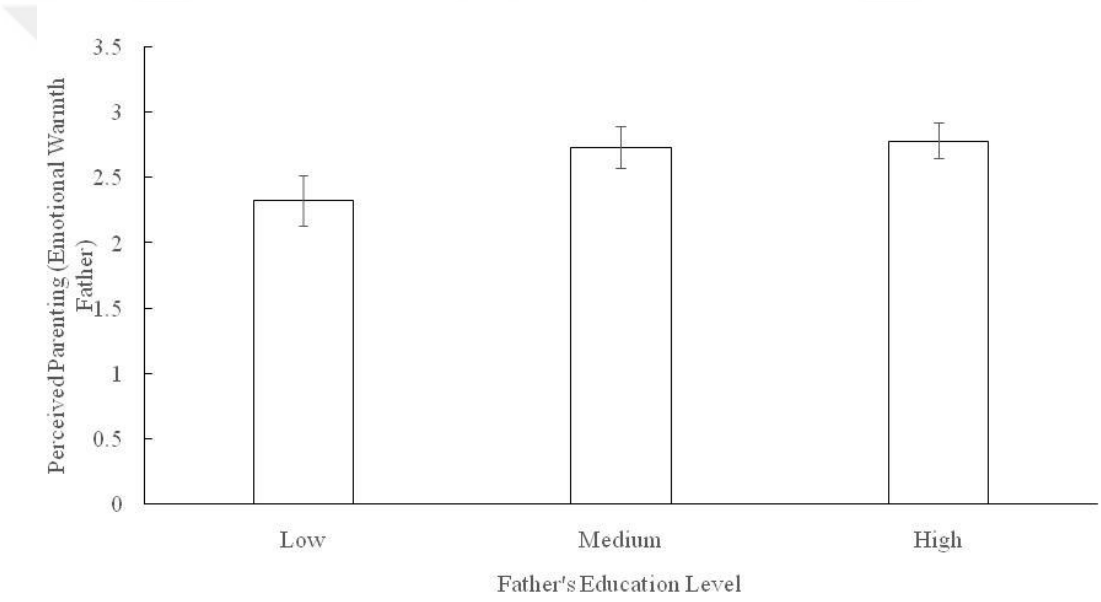

Figure 4. Mean (with 95%CI) Emotional Warmth Father by Education Level of Participant's Parents.

3.3.5. Comparison of Perceived Parenting (Overprotected Mother) by Education Level of Mother

A one-way independent ANOVA was conducted to determine the effects of maternal education level on overprotected mother scores. See Table 6 for the means and standard deviations for each of the three groups. Levene's test was conducted to examine the equality of variances in the different groups. The result of the analysis showed that the variances for the three levels of education were equal in terms of overprotected mother scores F (2, 222) = 2.32, p > .05. The assumption of

homogeneity of variance was met for these data. There was a significant effect of maternal' educational level on overprotected mother scores F (2, 222) = 4.60, $p < .05$, (See Figure 5). Since equal variances were assumed for maternal educational level, Tukey test was used to examine differences in detail with post-hoc procedures. The follow up comparisons indicated that the mother's low education level significantly differs in perceived parenting (overprotected mother) from participants' maternal average (MD = .31, $p < .05$) and high (MD = .28, $p < .05$) education level. However, there is no significant difference between average education level of mother and high education level of mother (MD = -.03, $p > .05$).

Table 6. Means and Standard Deviations of Perceived Parenting (Overprotected Mother) Scores by Parents Education Level

Parents Education Level	N	Mean	SD
Low	53	2.34	.64
Medium	99	2.03	.60
High	73	2.06	.65

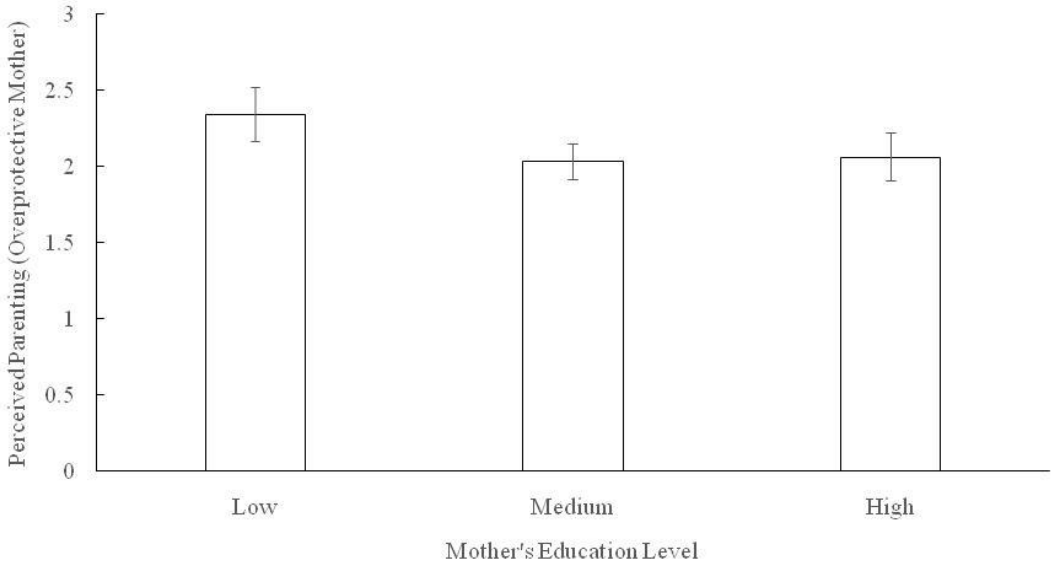

Figure 5. Mean (with 95%CI) Overprotected Mother by Education Level of Participant's Parents.

3.3.6. Comparison of Perceived Parenting (Overprotected Father) by Education Level of Father

A one-way independent ANOVA was conducted to determine the effects of paternal education level on overprotected father scores. See Table 7 for the means and standard deviations for each of the three groups. Levene's test was conducted to examine the equality of variances in the different groups. The result of the analysis showed that the variances for the three levels of education were equal in terms of overprotected father scores F (2, 222) = 1.46, $p > .05$. The assumption of homogeneity of variance was met for these data. There was not a significant effect of paternal educational level on overprotected father scores F (2, 222) = .45, $p > .05$, (See Figure 6). Since equal variances were assumed for paternal educational level, Tukey test was used to examine differences in detail with post-hoc procedures. The follow up comparisons indicated that there is no significant mean difference between all the groups.

Table 7. Means and Standard Deviations of Perceived Parenting (Overprotected Father) Scores by Parents Education Level

Parents Education Level	N	Mean	SD
Low	44	2.34	.64
Medium	90	2.03	.60
High	91	2.06	.65

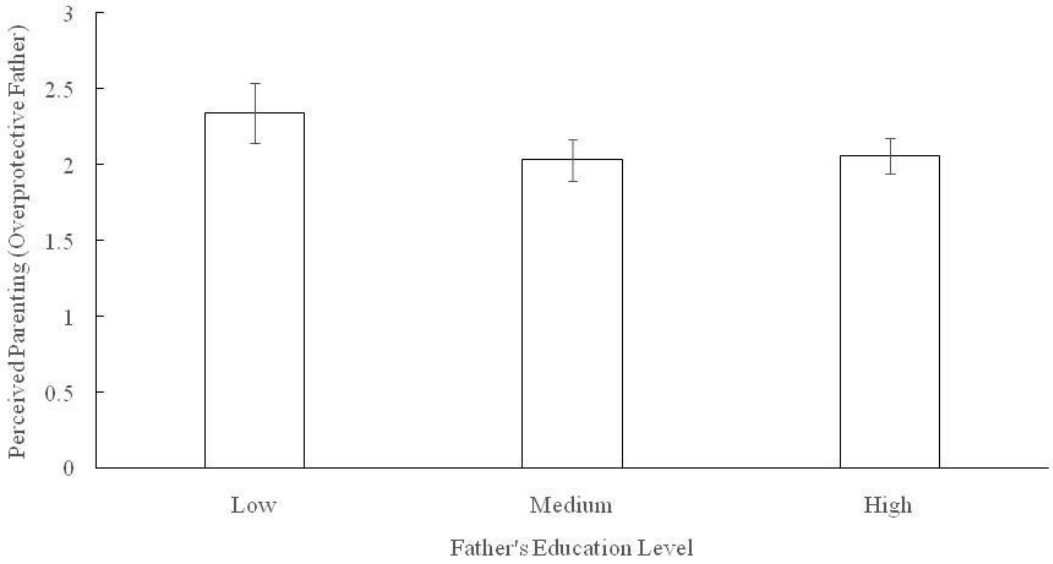

Figure 6. Mean (with 95%CI) Overprotected Father by Education Level of Participant's Parents

3.4. Comparison of Social Appearance Anxiety by Body Mass Index (BMI)

A one-way independent ANOVA was conducted to determine the effects of BMI level on social appearance anxiety scores. See Table 8 for the means and standard deviations for each of the four groups (under weighted, normal weight, over weighted, obese). Levene's test was conducted to examine the equality of variances in the different groups. The result of the analysis showed that the variances for the four levels of BMI were equal in terms of social appearances anxiety scores F (3, 221) = 1.19, p >.05. The assumption of homogeneity of variance was met for these data. There was a significant effect BMI level on social appearance anxiety scores F (3, 221) = 4.60, p <.05. Since equal variances were assumed for BMI level, Tukey test was used to examine differences in detail with post-hoc procedures. The follow up comparisons indicated that the normal weighted participants significantly differ in social appearance anxiety scores from over weighted participants (*MD* = -8.59, p < .05) and obese participants (*MD* = -10.15, p < .05). However, there is no significant difference between under weighted participants and all other three BMI categories, respectively normal weighted (*MD* = 2.00, p > .05), overweight (*MD* = -6.59, p > .05) and obese (*MD* = -8.15, p > .05).

Table 8. Means and Standard Deviations of Social Appearance Anxiety Scores by BMI

BMI	N	Mean	SD
Under Weighted	22	36.55	17.01
Normal Weight	139	34.55	15.40
Over Weighted	44	43.14	16.72
Obese	20	44.70	20.21

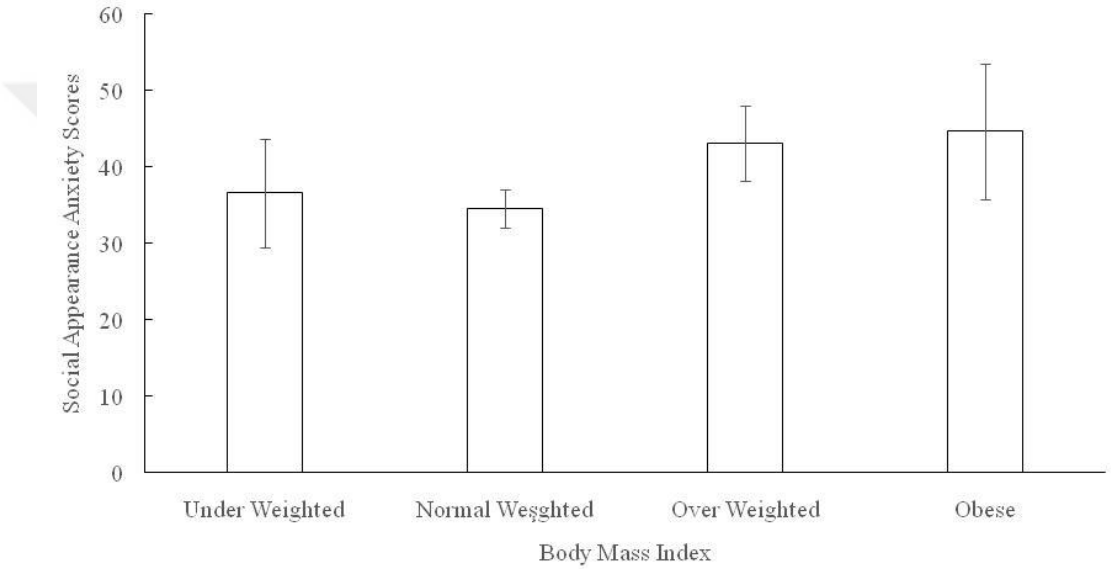

Figure 7. Mean (with 95%CI) of Social Appearance Anxiety Scores by Body Mass Index (BMI)

3.5. Correlation Analysis of Study Variables

Pearson correlation analysis between the variables used in the current study was examined with the inclusion of all samples. The Pearson correlation analysis between the Perceived Parenting Scale (Rejection, Emotional Warmth and Overprotection), Self-Compassion, Social Appearance and the Eating Attitudes Test shows that there are significant correlations between all scores of the Perceived Parenting Scale and the Eating Attitudes Score (See Table 9).

Pearson correlation indicated that average scores of perceived rejected parenting has a significant positive relationship with social appearance anxiety and eating attitude test scores of the participants. On the other hand, average scores of perceived rejected parenting has a significantly negative correlation with self compassion scores of the

participants.

Pearson correlation indicated that average scores of perceived emotional warmth parenting has a significant negative relationship with social appearance anxiety and eating attitude test scores of the participants. On the other hand, average scores of perceived emotional warmth parenting have a significantly positive correlation with self compassion scores of the participants.

Pearson correlation indicated that average scores of perceived overprotective parenting has a significant positive relationship with social appearance anxiety and eating attitude test scores of the participants. On the other hand, average scores of perceived overprotective parenting has a significantly negative correlation with self compassion scores of the participants.

Pearson correlation analysis between Self Compassion Scale scores and Social Appearance Anxiety Scale scores show that there is significant negative correlation.

Pearson correlation analysis showed that there is a significant negative relationship between the results of the self-compassion scale and the results of the eating attitude test, but there is a significant positive correlation between social appearance anxiety scale scores and the results of the eating attitude test.

Table 9. Correlation Analyses of Study Variables

Variables	1	2	3	4	5	6	7	8	9	10	11	12
Rejected Mother	1											
Rejected Father	.80**	1										
Emotional Warmth Mother	-.55**	-.41**	1									
Emotional Warmth Father	-.43**	-.50**	.71**	1								
Overprotective Mother	.56**	.46**	-.44**	-.38**	1							
Overprotective Father	.45**	.53**	-.39**	-.35**	.74**	1						
Average Rejected Parent	.95**	.95**	-.51**	-.49**	.54**	.52**	1					
Average Emotional Warmth Parent	-.53**	-.49**	.92**	.93**	-.44**	-.40**	-.55**	1				
Average Overprotective Parent	.54**	.54**	-.44**	-.39**	.93**	.93**	.58**	-.45**	1			
Eating Attitudes Test	.55**	.50**	-.46**	-.34**	.38**	.39**	.55**	-.43**	.41**	1		

Table 9. (continued) Correlation Analyses of Study Variables												
Self-Compassion	-.38**	-.35**	.45**	.30**	-.37**	-.32**	-.38**	.41**	-.37**	-.63**	1	
Social Appearance Anxiety	.39**	.30**	-.35**	-.29**	.35**	.26**	.36**	-.35**	.32**	.49**	-.51**	1

**p< .01, *p< .005; N = 225

3.6. Mediation Analysis

A serial mediation analysis was conducted to examine whether social appearance anxiety and self-compassion mediate the relationship between perceived parenting and eating attitudes. Perceived parenting consisted of three subscales: perceived rejected parenting, perceived overprotected parenting and perceived emotionally warm parenting. Perceived parenting was a predictor variable, eating attitudes were used as an outcome variable and self-compassion and social appearance anxiety were mediators in this analysis. Serial mediation analyses were conducted for the outcome variable using model 6 for PROCESS Macro. Firstly, for Model 1, perceived rejected parenting used as the predictor variable, while self-compassion and social appearance anxiety were using as mediators, and eating attitudes used as the outcome variable. Then, for Model 2, perceived emotionally warm parenting used as the predictor variable, and the mediators and outcome were the same as for model 1. Finally, for Model 3, perceived overprotective parenting used as the predictor variable, and mediators and outcome variables were the same as for model 1 and 2. The significance of the models was evaluated over 95% confidence interval.

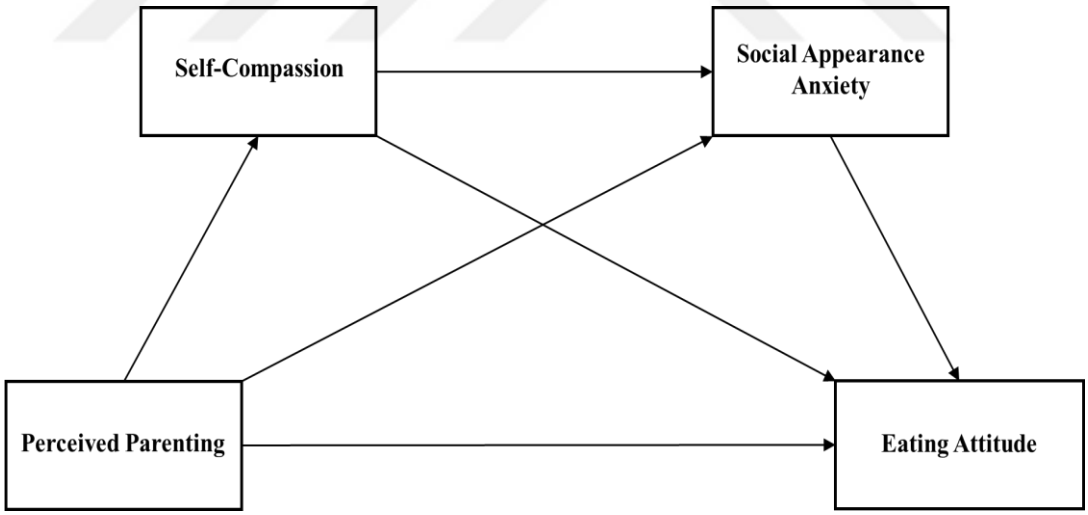

Figure 8. Data Analysis Plan of the Indirect Effect of Perceived Parenting on Eating Attitude through the Serial Mediations of Self-Compassion and Social Appearance Anxiety

3.6.1. Model 1: The Mediating Roles of Self-Compassion and Social Appearance Anxiety in Relation between Perceived Rejected Parenting and Eating Attitudes

A serial mediation analysis was conducted to examine the mediating role of self-compassion and social appearance anxiety in the relationship between perceived rejected parenting and eating attitudes.

According to results, perceived rejected parenting negatively predicted self-compassion, β = -.38, t(223) = -5.15, p < .05, %95 CI [-20.05, -8.96]. PRP, β = .19, t (222) = 2.90, p < .05, %95 CI [1.88, 9.86], positively predicted social appearance anxiety and self-compassion, β = -.44, t(223) = -6.85, p < .05, %95 CI [-.43, -.24], and negatively predicted social appearance anxiety. Furthermore, perceived rejected parenting, β = .33, t(221) = 5.29, p < .05, %95 CI [-4.71, 10.3] and social appearance anxiety, β = .15, t(221) = 2.86, p < .05, %95 CI [.04, .20] positively predicted eating attitudes. On the contrary, self-compassion, β = -.43, t(221) = -7.66, p < .05, %95 CI [-.32, -.19] negatively predicted eating attitudes. The model explained 53% of the variance in eating attitudes, R^2 = .53, F (3, 221) = 77.35, p < .001. Both total effect of perceived rejected parenting on eating attitudes, B = 12.43, SE = 1.87, t = 6.64, p < .05, %95 CI [8.75, 16.12] and direct effect of perceived rejected parenting on eating attitudes B = 7.51, SE = 1.42, β = .33, t = 5.29, p < .05, %95 CI [4.71, 10.31] were significant. Finally, both the indirect effect of perceived rejected parenting on eating attitudes through self-compassion β = .16, SE = .03, 95%CI [.11, .22] and the indirect effect of perceived rejected parenting on eating attitudes through social appearance anxiety β = .03, SE = .01, 95%CI [.01, .06] were significant. Indirect effect of perceived rejected parenting through the sequence of self-compassion and social appearance anxiety on eating attitudes was also found significant β = .03, SE = .01, 95%CI [.01, .05]. These results indicated that, self-compassion and social appearance anxiety sequentially have significant intervening roles in relation between perceived rejected parenting and eating attitudes.

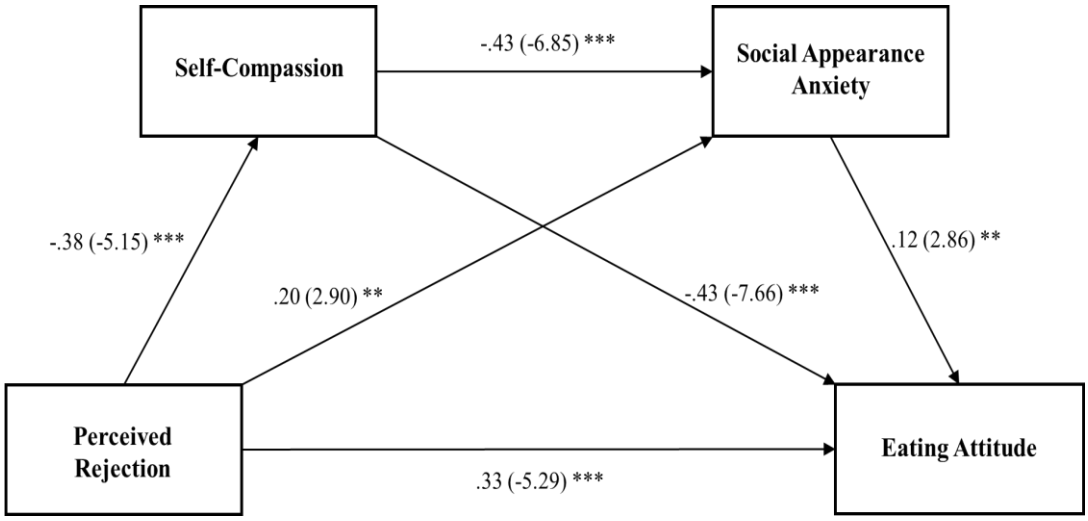

Figure 9. Indirect Effect of Perceived Rejection on Eating Attitude through the Serial Mediations of Self-Compassion and Social Appearance Anxiety.

Note: *** $p < .001$; ** $p < .01$; * $p < .05$. Standardized b coefficients are presented and values in parentheses are *t* values.

3.6.2. Model 2: The Mediating Roles of Self-Compassion and Social Appearance Anxiety in Relation between Perceived Emotional Warmth Parenting and Eating Attitudes

A serial mediation analysis was conducted to examine the mediating role of self-compassion and social appearance anxiety in the relationship between perceived emotionally warm parent and eating attitudes.

According to results, perceived emotionally warm parent positively predicted self-compassion, β = .41, $t(223)$ = 6.70, $p < .05$, %95 CI [9.28, 16.99]. Perceived emotionally warm parent, β = -.17, $t(222)$ = -2.42, $p < .05$, %95 CI [-7.51, -.76] negatively predicted social appearance anxiety and self-compassion, β = -.44, $t(223)$ = -6.85, $p < .05$, %95 CI [-.44, -.24] negatively predicted social appearance anxiety. Furthermore, perceived emotionally warm parent, β = -.17, $t(221)$ = -2.98, $p < .05$, 95% CI [-5.56, -1.14] and self-compassion, β = -.46, $t(221)$ = -7.33, $p < .05$, 95% CI [-.35, -.20] negatively predicted eating attitudes. On the contrary, social appearance anxiety, β = .20, $t(221)$ = 3.50, $p < .05$, 95% CI [.07, .24] positively predicted eating attitudes. The model explained 46% of the variance in eating attitudes, R^2 = .46, F (3, 221) = 41.85, $p < .001$. Both total effect of perceived emotionally warm parent on eating attitudes, B = -8.23, SE = 1.35, t = -6.09, $p < .05$, 95% CI [-10.89, -5.57] and direct effect of perceived emotionally warm parent on eating attitudes B = -3.35, SE =

1.12, β = -.17, t = -2.98, p < .05, %95 CI [-5.56, -1.14] were significant. Finally, both the indirect effect of perceived emotionally warm parent on eating attitudes through self-compassion β = -.18, SE = .03, 95%CI [-.25, -.12] and the indirect effect of perceived emotionally warm parent on eating attitudes through social appearance anxiety β = -.03, SE = .02, 95%CI [-.07, -.01] were significant. Indirect effect of perceivedemotionally warm parent through the sequence of self-compassion and social appearance anxiety on eating attitudes was also found significant β = -.04, SE = .01, 95%CI [-.06, -.01]. These results indicated that, self-compassion and social appearance anxiety sequentially have significant intervening roles in relation between perceived emotionally warm parent and eating attitudes.

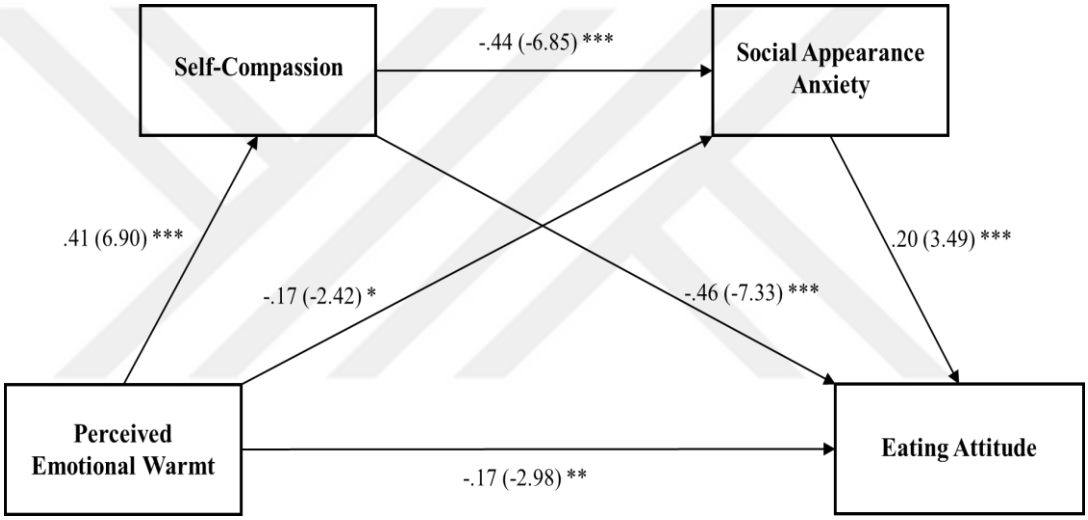

Figure 10. Indirect Effect of Perceived Emotional Warmth on Eating Attitude through the Serial Mediations of Self-Compassion and Social Appearance Anxiety.

Note: *** p < .001; ** p < .01; * p < .05. Standardized b coefficients are presented and values in parentheses are t values.

3.6.3. Model 3: The Mediating Roles of Self-Compassion and Social Appearance Anxiety in Relation between Perceived Overprotective Parenting and Eating Attitudes

A serial mediation analysis was conducted to examine the mediating role of self-compassion and social appearance anxiety in the relationship between perceived overprotective parenting and eating attitudes.

According to results, perceived overprotective parenting positively predicted self-compassion, β = -.37, t(223) = -6.07, p < .05, %95 CI [-17.91, -9.13]. Perceived

overprotective parenting, β = .17, t(222) = 2.50, p < .05, %95 CI [.93, 7.85] positively predicted social appearance anxiety and self-compassion, β = -.45, t(223) = -7.20, p < .05, %95 CI [-.45, -.25] negatively predicted social appearance anxiety. Furthermore, perceived overprotective parenting, β = .18, t(221) = 2.80, p < .05, %95 CI [1.13, 6.49] and social appearance anxiety, β = .15, t(221) = 3.65, p < .05, %95 CI [.07, .23] positively predicted eating attitudes. On the contrary, self-compassion, β = -.47, t(221) = -7.36, p < .05, %95 CI [-.35, -.20] negatively predicted eating attitudes. The model explained 47% of the variance in eating attitudes, R^2 = .47, F (3, 221) = 39.46, p < .001. Both total effect of perceived overprotective parenting on eating attitudes, B = 8.91, SE = 1.58, t = 5.68, p < .05, %95 CI [5.82, 12.00] and direct effect of perceived overprotective parenting on eating attitudes B = 3.81, SE = 1.36, β = .18, t = 2.80, p < .05, %95 CI [1.13, 6.49] were significant. Finally, both the indirect effect of perceived overprotective parenting on eating attitudes through self-compassion β = .17, SE = .03, 95% CI [.12, .24] and the indirect effect of perceived overprotective parenting on eating attitudes through social appearance anxiety β = .03, SE = .02, 95% CI [.00, .07] were significant. Indirect effect of perceived overprotective parenting through the sequence of self-compassion and social appearance anxiety on eating attitudes was also found significant β = .03, SE = .01, 95% CI [.01, .06]. These results indicated that, self-compassion and social appearance anxiety sequentially have significant intervening roles in relation between perceived overprotective parenting and eating attitudes.

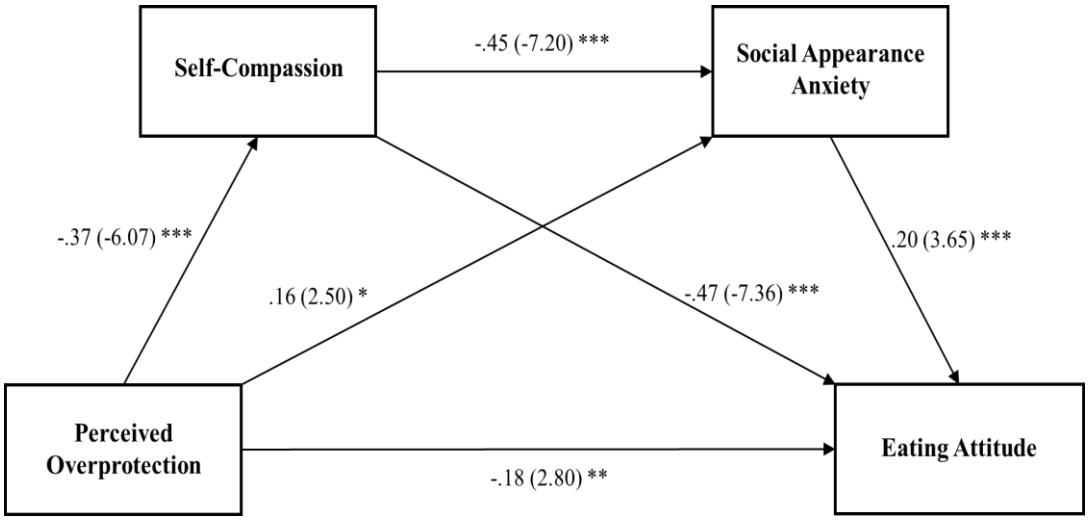

Figure 11. Indirect Effect of Perceived Overprotection on Eating Attitude through the Serial Mediations of Self-Compassion and Social Appearance Anxiety.

*Note: *** p< .001; ** p< .01; * p< .05. Standardized b coefficients are presented and values in parentheses are t values.*

3.7. Summary of Results

In total 225 (170 female, 55 male) participants took part of this study. The age distribution of the participants ranged from 18 to 35. Reliability analyses of scales were found to be in satisfactory internal consistency.

The Pearson correlation analysis between the Perceived Parenting Scale (Rejection, Emotional Warmth and Overprotection), Self-Compassion, Social Appearance Anxiety and the Eating Attitudes Test shows that there are significant correlations between all scores.

A one-way independent ANOVA was conducted to investigate the effects of education level on perceived parenting attitudes. While there was a significant effect of maternal educational level on rejected mother scores, there was not significant effect of paternal educational level on rejected father scores. Moreover, there was a significant effect of maternal' educational level on emotional warmth mother scores and paternal educational level on emotional warmth father scores. Lastly, while there was a significant effect of maternal' educational level on overprotected mother scores, there was not significant effect of paternal educational level on overprotected father scores. Additionally, a one-way independent ANOVA was conducted to determine the effects of weight satisfaction level on social appearance anxiety scores. Results indicate that, there was a significant effect of weight satisfaction level on social appearance anxiety

scores.

A serial mediation analysis was conducted to examine whether social appearance anxiety and self-compassion mediate the relationship between perceived parenting and eating attitudes. Statistical analyses were conducted through model 6 for PROCESS Macro. For this analysis, 3 research model were created that included perceived rejected parenting, perceived overprotected parenting and perceived emotionally warmth parenting as independent variable. Results indicated that self-compassion and social appearance anxiety significantly mediate the all perceived parenting styles on eating attitudes. All models were found to have partially mediator roles.

CHAPTER 4: DISCUSSION

In the current study, the aim was to examine relationship between perceived parenting attitudes and eating attitudes with the inclusion of self-compassion and social appearance anxiety. In the light of the results and literature, firstly, correlation analyses between variables will be presented and discussed; secondly, ANOVA results associated with demographic variables will be discussed and finally the mediating roles of self compassion and social appearance anxiety between perceived parenting attitudes and eating attitudes will be discussed. This chapter also identifies the limitations of the present study, and provides directions for future research.

4.1. Correlation Analyses of the Study Variables

In the present study, correlation analyses have been conducted to understand the association between study variables; components of perceived parenting attitudes, eating attitudes, self-compassion, and social appearance anxiety. The analysis was conducted separately for the components of parenting attitudes which are emotional warmth, overprotection, and rejection.

4.1.1. Perceived Rejected Parenting, Self-Compassion, Social Appearance Anxiety and Eating Attitudes

In the study, the relationships between perceived rejected parenting, self-compassion, social appearance anxiety, and eating attitude were examined. It was expected that perceived rejected parenting is negatively associated with self-compassion, whereas positively associated with social appearance anxiety and total score of eating attitudes. Consistent with the prediction, findings pointed out that. Previous studies support these results. Firstly, when the relationship between perceived rejected parenting and self-compassion is examined, rejected parenting that is inconsistent, cold, or refuses to provide care, reduces the possibility of being self-compassionate and increases the likelihood of responding with more self-criticism (Gilbert. and Procter, 2006; Neff, and McGeehee, 2010). Furthermore, considering that individuals' search for care and compassion begins in childhood and that the first people they expect to seek for this period are their parents, a rejected attitude may prevent the development of self-compassion. Secondly, in terms of the relationship between perceived rejected parenting and social appearance anxiety, young adults and late adolescents who perceived more parental rejection during childhood displayed more negative body image perceptions and social appearance anxiety (Sen, Gurleyik, and Psouni, 2020).

Thirdly, in terms of association between perceived rejected parenting and eating attitudes, Haudek, Rorty and Henker (1999) emphasizes that the lack of parental attention in childhood such as not showing interest, not establishing closeness, not paying attention to the child, not being able to interfere with the child's demands is considered a risk factor for the development of eating disorders.

Children whose perceptions of their parents are rejected might find it difficult to be compassionate towards themselves because they have grown up with judgmental, critical, and punishing attitudes. This may cause them to perceive similar attitudes by other people. Thus, those who do not know how to protect their parents from these negligent and critical attitudes may try to provide a sense of security by eating too little or too much; or they can use it to punish themselves.

4.1.2. Perceived Emotional Warmth Parenting, Self-Compassion, Social Appearance Anxiety and Eating Attitudes

In the study, the relationships between perceived emotional warmth parenting, self-compassion, social appearance anxiety and eating attitude was examined. A significant positive relationship between perceived emotional warmth parenting and self-compassion was predicted, whereas a significant negative relationship between perceived emotional warm parenting and social appearance anxiety and total score of eating attitudes was predicted. Results supported this prediction. Our findings are in line with the literature. Firstly, considering its positive relationship with self-compassion, Neff and McGeehee (2010) stated that sensitive and responsive parenting increases the likelihood of developing the capacity to relate to oneself with compassion and to self-soothing. Secondly, when perceived emotional warmth parenting relationship with social appearance anxiety is evaluated, it is known that effect of the family on the body image starts in early childhood (Golan, and Crow, 2004). Those individuals, who receive love, care and support from their families will also establish with themselves in a parallel direction. Since the body images they perceive are positive, the possibility of them developing social appearance anxiety will decrease. Lastly, when the relationship of perceived emotional warm parenting and eating attitude is examined, individuals without an impaired eating attitude described their parents as caring, compassionate, and supportive (Aytın, 2014).

Children who were raised by their parents with love, compassion, and a supportive attitude maintain this compassionate attitude in their relations with themselves. This attitude also helped them avoid criticism of their bodies and maintain a healthy

relationship with eating.

4.1.3. Perceived Overprotective Parenting, Self-Compassion, Social Appearance Anxiety and Eating Attitudes

In the study, the relationships between perceived overprotective parenting, self-compassion, social appearance anxiety and eating attitude was examined. It was predicted about these relationships is that perceived overprotective parenting would be negatively associated with self-compassion whereas it would be positively associated with social appearance anxiety and total score of eating attitudes. Results are consistent with our prediction and supported by the literature. Firstly, considering perceived overprotective parenting with self-compassion, as a result of other studies in which parental attitudes were evaluated with different scales, it was determined that the self-compassion levels of the participants who evaluated their parents' attitudes as authoritarian and protective were low (Yılmaz, 2009; Eker, 2011). Secondly, when the relationship between perceived overprotective parenting and social appearance anxiety is evaluated, parents affect individuals' body dissatisfaction, weight concerns and weight management strategies in childhood (Dunkley, Wertheim, and Paxton, 2001; Ricciardelli, and McCabe, 2001) and as a result of that this sense of control over their own body will increase social appearance anxiety. Lastly, it is stated that negative attitudes of parents towards their children such as overprotective, exploitative and abusive play a major role in the perception of parents as a risk factor for deterioration in eating attitudes (McEwen, and Flouri, 2009; Holtom-Viesel, and Allan, 2004). Children who perceive their parents as overprotective may have a low sense of compassion because their parents have limited relationships with them due to their anxious and restrictive behaviors. As well, they cannot find a place for their individuality due to excessive family rules; it can be stated that they refuse to eat in order to take the risks of their own actions and experience the consequences.

4.1.4. Self-Compassion and Social Appearance Anxiety

In the study, a significant negative relationship between self-compassion and social appearance anxiety was expected. As expected, the findings confirmed this as previous studies. Considering the relationship between social appearance anxiety and self-compassion, it is possible to say that there is a negative significant relationship between the two (Magnus et al., 2010). In social appearance anxiety, self-criticism is an important point along with the fear of being negatively evaluated by others. As the opposite of that the attitudes of individuals with high self-compassion towards

themselves are caring and kindness, far from being critical and judgmental. Thus, self-criticism might be critical factor in this negative relationship.

4.1.5. Self-Compassion, Social Appearance Anxiety and Eating Attitudes

In the study, the relationship between self-compassion, social appearance anxiety and eating attitudes was examined. It was expected that the total eating attitude scores would decrease as the self compassion scores increased, and the total eating attitude scores would increase as the social appearance anxiety scores increased. The results were as expected and supported by the literature. Studies showed that there is a negative relationship between individuals' eating attitude scores and self-compassion levels (Breines et al., 2014; Stutts, and Blomquist, 2018; Adams, and Leary, 2007; Kelly et al., 2014). Furthermore, imperfections in appearance perceived by individuals can cause fear of public criticism, which in turn can lead to unhealthy behaviors such as eating disorders, especially among individuals who rely heavily on their appearance (Koskina et al., 2011; Levinson, and Rodebaugh, 2012).

4.2. Findings Related to Demographic Variables

In this section, the effect of the educational level on perceived parenting attitude and the effect of body mass index (BMI) on social appearance anxiety are discussed.

4.2.1. Comparison of Perceived Parenting Attitudes by Educational Level

In the study, it was investigated that how perceived parenting attitudes differs by educational level of parents for both mother and father. Three groups, low, medium and high, were created for the educational level. It was expected that there is significant difference by educational level on perceived parenting attitudes for mother and father. Findings confirmed as expected for mother, but for the father, only perceived emotional warmth parenting found significant. According to ANOVA results, all perceived maternal attitudes, rejected, emotional warmth, overprotective, provided significant differences among educational level groups. While low education level of perceived rejected and overprotective mothers differs significantly compared to other groups; high and medium education level of perceived emotionally warm mothers differs significantly compared to low educational level. While there was no significant difference between perceived rejected and overprotective father attitudes and education level groups, medium and high level significantly differs in perceived emotional warmth father from low educational level. In the known literature, no direct study has been found on the effect of educational level on perceived parental attitudes. However, in the literature, it has been stated that in families with low income and low

education level, strict supervision and control is high; interest and acceptance is low (Sümer, and Güngör, 1999). In addition, Dermott and Pomati (2016) argue that parents with a high level of education can better participate in educational activities with their children. Parents with a low level of education may participate less in educational activities with their children due to their own lack of knowledge. This can be felt as parental indifference for children. Furthermore, parents with a high level of education display an emotionally warm attitude, while parents with a low level of education display a more rejected or overprotective attitude, which might be explained by the fact that the higher the level of education, the more conscious they are about raising and relating to children. While the effect of educational level is significant for all parenting attitudes of perceived mother, only emotional warmth for father can explain the fact that from the social perspective, fathers are socially irrelevant, protective, and authoritarian in the role of father in the family and perceived rejected and overprotective attitudes are not affected by educational level.

4.2.2. Comparison of Social Appearance Anxiety by Body Mass Index (BMI)

In the study, it was investigated that how social appearance anxiety scores differs by BMI. Four groups created for BMI: under-weighted, normal weight, over-weighted, and obese. It was predicted there is a significant difference on social appearance anxiety by body mass index (BMI). According to ANOVA results, social appearance anxiety provided significant differences among groups. As expected, it was found that social appearance anxiety differs by BMI. However, when normal weight participants significantly differ in social appearance anxiety scores from over weighted participants and obese participants, no significant difference was found between the other groups. When the relevant literature is investigated, it was confirmed that there is a significant positive relationship is between social appearance anxiety and body mass index (Claes et al., 2012). Additionally, overweight people tend to have negative feelings about their bodies and more often than those of normal weight report feeling anxious about being judged unfavorably in social situations (Ahadzadeh et al., 2018). When evaluating the results, it can be assumed that a significant difference in social appearance anxiety in overweight and obese people compared to normal weight is related to the positive perception of being normal weighted by society, considering that social appearance anxiety is associated with fear of negative evaluation by others. The role of the media along with the social environment in this is an undeniable fact.

4.3. Findings Related to Mediating Roles of Self-Compassion and Social Appearance Anxiety between Perceived Parenting Attitudes and Eating Attitudes

A serial mediation analyses were conducted to examine the mediating role of self-compassion and social appearance anxiety in the relationship between perceived parenting attitudes and eating attitudes. Analyses were conducted via model 6 for PROCESS Macro. Subscales of perceived parenting attitudes were included in research models as independent variables: perceived rejected parenting, perceived emotionally warmth parenting, perceived overprotective parenting. In all these models, the means of the perceived mother attitude and perceived father attitude scores were used as total. Thus, 3 research models were constructed and performed. Results are discussed in the light of the literature.

4.3.1. The Mediating Roles of Self-Compassion and Social Appearance Anxiety in Relation between Perceived Rejected Parenting and Eating Attitudes

A serial mediation analysis was conducted to examine the mediating role of self-compassion and social appearance anxiety in the relationship between perceived rejected parenting and eating attitudes. Results indicated that all of the indirect effects and direct effect in the model were significant. When the effects were examined, the strongest effect was found as the indirect effect of perceived rejected parenting on eating attitudes through the mediation of self-compassion.

In previous literature shows that the lack of parental attention (the care, attention, closeness, affection they give, meeting the child's demands) in the early years of life is considered a risk factor for the development of impaired eating attitudes (Haudek, Rorty, and Henker, 1999). The current research also showed that there is a significant positive relationship between rejected parenting and total score of eating attitude. Moreover, it is argued that individuals who experience negative parenting attitudes internalize their parents' judgmental attitudes and similarly exhibit judgmental attitudes toward themselves (Kawamura et al., 2002). Therefore, those who perceive their parents as rejected will be critical of themselves, not compassionate. In addition, it is known that the effects of family on body perception can be seen from childhood (Golan, and Crow, 2004). Inconsistent, cold and judgmental messages from parents might influence the formation of a negative body image and cause them to be afraid of being exposed to negative evaluation by others and to experience social appearance anxiety. As stated in the present study supported by the literature, increasing scores of perceived rejected parenting decreases the self-compassion; increases the social

appearance anxiety. Moreover, self-criticism is one of the important factors that are thought to play a major role in the formation and continuation of impaired eating attitude. As Korkmaz (2018) stated that people with a high level of self-compassion will have a lower risk of developing an eating disorder because they do not criticize and judge their physical appearance as harshly and do not engage in behaviors that harm them too much. Moreover, perceived more parental rejection during childhood displayed more social appearance anxiety and negative body image perceptions (Sen, Gurleyik, and Psouni, 2020). Considering the findings of the study, a statistically significant negative association was found between total eating attitude scores and self-compassion. In addition to that, people who develop eating disorders are more prone to self-criticism about their physical appearance and eating behaviors (Speranza et al., 2003; Swan, and Andrews, 2003). The findings were also found in parallel with the literature. Results in present study indicated that all of the indirect effects and direct effect in the model were significant. However, the strongest effect with a slight difference from the direct effect was found as the indirect effect of perceived rejected parenting on eating attitudes through the mediation of self-compassion. While rejected parenting is punitive and judgmental, it is also associated with overly permissive/limitless parenting. When parents are inadequate and have low level of responsibility, boundaries and rules, it can be thought that individuals may encounter problems in regulating, tolerating and controlling them in adulthood due to the inability to limit the emotions that develop along with impulses and situations. While this leads to deterioration in eating attitudes, it can be said that the lack of self-compassion strengthens this relationship. Individuals who perceived this parenting attitude in childhood may evaluate themselves incorrectly in the face of negative situations; perceive themselves as inadequate and defective for their body weight and shape; resort to inappropriate coping methods instead of expressing emotions and coping with these emotions functionally, and thus tend to unhealthy and inappropriate eating attitudes. It is thought that these people resort to inappropriate eating activities in order to block the negative emotions created by negative parental attitudes. Considering this context, it is believed that the mediating role of self-compassion to the effect of perceived rejected parenting on eating attitudes becomes more important.

4.3.2. The Mediating Roles of Self-Compassion and Social Appearance Anxiety in Relation between Perceived Emotional Warmth Parenting and Eating Attitudes

A serial mediation analysis was conducted to examine the mediating role of self-compassion and social appearance anxiety in the relationship between perceived emotional warmth parenting and eating attitudes. Results indicated that all of the indirect effects and direct effect in the model were significant. When the effects were examined, the strongest effect was found as the direct effect. In addition, the strongest indirect effect is the effect of perceived emotional parenting on eating attitudes through the mediation of self-compassion.

Individuals without an impaired eating attitude described their parents as caring, compassionate, and supportive, while participants with impaired eating attitudes described their parents as overprotective and indifferent, and there was a direct proportional relationship between the impaired eating attitude and perceived level of parental protection (Aytın, 2014). In the current study, it was concluded that the total eating attitude score decreased with the increase in positive parenting. Besides, Atwood (1987) indicated that individuals who had warm, supportive relationships with their parents as children and who perceived their parents as understanding and caring should tend to be more self-compassionate as adults. In assessing the relationship to social appearance anxiety, it is known that the effects of family on body image can be observed in childhood (Golan, and Crow, 2004). The relationship that children who have received love, care, and a supportive attitude from their family establish with themselves will also be in this direction. Because their perceived body images are positive, they are less likely to develop anxiety about social appearance. Study results also support these findings. As mentioned in the model 1 above, when examining self-compassion, social appearance anxiety and overall eating attitude scores, a negative association was found between self-compassion and eating attitude, and a positive association was found between social appearance anxiety and eating attitude, which is confirmed by the literature. Results in present study indicated that all of the indirect effects and direct effect in the model were significant. In addition to the significant mediation roles of self-compassion and social appearance anxiety in the relationship between perceived parental attitudes and eating attitudes, it was once again understood that parental attitudes we perceived in childhood are related to both well-being and pathology in the future. It is evaluated that children with perceived emotional warmth of parenting are also compassionate, caring and supportive towards themselves.

Individuals who experienced parental warmth tended to exhibit lower self-criticism. Although this causes them not to experience the fear of negative evaluation by others, they are at peace with their bodies and move forward with a positive attitude with food.

4.3.3. The Mediating Roles of Self-Compassion and Social Appearance Anxiety in Relation between Perceived Overprotective Parenting and Eating Attitudes

A serial mediation analysis was conducted to examine the mediating role of self-compassion and social appearance anxiety in the relationship between perceived overprotective parenting and eating attitudes. Results indicated that all of the indirect effects and direct effect in the model were significant. When the effects were examined, the strongest effect was found as the direct effect. In addition, the strongest indirect effect is the effect of perceived overprotective on eating attitudes through the mediation of self-compassion.

It is stated that in families where extreme rules are established, there is no space left for individuality, children need an option to take risks, make mistakes and experience the result of their own actions, and this often occurs in the form of refusal to eat (Mc-Dowell, and Hostetler, 1996). As in the literature, in this study, relationship between perceived overprotective parental attitude and total score of eating attitude was found positive. In other words, it was concluded that the eating attitude of those who have a parental attitude perceived as overprotective is also negative. Furthermore, when individuals' seeking compassion, comfort or support is met with rejection, criticism, humiliation, hostility, or overprotection, the social mentality is blocked, an individual may become less skilled at recognizing their own need for compassion, which may lead to lower self-compassion (Gilbert, 2009). Consistent with the literature, in this study also revealed that the relationship between perceived overprotective parenting and self-compassion is negative, while the relationship between social appearance anxiety and social appearance anxiety is positive. As I mentioned in the above, 1st model, when self-compassion, social appearance anxiety and total eating attitude scores were examined, a negative relationship was found between self-compassion and eating attitude, and a positive relationship was found between social appearance anxiety and eating attitude, which was supported by the literature. As expected, results in present study indicated that all of the indirect effects and direct effect in the model were significant. It is clear that the strongest effect is the direct effect between the overprotective parental attitude and the eating attitude. According to Schneer (2002), childhood individuals who do not know how to escape and protect themselves from

the overprotective or neglect situation applied by their parents try to provide security by eating too much or too little. For this reason, “too much” or “too little” stimulation by parents can be considered as the most important reason for the impairing of eating attitudes and the development of eating disorders. In light of all these, this overprotective attitude of parents to prevent harm might cause individuals to develop low self-confidence because they are unable to achieve autonomy. This leads them to be critical of themselves, resulting in low self-compassion; it may trigger their fear of being negatively evaluated by others and cause them to experience social appearance anxiety. In addition, it can be explained that he might have turned to inappropriate eating attitudes by trying to compensate for the control over food that he could not provide with his parents.

4.4. Limitations and Further Suggestions

The results of the current study should be evaluated with its limitations. Firstly, data from this study were collected using self-report questionnaires, i.e., participants read the questions and selected the most appropriate response for them. In analyzing the responses, it was assumed that participants provided correct and consistent answers to the questions. Therefore, self-report was considered a potential limitation of the present study. Second, because the study data were collected online, participants were reached through email groups and social media platforms. This may have excluded individuals who were not included in the online email groups and could not be reached through social media. Also, using online surveys may have some negative effects, such as distraction due to long survey completion, asking questions to other people, and problems due to complications with phones or computers.

Thirdly, some of the scales included some sensitive questions designed to capture the parenting behaviors participants received from their parents. For this reason, answering these questions may have been difficult for some of the participants, which may have led them to give biased answers.

Another possible limitation of this study was the inequality in the number of male and female participants. Due to the large difference in sample size between female and male participants, gender was not included as a variable in the mediation models in this study. Although this difference does not hinder the statistical analysis, it may be a limitation in terms of generalizability of the study result. In addition, it would be better to conduct a study in which the number of male and female subjects is closer to each other in order to generalize the results.

Some other limitation to this study was the groups were not equally distributed in terms of educational levels of mother and father. Therefore, generalizability of study results should be done with caution. Thus, group sizes and characteristics should be adjusted in future studies.

The other limitation of the study is that the total score of dimensions of perceived parenting attitudes was used. Contributions can be made in future studies by considering mother and father separately.

Another one is that the subscales for self-compassion which are isolation, common humanity, over-identification, mindfulness, self-kindness, self-judgment were not used: The use of these subscales in future studies could provide more comprehensive results.

The final limitation examined was the study sample did not consist of individuals diagnosed with eating disorders. Therefore, it would be appropriate to repeat the study on a clinical sample that has been diagnosed with an eating disorder. In addition, the effect of the variables on different eating disorders should be examined. However, since a cross-sectional method was used, this study is not sufficient to explain the relationship between the variables in the study and eating disorders in a cause-effect relationship. Therefore, it can be said that there is a need for longitudinal studies on this topic.

CHAPTER 5: CONCLUSION

The main aim of this study was to examine the mediating roles of self-compassion and social appearance anxiety in relation between perceived parenting attitudes and eating attitudes. In order to understand the relationships between study variables, the correlations between components of perceived parenting attitudes, self-compassion, social appearance anxiety and eating attitudes were investigated. Moreover, some demographic variables were also examined (educational level, BMI)

Perceived parenting attitudes include emotional warmth, overprotection and rejection dimensions. Results indicated that all components of perceived parenting attitudes had significant relationship with self-compassion, social appearance anxiety and eating attitudes. In detail, perceived emotional warmth parenting correlated positively with self-compassion; correlated negatively with social appearance anxiety and eating attitude was found. Both perceived rejected and overprotective parenting positively correlated with self-compassion; negatively correlated social appearance anxiety and eating attitude was found. It was also examined how parenting attitudes differs by parents' educational level. Results show that for mother, all perceived parenting attitudes scores differ in terms of educational level. However, for father, there was only found statistically significant difference for emotional warmth scores in terms of educational level. It was also investigated that how social appearance anxiety differs by BMI. Results indicated that there is significant difference social appearance anxiety scores between normal and overweight, normal and obese groups; however, there was found no significant difference between underweight and other groups. The findings regarding the serial mediation analysis showed that self-compassion and social appearance anxiety had a partial mediating role between the relationship perceived parenting attitudes and eating attitudes in all three dimensions: emotional warmth, overprotection, and rejection.

REFERENCES

Adams, C. E. and Leary, M. R. (2007) *Promoting self–compassionate attitudes toward eating among restrictive and guilty eaters,* Journal of social and clinical psychology, Vol. 26(10), pp. 1120-1144.

Agras, W. S. (2001) *The consequences and costs of the eating disorders.* Psychiatric Clinics of North America, Vol. 24(2), pp. 371-379.

Ahadzadeh, A. S., Rafik-Galea, S., Alavi, M. and Amini, M. (2018) *Relationship between body mass index, body image, and fear of negative evaluation: Moderating role of self-esteem,* Health psychology open, Vol. 5(1), pp. 1-8.

Ainsworth, M. S. and Bowlby, J. (1991) *An ethological approach to personality development,* American psychologist, Vol. 46(4), pp. 333-341.

Akın, Ü., Akın, A. and Abacı, R. (2007) *Öz-duyarlık ölçeği: Geçerlik ve güvenirlik çalışması,* Hacettepe Üniversitesi Eğitim Fakültesi Dergisi, Vol. 33, pp. 1-10.

Albertson, E. R., Neff, K. D. and Dill-Shackleford, K. E. (2014) *Self-compassion and body dissatisfaction in women: A randomized controlled trial of a brief meditation intervention,* Mindfulness, Vol. 6(3), pp. 444-454.

Alexander-Mott, L. A. and Lumsden, D. B. (1994) *Understanding eating disorders: Anorexia nervosa, bulumia nervosa and obesity*. 1st Edition. Taylor and Francis: Philadelphia.

Amerikan Psikiyatri Birliği (2013) *Ruhsal bozuklukların tanısal ve sayımsal elkitabı.* 5inci Bası. Derleyen E. Köroğlu. Ankara: Hekimler Yayın Birliği.

Arrindell WA., Sanavio E, Aguilar G et al. (1999) *The development of a short form of the EMBU: its appraisal with students in Greece, Guatemala, Hungary, and Italy,* Pers Individ Dif, Vol. 27, pp. 613–628.

Arrindell, W.A., Emmelkamp, P.M.G. and Brilman, E. (1983) *Psychometric evaluation of an inventory for assessment of parental rearing practice,* A Dutch form of the EMBU, Acta Psychiatr Scand, Vol. 67, pp. 163–77.

Attie, L. and Brooks-Gunn, J. (1989) *Development of eating problems in adolescent girls: A longitudinal study,* Developmental Psychology, Vol. 25, pp. 70-79.

Aydoğdu, F. and Dilekman, M. (2016) *Ebeveyn tutumlarının çeşitli değişkenler açısından değerlendirilmesi,* Bayburt Eğitim Fakültesi Dergisi, Vol. 11(2), pp. 569-585.

Aytın, N. (2014). *Ergenlerde yeme tutumları ile sorun çözme eğilimleri ve ebeveyne bağlanma arasındaki ilişkinin incelenmesi.* Yayınlanmamış yüksek lisans tezi. Adnan Menderes Üniversitesi.

Bagwell, C. L., Newcomb, A. F. and Bukowski, W. M. (1998) *Preadolescent friendship and peer rejection as predictors of adult adjustment,* Child Development, Vol. 69(1), pp. 140–153.

Bal, Z. E. and Dikencik, M.C. (2013) *Anorexia nervosa as a modern disease: A comparative study of different disciplines,* Procedia-Social and Behavioral Sciences, Vol. 82, pp. 492-495.

Barnard, L. K. and Curry, J. F. (2011) *Self-compassion: Conceptualizations, correlates, and interventions,* Review of general psychology, Vol. 15(4), pp. 289-303.

Bayramoğlu, A. (2011). *Self-compassion in relation to psychopathology.* Yayınlanmamış doktora tezi. Orta Doğu Teknik Üniversitesi.

Beekley, M. D., Byrne, R., Yavorek, T., Kidd, K., Wolff, J. and Johnson, M. (2009) *Incidence, prevalence, and risk of eating disorder behaviors in military academy cadets,* Military medicine, Vol. 174(6), pp. 637-641.

Brady, S. S. (2008) *Lifetime family violence exposure is associated with current symptoms of eating disorders among both young men and women,* Journal of Traumatic Stress: Official Publication of The International Society for Traumatic Stress Studies, Vol. 21(3), pp. 347-351.

Braun, T. D., Park, C. L. and Gorin, A. (2016) *Self-compassion, body image, and disordered eating: A review of the literature,* Body Image, Vol. 17, pp. 117–131.

Breines, J., Toole, A., Tu, C. and Chen, S. (2013) *Self-compassion, Body Image, and Selfreported Disordered Eating,* Self and Identity, Vol. 13(4), pp. 432–448.

Brown, B. (1998) *Soul without shame: A guide to liberating yourself from the judge within.* 1st Edition. Shambhala Publications.

Claes, L., Hart, T. A., Smits, D., Van Den Eynde, F., Mueller, A. and Mitchell, J. E. (2012) *Validation of the social appearance anxiety scale in female eating disorder patients,* European Eating Disorders Review, Vol. 20(5), pp. 406-409.

Connell, A. M. and Goodman, S. H. (2002) *The association between psychopathology in fathers versus mothers and children's internalizing and externalizing behavior problems: a meta-analysis,* Psychological Bulletin, Vol. 128(5), pp. 746.

Cordero, E. D. and Israel, T. (2009) *Parents as protective factors in eating problems of college women,* Eating Disorders, Vol. 17(2), pp. 146-161.

Çaka, S. Y., Çınar, N. and Altınkaynak, S. (2018) *Adolesanlarda yeme bozuklukları,* Gümüşhane Üniversitesi Sağlık Bilimleri Dergisi, Vol. 7(1), pp. 203-209.

Darling, N. and Steinberg, L. (1993) *Parenting style as context: An integrative model,* Psychological Bulletin, Vol. 113(3), pp. 487-496.

Dermott, E. and Pomati, M. (2016) *'Good'parenting practices: How important are poverty, education and time pressure,* Sociology, Vol. 50(1), pp. 125-142.

Desforges, C. and Abouchaar, A. (2003) *The Impact of Parental Involvement, Parental Support and Family Education on Pupil Achievement and Adjustment: A Literature Review.* 1st Edition. London: Department of Education and Skills.

Dilbaz, N. (1997) *Sosyal fobi,* Psikiyatri Dünyası Dergisi, Vol. 1(1), pp. 18-24.

Dirik G., Karancı A.N. and Yorulmaz O. (2004) *Yetişkinlerin çocukluk anıları ve sosyal kaygı,* XIII. Ulusal Psikoloji Kongresi Bilimsel Çalışma Kitabı, Vol 26(2), pp. 123-130.

Dirik, G., Yorulmaz, O. and Karancı, A. N. (2015) *Çocukluk dönemi ebeveyn tutumlarının değerlendirilmesi: Kısaltılmış algılanan ebeveyn tutumları-çocuk formu,* Türk Psikiyatri Dergisi, Vol. 26(2), pp. 123-130.

Doğan, T. (2009). *Bilişsel ve kendine değerlendirme süreçlerinin sosyal anksiyete açısından incelenmesi.* Yayınlanmamış doktora tezi. Sakarya Üniversitesi.

Doğan, T. (2010) *Sosyal Görünüş Kaygısı Ölçeği'nin (SGKÖ) Türkçe Uyarlaması: Geçerlik ve Güvenirlik Çalışması,* Hacettepe Üniversitesi Eğitim Fakültesi Dergisi, Vol. 39, pp. 151-159.

Dunkley, T. L., Wertheim, E. H. and Paxton, S. J. (2001) *Examination of a model of multiple sociocultural influences on adolescent girls' body dissatisfaction and dietary restraint,* Adolescence, Vol. 36(142), pp. 265.

Eker, H. (2011). *Üniversite öğrencilerinin öz-duyarlık ve duyarlı sevgi düzeylerinin ebeveyn tutumları açısından incelenmesi*. Yayınlanmamış yüksek lisans tezi. Sakarya Üniversitesi.

Erbaş, S. (2015). *Yeme tutumlarının nesne ilişkileri kuramı çerçevesinde incelenmesi*. Doktora Tezi. Hacettepe Üniversitesi.

Erbay, L. G. and Seçkin, Y. (2016) *Yeme bozuklukları*, Güncel Gastroentroloji Dergisi, Vol. 20(4), pp. 433-477.

Erol, A., Toprak, G. and Yazici, F. (2002) *Üniversite öğrencisi kadınlarda yeme bozukluğu ve genel psikolojik belirtileri yordayan etkenler,* Türk Psikiyatri Dergisi, pp. 48-57.

Fairburn, C. G. and Harrison, P. J. (2003) *Eating disorders,* The Lancet, Vol. 361, pp. 407-416.

Fairburn, C. G. (2008) *Cognitive behavior therapy and eating disorders.* 1st Edition. NY: The Guilford Press.

Fennig, S., Hadas, A., Itzhaky, L., Roe, D., Apter, A. and Shahar, G. (2008) *Self-criticism is a key predictor of eating disorder dimensions among inpatient adolescent females,* International Journal of Eating Disorders, Vol. 41, pp. 762–765.

Ferguson, L. J., Kowalski, K. C., Mack, D. E. and Sabiston, C. M. (2014) *Exploring selfcompassion and eudaimonic well-being in young women athletes,* Journal of Sport and Exercise Psychology, Vol. 36, pp. 203-216.

Ferreira, C., Pinto-Gouveia, J. and Duarte, C. (2013) *Self-compassion in the face of shame and body image dissatisfaction: Implications for eating disorders,* Eating Behaviors, Vol. 14(2), pp. 207–210.

Franza, M., Atger, F., Corcos, M., Loas, G., Guilbaud, O., Stéphan, P., Perez-Diaz, F., Halfon, O., Venisse, J. L., Bizouard, P., Lang, F., Flament, M. and Jeammet, P. (2003) *Depressive psychopathology and adverse childhood experiences in eating disorders,* European Psychiatry, Vol. 18(8), pp. 377–383.

Galmiche, M., Déchelotte, P., Lambert, G. and Tavolacci, M. P. (2019) *Prevalence of eating disorders over the 2000–2018 period: a systematic literature review,* The American journal of clinical nutrition, Vol. 109(5), pp. 1402-1413.

Garner, D. and Garfinkel, P. E. (1979) *The Eating Attitude Test: An index the symptoms of anorexia nervosa,* Psychological Medicine, Vol. 9, pp. 273-279.

George, D. and Mallery, M. (2010) *SPSS for Windows Step by Step: A Simple Guide and Reference.* 10th edition. Boston: Pearson.

Gilbert, P. (2009) *Introducing compassion-focused therapy,* Advances in psychiatric treatment, Vol. 15(3), pp. 199-208.

Gilbert, P. and Procter, S. (2006) *Compassionate mind training for people with high shame and self-criticism: Overview and pilot study of a group therapy approach,* Clinical Psychology and Psychotherapy: An International Journal of Theory and Practice, Vol. 13(6), pp. 353-379.

Godart, N. T., Flament, M. F., Curt, F., Perdereau, F., Lang, F., Venisse, J. L., Halfon, O., Bizouard, P., Loas, G., Corcos, M., Jeammet, P. and Fermanian, J. (2003) *Anxiety disorders in subjects seeking treatment for eating disorders: A DSM-IV controlled study,* Psychiatry Research, Vol. 117(3), pp. 245–258.

Godart, N. T., Flament, M. F., Lecrubier, Y. and Jeammet, P. (2000) *Anxiety disorders in anorexia nervosa and bulimia nervosa: Co-morbidity and chronology of appearance,* European Psychiatry, Vol. 15, pp. 38–45.

Godart, N. T., Flament, M. F., Perdereau, F. and Jeammet, P. (2002) *Comorbidity between eating disorders and anxiety disorders: A review,* International Journal of Eating Disorders, Vol. 32, pp. 253–270.

Golan, M. and Crow, S. (2004) *Parents are key players in the prevention and treatment of weight-related problems,* Nutrition Reviews, Vol. 62(1), pp. 39–50.

Gomez-Beneyto, M., Pedros, A., Tomas, A., Aguilar, K. and Leal, C. (1993) *Psychometric properties of the parental bonding instrument in a Spanish sample,* Social Psychiatry and Psychiatric Epidemiology, Vol. 28(5), pp. 252-255.

Gordon, K. H., Castro, Y., Sitnikov, L. and Holm-Denoma, J. M. (2010) *Cultural body shape ideals and eating disorder symptoms among White, Latina, and Black college women,* Cultural Diversity and Ethnic Minority Psychology, Vol. 16(2), pp. 135.

Granillo T., Jones-Rodriguez G. and Carvajal S.C. (2005) *Prevalence of eating disorders in latina adolescents: Associations with substance use and other correlate,* Journal of Adolescent Health, Vol. 36(3), pp. 214-220.

Grolnick, W. S. and Gurland, S. T. (2002) *Mothering: Retrospect and prospect,* Retrospect and prospect in the psychological study of families, Vol. 12, pp. 1–33.

Gunnard, K., Krug, I., Jiménez-Murcia, S., Penelo, E., Granero, R., Treasure, J., Tchanturia, K., Karwautz, A., Collier, D., Menchón, J. M. and Fernández-Aranda, F. (2012) *Relevance of Social and Self-standards in Eating Disorders,* European Eating Disorders Review, Vol. 20(4), pp. 271-278.

Haikal, M. and Hong, R. Y. (2010) *The effects of social evaluation and looming threat on self-attentional biases and social anxiety,* Journal of Anxiety Disorders, Vol. 24(3), pp. 345-352.

Hart, E. A., Leary, M. R. and Rejeski, W. J. (1989) *Tie measurement of social physique anxiety,* Journal of Sport and Exercise Psychology, Vol. 11(1), pp. 94-104.

Hart, T. A., Flora, D. B., Palyo, S. A., Fresco, D. M., Holle, C. and Heimberg, R. G. (2008) *Development and examination of the social appearance anxiety scale,* Assessment, Vol. 15(1), pp. 48-59.

Haudek, C., Rorty, M. and Henker, B. (1999) *The role of ethnicity and parental bonding in the eating and weight concerns of Asian-American and Caucasian college women,* International Journal of Eating Disorders, Vol. 25(4), pp. 425-433.

Holmbeck, G.N., Johnson, S.Z., Wills, K.E., McKernon, W., Rose, B., Erklin, S. and Kemper, T. (2002) *Observed and perceived parental overprotection in relation to psychosocial adjustment in preadolescents with a physical disability: the mediational role of behavioral autonomy,* Consult Clin Psychol. Feb; Vol. 70(1), pp. 96-110.

Holtom-Viesel, A. and Allan, S. (2014) *A systematic review of the literature on family functioning across all eating disorder diagnoses in comparison to control families,* Clinical psychology review, Vol. 34(1), pp. 29-43.

Irons, C., Gilbert, P., Baldwin, M. W., Baccus, J. R. and Palmer, M. (2006) *Parental recall, attachment relating and self-attacking/self-reassurance: Their relationship with depression,* British Journal of Clinical Psychology, Vol. 45(3), pp. 297-308.

Kağıtçıbaşı, Ç. (2010) *Günümüzde İnsan ve İnsanlar-Sosyal Psikolojiye Giriş.* 11inci Bası. Evrim Yayınevi.

Kawamura, K. Y., Frost, R. O. and Harmatz, M. G. (2002) *The relationship of perceived parenting styles to perfectionism. Personality and individual differences,* Vol. 32(2), pp. 317-327.

Keel, P. K. and Klump, K. L. (2003) *Are eating Disorders culture-bound syndromes? Implications for conceptualizing their etiology,* Psychological Bulletin, Vol. 129(5), pp. 747-769.

Kelly, A. C., Carter, J. C. and Borairi, S. (2014) *Are improvements in shame and self-compassion early in eating disorders treatment associated with better patient outcomes,* International Journal of Eating Disorders, Vol. 47(1), pp. 54-64.

Kelly, A. C., Carter, J. C., Zuroff, D. C. and Borairi, S. (2014) *Self-compassion and fear of self-compassion interact to predict response to eating disorders treatment: A preliminary investigation,* Psychotherapy Research, Vol. 23(3), pp. 252–264.

Kendir, D. and Karabudak, E. (2019) *Sporcularda yeme bozuklukları,* Gazi Sağlık Bilimleri Dergisi, Vol. 4(1), pp. 1-10.

Kinzl, J. F., Traweger, C., Guenther, V. and Biebl, W. (1994) *Family background and sexual abuse associated with eating disorders,* The American journal of psychiatry, Vol. 151(8), pp. 1127–1131.

Koç, H. E. and Ermiş, E. (2016) *Self-compassion as a predictor of social physique anxiety in athletes,* Journal of Human Sciences, Vol. 13(3), pp. 5214-5222.

Korkmaz, B. (2018) *Öz-duyarlık: Psikolojik belirtiler ile ilişkisi ve psikoterapide kullanımı,* Psikiyatride Güncel Yaklaşımlar, Vol. 10(1), pp. 40-58.

Koskina, A., Van den Eynde, F., Meisel, S., Campbell, I. C. and Schmidt, U. (2011) *Social appearance anxiety and bulimia nervosa,* Eating and Weight Disorders, Vol. 16(2), pp. 142-145.

Kuğu, N., Akyuz, G., Dogan, O., Ersan, E. and Izgic, F. (2006) *The prevalence of eating disorders among university students and the relationship with some individual characteristics* Australian and New Zealand Journal of Psychiatry, Vol. 40(2), pp. 129-135.

Laliberté, M., Boland, F. J. and Leichner, P. (1999) *Family climates: Family factors specific to disturbed eating and bulimia nervosa,* Journal of clinical psychology, Vol. 55(9), pp. 1021-1040.

Latzer, Y., Lavee, Y. and Gal, S. (2009) *Marital and Parent-Child Relationships in Families With Daughters Who Have Eating Disorders,* Journal of Family Issues, Vol. 30(9), pp. 1201-1220.

Levine, M. P., Smolak, L., Moodey, A. F., Shuman, M. D. and Hessen, L. D. (1994) *Normative developmental challenges and dieting and eating disturbances in middle school girls,* International Journal of Eating Disorders, Vol. 15(1), pp. 11-20.

Levinson, C. A., Rodebaugh, T. L., White, E. K., Menatti, A. R., Weeks, J. W., Iacovino, J. M. and Warren, C. S. (2013) *Social appearance anxiety, perfectionism, and fear of negative evaluation. Distinct or shared risk factors for social anxiety and eating disorders,* Appetite, Vol. 67, pp. 125–133.

Lindhout, I., Markus M., Hoogendijk T., Borst S., Maingay R., Spinhoven P., van Dyck R. and Boer F. (2006) *Childrearing style of anxiety-disordered parents,* Child Psychiatry Hum Dev. Fall, Vol. 37(1), pp. 89-102.

Magnus, C. M. R., Kowalski, K. C. and McHugh, T. L. F. (2010) *The role of selfcompassion in women's self-determined motives to exercise and exercise-related outcomes,* Self and Identity, Vol. 9(4), pp. 363–382.

Maynard, M. J. and Harding, S. (2010) *Perceived parenting and psychological well-being in UK ethnic minority adolescents,* Child: care, health and development, Vol. 36(5), pp. 630-638.

McDowell, J. and Hostetler, B. (1996) *Josh McDowells's handbook on counseling youth: A comprehensive quide for equipping youth workers, pastors, teachers, and parents.* 2nd Edition. Thomas Nelson.

McEwen, C. and Flouri, E. (2009) *Fathers' parenting, adverse life events, and adolescents' emotional and eating disorder symptoms: The role of emotion regulation,* European child and adolescent psychiatry, Vol. 18(4), pp. 206-216.

Moore, P. S., Whaley, S. E. and Sigman, M. (2004) *Interactions between mothers and children: impacts of maternal and child anxiety,* Journal of abnormal psychology, Vol. 113(3), pp. 471.

Morrison, J. (2017) *DSM-5'İ Kolaylaştıran Klinisyenler İçin Tanı Rehberi.* 1inci Bası. Çevirmen H. U. Kural. Ankara: Nobel Yayınları.

Mosewich, A. D., Kowalski, K, C. Sabiston, C. M., Sedgwick, W. A. and Tracy, J. L. (2011) *Self-compassion: A potential resource for young women athletes,* Journal of Sport and Exercise Psychology, Vol. 33, pp. 103-123.

Naivar Sen, C. K., Gurleyik, D. and Psouni, E. (2020) *The Role of Physical Activity on Parental Rejection and Body Image Perceptions,* International journal of environmental research and public health, Vol. 17(7), pp. 2176.

Neff, K. (2003a) *Self-compassion: An alternative conceptualization of a healthy attitude toward oneself,* Self and Identity, Vol. 2, pp. 85-101.

Neff, K. (2003b) *The development and validation of a scale to measure self-compassion,* Self and Identity, Vol. 2, pp. 223-250.

Neff, K. D. and McGehee, P. (2010) *Self-compassion and psychological resilience among adolescents and young adults,* Self and identity, Vol. 9(3), pp. 225-240.

Oğur, S., Aksoy, A. and Selen, H. (2016) *Üniversite öğrencilerinin yeme davranışı bozukluğuna yatkınlıkları: Bitlis Eren Üniversitesi Örneği,* Bitlis Eren Üniversitesi Fen Bilimleri Dergisi, Vol. 5(1), pp. 14-26.

Oltmanns, T. F., Martin, M. T., Neale J. M. and Davison, G. C. (2018) *Anormal Psikolojide Vaka Çalışmaları.* 10.Baskı. Çevirmen M. Şahin. Ankara: Nobel Yayınları.

Owens, L. K., Hughes, T. L. and Owens-Nicholson, D. (2002) *The effects of sexual orientation on body image and attitudes about eating and weight,* Journal of Lesbian Studies, Vol. 7(1), pp. 15-33.

Öyekçin, D. G. and Şahin, E. M. (2011) *Yeme bozukluklarına yaklaşım,* Türk Aile Hekimleri Dergisi, Vol. 15(1), pp. 29-35.

Perris, C., Jacobsson, L., Lindström, H., von Knorring, L. and Perris H. (1980) *Development of a new inventory assessing memories of parental rearing behavior,* Acta Psychiatr Scand, Vol. 61(4), pp. 265-74.

Perry, J. A., Silvera, D. H., Neilands, T. B., Rosenvinge, J. H. and Hanssen, T. (2008) *A study of the relationship between parental bonding, self-concept and eating disturbances in Norwegian and American college populations,* Eating Behaviors, Vol. 9(1), pp. 13-24.

Polivy, J. and Herman, P. (2002) *Causes of eating disorders,* Annual Review of Psychology, Vol. 53, pp. 187–213.

Rapee, R. M. and Heimberg, R. G. (1997) *A cognitive-behavioral model of anxiety in social phobia,* Behaviour Research and Therapy, Vol. 35(8), pp. 741-756.

Ricciardelli, L. A. and McCabe, M. P. (2001) *Children's body image concerns and eating disturbance: A review of the literature,* Clinical psychology review, Vol. 21(3), pp. 325-344.

Rodgers, R. F., Paxton, S. J. and Chabrol, H. (2009) *Effects of parental comments on body dissatisfaction and eating disturbance in young adults: A sociocultural model,* Body Image, Vol. 6(3), pp. 171–177.

Rohner, R. P. (2005). *Glossary of significant concepts in parental acceptance-rejection theory.* Handbook for the study of parental acceptance and rejection, pp. 379-397.

Rohner, R. P., Khaleque, A. and Cournoyer, D. E. (2005) *Parental acceptance-rejection: Theory, methods, cross-cultural evidence, and implications,* American Anthropological Association, Vol. 33(3), pp. 299-334.

Rohner, R. P., Khaleque, A. and Cournoyer, D. E. (2012) *Introduction to parental acceptance-rejection theory, methods, evidence, and implications,* Journal of Family Theory and Review, Vol. 2(1), pp. 73-87.

Santos Alvarenga, M., Baeza Scagliusi, F. and Tucunduva Philippi, S. (2008) *Changing attitudes, beliefs and feelings towards food in bulimic patients,* Archivos Latinoamericanos de Nutrición, Vol. 58(3), pp. 274-279.

Savaşır, I. and Erol, N. (1989) *Yeme tutum testi: Anoreksiya nervosa belirtileri indeksi,* Psikoloji Dergisi, Vol. 7(23), pp. 19-25.

Schneer, A. (2002*) Eating disorders: A disorder of in and out,* Eating disorders, Vol. 10(2), pp. 161-176.

Shafran, R. and Robinson, P. (2004) *Thought-shape fusion in eating disorders,* British Journal of Clinical Psychology, Vol. 43(4), pp. 399-408.

Shaw, R. and Cassidy, T. (2020) *Self-compassion, mindful eating, eating attitudes and wellbeing,* Sumerianz Journal of Behavioral Science and Psychological Studies, Vol. 1(2), pp. 72-79.

Soenens, B., Vansteenkiste, M., Vandereycken, W., Luyten, P., Sierens, E. and Goossens, L. (2008) *Perceived parental psychological control and eating-disordered symptoms: Maladaptive perfectionism as a possible intervening variable*, The Journal of nervous and mental disease, Vol. 196(2), pp. 144-152.

Sönmez, A. Ö. (2017) *Çocuk ve ergenlerde yeme bozuklukları*, Psikiyatride Güncel Yaklaşımlar, Vol. 9(3), pp. 301-316.

Stice, E., Maxfield, J. and Wells, T. (2003) *Adverse effects of social pressure to be thin on young women: An experimental investigation of the effects of "fat talk",* International Journal of Eating Disorders, Vol. 34(1), pp. 108-117.

Stolorow, R. D., Brandchaft, B. and Atwood, G. E. (1987) *Psychoanalytic treatment: An intersubjective approach.* 1st Edition. Analytic Press.

Strober, M. and Humphrey, L. L. (1987) *Familial contributions to the etiology and course of anorexia nervosa and bulimia,* Journal of Consulting and Clinical Psychology, Vol. 55(5), pp. 654.

Strober, M., Freeman, R., Lampert, C., Diamond, J. and Kaye, W. (2000) *Controlled family study of anorexia nervosa and bulimia nervosa: evidence of shared liability and transmission of partial syndromes,* American Journal of Psychiatry, Vol. 157(3), pp. 393-401.

Stutts, L. A. and Blomquist, K. K. (2018) *The moderating role of self-compassion on weight and shape concerns and eating pathology: A longitudinal study,* International Journal of Eating Disorders, Vol. 51(8), pp. 879-889.

Suldo, S. M. and Sandberg, D. A. (2000) *Relationship between attachment styles and eating disorder symptomatology among college women,* Journal of College Student Psychotherapy, Vol. 5(1), pp. 59–73.

Sümer, N. and Güngör, D. (1999) *Çocuk yetiştirme stillerinin bağlanma stilleri, benlik değerlendirmeleri ve yakın ilişkiler üzerindeki etkisi,* Türk Psikoloji Dergisi, Vol. 14, pp. 35-58.

Swan, S. and Andrews, B. (2003) *The relationship between shame, eating disorders and disclosure in treatment,* British Journal of Clinical Psychology, Vol. 42, pp. 367–378.

Tabachnick, B.G. and Fidell, L.S. (2013) *Using Multivariate Statistics.* 6th Edition. Pearson.

Tetley, A., Moghaddam, N. G., Dawson, D. L. and Rennoldson, M. (2014) *Parental bonding and eating disorders: A systematic review,* Eating behaviors, Vol. 15(1), pp. 49-59.

Toker, D. E. and Hocaoğlu, Ç. (2009) *Yeme bozuklukları ve aile yapısı: Bir gözden geçirme,* Düşünen Adam Dergisi, Vol. 22(1-4), pp. 36-42.

Tolosa-Sola, I., Gunnard, K., Muniesa, C. G., Casals, L. and Farre, J. M. (2019) *Body dissatisfaction and eating disorder symptomatology: Which factors interfere with sexuality in women with eating disorders,* Journal of Health Psychology, Vol. 24(11), pp. 1526-1535.

Tunç, P. (2019) *Yeme tutumunun, ebeveyn bağlanma tarzları ve vücut kitle indeksi ile ilişkisinin araştırılması,* İnsan ve Toplum Bilimleri Araştırmaları Dergisi, Vol. 8(4), pp. 2728-2753.

Turner, H. M., Rose, K. S. and Cooper, M. J. (2005) *Parental bonding and eating disorder symptoms in adolescents: The meditating role of core beliefs,* Eating Behaviors, Vol. 6(2), pp. 113-118.

Tylka, T. L., Russell, H. L. and Neal, A. A. (2015) *Self-compassion as a moderator of thinness-related pressures' associations with thin-ideal internalization and disordered eating,* Eating Behaviors, Vol. 17, pp. 23-26.

Vardar, E. and Erzengin, M. (2011) *Ergenlerde yeme bozukluklarının yaygınlığı ve psikiyatrik eş tanıları iki aşamalı toplum merkezli bir çalışma,* Türk Psikiyatri Dergisi, Vol. 22(4), pp. 205-212.

Wade, T. D. (2010) *Genetic influences on eating and the eating disorders,* The Oxford handbook of eating disorders, Vol. 11, pp. 103-122.

Webb, J. B. and Forman, M. J. (2013) *Evaluating the indirect effect of self-compassion on binge eating severity through cognitive-affective self-regulatory pathways,* Eating Behaviors, Vol. 14(2), pp. 224–228.

Yaykıran Altınel, Şeyma (2018). *Kadınlarda yeme bozuklukları belirtilerinin algılanan ebeveynlik biçimleri, duygu düzenleme güçlüğü, psikolojik iyi oluş ve yeme tutumları ile ilişkileri*. Yüksek Lisans Tezi. Maltepe Üniversitesi.

Yılmaz, T. M. (2009). *Üniversite Öğrencilerinin Öz-Anlayışları (self-compassion) ile Anne Baba Tutumları Arasındaki İlişkinin İncelenmesi.* Yayınlanmamış yüksek lisans tezi. Selçuk Üniversitesi.

Yurtsever, S. S. and Sütcü, S. T. (2017) *Algılanan ebeveynlik biçimleri ile bozulmuş yeme tutumu arasındaki ilişkide erken dönem uyumsuz şemaların ve duygu düzenleme güçlüğünün aracı rolü,* Türk Psikoloji Dergisi, Vol. 32(80), pp. 20-43.

Yücel, B. (2009) *Estetik bir kaygıdan hastalığa uzanan yol: Yeme bozuklukları,* Klinik Gelişim Dergisi, Vol. 22(4), pp. 39-44.

APPENDICES

Appendix A. Ethics Committee Approval

SAYI : B.30.2.İEÜ.0.05.05-**020**-*220* 30.06.2022

KONU : Etik Kurul Kararı hk.

Sayın Prof. Dr. Falih KÖKSAL ve Ayşenur BAKİLER

"THE MEDIATING ROLE OF SELF-COMPASSION AND SOCIAL APPEARANCE ANXIETY BETWEEN PERCEIVED PARENTING STYLES AND EATING ATTITUDES" başlıklı projenizin etik uygunluğu konusundaki başvurunuz sonuçlanmıştır.

Etik Kurulumuz 26.05.2022 tarihinde sizin başvurunuzun da içinde bulunduğu bir gündemle toplanmış ve Etik Kurul üyeleri projeleri incelemiştir.

Sonuçta 30.06.2022 tarihinde **"THE MEDIATING ROLE OF SELF-COMPASSION AND SOCIAL APPEARANCE ANXIETY BETWEEN PERCEIVED PARENTING STYLES AND EATING ATTITUDES"** konulu projenizin etik açıdan uygun olduğuna oy birliğiyle karar verilmiştir.

Gereği için bilgilerinize sunarım.

Saygılarımla,

Prof. Dr. Murat Bengisu

Etik Kurul Başkanı

Appendix B. Informed Consent Form

Sayın katılımcı,

Bu araştırma, İzmir Ekonomi Üniversitesi Klinik Psikoloji Yüksek Lisans programı kapsamında Prof. Dr. Falih Köksal danışmanlığında Ayşenur Bakiler tarafından yürütülen bir tez çalışmasıdır. Bu form sizi çalışma koşulları hakkında bilgilendirmek için hazırlanmıştır. Bu araştırmanın amacı algılanan ebeveyn tutumları ile yeme tutumları arasındaki ilişkide öz şefkat ve sosyal görünüş kaygısının rollerini incelemektir. Bu amaçla size cevaplamanız üzere birtakım sorular sorulacaktır. Çalışma yaklaşık olarak 10-15 dakika sürecektir.

Bu araştırmaya katılmak tamamen gönüllülük esasına dayanmaktadır. Çalışmaya 18-35 yaş arasındaki katılımcılar katılabilmektedir. Araştırmaya katılmama veya katıldıktan sonra istediğiniz herhangi bir anda araştırmadan ayrılma hakkına sahipsinizdir.

Araştırmada sizden hiçbir kimlik bilgisi talep edilmeyecek ve cevaplarınız gizli tutulacak, yalnızca araştırmacılar tarafından değerlendirilecektir. Bu anketten elde edilen sonuçlar, yalnızca bilimsel ve akademik amaçlar doğrultusunda kullanılacaktır. Çalışmada bulunan sorulara vereceğiniz yanıtların doğruluğu, araştırmanın niteliği açısından oldukça önemlidir. Bu nedenle ankette bulunan soruları samimiyetle cevaplamanızı rica ederiz.

Çalışmayla ilgili daha fazla bilgi almak isterseniz adresi üzerinden iletişime geçebilirsiniz.

İş birliğiniz ve vakit ayırdığınız için teşekkür ederiz.

Yukarıda yer alan bilgileri okudum, çalışmanın kapsam ve amacını anladım. Bu çalışmaya tamamen gönüllü olarak katılıyor ve verdiğim bilgilerin bilimsel amaçlı yayınlarda kullanılmasını kabul ediyorum.

☐ 18 ile 35 yaş aralığındayım ve araştırmaya katılmayı kabul ediyorum.

Appendix C. Demographic Information Form

1. Cinsiyetiniz:
2. Yaşınız: _____
3. Anneniz;

   Öz anne __

   Koruyucu anne __

   Evlat edinen anne __

   Üvey anne __

   Anne hayatta değil __

   Diğer__
4. Babanız;

   Öz baba __

   Koruyucu baba __

   Evlat edinen baba __

   Üvey baba __

   Baba hayatta değil __

   Diğer_
5. Annenin eğitim durumu:

   Okur yazar değil __

   Okur yazar __

   İlkokul Mezunu __

   Ortaokul Mezunu __

   Lise Mezunu __

   Yüksek Okul Mezunu (2 yıllık) __

   Üniversite Mezunu __

   Yüksek lisans Mezunu __

   Doktora Mezunu __

   Diğer__
6. Babanın eğitim durumu:

   Okur yazar değil __

   Okur yazar __

   İlkokul Mezunu __

   Ortaokul Mezunu __

   Lise Mezunu __

Yüksek Okul Mezunu (2 yıllık) __

Üniversite Mezunu __

Yüksek lisans Mezunu __

Doktora Mezunu __

Diğer__

7. Boyunuz: -------- cm

8. Kilonuz: --------- kg

9. Şu anda psikiyatrik tanınız var mı?

Evet Hayır

10. Cevabınız evetse tanıyı ve ne kadardır devam ettiğini lütfen ay olarak belirtiniz:

---

11. Daha önce psikiyatrik tedavi aldınız mı?

Evet Hayır

12. Cevabınız evet ise ne için olduğunu ve tedavi süresini ay olarak belirtiniz: ----

---

13.Tanısı konmuş tıbbi bir rahatsızlığınız var mı?

Evet Hayır

14. Evetse hastalığı ve ne kadar süredir devam ettiğini ay olarak belirtiniz. --------

15. Kendinizi kilo açısından nasıl değerlendiriyorsunuz?

Çok zayıf Zayıf Normal kiloda Biraz kilolu Çok kilolu

16. Şu anda olduğunuz kilodan ne kadar memnunsunuz?

Çok memnunum

Memnunum

Az memnunum

Memnun değilim

Hiç memnun değilim

Appendix D. Perceived Parenting Attitudes in Childhood

Algılanan Ebeveyn Tutumları Ölçeği

Aşağıda çocukluğunuz ile ilgili bazı sorular yer almaktadır. Anketi doldurmadan önce aşağıdaki yönergeyi lütfen dikkatle okuyunuz: Anketi doldururken, anne ve babanızınsize karşı olan davranışlarını nasıl algıladığınızı hatırlamaya çalışmanız gerekmektedir. Ebeveynlerinizin çocukken size karşı davranışlarını tam olarak hatırlamak bazen zor olsa da, her birimizin çocukluğumuzda ebeveynlerimizin kullandıkları prensiplere ilişkin bazı anılarımız vardır. Her bir soru için hem anne hembaba için ayrı ayrı size karşı davranışlarına en uygun seçeneği işaretleyin. Her soruyudikkatlice okuyun ve muhtemel cevaplardan hangisinin sizin için uygun cevap olduğuna karar veriniz.

		Hayır, hiçbir zaman	Evet, arada sırada	Evet, sık sık	Evet, Çoğu zaman
1. Anne ve babam, nedenini söylemeden bana kızarlardı ya da ters davranırlardı.	Baba	1	2	3	4
	Anne	1	2	3	4
2. Anne ve babam beni överlerdi.	Baba	1	2	3	4
	Anne	1	2	3	4
3. Anne ve babamın yaptıklarım konusunda daha az endişeli olmasını isterdim.	Baba	1	2	3	4
	Anne	1	2	3	4

4. Anne ve babam, bana hak ettiğimden daha çok fiziksel ceza verirlerdi.	Baba	1	2	3	4
	Anne	1	2	3	4
5. Eve geldiğimde, anne ve babama ne yaptığımın hesabını vermek zorundaydım.	Baba	1	2	3	4
	Anne	1	2	3	4
6. Anne ve babam ergenliğimin uyarıcı, ilginç ve eğitici olması için çalışırlardı.	Baba	1	2	3	4
	Anne	1	2	3	4
7. Anne ve babam, beni başkalarının önünde eleştirirlerdi.	Baba	1	2	3	4
	Anne	1	2	3	4
8. Anne ve babam, bana birşey olur korkusuyla başka çocukların yapmasına izin verilen şeyleri yapmamı yasaklarlardı.	Baba	1	2	3	4
	Anne	1	2	3	4
9. Anne ve babam, herşeyde en iyi olmam için beni teşvik ederlerdi.	Baba	1	2	3	4
	Anne	1	2	3	4
10. Anne ve babam davranışları ile, örneğin üzgün görünerek, onlara kötü davrandığım için kendimi suçlu hissetmeme neden olurlardı.	Baba	1	2	3	4
	Anne	1	2	3	4

11. Anne ve babamın bana bir şey olacağına ilişkin endişeleri abartılıydı.	Baba	1	2	3	4
	Anne	1	2	3	4
12. Benim içim bir şeyler kötü gittiğinde, anne ve babamın beni rahatlatmaya ve yüreklendirmeye çalıştığını hissederdim.	Baba	1	2	3	4
	Anne	1	2	3	4
13. Bana ailenin 'yüz karası' ya da 'günah keçisi' gibi davranılırdı.	Baba	1	2	3	4
	Anne	1	2	3	4
14. Anne ve babam, sözleri ve hareketleriyle beni sevdiklerini gösterirlerdi.	Baba	1	2	3	4
	Anne	1	2	3	4
15. Anne ve babamın, erkek ya da kız kardeşimi(lerimi) beni sevdiklerinden daha çok sevdiklerini hissederdim.	Baba	1	2	3	4
	Anne	1	2	3	4
16. Anne ve babam, kendimden utanmama neden olurlardı.	Baba	1	2	3	4
	Anne	1	2	3	4

17. Anne ve babam, pek fazla umursamadan, istediğim yere gitmeme izin verirlerdi.	Baba	1	2	3	4
	Anne	1	2	3	4
18. Anne ve babamın, yaptığım her şeye karıştıklarını hissederdim.	Baba	1	2	3	4
	Anne	1	2	3	4
19. Anne ve babamla aramda sıcaklık ve sevecenlik olduğunu hissederdim.	Baba	1	2	3	4
	Anne	1	2	3	4
20. Anne ve babam, yapabileceklerim ve yapamayacaklarımla ilgili kesin sınırlar koyar ve bunlara titizlikle uyarlardı.	Baba	1	2	3	4
	Anne	1	2	3	4
21. Anne ve babam, küçük kabahatlerim için bile beni cezalandırırlardı.	Baba	1	2	3	4
	Anne	1	2	3	4
22. Anne ve babam, nasıl giyinmem ve görünmem gerektiği konusunda karar vermek isterlerdi.	Baba	1	2	3	4
	Anne	1	2	3	4
23. Yaptığım bir şeyde başarılı olduğumda, anne ve babamın benimle gurur duyduklarını hissederdim.	Baba	1	2	3	4
	Anne	1	2	3	4

Appendix E. Eating Attitudes Test

	Her Zaman	Çok sık	Sık sık	Bazen	Nadiren	Hiçbir zaman
1. Başkaları ile birlikte yemek yemekten hoşlanırım.						
2. Başkaları için yemek pişiririm ama pişirdiğim yemeği yemem.						
3. Yemekten önce sıkıntılı olurum.						
4. Şişmanlamaktan ödüm kopar						
5. Acıktığımda yemek yememeye çalışırım.						
6. Aklım fikrim yemektedir.						
7. Yemek yemeyi durdura-madığım zamanlar olur.						
8. Yiyeceğimi küçük küçük parçalara bölerim.						
9. Yediğim yiyeceğin kalorisini bilirim.						
10. Ekmek, patates, pirinç gibi yüksek kalorili yiyeceklerden kaçınırım.						
11. Yemeklerden sonra şişkinlik hissederim.						
12. Ailem fazla yememi bekler.						
13. Yemek yedikten sonra kusarım.						
14. Yemek yedikten sonra aşırı suçluluk duyarım.						
15. Tek düşüncem daha zayıf olmaktır.						
16. Aldığım kalorileri yakmak için yorulana dek egzersiz yaparım.						
17. Günde birkaç kere tartılırım.						
18. Vücudumu saran dar elbiselerden hoşlanırım.						
19. Et yemekten hoşlanırım.						

20. Sabahları erken uyanırım.						
21. Günlerce aynı yemeği yerim.						
22. Egzersiz yaptığımda harcadığım kalorileri hesaplarım.						
23. Adetlerim düzenlidir.						
24. Başkaları çok zayıf olduğumu düşünür						
25.Şişmanlayacağım (vücudumun yağ toplayacağı) düşüncesi zihnimi meşgul eder.						
26. Yemeklerimi yemek, başkalarınınkinden daha uzun sürer.						
27. Lokantada yemek yemeyi severim.						
28. Müshil kullanırım.						
29. Şekerli yiyeceklerden kaçınırım.						
30. Diyet (perhiz) yemekleri yerim.						
31. Yaşamımı yiyeceğin kontrol ettiğini düşünürüm.						
32. Yiyecek konusunda kendimi denetleyebilirim						
33. Yemek konusunda başkalarının bana baskı yaptığını hissederim						
34. Yiyecekle ilgili düşünceler çok zamanımı alır.						
35. Kabızlıktan yakınırım.						
36. Tatlı yedikten sonra rahatsız olurum.						
37. Diyet (perhiz) yaparım.						
38. Midemin boş olmasından hoşlanırım						
39. Şekerli, yağlı yiyecekleri denemekten hoşlanırım.						
40.Yemeklerden sonra içimden kusmak gelir.						

Appendix F. Self-Compassion Scale

	Hiçbir zaman	Bazen	Sık sık	Genellikle	Her zaman
Bir yetersizlik hissettiğimde, kendime bu yetersizlik duygusunun insanların birçoğu tarafından paylaşıldığını hatırlatmaya çalışırım.					
Kişiliğimin beğenmediğim yönlerine ilişkin anlayışlı ve sabırlı olmaya çalışırım.					
Bir şey beni üzdüğünde, duygularıma kapılıp giderim.					
Hoşlanmadığım yönlerimi fark ettiğimde kendimi suçlarım.					
Benim için önemli olan bir şeyde başarısız olduğumda, kendimi bu başarısızlıkta yalnız hissederim.					
Zor zamanlarımda ihtiyaç duyduğum özen ve şefkati kendime gösteririm.					
Gerçekten güç durumlarla karşılaştığımda kendime kaba davranırım.					
Başarısızlıklarımı insanlık halinin bir parçası olarak görmeye çalışırım.					
Bir şey beni üzdüğünde duygularımı dengede tutmaya çalışırım.					
Kendimi kötü hissettiğimde kötü olan her şeye kafamı takar ve onunla meşgul olurum.					
Yetersizliklerim hakkında düşündüğümde, bu kendimi yalnız hissetmeme ve dünyayla bağlantımı koparmama neden olur.					

Kendimi çok kötü hissettiğim durumlarda, dünyadaki birçok insanın benzer duygular yaşadığınıhatırlamaya çalışırım.					
Acı veren olaylar yaşadığımda kendime kibar davranırım.					
Kendimi kötü hissettiğimde duygularıma ilgi ve açıklıklayaklaşmaya çalışırım.					
Sıkıntı çektiğim durumlarda kendime karşı biraz acımasızolabilirim.					
Sıkıntı veren bir olay olduğunda olayı mantıksız biçimde abartırım.					
Hata ve yetersizliklerimi anlayışlakarşılarım.					
Acı veren bir şeyler yaşadığımdabu duruma dengeli bir bakış açısıyla yaklaşmaya çalışırım.					
Kendimi üzgün hissettiğimde, diğer insanların çoğunun belki de benden daha mutlu olduklarını düşünürüm.					
Hata ve yetersizliklerime karşı kınayıcı ve yargılayıcı bir tavırtakınırım.					
Duygusal anlamda acı çektiğimdurumlarda kendime sevgiyle yaklaşırım.					
Benim için bir şeyler kötüye gittiğinde, bu durumun herkesin yaşayabileceğini ve yaşamın bir parçası olduğunu düşünürüm.					
Bir şeyde başarısızlık yaşadığımda objektif bir bakış açısı takınmaya çalışırım.					

Benim için önemli olan bir şeyde başarısız olduğumda, yetersizlik duygularıyla kendimi harap ederim.					
Zor durumlarla mücadele ettiğimde, diğer insanların daha rahat bir durumda olduklarını düşünürüm.					
Kişiliğimin beğenmediğim yönlerine karşı sabırlı ve hoşgörülü değilimdir.					

Appendix G. Social Appearance Anxiety

		Hiç uygun değil	Uygun Değil	Biraz Uygun	Uygun	Tamamen Uygun
1	Dış görünüşümle ilgili kendimi rahat hissederim.					
2	Fotoğrafım çekilirken kendimi gergin hissederim.					
3	İnsanlar doğrudan bana baktıklarında gerilirim.					
4	İnsanların görünüşümden dolayı benden hoşlanmayacakları konusunda endişelenirim.					
5	Yanlarında olmadığım zamanlarda insanların, görünüşümle ilgili kusurlarımı konuşacaklarından endişelenirim.					
6	Görünüşümden dolayı insanların benimle beraber vakit geçirmek istemeyeceklerinden endişelenirim.					
7	İnsanların beni çekici bulmamalarından korkarım.					
8	Görünüşümün yaşamımı zorlaştıracağından endişe duyarım.					
9	Karşıma çıkan fırsatları görünüşümden dolayı kaybetmekten kaygılanırım.					
10	İnsanlarla konuşurken görünüşümden dolayı gerginlik yaşarım.					

11	Diğer insanlar görünüşümle ilgili bir şey söylediklerinde kaygılanırım.					
12	Dış görünüşümle ilgili başkalarının beklentilerini karşılayamamaktan endişeleniyorum.					
13	İnsanların görünüşümü olumsuz olarak değerlendirecekleri konusunda endişelenirim.					
14	Diğer insanların görünüşümdeki bir kusurun farkına vardıklarını düşündüğümde kendimi rahatsız hissederim.					
15	Sevdiğim kişinin görünüşümden dolayı beni terk edeceğinden endişe duyuyorum.					
16	İnsanların görünüşümün iyi olmadığını düşünmelerinden endişeleniyorum.					