

PREDICTORS OF BODY IMAGE AMONG UNIVERSITY STUDENTS

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ABSTRACT

PREDICTORS OF BODY IMAGE AMONG UNIVERSITY STUDENTS

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This thesis aimed to investigate predictors of body image which were irrational beliefs, socially-prescribed perfectionism, social comparison, physical activity level and satisfaction with life among university students. Participants were included of 790 undergraduate students from different departments of in a large state university and sample is selected according to convenience sampling method. Multidimensional Body Self Relations Scale, Irrational Beliefs Scale-Short, Socially-Prescribed Perfectionism Scale, Social Comparison Scale, Satisfaction with Life Scale and demographic information form were used to collect the data. Multiple regression analysis was used to explain the hypothesized model of predictors of body image.

Results indicated that irrational beliefs, social comparison, physical activity level and satisfaction with life predicted body image positively whereas the relationship between socially prescribed perfectionism was positive but non-significant. In addition comparing the mean scores of scales by gender, total score of body image was higher in men than women.

Findings of this study revealed that social comparison was playing a significant role in forming body image followed by spending little time vs. much time engaging with sportive activities, irrational beliefs, satisfaction with life and having little time vs. average time for physical activities. Results were discussed regarding to the relevant literature.

Keywords: Body Image, Irrational Beliefs, Socially Prescribed Perfectionism, Social Comparison, Satisfaction with Life.

ÖZ

ÜNİVERSİTE ÖĞRENCİLERİNDE BEDEN İMAJININ YORDAYICILARI

Yumurtacı, Duygu

Yüksek Lisans, Eğitim Bilimleri Bölümü

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Bu tez, üniversite öğrencilerinde benlik algısının yordayıcıları olan akılcı olmayan düşünceler, başkalarınca belirlenen mükemmeliyetçilik, sosyal karşılaştırma, fiziksel aktiviteye ayrılan zaman ve yaşam doyumu açısından araştırmayı amaçlamaktadır. Ortadoğu Teknik Üniversitesi'nin çeşitli bölümlerinde eğitim alan 790 lisans öğrencisi bu çalışmaya katılmıştır. Katılımcılar ulaşılabilir durum örnekleme yöntemi kullanılarak seçilmiştir. Veri toplama araçları olarak Çok Yönlü Beden-Self İlişkileri Ölçeği, Akılcı Olmayan Düşünceler Ölçeği-Kısa Formu, Başkalarınca Belirlenen Mükemmeliyetçilik Ölçeği, Sosyal Karşılaştırma Ölçeği, Yaşam Doyumu Ölçeği ve demografik bilgi formu kullanılmıştır. Beden algısının yordayıcılarını açıklamak amacıyla ele alınan değişkenlere çoklu regresyon analizi uygulanmıştır.

Sonuçlar, akılcı olmayan düşüncelerin, sosyal karşılaştırmanın, fiziksel aktivite derecesinin ve yaşam doyumunun beden algısını olumlu bir şekilde yordadığını, başkalarınca belirlenen mükemmeliyetçiliğin ise beden algısını yordamadığını göstermiştir. Bu sonuçlara ek olarak, ölçeklerin toplam puanları

cinsiyet açısından karşılaştırıldığında beden algısı ile ilgili olan sonuçların erkeklerde kadınlardan daha yüksek olduğu görülmektedir.

Bulgulara göre beden algısının oluşmasında sosyal karşılaştırmanın öncelikli geldiğini, onu sırasıyla spora çok zaman ayırmanın az zaman ayırma göre, akılcı olmayan düşünceler, yaşam doyumu ve spora yeterli zaman ayırmaya göre az zaman ayırma takip etmiştir. Sonuçlar ilgili alan yazın çerçevesinde tartışılmıştır.

Anahtar Sözcükler: Beden Algısı, Akılcı Olmayan Düşünceler, Başkalarınca Belirlenen Mükemmeliyetçilik, Sosyal Karşılaştırma, Yaşam Doyumu.

To My Lovely Mother...

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CHAPTER I

INTRODUCTION

There are three methods to gaining wisdom.

The first is reflection, which is the highest.

The second is limitation, which is the easiest.

The third is experience, which is the bitterest.

Confucius

1.1 Background to the Study

The concept of body image owes its origins to actual body and individual's self-perception of their own bodies. Human beings have been interested with their bodies starting from birth. Seeing, tasting, and smelling, hearing and touching would all have helped people to discover the life in the earth (Fox, 1997). Before 1920s most of the studies about body have been done about lack of organs, damage of a part of the body or health issues. Paul Schilder in 1920s discovered that body is not only affecting to individuals health, it also has a part in their well-being. In this regard, many theoretical and empirical researches have been done to develop an understanding about the body image (Grogan, 1999).

Schilder (1950) believed that body image is more than a physical schema; it is also related to the person's reflections and attitudes towards to the people and the life. It is highlighted that person's perceived appearance, feelings related to their

physical features and contribution to the relationships with others were the main aspects which shape the person's body image (Grogan, 1999).

Other than being the combination of thoughts, emotions and behavior of the physical appearance, body image is also concluded as a social experience. This experience mostly influenced by family, peers, friends, media, and cultural aspects (Seymour, 1998). Researchers have been proved that especially in Western cultures, body image shaped by the media and the images that has been shown as the "ideal". The definition of the "perfect body" included limited variables while both men and women have concerns about fitting in to this conception (Klaczynski, Goold, & Mudry, 2004). In this sense, they were not accurate what to become but they knew what they should not be by the definition of physical appearances. The label "fat" which is used for people who are overweight related to laziness, lack of will power and beyond control. On the other hand being "slim" brought more positive features to the people such as happiness, success, youth and acceptance from social environment (Lyu & Gill, 2012). In that sense, women started to get plastic surgeries, diet and exercise, additionally men started to use steroids, do body building and also get plastic surgeries to achieve the standards (Grogan, 2010).

Many researchers have proved that cultural differences play a significant role in deciding the "ideal" body appearance. Starting from Middle Ages women's bodies were evaluated according to their ability to give a birth. Their full stomach, rounded hips and breasts were symbolized the power of productiveness (Grogan, 1999). In 1920s the understanding of "beauty" was changed and being slim became a popular situation between women. Myers, Ridolfi, Crowther, & Ciesla, (2012) stated that

slim beauty is the result of fashion and its good presentation to the people. With the change in the perception of beauty has widely spread out to the world and people started to take slim celebrities as role models to shape their bodies. In addition to change in their physical appearance, women gained new affirmative descriptions by others such as modern, free, young and social. This move continued to 1990s and in that point slimness represented with the extremely thin models (Fitzsimmons-Craft, Harney, Koehler, Danzi, Riddell, & Bardone-Cone, 2012).

On the other hand the situation was contrary between body shape appearance and men. Arts and paintings highlighted that men's body was very important theme during ancient times. Most of the sculptors were designed as nudes to show the anatomy of the human beings while women were clothed. The idealized men body shape was described with broad-shoulders, narrow hipped and muscled. By the time of late 1800's men's body shape topic started to lose its attraction and men's body shape did not take any consideration until the 1990s (Grogan, 1999).

Historically, the development of body image has been changed for both genders however its effects were the same. Studies indicated that negative body image was causing low self-esteem, anxiety, depression and even eating disorders. In this regard, explaining the body image and its predictors help to overcome these problems (Greenberg, Delinsky, Reese, Buhlmann, & Wilhelm, 2010).

1.2 Purpose of the Study

Body image has been taken into consideration since ancient times. Because body image differs from the body itself (Oliver & Lalik, 2000) it is more than physiological concept.

As a multidimensional term body image has been associated with biological, psychological, social and cultural factors (Cash, 1994; Greenberg et al., 2010). In this sense, increasingly global world it is important to highlight the importance of socio-cultural factors on body image. In this study, socio-cultural factors such as media, social comparison, socially prescribed perfectionism and their relationship with body image will be described.

Image of the body has been always a symbol of reflecting a person's inner side to the external world (Fox, 1997). In this regard, body image is a way of forming first impression. While body image represents the one's own thoughts and emotions about his/her own body, it is important to analyze its contributions. Measuring irrational beliefs and the life satisfaction of the participants in this study will help to find the starting point of the form of the body image.

Since psychological and socio-cultural factors took a place in the concept of body image, researches indicated that biological factors such as age, gender, the life conditions of a person would affect their thinking, emotions and behaviors about their physical appearance (Steiger, Fraenkel, & Leichner, 1989; Reas & Grilo, 2004). In that sense, in the present study participants' background information would be included as a variable to investigate its relationship with the body image.

The general aim of this study is to examine the relationship between psychological and socio-cultural factors and body image and in which degree they predicted it. Furthermore, irrational beliefs and life satisfaction will also be studied as predictors.

1.3 Research Question

In the present study a multiple regression was used to investigate the prediction level of aforementioned study variables based on a correlation model. The following research questions were sought to be answered.

To what extent multidimensional body-self relations is predicted from irrational beliefs, socially-prescribed perfectionism, social comparison, satisfaction with life and level of time spent by doing sports?

Is there a significant effect of gender on body image, irrational beliefs, socially-prescribed perfectionism, social comparison and satisfaction with life?

1.4 Significance of the Study

Over the years, there has been a great interest on body and physical appearance. The increasing concern about body affected people in the way of expressing themselves and also the degree of believing in themselves. In this regard, studies have been done to investigate about factors that affect the importance of body and its appearance (Fox, 1997).

Body image differs from physical body; it represents the inner perception of the concrete appearance (Kindes, 2006). It has been indicated that having a good-looking physical appearance does not provide accurate positive body image

conversely being overweight or average does not associate with negative one. In this sense, it can be concluded that body image shapes the individual's thoughts, emotions and behaviors (Wilhelm, 2006). Defining the factors that affect body image will help to find the motivator of the behaviors and also its effects on both mental and psychological well-being.

Many of the studies done about body image have significantly considered the population of adolescence which is the period that not only the physical changes happen, the perception of the individuals' forms about themselves (Gardner, Sorter, & Friedman, 1997). During this process, with the change in their bodies, adolescences were trying to find a model to become look like. In this regard, media, family and social interactions with peers and environment affect them. Past studies revealed that adolescence show great endeavor to change their physical appearance according to the expectations of significant others (Iannantuono & Tylka, 2012). In this sense most of the studies selected the population of college students to gain deep understanding about body image (Fox, 1997).

Relevant literature pointed out that specifically giving importance to the college students about the process of constructing body image is urgent. College students took a part in the two periods of stages of development. While they are having concerns about their developing identities, they also start to need an intimacy especially for the students who are leaving home for studying (Kamps & Berman, 2011). The change in this passing period affects them both physiologically and psychologically. Body image which covers these both subjects becomes a significant aspect.

Although there has been various research on the definition, theory and the clinical implications of negative body image and its causes such as low-self-esteem, eating disorders, depression in Western cultures, there have been very limited search done in Turkey and most of them selected their population as cancer patient (Erol, Can, & Aydiner, 2011), people with lack of organs (Keskin & Babacan-Gümüş, 2011) or high school students (Aşçı, Gökmen, Tiryaki, & Aşçı, 1997). In this point, it is believed that this research would have accounted a great variety of information about adolescences' body image and its contributions.

1.5 Definition of Terms

Body Image, is a multidimensional concept, which included several different components. In this study, it is described as a person's cognitions, emotions and view to one's own body which formed by biological (family), psychological (personality) and social (media, friends, etc.) factors (Fisher & Cleveland, 1968).

Irrational Beliefs, was defined as a person's illogical perceptions which are distorting the reality and causing the emotional and behavioral problems while the person is evaluating both oneself and others (Ellis, 1973).

Socially Prescribed Perfectionism, is one of the component of perfectionism which refers one's belief and estimations that others have extremely high standards about her/him and behaving s/he according to these expectations (Hewitt & Flett, 1991).

Social Comparison is a way of evaluate one's own thoughts, behaviors and experiences while comparing oneself with others to decide the capacity what s/he can do or do not (Festinger, 1954). In other words, people compare themselves with others to reduce the uncertain situations or dimensions or to satisfy the desire of how to identify themselves.

Life Satisfaction, is a dimension of subjective well-being which is considered as multidimensional. It identified as one's general conclusions and judgments about his/her whole life (Diener, Emmons, Larsen, & Griffin, 1985).

CHAPTER II

REVIEW OF LITERATURE

This chapter included the definition, psychological, biological and socio-cultural factors and the relevant literature and past studies done about the irrational beliefs, socially prescribed perfectionism, physical activity level, social comparison and satisfaction with life and body image.

2.1. Body Image

2.1.1 Factors of Body Image

Body image is a multidimensional and complex construct that formed by physiological, psychological and socio-cultural components (Cash, 1994; Cash & Pruzinsky, 1990; Fisher & Cleveland, 1968). Physiological components could be interpreted as biological factors which are body mass index, gender, health, age, ethnicity, demographic information and the level of engagement with sports (Davis, 1997; Reas & Grilo, 2004). On the other hand psychological variables involved personality features (self-esteem, perfectionism), family relationships (direct or being as a model about understanding the body) and depression (Mizes, 1988; Slade, 1994). In addition to these socio-cultural factors also play a key role in the satisfaction/dissatisfaction of body image are cultural norms, media (thin

idealization, self-objectification) and social comparison (relationship with peers, interpersonal experiences) (Hogg, 2000; Hoyt & Kogan, 2002).

In the study of Ricciardelli, McCabe, Holt, & Finemore (2003) sample of children has been proved the importance of biological, psychological and socio-cultural factors in one study. According to the results, BMI, self-esteem, negative affect, and prescribed socially pressure were in relation to body image concerns and body change strategies among girls and boys. Regarding to this information variables of the present study was constructed.

2.1.1.1. Biological Factors

Behavioral genetic researchers and molecular biologists have been searching the composition of body image by twin & adaptation studies and examining specific genes in order to prove the relationship between biological factors and body image (Suisman & Klump, 2011).

Suisman and Klump (2011) exhibited that although twin and adaptation studies which are done with men did not notice any relationship between body image and heredity, the situation in women studies were conversely. It was found that at least 50% of the participants had body image problems related to their genes while the height and weight were controlled.

On the other hand, molecular biologists were tried to explain the specific relationship with genes and body images. Because there were only two studies done about this topic, it is hypothesized that a serotonin transporter (S allele) could be related to the eating disorders of anorexia nervosa and bulimia nervosa. The studies

which are done with chromosomes (1 & 13) would also give some clues that there would be an association between body image problems and heritability.

In another perspective which is brought by Satamenov (2005) as a biological factor body image has been identified as mental representation of body and bodily functions that body schema, which is a set of neural representations, activates the brain to experience of body image.

2.1.1.2. Psychological Factors

Since body image included the thoughts and emotions of the individuals about their bodies, the relationship of psychological factors and body image has become a remarkable topic. In this regard, the assumed foremost psychological factors such as personality (Fisher & Cleveland, 1968), self-esteem and eating disorders that affected body image were studied (Grogan, 2010).

The concept of body image has been taken into attention by several different psychological theories. Psychoanalytic theorists have been integrated body and its image while explaining their perceptions and ideas. Freud (1927) in his book *The Ego and the Id*, cited that “The ego is the first and foremost a body ego; it is merely a surface entity but it is itself the projection of a surface” his great emphasis on body image (Fisher & Cleveland, 1968). In addition to this he also explained the adulthood psychological problems with the term called fixation which were obsessions about several body parts (oral, anal, phallic) that human beings developed during their childhood. In this regard, Freud accepted body image as a baseline for development of ego, the theory of libido and personality (Fisher & Cleveland, 1968). Moreover,

Adler interpreted body image as the lack of organ inferiority which caused human being to enhance a feeling of general inferiority about oneself (Krueger ,2011).

Moreover, psychodynamic theorists highlighted the importance of the relationship between caretakers and the infant while a boundary was developing (Krueger, 2011). Breastfeeding; movements, gestures, mimics, behaviors of mother and the way of showing love (hugging, kissing and touching) of caretakers were the key elements of differentiating their body from other external factors. In this regard, lack of separation and achieving autonomy induced narcissism, lack of concrete thinking and decrease in the ability of self-expression (Krueger, 2011).

On the other hand, cognitive-behavioral perspective to body image integrated both historical and current experiences of thoughts, emotions and behaviors. Cash (2011) has been divided these factors into two sub-categories; historical factors and recent life events. Historical factors included the past events, physical features and personality characteristics and socio-cultural attitudes toward body accepted as the cause of individual how to perceive their physical appearance whereas recent life events which were forming body image involved self-talk, feelings toward body image and adjustment behaviors to social life (Cash, 2011).

Reevaluation in cognitive processes in 1950s established a new approach called Information Processing Theory. In this theory, it is accepted that mind is working as a computer which means that knowledge is analyzing, interpreting and behaviors were forming according to what environment is giving to the individual. In this perspective body image is identified as the cognitive biases which happen according to received information from society. They were identified as the fear of

being fat, becoming obsessive about body size/shape, internalization of a thin ideal size/muscularity, and perfectionism (Williamson, Stewart, White, & York-Crowe, 2011).

Another psychological theory that gave an importance to concept of body was Feminist Therapies. They emphasized the difference between gender and how this difference formed by social construction. According to the theorists, female body perceived as an object which should be fitted, controlled and satisfied the cultural norms. In this perception, women were watched, assessed and judged by both gender in terms of providing the standards (McKinley, 2011).

The whole mentioned theories were accepted the association between eating disorders and body image. Dissatisfaction of the body image was labeled as the foremost reason of eating disorders; anorexia nervosa and bulimia nervosa (DSM-IV; American Psychiatric Association (APA), 1994). On the other hand overeating (obesity) is not included into the clinical problems of eating because of the fact that it did not include any disturbance in behavior and also any mental problem. Although still overeating without any physical conditional problem would be evaluated and analyzed psychological. In this regard, studies with obese people would be determined (Cooper & Cooper, 1988).

Anorexia nervosa has been described as the desire to reach the idealized body shape which characterized with fear of being obese, dissatisfaction with body image, losing high amount of weight and having problems in menorrhoea periods. The criteria which identify the individuals who have anorexia nervosa should; be under 25 years old, lost %25 of the original body weight, show unacceptable behaviors and incomprehensible attitudes towards eating and losing weight, feel pleasure while

refusing indulgence, not have any medical or psychiatric disorder (schizophrenia, obsessive compulsive disorder, phobia) and include at least two of the followings: loss of menses; decrease in the heart rate (60 and lower); experiencing lanugo (tiny body hair); vomiting, being overactive (Dacey & Travers, 1996).

Additionally bulimia nervosa also counted as an eating disorder which is related to anorexia nervosa but significantly differentiated in terms of the awareness individual has about the abnormal eating pattern (Cooper & Cooper, 1988). Other than having consciousness about the abnormal behavior bulimia nervosa is associated with the fear of losing self-control while eating, being in depressive mood and having irrational thoughts about eating binges (Dacey & Travers, 1996).

Turkish Statistical Institute (2010) has prepared a report about the health of the general population by checking body mass index rates. According to the report 16.9% of the population whose ages were between 15 and over, were identified as obese and 33% were described as overweight. In relation to the gender, total percentage of the obese and overweight males was 50.5% while this rate was 49.4% for females. Findings indicated that obese rate for females were almost the same in both urban and rural areas and differently than the general conclusion the ratio was higher than males. Conversely, in overweight group males (37.3%) were had higher rate than females (28.4%).

Sarwer, Thompson, & Cash (2005) conducted a study which demonstrated obesity and the negative body image positively related to each other. It is indicated that obese people had negative attitude according to their physical appearance which causes low self-esteem and depression. In this study it is suggested that to be able to overcome this problem cognitive behavioral therapy should be used because however

dieting and exercising were significant for helping the people in order to get back their health, restructuring the cognitive distortions and learning some coping skills were playing important role in the process of convalesce.

Self-esteem has been accepted as the significant factor of psychological well-being and social engagement. According to the several researches it has been found that body image is playing a greater role while forming self-esteem in adolescence period (Sheldon, 2011). In a study which done in Turkey, investigated the relationship of body image and self-esteem in adolescent girls who were either athletes or non-athletes (Dorak, 2011). It is proved that compared with non-athletes, female adolescences who are engaged with sports had higher level of self-esteem and it is also indicated that increase in the level of self-esteem caused more positive body-image.

2.1.1.3. Socio-Cultural Factors

Cognitive-behavioral model implicated that socio-cultural factors were the most important dimension which had a highest effect upon forming the body image (Grammas & Schwartz, 2008; Fitzmmons-Craft et al., 2012). According to this perception Keery, van den Berg, &Thompson, (2004) offered Tripartite Influence Model to define the causal factors of body image. In this model it is proposed that peers, parents and media were the three foremost influences through two mechanisms; appearance comparison and internalization of thin ideal.

Cash (1990) mentioned that being/labeling as fat causes people treated more negatively than other people. It starts from the early childhood period and children

prefer to play with children who have a good looking and slim body than overweight ones. This judgment continued throughout the adolescence and adulthood periods.

Mass media integrated its values, attitudes and beliefs by including idealized models and celebrities to their shows and programs (Cash, 2006). By this, people either gained role models to emulate and showed great performance to be look like them or increased consciousness that they are different than them and this dissatisfaction made them to feel unattractive, incapable and even ugly (Grogan, 1999). Researches has concluded that idealized media figures were causing adolescence compare themselves with them and got a negative attitude about themselves (Anderson, Huston, Schmitt, Linebarger, & Wright, 2001).

In a research of Anderson et al. (2001) adolescence were asked “whom they would most like to be”. Responses coded according to categories were; parent, an older adult, sport stars, media figures (actor/ music star or a fictional character), real public figure (politics, philosophers, teacher) and no one/myself. Results showed that adolescences in the age of 12 to 15 were mostly look like to a parent or an adult who they know (43%), than media figures (17%), sport stars (12%) and public figures (9%) respectively.

Media has been directly affected to the children eating habits with the calorie rich commercials about snacks, fast-foods and sugars. Meanwhile sitting in front of televisions and/or computers keep children away to be actively took a part in the real life. According to Anderson et al. (2001) research it is proved that girls’ duration of time spent with television positively related to their body mass index however it wasn’t the same for the males. Although the figures in cartoons and adolescence

programs models are figured were healthy, adolescences were affected by daytime shows which were mostly scheduled for adults.

Another determinant of the model was defined as family relationships. The learning theorist Bandura (1963) believed that parents use of language, attitudes toward specific situations and behaviors that to the events and people were all modeling by children. In this way, values, postures and views were adopting by the young family member. The shaped perception of the individual emerge while the adolescence starting to discover one's own body.

Identifying the risk factors of parents about forming negative body image it has been found that dieting, dissatisfaction with body images were modeling by children. In this sense, parents' non-verbal messages of dissatisfaction with their own bodies and valuing thinness/muscularity affected negatively on children's evaluation of their own bodies (Gardner et al., 1997).

One of the other important parental influences on children's body image is the verbal comments of the other family members. Criticisms towards child appearance and words that are used to tease the child's weight and comparison of ideal figures were lead to body dissatisfaction and eating disorders Kluck (2010).

In this regard the effects of media, peers and family on eating disorders and body image were examined (Ata, Ludden, & Laly, 2007). Results indicated that for both gender, family and friends were more effective factors to make pressure on being fat/muscular. Additionally it is highlighted that especially for men low parental

support and conversely parental insistence of being muscular represented the highest risk factors of eating disorders.

2.2. Cognitive Behavior Therapy/Irrational Beliefs

Cognitive Behavioral Therapies were developed in the earlier of 1960s which were based on using cognition models for to change the behavior (Dobson & Dozois, 2001). Albert Ellis was one of the prior of the Cognitive Behavioral Therapies that he theorized Rational Emotive Therapy as a comprehensive approach which was consisted of cognitions, emotions and behaviors to explain the human beings behaviors (Ellis, 1973). According to Ellis, problem starts with the miscognitions or misperceptions that a person has for a situation; than emotions arises to push them behave poorly. Ellis (1973) highlighted that Rational Emotive Therapy differed from other cognitive behavioral therapies by tended to cognitive approaches.

Ellis (1973) has explained his theory with symbolizing it with ABC. In this model A represented the activity, action or an agent (an exam, a job interview and so on.) which disturbed the person. B delineated the beliefs which were mostly irrational (using sought, ought or must) that they were inappropriate for the reality. C presented consequences of the cognitions. These consequences were the emotions, feelings that the person developed according to the thoughts and beliefs. Lastly D pointed out the disputing (questions, challenges) which could be taught or teach by the person itself. Disputes of the behaviors, emotions resulted with the behaviors. Another important cognitive behavioral therapy was found by Aaron Beck and named as Cognitive Therapy. Beck has found similar and repetitive systematic errors

while working with clients and called them as cognitive distortions (Dobson & Dozois, 2001).

Beck's has been identified several cognitive distortions; (Wills, 2009).

Overgeneralization: taking only one event as a base and concluding that everything will happen in same way.

Arbitrary inference: without having enough evidence, making conclusions.

Selective abstraction: selecting only the negative events and ignoring the positive ones.

Tunnel vision: to be able to prove person's own negative view only seeing the negative contributions of the events.

Black and white thinking: describing everything in the extreme points and putting the "grey"s into the negative side.

Should statements: having high mostly unreachable (perfect) standards for himself/herself.

Magical thinking: a belief that the person's failure or badness spread out to all.

Catastrophising: focusing on to the worst outcome of an event.

Labeling: insisting on a negative aspects of the situation or a person.

Cognitive distortions and several different types of disorders such as depression, anxiety, have been linked to each other however there were few empirical studies which are linked to eating disorders (Wilhelm, 2006). In a study

done by Sprangler (2002), it was found that dysfunctional beliefs played a significant role by causing bodily dissatisfaction.

Most of the researches have indicated that there is a significant relationship between body checking and irrational beliefs but a study conducted by Mountford, Hasse, and Waller (2006), purposed to find the understanding of cognitions which lie under the form of negative body image. It was seen in the results that four major type of cognitive distortions play a significant role in body checking were objective verification (believing that continuous body checking will help to have better image about one's body); reassurance (the notion that doing body checking will help to reduce the stress and help the one to relax); safety beliefs (a belief that if one does not check own body the unwanted situation will come true) and lastly body control (the confidence about ongoing body checking will lack the eating more than as usual and gaining weight).

Lethbridge, Watson, Egan, Street, and Nathan (2011) hypothesized that cognitive process especially dichotomous thinking (black and white thinking) was significantly predicted eating disorders and results were proved it. Moreover, in another research done by Steiger, Fraenkel, and Leichner (1989) thirty one eating disordered and eleven normal women took a part to find the relationship between dysfunctional cognitions and body image. According to the results eating disordered women had more irrational beliefs than normal women. Moreover, high level of maladaptive thoughts was caused high level of body image distortions that having irrational beliefs causing people to have false thoughts and implications about their bodies appearance (Wilhelm, 2006).

Dichotomous thinking, which means seeing only the extreme cases of an event, has been linked with body image dissatisfaction. In the dualistic thinking that everything must be separated from each other in two extreme ways; male/female, black/white and body/mind. In this regard, being slim/fat become a two extreme choice for the individuals (Oliver & Lalik, 2000). Cohen and Petrie (2005) have compared three different sub-groups; eating disordered, symptomatic and asymptomatic group according to their satisfaction level with their bodies, found that eating-disorder and symptomatic group were had higher level of irrational beliefs (dichotomous thinking, self-control, and extreme weight regulation) than the asymptomatic group while these groups differed mostly in the choice of beauty models who they desired to be look liked.

2.3. Socially Prescribed Perfectionism

Cognitive-behavioral therapies were indicated that desire to be perfect cause to form of many irrational thoughts which are related were the bases of psychological problems including eating disorders and depression (Steele et. al., 2011).

Perfectionism was taken into attention in the beginning of 1990s. One of the most accepted theory one which is developed by Hewitt and Flett (1991) was multidimensional perfectionism. To be able to understand the perfectionism and its dynamics they divided it into three subcategories; self-oriented, socially-prescribed and other-oriented.

Self-oriented perfectionism was explained as the individual's aimed to reach high standard expectations that they put for themselves. Self-oriented people put high pressure on their own shoulders and do not accept any failure. On the other hand,

other-oriented perfectionism described as the having unrealistic expectations about other people. These characteristics reflected into real life as the behaviors of getting mad, making negative evaluations and criticizing others. The last dimension is called as socially prescribed perfectionism which is a belief of the person that others have some unrealistic standards about him/her. Therefore, having attention of others, doing everything in the way it should be with the fear of negative evaluation and gaining the confirmation of others hold very important place (Hewitt & Flett, 1991).

Perfectionist individuals aim to reach ideal-self which included unrealistic thoughts which drag the person to failure, low self-esteem or guilt. Hence, it is usually related with several clinical problems such as depression, personality problems, alcoholism and eating disorders. According to the theoretical frame body image is related to socially prescribed perfectionism (Hewitt, Turnbull-Donovan, & Mikail, 1991).

The thought of reaching the perfect female body which is forced by culture and media, has been changed during the decades. Starting from Renaissance to 1950's the buxom and curved physical appearance was symbolizing the ideal, while 10 years later flattered body were become the popular and pleasant one and continuous. With all these messages women had learned to change her body according to the societies wants and wishes in order to be accepted and to reach happiness. The expectation of the society pushed the woman to endeavor to lose weight and reached the idealized appearance while it resulted with eating disorders such as anorexia nervosa and bulimia (Ussher, 1989).

Perfectionism has studied in many researches about its relationship with eating disorders. Downey and Chang (2007) conducted a study to investigate the interaction between socially prescribed perfectionism and body dissatisfaction in the prediction of dieting and the level of showing bulimia nervosa symptoms. Results indicated that socially prescribed were significantly related to dieting and bulimic attacks. In addition to these, participants who had high level of body dissatisfaction were having high level of socially prescribed perfectionism which meant that the feedbacks, attitudes and behaviors which came from social environment about cause the participants feel pressure on themselves and finally it tend to eating disorders.

Bardone-Cone (2006) examined the relationship between the dimension of self-oriented and socially prescribed perfectionisms and eating disorders and dieting. Results of the study concluded that bulimic symptoms were associated with socially prescribed perfectionism while it did not relate to dieting.

In another study conducted by Tissot and Crowther (2008), found that socially prescribed perfectionism has a relationship with bulimic symptoms. Participants who internalized thin ideals from mass media had high level of socially prescribed perfectionism as long as they had self-oriented perfectionism. In other words, individuals who believe that others have some unrealistic expectations about them did not show bulimic symptoms unless they also have same expectations from themselves.

Stoeber and Stoeber (2009) resulted in their study that there is a significant correlation between socially prescribed perfectionism and trying to reach extremely high standards in physical appearance. In the study of Sheldon (2010), perfectionism

was looked in the scope of body esteem. It was indicated that perfectionism has an indirect relationship with low body esteem and body dissatisfaction. Results showed that women who compare themselves with media ideals had more perfectionism which meant that women in general who possess perfectionist behaviors would more likely to try to look like fashion models.

Recently most of the research has been conducted with women and their body dissatisfaction. Grammas and Schwartz (2008) were conducted to study to check male college students' level of dissatisfactions with their bodies in the dimensions of muscularity, low body fat and height. Results indicated that socially prescribed perfectionism significantly predict the muscularity and low body fat satisfaction whereas no relationship was found with height satisfaction. Additionally, this study presented that there is a positive correlation between low bad fat satisfaction and socially prescribed perfectionism. According to the results, men do not feel any pressure about their body fat level unless they perceive that significant others were expecting lower body fat from them.

2.4 Social Comparison Theory

The concept of social comparison gained the widespread interest of the social philosophers and scientists such as Platon, Aristotle, Rousseau and Kant under the topics of self-understanding, morality and power (Suls & Wheeler, 2000).

Leon Festinger is known as a father of the term “social comparison” and its theory. The theory of social comparison has been explained as the motivation to learn about the correctness of one’s opinion about what the person is component to do or not by comparing oneself with others (Festinger, 1954). Social comparison

rises when conditions were not satisfy for making an evaluation about the opinions or abilities. Under these circumstances the person prefers to compare himself/herself with others by trying to find any conformity to feel more confident by getting approval from others (Wood, 1996).

In his theory Festinger (1954) mentioned about an aspect of “unidirectional drive upward” which meant to the desire to make a contact with superior person than the person itself. Alicke (2000) stated that comparison was not only occur between the person and similar or the superior person. In this regard, he mentioned three different kinds of social comparison; lateral (same as oneself), upward (superior) and downward (inferior). Downward comparison is a way of individuals comparing oneself with others who are considered to be worse off, hence they would be disassociate themselves from the undesirable situation and feel better (Wills, 1981). On the other hand lateral comparison would done between the invididual and similar others (Festinger, 1954). The last comparison type called upward comparison which means that individual compare themselves with the idealized or modeled (better off) one to find some similarities for to demonstrate their superior side (Suls, Martin, & Wheeler, 2002).

Wood (1989) identified these themes in a different perspective that according to him, lateral comparison would be called as self-evaluation. In that sense, the person would gather information from the similar ones to criticize themselves in a correct way. Downward comparison on the other hand, described as the self-enhancement which is a way of protecting the self-esteem while comparing oneself with the inferior ones. Finally, he claimed that upward comparison is done to aim

improvement in self by gaining information about a problem or unreachd situation from the others who have already reached success.

Researches which were focused about body image have found a significant relationship with body dissatisfaction and social comparison (Tiggemann & Slater, 2003; Morrison, Kalin, & Morrison, 2004). It has been indicated that peers, media and parental feedbacks causing the adolescence to compare themselves with others and mostly the direction of these evaluations and criticisms cause upward comparisons which causing the low-self esteem, self-oriented perfectionism, depression, anxiety and eating-disorders (Stice, 1994; Tiggemann & McGill, 2004; Lyu & Gill, 2012).

Past studies were gave importance to the effects and implications of social comparison to the individuals lives however there have been little search about who, in which conditions and how they are comparing themselves with the target ones are also important questions while understanding the nature of social comparison (Kramer, Ingledew, & Iphofen, 2008). Results pointed out that self-improvement comparison was affirmative whereas the idealized images were not presented as the competitors. Additionally comparisons were done by adolescence were adequate with the proposed topics and participants attention were mostly centered in physical attributes such as shape and size. In conclusion the effect of mass media on adolescence comparison of their physical appearance was found to be the most effective appraisal of doing social comparison.

Ridolfi, Myers, Crowther, and Ciesla (2011) differently than others showed that social comparison through peers and media images were not associated with

body dissatisfaction. On the other hand, this result pointed that media images caused an increased in the level of negative affect while social comparison to peers not.

2.5 Life Satisfaction (Well-Being)

Focusing on more positive side of psychology has taken great interest of researchers and theorists in recent years. In this regard, well-being has become a key point to reach the authentic person (Suhail & Chaudhry, 2004). In addition to this, well-being become a growing discipline in the area of psychology because it gave a chance to individuals to evaluate their own lives, was applicable to the increased trend in philosophy of individualism and satisfied the desire of going beyond the basic needs (Diener, 2000).

Subjective well-being has been described as a person's general evaluations of cognitions and emotions regard to their whole life. These evaluations involved thoughts about competence, satisfaction and feelings of gratification (Diener ,Oishi, & Lucas, 2009). The two major factors of subjective well-being are defined as life satisfaction and affect balance (Diener et al., 1985). Life satisfaction is explained as the general conclusion of a person about one's own life, while affect balance expressed by the comparison of pleasant and unpleasant feelings toward to one's life experiences (Diener, Suh, Lucas, & Smith, 1999). Although there were a few theories for well-being the implications on the positive psychology was great. Ryff (1989) was the first researcher who searched the relationship between affect balance, life satisfaction, self-esteem, morale, locus of control, depression and self-concepts found that affect balance and life satisfaction has a great strong association with well-being. In the research done with the sample of 7,204 college students from 42

different countries proposed to measure the degree of happiness and level of life satisfaction. Two questions about subjective well-being were asked to determine how frequently students think about their well-being and how much it is important for them ranging 1 to 7. According to the mean of Turkey respondents, most of them frequently thought about the degree their satisfaction with life ($M = 5.16$) and they believed that well-being is a very important topic ($M = 6.25$) Diener (2000).

Several indicators of psychological well-being such as self-esteem, optimism, life satisfaction, high coping skills have been predicted by level of body satisfaction (Avalos, Tylka, & Wood-Barcalow, 2005). In the study of Annis et al. (2003) three groups of women who were currently overweight, formerly (in childhood or in adolescence period) overweight and never being overweight compared on level of body image and quality of life. In the study quality of life was examined in the range of dimensions such as general, social, sexual, self appearance, family, relationship, school, and work. Women who are currently labeled as overweighed had lower satisfaction with life than formerly and never being overweighed groups who did not show any significant difference. This findings proved that physical characteristics causing to have a negative body image which is significantly related to satisfaction with life.

In the study of Moin, Duvdevany, and Mazor (2009) the relationship of body image and life satisfaction was examined comparing women with and without disabilities. It is indicated that women without disabilities were show higher satisfaction with life and body image level, unexpectedly it was found that life satisfaction has a bidirectional relationship with sexual life satisfaction and also it is

seen that body image significantly related to age. In this respect, it can be concluded that sexual satisfaction and body image related to each other and level of effecting from the age.

2.6. Gender and Body Image

Men and women differ from each other while they were evaluating and interpreting their physical appearance (Muth & Cash, 1997). In the social world, for men health and the understanding of looking good were associated with masculine and mesomorphic size and shape which is believed to be resulted with happiness whereas for women being slimness is the way to be attractive and acceptable (Grogan, 1999).

Franzoi et al. (2011) investigated the differences and similarities between women and men while they were comparing themselves with their same-sex persons according to three important body domains; face, body shape and physical abilities. Results indicated that women were more likely to compare their physical appearance with similar or better than them (upward social comparison) and criticized themselves negatively. On the other hand, men compared their bodies with how they want to look like in the future; therefore they were more satisfied and hopeful than women. Consequently, researchers concluded that this gender difference came from the society rules and cultural expectations that women physical attractiveness and beauties were judged by how their bodies measured up.

Women were endured painful procedures to have socially-defined attractive body schemas. In this regard, women feel more pressure than men about their body image which decreases with the age Tiggemann (2004). In another study done by

Sides-Moore and Tochkov (2011) highlighted the importance of competitiveness and depression in shaping body image and the level of satisfaction with it. According to their results, women who have seen a thin, attractive model image had more negative feelings to their own bodies than women in control group.

The ideal female body has been shaped with slimness (low weight, low waist-hip ratio), full-breasted and having strong bones (muscularity), women were tried to reach that appearance with dieting, body shaping, cosmetic surgery and resulted mostly with eating disorders (Grogan, 2010). However women and their idealization of thin bodies constituted the literature about body dissatisfaction, researchers highlighted the increased attention to male body in last decades. Generalized ideal man characteristics included well-developed muscles, broad chest and shoulders, strong arms and medium to narrow hips. In this scope, as behavioral indicator of negative body image they were engaged with diets, cosmetic surgeries, and extremely attending physical activities to build body and differently than women used anabolic steroid and injection of human growth hormone. Although the whole behaviors could cause harm, using steroid and injection of human growth hormone could cause heart diseases, enlargement in the bones of forehead, hands, feet and jaw, muscle weakness even muscle tearing when the cycle of medicine broken (Grogan, 1999).

“Internalized body shape” theme is valid for both gender the important difference between men and women is the reason which motivates the individual to achieve it. Women seek to be the ideal because to gain self- esteem, acceptance,

attractiveness while men is interested to be the “ideal” because they accept it healthier and fitted (Polivy & Herman, 2004).

2.6.1. Self-Objectification Theory

Feminist therapists have argued women were increasingly exposed to sexually objectified behaviors day to day. Recently these circumstances were widespread and approved as normal that their negative outcomes were not taken into consideration. Moreover, women and girls started to internalized these experiences and they started to view themselves as an object which can be used, manipulated, controlled, criticized and changed which is existence is only considering physical components (Calogero, Tantleff-Dunn, & Thompson, 2011).

Objectification Theory which is developed by Fredrickson and Roberts (1997), has explained the model of objectification as, women who are imposed to become thin by their social environment lead to develop body-monitoring behaviors that are causing emotional distress, anxiety, body embarrassment, decrease in concentration and having hard time while completing mental and physical tasks. Consequently, it has been pointed out that all of these negative evaluations and implications about physical appearance may result with health problems such as depression, sexual dysfunctions, eating disorders and negative body image (Muehlenkamp & Saris-Baglana, 2002).

Menzel and Levine (2011), claimed that to be able to reduce self-objectification experiences positive body image should be promoted. They believed that increasing in the appreciation with the physical appearance, developing self-awareness of body functions and reframing the dysfunctional thoughts would help to

enhance satisfaction with body image. Satinsky, Reece, Dennis, Sanders, & Bardzell (2012), proved that women who perceived their bodies as an object had a negative impact on the feelings and thoughts about their bodies. By the increase of body appreciation of the participants' their positive body image are formed as a resistance to the objectification.

In the study of Murnen and Smolak (2009), 26 studies were reviewed and it is found that there is a highly significant relationship between having a feminist identity and positive body image whereas highly negative relationship with eating disorders. In another words, women who have rejected the pressure of society norms about idealization of thin figures of media or peers were mostly satisfied with their physical appearance and do not have any eating disorders. Additionally, Tylka and Hill (2004) examined that feeling of pressure to be thin predicted the body shame and body surveillance (the thought of giving importance to how the person's physical appearance perceived by others rather than their own feelings) which were causing eating disorders.

On the other hand, although women experience self-objectification more than men, the negative consequences of evaluating individual's own body as an object were in the same level (Quinn, Chaudoir, & Kallen, 2011). In this regard, in the research of Schwartz, Grammas, Sutherland, Siffert, & Bush-King (2010) predictors of body image and the level of self-objectification in men was examined. Results indicated that after controlling the variable of ethnicity, gender role conflict factors such as success, power and competition were significantly predicted the self-objectification in men. This result was surprising however exercising and drive for

muscularity were proved as the important factors for men perceiving themselves as an object, the drive lying under these circumstances were achieving the success and the desire of winning the competition in reality.

2.7. Physical Activities and Body Image

Body image is the main factor that plays an important role in presenting the self in the society. In order to make an intended impression on others men and women work on their bodies (Seymour, 1998).

Spending time on sports was the symbol of the power and appreciation of the body especially in the case of male. Men were usually used sports as a vehicle to provide force and competence in the community. Being part of sportive activities promoted strength, control, reliability, aggression, discipline and ability to men while for women it showed opposite effect. Because being engaged with sportive activities labeling as a muscular activity it caused women to impose an alienation from the group. Recently this point of view has been changed.

In the research of Fox and Corbin (1989) exercised and non-exercised groups were compared to find whether self-esteem would affect from exercising or not. Results were concluded that for both female and male groups exercising is a predictor of increasing self-esteem.

Morano, Coella, and Capranica (2010) conducted a study which examine the differences in perception of body image and physical abilities between normal weight and overweight boys who were either involved to a team or doing sports individually. Overweight participants showed more body dissatisfaction than normal weight boys as it is expected, but two groups did not show any difference in

perceived physical abilities. This result pointed out that doing exercises helps to the individual to gain self esteem about the belief that he is competent to do physical activities.

Studies which were conducted in Turkey mostly gave importance to the relationship between behavioral and psychological factors and body image. In this regard there are few studies done about body image satisfaction and physical factors Çatıkkaş (2011) explained that physical characteristics' were highest level of predictors about body dissatisfaction for women; however men were not affected from physical characteristics although they had higher body mass index scores than women.

CHAPTER III

METHOD

In this chapter methodological procedures: design of the study, participants and sample selection, data collection instruments and procedures, variables, data analysis and limitations of the study will be presented.

3.1 Overall Design of the Study

The purpose of the present study was to investigate in which degree body image of a person is predicted by demographic information, irrational believes, socially prescribed perfectionism, social comparison and life satisfaction.

A correlation research design was used to determine the prediction of independent variables over body image.

3.2. Population and Sampling

Population of this study includes undergraduate students enrolled in Middle East Technical University (METU) during spring semester of 2011-2012 academic year. To be able to reach the students convenience sampling method was used to determine the participants. In order to constitute a representative sample, questionnaire mostly applied in general must courses (Calculus and Physics) which have students from several departments who have different ages, genders, and socio-economic status. Researcher was reached 836 students but only 790 of the participants' answers were accepted.

The age range of the subjects was between 18 and 26 ($n = 785$). In relation to their gender, the obtained data explained that 50.0 % of the participants were male ($n = 395$) while 48.5 % of them were female ($n = 383$). Participants CGPA scores ranges between 0.13 and 4.00 ($M = 2.68$, $SD = 0.67$). According to the participants, their families' socioeconomic statue differs as very low 1.1 %; as low 7.3 %; as middle 76.4 %; as high 13.2 % and 1.1 % as very high. 67.2 % of the students spend most of their lives in big cities; 14.1 % were in small cities; 7.8 % were in big district; 6.7 % were in small district; 1.6 % were in town and 2.3 % were in village.

The descriptive data showed that, most of the participants believed that they don't separate enough time for doing sportive activities as marking degree of low (40.5 %) and very low (21.4 %). On the other hand participants who spend average level with engaging sports was 18.5 %, much time 15.8 % and extremely much time were 3.8 % respectively. Most of the students of the sample were continuing their education in Faculty of Engineering (40.5 %) as same with the general population of Middle East Technical University. Faculty of Education (22.3 %), Faculty of Arts and Sciences (20.4 %), Faculty of Economic and Administrative Sciences (9.2 %) and Faculty of Architecture (5.7 %) followed the Faculty of Engineering. In addition to this, the sample of participants consisted of 39 different departments. The highest number of participants attend to the study were civil engineering (11.1 %), foreign language education (7.5 %), electric and electronic engineering (7.0 %), mathematics (6.2 %) and business and administration (6.1 %) respectively.

When it comes to the desire to be look like somebody, generally students are satisfied with themselves. 65.9 % wanted to look like nobody, in order to look like to a person from its own environment, participants chose to resemble to an athlete (11.5 %), an actor / actress (7.1 %) or to a model (6.1 %). However participants wish to look like a celebrity rather than look like themselves, when effect level of media on trying to have a perfect body, look gorgeous, follow fashion was asked they prefer the answer of never (28.1 %), very little (30.3 %) and average (30.8 %).

3.3. Data Collection Instruments

Data collection instruments were included; Demographic Information Form, Multidimensional Body-Self Relations Questionnaire (MBSRQ; Brown, Cash, & Mikulka, 1990), The Irrational Belief Scale - Short (IBS-S; Türküm, 2003), Socially-Prescribed Perfectionism Scale (SPPS; Hewitt & Flett, 1991), Social Comparison Scale (SCS; Allan & Gilbert, 1995) and Satisfaction with Life Scale (SWLS; Diener et. al., 1985).

3.3.1 Demographic Information Form

Demographic Information Form is formed by the researcher to find the effect of participants' background about their body image. It includes such questions; age, gender, department, CGPA score, height and weight, their perception about their families income, the time they spend for exercise, their perception about how much they look like to the other students who are studying at METU, the person that they want to look like, effect of media, their satisfaction with their weight, the settlement place they spend most of their life and duration of their romantic relationship if there

is one. Aim of the study and contact information of the researcher were also given in the form.

3.3.2. Multidimensional Body-Self Relations Questionnaire

Multidimensional Body-Self Relations Questionnaire was developed by Brown et al. (1990). It aims to define people's attitudes about their body image. Body image of a person is not only about physical functions of the body it also contains person's evaluations' about their body, their thoughts; emotions about their appearance and bodily functions and also behavioral components such as being healthy, using the ability of movement and having the whole part of the body (Cash, 1994). The original form consists 69 items with 9 subscales; Evaluation and Orientation (Appearance, Fitness, and Health/Illness), plus Overweight Preoccupation, Self-Classified Weight, and the Body Areas Satisfaction Scale (BASS).

Adaptation of MBSRQ to the Turkish language was done by Doğan and Doğan (1992). In Turkish version of the scale includes 57 items with 7 subscales; Appearance Evaluation (person's own thoughts and emotions about their physical appearance), Appearance Orientation (person's motivation about their physical appearance), Fitness Evaluation (person's physical capacity and ability according to their perspective), Fitness Orientation (things that person does for to increase physical ability and capacity), Health Evaluation (person's general opinion about his/her health), Health Orientation (things that person does for to protect his/her health) and the Body Areas Satisfaction Scale (the degree of satisfaction with body areas according to person's judgments). Items in the scale are scored with a 5 point

Likert - scale, ranging from strongly disagree (1) to strongly agree (5). According to this information total score of the scale would be ranging between 57 and 285.

To be able to get a total score from MBSRQ firstly 15 items (12, 13, 14, 25, 26, 27, 29, 30, 31, 33, 35, 37, 39, 40, and 41) must be reversed. Then for every subscale mean score of the whole participants would be calculated. Lastly mean scores compared with the scores of the individuals. Same process would be done for to find the total score of the scale. The MBSQR internal consistency alpha level was reported as .94 and other sub-dimensions internal consistency was changing between .75 and .91. Internal consistency in this study was found as .93.

3.3.3. The Irrational Belief Scale (Short Version)

In order to measure irrational beliefs, Türküm (2003) gathered the theories of Beck's irrational thoughts and Ellis's irrational beliefs and developed The Irrational Belief Scale. Irrational thoughts were not only affected from cognitive and behavioral elements, cultural aspects also play a significant role. In that manner, to be able to evaluate the intensity of the irrational thoughts developing a new scale was preferred to the adapted ones.

IBS was developed with 29 items but after that author decided to shorten the scale to be able to measure irrational thoughts in shorter time, easier way with less items and as high qualified as the longest ones. In that sense, IBS-S consisted of 15 items with a 5 point Likert-type scale. It ranges from 5 (Extremely satisfied) to 1 (Not at all satisfied). The total score range changed in between 15 through 75. The

increase in the total score referred that the level of irrational thoughts of the individual is increasing.

Türküm (2003) has reported that scale's internal consistency was .75 and scale-item consistency ranged between .50 and .52. In the process of ten weeks test-retest procedure was applied and .81 was found as the reliability score. For the present study sample, the Cronbach alpha reliability was found to be .73.

3.3.4. The Multidimensional Perfectionism Scale

The Multidimensional Perfectionism Scale was developed by Hewitt and Flett (1991a) to measure three dimensions of perfectionism which are self-oriented perfectionism, other-oriented perfectionism and socially prescribed perfectionism which were forming the perfectionist personal feature. In this regard, it is possible to measure only one dimension while determining the effects on body image.

Multiple Perfectionism Scale has 45 items; each subscale has 15 items. Participants would score them with a 7 point Likert-type ratings (1 = strongly disagree to 7 = strongly agree). The MPS internal consistency level indicated as .86 for self-oriented, .82 for others oriented and .87 for socially prescribed perfectionism. Scale includes reverse items; 9, 13, 14 and 15. Higher total scores associated with higher perfectionism.

In this study only the socially prescribed perfectionism scale was used which is adapted into Turkish by Oral in 1999. An alpha level of the internal consistency value for whole test was .91 for self-oriented, .80 for socially prescribed and .73 for

others oriented. Cronbach alpha coefficient obtained for the total scale in the presented study was .84.

3.3.5. Social Comparison Scale

Social Comparison Scale which is developed in 1991 by Allan and Gilbert was assessed to evaluate the person's own cognitive and emotional perception about oneself with comparing oneself according to others. It is a self-measured survey which has 5 items in the original version. In the Turkish adaptation of SCS, Şahin and Şahin (1992) has added 13 more items and become 18 itemed with 6 point Likert-type scale. Selected adjectives about personality were given in bipolar situation. Total score of the test would range in between point of 18 and 108. Higher the total score of the scale person has more positive self-schema, lower the number of total score the person has more negative self-schema.

The scale has value of .89 internal consistency for adults and .79 for college students. For the criteria of validity Beck Depression Inventory $-.19$ ($p < .000$) and with subscales of the Short Symptom Inventory (scores ranged between. 14 and. 34) was compared with Social Comparison Scale. In this study internal consistency coefficient level was found as .90.

3.3.6. Life Satisfaction Scale

Satisfaction with Life Scale has been developed by Diener et al., (1985) which measures the general satisfaction level with using cognitive procedures. It has five sentences (e.g. In most ways my life is close to my ideal, So far I have gotten the important things I want in life) which gave a general evaluation of a person about

subjects well-being level. It is evaluated with a 7 point Likert-type scale which is ranging from 1 (Strongly disagree) to 7 (Strongly agree). Total score of the test can be find as summing up the participants responses. Reliability study of the original test was given .82 on the other hand Turkish version of the test which is adapted by Köker (1991) internal consistency level is found as .78. The Cronbach alpha reliability coefficient of the total scale in the this study was found to be .85.

3.4. Procedure

Data was gathered in 2011-2012 spring semester by the researcher. Ethical permission of the questionnaires has been taken from METU Human Subjects Ethic Committee. Questionnaires were applied mostly in must courses which are included several different departments. In addition to this, researcher has been gone to different places such as library, dormitories and to the Faculty of Architecture, which students do not take must courses from other departments, to find more students to enlarge the sample. Through three weeks period data collection has been done. Before the application process, researcher had got an appointment with each instructor and gave detailed explanation about the process. Information about the aim of the research and how the data will be used were described in the beginning of the questionnaire however, for any questions researcher was presented at the classroom until the last participant was done.

Participants were told to feel free to complete the questionnaire and also for to protect the personal rights and provide anonymity participants were not asked any id information. Questionnaires were mostly applied in last 10 minutes of the regular class hours. Approximately it took 20 minutes to complete the whole items. In the

question package questionnaires were given in the order : Demographic Information Form, Multidimensional Body-Self Relations Questionnaire, The Irrational Belief Scale (Short Version), The Multidimensional Perfectionism Scale, Social Comparison Scale and Life Satisfaction Scale. In the end of the application process researcher was thanked to both students and the instructors. No incentives were given to the participants, they were all volunteered.

3.5. Data Analysis

In this study multiple regression analysis was used to find out how much the predictors (independent variables) would explain the outcome variable (multidimensional body-self analysis). Multiple regression analysis would enable to make suggestions about future evaluations. In this study, the main aim was to investigate the prediction level of external variables of multidimensional body-self relations variable with multiple regression analysis by using SPSS IBM 20.

CHAPTER IV

RESULTS

This chapter includes the missing value analysis, descriptive statistics and multiple regression analysis of the study. Missing value analysis would be done for finding whether participants completed the question package in a normal distribution or not. Descriptive statistics of the data were given to describe the background information of the students who voluntarily participated. Multiple regression analysis explains the proposed model.

4.1. Preliminary Analyses

4.1.1 Missing Value Analysis

In the beginning of the analysis all the questionnaires which were included in the question package were checked for missing data. Among 836 participants 790 were filled out all the questionnaires. Data patterns of the analysis didn't show any repeat for missing cases and t scores were all non-significant. Mean scores didn't show any difference according to pairwise and listwise analysis. On the other hand estimated mean scores of total scores of each questionnaire were non-significant (Little MCAR test: $\chi^2 = 61.51$, $df = 51$, $p = .15$) as expected. Multidimensional Body-Self Relations Questionnaire had more missing values than others but each

item's missing value level was lower than 5%. Cases with missing data less than 5 % were pairwised.

4.1.2 Examination of Assumptions

Various tests were run to verify the multiple regression analyses certain assumptions. These assumptions were tests for normality, homoscedasticity of residuals, checks for outliers, independence of residuals and multicollinearity (Field, 2010). The tests performed were examinations of residual scatter plots, normal p-p plots as outliers, and the use of the Mahalanobis distance, Cook's D, DFBeta to check for outliers (Tabachnick and Fidell, 2007).

The normality assumption was checked by using histogram and normal probability plot of residuals. The distribution should be normally skewed which means that there should not be any extreme slope or flatness. On the other hand P-P plots also draw a straight line without any serious deviation. The criterion for normality assumptions were satisfied in the analysis (Figure 4.1).

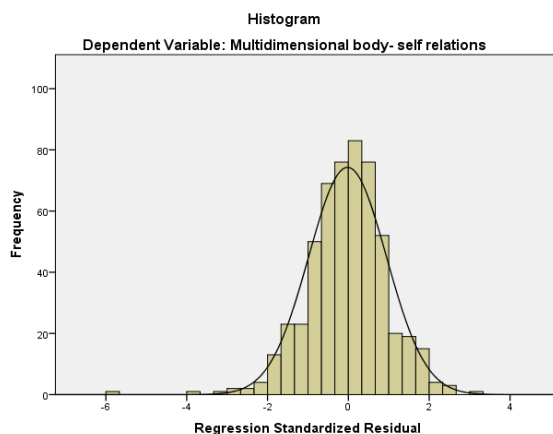


Figure 4.1 Histogram and normal probability plot for multidimensional body self relations

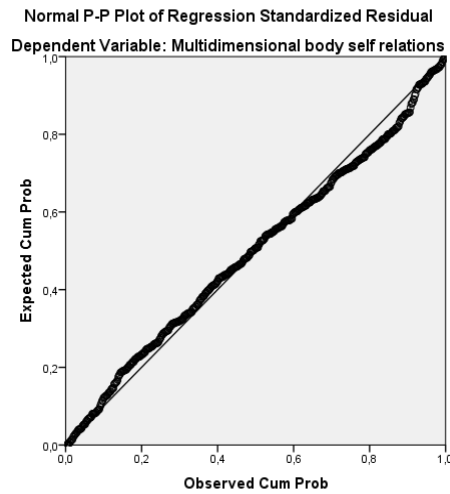


Figure 4.1 (continued) Histogram and normal probability plot for multidimensional body self relations

The second assumption of multiple regressions to be checked is multicollinearity. Multicollinearity examines the correlations between independent variables. High multicollinearity means that there is a violation between variables. Multicollinearity could be measured by correlation matrix (Pearson), variance inflation factor (VIF) or tolerance values. Correlation matrix checks the correlation between independent variables for to determine whether they are serving for the same aim or not. According to Tabachnick and Fidell (2007) correlation between the independent variables should be less than .90. In this research limit of the correlation stays in between expected values. Field (2010) highlighted that tolerance value should be more than .20 to verify the assumption. On the other hand VIF values more than four would cause a violation. As it can be seen in the Table 4.2., all the values

were met with the expected limits. Therefore, assumption of multicollinearity is not violated.

Table 4.1. *Collinearity Statistics*

	Collinearity Statistics	
	Tolerance	VIF
(Constant)		
Irrational beliefs	.88	1.14
Socially prescribed perfectionism	.89	1.12
Social comparison	.84	1.18
Satisfaction with life	.86	1.16
Sports1 little time vs. average time	.92	1.09
Sports2 little time vs. much time	.93	1.08

Another assumption of multiple regression analysis is homoscedasticity which is also referred as uniformity of variance. It controls that error term is constant for each value of the independent variables which means that there should be no repetitive pattern on scatter plot of dependent variable. As greater spread of the scores in the scatter homoscedasticity confirmation level was decreasing. Figure 4.2 showed that there is no pattern on the scatter plot of multidimensional body-self relations variable, so there was no homoscedasticity.

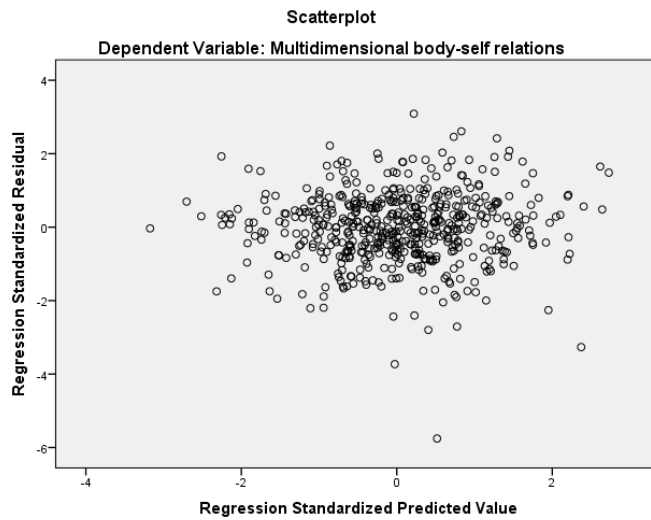


Figure 4.2 *Scatter plot of predicted value and residual*

Independence of residuals assumption was related on showing any pattern from case to case. This assumption could be measured by Durbin-Watson test. It aimed to control the serial correlations between standard errors. This test relied on the number of the independent variables and the number of the observations. Although the expected range of the test could change, according to Field (2010) the value limit should be between 0 and 4. It is accepted that the values above 2 were point out that there is a negative correlation while values below 2 were confirm a positive correlation between residuals. In this model Durbin-Watson value was found as 1.71 which approved that independence of residuals assumption is not violated.

4.1.3. Influential Observations

Influence observation was done to check whether the model effected by certain cases or whether the model is approvable for the whole sample. This process will reveal the outliers and their effect on the model which has hypothesized. There

are various kinds of ways to find the outliers. The best way seemed to be deleting the outliers however it lacks the information of how these outliers affected the model. Therefore four different steps could be applied; namely Cook's distance, Leverage value, Mahalanobis distances and DFBeta.

Leverage test was used to find the outliers in whole data. All the cases should not be higher than .05 however only the case 181 shows a value of .07 as an outlier. After controlling Leverage values, Cook's distance was applied. It measured the general effect of the case to the developed model. Values should stay under value of 1. According to this information there is no outlier.

DF Beta values would be controlled after checking Leverage test and Cook's D. DF Beta shows the difference between before and after excluding the outlier on the model. Stevens (1992) mentioned that if a case has a value of DF Beta which would be higher than 2 it could be an outlier. As it can be seen in the table that interdependent variables did not have any outliers while only in the DF Beta intercept had some which were 229, 633, 207 and 335.

Ultimately, Mahalanobis Distance would be controlled for determining outliers in the sample. It is the distance of each case from the means of the independent variables. Following the purpose of the assumption highest values should be taken into consideration. According to Barnett and Lewis (1978) recommended that values over 25 would label as outliers which could cause problems in the whole data. Case number 181 was the only data which shows critical value.

Correlation matrix examines the relationship between dependent and independent variables. High correlation between dependent and independent

variables are expected because this relationship explains the value of prediction on dependent variables by independents. As it seen in the table 4.3, that there is a positive and high correlation between multidimensional body-self relations and social comparison ($r = .45, p < .001$), satisfaction with life ($r = .30, p < .001$), little time vs. much time ($r = .29, p < .001$) and irrational beliefs ($r = .28, p < .001$). On the other hand socially prescribed perfectionism ($r = .05, p = .13$) is the only variable that has no significant relationship with the dependent variable. In relation to the correlation between the predictor variables the highest correlation was gathered between satisfaction with life and social comparison ($r = .34, p < .001$). In spite of the significant correlation, the relationship value is small which means that every predictor measures different things.

Table 4.2. *Intercorrelations among the Predictor Variables of Multidimensional Body-Self Relations*

Variables	1	2	3	4	5	6	7
Multidimensional BSR	1.00						
Irrational beliefs	.28	1.00					
Socially prescribed perfectionism	.05	.28	1.00				
Social comparison	.45	.15	-.10	1.00			
Satisfaction with life	.30	.10	-.11	.34	1.00		
Sports1 little time vs. average time	.07	-.02	.02	.09	.09	1.00	
Sports2 little time vs. much time	.29	-.02	-.04	.10	.07	-.23	1.00

4.2. Descriptive Statistics

The used variables means and standard deviations were given in the Table 4.1.

Table 4.4 Means and Standard Deviations for the Study Variables

Variable	Female			Male			Total		
	<i>M</i>	<i>SD</i>	<i>n</i>	<i>M</i>	<i>SD</i>	<i>n</i>	<i>M</i>	<i>SD</i>	<i>n</i>
MBSR	200.02	23.62	308	207.28	30.62	315	203.70	27.62	623
IB	55.95	6.07	371	55.05	7.64	381	55.46	6.90	752
SPP	54.05	14.53	359	57.68	12.22	362	55.84	13.50	721
SC	80.76	13.13	353	82.19	14.60	359	81.51	13.86	712
SWLS	23.15	5.83	381	23.13	6.38	392	23.14	6.11	773

MBSR: Multidimensional Body Self- Relations, *IB*: Irrational Beliefs, *SPP*: Socially Prescribed Perfectionism, *SC*: Social Comparison, *SWLS*: Satisfaction with Life Scale.

As it can be seen, in the table collected data mean was 200.02 ($SD = 23.62$) for females and 207.28 ($SD = 30.62$) for the males. Male and female participants evaluation to the questions of irrational beliefs were close to each other ($M_{male} = 55.05$, $SD_{male} = 7.64$, $M_{female} = 55.95$, $SD_{female} = 6.07$). Looking to socially prescribed perfectionism male participants mean score was 57.68 ($SD = 12.22$), and female participants' score was 54.05 ($SD = 14.53$). Comparing the mean scores of social comparison scale male participants had a mean score of 82.19 ($SD = 14.60$) on the

other hand female participants score was lower than males ($M = 80.76$, $SD = 13.13$). The mean score of satisfaction with life were almost same for the both female and male participants ($M_{male} = 23.13$, $SD_{male} = 6.38$, $M_{female} = 23.15$, $SD_{female} = 5.83$).

4.3. Independent Sample T-Test Analysis among Gender

Male and female participants' answers among data collection instruments were analyzed using independent sample t-test and results were given in Table 4.5.

Table 4.5 *Independent Sample t-test among Gender*

	<i>t</i>	<i>df</i>	<i>p</i>
Multidimensional Body Self- Relations	3.31	621	0.00
Irrational Beliefs	-1.78	750	0.07
Socially Prescribed Perfectionism	3.63	719	0.00
Social Comparison	1.37	710	0.17
Satisfaction with Life Scale	-0.04	771	0.97

Findings from the table demonstrated that there were significant difference between female and male participants in the scores of multidimensional body self-relations $t(621) = 3.31$, $p < .01$ and socially prescribed perfectionism $t(719) = 3.63$, $p < .01$. In other words these results suggested that being men or women effected the perception of body image, specifically men have more positive body image than women. Additionally having a different gender change the level of socially prescribed perfectionism degree, findings pointed out that men thought that social environment have high expectations from them than women.

On the other hand scores of irrational beliefs $t(750) = -1.78, p = .07$; social comparison $t(710) = 1.37, p = .17$ and satisfaction with life $t(710) = 1.37, p = .17$ did not show a significant difference among gender. Results indicated that gender differences do not have any specific effect on either having irrational beliefs, social comparison nor the degree of life satisfaction.

4.4. Multiple Regression Analysis

The predictor variables were irrational beliefs, socially prescribed perfectionism, social comparison and satisfaction with life. The dependent variable was multidimensional body-self relationship. All variables used in this analysis were a scale only one of them was an ordinal variable.

Regression analysis can be done by using both continuous and dichotomous independent variables. A discrete variable can be used by dummy variable coding. Doing this, every (categories) subgroups of the discrete variable should be recoded into 1s and 0s by taking one group as a base. Therefore, the number of new variables should be one less than number of the subgroups. Dummy coding can only be applied to the discrete variables which should have at least three categories. In this study, only time that spent for doing sports was a categorical data that sued in the multiple regression analysis. Although it was coded in five categories as; never(1), low (2), average (3), high (4) and very high (5), to be able to achieve an equal distribution between the groups never (1) and low (2) and high (4) and very high (5) recoded as one group and average stayed the same. After new groups were emerged, dummy coding was done by taking low group as a base group. Finally two new

variables had coded as; Sports1 little time vs. average time and Sports 2 little time vs. much time.

4.4.1. Results of Multiple Regression

A multiple regression analysis was conducted to identify the predictors of multidimensional body-self relations. The results of the regression indicated that predictors explained 33.8% of the total variance ($R^2 = .34$, $F_{(6,578)} = 49.14$, $p < .01$) of the dependent variable. It was found that social comparison significantly predicted multidimensional body-self relations ($\beta = .34$, $p < .01$), as did little time vs. much time spent in sports ($\beta = .27$, $p < .01$), irrational beliefs ($\beta = .21$, $p < .01$), satisfaction with life ($\beta = .14$, $p < .01$) and little time vs. average time spent in sports ($\beta = .10$, $p < .01$), whereas only the predictor variable of socially prescribed perfectionism ($\beta = .05$, $p = .21$) was insignificant. Significance of the variables were determined by $p < .01$ in the significance column and also they were signed with asterisk.

In sum, multiple regression analysis indicated that social comparison, time spent with sports, irrational beliefs and satisfaction with life appeared as significant predictors which explain 34 percentage of the total variance of body image. On the other hand socially prescribed perfectionism did not play a significant role as a predictor in defining body image. According to the given results, it can be concluded that participants were mostly effecting from the evaluation and interpretation of their social environment while having more negative body image. Additionally, spending time with sports, having irrational beliefs and the degree of life satisfaction were also important while constituting a perception about their own body.

Table 4.6 Results of Regression Analysis for Multidimensional Body-Self Relations

Predictors	<i>B</i>	<i>SE</i>	β	<i>t</i>	<i>p</i>
Irrational beliefs	0.84	0.14	.21	5.84	.00*
Socially prescribed perfectionism	0.09	0.07	.05	1.27	.21
Social comparison	0.67	0.07	.34	9.12	.00*
Satisfaction with life	0.62	0.16	.14	3.77	.00*
Sports1 little time vs average time	7.06	2.51	.10	2.82	.01*
Sports2 little time vs much time	19.05	2.44	.27	7.79	.00*

Note. Dependent Variable: Multidimensional Body-Self Relations. * $p \leq .01$

Body image has been affected from several different aspects as it is mentioned in the literature part. In this sense, researcher have been searched the effect of BMI (Body Mass Index), gender, close relationship status, age, socio-economic status, faculty, media effects and the degree of similarity level of METU students but multiple regression analysis proved that they did not show any effect on forming the body image of this sample.

CHAPTER V

DISCUSSION

The purpose of the presented study is to investigate the predictors of body image in the context of socio-cultural and psychological factors. These factors were irrational beliefs, socially prescribed perfectionism, social comparison and the degree of satisfaction with life. In addition to this, gender differences of body image will be discussed in the sample of Turkish college students. Statistical procedures and findings of the study were given in the result part. In this section evaluation and interpretation of the findings will be presented according to the hypothesis of the research. Indeed, conclusions, implications to the practice and recommendations to the future researches will be mentioned.

5.1. Gender Differences among Dependent and Independent Variables

Gender differences of perceiving body image were calculated by comparing the both groups' means. According to the results, female college students had lower on the multidimensional body-self relation scale which indicated that female participants experienced negative attitudes toward their physical appearance more often than male students. Generally, consistent with the present findings, studies have documented that female were less satisfied with their body appearance than males (Bardone-Cone, Cass, & Ford, 2008) whereas other researchers found no

significant difference between males and females on body dissatisfaction level (Leone, Partridge, & Maurer-Starks, 2011).

The finding regarding to irrational beliefs of both genders did not show any difference related to the literature (Grogan, 2010). Contemporary cognitive therapies were indicated that women were feeling more pressure on themselves about having an idealized perfect body than men, however with the change on recent socio—cultural expectations caused an increase in the irrational thoughts of men about reaching the ideal (Ridolfi et al., 2011). In this regard, the results of present study made a line with the current researches results.

Moreover as a psychosocial factor socially prescribed perfectionism not surprisingly affected to body image. In this perception, with the norms of the culture and effect of media generally women got higher scores than men (Carlson Jones, 2001) whereas in this study men had higher scores. This could be associated with the rules and traditions of Turkish culture. As a patriarchal culture, men were accepted as the leader and must behave correctly to be a role model for the other members of the family (Adams & Govender, 2008). In that sense, according to these expectations and social identity rules men could feel more pressure and perceive themselves to be the perfect.

The mean scores of the social comparison scale referred that females who compared themselves with media images showed more bodily dissatisfaction. On the other hand similar researches were done with men proved that idealized muscular figures caused men to have more negative evaluations about their own physical

appearance (Grammas & Schwartz, 2009). The association between socially comparison and dissatisfaction with body image of the individual was not related to the gender. In this regard, result of this study showed there was no difference between female and male although the mean scores of the both gender were higher than average.

Satisfaction with life as a contributor of subjective well-being indicated a significant correlation with females in the study of college sample (Weinstein & Laverghetta, 2009). In the presented study, it was concluded that there was no difference between female and male participants about their level of satisfaction with life.

5.2. General Discussion about Predictors of Body Image

Considering the main hypothesis which claimed that body image would be predicted by irrational beliefs, socially prescribed perfectionism, social comparison, satisfaction with life and the level of attending physical activities was investigated. Regarding to the multiple regression analysis, except socially prescribed perfectionism all the indicators were significantly predicted individual body image.

One of the important findings revealed from this study is the association of social comparison and the level of satisfaction with body image ($\beta = .34, p = .00$). In another words, in the sample of Turkish participants it was found that the level of perceiving oneself closer to the general positive personality features when they compare themselves with others, the satisfaction level of the person increased. This result is consistent with the related literature, that in a study of Myers and Crowther (2009), 156 studies which are done to examine the relationship between social

comparison and body satisfaction were analyzed. It is indicated that whether the studies had different research designs as such experimental or correlational, the results were affirmed the strong positive relationship between the two variables.

The relationship between separating much time vs little time for physical activities and positive body image was mentioned in the presented study. Results of the study indicated that participants who separated much time with engaging with sportive activities had more positive body image level than participants who spend little time. This indicator explained the 27% of the model which highlights the perception of the sample that healthy and fitted bodies were highly positively predicts the positive body image.

The direct effect of irrational beliefs on body image was determined in this study as well as in the literature. It is found that the irrational beliefs predict the body image. As it is mentioned in the literature, irrational beliefs which identified as the exaggerated or false interpretations about specific situations, negatively managed the forming of body image (Wilhelm, 2006).

Other important predictor of body image was the level of satisfaction with life. According to the results the degree of life satisfaction was significantly explained the 14% of the model. Consisted with the past studies, the higher level of satisfaction with life leads that the person has more positive body image (Annis et al., 2003; Moin et al, 2009). Presented study also supported these findings by indicating that individual's positive cognitions, evaluations and interpretations about their whole life predicts them to satisfy with their physical appearance. On the other hand socially prescribed perfectionism was explained 5% of the model insignificantly. In the literature there has been a consistency between the beliefs of

the person that others having high expectations from them increased the dysfunctional thoughts about their own body (McGee, Hewitt, Sherry, Parkin, & Flett, 2005). Conversely there were other researches which proved the significant relationship between the person's own high expectations and eating disorders whereas no association between socially prescribed perfectionism (Stoeber & Stoeber, 2009). In the presented study this view is supported by revealing that the thought of expected perfectionism is not a predictor of how the person interpreted one's own body.

5.3. Limitations of the Study

In the understanding of results and interpreting the findings to the general, the limitations of the study should be not be skipped. First, the sample of this study collected from Middle East Technical University which has a heterogeneous sample, the generalizability of the result of predictors of body image is assured.

Second, as it is proved that social comparison is a very important variable for the young adults, participants who had less positive body image would tend to have concerns about how others would perceive them. In this regard, although participants were informed about confidentiality and the researcher did not take any identity information they may respond differently to the measures. Moreover, all the data were obtained from the individuals; their body image scores may be misleading because they would not contain the conditions of social environment.

Third, the selected variables were the highest rated of indicators which form the body image according to the past researches, although the level of the model is explained the body image in moderate level ($R^2 = .34$). The sample was chosen without any purpose and the number of the participants is very high for the

generalization of the population however mean score of the multidimensional body-self relations scale was very high. In this regard, it was hard to explain the predictors of body dissatisfaction.

Lastly, as a socio-cultural variable the effects of media should be investigated more deeply. In the presented study, two questions which were “Whom physical appearance (body appearance, clothing, hair style etc. you would like to look like?” and “In which degree do you think that figures (fashion, being attractive, modeling, having a perfect body) that have a spot in the media (TV, commercial, news, magazine, film, etc.) effects you?” asked to determine the level of media effect predicted on body image. Results indicated very low level because of the fact that it may affected by the way of asking the questions.

5.4. Implications of the Study

The presented study would provide useful information about body image and the predictors which play significant role on the process of construction. This knowledge could be used by counselors and practitioners while working with university students about their negative body image. Additionally, findings from this research would provide beneficial information for both individuals and society.

Results of the presented study have been showed that tendency to compare one’s own physical appearance with the social environment causing the individual to develop negative perspective to one’s own body (Alicke, 2000). According to this information counselors and practitioners could be able to develop an intervention program which would help the person to lower the approval concerns and to increase self-esteem (Cash, 1994; Dorak, 2011).

Moreover, participants who were engaged with the sportive activities had higher level of body-self relations. While helping the individual with the psychosocial programs and counseling practices, the importance of doing sports should be heightened (Davis, 1997). A collaborative intervention program could be developed with sport experts and counselors.

One of the most important finding of the presented study showed that individuals who have unrealistic thoughts showed more negative evaluation to their physical characteristics. In this sense, using cognitive-behavioral techniques would be able to help the clients to change their dysfunctional beliefs about their bodies (Cash, 2011). To be able to modify these negative inner-talks, cognitive restructuring techniques could be used to teach the clients to learn how to determine these thoughts and the ways of coping with them (Wilhelm, 2006).

With regard to the findings, the degree of satisfaction with life also plays a significant role on having negative body image. Related literature with individuals, who have lower level of satisfaction with life, developed a negative perspective to understanding and evaluating the events (Diener, Oishi, & Lucas, 2009). Changing the patterns of negative self-talks with verbal self-regulations and modifying their maladaptive thoughts about the events would help them to increase positive point of view which also would help to transform their negative body image to more positive ones.

Understanding the results of presented study, adolescence would discover the effects of social comparison. Prevention of negative evaluations or not letting others to make a pressure on them would help them to modify their perspective to their

bodies (Ata, Ludden & Laly, 2007). With this point of view they also would start to change their irrational beliefs.

The benefits of this study to the community could be determining the high level of effects socio-cultural factors on college students. In social learning theory Bandura (1963) has been pointed out that children model, imitate and observation. In this sense, serving the unrealistically high expected figures on media or in social life as role models, cause the individuals to compare and contrast themselves with them and develop negative self perspective to their bodies. In this sense, both in social environment (peers, instructors, media and etc.) and in the family, the received feedback of the students take an important place while the person is constructing one's own body image (Klaczynski, Goold, & Murdry, 2004; Kluck, 2010). Additionally, giving importance to the sport activities and self-regulation (giving importance to nutrition, sleeping times and etc.) individuals would have a healthy life which would help them to have fitted bodies and good appearance as they wished.

5.5. Directions for Future Research

Regarding the literature about body image studies which are done in Turkey were limited and most of them were consisted of only psychological aspects such as self-esteem and depression or only physical domain which included health issues such as cancer, of lack of organs or eating disorders. In this sense, presented study investigated the effect of both socio-cultural factors (media and social comparison) and psychological factors such as irrational beliefs. According to this point of view, it is believed that this study would remark the importance of socio-cultural factors and would give effective recommendations for the future researches.

Body image is a multidimensional concept that covers many factors, to be able to measure it some problems and difficulties aroused. The scale which is used in this study included most of the behavioral and cognitive factors which effects were mentioned in the literature (Cash & Smolak, 2011). However, the used scale did not cover the emotional factors such as negative affect, self-blaming, embarrassment, apprehension and past traumatic events. In this regard, future studies may assess the emotions which individuals developed while forming their body image would explain the uncertain dimension.

In the presented study social comparison scale scores was gathered from self-reports. While searching the comparison level of the participants it is important to highlight the effect of the environment. In this regard, it is suggested to use social-media sites such as Facebook or Twitter to engage the similarities or differences of the comparison level of individuals with media figures and peers (Myers et al., 2012).

This study, socially prescribed perfectionism selected to examine the relationship with body image in terms of three dimension of perfectionism. However regarded past studies recommended to determine a significant relationship, it did not found. In this regard, it is suggested by both this study and the related literature that other self-oriented perfectionism could have an association in the establishment of body image. In other words, individuals who have extremely high expectations from oneself may affect while forming thoughts about their own physical appearance.

Lastly, same model could be implied to different sample groups. Children and adolescents affect from socio-cultural factors more than young adults. In this sense, same model may explain higher variance while applying to different groups.

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APPENDICES

APPENDIX A

DEMOGRAPHIC INFORMATION FORM (DEMOGRAFİK BİLGİ TOPLAMA FORMU)

Sevgili Öğrenciler,

Bu çalışma, üniversite öğrencilerinin beden algılarını etkileyen değişkenleri incelemek amacıyla yapılmaktadır. Bu çalışmadan elde edilecek sonuçların yapılacak önleyici çalışmalara ışık tutması beklenmektedir.

Sizden istenilen verilen ölçekleri içtenlikle ve boş bırakmadan yanıtlamanızdır. Değerlendirmeler bireysel olarak değil grup olarak yapılacağından **kimliğiniz ile ilgili** herhangi bir bilgi vermeniz **gerekmemektedir.**

Katılımınız ve katkılarınız için çok teşekkür ederiz. Herhangi bir sorunuz olduğu takdirde, aşağıdaki iletişim bilgilerinden bize ulaşabilirsiniz:

Araş. Gör. Duygu Yumurtacı
ODTÜ Psikolojik Danışmanlık ve Rehberlik Bölümü
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Cinsiyet : E () K () **Öğrenim Görülen Bölüm:** _____

Yaş: _____ **Genel Not Ortalaması:** _____

Boy: _____ (cm) **Kilo:** _____ (kg) *[Bu çalışmada vücut indeksi de hesaplanacağından bu bilgilere gerek duyulmaktadır. İstenilen bilgiler hakkında kesin güncel bir görüşünüz yoksa da yaklaşık bir veri belirtebilirsiniz.]*

Size Göre Ailenizin Gelir Durumu:

Çok Düşük () Düşük () Orta () Yüksek () Çok Yüksek ()

Spora ayırdığınız zamanı ne ölçüde yeterli görüyorsunuz?

Hiç () Az Yeterli () Ne Yeterli Ne Yetersiz () Yeterli () Çok Yeterli ()

Genel görünüşünüzün Orta Doğu Teknik Üniversitesi'nde bulunan öğrencilerin genel görünüşlerine ne ölçüde yakın buluyorsunuz?

Hiç () Çok Az () Orta () Çok () Aşırı ()

Genel görünüşünüzün (beden görüntüsü, giyim, saç stili vb.) kime benzemesini isterdiniz?

Hiç Kimse () Aktris/Aktör () Manken () Sporcu ()
Aile üyeleri () Arkadaş () Diğer ()

Medyada (TV, reklam, dergi, gazete, film vs.) yer alan kişilerin (moda, çekici olmak, güzel görünmek, mükemmel vücuda sahip olmak) sizi ne kadar etkilediğini düşünüyorsunuz?

Hiç () Çok Az () Orta () Çok () Aşırı ()

Şu andaki kilonuzu nasıl buluyorsunuz?

a) Daha zayıf olmayı isterdim. b) İdeal kiloya sahip olduğumu düşünüyorum. c) Daha kilolu olmayı isterdim.

Yaşamınızın büyük bölümünü yaşadığınız yerleşim yeri aşağıdakilerden hangisidir?

Büyük İl () Küçük İl () Büyük İlçe () Küçük İlçe ()
Kasaba () Köy ()

Karşı cinsle (sevgilinizle) olan ilişkiniz ne kadar süredir devam ediyor?

İlişkim yok () _____ aydır devam ediyor.

APPENDIX B

MULTIDIMENSIONAL BODY-SELF RELATIONS QUESTIONNAIRE (ÇOK YÖNLÜ BEDEN-SELF İLİŞKİLERİ ÖLÇEĞİ)

Aşağıda bireylerin duygu, düşünce ve davranışları ile ilgili çeşitli anlatımlar verilmiştir. Lütfen her anlatımı dikkatle okuyarak size en uygun seçeneği, ilgili harfin altındaki boşluğa (x) biçiminde işaretleyerek belirtiniz.

1- Kesinlikle Katılmıyorum **2- Çoğunlukla Katılmıyorum** **3- Kararsızım**
4- Çoğunlukla Katılıyorum **5- Tamamen Katılıyorum**

1. Dışarı çıkmadan önce görünüşüme daima dikkat ederim.	①	②	③	④	⑤
2. Kendimi en iyi gösterecek giysileri almaya dikkat ederim.	①	②	③	④	⑤
3. Fiziksel sağlık testlerinin çoğundan geçerim.	①	②	③	④	⑤
4. Üst düzeyde fiziksel güce sahip olmak benim için önemlidir.	①	②	③	④	⑤
5. Bedenim cinsel yönden çekicidir.	①	②	③	④	⑤
6. Sağlığımı kontrol altında tutuyorum.	①	②	③	④	⑤
7. Fiziksel sağlığımı etkileyen etkenler hakkında çok şey biliyorum.	①	②	③	④	⑤
8. Bilinçli olarak sağlıklı bir yaşam tarzı geliştirdim.	①	②	③	④	⑤
9. Diğer insanların gördükleri halimden hoşnutum.	①	②	③	④	⑤
10. Fırsat buldukça aynada görünüşümü kontrol ederim.	①	②	③	④	⑤
11. Fiziksel yönden dayanıklı bir kişiyim.	①	②	③	④	⑤
12. Sportif yarışmalara katılmak benim için önemli değildir.	①	②	③	④	⑤
13. Fiziksel yönden iyilik halimi korumak için özel çaba harcamıyorum.	①	②	③	④	⑤
14. Sağlık durumum beklenmedik iniş çıkışlar göstermektedir.	①	②	③	④	⑤
15. Sağlıklı olmak yaşamımdaki en önemli şeylerden biridir.	①	②	③	④	⑤
16. Sağlığımı bozabilecek herhangi bir şeyi yapmam.	①	②	③	④	⑤
17. Birçok kişi benim iyi görüdüğüm düşüncesindedir.	①	②	③	④	⑤

1- Kesinlikle Katılmıyorum 2- Çoğunlukla Katılmıyorum 3- Kararsızım
4- Çoğunlukla Katılıyorum 5- Tamamen Katılıyorum

18.	Her zaman iyi görünmek benim için önemlidir.	①	②	③	④	⑤
19.	Fiziksel becerileri kolayca öğrenirim.	①	②	③	④	⑤
20.	Fiziksel gücümü artıracak şeyler yaparım.	①	②	③	④	⑤
21.	Nadiren hastalanırım.	①	②	③	④	⑤
22.	Kendim için sık sık sağlıkla ilgili kitap ve dergiler okurum.	①	②	③	④	⑤
23.	Giysisiz (elbisesiz) görünüşümü beğeniyorum.	①	②	③	④	⑤
24.	Görünüşüm uygun olmadığında tedirgin olurum.	①	②	③	④	⑤
25.	Genellikle nasıl görüldüğüme dikkat etmeden elime ne geçerse giyerim.	①	②	③	④	⑤
26.	Bedensel spor ve oyunlarda yetersizim.	①	②	③	④	⑤
27.	Atletik (sportif) becerilerim üzerinde pek düşünmem.	①	②	③	④	⑤
28.	Fiziksel dayanıklılığımı geliştirmeye çalışırım.	①	②	③	④	⑤
29.	Bedenimin bir günden bir güne nasıl olacağını hiç bilemiyorum.	①	②	③	④	⑤
30.	Hasta olduğumda hastalık belirtilerine fazla dikkat etmem.	①	②	③	④	⑤
31.	Dengeli ve besleyici bir diyet almaya özel çaba harcamam.	①	②	③	④	⑤
32.	Giydiklerimin üzerime uymasından hoşlanırım.	①	②	③	④	⑤
33.	İnsanların görünüşümlle ilgili düşüncelerine aldırım.	①	②	③	④	⑤
34.	Saçlarımın güzel görünmesi için özel çaba harcarım.	①	②	③	④	⑤
35.	Fizik yapımı beğenmiyorum.	①	②	③	④	⑤
36.	Fiziksel yönden aktif (hareketli) olmaya çalışırım.	①	②	③	④	⑤
37.	Sıklıkla hastalıklara karşı dayanıksız olduğumu düşünürüm.	①	②	③	④	⑤
38.	Herhangi bir hastalık belirtisi ortaya çıktığında bedenimle yakından ilgilenirim.	①	②	③	④	⑤
39.	Grip veya soğuk algınlığına yakalandığımda bu durumu önemsemem ve normal yaşamımı sürdürürüm.	①	②	③	④	⑤

1- Kesinlikle Katılmıyorum 2- Çoğunlukla Katılmıyorum 3- Kararsızım
4- Çoğunlukla Katılıyorum 5- Tamamen Katılıyorum

40. Fiziksel yönden çekici değilim.	①	②	③	④	⑤
41. Nasıl göründüğümü hiç düşünmem.	①	②	③	④	⑤
42. Fiziksel görünüşümü daima iyileştirmeye çalışırım.	①	②	③	④	⑤
43. Fiziksel görünüşüm uyumludur.	①	②	③	④	⑤
44. Fiziksel sağlıkla ilgili çok şey biliyorum.	①	②	③	④	⑤
45. Yıl boyunca düzenli spor yaparım.	①	②	③	④	⑤
46. Fiziksel yönden sağlıklı bir kişiyim.	①	②	③	④	⑤
47. Fiziksel sağlığımdaki en küçük değişiklikleri bile fark ederim.	①	②	③	④	⑤
48. Kendimde bir hastalığın ilk belirtileri ortaya çıktığında tıbbi yönden yardım isterim.	①	②	③	④	⑤
49. Yüzümden hoşnutum. (yüz şekli, görünüşü, cilt)	①	②	③	④	⑤
50. Saçımdan hoşnutum. (rengi, sıklığı, yapısı)	①	②	③	④	⑤
51. Alt gövdemden hoşnutum. (kalçalar, bacak, uyluk)	①	②	③	④	⑤
52. Orta gövdemden hoşnutum. (mide, bel)	①	②	③	④	⑤
53. Üst gövdemden hoşnutum. (göğüsler, omuz, kollar)	①	②	③	④	⑤
54. Kas yapısından hoşnutum. (tonusu)	①	②	③	④	⑤
55. Ağırlığımdan hoşnutum. (kilo)	①	②	③	④	⑤
56. Boyumdan hoşnutum.	①	②	③	④	⑤
57. Tüm görünüşümden hoşnutum.	①	②	③	④	⑤

APPENDIX C

IRRATIONAL BELIEFS SCALE -SHORT VERSION (AKILCI OLMAYAN DÜŞÜNCELER ÖLÇEĞİ-KISA FORMU)

Aşağıda, insanların benimsedikleri bazı düşünceler yazılmıştır. Lütfen her bir cümleyi dikkatle okuyup, bu cümlelerde yazılan düşüncelere ne derece sahip olduğunuzu belirtiniz. Okuduğunuz cümledeki fikir size hiç uygun gelmiyorsa 1 numaraya, pek uygun gelmiyorsa 2 numaraya (X) işaretini koyunuz, eğer cümle hakkında kararsızsanız 3 numaraya, size oldukça uygun geliyorsa 4 numaraya, size tamamen uygun geliyorsa 5 numaraya bir (X) işareti koyunuz. Okuduğunuz cümlelerin doğru veya yanlış cevapları yoktur, önemli olan sizin kişisel görüşünüzdür. Bu nedenle okuduğunuz cümle üzerinde uzun süre düşünmeden, içinizden gelen ilk cevabı vermeniz beklenmektedir.

1- Hiç Uygun Değil
2- Pek Uygun Değil

3- Kararsızım
4- Oldukça Uygun

5- Tamamen Uygun

1. Başarılı ve çalışkan insanlar saygıdeğerdir.	①	②	③	④	⑤
2. Çok çalışmak başarılı olmak için yeterlidir.	①	②	③	④	⑤
3. Başkalarının hakkımdaki düşüncelerine her zaman önem veririm.	①	②	③	④	⑤
4. Önemli işler başaran insanlar değerlidir.	①	②	③	④	⑤
5. Bir hata yaptığımda, kendimi zor affederim.	①	②	③	④	⑤
6. Verilen sözler mutlaka tutulmalıdır.	①	②	③	④	⑤
7. Yakınlarımı kırmaktansa isteklerimden vazgeçebilirim.	①	②	③	④	⑤
8. Dostlarım bana yalan söylememeli.	①	②	③	④	⑤
9. Sevilen bir insan olmak benim için önemlidir.	①	②	③	④	⑤
10. Asla haksızlığa göz yumamam.	①	②	③	④	⑤
11. Bir insan yakınlarını her türlü tehlikeden korumalı.	①	②	③	④	⑤
12. Aksilikler hep art arda gelir.	①	②	③	④	⑤
13. Riske girmektense o işe hiç başlamam.	①	②	③	④	⑤
14. İnsanları kırmamak için eleştirmekten kaçınırım.	①	②	③	④	⑤
15. İhtiyacı olanlara yardım elini uzatmalıyız.	①	②	③	④	⑤

APPENDIX D

SOCIALLY PRESCRIBED PERFECTIONISM SCALE (BAŞKALARINCA BELİRLENEN MÜKEMMELLİYETÇİLİK ÖLÇEĞİ)

Aşağıda, kişilik özelliklerinizle ilgili 15 madde verilmiştir. Lütfen her maddeyi okuyarak, bu maddelere ne boyutta katıldığınızı, verilen 7'li derecelendirme sistemine göre yanıtlayınız.

- 1 = Kesinlikle Katılmıyorum** **4 = Kararsızım** **7 = Kesinlikle Katılıyorum**
2 = Katılmıyorum **5 = Biraz Katılıyorum**
3 = Bir Miktar Katılmıyorum **6 = Katılıyorum**

1.	Yaptığım bir şey kusursuz değilse çevremdekiler tarafından yetersiz bulunur.	①	②	③	④	⑤	⑥	⑦
2.	İnsanlar benden, verebileceğimden fazlasını beklerler.	①	②	③	④	⑤	⑥	⑦
3.	İnsanlar benden, mükemmelden aşağısını kabul etmezler.	①	②	③	④	⑤	⑥	⑦
4.	Ailem benden mükemmel olmamı bekler.	①	②	③	④	⑤	⑥	⑦
5.	Bir işi ne kadar iyi yaparsam çevremdekiler daha da iyisini yapmamı beklerler.	①	②	③	④	⑤	⑥	⑦
6.	Çevremdekiler yaptığım her şeyde başarılı olmamı beklerler.	①	②	③	④	⑤	⑥	⑦
7.	Başkalarının benden çok şey beklediğini düşünüyorum.	①	②	③	④	⑤	⑥	⑦
8.	Başarı, başkalarını memnun etmek için daha da çok çalışmam gerektiği anlamına gelir.	①	②	③	④	⑤	⑥	⑦
9.	Her konuda üstün başarı göstermesem de başkaları benden hoşlanacaktır.	①	②	③	④	⑤	⑥	⑦
10.	Yakınlarımla hata yapmasını görmeye tahammül edemem.	①	②	③	④	⑤	⑥	⑦
11.	Başkalarının benden beklentilerini karşılamakta güçlük çekerim.	①	②	③	④	⑤	⑥	⑦
12.	Bana göstermeseler bile, hata yaptığım zaman diğer insanlar çok bozulurlar.	①	②	③	④	⑤	⑥	⑦
13.	Başarısız olduğum zamanlar bile başkaları yeterli olduğumu düşünür.	①	②	③	④	⑤	⑥	⑦
14.	Çevremdekiler benim de hata yapabileceğimi kolaylıkla kabullenirler.	①	②	③	④	⑤	⑥	⑦
15.	Hata yapsam bile, insanlar yeterli ve becerikli olduğumu düşünürler.	①	②	③	④	⑤	⑥	⑦

APPENDIX E

SOCIAL COMPARISON SCALE (SOSYAL KARŞILAŞTIRMA ÖLÇEĞİ)

Sizin de bildiğiniz gibi, hepimiz zaman zaman kendimizi diğer insanlarla karşılaştırır ve bazı değerlendirmeler yaparız. Bu değerlendirmeler sonucunda kendimizle ilgili bazı fikirler ediniriz. Sizin de kendinizle ilişkili bazı görüşleriniz mutlaka vardır. Lütfen, aşağıdaki sıfatların her birinde, sizi en iyi yansıtan rakamın üzerine (X) işareti koyunuz.

1. Sol taraftaki boyuta en yakın olmayı ifade eder.

6. Sağ taraftaki boyuta en yakın olmayı ifade eder.

Sol							Sağ
1. Yetersiz	①	②	③	④	⑤	⑥	Yeterli/ Üstün
2. Beceriksiz	①	②	③	④	⑤	⑥	Becerikli
3. Başarısız	①	②	③	④	⑤	⑥	Başarılı
4. Sevilmeyen biri	①	②	③	④	⑤	⑥	Sevilen biri
5. İçedönük	①	②	③	④	⑤	⑥	Dışadönük
6. Yalnız	①	②	③	④	⑤	⑥	Yalnız değil
7. Dışta bırakılmış	①	②	③	④	⑤	⑥	Kabul edilmiş
8. Sabırsız	①	②	③	④	⑤	⑥	Sabırlı
9. Hoşgörüsüz	①	②	③	④	⑤	⑥	Hoşgörülü
10. Söyleyeni yapan	①	②	③	④	⑤	⑥	İnsiyatif sahibi
11. Korkak	①	②	③	④	⑤	⑥	Cesur
12. Kendine güvensiz	①	②	③	④	⑤	⑥	Kendine güvenli
13. Çekingen	①	②	③	④	⑤	⑥	Atılgan
14. Dağınık	①	②	③	④	⑤	⑥	Düzenli
15. Pasif	①	②	③	④	⑤	⑥	Aktif
16. Kararsız	①	②	③	④	⑤	⑥	Kararlı
17. Antipatik	①	②	③	④	⑤	⑥	Sempatik
18. Boyun eğici	①	②	③	④	⑤	⑥	Hakkını arayıcı

APPENDIX F

SATISFACTION WITH LIFE SCALE (YAŞAM DOYUMU ÖLÇEĞİ)

Aşağıda 5 cümle ve her bir cümlenin yanında da cevaplarınızı işaretlemeniz için 1'den 7'ye kadar rakamlar verilmiştir. Her cümlede söylenenin sizin için doğruluğunu belirtmek için o cümlenin yanındaki rakamlardan yalnız bir tanesini işaretleyiniz.

- 1 = Kesinlikle Katılmıyorum** **4 = Kararsızım** **7 = Kesinlikle Katılıyorum**
2 = Katılmıyorum **5 = Biraz Katılıyorum**
3 = Bir Miktar Katılmıyorum **6 = Katılıyorum**

1.	Hayatım birçok yönden idealimdekine yakın.	①	②	③	④	⑤	⑥	⑦
2.	Hayat şartlarım mükemmel.	①	②	③	④	⑤	⑥	⑦
3.	Hayatımdan memnunum.	①	②	③	④	⑤	⑥	⑦
4.	Hayattan şimdiye kadar istediğim önemli şeyleri elde ettim.	①	②	③	④	⑤	⑥	⑦
5.	Eğer hayata yeniden başlasaydım hemen hemen hiçbir şeyi değiştirmezdim.	①	②	③	④	⑤	⑥	⑦

APPENDIX G

TEZ FOTOKOPİSİ İZİN FORMU

ENSTİTÜ

Fen Bilimleri Enstitüsü

Sosyal Bilimler Enstitüsü

Uygulamalı Matematik Enstitüsü

Enformatik Enstitüsü

Deniz Bilimleri Enstitüsü

YAZARIN

Soyadı :

Adı :

Bölümü :

TEZİN ADI (İngilizce) :

TEZİN TÜRÜ : Yüksek Lisans

Doktora

1. Tezimin tamamından kaynak gösterilmek şartıyla fotokopi alınabilir.

2. Tezimin içindekiler sayfası, özet, indeks sayfalarından ve/veya bir bölümünden kaynak gösterilmek şartıyla fotokopi alınabilir.

3. Tezimden bir bir (1) yıl süreyle fotokopi alınamaz.

TEZİN KÜTÜPHANEYE TESLİM TARİHİ: