THE MODERATING ROLE OF GENDER ROLE ATTITUDES ON THE
RELATIONSHIP BETWEEN SELF-COMPASSION AND BODY
DISSATISFACTION

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ABSTRACT

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The present study aims to understand the moderating role of gender role attitudes on the relationship between self-compassion and body dissatisfaction. Past studies have demonstrated that compared to men, women are less satisfied with their bodies. They feel discomfort as they move away from their thin ideal. On the one hand, self-compassion is expected to have a buffering effect on body dissatisfaction through its three facets: self-kindness, common humanity, and mindfulness. On the other hand, considering that stereotypical gender roles increase body dissatisfaction because these roles dictate what men and women should look, they are also expected to predict body dissatisfaction. Thus, it was

expected that women are more self-compassionate but less satisfied with their bodies, yet men are expected to have more stereotypical gender role attitudes. Specifically, it was hypothesized that the relationship between self-compassion and body dissatisfaction would be moderated by the effect of gender role attitudes on body dissatisfaction. Participants (N = 385 participants, 156 men and 229 women) participated in the study and completed the measures of body dissatisfaction, self-compassion, gender role attitudes. Results revealed that there was no gender difference on self-compassion and body dissatisfaction. As expected, men showed greater stereotypical gender role attitudes compared to women. However, results showed that the moderating role of gender role attitudes on the relationship between self-compassion and body dissatisfaction was not significant. Implications of the findings were discussed. Further studies should examine culture-specific gender roles on the specific aspects of body dissatisfaction.

Keywords: Body Dissatisfaction, Self-Compassion, Gender Role Attitudes.

ÖZ

ÖZ-DUYARLIK VE VÜCUT MEMNUNİYETSİZLİĞİ İLİŞKİSİNE TOPLUMSAL CİNSİYET ROL TUTUMLARININ DÜZENLEYİCİ DEĞİŞKEN ETKİSİ

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Bu çalışmanın amacı öz-duyarlık ve vücut memnuniyetsizliği ilişkisine toplumsal cinsiyet rol tutumlarının aracı değişken etkisini araştırmaktır. Önceki araştırmalar erkeklere kıyasla kadınlar vücutlarından daha memnuniyetsiz olduklarını ince idealinden uzaklaştıkça rahatsızlık hissettiklerini göstermiştir. Bir yandan, öz-duyarlılığın sahip olduğu öz-nezaket, ortak paydaşım ve farkındalık özelliklerinden dolayı vücut memnuniyetsizliğine tampon etkisi yapması beklenmektedir. Öte yandan, toplumsal cinsiyet rolleri kadın ve erkeklere nasıl gözükmesi gerektiğini dikte ettiği için vücut memnuniyetsizliğini arttırması beklenmektedir. Spesifik olarak, toplumsal cinsiyet rol tutumlarının, öz-duyarlık ve vücut memnuniyetsizliği ilişkisinde düzenleyici (moderatör) rolü

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oynaması beklenmektedir. Toplam 385 katılımcı (156 erkek, 229 kadın) bu araştırmada yer almış ve öz-duyarlık, vücut memnuniyetsizliği ve toplumsal cinsiyet rolleri tutum ölçeklerini doldurmuşlardır. Bulgular kadın ve erkeklerin arasında öz-duyarlık ve vücut memnuniyetsizliği açısından bir fark olmadığını göstermiştir. Beklenildiği üzere, erkeklerin kadınlara kıyasla daha fazla kalıplaşmış toplumsal cinsiyet rollerine ilişkin tutumlara sahip olduğu bulunmuştur. Buna karşın, toplumsal cinsiyete rol tutumlarının öz-duyarlık ve vücut memnuniyetsizliği üzerindeki düzenleyici etkisi anlamlı bulunmamıştır. Araştırmanın olası sonuçları tartışılmıştır. İleride ki çalışmalarda farklı kültürlere özgü toplumsal cinsiyet rollerinin vücut memnuniyetsizliği üzerindeki etkisinin incelenmesi önerilmiştir.

Anahtar Kelimeler: Öz-Duyarlık, Vücut Memnuniyetsizliği, Toplumsal Cinsiyet Rolleri Tutumları.

ACKNOWLEDGEMENTS

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CHAPTER 1

INTRODUCTION

1.1 General Introduction

The current study aims to investigate the relationship between self-compassion and body dissatisfaction and the moderating role of gender role attitudes in this relationship. In the following section, first, past studies on body dissatisfaction and its potential antecedents will be selectively reviewed. Then, self-compassion and its theoretical background will be introduced. Lastly, gender roles and how gender role attitudes are shaped will be introduced.

Body dissatisfaction can be defined as "a person's negative thoughts and feelings about his or her body." (Grogan, 2017, pp. 4). It was found that body concerns can be seen at even 5-year-old girls, peaked up at adolescence and adulthood, and relatively stable during lifespan (Davison, Markey, & Birch, 2000; Bearman, Presnell, Martinez, & Stice, 2006; Tiggemann, 2004). Body dissatisfaction was accepted to play a major role on the onset and maintenance of eating pathology, which attracted the attention of society and health professions (Stice & Shaw, 2002). As a result, several interventions have been suggested. Self-compassion was proposed as one of the effective coping strategies against body dissatisfaction. Self-compassion can be defined as a healthy and adaptive attitude toward oneself in the face of failures and inadequacies (Neff, 2003). After the realization that self-esteem entailed comparison with others to feel good about oneself, self-compassion has been preferred to self-esteem. It has been

investigated that high self-compassion was associated with psychological well-being such as establishing mastery goals and less fear of failure (Neff, Hsieh, & Dejitterat, 2005), more health promoting behaviors (Sirois, Kitner, & Hirsch, 2014), less likelihood of experiencing burnout (Barnard & Curry, 2012) and high psychological resilience (Neff & McGehee, 2010). The relationship between body dissatisfaction and self-compassion has been another area of research in recent years. It was found that self-compassion and body dissatisfaction were negatively correlated (Wasylkiw, MacKinnon, & MacLennan, 2012; Ferreira, Pinto-Gouveia & Duarte, 2013). Even, women who experienced bodily changes as a result of chemotherapy or surgery, not as a result of weight or slenderness concerns, benefited from self-compassion (Przezdziecki et al., 2013). Despite the abundant literature about the link between self-compassion and body dissatisfaction, the effect of gender roles has left unexamined. Gender roles can simply be defined as designated behaviors, attitudes and attributions that are appropriate for men and women due to societal expectancies (World Health Organization, 2014). It was proposed that women were more likely to be target of societal beauty standards and they were more likely to be objects for attraction (Tiggemann and Lynch, 2001). Therefore, women tended to suffer from body dissatisfaction followed by eating disturbances (Thompson & Stice, 2001).

The potential moderator role of gender role attitudes between self-compassion and body dissatisfaction has mostly been left undiscovered. For instance, Reilly, Rochlen and Awad (2014) pointed out that the facets of self-compassion (self-kindness, common humanity and mindfulness) contradicted with male gender roles (e.g., not at all emotional, never cries, dominant and very competitive) (Broverman, Vogel, Broverman, Clarkson, & Rosenkrantz, 1972). Therefore, it was less likely to adhere male gender roles and be compassionate to oneself at the same time. Accordingly, results revealed that conforming male gender roles was negatively correlated with self-compassion. Yet, past studies have not examined the effect of gender roles among both men and women as a moderator. Thus, the current study focuses on how gender roles moderate the relationship

between self-compassion and body dissatisfaction. Following the brief literature review on the major concepts employed in this thesis, the objectives of the study will be elaborated below.

1.2. Body Dissatisfaction

Body image can be defined as an actual reflection of one's body in the mirror or how one imagines his/her body in his/her mind (NEDA, 2018). Distorted and unrealistic view of one's body can lead body dissatisfaction. In the USA, 10 million men and 20 million women have experienced eating disorder allied with body dissatisfaction. It is known that eating disorders and body dissatisfaction were associated with several factors as well as psychological ones.

1.2.1. Risk Factors for Body Dissatisfaction

A tripartite model was proposed by Thompson, Heinberg, Altabe and Tantleff-Dunn (1999) to comprise factors related to body dissatisfaction. The model has three main variables (peers, family and media) and two mediational variables (appearance comparison and internalization of societal standards). Although some studies have found that social comparison mediated the relationship between peer, media, and family and body dissatisfaction as the model suggests (van den Berg, Thompson, Obremski-Brandon, & Coovert, 2002; Yamamiya, Shroff, & Thompson, 2008), each of the main variables and mediational variables have investigated separately and in relation with other factors in the literature. For example, Barker and Galambos (2003) identified risk factors related to body disturbance for both girls and boys in early adolescence which is a crucial time to develop body dissatisfaction and eating disorders (e.g., Schutz, Paxton, & Wertheim, 2002). Overall, girls were more likely to be at risk group than boys since they were less satisfied with their bodies. Specifically, while having high BMI (Body Mass Index which is a calculation of body fat based on weight and

height), disturbed figure management strategies and being teased about appearance predicted greater body dissatisfaction among girls, only being teased about strength predicted body dissatisfaction among boys. These results were partly supported by Stice and Whitenton's study (2002). They examined risk factors for girls and boys in body dissatisfaction by using a longitudinal data set. They found that increase in adiposity (largeness of body fat), perceived pressure to be thin and lack of social support predicted body dissatisfaction among girls. Contrary to previous findings, they found that teasing did not significantly predict body dissatisfaction. It was concluded that perceived pressure to be thin, which was the most significant predictor of body dissatisfaction, was related with peer pressure, family and media, and girls were more likely to suffer from it. Namely, even moderate pressure to be thin rendered girls to be four times at risk for body disturbance.

1.2.2. Peers

Peer pressure and being accepted in a social network are significant predictors of body dissatisfaction. Presnell, Bearman, & Stice (2003) found that perceived pressure to be thin from peers predicted body dissatisfaction. However, its main effect was not significant when other variables were included in the model. This result suggested that body dissatisfaction is multifaceted and affected by several variables as Tripartite model proposes. Yet, peers should not be overlooked in terms of its impression on body dissatisfaction. For example, it was pointed out that girls were more likely to feel positive about themselves as they were accepted by their current social environments, especially by their friends (Stice & Whitenton, 2002).

Peers seemed to predict body dissatisfaction through social comparison. Social comparison arose from the need to evaluate one's abilities and opinions (Festinger, 1954). Due to lack of objective means for comparison, people tended to compare themselves with others. The selection of the "others" was not a

random process. According to the social comparison theory, people did not select others who were too different from themselves. Conversely, people tended to use others who were much or less like them as comparison points. The comparison became more stable as the comparison target became similar to the person. If the comparison target was too much divergent from the one, in other words, when the discrepancy was considerably great, people felt dissatisfaction about the comparison subject. As a result, people acted to reduce the discrepancy.

In a study, Ferguson, Munoz, Garza and Galindo (2014) found that girls were more likely to develop body dissatisfaction when they compared themselves with their female peers. As a matter of fact, peer competition was highly associated with body dissatisfaction rather than television and social media use which were generally considered as strong predictors of body dissatisfaction (Smith, Hames, & Joiner, 2013; Fouts & Burggraf, 1999). This result supported the social comparison theory in a way that girls may select their targets from their close environment, especially high-status peers, to compare themselves. Furthermore, it was proposed that even short exposure of thin-ideal peer created body dissatisfaction. In one study, half of the young females interacted with thin, attractive and agemate female confederate (experimental group), and other half of the young females interacted with average size female confederate (control group). Even if participants were not friends with both of the confederates, participants engaged in comparison. Participants in experimental group showed the highest level of body dissatisfaction with a moderate effect size even though exposure time was considerably brief (Krones, Stice, Batres, & Orjada, 2005).

Peers also contributed body dissatisfaction through reinforcing appearance related conversation. According to Jones, Vigfusdottir and Lee (2004), both girls and boys were more likely to experience body dissatisfaction when they engaged in appearance related conversation. It was interpreted that frequent behavior of appearance related conversation led to internalization of thinness as ideal and it consequently created body disturbance. Social comparison theory pointed out the degree to which people compared themselves with others depends on the

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importance of comparison subject. For instance, if a person thought that his/her body figure should be ideal, and it required to follow beauty standards no matter what happens, a person may select his/her social environment in accordance with this belief. As a result, body dissatisfaction was reinforced by repetitive exposure of appearance related conversation with peers.

1.2.3. Family

Considering the family aspect of Tripartite model, it was found that parents and the relationship with the parents were significant predictors of body dissatisfaction among adolescent girls (Neumark-Sztainer et al., 2010). Weight-related talk with family and behaviors were common in girls at risk for eating problems and body dissatisfaction. More specifically, having parents who frequently teased about weight put these girls at risk ten times more likely to experience body dissatisfaction, have higher BMI and use unhealthy strategies to lose weight. Maternal dieting, not father dieting; mother teasing and weight-related comment from both parents significantly predicted weight-related problems among adolescent girls. Vincent and McCabe (2000) investigated whether girls and boys were affected by parent related weight problems in terms of developing body dissatisfaction and eating disturbances. Consistent with Neumark-Sztainer et. al's study (2010), mothers were crucial factors for girls in developing weight-related problems. However, Vincent and McCabe (2000) also found out that weight-related talk with fathers also predicted girls' body dissatisfaction. For boys, when it came to muscle gain or being heavier, fathers were found to have considerable effect on eating problems. It can be concluded that being accepted from parents is important in adolescence regardless of gender. In line with this idea, it was observed that perceived acceptance from mothers and fathers predicted less body dissatisfaction which implies that positive relation with mothers and fathers can be potential resources for body dissatisfaction especially among girls (Barker & Galambos, 2003). Parents'

desires to shape their daughters (rather than sons) in accordance with cultural standards from earlier ages also contributed to the possible explanations of relationship between body dissatisfaction and stereotypical gender role beliefs. In other words, parents who already had stereotypical gender role attitudes and beliefs may transfer these beliefs to their daughters as compared to their sons and as a consequent, girls endorsed ideal body images as a prerequisite for being a woman.

1.2.4. Media

Media influence has been widely investigated in the body dissatisfaction and eating disorders literature. Media research had its subtopics such as, social media, magazines, advertisements and TV shows which were thought to influence body dissatisfaction a certain extent. Smith et al. (2013) investigated the maladaptive Facebook use and eating pathology among college females. They found that maladaptive Facebook usage predicted bulimic symptoms, and body satisfaction strongly mediated this relationship. In females, being exposed to thin and attractive female peers predicted more body dissatisfaction. When the discrepancy between standards of ideal image and the self was huge, intense body dissatisfaction was experienced. Schutz et al. (2002) supported this argument with the finding that although there were considerable differences between models and adolescents in terms of lifestyle or age, adolescents still perceived fashion models as similar others to compare with. Jones (2001) demonstrated that both girls and boys chose peers and as well as models to compare themselves to. Consequently, comparison with both peers and models/celebrities linked to body dissatisfaction.

The other tool of media related to body image disturbances is magazines. Jones et al. (2004) exposed participants to appearance magazines (e.g., Seventeen, People etc.) and it was revealed that especially for girls, appearance magazine exposure and body dissatisfaction were significantly related. Similarly, it was

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found that body dissatisfaction and media body comparison were related for females (van den Berg, Paxton, Keery, Wall, Guo, & Neumark-Sztainer, 2007). When women were exposed to magazine messages about thin-ideal images, they tended to compare themselves with these images and therefore, they were more likely to experience body dissatisfaction. Unlike girls, boys' body dissatisfaction was not mediated by media comparison.

Stice, Spangler and Agras (2001) investigated whether long-term exposure of thin-ideal images from magazines enhanced body dissatisfaction and internalization of thin-ideal standards among adolescent girls. Girls in experimental group were exposed to magazine messages with 15-months magazine subscription (Seventeen magazine) and girls in control group did not have any subscription. Results indicated that long-term magazine exposure did not raise body dissatisfaction and thin-ideal internalization. Yet, it was found that long-term magazine exposure resulted in heightened body dissatisfaction for girls who lack adequate social support. This result can be interpreted that vulnerable girls were more likely to be affected by thin-ideal images which in turn led to body dissatisfaction. In addition, Tiggemann and McGill (2004) examined the social comparison process of women who were exposed to thin-ideal images. They hypothesized that exposure to thin-ideal images from magazines provoked body related concerns and women who were already vulnerable inclined to make upward social comparison. As summarized above, even brief exposure of thin-ideal images was enough to elicit body dissatisfaction.

Advertisement is another medium of media and it directly links with gender roles. Advertisers frequently use stereotypical image of woman to sell their products. While other media organs may have indirect effect of body comparison (i.e. people who already hold vulnerable characteristics are more likely to be influenced by thin-ideal messages so the link between body dissatisfaction and thin-ideal messages could not be drawn directly), advertisements want audience to believe that s/he "needs" a particular product because they will be incomplete, weak or ugly without it. Parallel to this, advertisements use men and women

according to the perception of targeted individuals. Hall and Crum (1994) reviewed the beer commercials during the sport games in terms of the gender of the actors, type of the advertisement (recreational, white collar focused, and blue collar focused) and the focus of the camera shots (face, legs, chest etc.). They observed that while males were more represented in beer commercials, usage of female body was enormous. In other words, women did not frequently appear as main actors in beer commercials instead, their whole body or body parts (e.g., only legs or breasts) were frequently used. Regarding body shots, body-ism and face-ism refer to the number of camera shots focusing on whole body or face only. According to Hall and Crum (1994), body-ism tended to be high on females and they were more likely to be shown as unintelligent but hot, on the other hand, face-ism was common for males. This result was parallel to the finding that males were more likely to satisfy with their bodies and females, on the contrary, tended to positively evaluate their facial components (Silberstein, Striegel-Moore, Timko, & Rodin, 1988). This comparison showed that the more females and males were portrayed with specific aspects (e.g., bodies for females and faces for males) in the media, the more they focused on the exhibited aspects of themselves and consequently, they felt obliged to follow cultural standards. How these differences in appearance affect audience was studied and it was indicated that preadolescents and adolescents compared themselves with the models in advertisements (Martin & Kennedy, 1993).

While some studies argued that peer competition and pressure predominantly predict body dissatisfaction (Ferguson et al., 2014), television and TV shows were considered as important sources of body image disturbances. For instance, Fouts and Burggraf (1999) examined prime-time situation comedies (e.g., Friends) and 52 female characters (e.g., Courteney Cox, Jennifer Aniston etc.). They found that the more a female was underweight and young, the more she was represented. More specifically, 33% of the female main characters were underweight and 46% of them received positive comment about their shape and weight from male characters. Furthermore, the positive comments increased as

the main female character was thinner. Adolescent girls who were more likely to watch prime-time TV shows may infer that they should be thinner to be positively viewed by others. Likewise, adolescent boys may also infer that women pleased to be evaluated in terms of their shape and weight. Messages from popular TV shows had hazardous effects to adolescents since the onset of body dissatisfaction and eating disturbances mostly located this developmental stage (Killen et al., 1993).

Spitzer, Henderson and Zivian (1999) pointed out how ideal size changed in media over time. They explored female centerfolds on Playboy magazine, male centerfolds on Playgirl magazine and Miss America Pageant winners through 1977 to 1997. Results revealed that the weight of centerfold of Playboy magazines had decreased over time and almost all centerfolds were underweight. Additionally, Miss America Pageant winners' weight also showed similar manner, even 17% of the winners were able to meet the criterion for anorexia nervosa in World Health Organization BMI terms. This result was considerably startling because it pointed out the extreme gap between ideal sizes and average sizes in females. Whereas females have been getting thinner, centerfolds of Playgirl magazines did not show thinning tendency. Apart from the fact that none of the male centerfolds were underweight, it was observed that they were even heavier which was probably because of muscle tone increase.

1.2.5. Age

One may wonder when body dissatisfaction starts to influence people and they start to get dissatisfied with their bodies. In one study, 204 male and female children were recruited to demonstrate body dissatisfaction and the accuracy of body size estimation (Gardner, Friedman, & Jackson, 1999). After first data was collected, second measurement was made after one year and it was indicated that children were able to appraise their body size correctly. Children started to determine small changes regarding their bodies as they were getting older. This

can be the reason why body dissatisfaction raises with age. As the capacity of children enhanced and they started to notice details in their bodies, there were too much bodily aspect to be dissatisfied with. Both female and male children became dissatisfied with their bodies by age 9 with the involvement of weight, height and yearly changes in body size. While females started to fascinate thinner bodies by age 7, males desired moderate decrease in body size later than girls. This result contradicted the literature that puberty was the probable onset of eating disturbances and body dissatisfaction (e.g., Schutz et al., 2002). Even children at age seven suffered from body dissatisfaction. One explanation might be that body dissatisfaction starting from childhood creates cumulative negative effect on perceived body image until adolescence and as a result, disordered eating manifests itself in adolescence. Similarly, in another study, it was found that social comparison and appearance related problems enhanced with age (Schutz et al., 2002). 7th graders were less dissatisfied with their bodies and less engaged in dieting behaviors compared to 8 and 10 graders. It supported the idea that body dissatisfaction may manifest itself with disordered eating during adolescence. Bearman et al. (2006) recruited a longitudinal study to recognize different levels of body dissatisfaction and eating problems in different age spans. There were 247 girls and 181 boys (8th grade) and results were obtained at three times (baseline, 1-year follow-up and 2-year follow-up). The results demonstrated that girls experienced more body dissatisfaction than boys at each time point of the study. Correspondingly, girls got more dissatisfied with their bodies with age and restricted eating were seen in adolescents with high body dissatisfaction. It did not mean that boys do not experience body dissatisfaction. On the contrary, they experienced as much body dissatisfaction as girls until age 13. After that age, girls and boys were distinguished in terms of the intensity of body dissatisfaction. Girls were more likely to experience intense body dissatisfaction than boys.

Ackard, Croll and Kearney-Cooke (2002) examined the association between disturbed eating and body dissatisfaction among college women. They indicated

that the tendency to engage in dieting was related to disordered eating behavior and emotional distress among normal-weight women. Moreover, dieting numbers were also affiliated to psychological disorders like low self-esteem and depression, and behavioral problems like exercise addiction. It was also pointed out that dieting methods that were commonly used by college women were highly problematic. It seemed that they tended to skip meals, use laxatives or fast to control their weight. So, it can be said that body dissatisfaction begins in early stage of life namely by age 6, then it intensifies with age probably because of the comparison with peers and common social media use, and in high school and college, body dissatisfaction shows itself with disordered eating.

1.2.6. Gender

It has been widely investigated whether gender is related to body dissatisfaction. Once the focus was on the idea that being female was an important factor that affects body dissatisfaction. In other words, it was considered that women experienced greater body dissatisfaction as opposed to men who experienced relatively less or no body dissatisfaction at all. In fact, recent studies showed that both women and men suffered from body dissatisfaction through different developmental stages and different manners (Silberstein et al., 1988). McCabe, Ricciardelli and Finemore (2002) examined adolescent girls and boys in terms of pubertal development, peer relationships and media influence. They especially tried to understand how boys were affected from sociocultural messages about increased muscle tone which was not investigated deeply before. Adolescent girls found to be less satisfied with their bodies as compared to adolescent boys consistent with the literature. However, the underlying reason why they engage in eating and exercising habit was different. Girls used eating and exercising to lose weight and boys used eating and exercise to gain muscle tone. Moreover, both genders felt obligated to change their body and this pressure came mostly from the media. Media pressure, again, stroked girls and boys separately. While

girls perceived that they should lose weight, boys perceived that they should be muscular. Yet, it was found that the relationship between media and body dissatisfaction was more pronounced for girls. The reason why gender role attitudes are presented as a moderator in this study is the unique impact of media exposing young women to body dissatisfaction through stereotypical gender roles. While men were associated with being the breadwinner and being intelligent, women were expected to be physically attractive because they are conceptualized on their bodies. This dichotomy will be further discussed later in this chapter.

Several studies supported the need for muscularity among males and the need for thinness among females. For instance, Juarez, Soto and Pritchard (2012) investigated the drive for thinness, drive for muscularity and internalization of media content, especially pro-anorexia websites (in which people write their experiences and maladaptive strategies to lose weight). In accordance with previous studies, drive for thinness among women connected to internalization of general media content as well as internalization of pro-anorexia website content. This result was not surprising if we consider the fact that anorexia affects young women. On the other hand, internalization of general media content was correlated with drive for muscularity when compared to internalization of pro-anorexia website content. It was probably because muscularity was related to improving muscle tone which contradicted the aim of anorexia. Similar results were obtained in another research (McCreary & Sasse, 2000). They pointed out that the drive for thinness was negatively related to the drive for muscularity. Drive for muscularity was, however, significant among boys and they engaged in eating habits and exercise routines to be heavier and bulkier. They were also more likely to use steroids and ephedrine (Cafri, Thompson, Ricciardelli, McCabe, Smolak, & Yesalis, 2005). Regarding steroid usage, it was found that even boys in middle school sometimes used steroids to be more muscular, namely 11.4% of boys (Smolak, Murnen, & Thompson, 2005). Majority of boys reported that they wanted to gain muscles and half of them indicated that they engaged in

exercise to support muscle tone. Furthermore, it was suggested that as it was put in Tripartite model, boys who influenced by the media including muscularity messages, whose friends were also related to muscle gain and whose parents frequently commented on their body shape tended to strive for muscularity.

The other difference between males and females in body dissatisfaction is related to strive to be overweight or underweight. Although in one research, it was indicated that males bothered to be skinnier (Muth & Cash, 1997), Furnham et al. (2002) found that 37% of boys desired to be thinner and 43% of them desired to be heavier similar to what Silberstein et al. (1988) found. These conflicting evidences should be considered in a way that boys who wanted to be skinnier may focus mostly on their body fat, and boys who wanted to be heavier may focus mostly on muscle tone. Thus, either way created body dissatisfaction among males. More specifically, most of the boys wished to improve their upper body size (73%) and to diminish their lower body size (41%). This body proportion suited V-shaped figure which was highly appreciated by males. For females, as opposed to males, extreme slenderness was essential therefore only 8% of females desired to be heavier in line with other studies (Muth and Cash, 1997; Silberstein et al., 1988).

Although Muth and Cash (1997) provided findings that women were more likely to have body dissatisfaction compared to men, they suggested that it may be cognitive mechanisms that lead to body dissatisfaction rather than gender. More specifically, negative information-processing about bodily standards may increase maladaptive way of thinking which fosters perception of bodily incompetency. According to this point of view, gender did not necessarily predict body dissatisfaction. Rather, both men and women may hold negative information-processing perspectives and may end up with body dissatisfaction. Yet, the current study aims to investigate potential gender differences on body dissatisfaction. Although there exist mixed findings regarding gender difference in body dissatisfaction, the present study hypothesizes that women are less satisfied with their bodies compared to men.

1.2.7. Stability of Body Dissatisfaction

Since body dissatisfaction can be observed at different ages and for both genders, one may wonder whether body dissatisfaction remains in later years. In one cross-temporal meta-analysis (Karazsia, Murnen, & Tylka, 2017), authors examined thinness-oriented body dissatisfaction (more likely to be related to females) and muscularity-oriented body dissatisfaction (more likely to be related to males). As expected, thinness-oriented body dissatisfaction was mostly reported by females and muscularity-oriented body dissatisfaction was mostly reported by males. Surprisingly, thinness-oriented body dissatisfaction seemed to diminish around the 31-year time span. This result, of course, challenged the idea that body dissatisfaction starts from early onset of puberty, increases with age and gradually declines with middle to late adulthood. It can be explained by the recent awareness methods that were commonly used to increase body satisfaction (e.g., body positivity movement). After all these years with emphasizing thin-ideal images and high beauty standards, cultural trends are starting to draw attention to body acceptance (Cwynar-Horta, 2016). The fact that body acceptance comprises all aspects of body (weight, height, skin color, freckles, cellulitis, hair color, eye color etc.) helps people to appreciate themselves and to view their bodies with a positive manner.

1.3. Self-Compassion

Self-compassion arose from the exploration of healthier attitude toward oneself when self-esteem was no longer considered as a necessary element of self-worth (Neff, 2003b). It was pointed out that because of high standards about oneself and need to be above the average, people often deal with their inadequacies, fallacies and suffering in a harsh and judgmental way. This attitude, in turn, leads less compassion toward oneself and others. On the other hand, self-compassion encapsulates humans with both success and failures and helps individuals to improve awareness to themselves and others. Compassion is directed toward both

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oneself and others because feeling of interconnectedness and awareness of common human experience are prevalent aspects of self-compassion. It was indicated that although there was no strong relationship between self-compassion and compassion for others, people who were high self-compassionate were more likely to extent their compassion to others. Correspondingly, it was noticed that when people were asked to show concern and caring, it benefitted both self-compassion and compassion to others (Neff & Germer, 2013).

Self-compassion can be associated with Abraham Maslow's interpretation of healthy individual, Carl Roger's idea of unconditional self-acceptance and Buddhist philosophy in which mindfulness and mental well-being were tried to be enhanced for centuries (Neff, 2003b). It was suggested that self-compassion has three interacting components very much parallel to earlier concepts mentioned above. Self-kindness (versus self-judgment) refers to approach oneself with kindness and understanding. Common humanity (versus isolation) helps people to realize that both success and failures are part of human experience. When one faces with a failure, awareness that it is a part of human life facilitates the coping strategies compared to isolating oneself from the environment. The acknowledgement of common humanity separates self-compassion from self-pity. Self-pity involves exaggerated personal suffering and detachment of the one from others. When people feel self-pity, they tend to be surrounded by their own problems and ignore that there can be others experiencing similar problems. Therefore, self-compassion cannot be a part or a result of self-pity. Lastly, mindfulness (versus over-identification) can be defined as a balanced attitude of negative feelings rather than being swamped with them. This is another characteristic that self-compassion differs from self-pity. When people feel self-pity, they incline to get drowned by intense negative emotions. Conversely, people with high self-compassion avoid over-identify their emotions and manage to maintain equanimity in their emotions.

Understanding and caring content of self-compassion did not indicate that people with high self-compassion accept themselves as they were and took no action for

any kind of personal growth (Neff, 2003b). On the contrary, self-compassion promotes optimal functioning and improvement by giving a realistic ground for change since people with high self-compassion acknowledge their inadequacies. Similarly, Neff and Germer (2013) found that mindfulness was little associated with avoidance which supported the fact that people who had high level of self-compassion tended to embrace oneself. Besides from developing caring attitude about one's fallacies, self-compassion also helped people to soothe and comfort themselves in troublesome circumstances (Neff, 2003b).

The reason why self-esteem has been replaced by self-compassion lies behind the recent self-esteem studies. Although once it was thought that having high levels of self-esteem was beneficial, Baumeister, Smart and Boden (1996) found that both high and low levels of self-esteem could cause negative affect. Inflated and unstable positive view of oneself may result in violence or aggression in case of ego-threat. On the other hand, self-compassion yielded nonjudgmental view toward oneself and others, feeling of connectedness rather than isolation and ability to balance negative emotions and thought. Neff and Vonk (2009) pointed out that self-compassion was moderately correlated with self-esteem in a way that both concepts somehow yielded positive affect. Yet, self-compassion was distinguished from self-esteem in the sense that self-compassion did not contingent upon external circumstances and tended to be more stable. Moreover, self-compassion was found to be the protective factor against the negative outcomes of self-esteem. High self-esteem was even found to have detrimental effect on male gender role adherence which led men to deal with their problems in a less compassionate way (Reilly et al., 2014). It is not surprising that high self-compassion was associated with positive and healthier outcomes. Recent studies have demonstrated that high self-compassion was related to less psychopathological symptoms (MacBeth & Gumley, 2012), more optimistic and growth-oriented view of oneself (Neff, Rude, & Kirkpatrick, 2007), greater relational well-being (Neff & Beretvas, 2013), healthier coping strategies in cases

of anxiety or challenge (Allen & Leary, 2010) and establishing accurate and realistic health goals as well as adhering the treatment (Terry & Leary, 2011).

As opposed to self-esteem which was highly resistant to change (Robins & Trzesniewski, 2005), self-compassion can be achieved or enhanced by intervention. For example, Mindful Self-Compassion (MSC) was a self-compassion enhancement program based mostly on mindfulness and self-kindness aspects of self-compassion (Neff & Germer, 2013). According to results of randomized control trial of MSC program, participants indicated increased self-compassion which were also related to social connectedness, mindfulness and life satisfaction. Furthermore, when they controlled participants after 6 months and 1-year follow-up, they identified that benefits of self-compassion were long-lasting and stable. Overall results demonstrated that "…self-compassion is a teachable skill that is 'dose dependent'. The more you practice it the more you learn it." (Neff & Germer, 2013, p. 40).

The link between self-compassion and body dissatisfaction has been widely investigated in the literature and most of the studies revealed that there was a negative correlation between self-compassion and body dissatisfaction. For example, Ferreira et al. (2013) examined the level of body dissatisfaction of both clinical sample (eating disorder patients) and sample of general population. Results showed that harsh critical attitude, which was opposite of the components of self-compassion, was significantly related to body image disturbances. Even if the effect was more severe among clinical population, body dissatisfaction directly predicted eating disturbances among nonclinical population. Similar findings were obtained from several research. It appeared that self-compassion helped women to mitigate unrealistic thin ideals in media by endorsing kindness and common humanity (Homan & Tylka, 2015). Women with high self-compassion may be aware of that there were no universal standards. On the contrary, every single person was unique and had its own ideals. As a result, self-compassion facilitated the disturbed beliefs about ideal body. Furthermore, self-compassion not only had protective value for people who suffer from body

dissatisfaction, but also enhanced healthy intuitive eating among women (Schoenefeld & Webb, 2013).

Breines, Toole, Tu and Chen (2014) took self-compassion and body dissatisfaction studies a step further and measured self-compassion level in daily diary study and lab assessment. It was revealed that self-compassion had protective value in terms of body image disturbances and disordered eating. In daily diary study, women showed less disordered eating pattern in days when they scored high on appearance-related self-compassion compared to their own average mean and sample mean. Similar results were obtained in lab assessment. Self-compassion was negatively related to disordered eating and body shame.

Self-compassion seemed to facilitate dealing with retrospective critical messages as well as current exposure. Daye, Webb and Jafari (2014) examined whether self-compassion attenuated early caregivers' critical messages about eating habits among females. Results showed that self-compassion actually served as a buffer against negative and critical eating messages from caregiver. More specifically, recalling critical interventions and messages from caregiver heightened body shame and in turn, elicited feeling that one cannot control over her appearance and weight. Self-compassion helped women to avoid harsh rumination regard themselves and their bodies. This finding supported the results of other research in which family was found to be a crucial factor in body dissatisfaction.

Given that body dissatisfaction was highly frequent among females and there were numerous risk factors, it was plausible to especially focus on the link between self-compassion and body dissatisfaction among women. Nevertheless, it did not mean that there was not a such relationship among men. Taylor, Daiss and Krietsch (2015) investigated the relationship amidst self-compassion, mindful eating and disordered eating pattern in college students. Although females comprised most of the sample (85%), the study included male participants. As it was expected, self-compassion negatively predicted disordered

eating. People with high self-compassion might view their bodies as something to behave kindly so, mindful eating and physical activity can be the ways to behave kind to one's body. The research did not separate women and men in terms of level of self-compassion and body dissatisfaction, but findings were promising to think that self-compassion may have the same function among males as in females. Still, self-compassion and how it is related to body dissatisfaction among males deserve more attention.

The differences between self-esteem and self-compassion manifest themselves in body dissatisfaction literatures. Even though these two share some domains, self-compassion has been found to be more adaptive and functional in the face of body dissatisfaction. For instance, Wasylkiw et al. (2012) argued that the reason why both self-compassion and self-esteem overlapped each other in terms of their effects on body dissatisfaction was that self-compassion may work along with self-esteem. In other words, self-compassion might compensate making comparison, which was a major defect of self-esteem, by embracing kindness and common humanity. The other finding supporting the effect of self-compassion over self-esteem was that when they controlled self-esteem, the effect of self-compassion on body dissatisfaction can still be obtained. In another research, which was conducted on Thai female students (Pisitsungkagarn, Taephant, & Attasaranya, 2013), self-esteem and body satisfaction was found though, it depended on the level of self-compassion. In other words, moderated effect of self-compassion facilitated whether females put emphasis on maintaining ideal body image. Females with high self-compassion appeared to approach their flaws and inadequacies with kind manner and mindfulness prevented them from negative reactions when they failed to meet ideal standards. It promoted the claim that self-compassion seemed to work with self-esteem by making up for its harmful consequences.

Based on the current literature, in this study, it is expected that overall, self-compassion would predict lower levels of body dissatisfaction for both men and

women. Yet, more specifically, women are expected to be more self-compassionate than men.

1.4. Gender Role Attitudes

1.4.1. Sex Typing and Gender Schema Theory

Society and culture expect women and men to obey certain allocated roles in daily life. These beliefs can be thought under the umbrella of general gender role beliefs (Broverman et al., 1972). At the earlier stage of life, children were shaped by these cultural standards in accordance with their genders. This process was referred as sex-typing. According to Bem (1983), sex-typing has been explained by several psychological theories. One of them is social learning theory which emphasizes that children learn what is convenient and what is not for their sexes through punishment and reward. In other words, society might punish a girl who behaves inappropriately as a girl or a boy might be rewarded when he acts in an expected manner. The theory suggests that children observe gender-appropriate and gender-inappropriate behaviors. Yet, social learning theory argues that children are just passive observers and they are not entitled to select what to observe, to organize their observations and to interpret. In other respects, cognitive-developmental theory considers children as active agents and postulates that sex-typing is universal and inevitable. Children create female and male clusters which are formed by comprehension of social environment. As a result, children strive to look for same-sex gender-conforming activities. For the sake of being cognitively congruent, children start to prefer gender-congruent peers and gender-congruent beliefs. It is still debatable that why children prioritize sex-typing in their cognitive development and the theory fails to explain whether every single child categorizes gender-appropriate beliefs in a same way.

In the light of drawbacks of several psychological theories in sex-typing, Bem developed with Gender Schema Theory (1983) which addressed the main

limitations of earlier theories. Gender schema theory emphasized that children's sex-typing was not independent of the children's cognitive processing and existing social environment. On the contrary, every child was unique in terms of learning societal definitions and expectations. Children were also able not only to categorize features of genders (e.g., physical characteristics, personality or daily roles), but also to assimilate or accommodate new knowledge in their existing gender schemas. It was also argued that the reason why sex-typing had importance in cognitive processing was because society put greater emphasis on reproduction which was also related to genders. Gender-schematic process contained automatic categorization of female and male attributions. Moreover, schemas might include some items that seem unrelated to either gender like eagle or nightingale. The reason why these items were placing into gender schemas was that society connected the eagle to male and nightingale to females in terms of designated characteristics that they shared. Therefore, children construed their schemas with the all attributions and beliefs. After gender schemas were formed, the child internally followed what the existing same-sex schema incites. In other words, girls with female sex-typed schemas and boys with male sex-types schemas behaved accordingly. Bem (1983) argued that the degree to which an individual put emphasis on gender schemas affects one's self-concepts and one's ability to recall and detect gender-related information. This was quite relevant to body dissatisfaction literature which will be discussed later.

It was critical to identify which characteristics are included into female and male gender schemas. Broverman et al. (1972) sorted gender schemas as masculine pole (competency cluster) and feminine pole (warmth-expressiveness cluster). Masculine pole includes traits like aggressiveness, assertiveness, independence, dominance, logical and very skilled in business. Contrary, feminine pole includes traits like talkativeness, gentleness, quietness, need for security and very interested in their physical appearance. As one can see, masculine traits and feminine traits mostly contradict. Masculine traits were more likely to be valued in a positive and desirable way. Moreover, it was found that there was an overlap

between masculine traits and what was considered as socially desirable. In other words, males were regarded as socially desirable since they possess more traits from masculine pole rather than feminine pole. Ironically, both women and men have rated masculine traits as socially desirable traits. Even health workers evaluated healthy men as healthier than healthy women based on certain "healthy" characteristics that men possessed, and women did not. Clinicians appraised women as emotional, submissive, less objective and occupied with physical appearance which in turn, made women less healthy.

1.4.2. Gender Stereotyping

Similar to Bem's sex-typing and gender schema theory, Burgess and Borgida (1999) developed the gender stereotyping theory which differentiated into two categories: descriptive and prescriptive gender stereotyping. According to their definition, descriptive gender stereotyping consists of beliefs of which characteristics women and men have. Discrimination was not necessarily voluntary, and both women and men tended to discriminate. For example, women can be considered as traditional female stereotype and consequently they were not preferred for masculine jobs. Likewise, men might not be selected as a preschool teacher since it requires characteristics that female stereotype has (e.g., soft-spoken and caring). On the other hand, prescriptive gender stereotyping includes beliefs about what women and men should have. The difference between descriptive and prescriptive gender stereotyping was that prescriptive stereotyping stems from power hierarchy in society and might result in deliberate discrimination and hostility. As expected, men tended to discriminate women than women do. While violation of descriptive component was not followed by act of hostility, violation of prescriptive component is more likely to be followed by anger and hostility.

Like Broverman et al. (1972), Burgess and Borgida (1999) has also argued, there were subcategories in female stereotype. Their literature review has revealed that

women were grouped according to the characteristics that they possessed. Traditional women (like housewives) type was more likely to overlap with the general beliefs about women. Sexy women, masculine women (nontraditional), female athlete and feminist women were other subgroups that women are put in. Not surprisingly, female athlete and feminist subgroups had the least common traits with global female stereotype. The overall idea behind gender stereotyping was that women who deviate from traditional gender roles were viewed negatively and deserved to be punished. This can be the answer to the question that why women were willing to construe their self-concepts with both positive-valued and negative-valued feminine traits. Women were expected to have specific characteristics, to behave in a feminine way and do certain occupations. These rigid beliefs may make them believe that they should have negative-valued feminine ways. As a result, they take a risk for being viewed as less desirable (i.e. less masculine) rather than violating gender stereotypes.

1.4.3. Evolutionary Model of Body Dissatisfaction

Dominant role of males and submissive role of females did not only reveal itself in work environment. This relationship can be observed in body dissatisfaction among both women and men. From an evolutionary point of view, it was suggested that female physical attractiveness helped to attract potential mates and increase the paternal investment (Ferguson, Winegard, & Winegard, 2011). According to their evolutionary model of body dissatisfaction, women had a cognitive mechanism that adjusts their mate value and that was highly perceptive to variables such as the availability of possible mates and the attraction of female peers. It was proposed that the number of female peers who can attract possible mates might be the reason of body dissatisfaction among females since bodily features play an important role in reproduction. In other words, when there were considerably high number of females, the level of body dissatisfaction exacerbated. The fact that females were relatively free to choose their partners in

Western cultures, the female peer competition was expectedly high. This may help to understand why body dissatisfaction and eating disorders are more prevalent among Western cultures. The model suggested that media was not directly related to body disturbances. Rather, being exposed to thin images evoked that there were number of peers (especially who have allegedly ideal bodies) to compete with. As a result, females started to develop body dissatisfaction. Moreover, real life peers influenced females more than media depicted females which was discussed earlier. The reason may be that instead of Adriana Lima, a female co-worker who has ideal body shape is more likely to be chosen by a male in one's current environment.

1.4.4. Self- Objectification Theory

Self-objectification was also assumed to influence body dissatisfaction among females. As Tiggemann and Lynch (2001) hypothesized, young women believed that they were objects of attraction. Consequently, they became more conscious about their physical attractiveness and they showed more eating disorders. Although these behaviors declined with age, it seemed that overall body dissatisfaction remained stable across lifespan. This pattern can be linked to the idea that women were more dissatisfied with their bodies in their mature and fertile years because they strived to be chosen by males. Overall, both evolutionary model of body dissatisfaction and self-objectification theory had certain functions to please men. This suggestion was supported by a study (Li, Smith, Griskevicius, Cason, & Bryan, 2010) in which gay men were found to have the lowest scores on body satisfaction, whereas lesbian women were found to have the highest scores on body dissatisfaction probably because a female partner was less demanding regarding physical standards.

This finding reminded that while pleasing men was commonly related to body dissatisfaction among women and gay men, heterosexual men were also target of body dissatisfaction considering gender norm conformity. The current literature

has mostly focused on women and risk factors of body dissatisfaction. However, although gender role beliefs dictated women to be thin and to appeal to men's eyes, men should be muscular and masculine to reflect their dominance and power. Griffiths, Murray and Touyz (2014) pointed out that masculine norm adherence put males at risk for body dissatisfaction. Unlike women who wished to be thin, men were more likely to experience muscularity-oriented body dissatisfaction. Gender roles demanded males to be dominant and "bigger" which in turn made males more dissatisfied with their bodies as they moved away from masculine ideal. The finding of this study supported muscularity-oriented body dissatisfaction among males. It was revealed that men who believed traditional body standards tended to suffer from muscularity-oriented body dissatisfaction and eating psychopathology. Yet, it was not found in other studies. For example, Blashill (2011) conducted a meta-analysis in which the relationship between gender role beliefs and body dissatisfaction was examined and he found the opposite. Results indicated that masculinity was negatively associated with body dissatisfaction and as a matter of fact, it may have a protective mechanism for women in the face of body dissatisfaction. It was clear that the muscularity-oriented body dissatisfaction needs further investigations.

Past literature on gender roles and stereotypical gender beliefs indicated that restrictive gender beliefs were separately and uniquely constructed for women and men. From the evolutionary point of view, women were considered as submissive and unintelligent. Thus, women were solely represented by their physical attractiveness. Men, however, were the ones who set and evaluate standards for how women should look. Thus, men's view regarding women's bodies may have an impact on women's body dissatisfaction. Therefore, the present study hypothesizes that men would have more stereotypical gender role attitudes than women.

1.5. The Current Study

Based on the reviewed literature on the related variables, the primary goal of the current study is to investigate whether gender roles moderate the relationship between self-compassion and body dissatisfaction. It is expected that joint contribution of self-compassion and gender role beliefs would predict body dissatisfaction. More specifically, low levels of self-compassion are expected to predict high levels of body dissatisfaction and stereotypical beliefs about gender roles will moderate this relationship (Figure 1.1.). The following hypotheses are mentioned below.

H1: Women would be more self compassionate than men.

H2: Women would show greater body dissatisfaction than men.

H3: Men would have stereotypical gender role attitudes compared to women.

H4: The relationship between self-compassion and body dissatisfaction would be moderated by gender role attitudes.

H4a: High levels of self-compassion would negatively predict body dissatisfaction among both men and women.

H4b: Stereotypical gender role attitudes would predict greater body dissatisfaction among men and women.
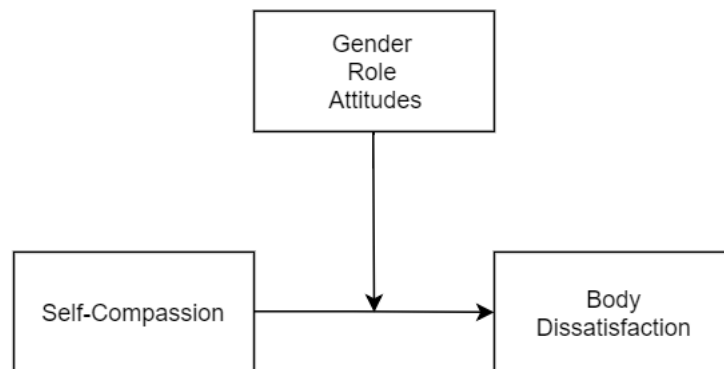
Figure 1.1. The proposed model.

CHAPTER 2

METHOD

2.1. Participants

Participants were enrolled in this study through either social media announcement (61.1%) or in return of a course credit (38.9%). Final sample consisted of 385 participants. Among them, there were 229 females and 156 males. Age of female varied between 18 and 30 ($M = 21.84$, $SD = 2.23$). Of participants, 8.3% had master's or doctoral degree, 85.7% had college degree and 6.1% had high school degree. Age of male varied between 18 and 30 ($M = 23.03$, $SD = 2.73$). Of participants, 8.3% had master's or doctoral degree, 85.3% had college degree and 6.4% had high school degree.

2.2. Measurements

2.2.1. Demographics

Demographic information consisted of questions on age, gender and education level (primary school, secondary school, high school, college and master's/doctoral degree) of the participants.

2.2.2. The Self-Compassion Scale

Self-compassion scale was developed by Kristin Neff (2003a). There were 26 items which measure three main aspects of self-compassion. Self-kindness (e.g., "I try to be loving towards myself when I'm feeling emotional pain.") vs. self-judgment (e.g., "I'm disapproving and judgmental about my own flaws and inadequacies."), common humanity (e.g., "When things are going badly for me, I see the difficulties as part of life that everyone goes through.") vs. isolation (e.g., "When I'm really struggling, I tend to feel like other people must be having an easier time of it.") and mindfulness (e.g., "When I'm feeling down I try to approach my feelings with curiosity and openness.") vs. over-identification (e.g., "When I'm feeling down I tend to obsess and fixate on everything that's wrong."). Items were rated on a 5-point Likert scale starting from 1 (almost never) to 5 (almost always). The total self-compassion score can be obtained by summing up all item responses after 13 negatively worded items are reversed. Higher scores on scale indicated higher levels of self-compassion. The internal consistency reliability of Self-compassion Scale was found to be high ($\alpha = .92$) in Neff and Beretvas' (2013) study.

Self-compassion Scale was adapted into Turkish by Akın, Akın and Abacı (2007). The internal consistency was found to be between .72 and .80 and test-retest reliability was found to be between .56 and .69. Turkish Self-compassion Scale was considered as a valid and reliable instrument to measure self-compassion. Analysis indicated that the Self-Compassion Scale had a high level of internal consistency ($\alpha = .91$) in this study.

2.2.3. The Appraisal of Body-Cathexis Scale

The Appraisal of Body-Cathexis Scale which was developed by Secord and Jourand (1953) was used to assess body dissatisfaction. This scale captures an overall evaluation about one's body parts. The scale consisted of 40 items which measure several aspects like facial features (e.g., the color of face, nose, hair, ears

and chin), body parts (e.g., hips, arms and knees), structure of the body (e.g., profile, shoulder width and height), weight-related features (e.g., weight and bowel movements), sexual characteristics (e.g., sexual activities and sexual organs) and health (e.g., overall health, immunity and sleep pattern). Items are measured using 5-point Likert scale ranging from "I dislike it very much" (1) to "I like it very much" (5). Higher scores indicated higher body satisfaction.

The adaptation of this scale in to Turkish was conducted by Hovardaoğlu (1993). The internal consistency score was found to be .93 (Haspolat & Kağan, 2017). In this study, analysis indicated that the Appraisal of Body-Cathexis Scale had high internal consistency (α = .92).

2.2.4. The Gender Role Attitudes Scale

The Gender Role Attitudes Scale developed by Zeyneloğlu and Terzioğlu (2011) to assess attitude towards gender roles. The Gender Role Attitudes Scale has 38 items and 5 subscales which are egalitarian gender roles (e.g., "Daughters and sons should be benefited equally from the family's economical means."), female gender roles (e.g., "A woman should consult a woman doctor in the hospital."), marriage gender roles (e.g., "A woman should reject sexual encounter in marriages if she does not desire it."), traditional gender roles (e.g., "Woman should not work if the economic situation of the man is adequate.") and male gender roles (e.g., "Education level of the man should be higher than woman in marriages."). The scoring was done by using 5-point Likert scale ranging from (I strongly agree) to 5 (I strongly disagree). Among 38 items, 24 negatively worded items are reversed. The composite score of the scale can be collected by summing up all scores. Higher scores corresponded to higher stereotypical beliefs in gender roles. The internal consistency was found to be high (α = .92) and the Gender Role Attitude Scale were deemed to be a valid and reliable tool to measure attitudes toward gender roles. In this study, Gender Role Attitudes Scale was found to have high internal consistency (α = .91).

2.3. Procedure

Following the approval of Middle East Technical University, Human Participants Ethic Committee, for the proposed study and measures to be used, data collection was started. Some of the participants agreed to participate to the study in the exchange of course credit via SONA system in Middle East Technical University (38.9%). Other participants were invited to the study through social media announcement and they were instructed that their participation will be voluntary (61.1%). All questionnaires were fulfilled online, and they were not asked to give any personal information throughout the study. The consent letter was presented to the participants and they were informed that they are free to leave the questionnaire if they feel uncomfortable or any inconvenience. After they agreed to participate, they were given the survey battery including demographic information form, The Self-Compassion Scale, The Appraisal of Body-Cathexis Scale and The Gender Role Attitude Scale. At the end of the survey, participants were debriefed about the purpose of the study, given informative articles about body dissatisfaction and relevant phone numbers in case of any psychological support (e.g., Psychological Counseling and Guidance Center in Middle East Technical University). They were also informed that they can reach the researcher and supervisor if they have any questions about the study after participation.

CHAPTER 3

RESULTS

3.1. Data Screening and Data Cleaning

There were 388 participants at the end of the data collection. One participant who was under 18 was eliminated. After that, data was screened for missing scores. There were three scales that include total 104 items which resulted in 40.248 individual scores for 387 participants. 3.02% of them were detected as missing values. Since it was less than 5% and missing scores did not show any systematic pattern and thus, it was suggested that a replacement method can be used (Tabachnick & Fidell, 2007). Therefore, the missing values were replaced with the nearby median points for each variable.

After handling missing data, outlier analysis was performed. The scores of self-compassion, body dissatisfaction and gender role belief were transformed into standardized z scores. Any score that falls below -4 and above +4 was considered as an outlier. In Gender Role Attitude Scale, two participants with standardized z scores as +4.36 and +4.15 was excluded. Therefore, major analysis was conducted with 385 participants.

3.2. Bivariate Correlations

The correlation between variable was calculated by using Pearson's correlation coefficient. As seen in Table 3.1, age and self-compassion were significantly

positively but weakly correlated (r = .10, p < .05). Educational level was significantly and negatively correlated with gender role attitude (r = -.11, p <.05). Self compassion and body satisfaction positively correlated (r = .41, p <.01).

Table 3.1. *Bivariate Correlations and Reliability Values of Study Variables*

	1	2	3	4	5	6
1. Age	(-)					
2. Gender	.230**	(-)				
3. Education Level	.333*	-.009	(-)			
4. Self-compassion	.105*	.094	.092	(.92)		
5. Gender Role Att.	.078	.309**	-.113*	.004	(.92)	
6. Body Dissatisfaction	.087	.107*	-.015	.406**	.022	(.92)
Mean	22.34	1.41	4.02	3.12	1.60	3.40
SD	2.50	.49	.37	.66	.26	.52

*Notes. Numbers in the parenthesis indicate the reliability scores of each questionnaire. * p < .05; **p < .01*

3.3. Hypothesis Testing

Data was collected via online questionnaires therefore, there is a possibility of snowball sampling in this study. To prevent possible effect of age and education level, these variables were controlled for in testing main hypotheses of the study. In general, on 5-point scales participants were generally compassionate (M = 3.12, SD = .66), satisfied with their bodies (M = 3.45, SD = .52) and have less stereotypical beliefs on gender roles (M = 1.60, SD = .26). A series one-way ANCOVA controlling for age and education level were performed to test gender differences on the major variables (H1). Analysis revealed that women (M = 3.07, SD = .70) and men (M = 3.19, SD = .58) did not differ on self-compassion, F (1,385) = 2.35, p = .12, and body dissatisfaction (H2) women (M = 3.41, SD = .52) and men possessed similar level of body dissatisfaction. (M = 3.52, SD = .5), F (1,385) = 2.81, p = .09. Supporting the H3 men (M = 1.73, SD = .42) reported stereotypical gender role attitudes than women (M = 1.5, SD = .28), F (1,385) = 35,1, p <. 001 (Table 3.2)

Table 3.2. *One-way ANCOVA results controlling for age and education level*

	Males (N=156)		Females (N=229)			
	Mean	SD	Mean	SD	F	*d*
Self-Compassion	3.19	.58	3.07	.70	2.35	.18
Body Dissatisfaction	3.52	.50	3.41	.52	2.81	.21
Gender Role Attitudes	1.73*	.42	1.50*	.28	35.18*	.64

*Note. * p < .05*

The main hypothesis of this study was that high beliefs in gender roles was expected to moderate the relationship between self-compassion and body dissatisfaction (H4). Before the analysis, age, education level, self-compassion and gender role beliefs were centered to prevent multicollinearity. After that, interaction term was created by multiplying self-compassion and gender role beliefs. Hierarchical regression was used to see whether interaction between self-compassion and gender role beliefs predicts body dissatisfaction after controlling for effects of age and education level. In the first model age and education level did not significantly predicted body dissatisfaction ($R^2 = .01$, $F (2, 382) = 1.86$, $p = .157$). Conditional effects of age ($\beta = .10$, $p = .057$) could be considered as marginal but conditional effect of education level ($\beta = -.04$, $p = .363$) was not significant. In the second step, self-compassion and gender role beliefs were added to the model and they significantly predicted body dissatisfaction ($R^2 = .172$, $F (2, 380) = 37.16$, $p < .001$). While self-compassion had a significant effect on this step ($\beta = .4$, $p < .001$), gender role beliefs did not significantly predict body dissatisfaction ($\beta = .007$, $p = .882$). In the last step, interaction term was added, and it did not have a significant contribution in R square ($R^2 = .175$, $\Delta R^2 = .004$, $F (1, 379) = 1.61$, $p = .205$) suggesting that the proposed moderation hypothesis was not supported (Table 3.3).

Table 3.3. *Moderated Regression Models Predicting Body Dissatisfaction*

Models	Unstandardized Coefficients		Standardized Coefficients			
	B	SE	β	t	p	R^2
Step 1						.10
Age	.21	.01	.10	1.9	.057	
Education Level	-.06	.07	-.04	-.90	.363	
Step 2						.172
Self-Compassion	.32	.03	.40	8.61	.000	
Gender Role Attitudes	.01	.06	.01	.149	.882	
Step 3						.175
Self-Com X GRA	-.15	.11	-.06	-1.27	.207	

Note. Self-Com = Self-Compassion; GRA = Gender Role Attitudes

3.4. Exploratory Analysis

Gender differences were tested on the subscales of the Self-Compassion Scale, The Appraisal of Body-Cathexis Scale and Gender Role Attitudes Scale. There was no significant gender difference on the dimensions of self-compassion (i.e., self-kindness, common humanity and mindfulness) Similarly, the subscales of Gender Role Attitudes Scale (egalitarian gender roles, female gender roles, marriage gender roles, traditional gender roles and male gender) was also examined in terms of gender differences but no difference was observed. Lastly, factor analysis was performed on the items of the Appraisal of Body-Cathexis Scale to see if thinness-oriented and muscularity-oriented items could cluster as separate factors and thus moderating effects could be tested on the basis of sub-scales. However, factor analyses yielded a single factor solution without distinguish thinness-oriented and muscularity-oriented items in the scale.

CHAPTER 4

DISCUSSION

4.1. General Discussion

Together self-compassion, body dissatisfaction and gender role attitudes were not deeply investigated although self-compassion and gender role attitudes were separately studied with body dissatisfaction. Thus, the major goal of this study was that how societal standards (gender role attitudes) and personal characteristics (self-compassion) predicted body dissatisfaction. It was expected that self-compassion and body dissatisfaction were greater for women than men (H1 and H2). However, men were expected to have stereotypical attitudes compared to women (H3). As a main hypothesis of the study, it was expected that gender role attitudes moderated the relationship between self-compassion and body dissatisfaction (H4). Lastly, it was assumed that high self-compassion would predict less body dissatisfaction (H4a) and stereotypical gender role attitudes would predict more body dissatisfaction (H4b).

4.2. Major Findings of Self-Compassion

It was known that self-compassion acts like a barrier in the face of body dissatisfaction, even self-compassion enhancement strategies have been extensively used to reduce negative body image view (Neff, 2003b). The first hypothesis was that women would be more compassionate than men (H1). Although women scored high on self-compassion, the difference was not statistically significant. This finding was not unexpected given that gender and self-compassion literature yielded mixed results (Taylor et al., 2015). In one

hand, women were evaluated as caregivers and being empathetic thus being expected to be more compassionate. On the other hand, women were found to be self-critical towards themselves which contradicts the facets of being self-compassionate. There were also other studies in which the level of self-compassion between men and women was either minimal or almost none (Yarnell et al., 2015). Mixed evidences from this study and current literature suggested that self-compassion may be independent from gender. As it was mentioned earlier, self-compassion was a healthy conceptualization of one's worldview. It entailed being kind towards oneself in the face of failures, accepting that nobody is perfect and human experience was universal and seemed to have buffering effect for both genders.

The reason why there were not gender differences in terms of self-compassion was that being self-compassionate to oneself and to others may be different. In other words, individuals (especially women; e.g., Eisenberg & Lennon, 1983) were seeming to be more compassionate to others rather than themselves as a result of traditional gender role norms. Therefore, women's high score on self-compassion might be misunderstood in previous studies. As a result, gender differences may be overemphasized on previous studies.

4.3. Major Findings of Body Dissatisfaction

Body dissatisfaction is now considered as a popular problem that everyone has something to say. Throughout the history of psychology, anorexia and bulimia have been related to body dissatisfaction. Yet, it is well known that body dissatisfaction is not necessarily accompanied with psychological disorders. Rather, it should be viewed by considering its intertwined network with societal standards and personal characteristics. It would be faulty to believe that body dissatisfaction is solely a clinical problem while it can be seen in different societies, cultures and age groups. Therefore, prevalence of body dissatisfaction should not be overlooked.

In this study, it was expected that women showed greater body dissatisfaction compared to men (H2). It was obtained that women and men did not significantly differentiate in terms of body dissatisfaction. Like in self-compassion, current literature about body dissatisfaction has also failed to point different levels of body dissatisfaction between men and women (Smolak et al., 2005). While women were widely found to be less satisfied with their bodies (Barker and Galambos, 2003; Jones et al., 2004), it has been studied that both women and men dissatisfied with their bodies but in separate ways. Women desired to be thin and even be underweight. Yet, men wanted to be muscular that is why being overweight was mostly acceptable as long as they have muscle weight (Muth and Cash, 1997; Silberstein et al., 1988). Even, strong desire for muscle weight may result in using steroid use which was as hazardous as eating disorders (McCabe & Ricciardelli, 2004). Thus, body dissatisfaction should be reviewed with its subgroups (such as thin-oriented and muscle-oriented) rather than gender.

Another explanation for not obtaining gender differences in body dissatisfaction may be cognitive functioning. As it was pointed out earlier, Muth and Cash (1997) provided findings that gender did not necessarily predict body dissatisfaction. They proposed that both men and women may hold negative information-processing perspectives and may end up with body dissatisfaction. Therefore, further studies may investigate the role of cognitive mechanisms on body dissatisfaction.

Moreover, gender identity of participants was not involved in the current study. Past studies (Li et al., 2010; French, Story, Remafedi, Resnick, & Blum, 1996; Yelland & Tiggemann, 2003), have shown body dissatisfaction among gay men was the highest compared to lesbians and heterosexual women. Moreover, lesbians and gays were standing at the different place on body dissatisfaction. For example, gay men's body image desires focused on both thinness-oriented and muscular-oriented which resulted in inconsistent findings in the literature. Thus, body dissatisfaction among different gender identities should be specifically considered in further studies.

4.4. Major Finding of Gender Role Attitudes

Gender role attitudes were highly related to strict beliefs about what women or men should look like. It could also explain why women suffer from body dissatisfaction more than men. Women's subordinate roles in daily life (caring, cleaning etc.) and their sexual passivity make them targets for sexual attraction. In other words, women (and gay men) should please the men mostly with their ideal bodies (Tiggemann & Lynch, 2001). According to current literature, gender role attitudes were hypothesized to be stereotypical for men in this study (H3) and this hypothesis was supported. There was a small but significant difference ($d = .64$) between men and women in terms of adhering gender roles. Men held more stereotypical gender role attitudes than women which was parallel to previous studies (Burgess & Borgida, 1999; Rudman & Glick, 2001).

4.5. Findings on the Moderated Model

The proposed model of the current study was that gender role attitudes would moderate the relationship between self-compassion and body dissatisfaction. Therefore, the main hypothesis in this study was that gender role attitudes would moderate the relationship between self-compassion and body dissatisfaction (H4). The proposed model was not supported. As it was pointed out earlier, self-compassion had a strong buffering effect on body dissatisfaction. Therefore, high levels of self-compassion may surpass the effect of stereotypical gender roles on body dissatisfaction.

Growing empirical evidence showed that self-compassion linked to less harsh judgments, more realistic and positive view towards one's body (Ferreira et al., 2013). Similarly, it was expected that high levels of self-compassion would negatively predict body dissatisfaction among men and women (H4a). Results demonstrated that there was negative relationship between self-compassion and body dissatisfaction. When people were more compassionate toward themselves, they were more likely to be satisfied with their bodies. It was not surprising given

that self-compassion had a crucial role for preventing body dissatisfaction and it was used as an intervention strategy to enhance body image (Breines et al., 2014).

Lastly, recent studies indicated that gender role conformity predicted body dissatisfaction through idealized men and women body images (Blashill, 2011; Jackson, Sullivan, & Rostker, 1988). Having an ideal body for men and women was seen as a part of conforming gender roles. Therefore, it was known that there was a positive relationship between gender role attitudes and body dissatisfaction. In other words, as stereotypical gender role beliefs and attitudes increased, body dissatisfaction increased. Correspondingly, it was expected that as people showed stereotypical gender role conformity, they were more likely to be dissatisfied with their bodies (H4b). Results demonstrated that gender role attitudes and body dissatisfaction were not related. This finding challenged the current literature. One explanation might be that gender and gender inequality is more commonly pronounced around the world. Therefore, eagerness to not being criticized as a sexist might impel participants to answer questions in a socially desirable manner. In other respects, a great majority of data was obtained from Ankara, the capital of Turkey, and from Middle East Technical University, one of the most liberal universities in Turkey. There was also a probability that they were less likely to have stereotypical gender roles. Hence, body dissatisfaction and gender role conformity are required more subtle methods for more reliable results.

4.6. Limitations of the Study & Suggestions for Further Studies

This study should be evaluated with its limitations. First, it should be kept in mind that results of this study relied on correlational data. Second, body dissatisfaction can be best understood with qualitative methods. More specifically, body dissatisfaction questionnaires might not be adequate to detect the level of dissatisfaction. For instance, low satisfaction for breast size may indicate largeness and smallness at the same time. Qualitative methods would

facilitate to find out how individuals are dissatisfied with their body parts. Moreover, body positivity is raising awareness throughout the world. Body positivity movement challenges the rigid and unhealthy body standards and tries to enhance positive view toward one's body. People may introduce themselves in a most desired way although they did not internalize the concepts. In other words, people may think that they should be satisfied with their bodies as accordance with the new movement. It can be no longer wished to not satisfy with one's body. Thus, participants might evaluate their opinions about their bodies in a desirable way rather than honest assessment. Similarly, the gender role attitudes questionnaire that was used in this study may prone to being socially desirable. In other words, more subtle techniques should be used to measure gender role conformity. Moreover, age range is limited in this study considering body dissatisfaction tends to change across different developmental stages. Longitudinal studies are requested to observe differentiation and which factors can be account for it.

Lastly, more cultural studies should be conducted to investigate the relationship among self-compassion, body dissatisfaction and gender role attitudes. While being self-compassionate can be a byproduct of collectivistic culture, being independent and create one's own rules for living rather than adhering societal codes can be outcome of individualistic cultures. Turkey falls in between these two cultures and as a consequent, there is need for more detailed and comprehensive research to explain how self-compassion and gender role conformity predict body dissatisfaction. Moreover, considerable body of literature also showed that ethnicity is an important predictor of body dissatisfaction (Perez, Voelz, Pettit, & Joiner, 2002; Grabe and Hyde, 2006; Ricciardelli, McCabe, Williams and Thompson, 2007). Therefore, to make general statements, the data should include participants from different age, background, cultures and gender identity.

4.7. Contributions and Implications of the Study

This was the first study to examine the relationship among self-compassion, body dissatisfaction and gender role attitudes. In general, findings from this study partly supported what has been found in other studies. For example, gender may not be a predictive factor for self-compassion and body dissatisfaction. This findings revealed that there must be other contributing causes responsible self-compassion and body image disturbances. Furthermore, this study was substantial to imply further cultural studies. Because of its complex nature, Turkish culture needs more research with different research methods. This study also supported the finding that men hold more gender role attitudes than women in accordance with the literature. This finding should prompt gender role related interventions. Although one of the consequences of men's gender role adherence is increase in women's body dissatisfaction, the other and more hazardous consequence is violence against women. Therefore, men's gender role conformity should be evaluated as a whole.

The last implication of this study was its emphasis on body dissatisfaction as a non-clinical problem. The faulty belief that body dissatisfaction results in eating disorders actually overlook the moderate but long-lasting effect of body dissatisfaction. Hence, it deserves more attention and intervention strategies without waiting it to end with eating disorder.

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APPENDICES

Appendix A. Demographic Information

1. Yaş: ………

2. Cinsiyet: ☐ K ☐ E

3. Eğitim Durumu: ☐ İlkokul ☐ Ortaokul ☐ Lise ☐ Üniversite ☐ Yüksek

Lisans/Doktora

Appendix B. The Self-Compassion Scale

Aşağıda kendinizi başarısız veya yetersiz hissettiğiniz durumlarda deneyimleyebileceğiniz bazı cümleler verilmiştir. Başarısız olduğunuz durumları düşünerek her bir ifadeyi ne sıklıkla yaşadığınızı karşılarındaki 5 aralıklı cetvel üzerinde ilgili rakamı yuvarlak içine alarak belirtiniz.

1- Hiçbir zaman
2- Nadiren
3- Sık Sık
4- Genellikle
5- Her zaman

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

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

Appendix C. The Appraisal of Body-Cathexis Scale

Aşağıdaki sorularda bir vücut özelliğiniz hakkındaki duygularınızı en iyi anlatan ifadenin altına X işareti koyunuz. Herhangi bir vücut özelliğinizi genel olarak beğenip beğenmediğinize göre duygularınızı değerlendiriniz.

1- Hiç Beğenmiyorum
2- Pek Beğenmiyorum
3- Kararsızım
4- Oldukça Beğeniyorum
5- Çok Beğeniyorum

1.	Saçlarım
2.	Yüzümün Rengi
3.	İştahım
4.	Ellerim
5.	Vücudumdaki Kıl Dağılımı
6.	Burnum
7.	Fiziksel Görünümüm
8.	İdrar Dışkı Düzenim
9.	Kas Kuvvetim
10.	Belim
11.	Enerji Düzeyim
12.	Sırtım
13.	Kulaklarım
14.	Başım
15.	Çenem

16.	Beden Yapım
17.	Profilim
18.	Boyum
19.	Duyularımın Keskinliği
20.	Ağrıya Dayanıklılığım
21.	Omuzlarımın Genişliği
22.	Kollarım
23.	Göğüslerim
24.	Gözlerimin şekli
25.	Sindirim şekli
26.	Kalçalarım
27.	Hastalığa Direncim
28.	Bacaklarım
29.	Dişlerimin Şekli
30.	Cinsel Gücüm
31.	Ayaklarım
32.	Uyku Düzenim
33.	Sesim
34.	Sağlığım
35.	Cinsel Faaliyetlerim
36.	Dizlerim
37.	Vücudumun Duruş Şekli
38.	Yüzümün Şekli
39.	Kilom
40.	Cinsel Organlarım

Appendix D. The Gender Role Attitude Scale

Bu ölçek toplumsal cinsiyet rolleriyle ilgili birtakım ifadeler içermektedir. Her cümle ile ilgili görüş, kişiden kişiye değişebilir. Sonuçlar yalnızca araştırma amacıyla kullanılacaktır. Bu cümlelerden hiçbirinin kesin bir cevabı yoktur. Bunun için vereceğiniz cevaplar sizin kendi görüşünüzü yansıtmalıdır. Her cümle ile ilgili görüşünüzü belirtirken, önce cümleyi dikkatlice okuyunuz, sonra cümlede belirtilen düşüncenin, sizin düşüncenin, sizin düşünce ve duygularınıza ne derecede uygun olduğuna karar veriniz.

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

1.	Kadınlar, ekonomik bağımsızlıklarını kazandıklarında ailelerinden ayrı yaşayabilmelidir.
2.	Erkeğin evde her dediği yapılmalıdır.
3.	Kadının yapacağı meslekler ile erkeğin yapacağı meslekler ayrı olmalıdır.
4.	Evlilikte çocuk sahibi olma kararını eşler birlikte vermelidirler.
5.	Bir genç kadının evleneceği kişiyi seçmesinde son sözü baba söylemelidir.
6.	Kadının erkek çocuk doğurması onun değerini artırır.
7.	Kadının doğurganlık özelliği nedeniyle, iş başvurularında erkekler tercih edilmelidir.
8.	Ailede ev işleri, eşler arasında eşit paylaşılmalıdır.
9.	Kadının yaşamıyla ilgili kararları kocası vermelidir.
10.	Kadınlar kocalarıyla anlaşamadıkları konularda tartışmak yerine susmayı tercih etmelidirler.
11.	Genç bir kız, evlenene kadar babasının sözünü dinlemelidir.

12.	Ailenin maddi olanaklarından kız ve erkek çocuk eşit yararlanmalıdır.
13.	Çalışma yaşamında kadınlara ve erkeklere eşit ücret ödenmelidir.
14.	Bir erkeğin karısını aldatması normal karşılanmalıdır.
15.	Kadının çocuğu olmuyorsa erkek tekrar evlenmelidir.
16.	Kadının temel görevi anneliktir.
17.	Evin reisi erkektir.
18.	Dul kadın yalnız başına yaşayabilmelidir.
19.	Genç bir kızın, flört etmesine ailesi izin vermelidir.
20.	Ailede kararları eşler birlikte almalıdır.
21.	Bir kadın akşamları tek başına sokağa çıkabilmelidir.
22.	Eşler boşandığında mallar eşit paylaşılmalıdır.
23.	Kız bebeğe pembe, erkek bebeğe mavi renkli giysiler giydirilmelidir.
24.	Erkeğin en önemli görevi evini geçindirmektir.
25.	Erkeğin maddi gücü yeterliyse kadın çalışmamalıdır.
26.	Evlilikte, kadın istemediği zaman cinsel ilişkiyi red edebilmelidir.
27.	Mesleki gelişme fırsatlarında kadınlara ve erkeklere eşit haklar tanınmalıdır.
28.	Evlilikte erkeğin öğrenim düzeyi kadından yüksek olmalıdır.
29.	Bir kadın cinsel ilişkiyi evlendikten sonra yaşamalıdır.
30.	Ailede erkek çocuğun öğrenim görmesine öncelik tanınmalıdır.
31.	Erkeğin evleneceği kadın bakire olmalıdır.
32.	Alışveriş yapma, fatura ödeme gibi ev dışı işlerle erkek uğraşmalıdır.
33.	Erkekler statüsü yüksek olan mesleklerde çalışmalıdır.
34.	Ailede kazancın nasıl kullanılacağına erkek karar vermelidir.
35.	Bir erkek gerektiğinde karısını dövmelidir.

36.	Evlilikte gebelikten korunmak sadece kadının sorumluluğudur.
37.	Bir kadın hastaneye gittiğinde kadın doktora muayene olmalıdır.
38.	Evlilikte erkeğin yaşı kadından büyük olmalıdır.

Appendix E. Social Media Announcement

Bu araştırma, Orta Doğu Teknik Üniversitesi Sosyal Psikoloji Yüksek Lisans öğrencisi Sara Hurşidi tarafından yapılmaktadır. Katılım tamamen gönüllülük üzerinedir ve katılımcılardan kişisel bilgi talep edilmemektedir. Toplamda 15 dakika sürecek bu araştırmada, katılımcılardan 3 adet anket doldurmaları istenmektedir. Bu araştırmada kullanılacak olan ölçek ve soruların herhangi bir rahatsızlık yaratması öngörülmemektedir. Ancak katılımcı olarak, soruları yanıtlarken bir rahatsızlık hissederseniz, araştırmadan özgürce ayrılma hakkına sahipsiniz. Bir sorunuz olması halinde araştırmacı Sara Hurşidi'ye (sarahursidi@gmail.com) ya da danışmanı Prof. Dr. Nebi Sümer'e (nsumer@metu.edu.tr) ulaşmaktan çekinmeyiniz. Çalışmaya olan katılımınızdan dolayı şimdiden çok teşekkür ederiz.

Appendix F. The Inform Consent

Gönüllü Katılım Formu

Bu araştırma, yüksek lisans tezi çalışması kapsamında, Sara Hurşidi tarafından yürütülmektedir. Çalışmanın amacı, toplumsal cinsiyet rollerine olan inançların, vücut memnuniyetsizliği ve öz-şefkat ilişkisi üzerine etkisini araştırmaktır. Katılımcılardan kişisel bilgi toplanmayacaktır. Toplanan tüm veriler SONA sisteminde saklı tutulacaktır ve geçerli kurallara göre 5 yıl saklanma zorunluluğu vardır. Anketlerden toplanan bütün verilere, toplandığı ve saklandığı süre boyunca, sadece araştırmacı ve tez danışmanı ulaşabilecektir. Araştırma sonucu toplanan veriler bilimsel ve profesyonel yayınlarda veya eğitim amaçlı kullanılabilir. Sağladığınız veriler ve IP adresleri hiçbir şekilde eşleştirilmeyecektir. Verileri muhafaza etme süresi sonunda toplanan bütün veriler sistemden silinecektir.

Çalışmaya katılanlar bu duyurunun yapıldığı ders için ekstra puan alacaklardır. Alınacak puan dersin öğretim üyesi tarafından belirlenecektir. Bu ankete ders duyurusu vasıtasıyla katılmıyorsanız, katılımınız tamamen gönüllülük üzerine olacaktır.

Bu araştırmada kullanılacak olan ölçek ve soruların herhangi bir rahatsızlık yaratması öngörülmemektedir. Ancak katılımcı olarak, soruları yanıtlarken bir rahatsızlık hissederseniz, araştırmadan özgürce ayrılma hakkına sahipsiniz.

Araştırmaya katılmak için aşağıda yer alan "Kabul Ediyorum." seçeneğini işaretlemeniz gerekmektedir. Eğer katılmayı kabul etmiyorsanız "Kabul Etmiyorum." seçeneğini işaretleyerek hiçbir gerekçe göstermeden anketi sonlandırabilirsiniz. Çalışmaya olan katılımınızdan dolayı çok teşekkür ederiz. Eğer araştırma veya katılımınızla ilgili sorularınız olursa araştırmacı Sara Hurşidi'ye (sarahursidi@gmail.com) ya da danışmanı Prof. Dr. Nebi Sümer'e (nsumer@metu.edu.tr) ulaşabilirsiniz.

Appendix G. The Debriefing Form

Bilgilendirme Formu
Bu çalışma, toplumsal cinsiyet rollerine olan inançların, vücut memnuniyetsizliği ve öz-şefkat ilişkisi üzerine etkisini araştırmaktır. Toplumsal cinsiyet rolleri, kadın ve erkeklere farklı roller ve tutumlar atfedilmesi ve bireylerin bu rollere uygun davranmasını beklemek olarak tanımlanabilir. Öz-şefkat ise bireylerin kendilerine duyduğu bireysel şefkat olarak tanımlanabilir. Kendisine öz-şefkati yüksek olan bireyler hatalar karşısında kendilerine karşı daha çok anlayış sergilerler ve bunun psikolojik iyilik halini arttırdığı görülmüştür. Araştırmalara göre, bireylerin vücutlarından duyduğu memnuniyet ve kendilerine gösterdikleri öz-şefkat, toplumsal cinsiyet rollerinin dağılımından etkilenmektedir. Özellikle toplumsal cinsiyet rollerini benimsemiş kadın ve erkeklerde, bu rollere paralel olarak ideal vücut algısı değişmektedir. Bireyin bu ideal vücuda uzak olması, kendisine duyduğu öz-şefkati de etkilemektedir. Beden algısı konusunda rahatsızlık yaşadığınızı düşünüyorsanız ODTÜ Psikolojik Danışma ve Rehberlik Merkezi'nden (0312 210 49 28) yardım alabilirsiniz. Araştırma ile ilgili herhangi bir sorunuz olursa, araştırmacı Sara Hurşidi'ye (sarahursidi@gmail.com) ya da danışmanı Prof. Dr. Nebi Sümer'e (nsumer@metu.edu.tr) ulaşabilirsiniz. Araştırmaya katıldığınız için teşekkür ederiz.
Araştırma konularıyla ilgili daha fazla bilgi almak için aşağıdaki kaynaklardan yararlanabilirsiniz.
- Vatandaş, C. (2007). Toplumsal cinsiyet ve cinsiyet rollerinin algılanışı. *Sosyoloji Konferansları, 35*, 29-56.   - Aslan, D. (2004). Beden algısı ile ilgili sorunların yaratabileceği beslenme sorunları. *Sürekli Tıp Eğitimi Dergisi–STED, 13*(9), 326-329.

Appendix H. Türkçe Özet/Turkish Summary

ÖZ-DUYARLIK ve VÜCUT MEMNUNİYETSİZLİĞİ İLİŞKİSİNE TOPLUMSAL CİNSİYET ROL TUTUMLARININ ARACI DEĞİŞKEN ETKİSİ

Son yıllarda yoğunlukla incelenen vücut memnuniyetsizliği bireylerin bedenleri hakkındaki olumsuz duygu ve düşünceleri olarak tanımlanmaktadır (Grogan, 2017). Vücut memnuniyetsizliğini görece tamponlayan çok sayıda faktör ileri sürülmüştür. Bunlardan birisi öz-duyarlıktır. Neff (2003b) tarafından geliştirilen öz-duyarlık bireylerin, kendilerine karşı daha sağlıklı ve anlayışlı olmaları ile ilgili alternatif bir bakış açısıdır. Yapılan çalışmalara göre bireyler kendilerine karşı daha anlayışlı oldukça, vücutları ile ilgili memnuniyetsizlikleri azalmaktadır Wasylkiw, MacKinnon & MacLennan, 2012; Ferreira, Pinto-Gouveia & Duarte, 2013). Öte yandan, bütün toplumlarda geçerli olan belli cinsiyet kalıpları vardır. Bu kalıp yargılar kadınlar ve erkekler için farlı anlamlara gelmekte ve farklı sonuçlarla ilişkili olabilmektedir. Bunlar özellikle kadınları dezavantajlı konuma sürüklemektedir. Kadınlarla ilgili toplumsal cinsiyet rolleri onların vücutlarının şekli ve fiziksel çekicilikleriyle ilgili yargılar da içermektedir. Bu nedenle toplumsal cinsiyet rollerine olan inançların vücut memnuniyetsizliğini arttırması beklenmektedir. Bu çalışmada, öz-duyarlık ve vücut memnuniyetsizliği arasındaki ilişkide toplumsal cinsiyet rollerinin düzenleyici (moderatör) rolü incelenmiştir.

Vücut Memnuniyetsizliği

Son yıllarda yapılan çalışmalar, vücut memnuniyetsizliğinin birçok değişkenden etkilendiğini göstermiştir. Buna paralel olarak geliştirilen Üçlü Faktör (Tripartite) Modeli (Thompson, Heinberg, Altabe, & Tantleff-Dunn, 1999), vücut memnuniyetsizliğinin çok yönlü yapısını ortaya koymaktadır. Bu modele göre akranlar, aile ve medya vücut memnuniyetsizliğini doğrudan etkilerken, görünüm kıyaslaması yapmak ve sosyal standartları içselleştirmek bu ilişkiye aracılık etmektedir. Kız çocuklarında arkadaşlarıyla kendini kıyaslamak ve idealize edilmiş vücutlarla ilgili konuşmalar yapmak vücut memnuniyetsizliğini ciddi anlamda arttırmaktadır. Ailenin rolü de hem erkek hem de kız çocuklarında görülmektedir. Erkek çocuklar babalarıyla kas kütlesi kazanmak ve spor yapmak gibi konular hakkında konuşurken, kız çocuklar da anneleriyle diyet stratejileri ve kilo kaybıyla ilgili konuşmaktadır. Ailenin çocukla alay etmesi ve kilo almaya (özellikle erkek çocuklarda) veya kilo vermeye (özellikle kız çocuklarda) teşvik edici konuşmaları, vücut memnuniyetsizliğini daha çocuk yaşta yordayan değişkenlerden biridir (Presnell, Bearman, & Stice, 2003).

Medyanın vücut memnuniyetsizliğindeki rolü hakkında sayısız araştırma yapılmıştır ve ikisinin arasında güçlü bir ilişki olduğu vurgulanmıştır. Sosyal medya platformları günümüzde en çok genç nüfus tarafından kullanılmaktadır ve bu platformlar idealize edilmiş kadın ve erkek bedenlerini yaymada ve geleneksel cinsiyet rollerine ilişkin tutumları pekiştirmekte çok etkili araçlardır (van den Berg, Paxton, Keery, Wall, Guo, & Neumark-Sztainer, 2007). Sosyal medya uygulamalarını (Facebook, Instagram vb.) sağlıksız bir şekilde kullanmanın vücut memnuniyetsizliğini ciddi oranda arttırdığı görülmüştür. Üstelik medya etkisi, dergilerde, televizyonda ve reklamlarda da sık sık görülmektedir. Örneğin, Playboy dergisine kapak olan kadınların bir kısmı anoreksiya nevroza kriterlerini sağlamaktadır (Spitzer, Henderson, & Zivian, 1999). Üstelik yıllar içinde dergiye kapak olan kadınların kiloları düşmektedir. Bunun dışında televizyon dizileri incelendiğinde, zayıf ve çekici olan kadın aktrislere dizilerde sıkça iltifat edilmektedir ve zayıflıkları vurgulanmaktadır. Öte yandan günümüzde "kilolu"

olarak tabir edilebilecek kadınlar genellikle espri malzemesi olmaktadır (Fouts & Burggraf, 1999). Reklamlarda da durum çok farklı seyretmemektir. Kadınlar araba markalarından bira reklamlarına kadar alakalı ya da alakasız çoğu reklamda bedenleri vurgulanacak şekilde (göğüsleri, bacakları vb.) kullanılmaktadır. Üstelik reklamlarda kadım çıplaklığı erkek çıplaklığına göre ciddi anlamda fazladır (Silberstein, Striegel-Moore, Timko, & Rodin, 1988). Medyanın sahip olduğu bu yıkıcı etki, bu kaynaklara erişim arttıkça daha da artmaktadır. Bütün medya organlarında kadınlar ve erkekler için biçilen sosyal standartlar da farklıdır. Kadınlar çok zayıf ama bazen iri göğüslü ve iri kalçalı resmedilirken, erkekler kullanıldığında kaslara ve vücut iriliğine vurgu artmaktadır.

Yapılan araştırmalara göre vücut memnuniyetsizliğinin başlama yaşı sanıldığı gibi ergenlik değildir. Kız çocuklarının 7, erkek çocuklarının ise 9 yaşından itibaren vücutlarından memnuniyetsiz oldukları gözlemlenmiştir (Gardner, Friedman, & Jackson, 1999). Daha çocukluk döneminden itibaren maruz kalınan toplumsal cinsiyet rollerine dayalı idealize edilmiş bedenler, bu erken dönemdeki vücut memnuniyetsizliğinin en önemli sebeplerindendir. Okul döneminde akranlarla kurulan sosyal ilişkiler de çocukların kendilerini akranlarıyla kıyaslamalarına ve sonucunda kendi bedenlerinden memnuniyetsiz olmalarına sebep olmaktadır (Schutz ve ark., 2002). Ergenlik vücut memnuniyetsizliğinin başladığı değil, hızlı bir şekilde artmaya başladığı dönemdir. Ergenlikte başlayan kimlik arayışı ve psikolojik durum, bireylerin halihazırda olan vücut memnuniyetsizliğini artırır. Üniversite çağına doğru sağlıksız diyet ve egzersiz stratejilerinin kullanımının artmasıyla vücut memnuniyetsizliğinin en üst seviyelere ulaştığı görülmüştür (Ackard, Croll, & Kearney-Cooke, 2002). Çocuklukta başlayan, ergenlikte artan ve üniversite çağında en üst noktaya ulaşan vücut memnuniyetsizliğinin orta yetişkinlik döneminde azalmaya başladığı görülmüştür. Bireyler zamanla vücutlarını kabullenmeye ve sağlıksız yöntemlerden uzaklaşmaya başlamaktadırlar (Karazsia, Murnen, & Tylka, 2017).

Vücut memnuniyetsizliğinde kadınlar ve erkekler arasındaki farklar uzun bir süredir vurgulanmaktadır. Fakat yapılan çalışmalara göre vücut

memnuniyetsizliği her iki cinsiyet tarafından da deneyimlenmektedir (McCabe, Ricciardelli, & Finemore, 2002). Farklılaştıkları noktalar genellikle vücut memnuniyetsizliğini odağı olmaktadır (Juarez, Soto, & Pritchard, 2012). Örneğin, kadınların çoğu sağlık standartlarına göre düşük kiloda olmayı sorun etmemektedir. Hatta bazı çalışmalarda, kilo düştükçe kadınların vücut memnuniyeti artmaktadır. Bunun aksine erkekler için çok zayıf olmak da vücut memnuniyetsizliği sebebidir. Kadınlardan farklı olarak "kilolu" olmak, kas kütlesinden kaynaklandığı sürece, erkekler için çoğu zaman sorun teşkil etmemektedir (McCreary & Sasse, 2000). Bu ikilikte gene toplumsal cinsiyet rollerinin etkisini görmek mümkündür. Kadınlar zayıf oldukça mutlu olurken, erkekler için kaslı ve iri olmak sorun olmamaktadır çünkü kadınlardan narin olması beklenirken erkeklerden güçlü olmaları beklenmektedir.

Öz-Duyarlık

Öz-duyarlık, bireylerin kendilerine karşı geliştirdiği şefkattir (Neff, 2003b). Roger'ın koşulsuz öz-kabul fikrine ve Budizm felsefesine benzer olarak, bireyin kendisine karşı anlayışlı olmayı, bütün insanların iyi ve kötü tecrübelerden geçtiğini ve duygularla savaşmak yerine onları kabul etmek gerektiğini öne süren yeni bir yaklaşımdır. Özellikle başarısızlık durumunda insanların çoğunun kendilerine karşı yargılayıcı ve yıkıcı olduğu gözlemlenmiştir. İşte bu noktada, Neff, öz-duyarlığın böyle durumlarla başa çıkmayı kolaylaştıran bir özellik olduğunu öne sürmüştür. Öz-duyarlığın üç alt boyutu bulunmaktadır: Öz-sevecenlik (öz-yargılama yerine), paylaşımların bilincinde olma (izolasyon) ve bilinçlilik (aşırı özdeşleşme yerine). Öz-sevecenlik, bireyin kendine şefkatle yaklaşması anlamına gelir. Paylaşımların bilincinde olmak kişiye dünyada kötü şeyler yaşayanın kendisi olmadığının ve bütün insanların belli yollardan geçerek hayatlarını sürdürdüklerinin farkında olmaktır. Son olarak bilinçlilik ise hem negatif hem pozitif duyguları doğru şekilde fark edebilme ve onlarla savaşmak yerine onları kabul etme ile ilgilidir. Araştırmalara göre bu üç alt boyut topyekûn halde bireylerin öz-duyarlığını yükseltmektedir. Olayların farkında olmak ya da duyguları olduğu gibi kabul etmek, kendine acımadan ya da bireysel gelişmeyi

önleyici bir mekanizmadan ziyade bireylerin kendilerine ve deneyimlere yönelik sağlıklı bir bakış açısı oluşturmaya yönelik bir yaklaşımdır. Beklenildiği üzere öz-duyarlığı yüksek olan insanların daha başarılı baş etme mekanizmaları, sağlıklı ilişkileri ve gerçekçi hedefleri vardır (Neff, Rude, & Kirkpatrick, 2007; Neff & Beretvas, 2013).

Öz-saygının yıllar boyunca hem fiziksel hem de psikolojik iyi oluş halini arttırdığı savunulmuştu. Öz-duyarlık kuramının geliştirilmesinden sonra aslında öz-duyarlığın, öz-saygıya göre daha sağlıklı bir yaklaşım olduğu çalışmalarca gösterilmiştir (Smart & Boden, 1996). Öz-saygının duruma bağlı ya da şişirilmiş olması durumunda bireyler başarısızlıkla karşı karşıya geldiklerinde kendilerini tehlikede hissedip daha agresif tepkiler verebilirken, öz-duyarlığı yüksek bireyler hem başarı hem de başarısızlıkla daha kolay başa çıkabilmektedir (Neff & Vonk, 2009). Bir başka deyişle, yüksek öz-saygı egoizm ya da narsisizm gibi olumsuz psikolojik sonuçlar doğurabilirken, yüksek öz-duyarlığın bireylerde yarattığı herhangi negatif bir durum henüz gözlemlenmemiştir. Üstelik öz-saygı genel olarak değişmezken, son yıllarda geliştirilen programlar sayesinde bağımlılıklardan vücut memnuniyetsizliğine kadar birçok alanda bireylerin öz-duyarlılığının arttığı görülmüştür (Neff & Germer, 2013).

Çoğu alanda olduğu gibi öz-duyarlık alanında da cinsiyet farkları birçok araştırmanın konusu olmuştur (Neff, 2003b). Kadınların empati yeteneklerinin yüksek ve anlayışlı oldukları fikri çoğu araştırmacının öz-duyarlık konusunda kadınların daha yüksek olduğunu düşünmesine sebep olmuştur. Bazı araştırmalar bu fikri desteklerken bazı araştırmalar tam tersini bulmuştur. Kadınlar aslında kendilerine karşı daha yargılayıcı ve daha mükemmeliyetçi olmaya yatkın oldukları için öz-duyarlık seviyeleri erkeklere oranla daha düşük bulunmuştur. Bazı çalışmalar da kadın ve erkek arasında herhangi bir fark bulamamıştır. Genel olarak, kadınların daha şefkatli ve anlayışlı oldukları yönündeki inanç, öz-duyarlık konusunda kadınların daha yüksek öz-duyarlığa sahip oldukları beklentisini oluşturmaktadır.

Öz-duyarlığın olumlu etkilerinden biri de vücut memnuniyetsizliğine karşı oluşturduğu bariyerdir. Yapılan araştırmalara göre öz-duyarlığı yüksek bireyler vücutlarından daha memnundur (Ferreira ve ark., 2013). Öz-duyarlığın alt boyutları düşünüldüğünde sonuçlar aslında şaşırtıcı değildir. Öz-duyarlığı yüksek olan bireyler kendilerine karşı hoşgörülü ve sevecen olmaya meyillidir. Vücutlarının ideal olmaması durumunda kendilerine karşı yargılayıcı olmak yerine kendilerini daha çok kabul ettikleri görülmüştür. Benzer bir şekilde, bu bireyler de vücut standartlarının herkes için aynı olamayacağını ve bu nedenle kimsenin aslında mükemmel bir bedene sahip olmadığı farkındalığı daha fazladır. Bu durum, öz-duyarlığı yüksek bireylerin hiçbir şekilde vücut memnuniyetsizliği yaşamadığı anlamına gelmemektedir. Çalışmalara göre vücut memnuniyetsizliği yaşama oranları daha azdır, fakat vücut memnuniyetsizliği yaşıyorlarsa da bu durumla daha etkili bir şekilde baş etmektedirler (Homan & Tylka, 2015). Daha önce de değinildiği gibi, öz-duyarlık arttırabilir ve geliştirebilir bir karakteristik olduğu için vücut memnuniyetsizliğiyle başa çıkmada sıkça kullanılan metotlardan biri haline gelmiştir.

Toplumsal Cinsiyet Rollerine İlişkin Tutumlar

Genel anlamıyla toplumsal cinsiyet rolleri, toplumun kadınlardan ve erkeklerden beklediği rolleri ve davranışları anlatmak için kullanılan bir şemsiye terimdir (Broverman ve ark., 1972). Kadınlara ve erkeklere biçilen bu roller, çocukluktan itibaren bireylerin zihinsel süreçlerini ve gözlenebilen davranışlarını etkilemeye başlar. Bu cinsel tiplemenin oluşmasını farklı kuramlar farklı şekilde açıklamaktadırlar (Bem, 1983). Sosyal öğrenme kuramına göre, çocuk ödüllendirme ve cezalandırma üzerinden kendi cinsiyetine uygun olan davranışları öğrenir. Örneğin, saçına toka taktığı için tepki gören erkek çocuğu bu davranışın cinsiyetine uygun olmadığını öğrenir ve bir daha toka takma ihtimali çok düşüktür. Her ne kadar sosyal öğrenme kuramı birçok açıdan desteklense de çocukları pasif birer alıcı olarak gördüğü için eleştirilir. Bir diğer kuram bilişsel-gelişimsel kuramdır. Bu kurama göre çocukların cinsel tipleme yapması evrenseldir ve kaçınılmazdır. Çocuklar bilişsel olarak kadın ve erkeğe

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ayrı ayrı kümeler oluşturur ve ilgili davranışları, kelimeleri hatta cansız varlıkları bile bu ikili sisteme uygun bir şekilde kümeler. Bu kuram da her çocuğun aynı şekilde cinsel tipleme yaptığını savunmasından dolayı eleştirilir. Bem (1983) daha kapsamlı ve açıklayıcı bir cinsel tipleme kuramı geliştirir. Cinsiyet Şeması Teorisine göre, her çocuğun kendine özgü bilişsel yapısı, sosyal çevresi ve bu sosyal çevrenin beklentisi toplu bir şekilde çocuğun cinsel tiplemesini etkiler. Neredeyse bütün toplumlar cinsiyet farklılığına önem verdiği için ve mesleklerden renklere kadar bu ayrımı empoze ettiği için her çocuğun bir şekilde cinsel tipleme yapması kaçınılmazdır. Fakat, sosyal öğrenme kuramının savunduğunun aksine, cinsiyet şeması teorisine göre çocuklar pasif bir şekilde bu süreci yaşamaz. Tam tersine, çocuklar şemalarını yeni bilgilere göre yeniden biçimlendirebilir, , tümden değiştirebilir ya da bazen hiçbir şemaya koymayabilir. Bilişsel olarak oluşturulan bu şemalar çocuğun davranışlarına ve düşüncelerine yön verir, ve içsel olarak şemalarla uygun olma ihtiyacı hissederler. Örneğin, toka takmayı kadın şemasına koyan bir erkek çocuğu, buna uygun davranma ihtiyacından dolayı toka takmayı istemez.

Bir başka araştırma da kadın ve erkeklere ait şemaların içeriğini incelemişlerdir (Broverman ve ark., 1972). Sonuçlara göre erkek şemaları daha çok baskınlık, güç, mantık ve bağımsızlık içerirken, kadınlara ait şemalar konuşkanlık, korunma ihtiyacı ve fiziksek görünüşle fazla ilgili olmak gibi kavramlar içermektedir. Toplum, yıllar boyunca erkek özelliklerine değer verirken, kadınsı olduğu kabul edilen özellikler hep ikinci plana atılan ve arzu edilmeyen özellikler olmuştur. Hatta bir araştırmaya göre "sağlıklı" olmayı tanımlamaları istenen sağlık çalışanları genellikle erkeksi olduğu düşünülen özelliklere sağlığı atfederken, kadınsı olduğu düşünülen özelliklere de histeriyi ve eksikliği atfetmişlerdir.

Günümüzde kadınlara ve erkeklere biçilen roller kimi zaman farkında olunmadan ödüllendirip cezalandırılmaktadır. Bu sayede kadın ve erkekler içselleştirdikleri rollere uygun davranarak toplumun devamlılığını sağlamaktadır. Örneğin, Burgess ve Borgida (1999) cinsiyet önyargılarını ikiye ayırarak incelemişlerdir.

Betimleyici cinsiyet önyargısı kadınların ve erkeklerin nasıl olduğunu betimlerken (kadınlar sevecendir ya da erkekler hırslıdır), buyurgan cinsiyet önyargısı kadınların ve erkeklerin nasıl olması gerektiği hakkında kural koyar niteliktedir (kadınlar çocuk bakmalı ya da erkek para kazanmalı). Betimleyici cinsiyet önyargısı çoğu zaman farkında olmadan hem kadınlar hem de erkekler tarafından yapılırken, buyurgan cinsiyet önyargısının genellikle bu rollerin dışına çıkan kadın ve erkekleri cezalandırıcı bir mekanizması vardır. Araştırmalara göre iş yerinde yaşanan cinsel şiddetin buyurgan cinsiyet önyargısına dayandığı düşünülmektedir çünkü çocuktan ve evden sorumlu olması gereken kadın iş hayatına girerek ona biçilen toplumsal rolün dışına çıkmıştır ve cezalandırılmasında (taciz edilmesinde) bir sorun yoktur.

Hem cinsel tipleme, cinsiyet şeması kuramı, betimleyici ve buyurgan cinsiyet önyargıları beraberinde vücut memnuniyetsizliğini de getirmektedir. Kadınlara empoze edilen ince ve zayıf idealiyle erkeklere empoze edilen güçlü ve kaslı imajdan büyük ölçüde toplumsal cinsiyet rolleri sorumludur. Herkesçe kabul edilen bu roller bir kadına evde oturması gerektiğini söylerken aslında bir taraftan da nasıl çekici, zayıf ve göze hoş gelecek şekilde olmasını dikte eder. Bu nedenle vücut memnuniyetsizliği ve toplumsal cinsiyet rollerine ilişkin düşünceler ve tutumlar birbirlerinden bağımsız düşünülemezler.

Bir diğer bakış açısına göre vücut memnuniyetsizliğinin aslında evrimsel bir boyutu da vardır (Ferguson, Winegard, & Winegard, 2011; Tiggemann & Lynch, 2001). Evrimsel bakış açısına göre kadının çekici olmasının avantajı diğer erkekler tarafından fark edilmektir. Kadınların fiziksel özelliklerinden doğurganlıkları üzerine çıkarım yapmak çok eskiye dayanan bir fenomen olsa da günümüzde bu kendini vücut memnuniyetsizliği olarak göstermektedir. Güzel ve çekici vücuda sahip olan kadınlar birçok erkeğin ilgisini çeker. Bu erkekler arasından kadına ve çocuğuna bakabilecek kaynaklara sahip bir erkeği bulma imkânı artar. Aslında kadının doğurgan ve üretken vücuduna karşılık erkek ona imkanlarını sunar. Bu değiş tokuş günümüzdeki toplumsal cinsiyet rollerinin

temelini oluşturur çünkü kadınlar fiziksel çekicilikleriyle ön planda olurken erkeklerden çalışmaları ve ekmek kazanmaları beklenir. Bu bakış açısına göre kadınların en doğurgan yılları aslında vücutlarından en memnun olmadıkları zamandır çünkü erkeklerin ilgisini çekebilmek için mükemmel olmaları gerekir. Doğurganlık yılları geçtikçe kadınlar vücutları hakkında daha pozitif düşünmeye başlarlar. Bu da aslında vücut memnuniyetsizliğinin gelişim sürecine baktığımızda orta yetişkinlik dönemine denk düşer. Araştırmalar da bunu destekler nitelikte orta ve geç yetişkinliğe doğru vücut memnuniyetsizliğinin azaldığını ortaya koymuştur.

Hipotezler

Geçmiş literatüre bakıldığında öz-duyarlık ve vücut memnuniyetsizliği arasında negatif bir ilişki gözlemlenmektedir. Bireylerde öz-duyarlık arttıkça vücut memnuniyetsizliği azalmaktadır. Bütün insanların belli kuralları olan toplumlarda yetiştiği düşünüldüğünde bu ilişkinin toplumsal normlardan bağımsız olduğu düşünülemez. Bu nedenle bu araştırmada temel olarak öz-duyarlık ve vücut memnuniyetsizliği ilişkisine, toplumsal cinsiyet rollerine ilişkin tutumların düzenleyici etkisi araştırılacaktır. Diğer bir deyişle, toplumsal cinsiyet rollerinin negatif olması durumunda öz-duyarlığın vücut memnuniyetsizliği üzerindeki etkisinin görece düşük olması beklenmektedir. Buna dayanarak aşağıdaki hipotezler oluşturulmuştur.

H1: Kadınların öz-duyarlığının erkeklere oranla daha fazla olması beklenmektedir.

H2: Kadınların erkeklere oranla vücutlarından daha memnuniyetsiz olması beklenmektedir.

H3: Erkeklerin kadınlara oranla daha fazla basmakalıp cinsiyet önyargılarına sahip olacağı beklenmektedir.

H4: Öz-duyarlık ve vücut memnuniyetsizliği arasındaki ilişkisinde toplumsal cinsiyet rollerine ilişkin tutumların düzenleyici rol oynaması beklenmektedir.

H4a: Öz-duyarlığı yüksek olan bireylerin daha az vücut memnuniyetsizliği yaşaması beklenmektedir.

H4b: Basmakalıp cinsiyet önyargılarına sahip bireylerin daha fazla vücut memnuniyetsizliği yaşaması beklenmektedir.

Yöntem

Sosyal medya (%61,1) ve derste ek not karşılığında (%38,9) toplamda 385 kişi bu araştırmaya katılmıştır. Katılımcıların 229'u kadın, 156'sı erkektir. Bütün katılımcıların yaş aralığı 18-30 yaş arasındadır ve eğitim seviyeleri sırasıyla %6 lise mezunu, %85,7'si üniversite mezunu ve % 8,3'ü yüksek lisans/doktora şeklindedir.

Orta Doğu Teknik Üniversitesi İnsan Araştırmaları Etik Kurulu'ndan alınan izin sonrasında veri toplama aşaması başlamıştır. Araştırma hem sosyal medyada duyurulmuştur hem de öğrencilerin ders notu karşılığında katılmaları için SONA sistemine girilmiştir. Katılımcılarından öncelikle izin formunu detaylıca okumaları ve eğer bu araştırmaya girmeyi kabul ediyorlarsa soru bataryasını doldurmaları istenmiştir. Araştırmaya katılmayı kabul eden bütün katılımcılar, demografik bilgi formu (yaş, cinsiyet, eğitim durumu), Öz-Duyarlık Ölçeği (Neff, 2003a), Vücut Algısı Ölçeği (Secord & Jourand, 1953) ve Toplumsal Cinsiyet Rolleri Tutum Ölçeği (Zeyneloğlu & Terzioğlu, 2011) içeren soru bataryasını çevrimiçi olarak cevaplamışlardır. Soru bataryasının doldurulmasının ardından araştırmanın asıl amacını içeren, vücut memnuniyetsizliği ve toplumsal cinsiyet rolleri ile ilgili makaleler öneren ve vücut memnuniyetsizliği yaşadıklarını düşünüyorlarsa hangi birimlere başvurabileceklerini belirten bilgilendirme formu verilmiştir.

Bulgular

Temel analizler yapılmadan önce veri taraması ve temizliği yapılmıştır. Eksik verilerin toplam veriye oranı % 5'in altında olduğundan Tabachnick ve Fidell'in (2007) önerdiği tekniklere göre eksik veriler ortanca değerler ile değiştilmiştir. Tek yönlü aşırı uç analizinden sonra Z değeri 4 ve üzerinde olan iki katılımcı çalışmadan çıkarılmıştır. Geriye kalan 385 katılımcı ile analiler yapılmıştır.

Yaş ve eğitim durumu kontrol edildikten sonra 5 puanlı Likert ölçeği üzerinden, öz-duyarlığın genel olarak yüksek olduğu (M = 3.12, SD = .66), vücut memnuniyetinin genel olarak fazla olduğu (M = 3.45, SD = .52) ve toplumsal cinsiyet rollerine ilişkin tutumların hayli düşük olduğu gözlemlenmiştir (M = 1.60, SD = .26). Değişkenler arasındaki cinsiyet farklılıkları için yaş ve eğitim durumu kontrol edilerek tek yönlü kovaryans analizi (ANCOVA) yapılmıştır. Bulgulara göre kadınlar ve erkekler öz-duyarlık (F (1,385) = 2.35, p = .12) ve vücut memnuniyetsizliği (F (1,385) = 2.81, p = .09) açısından anlamlı bir şekilde farklılaşmamaktadır. Fakat, erkeklerin toplumsal cinsiyet rollerine ilişkin tutumları kadınlara göre daha kalıp yargısaldır (F (1,385) = 35,1, p <. 001).

Araştırmanın temel hipotezini test etmek amacıyla hiyerarşik regresyon analizi yapılmıştır. Yaş ve eğitimin kontrol edildiği ilk aşamada model vücut memnuniyetsizliğini anlamlı ölçüde yordamamıştır (R^2 =.01, F (2, 382) = 1.86, p =.157). İkinci aşamada eklenen öz-duyarlık ve toplumsal cinsiyet rollerine ilişkin tutumların ise vücut memnuniyetsizliğini anlamlı olarak yordadığı bulunmuştur (R^2 =.172, F (2, 380) = 37.16, p < .001). Öz-duyarlığın temel etkisi anlamlıyken (β = .4, p < .001), toplumsal cinsiyet rollerine ilişkin tutumların anlamlı bulunmamıştır (β = .007, p = .882). Son olarak modele eklenen öz-duyarlığın ve toplumsal cinsiyet rollerine ilişkin tutumların ortak (etkileşim) etkisi eşitliğe eklenmiş ve modele anlamlı bir katkıda bulunmadığı, diğer bir deyişle, düzenleyici etkinin anlamlı olmadığı görülmüştür (R^2 = .175, ΔR^2 = .004, F (1, 379) = 1.61, p = .205).

Tartışma

Daha önceki çalışmalarda öz-duyarlık ve vücut memnuniyetsizliği ile toplumsal cinsiyet rollerine ilişkin tutumlar ve vücut memnuniyetsizliği sıkça araştırılmışken, öz-duyarlık ve vücut memnuniyetsizliği ilişkisine toplumsal cinsiyet rollerine ilişkin tutumların düzenleyici etkisine daha önce hiç bakılmamıştır. Bu araştırmanın amacı da bu modeli test etmektir. Buna paralel olarak kadınların öz-duyarlığının erkeklere oranla daha fazla olması

beklenmektedir. Ayrıca kadınların erkeklere oranla vücutlarından daha memnuniyetsiz olması beklenmektedir. Tersine, erkeklerin de kadınlara oranla daha fazla basmakalıp cinsiyet önyargılarına sahip olacağı beklenmektedir. Spesifik olarak, öz-duyarlığı yüksek olan bireylerin daha az vücut memnuniyetsizliği yaşaması beklenmektedir ve basmakalıp cinsiyet önyargılarına sahip bireylerin daha fazla vücut memnuniyetsizliği yaşaması beklenmektedir. Bütün hipotezlere ve bulgulara bakıldığında araştırma hipotezlerinin kısmen desteklendiği söylenebilir.

Öz-duyarlık çalışmalarında cinsiyet farklılıklarıyla ilgili tutarsız ve değişken bulgular bulunduğuna daha önce değinilmiştir. Bu araştırmada kadınların erkeklere oranla daha yüksek öz-duyarlığa sahip oldukları beklenmektedir fakat sonuçlar, kadınlarla erkekler arasında anlamlı bir fark olmadığını göstermiştir. Kadınların öz-duyarlığının yüksek olduğu düşüncesi kadınların bakım ve empati yeteneklerinin fazla olması beklentisiyle paralel bir şekilde geliştirilmiş olabilir. Ayrıca öz-duyarlık çalışmalarında genel olarak bireylerinin kendilerine duyduğu öz-duyarlıkla başkalarına hissettikleri duyarlık zaman zaman karışabilmektedir. Her ne kadar başa eklenen "öz" kelimesi bireyin kendine duyduğu duyarlığı kastetse de bu iki durumun ayrımını bireyler her zaman yapamamaktadır. Özellikle kadın katılımcılarda başkasına duyulan şefkatin, anlayışın ve duyarın, bireysel duyarlıkla karıştırılması çok muhtemeldir (Eisenberg & Lennon, 1983). Bu da aslında çoğu öz-duyarlık çalışmasındaki cinsiyet farklarını anlamsız kılmaktadır.

Bir başka açıdan bakılacak olursa öz-duyarlıktaki cinsiyet farklılıkları fazlaca vurgulandığı halde sürekli benzer sonuçlar bulunamamıştır. Bu nedenle öz-duyarlık konusunda cinsiyet farklılıklarından çok başka değişkenlerin etkisi araştırılabilir.

Vücut memnuniyetsizliğinin doğrudan yeme bozukluklarına ve benzer klinik problemlere yol açtığı algısı yavaş yavaş yıkılmaktadır. Vücut

memnuniyetsizliği, çoğu insan tarafından her gün orta-yüksek seviyede yaşanabilen ve yemek bozukluğuyla son bulma zorunluluğu bulunmayan ama günlük hayatı etkileyebilecek potansiyele sahip bir durumdur. Yapılan araştırmalar kadınlara biçilen toplumsal cinsiyet rollerinden temelli ideal bedenin pompalandığını göstermiştir. Bu araştırmada da kadınların erkeklere oranla vücutlarından daha memnuniyetsiz olduğu hipotez edilmiştir. Araştırmanın bulguları bu hipotezi desteklememektedir. Öz-duyarlık literatüründe olduğu gibi çoğu araştırma vücut memnuniyetsizliği konusunda cinsiyet farkı bulsa da aslında sonuçlar her zaman kadın aleyhine olmamaktadır (Barker & Galambos, 2003). Kadınlar kadar erkeklerin de vücut memnuniyetsizliği yaşadığı fakat erkeklerin vücut memnuniyetsizliği kadınlardan farklı bir boyutta olduğu için erkeklerin vücut memnuniyetsizliği çoğu çalışmada tespit edilememiştir. Kadınlar genellikle ince ve narin olmayı arzularken, erkekler onlardan beklenildiği üzere kaslı ve iri olmayı arzu etmektedir. Dolayısıyla erkeklerin vücut memnuniyetsizliğinin geç fark edilmesi, erkeklerin bunu yaşamadığı anlamına gelmemektedir. Vücut memnuniyetsizliği çalışmaları sadece kadınlara odaklanmak yerine hem erkeklere hem kadınlara odaklanarak vücut memnuniyetsizliğine sebep olabilecek değişkenlerin farklılığını (zayıflık ya da kaslı olmak) ortaya koymalıdır.

Vücut memnuniyetsizliği literatüründeki yeni bir bakış açısına göre, bireylerin bunu deneyimlemelerinin sebebi cinsiyetten ziyade bilişsel süreçler olabilir (Muth & Cash, 1997). Bu çalışmaya göre cinsiyet vücut memnuniyetsizliğini yordamaz. Bunun yerine olumsuz bilgi işleme ve bilgi edinme süreçleri vücut memnuniyetsizliğine sebep olabilir. Bir başka deyişle, bireyler çevrelerindeki vücutla alakalı mesajlardan olumsuz olanları kimi zaman bilinçsizce seçip, bu bilgileri aynı zamanda olumsuz bir şekilde bilişsel olarak işliyor olabilir. Bu da aslında bireylerin bilgiyi seçme, alma ve işleme süreçlerindeki olumsuz yaklaşımdan kaynaklanabilir. Vücut memnuniyetsizliği ve olumsuz bilgi işleme süreçlerine daha fazla dikkat verilmelidir.

Literatürle paralel olarak, erkeklerin kadınlara göre daha kalıp yargısal toplumsal cinsiyet rollerine ilişkin tutumları olduğu hipotezi araştırma bulgularınca desteklenmiştir. Erkeklerin kadınların nasıl görünmesi ile ilgili standartları belirleyen bir rolde olması, kadınlardan daha fazla toplumsal cinsiyet rollerine ilişkin tutumlara sahip olmalarını destekler niteliktedir.

Bu araştırmada kurulan temel hipotez öz-duyarlık ve vücut memnuniyetsizliği arasındaki ilişkide toplumsal cinsiyet rollerine ilişkin tutumların düzenleyici rolüyle ilgiliydi. Bu model araştırma sonuçlarına göre desteklenmemiştir. Buna bir açıklama olarak öz-duyarlık ve vücut memnuniyetsizliği arasındaki ilişkinin çok yüksek olması ve bu çalışmadaki örneklemde olumsuz cinsiyet tutumlarının çok düşük olması gösterilebilir. Daha önceki araştırmalar bu iki değişken arasında güçlü negatif bir ilişki olduğunu ortaya koymuştur. Öz-duyarlık arttıkça vücut memnuniyetsizliği azalmıştır. Bu ilişkide toplumsal cinsiyet rollerinin aracı değişken bir rolünün olmadığı görülmüştür. Bunun olası sebeplerinden birisi de öz-duyarlığın vücut memnuniyetsizliğinde gerçekten güçlü bir bariyer görevi görerek toplumsal cinsiyet rollerine ilişkin tutumların bu ilişkiye etki etmesini engellemiş olmasıdır.

Spesifik olarak bakıldığında öz-duyarlık ve vücut memnuniyetsizliği ilişkisi önceki araştırmalar gibi negatif yönde çıkmışken toplumsal cinsiyet rollerine ilişkin tutumlar ve vücut memnuniyetsizliği ilişkisi beklendiği gibi bulunmamıştır. Bunun sebeplerinden biri bütün dünyada yaygın olarak tanınan ve kabul edilen cinsiyet eşitliği hareketi olabilir. Günümüzde yavaş da olsa cinsiyet ayrımcılığı yapmak ve böyle söylemler sarf etmek kabul edilmemektedir. Bu nedenle toplumsal cinsiyet rollerine ilişkin tutumları açıkça ölçmek bireylerse sosyal olarak arzulanan davranışlara göre hareket etmelerine sebep olabilir. Özellikle örneklemin büyük oranda üniversite mezunlarından oluştuğu dikkate alındığında bu güçlü bir olasılıktır.

Bu araştırma her ne kadar öz-duyarlık ve vücut memnuniyetsizliği ilişkine toplumsal cinsiyet rollerine ilişkin tutumların aracı değişken rolü üzerine yapılan

ilk araştırma olsa da sınırlılıklarıyla birlikte değerlendirilmelidir. İlk olarak, bu çalışmanın sonuçlarının korelasyon ilişkisine dayandığı unutulmamalıdır. İkinci olarak, vücut memnuniyetsizliğinin ölçümünde nitel araştırma yöntemlerin kullanılması daha etkili sonuçlar bulmaya yardımcı olabilir. Örneğin, göğüslerinden memnun olmadığını belirten bir bireyde bu memnuniyetsizliğin göğüslerin büyüklüğünden mi küçüklüğünden mi kaynaklandığını söylemek zordur. Bu nedenle nicel ve nitel araştırma yöntemleri vücut memnuniyetsizliğinin miktarını ve yönünü anlamada daha güvenilir sonuçlar verecektir.

Üçüncü sınırlılık ise bütün dünyaya yayılmaya başlayan beden olumlama ve cinsiyet eşitliği hareketlerinin bireylerin davranışlarına etkisidir. Günümüzde hızla ivme kazanan bedeni sevme ve ideal beden algısına karşı çıkma hareketi bireylerde vücutların memnun olmanın arzulanan bir şey olduğu algısı yaratabilir. Tıpkı cinsiyet eşitliği hareketinde olduğu gibi bireyler vücutların memnun olmaları gerektiğini hissederim gerçekte vücut memnuniyetsizliklerini yansıtmıyor olabilir. Bu nedenle hem vücut algısı hem de toplumsal cinsiyet rollerine ilişkin tutumlar gizlenmiş metotlarla ölçülebilir. Verilerin Ankara gibi büyük bir şehirden ve Orta Doğu Teknik Üniversitesi gibi liberal bir üniversiteden toplandığı düşünülürse, toplumsal cinsiyet rollerine ilişkin tutumlar sosyal istenirlikten bağımsız olarak gerçekten yanlı olabilir.

Son olarak, vücut memnuniyetsizliğinin kültürle ilişkisi genel olarak vücut memnuniyetsizliği kültüründe eksik işlenmektedir. Türkiye gibi hem toplulukçu hem de bireyci özellikleri birlikte barındıran kültürlerde vücut memnuniyetsizliği daha değişik boyutlarda deneyimleniyor olabilir. Bir yandan Türkiye'deki yemek bozukluğu oranları ciddi ölçüde artarken, bir yanda Türkiye'nin bazı bölgelerinde evlenen kadına kilosunca altın takma geleneği vardır. Bu kültür farklılıklarının ülke genelinde ne ölçüde vücut bulduğunun ve vücut memnuniyetsizliğini yordayıp yordamadığına ilişkin kültürel çalışmalara ihtiyaç vardır.

Appendix I. Tez İzin Formu/Thesis Permission Form

TEZ İZİN FORMU / THESIS PERMISSION FORM

ENSTİTÜ / INSTITUTE

Fen Bilimleri Enstitüsü / Graduate School of Natural and Applied Sciences ☐

Sosyal Bilimler Enstitüsü / Graduate School of Social Sciences ☒

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Enformatik Enstitüsü / Graduate School of Informatics ☐

Deniz Bilimleri Enstitüsü / Graduate School of Marine Sciences ☐

YAZARIN / AUTHOR

Soyadı / Surname   : Hurşidi
Adı / Name   : Sara
Bölümü / Department : Psikoloji

TEZİN ADI / TITLE OF THE THESIS (**İngilizce** / English) : The Moderating role of Gender Role Attitudes on the Relationship between Self-Compassion and Body Dissatisfaction.

TEZİN TÜRÜ / DEGREE**:**   **Yüksek Lisans** / Master ☒   **Doktora** / PhD ☐

1.   **Tezin tamamı dünya çapında erişime açılacaktır. /** Release the entire   ☒

work immediately for access worldwide.

2.   **Tez iki yıl süreyle erişime kapalı olacaktır.** / Secure the entire work for   ☐
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 A copy of the decision of the Institute Administrative Committee will be delivered to the
library together with the printed thesis.

Yazarın imzası / Signature   ....   **Tarih** / Date 01/02/2019