

**THE BODY-MIND CONNECTION: INVESTIGATING
THE INFLUENCE OF BODY IMAGE ON
RELATIONSHIP SATISFACTION**

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RELATIONSHIP SATISFACTION**

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To Umay, who brought light to this journey before even arriving.



DECLARATION OF ORIGINALITY

I hereby declare that I am the sole author of this thesis and that this is the true copy of my thesis, including the final revisions, approved by my thesis committee. All data and information have been obtained, produced, and presented in accordance with the rules of research ethics and principles of academic honesty. As required by these rules, to the best of my knowledge I have acknowledged ideas, thoughts, and any copyrighted material in accordance with the standard referencing rules. I certify that any part of this thesis has not been submitted for a degree or diploma in another educational institution.

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ABSTRACT

Relationship satisfaction is critical to individuals' happiness and life satisfaction (Paap & Gardner, 2011; McGuinness & Taylor, 2016) and attachment styles stand out as an essential factor affecting it (Alder et al., 2017). Accordingly, study aimed to examine the effect of body image on relationship satisfaction and investigate the moderating role of attachment behaviors on this relationship. A sample of 234 participants were recruited via social media and through the university network and were assessed with Couple Satisfaction Index (CSI) ($M=60.27$, $SD=15.50$), New Sexual Satisfaction Scale (NSSS) ($M=44.87$, $SD=9.29$), Short Warwick-Edinburgh Mental Well-Being Scale (SWEMWBS) ($M=26.23$, $SD=4.15$), Body Cathexis Scale (BCS) ($M=106.41$, $SD=17.14$), Social Appearance Anxiety Scale (SAAS) ($M=2.18$, $SD=0.94$), and Brief Accessibility, Responsiveness and Engagement Scale (BARES) ($M=47.63$, $SD=6.80$). After data collection, participants were divided into three groups based on their priming: positive, neutral, and control, and each group completed diary writing tasks for five days. In regression analyses, body image positively affected relationship satisfaction and mental well-being (MWB). A strong positive correlation was found between relationship satisfaction and attachment ($r=.82$, $p<.001$) and body image was significantly associated with relationship satisfaction ($\beta=0.21$, $p<.001$). For mixed ANOVA, the time effect was significant on MWB ($F(1,72)=44.17$, $p<.001$). The study explored the complex dynamics of body and body-image-focused interventions in psychotherapy with couples and individuals.

Keywords: Relationship satisfaction, body image, attachment behaviors, mental well-being, dairy study

ÖZET

İlişki memnuniyeti, bireylerin mutluluğu ve yaşam memnuniyeti için kritik bir öneme sahiptir (Paap & Gardner, 2011; McGuinness & Taylor, 2016) ve bağlanma türleri, bunu etkileyen önemli bir faktör olarak öne çıkmaktadır (Alder ve ark., 2017). Bu doğrultuda, bu çalışma beden imajının ilişki memnuniyeti üzerindeki etkisini incelemeyi ve bağlanma davranışlarının bu ilişki üzerindeki düzenleyici rolünü araştırmayı amaçlamıştır. Sosyal medya ve üniversite aracılığıyla 234 katılımcıdan oluşan bir örneklem oluşturulmuş ve katılımcılar Çift Memnuniyeti İndeksi (CSI) ($M=60.27$, $SS=15.50$), Yeni Cinsel Memnuniyet Ölçeği (NSSS) ($M=44.87$, $SS=9.29$), Kısa Warwick-Edinburgh Zihinsel İyi Olma Ölçeği (SWEMWBS) ($M=26.23$, $SS=4.15$), Beden Katheksis Ölçeği (BCS) ($M=106.41$, $SS=17.14$), Sosyal Görünüş Kaygısı Ölçeği (SAAS) ($M=2.18$, $SS=0.94$), Bağlanma Davranışları Ölçeği (BARES) ($M=47.63$, $SS=6.80$) gibi ölçeklerle değerlendirilmiştir. Veri toplama sonrasında katılımcılar pozitif, nötr ve kontrol olmak üzere üç gruba ayrılmış ve her grup beş gün boyunca günlük yazma görevlerini tamamlamıştır. Regresyon analizlerinde, beden imajının ilişki memnuniyetini ve zihinsel iyi olmayı (MWB) pozitif yönde etkilediği bulunmuştur. İlişki memnuniyeti ile bağlanma arasında güçlü bir pozitif korelasyon bulunmuştur ($r=.82$, $p < .001$) ve beden imajı, ilişki memnuniyeti ile anlamlı bir şekilde ilişkili bulunmuştur ($\beta=0.21$, $p < .001$). Karışık ANOVA analizinde, zaman etkisi zihinsel iyi olma üzerinde anlamlı bulunmuştur ($F(1,72)=44.17$, $p < .001$). Çalışma, beden ve beden imajına odaklanan müdahalelerin çiftler ve bireylerle yürütülen psikoterapi süreçlerindeki mekanizmalarını aydınlatmıştır.

Anahtar Kelimeler: İlişki memnuniyeti, beden imajı, bağlanma davranışları, zihinsel iyi olma, günlük çalışması

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1. INTRODUCTION

This study aims to investigate the dynamic relationship between body image relationship satisfaction and mental well-being by exploring the role of attachment behaviors in shaping these connections with the guidance of systemic theory. The diary approach, used in the study, enables the focus on daily experiences and influences in the interplay of these factors.

Individual's internal experiences and social dynamics are affected by psychological constructs such as body image, relationship satisfaction, and mental well-being. For instance, body image is about personal self-esteem, relational dynamics, and relationship satisfaction (Cash & Smolak, 2011; Meier & Gray, 2014). Likewise, relationship satisfaction has essential implications for mental well-being, as it contributes to life satisfaction and mitigates psychological distress (Hendrick, 1988; Whitton & Kuryluk, 2012). The concepts mentioned above are essential to understanding individuals' internal experiences and the dynamics of their social relationships (Cash & Smolak, 2011; Hendrick, 1988). Systemic theory emphasizes the interconnectedness of individuals within their relationships and their extended systems. In contrast, attachment theory focuses on the effects of early relationships on individuals' emotional bonds and interpersonal dynamics. (Mikulincer & Shaver, 2007; Gehart, 2014).

Among these factors, body image plays an essential and multidimensional role. Body image encompasses individuals' perceptions, thoughts, and feelings about physical appearance (Cash & Labarge, 1996). Negative perceptions about body image are not just about the individual's internal struggles; they are also related to relational dynamics, influencing satisfaction levels in relationships (Meier & Gray, 2014). Research has shown that negativities in body image can lead to conflicts in relationship dynamics and

decreases in the individual's general mental well-being (McGuinness & Taylor, 2016; Stice & Whitenton, 2002).

Similarly, relational factors such as relationship satisfaction are closely linked to individuals' mental well-being and have an essential role in understanding the dynamics of romantic relationships. Relationship satisfaction refers to the overall pleasure individuals experience in their romantic relationships and is considered one of the determinants of mental well-being. (Hendrick, 1988). While high relationship satisfaction increases individuals' life satisfaction, low relationship satisfaction increases the risk of psychological problems such as depression, stress, and anxiety (Whitton & Kuryluk, 2012). In this context, attachment behaviors play a critical mediating role in this process, shaping individuals' level of trust and support in their relationships (Johnson, 2008). Attachment behaviors, especially accessibility, sensitivity, and interaction, are important factors that increase relationship satisfaction (Feeney, 2004; Collins & Feeney, 2000).

This study is based on the idea that the relationships between body image, relationship satisfaction, and psychological well-being should be understood through stable characteristics and changes over time. For instance, body image and relationship satisfaction might have relatively enduring components, such as self-esteem or long-term attachment (Laurenceau & Bolger, 2005; Mikulincer & Shaver, 2007). However, they are also subject to short-term changes influenced by daily experiences (Cash & Smolak, 2011).

Although these issues have been addressed in the literature with cross-sectional studies, diary studies were used to examine short-term changes in these relationships (Bolger et al., 2003). This method aims to investigate how attachment behaviors influence individuals' daily lives and how these behaviors contribute to changes in body image and

relationship satisfaction over time (Laurenceau & Bolger, 2005). In this context, the diary study method will help to capture real-time experiences and insights into these variables' changes and cumulative effects, which will be beneficial for understanding how mental well-being and relational dynamics emerge in daily contexts.

The general purpose of the study is to understand the effects of individuals' body image and relationship experiences on psychological well-being. The findings obtained within this scope will contribute theoretically and practically to individuals' ability to cope more effectively with the difficulties they encounter in romantic relationships. In addition, it will provide new information about the effects of interventions aimed at increasing the functionality of attachment behaviors and constitute a helpful guide in psychological counseling and therapy practices (Johnson, 2008; Gillath & Karantzas, 2022).

1.1 Theoretical Framework

Individual and relational approaches such as body image, relationship satisfaction, and mental well-being play an essential role to understand individuals' internal experiences and dynamics in their social relationships (Cash & Smolak, 2011; Hendrick, 1988). In particular, the theoretical framework provided by systemic and attachment theories in these areas provides an essential basis for examining individuals' psychological and social contexts together (Mikulincer & Shaver, 2007; Gehart, 2014).

Body image is a multidimensional concept encompassing individuals' perceptions, thoughts, and feelings about physical appearance (Cash & Labarge, 1996). This perception can affect not only the individual's relationship with themselves but also their levels of satisfaction and commitment in romantic relationships (Meier & Gray, 2014). Research has shown that negativities in body image can lead to conflicts in relationship

dynamics and decreases in the individual's general psychological well-being (McGuinness & Taylor, 2016; Stice & Whitenton, 2002).

Similarly, relationship satisfaction is a concept that expresses the general satisfaction individuals feel in their romantic relationships and is considered one of the primary determinants of psychological well-being (Hendrick, 1988). While high relationship satisfaction increases individuals' life satisfaction, low relationship satisfaction increases the risk of psychological problems such as depression, stress, and anxiety (Whitton & Kuryluk, 2012). Attachment behaviors play a critical mediating role in this process, shaping individuals' level of trust and support in their relationships (Johnson, 2008). Attachment behaviors, especially accessibility, sensitivity, and interaction, are important factors that increase relationship satisfaction (Collins & Feeney, 2000; Feeney, 2004).

This study is based on the idea that the relationships between body image, relationship satisfaction, and psychological well-being should be understood in a static structure and dynamic processes over time. Although these issues have mostly been addressed in the literature with cross-sectional studies, diary studies were used to examine short-term changes in these relationships (Bolger et al., 2003). This method provides a powerful tool for understanding the effects of attachment behaviors in individuals' daily lives and the short-term changes of these effects on body image and relationship satisfaction (Laurenceau & Bolger, 2005). The diary study method will provide new and essential information to help us understand how the relationships between these variables are shaped over time.

1.1.1 Systemic Theory

Systemic theory, which is an approach that allows individuals to examine their behaviors and emotional states not only at an individual level but also as a part of the social systems they are in, has its roots in ancient Greek thought and was shaped by Athos's understanding that "the whole is more than the sum of its parts" (von Bertalanffy, 1972). When we look at the recent past, the foundations of systemic theory were laid at the Macy Conferences, a series of interdisciplinary meetings held in New York in the 1940s (Segal, 1991). As a result of interdisciplinary studies aimed in these conferences about understanding the functioning of biological, social, and mechanical systems in these conferences, general systems theory and cybernetic systems theory emerged (Bateson, 1972; von Bertalanffy, 1972). In short, this model, which emphasizes that individuals are shaped not only by reasons originating from themselves but also by various systems in which they interact with other individuals and the environment, is a structure of thought that has been shaped since ancient times and has been founded on various studies and research conducted in recent history. (Segal, 1991; Hayes & Hofmann, 2021).

This foundation has been particularly evident in the work of Gregory Bateson, who played a leading role in adapting systemic theory to psychology (Bateson, 1972; Weakland, 1988). According to Bateson, the behavior of individuals is shaped not only by internal processes but also by social context and interactions with other individuals (Bateson, 1972). In particular, in his anthropological and communication studies, he analyzed the communication patterns between individuals and the effects of these patterns on individual behaviors. He obtained results emphasizing that human behavior should be understood as part of larger social systems (Bateson, 1972; Gehart, 2014). For example,

he suggests that inconsistencies or errors in the communication of individuals should be evaluated not from an individual perspective but as a result of roles and rules within the system (Bateson, 1972).

According to systemic theory, systems are based on the concept of homeostasis, which means the tendency to maintain balance (Gehart, 2014). Each member in each social system provides this balance through their behaviors and interactions (Schiepek et al., 2020). However, this balance is not fixed but has a dynamic and flexible structure (Hayes & Hofmann, 2021). Systems constantly self-regulate to adapt to this changing structure (Schiepek et al., 2020). Feedback mechanisms play an essential role in this regulation process by maintaining or transforming their dynamics (Bateson, 1972; Gehart, 2014).

Feedback within systems theory can be categorized as negative or positive with distinct roles in maintaining or changing the system dynamics. In the terms of this perspective, negative feedback refers to processes that help the system stabilize by maintaining its current balance or reestablishing homeostasis, often by counteracting deviations from its existing state to restore balance (Gehart, 2014; Schiepek et al., 2020). For example, one partner in a romantic relationship might express feelings of dissatisfaction with mention to lack of quality time spent together, prompting other partner to adjust behavior and prioritize shared activities. This expression of feelings causes a shift, and the partner works to restore balance in the relationship by addressing the unmet need for connection. Through this feedback, first-order change occurs which involves small adjustment or modifications done in a system that allow it to return to its previous balance. These changes are in surface-level and solving immediate problems without changing the system's fundamental structure (Whitchurch & Constantine, 2009;

Gehart, 2014) . In contrast positive feedback amplified deviations with disrupting the system's current balance and pushing to create a new homeostasis. For example, one partner might start spending more time with friends instead their partner, leading the other partner to feel neglected and respond by pulling away emotionally. This pulling away response might trigger the second-order change in the system which refers to deep, transformative shift in system's fundamental rules and leads to creation of a new way of functioning. In this case, second order change might be the recognition of the repetitive cycle of emotional withdrawals and addressed the underlying issue with developing new communication patterns (Whitchurch & Constantine, 2009; Gehart, 2014). From this perspective, the pulling away response will be considered positive feedback due its disrupting effect on the system which creates deep change in system, and rather than restoring homeostasis, this feedback leads to attaining a new balance.

When we consider relationship satisfaction and body perception from the systems theory perspective, we can see how disruptions in one area of the system can lead to feedback loops that either restore or recreate the balance. For example, the relationship might initially operate in a state of homeostasis where both partners feel safe and satisfied. In this relationship system partner's negative body perception of their body might disrupt the homeostasis and lead to dissatisfaction. Here, negative feedback might lead to go back to the system's old balance with prompting other partner to address the individual's body image constructively. Oppositely if disruption triggers positive feedback, it might lead to a change within the balance of the system. For instance, partner might seek therapy, or couple might adopt new approach to address body related insecurities.

How partners respond to such disruptions is not only affected by systemic dynamics but also by their emotional bonds and attachment styles, which have an

essential role in shaping their abilities in relational challenges (Mikulincer & Shaver, 2005; Mikulincer et al., 2002).

1.1.2 Attachment Theory

Attachment is defined as a solid and long-lasting emotional bond established between two people (Bowlby, 1969). This bond is a process that directly affects individuals' sense of psychological security and is shaped through relationships established with the primary caregiver in the early stages of life (Ainsworth et al., 1978). Attachment is assessed through children's reactions when separated from their caregivers and is classified as secure, insecure, or disorganized attachment styles (Ainsworth et al., 1978).

Bowlby's attachment theory suggests that attachment relationships developed in childhood are carried over to romantic relationships in adulthood (Hazan & Shaver, 1987). In this context, it can be said that romantic relationships are an extension of childhood attachment experiences (Shaver et al., 1988). With the time spent in the relationship, partners become a primary source of psychological security, as provided by the primary caregiver (Treboux et al., 2004). Therefore, romantic relationships emerge where attachment needs to continue into adulthood (Mikulincer & Shaver, 2007)

Attachment behaviors are the essential elements that support individuals' sense of emotional security in romantic relationships (Johnson, 2008). According to Bowlby's theory, the level of accessibility and sensitivity of the caregiver, or "maternal sensitivity," is one of the most critical factors that allows babies to feel safe (Ainsworth et al., 1978). Similarly, in romantic relationships, the accessibility, sensitivity, and interaction of partners form the basis of a sense of psychological safety (Johnson, 2008). These elements are critical behaviors that strengthen the partners' feelings of attachment (Feeney, 2003).

Attachment patterns and the behaviors in which these patterns are exhibited provide an essential framework for understanding the complex and dynamic relationships between an individual's body perception, relationship satisfaction, and mental well-being (Cobb et al., 2001; Mikulincer Shaver, 2019). On the other hand, attachment patterns play an essential role in understanding the cyclical effects of life experiences within individuals' relationship systems. Therefore, attachment theory is a powerful tool for understanding individual psychological processes and relational dynamics (Mikulincer & Shaver, 2007). This theoretical perspective lays the groundwork for exploring other relational factors, such as body image, which also interact with attachment and relationship satisfaction.

1.2 Literature Review

1.2.1 Body Image and Relationship Satisfaction

1.2.1.1 Body Image

The concept of body image has been in the literature of psychology for many years. Perspectives on body image have been shaped by the characteristics of the period in which people live (Sarwer & Polonsky, 2016). Schilder (1935) defined body image as an individual's mental representation of himself/herself, but how this concept is related to social relationships was investigated later. In the 1950s and 1960s, body image and problems in this area were addressed from a Freudian perspective. In the 1970s, approaches emerged regarding how individuals' body images are affected by social relationships. In the 1980s and 1990s, studies on feminist theory and media effects encouraged further research on how body image perceptions affect relationship satisfaction (Grogan, 2006). From the 1990s to the present, with the development of

cognitive behavioral theories, researchers have accelerated experimental and evidence-based studies and developed new theoretical models on body image (Sarwer & Polonsky, 2016).

Today, body image is defined in the literature as the "psychological experience of bodiliness" (Cash & Smolak, 2011, p.xiii). This brief explanation gives the reader an idea of body image's impact on quality of life, self-esteem, and general human experience (Cash & Smolak, 2011). This effect can manifest in various areas, including social interactions, professional success, and physical health. Individuals with a negative body image can have difficulties about creating meaningful social relationships or maintaining an active lifestyle, which can significantly reduce their quality of life (Grogan, 2006). In addition, body image is closely linked to mental health outcomes, and studies have shown that dissatisfaction with one's body is often associated with increased levels of stress, anxiety, and depression (Marshall et al., 2012). Body image is a multidimensional construct that includes an individual's perception of their physical appearance, thoughts, feelings, attitudes, and behaviors (Grogan, 2006; Gardner, 2011). This concept also means that people observe differences between their perception of their bodies and the bodies of those around them (O'Dea, 2012). Individuals have various feelings, thoughts, and perceptions about their bodies, consciously or unconsciously, and their self-esteem and self-confidence are related to these thoughts and perceptions (Cusack, 2000). However, body image is not static but open to change, transformation, and development (Slade, 1994).

Although body image comes to the forefront in adolescence, it develops in infancy and may show differences later (Zieber et al., 2014). The growth and evolution of this concept for an individual are significantly affected by the interpretations of families

regarding body shapes and proportions during childhood (Cusack, 2000). On the other hand, body image changes and transforms depending on the period, events, fashion, social media, and sociocultural structure (Stice & Shaw, 2002; Tyler et al., 2009; Boothroyd et al., 2020).

From the perspective of systems theory, body image can be understood as a part of an extended relational system, where disruptions in body satisfaction can affect interpersonal dynamics and lead to feedback loops that either restore or recreate the balance within system. Additionally, attachment theory suggests a perspective to understand the effects of early emotional bonds on individuals' perception of their body and their ability to seek emotional security in relationship (Bonev & Matanova, 2021)

In recent years, it is known that various interactions on social media have further increased these effects and that platforms such as Instagram and TikTok, which focus on overly regulated and idealized bodies, lead to unrealistic comparisons and contribute to increasing body dissatisfaction (Fardouly et al., 2018). The negative feelings and perceptions that the individual holds about his or her body are explained by the term body dissatisfaction, and this concept is affected by body shape, appearance, behaviors related to weight gain, and the norms imposed by the culture regarding the ideal body. However, it is thought that selective attention to unattractive body parts may play a role in the development of body dissatisfaction (Smeets et al., 2011).

When we move from public health to individual health, it is known that body image problems lead to eating disorders that develop with individuals' weight obsession and even pathological processes such as bulimia and anorexia nervosa. We see that these disorders are sometimes accompanied by low self-esteem, introversion, and depression. As a result, body dissatisfaction not only leads to eating disorders but also psychological

consequences such as low self-esteem, anxiety, and depression. (Joiner et al., 1995; Marshall et al., 2012; McGuinness and Taylor, 2016).

One of the critical issues related to body dissatisfaction is gender. Research shows that women are more likely to experience body dissatisfaction than men. One of the main reasons for this situation is that social and cultural norms impose thinness on women as the ideal body size (Stice & Whinerton, 2002; Grogan, 2006). Such pressures increase women's self-criticism of their bodies and lead them to internalize unrealistic beauty standards (Fredrickson & Roberts, 1997). For men, the situation is different; in men, body dissatisfaction is usually associated with the idealization of a muscular and robust appearance, which can create excessive concern about muscle size and definition (Leit et al., 2002). The effect of gender on body dissatisfaction creates pressures that shape individuals' body perception. Women are often at risk of developing eating disorders such as bulimia nervosa or anorexia nervosa. At the same time, men may tend to over-exercise or use anabolic steroids to increase muscle mass (Murray et al., 2017). These differences show that gender-specific dynamics shape body dissatisfaction and have different consequences for both genders. Therefore, it is of great importance to consider the gender factor in order to understand and address body dissatisfaction.

Body image is a dynamic and multidimensional process affecting individuals' perceptions, emotions, and behaviors. It can change over time due to age, family, media, and culture. Body dissatisfaction reflects individuals' negative feelings about their bodies within this complex structure (Marshall et al., 2012; Stice & Whitenton, 2002). Dissatisfaction in body image does not have an effect on a personal level but also has important implications for their satisfaction level in relationships.

1.2.1.2 Relationship Satisfaction

Relationship satisfaction is an essential concept that measures individuals' satisfaction levels in their romantic relationships and is considered a fundamental variable in the general evaluation of the relationship. It was first systematically addressed in the mid-20th century, and the Relationship Assessment Scale, developed by Hendrick (1988), applied the foundation for research in this area. Hendrick's studies provided a framework for understanding individuals' happiness, security, and satisfaction levels in their relationships, making relationship satisfaction a broad research topic. Today, relationship satisfaction is not limited to general satisfaction levels but is considered a more comprehensive structure that includes dimensions such as relationship quality, partner communion, and sexual satisfaction (Hendrick, 1988; Kluwer, 2010).

Sexual satisfaction is considered an essential component of relationship satisfaction. According to research results, sexual satisfaction is not only for the physical and emotional needs of individuals but also strengthens feelings of intimacy and commitment between partners (Pujols et al., 2010). So, increasing relationship satisfaction in romantic relationships is a way to strengthen the bonds between couples.

Romantic relationships meet individuals' social needs and significantly impact psychological well-being and life satisfaction (Ogan & Öz Soysal, 2022; Zhan et al., 2022). As social beings, people need to participate in social interactions and establish relationships. For most adults, romantic relationships are a fundamental part of daily life and are critical to individuals' happiness and security. Therefore, individuals' decisions to continue or end their romantic relationships are often based on their evaluations of their relationships (Ogan & Öz Soysal, 2022).

Relationship satisfaction refers to a subjective judgment about how satisfying individuals find the relationship (Hendrick, 1988; Keizer, 2014). Today, relationship satisfaction is also expressed in different terms, such as relationship happiness, relationship quality, and marital satisfaction, and it is used as a criterion for understanding various aspects of individuals' relationships (Kluwer, 2010). In addition, it has been revealed that relationship satisfaction is an important concept that affects many aspects of individuals' lives (Vajda, 2014). Research shows that relationship satisfaction is positively related to subjective well-being and life satisfaction and negatively related to negative psychological issues such as depression and stress (Whitton & Kuryluk, 2012). For this reason, relationship satisfaction is also crucial in the clinical field; it is considered an essential variable in evaluating therapy and treatment results (Gerlach et al., 2018).

The level of satisfaction in romantic relationships is an essential factor that also affects individuals' behaviors. Individuals with low satisfaction in their relationships tend to behave dysfunctional and experience problems such as decreased interaction (Fincham & Beach, 2006). These negatively affect relationship dynamics and harm relationship stability. On the other hand, individuals who are more satisfied in their relationships tend to believe that their partners meet their needs, which allows them to develop healthier relationship dynamics (Fincham & Rogge, 2010).

A decrease in relationship satisfaction is often associated with relationship instability. It can result in a low belief that partners' needs are not being met (Gottman & Levenson, 1992) and can end the relationship for individuals. Further, individuals who are more satisfied in their relationships tend to receive more support from their partners, creating positive outcomes and supporting their general psychological well-being (Røsand et al., 2012).

1.2.1.3 Relationship Between Body Image and Relationship Satisfaction

The relationship between body image and relationship satisfaction is an essential interaction area that affects partners' satisfaction and general psychological health.

Studies focusing on the intersection of these two concepts in the literature show that high body image satisfaction contributes to relationship satisfaction. On the other hand, it is known that negative body image affects relationship satisfaction in a negative way (Meier & Gray, 2014). Body image is defined as a multidimensional structure that involves individuals' perceptions, feelings, and thoughts about their physical appearance (Cash & Smolak, 2011), and relationship satisfaction refers to individuals' general levels of satisfaction in their romantic relationships (Hendrick, 1988). Although these two concepts are considered different constructs, the literature shows a significant interaction between the two.

Initial findings about the relationship between body image and relationship satisfaction indicated that individuals who feel satisfied with their bodies experience higher satisfaction in their relationships (Paap & Gardner, 2011). It has been stated that positive body image increases individuals' self-esteem, which allows them to develop trust and intimacy with their partners. In addition, negative body image is associated with factors that have adverse effects on relationship dynamics such as insecurity such as insecurity, jealousy, and communication problems (Feingold, 1992; Fletcher et al., 2000). Therefore, individuals' perceptions of body image deeply affect not only themselves but also their relationships with their partners.

Various moderator variables affecting the relationship between body image and relationship satisfaction have been examined in the literature. Self-esteem is one of the most frequently examined variables among these moderators. It has been shown that the

effects of negative body image perceptions on relationship satisfaction of individuals with high self-esteem are more limited (Feingold, 1992). Additionally, the supportive attitude of the partner has an essential role in this relationship. It has been stated that partners who perceive the individual's body positively and exhibit supportive behaviors increase the relationship satisfaction of individuals (Fletcher et al., 2000; Pujols et al., 2010).

One of the critical factors that shape the relationship between body image and relationship satisfaction is cultural differences. In collectivist cultures, social norms and social support have been found to moderate the effects of body image on relationship satisfaction (Markus & Kitayama, 1991). In contrast, in individualist cultures, high expectations for ideal body perception can increase body image dissatisfaction, negatively affecting relationship satisfaction (Grabe et al., 2008; Jackson et al., 2014).

Body image and relationship satisfaction studies are generally focused on women. However, studies conducted on men and different age groups reveal that this relationship varies according to gender and age. When men are considered, the perception of muscularity significantly affects relationship satisfaction, and when women are considered, norms about being skinny have been found to shape this relationship (McCabe & Ricciardelli, 2004; Quittkat et al., 2019). From a systemic perspective, the relationship between body image and relationship satisfaction is viewed as one in which changes in body image affect a range of relational interactions, including communication, trust, and intimacy, and thus body image can be understood as part of a larger relational dynamic. Patterns of attachment in the relationship mention that changes in body image perception can affect individuals on a personal and a relational level since the interplay between body image and relationship satisfaction provides an essential area for understanding partners' relationship satisfaction dynamics.

1.2.3 Mental Well-Being

The concept of mental well-being has historically been shaped by efforts to investigate the positive aspects of psychology (Ryff, 1989). From the mid-20th century onwards, the concept of mental health began to be defined not only by the absence of psychopathology but also by the individual potential to experience and realize positive emotions (Jahoda, 1958). Marie Jahoda's "ideal mental health" concept is essential in this change. Jahoda evaluated mental health regarding the individual's compatibility with their environment and supporting personal development (Jahoda, 1958).

In the 1960s and 1970s, humanistic psychologists Abraham Maslow and Carl Rogers contributed to well-being research by emphasizing individuals realizing their potential and searching for meaning (Rogers, 1961; Maslow, 1968). Maslow's self-actualization theory and Rogers' fully functional human model addressed the mental health of individuals in the context of life satisfaction and emotional development (Rogers, 1961; Maslow, 1968).

Social support and meaningful relationships strongly predict mental well-being (Keyes, 2002). In addition, personal characteristics of individuals, such as self-awareness, self-control, and resilience, also affect mental well-being (Keyes, 2005). In addition, socioeconomic factors such as education level, income level, and job satisfaction have been found to affect mental well-being (Dolan et al., 2008). However, high levels of mental well-being are associated with physical health outcomes such as a strong immune system and a decreased risk of cardiovascular disease (Howell et al., 2007).

In addition, individuals with high levels of mental well-being have been found to have lower levels of depression, anxiety, and stress (Fredrickson, 2001). Recent research has focused on mental well-being's dynamic and contextual nature (Grabe et al., 2008).

In particular, the effects of individuals' life events, personal values, and interactions with their social environment on mental well-being have been widely studied (McGuinness & Taylor, 2016).

It has been found that positive body image has a direct effect on mental well-being, while low body image is linked to depression and anxiety (Stice & Whitenton, 2002; Grabe et al., 2008). Healthy romantic relationships increase individuals' levels of psychological well-being, while unsatisfactory relationships have been shown to increase anxiety and depression levels (Whisman et al., 2000; Whitton & Kuryluk, 2012). In addition, mindfulness, cognitive behavioral therapy (CBT), and positive psychology interventions have been reported effective in increasing individuals' psychological well-being (Fredrickson, 2001; Kabat-Zinn, 2003).

As a result, the term psychological well-being is a complicated structure that affects not only individuals' psychological states but also their social contexts and quality of life (Ryff, 2013). This concept has historically evolved with positive psychology and has become a multidisciplinary research area that aims to increase individuals' well-being (Keyes, 2005). Modern research emphasizes that psychological well-being should be examined individually and in social contexts (Smith et al., 2019; Lambert et al., 2020).

1.2.3.1 Mental Well-Being and Relationship Satisfaction

The psychology and relationships literature extensively discusses the relationship between psychological well-being and romantic relationship satisfaction (Whisman et al., 2000). Relationship satisfaction refers to the general satisfaction levels of individuals in their romantic relationships and significantly impacts individuals' psychological health (Whitton & Kuryluk, 2012). A healthy and satisfying romantic relationship increases individuals' subjective happiness, life satisfaction, and general well-being while reducing

the incidence of adverse psychological conditions such as depression, anxiety, and stress (Whisman et al., 2000; Whitton & Kuryluk, 2012).

One of the main reasons for this positive relationship between psychological well-being and relationship satisfaction is the ability of a supportive and understanding partner to increase an individual's self-esteem and meet their emotional needs (Feeney, 2004). A reliable and sensitive partner helps an individual develop coping mechanisms for stress while also increasing the individual's self-confidence (Feeney, 2004). Supportive partners can help individuals maintain emotional balance and resilience in challenging life events (Karney & Bradbury, 1995). In this context, a positive relationship dynamic is critical for maintaining individuals' psychological well-being (Whitton & Kuryluk, 2012).

In contrast, it has been found that individuals' psychological health may be more negatively affected in romantic relationships where relationship satisfaction is low (Beach et al., 1990). Conflicts and dissatisfactions, which are chronic in relationships, can weaken individuals' psychological resilience and lead to mental health problems, depression, anxiety, and low self-esteem (Beach et al., 1990). These can have adverse effect not only on the individual's psychological state but also on the overall dynamics of the relationship (Gottman & Levenson, 1992).

Current research shows that the effects of relationship satisfaction on psychological well-being are not only at the individual level but also related to the dynamics between couples (Karney & Bradbury, 1995). For example, it has been found that individuals' relationship satisfaction fluctuates over time and that these fluctuations are affected by individuals' life events and personal perceptions (Karney & Bradbury, 1995). In addition, factors such as couples' communication quality, problem-solving skills, and conflict management strategies have been reported to strengthen the link

between relationship satisfaction and psychological well-being (Gottman & Levenson, 1992).

Modern approaches suggest that the relationship between relationship satisfaction and psychological well-being can be shaped by various moderators (Mikulincer & Shaver, 2007). For example, individuals' attachment styles are considered one of the critical factors affecting this relationship (Mikulincer & Shaver, 2007). It has been stated that individuals with a secure attachment style are more resilient to negativities in their relationships and that this situation positively affects their psychological well-being (Mikulincer & Shaver, 2007). In contrast, anxious or avoidant attachment styles may weaken the relationship between relationship satisfaction and psychological well-being (Feeney, 2004).

As a result, the relationship between psychological well-being and relationship satisfaction is shaped by individuals' experiences in their romantic relationships and the dynamics of these relationships (Whitton & Kuryluk, 2012). While a supportive relationship environment increases individuals' psychological health and life satisfaction, relationship conflicts and dissatisfaction can have serious adverse effects on individuals' psychological health (Beach et al., 1990). Therefore, healthy and satisfying relationships support individuals' general well-being levels (Gottman & Levenson, 1992; Mikulincer & Shaver, 2007).

1.2.3.2 Mental Well-Being and Body Image

The relationship between mental well-being and body image is an essential area of research regarding its effects on individuals' subjective happiness and psychological resilience (McGuinness & Taylor, 2016). While a positive body image supports

individuals' mental well-being, a negative body image is considered to be one of the leading causes of various psychological problems (Stice & Whitenton, 2002).

The first academic studies on body image began in the mid-20th century (Schilder, 1950). Schilder defined body image as individuals' subjective evaluations of their physical appearance and how these evaluations are shaped in the social context. This concept began to be examined more broadly in the context of social norms, media, and aesthetic standards, especially with the influence of feminist movements from the 1970s onwards (Grogan, 2006). Body image is closely related to many psychological and social factors, such as individuals' self-esteem, social relationships, and life satisfaction (McGuinness & Taylor, 2016).

Individuals with a positive body image generally have higher levels of psychological well-being (Stice & Whitenton, 2002). These individuals tend to be more active and self-confident in social interactions due to their self-confidence (McGuinness & Taylor, 2016). In addition, positive body image increases individuals' interest in their physical health, thus positively affecting their overall quality of life (Stice & Whitenton, 2002).

Alternatively, negative perceptions about body image have an adverse effect on individuals' psychological well-being, which leads to severe problems regarding low self-esteem, depression, eating disorders, and anxiety (Stice & Whitenton, 2002; Grabe et al., 2008). At the same time, the pressure exerted by the media on individuals by ideal body standards is considered an essential factor contributing to the distortion of body image (Grabe et al., 2008). Recent studies have examined the different contexts and influencing factors of the relationship between body image and psychological well-being (Swami, 2015). For example, it has been found that in collectivist cultures, body image is shaped

more by social norms, while in individualist cultures, personal standards are more decisive (Swami, 2015).

In terms of gender differences, it has been shown that negative body image is more common in women, but similar effects are seen in men and LGBTQ+ individuals (Calogero et al., 2019). In addition, mindfulness-based interventions have been proven effective in increasing individuals' mental well-being by positively affecting their body image (Atkinson & Wade, 2015). As a result, the relationship between mental well-being and body image is shaped by individuals' interactions with themselves and their environment (McGuinness & Taylor, 2016). While a positive body image supports individuals' mental well-being, a negative body image can lead to severe psychological problems (Stice & Whitenton, 2002). Therefore, improving individuals' body image should be an essential intervention to support their mental health (Grabe et al., 2008).

1.2.4 Attachment Behaviors

Attachment behaviors are observable actions and reactions individuals exhibit to express their search for emotional security and need for closeness (Bowlby, 1969). These behaviors are activated by stress, separation, or perceived threat. They aim to meet the individual's need for connection with an attachment figure (e.g., a partner) (Mikulincer & Shaver, 2007). Behaviors such as seeking physical closeness, seeking emotional support, or requesting verbal reassurance are typical examples of attachment behaviors (Ainsworth et al., 1978). Attachment behaviors manifest in different ways depending on the individual's attachment style. Individuals with a secure attachment style communicate openly and feel comfortable receiving support from their partners; oppositely, individuals with an anxious attachment style may exhibit more inconsistent and dependent behaviors (Simpson et al., 1996). At the same time, individuals with an avoidant attachment style

tend to evade emotional closeness, and all these behaviors are essential elements that directly shape individuals' emotional quality and mental health in their relationships (Feeney, 2004; Mikulincer & Shaver, 2019).

Understanding the sub-dimensions of attachment behaviors is essential to comprehensively evaluate this concept (Gillath & Karantzas, 2022). The Attachment Behavior Assessment Scale (BARES) is essential for measuring attachment behaviors. This scale evaluates four basic sub-dimensions to analyze the behavioral patterns of individuals in their relationships with attachment figures: proximity seeking, support seeking, separation anxiety, and proximity avoidance (Collins & Feeney, 2000).

Proximity-seeking refers to the individual's desire to get close to the attachment figure to provide emotional and physical security (Bowlby, 1980). Support seeking is the individual's behavior of requesting help from the attachment figure to cope with difficult situations (Feeney, 2004). Separation anxiety reflects the intense fear and anxiety felt in situations where one is away from an attachment figure. At the same time, closeness avoidance refers to the conscious avoidance of emotional bonds and closeness (Mikulincer & Shaver, 2007). These sub-dimensions provide a critical framework for understanding the different motivations that shape individuals' attachment dynamics (Johnson, 2008).

Research shows that attachment behaviors play an important role in individuals' relationships, which can be considered both a cause and a result (Collins & Feeney, 2000). For example, while secure attachment behaviors strengthen the sense of trust and commitment in the relationship, maladaptive attachment behaviors can increase relationship conflicts and negatively affect individuals' relationship satisfaction (Feeney, 2004). In addition, it is emphasized that attachment behaviors are directly related to stress

coping mechanisms and, therefore, strongly impact individuals' mental well-being (Mikulincer & Shaver, 2019).

Current studies suggest that attachment behaviors have a dynamic structure in the context of relationships and that individuals' attachment styles can change over time (Gillath & Karantzas, 2022). In particular, factors such as partner support and relational conflict shape the frequency and intensity of attachment behaviors (Johnson, 2008). In addition, it has been stated that mindfulness-based therapies and attachment-focused approaches can positively improve individuals' attachment behaviors, thus positively affecting both relationship satisfaction and psychological well-being (Gillath & Karantzas, 2022). As a result, attachment behaviors play a central role in individuals' relational and emotional dynamics (Mikulincer & Shaver, 2007). Understanding the sub-dimensions of these behaviors and evaluating them by considering individual differences provides essential contributions at both theoretical and practical levels (Feeney, 2004). Studies on attachment behaviors allow us better to understand the function of this concept in relationships and help develop strategies to support the emotional health of individuals (Johnson, 2008; Gillath & Karantzas, 2022).

1.2.4.1 Attachment Behaviors and Relationship Satisfaction

Attachment behaviors are one of the determining factors of relationship satisfaction as the primary means individuals express and meet their attachment needs in romantic relationships (Feeney, 2004). Relationship satisfaction refers to the general level of satisfaction individuals feel with their romantic relationships, and this satisfaction is directly related to the healthy display of attachment behaviors (Collins & Feeney, 2000). Attachment behaviors function as communication and interaction, reinforcing feelings of trust, closeness, and commitment between partners (Gottman & Levenson, 1992).

Individuals with a secure attachment style can clearly express their needs and emotional expectations and receive support from their partners (Simpson et al., 1996). These individuals increase harmony and satisfaction in their relationships by displaying healthy attachment behaviors (Feeney, 2004). For example, when an individual seeks support from their partner after a difficult day, and the partner responds positively by being sensitive to this need, this strengthens the bonds in the relationship and increases relationship satisfaction (Collins & Feeney, 2000). However, insecure attachment styles can lead to these behaviors being displayed in a maladaptive manner (Mikulincer & Shaver, 2007). Individuals with an anxious attachment style may display behaviors such as excessive reassurance-seeking or intense expectation of attention. This can pressure the partner and cause misunderstandings in communication (Simpson et al., 1996).

On the other hand, individuals with an avoidant attachment style tend to avoid emotional closeness, so they keep attachment behaviors to a minimum and ignore the need to bond with their partner (Mikulincer & Shaver, 2019). This can negatively affect the depth and satisfaction of the relationship (Johnson, 2008). Emotional compatibility is a crucial element that ensures that attachment behaviors are displayed and received healthily between partners (Gottman & Levenson, 1992).

Behaviors such as active listening, empathy, and physical affection between partners strengthen the sense of trust in the relationship and reduce stress (Johnson, 2008). For example, when one partner shows sensitivity to the feelings of the other and approaches in a supportive manner in conflict situations, it contributes to the repair of relational bonds and the maintenance of relationship satisfaction (Gillath & Karantzas, 2022).

Current research reveals that attachment behaviors shape not only the overall satisfaction in the relationship but also conflict resolution skills and the level of commitment between partners (Gillath & Karantzas, 2022). For example, it is stated that attachment behaviors reduce relationship stress by increasing emotional resilience in relationships and lead to healthier relationship dynamics (Mikulincer & Shaver, 2007). In addition, the effects of attachment behaviors on relationship satisfaction may vary depending on individual and relationship dynamics, such as attachment styles and partner responsiveness (Collins & Feeney, 2000). As a result, attachment behaviors are a fundamental factor that increases trust and commitment in romantic relationships and thus supports relationship satisfaction (Feeney, 2004).

While the healthy display of these behaviors ensures that satisfaction and happiness in the relationship are sustainable, maladaptive attachment behaviors can increase relationship conflicts and negatively affect satisfaction levels (Simpson et al., 1996). Therefore, interventions aimed at increasing the functionality of attachment behaviors are of great importance in improving relationship satisfaction and overall quality (Johnson, 2008; Mikulincer & Shaver, 2007).

1.2.4.2 Body Image and Attachment Behaviors

Body image is a multidimensional concept that includes an individual's perceptions of their physical self, and their attitudes and behaviors based on these perceptions (Cash & Labarge, 1996; Cash, 2004). This perception profoundly affects an individual's self-esteem, social relationships, and overall quality of life (Crow et al., 2008). However, body image is not just about an individual's perceptions; it is a developmental structure shaped by relationships established with attachment figures in the early period (Bonev & Matanova, 2021). Attachment figures are fundamental in

ensuring the individual's physical and emotional security, profoundly affecting body perception (Krueger, 1988; George & Solomon, 2008). Attachment theory suggests that the relationships individuals develop with attachment figures in early childhood form the basis of body perception (Bowlby, 1980; George & West, 2011). The sensitive and harmonious response that the caregiver gives to the baby's needs helps the baby to develop a positive perception of his or her body (Krueger, 2004). For instance, comforting physical contact and sensitive responses enable the child to perceive his or her body as a security source (George & Solomon, 2008; Lemma, 2015).

In contrast, when the attachment figure cannot provide security and protection, the individual's body image may be negatively affected, and an insecure attachment pattern may develop (Bonev & Matanova, 2021). Interruptions in attachment relationships may cause various problems in body perception. Individuals with a disorganized attachment style often use their bodies to express negative emotions, particularly inadequacy, fear, or anger (Lemma, 2015). For instance, body dissatisfaction, fear of gaining weight, and interventions on the body surface (e.g., cosmetic surgery) are common in these individuals (Bonev & Matanova, 2021), and studies have shown that these individuals make extreme investments in their bodies due to their caregivers' failure to respond to their physical and emotional needs (Krueger, 2004; Lemma, 2010).

The role of attachment behaviors in shaping body image continues in adulthood. Anxiously attached individuals may constantly seek approval from their partners regarding their physical appearance, which can pressure their body image and increase dissatisfaction (Pujols et al., 2010; Bonev & Matanova, 2021). However, individuals with an avoidant attachment style tend to internalize their criticizing attitudes toward their

bodies, which can negatively affect their physical self-perception (Bonev & Matanova, 2021).

As a result, the relationship between body image and attachment behaviors has a decisive effect on the individual's physical and emotional development. Positive attachment experiences are seen to improve individuals' body image and support their general psychological health (George & Solomon, 2008; Lemma, 2015). Therefore, interventions to improve attachment behaviors and body image can increase individuals' overall well-being (Lemma, 2010; Bonev & Matanova, 2021).

1.2.4.3 Mental Well-Being and Attachment Behaviors

The relationship between psychological well-being and attachment behaviors is an essential area of research due to their effects on individuals' emotional and psychological health (Mikulincer & Shaver, 2007). Attachment behaviors are observable responses that individuals exhibit in search of emotional security in situations of stress, threat, or separation (Bowlby, 1969). While the healthy display of these behaviors supports the psychological well-being of individuals, maladaptive attachment behaviors might cause outcomes like depression, anxiety, and low self-esteem in individuals (Feeney, 2004; Mikulincer & Florian, 1998). Individuals with a secure attachment style may receive support from attachment figures during challenging life events and maintain their psychological well-being (Mikulincer & Shaver, 2019). Individuals with healthy attachment behaviors, such as seeking emotional support in a stressful situation, have been shown to increase their level of psychological resilience and reduce depression level and anxiety (Collins & Feeney, 2000). Individuals with a secure attachment style feel more valued, which is reflected positively in their psychological well-being (Johnson, 2008).

In contrast, attachment behaviors in individuals with insecure attachment styles may have adverse effects on psychological well-being. Individuals with an anxious attachment style exhibit intense and inconsistent attachment behaviors, such as constantly seeking reassurance from their partners, and this may bring higher levels of anxiety and stress to their psychological health (Mikulincer & Shaver, 2007). Individuals with an avoidant attachment style, on the other hand, may internalize their stress by avoiding emotional closeness, which can lead to outcomes such as depression and low self-esteem (Feeney, 2004).

The effects of attachment behaviors on psychological well-being have been studied at the individual level and in the context of social relationships. The sensitivity and harmony of attachment behaviors between partners contribute to the strengthening of relational bonds and the increase in the psychological well-being of individuals (Gottman & Levenson, 1992). In particular, a supportive partner can strengthen individuals' stress coping mechanisms and increase their protective effect on mental health (Feeney, 2004).

Current research shows that interventions to improve attachment behaviors significantly affect mental well-being. For example, mindfulness-based attachment therapies have positively affected mental health by increasing individuals' ability to regulate their attachment behaviors (Gillath & Karantzas, 2022). It has been stated that attachment-focused therapy approaches also help individuals express their emotional needs more healthily, and this increases general well-being (Johnson, 2008).

As a result, the relationship between mental well-being and attachment behaviors provides a critical framework for understanding individuals' emotional and psychological resilience (Mikulincer & Shaver, 2007). While secure attachment behaviors stand out as a strong factor supporting individuals' mental well-being, maladaptive attachment

behaviors can negatively affect individuals' mental health (Feeney, 2004). Therefore, interventions aimed at improving attachment behaviors have great potential to increase individuals' overall mental health (Gillath & Karantzas, 2022).

1.3 Current Study

Current research emphasizes that individual and relational factors such as body image, relationship satisfaction, and mental well-being are interrelated in shaping personal experiences and social dynamics. This study examines the dynamic and multidimensional nature of the relationships mentioned from the perspective of systemic and attachment theories.

While previous research has established the significant role of body image in predicting relationship satisfaction and psychological well-being, these constructs have primarily been studied in isolation or within static frameworks (Davis et al., 2020; Dotse, J.E., & Asumeng, 2015). To address these gaps, this study investigates how attachment behaviors influence daily fluctuations in body image, relationship satisfaction, and mental well-being. The study used a diary study design to examine short-term changes and interactions among these variables and aimed to provide a detailed understanding of their interactions.

Empirical studies have consistently highlighted the relationship between body image and relationship satisfaction. Negative body image has been associated with relational difficulties, including lower satisfaction levels and increased conflict within romantic partnerships (McGuinness & Taylor, 2016; Paap & Gardner, 2011). On the other hand, positive body image is known to increase self-esteem and promote trust and closeness between partners, indicating that individual perceptions of one's body play an important role in relational dynamics (Meier & Gray, 2014). Based on these findings, this

study hypothesizes following associations; that individuals with positive body image will report higher levels of relationship satisfaction (H_{1a}).

Similarly, body image has been shown to predict mental well-being, with positive perceptions linked to improved psychological health and negative perceptions associated with anxiety and depression (Stice & Whitenton, 2002; Grabe et al., 2008). Thus, it is hypothesized that individuals with a positive body image will experience higher levels of mental well-being (H_{1b}).

Relationship satisfaction has emerged as a strong predictor of mental well-being, with higher satisfaction contributing to improved psychological outcomes and lower satisfaction increasing psychological distress (Whitton & Kuryluk, 2012; Beach et al., 1990). Accordingly, the study hypothesizes that relationship satisfaction will positively associate with mental well-being (H_{1c}).

Attachment behaviors, such as accessibility, sensitivity, and interaction, play a critical role in relational dynamics and individual psychological outcomes (Johnson, 2008; Mikulincer & Shaver, 2007). These behaviors are thought to moderate the relationships between body image and relationship satisfaction (H_{2a}), body image and mental well-being (H_{2b}), and relationship satisfaction and mental well-being (H_{2c}).

Experimental findings suggest that cognitive focus on positive body-related thoughts can enhance body image, relationship satisfaction, and mental well-being (Cash & Smolak, 2011). Based on this, the study hypothesizes that focusing on positive body-related thoughts will increase these outcomes (H_{3a}), while neutrally focusing on the body will strengthen their intercorrelations (H_{3b}). Additionally, it is hypothesized that focusing on daily activities will result in no significant change in body image, relationship satisfaction, or mental well-being (H_{3c}).

The diary method provides a novel approach to understanding the real-time fluctuations in body image, relationship satisfaction, and mental well-being, as well as the role of attachment behaviors in moderating these relationships. The study examines how different cognitive and emotional perspectives on the body, such as positive and neutral focus, affect these dynamics. In light of these, study aims to reveal the mechanisms that affect relational and psychological outcomes on these variables.



2. METHOD

2.1 Participants

A total of 234 participants were included in the study. The criteria for participation in the study were being over 18, reading and writing in Turkish, and being in a romantic relationship with an active sex life. Participants had a mean age of 26.70 ($SD = 7.77$) and were predominantly female (178 female, 55 male, 1 non-binary; see Table 2.1 for sample demographics). Most participants (65.8%) were in a non-marital, non-cohabitating romantic relationship while 20.1% were married, 9% cohabited, 4.3 % were in a situationship, and 0.9% were in an open relationship. When the educational status was examined, 37.2% of the participants were undergraduate students, 26.9% had undergraduate degree, 12% had master's degree, 12% were graduate students, 9% had high school degree, 1.7% had doctoral degree, 0.9% were doctoral student and 0.4% marked other.

In the first stage of the study, all participants ($N = 234$) were evaluated as the "total group." This group comprised individuals who completed the survey containing demographic information and measurement tools at the beginning of the study. At the end of the first wave, all participants were systematically and randomly assigned into experimental groups. The participants with complete pre-test, diary entry, and post-test data are labeled the "intervention group". A total of 75 individuals (58 female, 16 male, 1 non-binary, $M_{age} = 27.17$, $SD = 7.82$) who completed the intervention process were included in the study and at completion of pre-test were randomly assigned to three subgroups: positive body-focused group ($N = 24$, $M_{age} = 26.62$, $SD = 6.64$), neutral body-focused group ($N = 27$, $M_{age} = 28.51$, $SD = 8.75$), and control group ($N = 24$, $M_{age} = 26.20$, $SD = 7.80$).

The participant gender breakdown was as follows: positive body-focused group 20 females, 3 males, and 1 non-binary participant; for the neutral body-focused group 19 females and 8 males; and in the control group 19 females and 5 males. Regarding educational background, 28% of the intervention group participants were university graduates, 26.7% were university students, and 16% had a master's degree. When the relationship status of the participants in this group is examined, it is seen that 62.7% are in a romantic relationship, 16% are married, and 16% are living together (see Table 2.1).

Table 2.1 *Participants' Demographics*

Variables	Pre-Test Total (N = 234)		Intervention							
			All Conditions (N = 75)		Positive Condition (a) (N = 24)		Neutral Condition (b) (N = 27)		Control Condition (c) (N = 24)	
	M	SD	M	SD	M	SD	M	SD	M	SD
Age	26.70	7.77	27.17	7.82	26.62	6.64	28.51	8.75	26.20	7.80
BMI	22.29	4.08	22.17	4.49	22.36	2.37	22.28	6.18	21.85	3.40
Gender										
	N	%	N	%	N	%	N	%	N	%
Male	55	23.5%	16	21.3%	3	12.5%	5	20.8%	8	29.6%
Female	178	76.1%	58	77.3%	20	83.3%	19	19.2%	19	70.4%
Non-binary	1	0.4%	1	1.3%	1	4.2%	0	0	0	0
Relationship Status										
In relationship	154	65.8%	47	62.7%	15	62.5%	15	55.6%	17	70.8%
Married	47	20.1%	12	16%	4	16.7%	6	22.2%	2	8.3%
Cohabiting	21	9%	12	16%	3	12.5%	5	18.5%	4	16.7%
Open relationship	2	0.9%	1	1.3%	0	0	1	3.7%	0	0
Situationship	10	4.3%	3	4%	2	8.3%	0	0	1	4.2%
Relationship Length										
< 6 months	46	19.7%	12	16%	3	12.5%	6	22.2%	3	12.5%
6 mnths-1 yr	24	10.3%	10	13.3%	5	20.8%	1	3.7%	4	16.7%
1-2 years	63	26.9%	19	25.3%	7	29.2%	6	22.2%	6	25%
3-4 years	43	18.4%	15	20%	3	12.5%	5	18.5%	7	29.2%
> 5 years	58	24.8%	19	25.3%	6	25%	9	33.3%	4	16.7%

BMI Category										
missing value	2	0.9%	1	1.3%	0	0	1	3.7%	0	0
underweight	25	10.27%	5	6.7%	0	0	4	14.8%	1	4.2%
normal weight	156	66.7%	57	76.%	21	87.5%	15	55.6%	21	87.5%
overweight	44	18.8%	9	12.0%	3	12.5%	5	18.5%	1	4.2%
obese	4	3.0%	3	4.0%	0	0	2	7.4%	1	4.2%
Education Status (Last Graduated Degree)										
High School	21	9.0%	6	8.0%	3	12.5%	1	3.7%	2	8.3%
Undergraduate Degree	63	26.9%	21	28.0%	5	20.8%	10	37.0%	6	25.0%
Master's Degree	28	12.0%	12	16.0%	4	16.7%	5	18.5%	3	12.5%
Doctoral Degree	4	1.7%	1	1.3%	1	4.2%	0	0	0	0
Undergraduate Student	87	37.2%	20	26.7%	7	29.2%	6	22.2%	7	29.2%
Graduate Student	28	12.0%	15	20.0%	4	16.7%	5	18.5%	6	25.0%
Doctoral Student	2	0.9%	0	0	0	0	0	0	0	0
Other	1	0.4%	0	0	0	0	0	0	0	0
Employment Status										
Full-Time Employee	78	33.3%	27	36.0%	7	29.2%	13	48.1%	7	29.2%
Part-Time Employee	33	14.1%	15	20.0%	3	12.5%	6	22.2%	6	25.0%
Unemployed	15	6.4%	6	8.0%	4	16.7%	2	7.4%	0	0
Student	104	44.4%	27	36.0%	10	41.7%	6	22.2%	11	45.8%
Retired	1	0.4%	0	0	0	0	0	0	0	0
Other	3	1.3%	0	0	0	0	0	0	0	0

2.2 Data Collection Procedure

After approval from the Özyeğin University Ethics Committee for the study (2024/03/03) participants were recruited via convenience sampling using online platforms and university groups. Özyeğin University Psychology Department students were asked to ensure that a relative participated in the study, and extra credit was defined from the courses deemed appropriate for students who completed this participation. The relatives of students could help them earn up to three credits: one credit for completing wave 1, one credit for diary entries, and one credit for final survey.

Participants could participate in the study if they were over the age of 18, literate in Turkish, in a current relationship, and sexually active. This research, which is based on volunteering, consisted of three parts. In the first part, called the pretest, participants filled out informed consent, the demographic questionnaire, and study scales online using Qualtrics. Participants who completed the pre-test, met inclusion criteria, and passed attention check questions were evaluated as the "total group" ($N = 234$).

Participants who completed the pre-test were randomly assigned to three intervention groups (body-positive, body-neutral, and control). A Qualtrics form was sent to these participants for five consecutive days, and participants in the body-positive group were asked to write down three positive thoughts about their bodies that came to their minds during the day; those in the body-neutral group were asked to write down three thoughts about their bodies that came to their minds during the day, and those in the control group were asked to write down three things that came to their minds about their daily work, school, or home activities. Following the diary entries, the post-test was sent to the intervention group. This survey contained the same questions as the first survey, and participants were asked to complete the survey within 48 hours. Participants who completed three of the five days diary entries and the post-test were labeled as the "intervention group" ($N = 75$).

2.3 Materials

This section provides detailed information about the measures used in the study and begins with a description of the demographics form. It then provides relevant information about the following scales: Body Cathexis Scale (BCS), Social Appearance Anxiety Scale (SAAS), Couple Satisfaction Index-16 (CSI-16), New Sexual Satisfaction

Scale-Short Form (NSSS-S), Short-Warwick Edinburgh Mental Well Being Scale (SWEMWBS), and Attachment Behavior Scale (BARES) (see Table 2.2).

2.3.1 Demographic Information Form

A Demographic Information Form was created to collect basic demographic information about the participants. The form included questions about age, gender, sexual orientation, education, and employment status and visual selection questions about body weight, height, relationship status, and body type perception. Questions aimed to provide detailed information about the participants of the study.

2.3.2 Body Image Perception Scales

2.3.2.1 Body Cathexis Scale (BCS)

In this study, the Body Cathexis Scale was one of the scales used to assess the body image perception of participants. The scale was preferred because it is a tool that can be completed quickly and is easy to apply (Balogun, 1986). It was designed by Secord and Jourard in 1956 as a 46-item scale that evaluates individuals' perceptions of various body parts and functions using self-reporting. Over time, the scale has been adapted into different versions, and the 40-item version adapted by Balogun (1986) was used in this study. In the scale, participants evaluated various body parts and functions on a 5-point Likert-type scale between 1 and 5 (1 very cheerful, five very negative), and the total score ranged from 40 to 200. Higher scores represent higher satisfaction with body parts and functions. Validity and reliability studies of the scale reveal that it is a scientifically sound measurement tool. The test re-test reliability of the scale was found to be $r = .89$ in applications made at two-week intervals (Balogun, 1986). In addition, the scale showed significant positive correlations with dimensions of self-perception such as physical self

($r = .64$), personal self ($r = .60$), and total positive self ($r = .62$) and Cronbach alpha value for this version was .87 (Balogun, 1986). The scale was adapted to Turkish by Hovardaoğlu in 1993, and the Cronbach alpha coefficient for this version was calculated as .91.

In this study, after 11 cross-loading items were deleted, factor analysis scale demonstrated .89 Kaiser-Meyer-Olkin Measure of Sampling Adequacy (KMO) and condensed into one factor as a result, a unidimensional 29-item scale was used for data analysis. In the factor analysis explicitly conducted for the intervention group, the KMO value was found to be .77, which showed acceptable sample adequacy. The internal consistency of the scale was evaluated across the total group and intervention group and its subgroups, yielding Cronbach's alpha coefficients of .91 for the total group, .91 for intervention group pre-test, .92 for the intervention group post-test.

2.3.2.2 Social Appearance Anxiety Scale (SAAS)

The Social Appearance Anxiety Scale (SAAS) was developed by Hart and colleagues (2008) to measure individuals' fear of negative evaluation regarding their general appearance. The scale focuses on individuals' overall appearance, including physical structure, facial features, and general appearance. SAAS is a self-report scale with a 5-point Likert-type scale in which participants rate 16 items from 1 (not at all suitable for me) to 5 (entirely suitable for me). The internal consistency coefficient of the scale is relatively high in different samples (Cronbach's $\alpha = .94-.95$). In addition, test-retest reliability was found to be $r = .84$ at one-month intervals. The scale showed significant positive correlations with related constructs such as social anxiety and body image dissatisfaction. For example, a correlation of $r = .76$ was found with the Social Anxiety Scale and $r = .59$ with the Social Physique Anxiety Scale. The Turkish adaptation

of the SAAS was carried out by Doğan (2010). In this adaptation, the scale was tested on a sample of Turkish university students. As a result of validity and reliability analyses, Cronbach's α of the Turkish form was found to be .93, and the test-retest reliability was found to be .85.

In this study, SAAS is one of the scales used to measure the body image of the sample and assess the anxiety levels regarding their social appearance. For factor analysis, the Kaiser-Meyer-Olkin (KMO) value was calculated as .95 in the total sample and .91 in the intervention group. The internal consistency coefficients of the scale were found to be Cronbach's $\alpha = .95$ for the total sample, Cronbach's $\alpha = .93$ for the intervention group pre-test, Cronbach's $\alpha = .95$ for the intervention group post-test.

2.3.3 Relationship Satisfaction Indicators

2.3.3.1 Couple Satisfaction Index-16 (CSI-16)

The Couple Satisfaction Index (CSI) is a scale developed by Funk and Rogge (2007) to measure couples' relationship satisfaction. The scale has three different versions with 32, 16, and 4 items. In this study, the Turkish adaptation of the 16-item version was used. The Turkish adaptation of the scale was carried out by Gürmen, and bilingual experts reviewed the translation. The scale generally has a 6-point Likert-type rating system (1 = Not true at all, 6 = Completely true), but the first question is evaluated using a 7-point Likert scale (1 = Extremely unhappy, 7 = Extremely happy). The scale includes items such as "We have a strong relationship" and "I feel part of a team with my partner." Higher scores on the scale indicate a higher level of satisfaction in the relationship. The internal consistency coefficient (Cronbach's α) for the 16-item version of the original scale was reported as .98 (Funk & Rogge, 2007). It is stated that the 51.5 score for the

16-item version of the scale used in the study can be used to distinguish low and high levels of relationship satisfaction.

This study used CSI as one of the scales used to measure relationship satisfaction. For the factor analysis of the scale, the KMO value was calculated as .94 in the total sample and .88 in the intervention group. These values indicate adequate sample adequacy for factor analysis. In the study, Cronbach's α was .95 for the CSI in the total sample, .96 for the intervention group pre-test, .94 for the intervention group post-test.

2.3.3.2 New Sexual Satisfaction Scale Short Form (NSSS-S)

The New Sexual Satisfaction Scale (NSSS) was developed by Štulhofer and colleagues (2010) to measure individuals' sexual satisfaction levels. The NSSS is a self-report scale that evaluates individuals' satisfaction levels with their sexual lives. The original version of the scale consisted of 20 items. It includes two subscales: the "Self-centered" subscale (personal experiences and feelings) and the "Spouse/Partner-Sexual Activity Centered" subscale (satisfaction with partner behaviors and sexual activities). Participants rate their sexual lives in the last six months between 1 (Not satisfied at all) and 5 (Completely satisfied). Cronbach's α values of the scale were found to be .91 and .90 for the two subscales, respectively, and between .94 and .96 for the total scale. The NSSS can be used in clinical and non-clinical samples and was developed independently of gender, sexual orientation, or relationship status. The scale correlates positively with life and relationship satisfaction (Štulhofer et al., 2010).

The New Scale of Sexual Satisfaction - Short Form (NSSS-S) was developed to make the NSSS easier and faster to apply. The NSSS-S consists of 12 items and preserves the two-factor structure of the NSSS. The internal consistency coefficient of the scale (Cronbach's α) varies between .90 and .93. The NSSS-S shows a high level of validity

and reliability similar to the original scale. Participants rate their satisfaction with their sexual life in the last six months from 1 (Not satisfied at all) to 5 (Completely satisfied). The usability of the NSSS-S to measure both the general sexual satisfaction of individuals and its sub-dimensions has been supported in the literature (Štulhofer et al., 2011).

The Turkish adaptation of the NSSS was carried out by Tuğut (2016). In the adaptation study, the factor structure and validity of the scale were examined. The scale has a two-factor substructure compatible with the original version, and the Cronbach alpha values of the scale were calculated as .94 for women and .95 for men. These values show that the Turkish version of the NSSS is a reliable and valid measurement tool. In this study, the Turkish adaptation of the NSSS-S is one of the scales used to assess relationship satisfaction. The KMO value for the NSSS-S was calculated as .92 in the total sample, .96 in the intervention group pre-test, .90 in the intervention group post-test.

2.3.4 Short- Warwick Edinburgh Mental Well-Being Scale (SWEMWBS)

Warwick-Edinburgh Mental Well-Being Scale (WEMWBS) was developed by Tennant and colleagues (2007) to measure the mental well-being of individuals. The complete form of the scale consists of 14 items and includes positive statements that provide information about individuals' emotional, social, and psychological functioning. The scale covers two main dimensions: subjective well-being (hedonic) and psychological well-being (eudaimonic). Participants evaluated the statements according to their experiences in the last two weeks. The scale uses Likert-type scoring between 1 (Never) and 5 (Always). Cronbach's α for the total scale was reported as .89 in the student sample and .91 in the general population. Test-retest reliability was found to be .83 with a one-week interval (Tennant et al., 2007).

The shortened version of WEMWBS, the Short Warwick-Edinburgh Mental Well-Being Scale (SWEMWBS), consists of 7 items and was used in this study. SWEMWBS, developed by Stewart-Brown et al. (2009), measures mental well-being using seven items from the original scale and asks participants to evaluate the last two weeks. The scale focuses only on the functionality dimension and does not include the subjective well-being dimension. The internal consistency coefficient of SWEMWBS was found to be .84 in the Norwegian sample and .86 in the Swedish sample. In addition, it was stated that SWEMWBS has a high correlation ($r = .95$) with the long form (Haver et al., 2015). The short form of WEMWBS was adapted to Turkish by Demirtaş and Baytemir (2019). Confirmatory factor analysis showed that the Turkish version of SWEMWBS has a single-factor structure, and the scale reached good fit values. Cronbach's Alpha for the Turkish version was found to be .84 in the first study group and .86 in the second study group. In addition, the scale showed a positive correlation with the Oxford Happiness Scale and the Trait Hope Scale and a negative correlation with the Perceived Stress Scale (Demirtaş & Baytemir, 2019).

In this study, the Turkish version of SWEMWBS was used. The KMO value of the scale was calculated as .95 in the total sample and .85 in the intervention group. The internal consistency coefficient was Cronbach's $\alpha = .81$ for the total sample, .83 for the intervention group pre-test, .88 for the intervention group post-test.

2.3.5 Brief Accessibility, Responsiveness, Engagement Scale (BARE)

The Accessibility, Responsiveness, and Involvement Scale (BARE) is a short self-report scale that measures central attachment behaviors such as accessibility, sensitivity, and involvement in couple relationships (Sandberg et al., 2012). The scale is based on Johnson's (2008) definitions of attachment behaviors and was designed to assess couples'

attachment behaviors. The BARE scale allows individuals to assess their and their partners' accessibility, sensitivity, and involvement levels. The original scale consists of 12 items and is administered with a 5-point Likert-type scoring system (1 = Never, 5 = Always). Cronbach's α for the scale ranged from .66 to .85 in the original study. Test-retest reliability ranged from .60 to .75 (Sandberg et al., 2012). The scale predicts essential relationship outcomes such as attachment security, stability, and satisfaction. This study used the Turkish version of the BARE scale, adapted by Zeytinoğlu-Saydam et al. (2020).

The Turkish adaptation study investigated the scale's usability in clinical and non-clinical samples. The adaptation study evaluated the scale's factor structure with confirmatory factor analysis, and the single-factor structure was found appropriate. Cronbach's α ranged from .85 to .91 for the Turkish version. In addition, the scale showed significant correlations with relationship satisfaction, attachment security, and relationship continuity (Zeytinoğlu-Saydam et al., 2020). In this study, the KMO value of the scale was calculated as .90 in the total sample and .88 in the intervention group. Internal consistency coefficients were found as Cronbach's $\alpha = .92$ for the total sample, .92 for the intervention group pre-test and post-test.

Table 2.2 *Scale Reliabilities, Total Group (N = 234)*

	Total Pre-Test Cronbach's α	Intervention Pre- Test Cronbach's α	Intervention Post-Test Cronbach's α
BCS (29-145)	.91	.91	.92
SAAS (1-5)	.95	.93	.95
CSI (0-81)	.95	.96	.94
NSSS-S (12-60)	.92	.96	.90
SWEMWBS (17-70)	.81	.83	.88
BARES (12-60)	.92	.92	.92

3. RESULTS

3.1 Analytical Strategy

This study conducted data analyses using IBM SPSS Statistics 27.0.1 and Hayes' PROCESS v4.1 Macro tool (Hayes, 2013). First, data cleaning procedures, including controls for missing values and outliers were applied prior to factor analysis and reliability testing. For missing values, two entries with height and weight values that resulted in BMI values outside biological limits were marked as missing and were excluded from analyses involving BMI. Regarding outliers, low cases that violated the Mahalanobis distance criteria were identified and retained in the dataset, as they did not significantly impact the overall results. Before testing hypotheses, descriptive statistics were used to examine sample characteristics and underlying distributions of variables.

A variety of statistical techniques were used to address the research questions. In order to determine the strength and direction of relationships among variables, correlation analyses were conducted. Multiple regression analyses were also conducted to test the estimated relationships among the main variables. In addition, moderation analyses were conducted using Hayes' PROCESS Macro to examine complex relationships and the possible moderating role of the main variables. Independent sample t-tests were also used to assess differences between the intervention and control groups.

Mixed design ANOVAs were conducted to assess interactions between time (within subject factor) and intervention groups (between subject factor) for outcome variables. Post-hoc analyses were conducted to investigate further the significant differences identified in ANOVA results. Before conducting all analyses (PROCESS and ANOVA), all scale scores were standardized to the 0-100 range for consistency and

reliability of the analysis. Statistical significance for all tests, including ANOVA, was determined based on two-tailed test with an alpha level of .05.

3.2 Preliminary Analyses

3.2.1 Descriptive Statistics

3.2.1.1 Total Sample

As the study consisted of multiple parts, all those who completed the pre-test are referred to as the total group ($N = 234$). As only some have completed the entire study (pre-test, diary entries and the pos-test; $N = 75$), the study includes the intervention group, those who completed all parts of the study. The total group involved 234 participants (see Table 3.2). When descriptive statistics were examined for the total sample, the mean BCS score for the total sample was $M = 107.03$, $SD = 16.80$, indicating high body satisfaction among participants. The mean SAAS score was $M = 2.12$, $SD = .87$, reflecting moderate social appearance anxiety. For relationship satisfaction, the mean CSI-16 score was $M = 60.67$, $SD = 15.46$, ranging from 16 to 81, which is above the recommended reference value of 51.5, indicating high overall relationship satisfaction. Regarding sexual satisfaction, the mean NSSS-S score was $M = 44.91$, $SD = 9.55$, with participants reporting high sexual satisfaction overall. In terms of mental well-being, the mean SWEMWBS score was $M = 26.23$, $SD = 4.2$, ranging from 14 to 35, suggesting generally high mental well-being, as scores above 22 are considered indicative of good well-being. Finally, the mean BARES score for the total sample was $M = 47.77$, $SD = 6.79$, with scores ranging from 19 to 55, indicating high levels of accessibility, responsiveness, and participation behaviors (see Table 3.1).

3.2.1.2 Intervention Sample

Participants who have completed the entire study, including the pretest, diary entry, and post-test, were named the intervention group. The intervention group included 75 participants (see Table 3.2). When descriptive statistics were examined for the intervention sample and its three experimental subgroups the mean BCS score was $M = 108.36$, $SD = 16.09$, indicating high body satisfaction, with the positive subgroup ($M = 109.20$, $SD = 18.24$) and neutral subgroup ($M = 108.33$, $SD = 13.40$) showing similarly high scores. The control group had a slightly lower mean ($M = 103.96$, $SD = 15.37$). Regarding social appearance anxiety, the intervention group had a mean SAAS score of $M = 2.09$, $SD = .81$, indicating slightly lower anxiety levels than the total sample. Among the subgroups, the positive subgroup had the highest anxiety score ($M = 2.01$, $SD = .75$), while the neutral subgroup had the lowest ($M = 1.77$, $SD = .60$), and the control group reported moderate anxiety ($M = 2.18$, $SD = .72$).

For relationship satisfaction, the intervention group had a mean CSI score of $M = 61.53$, $SD = 15.44$, reflecting higher satisfaction than the total sample. Among the subgroups, the positive subgroup had the highest satisfaction score ($M = 63.66$, $SD = 13.85$), well above the reference value of 51.5, while the neutral subgroup ($M = 59.08$, $SD = 15.95$) and the control group ($M = 58.40$, $SD = 13.71$) reported relatively lower satisfaction. Sexual satisfaction, as measured by NSSS-S, was also high in the intervention group ($M = 44.98$, $SD = 10.13$), with the positive subgroup reporting the highest score ($M = 45.44$, $SD = 10.21$), followed by the control group ($M = 43.83$, $SD = 7.78$) and the neutral subgroup ($M = 43.22$, $SD = 11.35$).

Regarding mental well-being, the intervention group had a mean SWEMWBS score of $M = 26.64$, $SD = 4.31$, indicating high well-being. Among subgroups, the positive

subgroup had the highest mean ($M = 27.44$, $SD = 4.08$), while the neutral subgroup reported the lowest ($M = 26.79$, $SD = 4.31$). The control group scored $M = 25.33$, $SD = 3.21$, showing consistent levels of well-being with the intervention group. For attachment behaviors, the intervention group had a mean BARES score of $M = 48.08$, $SD = 6.80$, indicating high accessibility, responsiveness, and participation behaviors. Subgroup analysis showed that the positive subgroup had the highest score ($M = 48.70$, $SD = 6.56$), followed by the neutral group ($M = 48.50$, $SD = 6.15$) and the neutral subgroup ($M = 46.95$, $SD = 6.15$).

To ensure that the intervention group was representative of the total sample, independent samples t-tests were conducted between participants who completed the entire study ($N = 75$) and those who discontinued after the pre-test ($N = 159$). Results showed no significant differences in relationship satisfaction ($p > .05$), sexual satisfaction ($p > .05$), attachment behaviors ($p > .05$), body satisfaction ($p > .05$), or mental well-being ($p > .05$). A marginal difference was observed for social appearance anxiety ($p = .09$), where intervention participants reported slightly lower levels of anxiety compared to those who only completed the pre-test (see Table 3.1)

Table 3.1 Scale Descriptives

		Total Group (Pre-Test) N = 234				Intervention Group N = 75				Intervention Subgroups											
										Positive N = 24				Neutral N = 27				Control N = 24			
Intervention Pre-test	Scales	M	SD	Min	Max	M	SD	Min	Max	M	SD	Min	Max	M	SD	Min	Max	M	SD	Min	Max
	BCS (29-145)	107.03	16.80	45	145	108.36	16.09	73	144	109.20	18.24	78	144	108.33	16.81	73	140	107.54	13.40	83	137
	SAAS (1-5)	2.12	.87	1	4.88	2.09	.81	1	4.56	2.01	.75	1	4.13	1.77	.60	1	3.5	2.18	.72	1.44	4.81
	NSSS-S (12-60)	44.91	9.55	12	60	44.98	10.13	12	60	45.62	9.69	23	60	45.44	10.21	12	60	43.83	10.78	16	60
	CSI (0-81)	60.67	15.46	14	81	61.53	15.44	14	81	61.58	16.58	20	81	63.66	13.85	14	80	59.08	15.95	28	81
	SWEMWBS (7-35)	26.23	4.2	14	35	26.64	4.31	16	35	26.66	4.86	16	34	27.44	4.08	16	34	25.7	3.97	19	35
	BARES (12-60)	47.77	6.79	19	55	48.08	6.8	24	55	48.5	6.15	34	55	48.7	6.56	25	55	46.95	7.78	24	55
Intervention Post-test	BCS (29-145)	--	--	--	--	111.12	15.3	68	145	111.33	16.43	82	145	111.25	18.18	68	143	110.75	10.85	90	138
	SAAS (1-5)	--	--	--	--	2.08	.81	1	4.56	2.06	.94	1	4.56	2.04	.86	1	4.25	2.13	.62	1.25	4.06
	NSSS-S (12-60)	--	--	--	--	43.22	11.35	12	60	46	9.31	21	60	43.55	12.41	12	60	40.41	11.83	12	60
	CSI (0-81)	--	--	--	--	56.45	15.03	15	77	58.45	15.76	15	77	58.40	13.71	25	76	52.25	15.44	16	77
	SWEMWBS	--	--	--	--	26.52	4.14	15	35	26.79	5.12	15	35	27.48	3.78	18	35	25.33	3.21	18	32
	BARES (12-60)					51.39	6.84	24	60	53	5.90	34	60	51.77	6.19	36	60	49.83	7.96	24	60

3.2.2 Correlational Findings

When the research hypotheses were considered, in the total sample, a significant and positive correlation was found between relationship satisfaction (CSI and NSSS) and body image (BCS and SAAS). CSI was positively correlated with BCS ($r = .36, p < .001$) and negatively correlated with SAAS ($r = -.28, p < .001$). Likewise, NSSS has a significant positive correlation with BCS ($r = .36, p < .001$) and a significant negative correlation with SAAS ($r = -.21, p < .001$). These findings supported H_{1a} , which predicted that individuals with positive body image tend to have higher relationship satisfaction. Similarly, body image (BCS and SAAS) was also significantly correlated with mental well-being (SWEMWBS). A positive correlation was found between BCS and SWEMWBS ($r = -.21, p < .001$). These findings were consistent with H_{1b} , which posited that individuals with a positive body image would have higher levels of mental well-being. Finally, relationship satisfaction (CSI and NSSS) significantly correlated with mental well-being. CSI had a strong positive correlation with SWEMWBS ($r = .42, p < .001$), and NSSS also showed a positive relationship ($r = .24, p < .001$). These findings supported H_{1c} , which indicated that higher relationship satisfaction would positively predict higher mental well-being. For the intervention group similar results were obtained which supported H_{1a} , H_{1b} , and H_{1c} . All other correlations were significant except, SWEMWBS and NSSS-S in the post-test, SWEMWBS and BARES in the post-test, and NSSS-S and BARES in the post-test. For detailed correlation coefficients, please see Table 3.2.

Table 3.2 Scale Correlations

Group	Variables	1	2	3	4	5	6
PRE-TEST N=234	1. CSI (0-81)		.49***	.42***	.36***	-.28***	.81***
	2. NSSS-S (12-60)			.23***	.35***	-.20***	.45***
	3. SWEMWBS (17-70)				.49***	-.33***	.34***
	4. BCS (29-145)					-.41***	.36***
	5. SAAS (1-5)						-.23***
	6. BARES (12-60)						-
INTERVENTION GROUP PRE-TEST N=75	1. CSI (0-81)		.49***	.38***	.34***	-.39***	.85***
	2. NSSS-S (12-60)			.27***	.41***	-.29*	.45***
	3. SWEMWBS (17-70)				.46***	-.33***	.29*
	4. BCS (29-145)					-.41***	.32***
	5. SAAS (1-5)						-.30**
	6. BARES (12-60)						
INTERVENTION POST-TEST N=75	1. CSI (0-81)	.80***	.52***	.39***	.42***	-.41***	.81***
	2. NSSS-S (12-60)	.45***	.83***	.21	.47***	-.30***	.57***
	3. SWEMWBS (17-70)	.36***	.17	.68***	.49***	-.38***	.29*
	4. BCS (29-145)	.38***	.40***	.55***	.86***	-.35***	.40***
	5. SAAS (1-5)	-.30***	-.35***	-.35***	-.34**	.60***	-.47**
	6. BARES (12-60)	.75***	.41***	.21	.30***	-.30***	.77***

*Non-italics indicate wave 1 and wave 2 correlations, Italics indicate wave2 and wave2, Bold Italics indicate the construct correlated to itself at wave 1 and wave 2. Note. * $p \leq .05$ (2-tailed), ** $p \leq .01$ *** $p \leq .001$ (2-tailed).*

3.2.3 Moderation analysis

Moderation analysis was done using Model 1 of the PROCESS v4.1 Macro tool in SPSS (Hayes, 2013) to explore the relationships among variables. Based on BCS analysis revealed that body image significantly predicted relationship satisfaction ($\beta = 0.21, p < .001$). Individuals with a more positive body image reported higher relationship satisfaction levels based on CSI results. The overall model was statistically significant ($F(3,230) = 97.45, p < .001$), explaining 56.0% of the variance in relationship satisfaction.

Additionally, attachment behaviors emerged as another significant predictor of relationship satisfaction ($\beta = 8.38, p = .002$). However, the interaction between body image and attachment behaviors did not significantly contribute to the model ($\beta = 0.05, p = .24$), suggesting that the relationship between body image and relationship satisfaction does not differ significantly based on levels of accessibility, responsiveness, and engagement. These findings did not support the moderation role of attachment behaviors in the relationship of body image and relationship satisfaction.

Other moderation analyses examined the relationships between relationship satisfaction, mental well-being, and attachment behaviors. Relationship satisfaction was a significant positive predictor of mental well-being ($\beta = 0.12, p = .002$). Conversely, the moderating effect of attachment behaviors on the relationship between relationship satisfaction and mental well-being was not statistically significant ($\beta = -0.02, p = .380$). The interaction term explained less than 1% of the variance, indicating that the strength of the association between relationship satisfaction and mental well-being does not vary significantly by attachment behaviors.

Finally, the relationship between body image, mental well-being, and attachment behaviors was investigated. Results indicated that body image significantly predicted mental well-being ($\beta = 0.22, p < .001$). Individuals with a more positive body image reported higher levels of mental well-being. The model was statistically significant ($F(3, 230) = 28.01, p < .001$) and accounted for 26.8% of the variance in mental well-being. According to the moderation analysis, the interaction effect was insignificant ($\beta = -0.01, p = .595$), suggesting that attachment behaviors did not significantly alter this relationship. The interaction term explained less than 1% of the variance. The moderating

role of attachment behaviors which was positing that attachment behaviors would strengthen this relationship, was not supported.

3.2.4 Intervention Analysis

H_{3a} predicted that focusing on positive thoughts about the body will increase (a) body image, (b) relationship satisfaction, and (c) mental well-being. Mixed ANOVAs were conducted to test these hypotheses. These analyses assessed the main effects of time (pre-test and post-test), group (positive, neutral, and control), and their interaction effects. The results revealed that the time effect was significant for mental well-being; a significant increase was observed between the pretest and post-test in mental well-being scores ($F(1,72) = 44.17, p < .001, \eta^2 = .38$), which indicated a significant increase in mental well-being scores among pre and post-test. On the other hand, the time and group interaction were not significant. ($F(2,72) = 0.93, p = .40, \eta^2 = .03$), which suggested that focusing on positive thoughts did not have any effect on mental well-being when compared to neutral or control conditions.

For the body image, which was measured with the BCS ($F(1,71) = 0.80, p = .37, \eta^2 = .01$) and SAAS ($F(1,71) = 0.23, p = .63, \eta^2 = .003$), the time did not have a significant main effect; also, the time and group interaction was not significant (BCS: ($F(2,71) = 0.09, p = .91, \eta^2 = .01$; SAAS: $F(2,71) = 0.09, p = .91, \eta^2 = .003$). These results indicated no change in body image across groups or time.

According to the conducted analysis the main effect of time, ($F(1,71) = 1.46, p = .23, \eta^2 = .02$), and the time and group interaction, ($F(2,71) = 1.19, p = .31, \eta^2 = .03$), were not significant for CSI-16. Similar results were seen for NSSS-S. The main effect of time ($F(1,71) = 0.05, p = .82, \eta^2 = .001$) and the interaction of time and group ($F(2,71) = 2.30, p = .11, \eta^2 = .06$) were not significant. Which indicated that focusing on positive thoughts

on the body did not significantly affect relationship satisfaction. As a result, focusing on positive thoughts about the body positively affected mental well-being over time. However, it did not significantly affect body image and relationship satisfaction compared to the control and neutral groups.

H_{3b} predicted that a neutral focus on the body would increase the strength of the correlation between (a) body image, (b) relationship satisfaction, and (c) mental well-being. However, neutral focus on body had no significant effect on mental well-being, body image or relationship satisfaction. Mental well-being scores increased significantly over time ($p < .001$), but this increase did not differ in the group level ($p = .40$). Likewise, neither the effect of time nor the time-by-group interaction was significant for body image and relationship satisfaction.

H_{3c} expected that focusing on regular daily activities (control group) would not lead to changes in (a) body image, (b) relationship satisfaction, or (c) mental well-being. According to the findings of mixed ANOVA, focusing on daily activities did not significantly affect mental well-being, body image or relationship satisfaction. Although mental well-being increased over time ($p < .001$), this increase did not significantly differ across groups ($p = 3.99$). All time and group interactions for body image and relationship satisfaction were insignificant ($p > .05$). So, focusing on regular daily activities did not lead to any significant changes in body image, relationship satisfaction, or mental well-being.

4. DISCUSSION

The current study examined the dynamic relationships between body image, relationship satisfaction, and psychological well-being within the systemic theory. This examination was further studied through a randomized experimental intervention with three diary conditions: positive body-focused, neutral body-focused, and control. The study's primary pre-intervention purpose was to understand the effects of body image on relationship satisfaction and psychological well-being and to reveal how these effects are related to attachment behaviors. The study's findings showed strong and positive relationships between body image, relationship satisfaction, and psychological well-being. In addition, it was observed that the effects of short-term intervention groups were limited, consistent with similar studies in the literature (Alleva et al., 2015; Lewis-Smith et al., 2016).

4.1 Theoretical Framework

The framework of the study was based on systemic theory, which emphasized how individuals are affected not only by their internal processes but also by their social contexts (Bateson, 1972; Gehart, 2014). According to systemic theory, an individual's behaviors and perceptions are shaped by their interactions with their environment (Bateson, 1972). In this context, the study examined how individual and relational processes, such as body image and relationship satisfaction, change with daily diary entries with the focus of body-positive, body-neutral and daily activities. In addition, the role of attachment behaviors in the terms of accessibility, sensitivity and engagement on these processes was addressed, and the relationships between individuals' attachment dynamics and these variables were investigated. When the study results are evaluated in

the light of systemic theory and attachment theory, they reveal that individuals' body image and satisfaction levels in their relationships had a critical role in individual and relational well-being.

4.2 Body Image and Relationship Satisfaction

According to the findings obtained from the study, individuals with positive body image experience higher satisfaction in their romantic relationships. The research results indicated a significant positive correlation between body image and relationship satisfaction. Findings of the current study provided an important basis for understanding how an individual's self-image affects or shapes their relational dynamics (Wood et al., 2007; Sciangula & Morry, 2009). As stated in the literature, positive body image increases an individual's self-confidence, which creates an interaction cycle that strengthens their relational bonds (Gatti et al., 2014; Gümüşsoy et al., 2021). Another explanation is that while positive body image enables individuals to establish more open and supportive communication with their partners (van den Brink et al., 2018; Tiggemann, 2019), negative body image can pave the way for factors that complicate the relationship, such as insecurity, jealousy, and communication problems (Murray, 2001; Lee, 2016).

Systemic theory provides a robust framework to explain how such individual perceptions affect the overall balance of relationship systems. From a systemic perspective, it is suggested that positive changes in an individual's body image can support homeostasis in the relationship (Skelton et al., 2012) and strengthen relational bonds (Murray et al., 1996; Waring & Kelly, 2020). In this context, individuals with a positive body image feel more valuable and reflect this value in their relationships, strengthening the bonds they establish with their partners and increasing their relationship satisfaction (Israelstam, 1989; Beaulieu et al., 2022). On the other hand, studies show that

negative body image weakens communication and attachment processes within the relationship (Cash et al., 2004; Bonev & Matanova, 2021). This reveals the adverse effects of individuals' critical attitudes towards themselves on relationship dynamics.

In collectivist cultures such as Turkey, social norms and social support elements that shape the relationship between body image and relationship satisfaction are also important factors to consider (Eşiyok Sönmez & Özgen, 2017; Rollero, 2022; Abdoli et al., 2024). In collectivist contexts, individuals' support and approval from their social environment can strengthen body image and satisfaction in relationships (Tiggemann, 2019). It is seen that social norms and ideal body standards imposed by the media have a significant effect, especially on women (Grabe et al., 2008). Such norms can affect individuals' body image and create differences in relationship satisfaction levels (Bessenoff, 2006; Meltzer & McNulty, 2010; Stiles et al., 2022). Individuals with a positive body image tend to have more satisfying experiences in their relationships by reaching a self-perception strengthened by social approval (Howard, 2014; van den Brink et al., 2018; Tiggemann, 2019).

The relationship between body image and relationship satisfaction includes a multi-layered structure extending from the individual's perceptions of himself/herself to the dynamics in the relationship and the social context (Merino et al., 2024). It is observed that positive body image increases relationship satisfaction by strengthening the emotional bonds of the individual within the relationship (Huguenin et al., 2024). These findings emphasize that body image is an important variable that should be considered at the individual level and in relational and social contexts (Abdoli et al., 2024).

4.3 Relationship Satisfaction and Mental Well-Being

In this study, a significant relationship was found between relationship satisfaction and psychological well-being, and this supported the literature emphasizing the positive effects of supportive romantic relationships on the general psychological resilience of individuals (Londero-Santos et al., 2021; White et al., 2023).

The research results and the findings in the literature indicate that the concept of relationship satisfaction should be considered a variable that increases individuals' life satisfaction and contributes significantly to their capacity to cope with stress (Surujlal, Zyl, & Nolan, 2013; Falconier et al., 2015; Rusu et al., 2020). When the subject is examined in terms of the research results, the effect of the level of satisfaction in romantic relationships on both the emotional and cognitive well-being of individuals is seen. In particular, a supportive partner meeting the emotional needs of the individual and providing a secure attachment environment increases the psychological well-being of individuals (Mikulincer & R. Shaver, 2020; Rice et al., 2020)

When evaluated within the framework of attachment theory, the indirect effects of secure attachment behaviors on relationship satisfaction are consistent with these findings (Mikulincer & Shaver, 2020). It is known that individuals who exhibit secure attachment behaviors establish more open, sensitive, and supportive communication with their partners (Feeney, 1994; Mikulincer & Arad, 1999). Such behaviors allow individuals to feel more trust in the context of the relationship and create a cycle that increases the quality of the relationship. On the other hand, insecure attachment behaviors can weaken relationship satisfaction and negatively affect the psychological resilience of individuals (Novak et al., 2016; Tepeli Temiz & Comert, 2018). In particular, excessive reassurance-seeking seen in individuals with an anxious attachment style or emotional

distance emerging in avoidant attachment styles can have adverse effects on both relationship satisfaction and psychological well-being (Novak et al., 2016; Tepeli Temiz & Cömert, 2018). This strong link between relationship satisfaction and psychological well-being has important practical consequences.

Briefly, the study results revealed that a supportive and secure relationship dynamic is a critical factor which can increase the quality of life of the individuals and strengthens their resilience. These findings are important in developing intervention strategies that might help individuals meet their emotional and relational needs more effectively. So, such strategies can provide a more comprehensive recovery process by targeting relationship dynamics such as attachment behaviors.

4.4 Body Image and Mental Well-Being

In this study, a positive relationship was found between body image and psychological well-being, and this finding emphasizes the effect of the individual's physical and emotional self-perception on their general psychological resilience (Karairmak & Siviş Çetinkaya, 2011). Positive body image supports individuals in developing positive attitudes towards themselves, and this situation emerges as a factor that increases individuals' capacity to cope with stress (Soponaru et al., 2016; Soponaru, 2020). As stated in the literature, body image is an important variable that affects the individual's relationship with themselves and the quality of the social ties they establish with their environment (Howard, 2014, Ramsey, 2018). In this context, the contribution of body image to individuals' general psychological well-being results from a multi-layered process.

When considered within the attachment theory literature, it is seen that individuals' early attachment experiences form the basis of their body image (Bonev &

Matanova, 2021). While secure attachment allows individuals to develop a more positive perspective toward themselves, insecure attachment can cause individuals to develop critical attitudes toward their bodies (Bonev & Matanova, 2021). For example, it is stated that individuals who experience a sensitive and supportive parent-child relationship in early childhood accept their physical characteristics more easily, and this acceptance turns into lifelong self-esteem (Bonev & Matanova, 2021). On the other hand, it is observed that in cases where attachment security is not provided, individuals develop negative perceptions of their bodies, and these perceptions weaken their psychological well-being (Duchesne et al., 2017; Bonev & Matanova, 2021).

These findings show that the effect of body image on psychological well-being is not limited to individual perceptions but is also shaped by social context and attachment experiences. From a systemic theory perspective, it is understood that individuals' body is shaped by their interactions with their social environment (Justo & Camargo, 2013; Bonev & Matanova, 2021). For instance, social media, culture, and social relationships can affect an individual's perception of body image (Merino et al., 2024). This is evidence that we should consider the cultural context while evaluating the effect of body image on individuals' general psychological health.

When evaluated in terms of clinical implications, therapeutic approaches targeting body are seen as effective in increasing individuals' psychological well-being (Longhurst, 2022). Therapeutic approaches that focus specifically on body awareness and self-acceptance can help individuals restructure their perceptions of their bodies and reduce the adverse effects of these perceptions on psychological well-being (Margolis & Orsillo, 2016). In addition, therapy methods that address attachment dynamics and early experiences can create a deeper change in individuals' perceptions of their bodies

(Duquette, 2010; Ogden & Fisher, 2015). In sum, the positive correlation between body image and mental well-being is a multi-dimensional process that must be evaluated with a broad perspective of individual's perception of themselves to dynamics in the social system.

4.5 Moderator Role of Attachment Behaviors

Another research topic in this study is the moderator effect of attachment behaviors on the variables in the study. The results of the study did not find a moderating effect of attachment behaviors on the relationships between body image, relationship satisfaction, and psychological well-being. This finding is parallel with the literature that effects of attachment behaviors on individual and relational processes may not be direct but work through indirect and complex mechanisms (Sroufe, 2005; Campbell & Marshall, 2011; Givertz et al., 2016). The literature emphasizes that the effect of attachment behaviors has a multifaceted structure extending from individuals' early attachment experiences to current relational attachment dynamics (Mikulincer & Shaver, 2007; Oka et al., 2014). Results of the current study also suggested that the attachment behavior system is highly complex and not possible to be activate in short-term settings. These dynamics require a deeper understanding of relational and environmental context which they are functioning in. Without this contextual perspective, triggering and measuring the effects of attachment behaviors might remain limited. In this context, the failure to observe the moderator effect of attachment behaviors could suggests that these mechanisms cannot be fully triggered or revealed with short-term interventions (Alleva et al., 2015; Lewis-Smith et al., 2016). Systemic theory suggests that individuals' attachment behaviors are shaped not only by relational contexts but also by individual resilience and environmental factors (Fonagy & Target, 2002). For example, the

attachment dynamics experienced by an individual in childhood may affect the individual's self-perceptions and the quality of the relationships they establish with others (Sümer & Cozzarelli, 2004). While secure attachment allows individuals to develop more positive body image and relationships (Feeney, 1994; Spence et al., 2022) insecure attachment may negatively affect relationship satisfaction and psychological well-being by reducing individuals' capacity to cope with stress (Feeney, 2002; Péloquin et al., 2023). However, observing these effects in short-term interventions may be limited due to the complex nature of attachment dynamics.

The fact that attachment behaviors did not moderate indicates that attachment processes are dynamics that take shape over time and are strengthened by accumulating an individual's lifelong experiences (Fraley, 2002; Hill et al., 2003). In particular, it is known that attachment representations are strongly related to the internal models that an individual acquires from early relationships (Johnson et al., 2017). While these models guide individuals' current attachment behaviors, they may also indirectly affect relational satisfaction and psychological resilience.

When evaluated from a clinical perspective, a better understanding of the effects of attachment behaviors on relational processes emphasizes the importance of approaches targeting attachment representations in therapeutic interventions (Osofsky, 1995; Mikulincer et al., 2013). For example, therapy methods aimed at restructuring an individual's insecure attachment patterns may strengthen the individual's self-perceptions and relational attachment dynamics (Pickover, 2002; Elliott, 2021). Long-term and systemic approaches may more effectively reveal the effects of attachment behaviors on individual and relational well-being (Dickson et al., 2011; Elliott, 2021).

To conclude, the lack of a significant moderating effect of attachment behaviors in this study points to the complex and indirect nature of these dynamics. It also indicates that how attachment processes are shaped by individual, relational, and contextual factors should be examined in more detail. The broad and multifaced nature of attachment behaviors is highlighted with these findings with the difficult of observing their effect in controlled experimental settings. Again, we see the importance of contextual factors which may play a critical role in shaping these behaviors over time. Likewise, the failure to fully observe the effects of attachment behaviors through short-term interventions points to the need for longer-term and more complex approaches.

4.6 The Role of Intervention on Variables

In this study, the effects of positive body-focused, neutral body-focused, and control group interventions on body image, relationship satisfaction, and psychological well-being were examined. The findings revealed that the effect of different intervention approaches on these variables showed significant differences and provided valuable information about the potential and limitations of short-term strategies.

The positive body-focused group provided a statistically significant improvement in psychological well-being in time but did not significantly differ in the group level. Focusing on positive thoughts about the participants' bodies did not have a significant effect on body image and relationship satisfaction. These results indicate that individuals' more deep-rooted and established structures, such as body image, maybe too resistant to change by short-term individual strategies (Alleva et al., 2015). Similarly, the literature emphasizes that short-term positive focus interventions can only create superficial changes in individuals' emotional well-being (Rickard & Vella-Brodrick, 2014).

Analyses conducted on the neutral body-focused group showed that this intervention did not significantly change body image, relationship satisfaction, or psychological well-being, regardless of the time effect. Although a neutral focus can potentially increase participants' awareness about their bodies, a more structured intervention content is required for this awareness to translate into significant improvements. This finding indicates that, as stated in the literature, the effect of a neutral focus on individual variables may be limited without a guiding content (Dennis & Ogden, 2024). The fact that participants did not experience any significant change in body image or relationship satisfaction suggests that neutral focus has a low capacity to create specific results.

The control group analyses observed a general increase in psychological well-being levels over time. However, it was understood that this increase was independent of the group effect and was more dependent on the time effect. This result is consistent with the explanations made in the literature that even participating in a study can positively affect awareness and well-being (Jean, 2013; Taanila et al., 2022). However, no significant difference was found in other variables, such as body image and relationship satisfaction, in the control group. This suggests that the control group was only considered a comparison tool and that the overall potential for participant change is limited without a specific intervention content.

In conclusion, the analyses of these three intervention approaches indicate that short-term individual strategies can have a particular effect on psychological well-being, but that longer-term and comprehensive interventions are needed to achieve meaningful changes in deeper structures such as body image and relationship satisfaction. The significant effect of the positive body-focused intervention on psychological well-being

suggests that positive thinking-based strategies can be a valuable tool in increasing individuals' short-term emotional resilience. However, for more complex variables such as body image and relationship satisfaction, holistic approaches that address contextual and social element and individual mindfulness strategies are required. These findings clearly emphasize that intervention content should be addressed more comprehensively and in the long term to increase individuals' personal well-being and relationship satisfaction.

4.7 Clinical Implications

The study revealed the importance of a systemic approach in understanding how individual and relational processes take shape through variables such as body and attachment behaviors. The positive relationship between positive body and relationship satisfaction and mental well-being points to the importance of studies on the body awareness of partners in couple therapy practices. In couple psychotherapy, understanding the reflections of partners' beliefs about their body image in the relational context can be a helpful step in processing relationship dynamics. This is particularly relevant in cases where body image concerns are explicitly linked to communication challenges or emotional distance between partners (Kessel, 2013). While planning therapeutic interventions, it is planned to strengthen the communication that partners establish with each other, and reducing the effects of prejudices based on body perception may also be added to this. For example, we may think that a partner's negative judgments about their body will affect trust, intimacy, and emotional closeness. When we consider this situation from a systemic therapy perspective, it is clear that it is necessary to develop work plans to understand the reflections of the individual's body perception in the relational context and the consequences of this perception. Especially when an individual

brings up an issue regarding their body, it is very valuable to understand its place and importance in the relationship.

The fact that no moderator effect of attachment behaviors observed indicates that the effects resulting from attachment processes proceed through much more complex mechanisms. It is very valuable to keep these complex mechanisms in mind when working on the attachment representations of partners in couple therapy processes. While advancing through approaches that promote secure attachment, remembering this complex structure can help the therapist review and structure intervention plans.

Individual awareness studies that can be integrated into couple therapy is also important in increasing psychological well-being. Some psychotherapy models that progress through body sensations and bodily experiences allow individuals to re-evaluate their perceptions of their bodies and gain awareness about their innate systems by working with their bodies (Leijssen, 2006; Martini, 2016). With such interventions, partners' individual and relational well-being can be provided. In addition, the partners' awareness of each other's bodily images and bodily responses can be a powerful resource in the couple psychotherapy process by increasing mutual acceptance (Kailanko et al., 2022).

These findings demonstrate the vitality of systemic and long-term strategies focusing on variables such as body image, relationship satisfaction, and attachment behaviors in couple and family therapy practices. Interventions aimed at supporting secure attachment representations and positive body image, especially in relational contexts by using the therapeutic relationship. As literature and the findings of this study suggests, a comprehensive, structured, systemic and relational therapeutic approaches are needed to increase individuals' psychological well-being and relational satisfaction (Kailanko et al., 2022).

4.8 Limitations and Future Directions

Although the study yielded crucial findings on body image, relationship satisfaction, and psychological well-being and the effects of these variables and different intervention groups, some demographic and methodological factors limit the generalizability and validity of current results. These limitations provide valuable information for future research. First, when considering the demographic characteristics of the participants, we see that the sample group needs a balanced distribution in many aspects. It is seen that the majority of the individuals participating in the study were from similar age groups and came from similar education levels and socioeconomic statuses. This situation failed to represent different age groups, education levels, and socioeconomic backgrounds and limited the generalizability of the results. The literature shows that body image, relationship satisfaction, and psychological well-being can strongly affect age, education level, and socioeconomic status (Marmot et al., 1998; Ramseyer Winter et al., 2021). Studies conducted with a more diverse and representative sample may allow us to understand better how these variables relate to different demographic groups. In addition, the imbalance in gender distribution is also an important limitation. The majority of the participants in the study were women. The literature mentioned that body image and relationship satisfaction might differ between men and women (Côté et al., 2020; Hockey et al., 2022; Meltzer & McNulty, 2014). Moreover, the fact that men mostly avoid discussing or prioritizing their body image concerns compared to women (Hargreaves & Tiggemann, 2006; O'gorman et al., 2020), has influenced their limited representation in this study. Emphasizing this issue in future research can include more male participants to explore their unique perspectives and experiences. So, studies with a more balanced gender distribution might lead to a more

comprehensive assessment of gender differences in these variables. In addition, the fact that the majority of participants had BMI values within the normal range has limited the generalizability of the results to individuals with low BMI values or who have high BMI values. The literature shows that the effects of BMI values on body image and relationship satisfaction may differ across different BMI groups (Watkins et al., 2008; Makarawung et al., 2022). Studies with a more diverse BMI distribution may help address this limitation and may strengthen results.

Regarding methodological limitations, the short duration of the intervention is an important factor. The short duration of the interventions has limited the creation of significant and permanent effects on deep structural variables such as body image and relationship satisfaction. The literature emphasizes that short-term interventions generally lead to superficial changes, whereas longer-term and structured interventions are more effective on such variables (Christensen & Heavey, 1999; Watson & Vaughn, 2006; Lewis-Smith et al., 2016). In future studies, it is recommended that the duration of the interventions be increased and that in-depth changes be examined with more repeated applications.

The tools used for measurement in the study are another important limitation. Self-report scales suggest that participants' responses might be affected by social desirability (Mortel & Thea, 2008). Objective measurement tools like observation-based assessments or physiological indicators may reduce biases and allow for more robust results. In addition, the method based on visual representations used in the body image assessment may have prevented the social and emotional factors affecting body image from being adequately captured. Therefore, a more in-depth assessment should be conducted. In this sense, integrating qualitative methods or multidimensional measurement tools would be

beneficial. Finally, the fact that the study was conducted only in the Turkish context limits the generalizability of the results to different cultural contexts, considering the effects of cultural norms on body image and relationship dynamics, individuals' body image and relational experiences are shaped by cultural contexts. Therefore, studies conducted in different cultural contexts are important to test these findings' cross-cultural validity and better understand cultural differences.

4.9 Conclusion

This study examined the dynamic relationship between body image, relationship satisfaction, and mental well-being in an experimental structure by creating different intervention groups. The study showed that positive body image positively affects relationship satisfaction and mental well-being. However, these variables were not significantly different among the intervention groups included in the study design. This shows that short-term interventions may not be effective on deep and permanent structures and that it is necessary to design interventions that address and observe the variables in the longer term to see a significant difference in these variables. On the other hand, it was examined whether attachment behaviors moderated the variables in the study. No moderator effect was found; a finding indicating that the effect of attachment processes on the variables has a more complex nature. Although the moderator effect of attachment behaviors was insignificant, it contributes to the literature by including attachment behaviors as a moderator in an experimental system and draws attention to early childhood experiences. In summary, the study provided the literature with the necessary model to observe the interactions by examining the image, relationship satisfaction, mental well-being, and attachment behaviors in an experimental study by connecting many examined variables.

When the study's clinical implications are examined, it has provided data explaining the mechanisms through which body and body image-focused interventions work in couple and individual psychotherapy processes. On the other hand, proceeding through systemic theory and attachment theory has enabled the simultaneous understanding and addressing of individual and relational factors.

In conclusion, this study highlighted the systemic interactions between body image, relationship satisfaction, and mental well-being using attachment behaviors, thus contributing to the literature. The current study offered practical insights by combining individual, relational, and systemic perspectives. In light of this, insight could enable one to design sustainable and effective interventions that could improve individuals' mental and in turn relational well-being.

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APPENDICES

APPENDIX A. DEMOGRAPHIC INFORMATION FORM

1) Yaşınız

(açık uçlu)

2) Cinsiyetiniz

- a. Erkek
- b. Kadın
- c. Non-Binary
- d. Belirtmek istemiyorum.
- e. Kendi tanımlamamı yapmak isterim:

3) Cinsel Yöneliminiz

- a. Heteroseksüel/Straight
- b. Homoseksüel/Gey/Lezbiyen
- c. Biseksüel
- d. Panseksüel
- e. Aseksüel
- f. Kendi tanımlamamı yapmak isterim:

4) Eğitim Durumunuz:

- a. İlkokul mezunu
- b. Ortaokul mezunu
- c. Lise mezunu
- d. Üniversite mezunu
- e. Yüksek lisans mezunu
- f. Doktora mezunu
- g. Üniversite öğrencisi
- h. Yüksek lisans öğrencisi
- i. Doktora öğrencisi
- j. Diğer:

5) İstihdam durumunuz

- a. İstihdam durumu
- b. Tam zamanlı çalışan
- c. Yarı-zamanlı çalışan
- d. Çalışmıyor
- e. Öğrenci
- f. Emekli
- g. Diğer (lütfen belirtiniz):

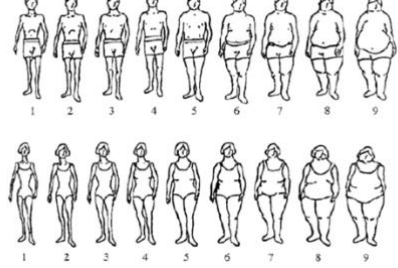
6) Boyunuz

(açık uçlu)

7) Kilonuz

(açık uçlu)

8) Beden Tipi



- a. Yukarıda yer alan görseli dikkate aldığınızda beden şeklinize en çok benzediğini düşündüğünüz görselin numarasını işaretleyiniz.

9) İlişki Durumunuz

- a. Bekar
- b. İlişkisi var
- c. Nişanlı
- d. Evli
- e. Beraber yaşıyor
- f. Açık ilişkide
- g. Durum ilişkisi (situationship)
- h. Kendi tanımlamamı yapmak isterim.

10) Şu anki ilişkinizin süresi

- a. 6 aydan az
- b. 6 ay 1 sene arası
- c. 1-2 sene
- d. 3-4 sene
- e. 5 seneden fazla
- f. Ortaokul mezunu

11) Kendinizle karşılaştığınızda partnerinizin çekiciliğini nasıl değerlendirirsiniz?

- a. Çok daha az çekici
- b. Daha az çekici
- c. Aynı derecede çekici
- d. Daha fazla çekici
- e. Çok daha fazla çekici

12) Şu anki ilişkinizce cinsel olarak aktif misiniz?

- a. Evet
- b. Hayır
- c. Belirtmek istemiyorum.

APPENDIX B. BODY CATHEXIS SCALE (BCS)

Aşağıdaki sorularda bir vücut özelliğiniz hakkında duygularınızı en iyi anlatan ifadenin yer aldığı kutuyu işaretleyiniz. Herhangi bir vücut özelliğinizi genel olarak beğenip beğenmediğinize göre duygularınızı değerlendiriniz.

Saçlarım	Çok Beğeniyorum	Oldukça Beğeniyorum	Kararsızım	Pek Beğenmiyorum	Hiç Beğenmiyorum
Yüzümün Rengi	Çok Beğeniyorum	Oldukça Beğeniyorum	Kararsızım	Pek Beğenmiyorum	Hiç Beğenmiyorum
İştahım	Çok Beğeniyorum	Oldukça Beğeniyorum	Kararsızım	Pek Beğenmiyorum	Hiç Beğenmiyorum
Ellerimin Rengi	Çok Beğeniyorum	Oldukça Beğeniyorum	Kararsızım	Pek Beğenmiyorum	Hiç Beğenmiyorum
Vücudumdaki Kıl Dağılımı	Çok Beğeniyorum	Oldukça Beğeniyorum	Kararsızım	Pek Beğenmiyorum	Hiç Beğenmiyorum
Burnum	Çok Beğeniyorum	Oldukça Beğeniyorum	Kararsızım	Pek Beğenmiyorum	Hiç Beğenmiyorum
Fiziksel Gücüm	Çok Beğeniyorum	Oldukça Beğeniyorum	Kararsızım	Pek Beğenmiyorum	Hiç Beğenmiyorum
İdrar-Dışkı Düzenim	Çok Beğeniyorum	Oldukça Beğeniyorum	Kararsızım	Pek Beğenmiyorum	Hiç Beğenmiyorum
Kas Kuvvetim	Çok Beğeniyorum	Oldukça Beğeniyorum	Kararsızım	Pek Beğenmiyorum	Hiç Beğenmiyorum
Belim	Çok Beğeniyorum	Oldukça Beğeniyorum	Kararsızım	Pek Beğenmiyorum	Hiç Beğenmiyorum
Enerji Düzeyim	Çok Beğeniyorum	Oldukça Beğeniyorum	Kararsızım	Pek Beğenmiyorum	Hiç Beğenmiyorum
Sırtım	Çok Beğeniyorum	Oldukça Beğeniyorum	Kararsızım	Pek Beğenmiyorum	Hiç Beğenmiyorum
Kulaklarım	Çok Beğeniyorum	Oldukça Beğeniyorum	Kararsızım	Pek Beğenmiyorum	Hiç Beğenmiyorum
Yaşım	Çok Beğeniyorum	Oldukça Beğeniyorum	Kararsızım	Pek Beğenmiyorum	Hiç Beğenmiyorum
Çenem	Çok Beğeniyorum	Oldukça Beğeniyorum	Kararsızım	Pek Beğenmiyorum	Hiç Beğenmiyorum
Vücut Yapım	Çok Beğeniyorum	Oldukça Beğeniyorum	Kararsızım	Pek Beğenmiyorum	Hiç Beğenmiyorum
Profilim	Çok Beğeniyorum	Oldukça Beğeniyorum	Kararsızım	Pek Beğenmiyorum	Hiç Beğenmiyorum
Boyum	Çok Beğeniyorum	Oldukça Beğeniyorum	Kararsızım	Pek Beğenmiyorum	Hiç Beğenmiyorum
Duyularımın Keskinliği	Çok Beğeniyorum	Oldukça Beğeniyorum	Kararsızım	Pek Beğenmiyorum	Hiç Beğenmiyorum
Ağrıya Dayanıklılığım	Çok Beğeniyorum	Oldukça Beğeniyorum	Kararsızım	Pek Beğenmiyorum	Hiç Beğenmiyorum

Omuzlarımın Genişliği	Çok Beğeniyorum	Oldukça Beğeniyorum	Kararsızım	Pek Beğenmiyorum	Hiç Beğenmiyorum
Kollarım	Çok Beğeniyorum	Oldukça Beğeniyorum	Kararsızım	Pek Beğenmiyorum	Hiç Beğenmiyorum
Göğüslerim	Çok Beğeniyorum	Oldukça Beğeniyorum	Kararsızım	Pek Beğenmiyorum	Hiç Beğenmiyorum
Gözlerimin Şekli	Çok Beğeniyorum	Oldukça Beğeniyorum	Kararsızım	Pek Beğenmiyorum	Hiç Beğenmiyorum
Sindirim Sistemim	Çok Beğeniyorum	Oldukça Beğeniyorum	Kararsızım	Pek Beğenmiyorum	Hiç Beğenmiyorum
Kalçalarım	Çok Beğeniyorum	Oldukça Beğeniyorum	Kararsızım	Pek Beğenmiyorum	Hiç Beğenmiyorum
Hastalığa Direncim	Çok Beğeniyorum	Oldukça Beğeniyorum	Kararsızım	Pek Beğenmiyorum	Hiç Beğenmiyorum
Bacaklarım	Çok Beğeniyorum	Oldukça Beğeniyorum	Kararsızım	Pek Beğenmiyorum	Hiç Beğenmiyorum
Dişlerimin Şekli	Çok Beğeniyorum	Oldukça Beğeniyorum	Kararsızım	Pek Beğenmiyorum	Hiç Beğenmiyorum
Cinsel Gücüm	Çok Beğeniyorum	Oldukça Beğeniyorum	Kararsızım	Pek Beğenmiyorum	Hiç Beğenmiyorum
Ayaklarım	Çok Beğeniyorum	Oldukça Beğeniyorum	Kararsızım	Pek Beğenmiyorum	Hiç Beğenmiyorum
Uyku Düzenim	Çok Beğeniyorum	Oldukça Beğeniyorum	Kararsızım	Pek Beğenmiyorum	Hiç Beğenmiyorum
Sesim	Çok Beğeniyorum	Oldukça Beğeniyorum	Kararsızım	Pek Beğenmiyorum	Hiç Beğenmiyorum
Sağlığım	Çok Beğeniyorum	Oldukça Beğeniyorum	Kararsızım	Pek Beğenmiyorum	Hiç Beğenmiyorum
Cinsel Faaliyetlerim	Çok Beğeniyorum	Oldukça Beğeniyorum	Kararsızım	Pek Beğenmiyorum	Hiç Beğenmiyorum
Dizlerim	Çok Beğeniyorum	Oldukça Beğeniyorum	Kararsızım	Pek Beğenmiyorum	Hiç Beğenmiyorum
Vücudumun Duruş Şekli	Çok Beğeniyorum	Oldukça Beğeniyorum	Kararsızım	Pek Beğenmiyorum	Hiç Beğenmiyorum
Yüzümün Şekli	Çok Beğeniyorum	Oldukça Beğeniyorum	Kararsızım	Pek Beğenmiyorum	Hiç Beğenmiyorum
Kilom	Çok Beğeniyorum	Oldukça Beğeniyorum	Kararsızım	Pek Beğenmiyorum	Hiç Beğenmiyorum
Cinsel Organlarım	Çok Beğeniyorum	Oldukça Beğeniyorum	Kararsızım	Pek Beğenmiyorum	Hiç Beğenmiyorum

APPENDIX C. SOCIAL APPEARANCE ANXIETY SCALE (SAAS)

Lütfen aşağıdaki durumların sizin için ne kadar uygun olduğunu değerlendiriniz.

	Hiç uygun değil	Genellikle uygun değil	Bazen uygun, bazen değil	Genellikle uygun	Tamamen uygun
1. Dış görünüşümle ilgili kendimi rahat hissedirim.					
2. Fotoğrafım çekilirken kendimi gergin hissedirim.					
3. İnsanlar doğrudan bana baktıklarında gerilirim					
4. İnsanların görünüşünden dolayı benden hoşlanmayacakları konusunda endişelenirim.					
5. Yanlarında olmadığım zamanlarda insanların, görünüşümle ilgili kusurlarımı konuşacaklarından çekinirim.					
6. Görünüşümünden dolayı insanların benimle vakit geçirmek istemeyeceklerinden endişelenirim.					
7. İnsanların beni çekici bulmamalarından korkarım.					
8. Görünüşümün yaşamımı zorlaştıracığından endişe duyarım.					
9. Karşıma çıkan fırsatları görünüşümünden dolayı kaybetmekten kaygılanırım.					
10. İnsanlarla konuşurken görünüşümünden dolayı gerginlik yaşarım.					
11. Diğer insanlar görünüşümle ilgili bir şey söylediklerinde kaygılanırım.					
12. Dış görünüşümle ilgili başkalarının beklentilerini karşılayamamaktan endişeleniyorum					
13. İnsanların görünüşümü olumsuz olarak değerlendirecekleri konusunda endişelenirim.					
14. Diğer insanların görünüşümdeki bir kusurun farkına vardıklarını düşündüğümde kendimi rahatsız hissedirim.					

15. Sevdığım kişinin görünüşünden dolayı beni terk edeceğinden endişe duyuyorum.					
16. İnsanların görünüşümün iyi olmadığını düşüncelerinden endişeleniyorum.					



APPENDIX D. COUPLE SATISFACTION INDEX (CSI-16)

1. Lütfen ilişkinizdeki her şeyi gözeterek mutluluk seviyesini belirtiniz.

Son derece mutsuz	Oldukça mutsuz	Biraz mutsuz	Ne mutlu ne de mutsuz	Biraz mutlu	Oldukça mutlu	Son derece mutlu
0	1	2	3	4	5	6

Çoğu insan ilişkilerinde anlaşmazlık yaşar. Lütfen aşağıdaki maddelere göre partnerlerinizle ne derece anlaşış anlaşamadığınızı belirtiniz.

	Her zaman	Çoğu zaman	Sık sık	Ara sıra	Nadiren	Hiç
2. Ne sıklıkla partnerinizle aranızın iyi olduğunu düşünüyorsunuz?						
	Hiç doğru değil	Biraz doğru	Oldukça doğru	Çoğunlukla doğru	Neredeyse tamamen doğru	Tamamen doğru
3. İlişkimiz güçlü bir ilişkidir.						
4. Partnerimle olan ilişkim beni mutlu eder.						
5. Partnerimle sıcak ve rahat bir ilişkim var.						
6. Partnerimle beraber kendimi bir takımın parçası gibi hissediyorum.						
	Hiç	Biraz	Oldukça	Çoğunlukla	Neredeyse tamamen	Tamamen
7. Partnerinizle olan ilişkiniz ne kadar tatmin edici/ödüllendirici?						
8. Partneriniz ihtiyaçlarınızı karşılamada ne kadar iyi?						
9. İlişkiye başlamadan önceki beklentileriniz ne derece karşılandı?						
10. Genel olarak ilişkinizden ne kadar memnunsunuz?						

Aşağıdaki kavramlardan ilişkiniz hakkında nasıl hissettiğinize dair uygun olanını seçiniz. Kavramlar hakkındaki ilk izlenimlerinizi ve anlık duygularınızı baz alarak cevaplayınız.

11. İlginç	5	4	3	2	1	0	Sıkıcı
12. İyi	5	4	3	2	1	0	Kötü
13. Dolu	5	4	3	2	1	0	Boş
14. Sağlam	5	4	3	2	1	0	Kırılgan
15. Ümitli	5	4	3	2	1	0	İç karartıcı
16. Eğlenceli	5	4	3	2	1	0	Mutsuz/Acınası

APPENDIX E. NEW SEXUAL SATISFACTION SCALE (NSSS)

Aşağıda yer alan maddeleri okurken son altı ay içerisindeki cinsel yaşamınızı düşününüz. Son 6 ay içerisindeki cinsel yaşamınızı en iyi yansıtan, memnuiyet derecenizi belirten numarayla işaretleyiniz.

Ölçek maddeleri	Hiç memnun değilim	Biraz memnunum	Orta düzeyde memnunum	Çok memnunum	Son derece memnunum
1. Cinsel uyarılma yoğunluğum	1	2	3	4	5
2. Cinsel boşalmamın (orgazm) kalitesi	1	2	3	4	5
3. Cinsel ilişki boyunca kendimi cinsel zevke teslim etmem ve bırakmam	1	2	3	4	5
4. Eşime/partnerime cinsel tepki biçimim	1	2	3	4	5
5. Cinsel ilişki boyunca odaklanmam/konsantrasyonum	1	2	3	4	5
6. Vücudumun cinsel açıdan fonksiyonelliği (işlevselliği)	1	2	3	4	5
7. Cinsel ilişki sırasında duygusal serbestliğim (açılmam)	1	2	3	4	5
8. Cinsel ilişki sonrasındaki ruh halim	1	2	3	4	5
9. Cinsel boşalma (orgazm) sıklığı	1	2	3	4	5
10. Eşime/partnerime tattırdığım zevk	1	2	3	4	5
11. Cinsel ilişki sırasında aldığım ve verdiğim arasındaki denge	1	2	3	4	5
12. Cinsel ilişki boyunca eşimin/partnerimin duygusal paylaşımı (açılması)	1	2	3	4	5
13. Cinsel ilişkiyi eşimin/partnerimin başlatması	1	2	3	4	5
14. Eşimin/partnerimin cinsel boşalma (orgazm) becerisi	1	2	3	4	5
15. Eşimin/partnerimin kendisini cinsel zevk için teslim etmesi (bırakması)	1	2	3	4	5
16. Eşimin/partnerimin benim cinsel ihtiyaçlarımla ilgilenme tarzı	1	2	3	4	5
17. Eşimin/partnerimin cinsel yaratıcılığı	1	2	3	4	5
18. Eşimin/partnerimin cinsel ilişkiye hazır olması	1	2	3	4	5
19. Cinsel ilişkimin çeşitliliği	1	2	3	4	5
20. Cinsel ilişkimin sıklığı	1	2	3	4	5

APPENDIX F. SHORT WARWICK EDINBURGH MENTAL WELL BEING

SCALE (SWEMWBS)

Aşağıda duygular ve düşüncelerle ilgili bazı ifadeler verilmiştir. Lütfen her bir ifadeyi son 2 hafta içindeki yaşantınıza göre işaretleyiniz.

	Hiçbir zaman	Nadiren	Bazen	Sık sık	Her zaman
1. Gelecek konusunda iyimserim.	1	2	3	4	5
2. Kendimi işe yarar hissediyorum.	1	2	3	4	5
3. Kendimi rahat hissediyorum.	1	2	3	4	5
4. Sorunlarla iyi bir biçimde başa çıkıyorum.	1	2	3	4	5
5. Sağlıklı düşünüyorum.	1	2	3	4	5
6. Çevremdeki diğer insanlara kendimi yakın hissediyorum.	1	2	3	4	5
7. Kendi kararımı kendim verebiliyorum.	1	2	3	4	5

**APPENDIX G. BRIEF ACCESSIBILITY, RESPONSIVENESS, AND
ENGAGEMENT SCALE (BARES)**

Lütfen şu anki ilişkinizde partnerinizle yaşadıklarınızı en iyi ifade eden seçeneği işaretleyiniz.

1. Partnerime vakit ayırıyorum.	Hiçbir zaman	Nadiren	Bazen	Genellikle	Her zaman
2. Partnerimin ilgimi çekmesi kolaydır.	Hiçbir zaman	Nadiren	Bazen	Genellikle	Her zaman
3. Partnerim benimle duygularını paylaştığında onu dinlerim.	Hiçbir zaman	Nadiren	Bazen	Genellikle	Her zaman
4. Partnerimle iyi iletişim kurabileceğime inanıyorum.	Hiçbir zaman	Nadiren	Bazen	Genellikle	Her zaman
5. Partnerime sırlarımı anlatırım.	Hiçbir zaman	Nadiren	Bazen	Genellikle	Her zaman
6. Partnerime kendimi yakın ve bağlı hissediyorum.	Hiçbir zaman	Nadiren	Bazen	Genellikle	Her zaman
7.Partnerim bana vakit ayırır	Hiçbir zaman	Nadiren	Bazen	Genellikle	Her zaman
8. Partnerimin ilgisini çekebilirim.	Hiçbir zaman	Nadiren	Bazen	Genellikle	Her zaman
9. Duygularımı paylaştığım zaman partnerim beni dinler.	Hiçbir zaman	Nadiren	Bazen	Genellikle	Her zaman
10. Parterimin benimle iyi iletişim kurabildiğine inanıyorum.	Hiçbir zaman	Nadiren	Bazen	Genellikle	Her zaman
11. Parterim bana sırlarını anlatır.	Hiçbir zaman	Nadiren	Bazen	Genellikle	Her zaman
12. Partnerim bana kendini yakın ve bağlı hisseder.	Hiçbir zaman	Nadiren	Bazen	Genellikle	Her zaman