The Interplay of Sociocultural Attitudes Towards Appearance, Benevolent Sexism, and Mental Well-Being: A Self-Objectification Framework

by

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Koç University

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Abstract

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Sociocultural appearance pressures and traditional gender roles play a critical role in shaping individuals' body image and psychological well-being. Grounded in self- objectification theory, this study examined how internalized standards regarding appearance contribute to symptoms of anxiety and depression through three mediators: body surveillance, body shame, and appearance anxiety. Benevolent sexism was examined as a moderator of the relationship between appearance pressures and self-objectification. Data were collected from 314 Turkish participants and analyzed using Hayes' PROCESS macro. Results showed that sociocultural pressures had a significant direct effect on mental health symptoms. Among the proposed mediators, only appearance anxiety was significant. Benevolent sexism did not moderate any of the hypothesized pathways. Analyses by age group suggested that younger and older adults may experience appearance pressures through different psychological pathways, underscoring the potential value of age-sensitive approaches. Exploratory gender-based analyses showed that for women, sociocultural pressures predicted symptoms both directly and indirectly through appearance anxiety, while for men, the effect was fully mediated. These findings highlight appearance anxiety as the most salient mechanism linking appearance-based social pressures to mental health, emphasizing the need for culturally and gender-sensitive interventions.

Keywords: Self-Objectification, Appearance Anxiety, Sociocultural Pressures, Benevolent Sexism, Mental Health Symptoms

Özetçe

Kendini Nesneleştirme Bağlamında Görünüşe Yönelik Sosyokültürel Tutumlar,

Korumacı Cinsiyetçilik ve Ruh Sağlığının ilişkisi

Klinik Psikoloji, Yüksek Lisans

2025

Görünüşe yönelik sosyokültürel baskılar ve geleneksel cinsiyet rolleri, bireylerin ruh sağlığı üzerinde önemli bir etkiye sahiptir. Bu çalışma, kendini nesneleştirme kuramını temel alarak, içselleştirilmiş güzellik standartlarının anksiyete ve depresyon belirtilerine nasıl katkıda bulunduğunu; beden gözetimi, beden utancı ve görünüş kaygısı olmak üzere üç aracı değişken üzerinden incelemiştir. Ayrıca, korumacı cinsiyetçiliğin sosyokültürel baskılar ve kendini nesneleştirme arasındaki ilişkiye moderatör etkisi olup olmadığı değerlendirilmiştir. Veriler, 314 Türk katılımcıdan toplanmış ve analizler Hayes'in PROCESS makrosu kullanılarak gerçekleştirilmiştir. Bulgular, sosyokültürel baskıların ruh sağlığı üzerinde anlamlı bir doğrudan etkisi olduğunu göstermiştir. Öne sürülen üç aracıdan yalnızca görünüş kaygısı anlamlı bulunmuştur. Korumacı cinsiyetçilik ise öne sürülen yolların hiçbirinde anlamlı bir moderatör rolü oynamamıştır. Yaş gruplarına göre yapılan ek analizler, genç ve ileri yaştaki yetişkinlerin görünüşe yönelik baskıları farklı psikolojik mekanizmalar aracılığıyla deneyimleyebileceğini ortaya koyarak, yaşa duyarlı yaklaşımların önemine işaret etmiştir. Cinsiyet temelli analizler, kadınlar için sosyokültürel baskıların hem doğrudan hem de görünüş kaygısı aracılığıyla dolaylı olarak ruh sağlığı belirtilerini etkilediğini; erkekler için ise bu ilişkinin tamamen aracılı bir biçimde işlediğini ortaya koymuştur. Araştırmanın sonuçları, görünüş kaygısını, görünüşe dayalı toplumsal baskılar ile ruh sağlığı arasındaki en belirgin mekanizma olarak öne çıkarmakta ve kültür ve cinsiyet temelli müdahalelere olan ihtiyacı vurgulamaktadır.

Anahtar Kelimeler: Kendini Nesneleştirme, Görünüş Kaygısı, Sosyokültürel Baskılar, Korumacı Cinsiyetçilik, Ruh Sağlığı

To my Mom and Dad, for their endless support and faith in me through it all.

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ABBREVIATIONS

ACT	Acceptance and Commitment Therapy
ASI	Ambivalent Sexism Inventory
BDD	Body Dysmorphic Disorder
BMI	Body Mass Index
CBT	Cognitive Behavioral Therapy
DASS	Depression Anxiety Stress Scales
ERP	Exposure and Response Prevention
OBCS	Objectified Body Consciousness Scale
OCD	Obsessive-Compulsive Disorder
SAAS	Social Appearance Anxiety Scale
SATAQ	Sociocultural Attitudes Toward Appearance Questionnaire
SES	Socioeconomic Status
SFA	Self-Focused Attention

Chapter 1:

INTRODUCTION

1.1 Self Objectification

Self-objectification is a phenomenon in which an individual internalizes a third-person perspective on their body and evaluates their worth solely by the way they look (Fredrickson & Roberts, 1997). It is a psychological mechanism that leads a person to view themselves as merely an object to be looked at. This cognitive-affective state differs from the similar but more surface-level concept of body dissatisfaction (Cash & Smolak, 2011). While body dissatisfaction reflects discontent with one's physical appearance, self-objectification extends beyond such evaluations and creates a fragmented sense of self that values appearance over internal identity and lived experiences (Tiggemann & Slater, 2001). In cases of self-objectification, the body is no longer an individualistic instrument of agency but a tool of appraisal that holds a disproportionate role in one's self-concept. Physical appearance often serves as a key social marker, influencing how people are perceived, judged, and categorized (Fredrickson & Roberts, 1997). Such physical cues shape initial impressions and influence social standing, popularity, and dating experiences (Berscheid, Dion, Walster, & Walster, 1971; Walster, Aronson, Abrahams, & Rottman, 1966). Consequently, people place considerable importance on their appearance as a form of social currency. Since self-objectification stems from and reinforces sociocultural hierarchies of gender, power, and visibility, it is not simply a personal issue about body image, but a systemic one. Repeated social experiences that reinforce this belief result in the prioritization of appearance over internal qualities such as competence, values, or personality traits (Fredrickson & Roberts, 1997). Although the theory was originally developed to explain women's experiences (Fredrickson & Roberts, 1997), research now shows that self-objectification also affects men (Morry & Staska, 2001; Oehlhof et al., 2009). Their experience is shaped by different but

equally pervasive pressures. For women, these often involve ideals of thinness and sexual appeal, while for men they tend to center on muscularity, height, and athletic build. Recognizing this broader relevance, the present study approaches self-objectification as a process that can occur across genders. Self-objectification consists of three distinct but interacting components: body surveillance, body shame, and appearance anxiety. Within the present framework, they are viewed as a bridge between the cultural environment and personal well-being. They represent the point where societal beauty standards stop being abstract ideals and begin shaping how individuals think, feel, and evaluate themselves.

1.1.1 Body Surveillance

As the first subcomponent of self-objectification, body surveillance refers to the habitual cognitive process of constantly monitoring one's own body (Fredrickson & Roberts, 1997). This pattern often stems from the perceived need to manage the physical self-presentation (Moradi & Huang, 2008). This constuct manifests itself in both overt behaviors such as frequent body scans, and mirror checks; and internal experiences such as persistent appearance-related thoughts (Tiggemann & Lynch, 2001). Due to its many cognitive demands, body surveillance occupies a great amount of mental resources and causes an attention split (Quinn et al., 2006). It redirects the focus away from engaging in the present activity toward an internal evaluation of one's current appearance. Studies have shown that this divide in attention may result in mental fatigue and reduce cognitive performance on concentration-dependent tasks (Fredrickson et al., 1998). As a perpetual cycle, body surveillance often leads to a disruption in flow impairing the ability to maintain mindfulness (Menzel & Levine, 2011). Research has shown that this may reduce enjoyment in daily activities and increase vulnerability to negative affect (Gilchrist et al., 2021). Conceptually, body surveillance mainly reflects the cognitive dimension of self-objectification,

encompassing both the underlying mental mechanisms that sustain it and the consequences that arise from it.

1.1.2 Body Shame

Feelings of shame often stem from comparing oneself to cultural standards and failing to live up to them (M. Lewis, 1992). According to self-objectification theory bodily shame is an intense emotional response that negatively impacts one's self-concept (Fredrickson & Roberts, 1997). It reduces one's self-definition to their perceived inadequacies by transforming surface-level dissatisfactions into indicators of deeper personal failure. It contributes to the formation of distorted global judgments wherein appearance becomes the primary determinant of personal worth. While these standarts may relate to weight, skin texture, and age-related changes for women, for men they can center on insufficient muscularity and hair loss (Morry & Staska, 2001). Individuals who experience body shame may interpret their perceived physical imperfections as evidence of being undeserving of positive experiences, success, or acceptance (Duarte et al., 2014). This is a cognitive-affective pattern closely linked to depressive symptoms (Ferreira et al., 2011). Furthermore, when individuals feel inadequate regarding their attractiveness, it prompts a desire to hide and avoid being seen by others (Tangney et al., 1996). Accordingly, it may limit their access to interpersonal intimacy and support, which makes them more susceptible to emotional distress (Cash et al., 2004).

1.1.3 Appearance Anxiety

Appearance-based anxiety refers to the fear of being negatively evaluated by others based on one's physical characteristics (Fredrickson & Roberts, 1997). Individuals who experience insecurity about their appearance often project their concerns onto others, anticipating unfavorable judgments from them (Hart et al., 2008). For women, this anxiety may heighten in situations where appearance is directly evaluated or compared, such as dating

contexts or social media environments; for men, it can be more pronounced in competitive or performance-based environments, like sports or workplaces that subtly reward certain physical traits (Morry & Staska, 2001). Conceptually, it is closely related to but distinct from social anxiety as it is particular to one's visual representation rather than broader social performance. This component of self-objectification highlights the relational dimension of the phenomenon. It is thought to have a key role in linking sociocultural beauty standards and interpersonal functioning (El-Etreby et al., 2025). Unlike body-surveillance and body shame, which mainly operate internally, appearance anxiety is more of an external construct that usually manifests itself in the real or imagined presence of others (Liao et al., 2023). Research has shown that it is associated with reduced social engagement, increased avoidance behaviors, and lower emotional well-being (Fitzsimmons-Craft et al., 2015). Moreover, the categorization of self-focus as private and public (Fenigstein et al., 1975) would also support the conceptualizion of the current model. Private self-focus refers to inward-directed attention on one's thoughts and emotions, whereas public self-focus involves heightened awareness of how one is perceived by others. Based on this definition, public self-focus aligns closely with the construct of appearance anxiety within the self-objectification framework. In their meta-analysis, Mor and Winquist (2002) found public self-focus to be more strongly associated with anxiety upon depression. Building on Fredrickson and Roberts's (1997) model, several compelling reasons suggest that anxiety symptoms, extending beyond appearance-related thoughts, may emerge as a potential negative consequence of self-objectification.

1.2 Sociocultural Attitudes Towards Appearance

Self-objectification isn't a mechanism that emerges naturally or in isolation. It is shaped by repeated exposure to sociocultural norms that define idealized body standards (Fredrickson & Roberts, 1997). These standards for attractiveness are grounded in culturally reinforced beliefs that could be referred to as sociocultural attitudes toward appearance (Thompson et al.,

2004). According to the tripartite influence model of body image (van den Berg et al., 2002), these pressures stem from three sources: media, peers, and family. In contemporary society, individuals are constantly exposed to images of idealized bodies through various platforms including both mainstream and social *media* (Fioravanti et al., 2022). These images align with sociocultural expectations about appearance and act as powerful reinforcers of unattainable beauty standards (Silverstein et al., 1986). *Peers and significant others* exert these pressures through interpersonal comparisons, evaluative commentary, and social inclusion or exclusion (Helfert & Warschburger, 2013). Moreover, *families* often serve as the earliest transmitters of appearance-related values (Ata et al., 2006). The collectively created and maintained guidelines for 'the perfect body' create pressure that has been identified as a significant risk factor for various appearance-related disorders (Thompson & Stice, 2001). The pathway leading to such disorders could potentially be explained using the self-objectification framework. Within the context of the current model, sociocultural pressures toward appearance are defined as the driving force behind the self-objectification process. One key variable that shapes how these sociocultural ideals are experienced is body composition. Research consistently shows that individuals with higher Body Mass Index (BMI) are more likely to report feeling stigmatized or pressured due to societal ideals (Puhl & Heuer, 2009). These individuals may internalize sociocultural messages more strongly, making BMI a relevant factor when studying appearance-related outcomes. Furthermore, the sociocultural ideals about appearance often also intersect with traditional gender norms, reinforcing expectations tied to femininity and masculinity, which is deeply taken into account within the current model.

1.3 The Role of Traditional Gender Norms

Frederickson and Roberts (1997) initially proposed that self-objectification was exclusive to women due to societal norms that particularly placed them in the spotlight as a 'sight to be

appreciated by others'. Taking feminist and sociocultural perspectives into account, they suggested that in a culture where the female body is sexually objectified; women's status and power are contingent upon their physical attractiveness. The constant emphasis on their appearance and the trivialization of their other qualities prompts women to internalize the belief that their looks hold utmost importance above all else. While it remains true that women face gender-specific experiences about their appearance, recent studies revealed that self-objectification happens among men as well (Lindberg et al., 2006; Morry & Staska, 2001). Self-objectification can now be understood as a gendered phenomenon in expression; rather than in exclusivity. That is, gender differences in self-objectification tend to emerge in terms of the descriptions of their idealized body (Oehlhof et al., 2009). According to societal beauty standards, the ideal woman looks thin and sexually appealing, and the ideal man looks muscular and athletic (Morry & Staska, 2001). These expectations are compatible with the fact that women tend to base their self-esteem on physical attractiveness, while men base theirs on physical effectiveness (Lerner et al., 1976). This resonates with the perspective of Benevolent Sexism, which characterizes women as inferior and fragile individuals requiring protection and assistance from men (Glick & Fiske, 1996). Accordingly, within the context of the current model, benevolent sexism is explored as a way to conceptualize traditional gender norms as a construct.

1.3.1 Benevolent Sexism

Glick and Fiske (1996) proposed a conceptualization of sexism characterized by two dimensions: Hostile and Benevolent Sexism. Hostile Sexism is a more overt form of discrimination characterized by aggression and derogation directed at women, often manifesting blatantly in various forms of explicit mistreatment. Benevolent Sexism on the other hand is a more complex construct that involves beliefs that while appearing positive on the surface, ultimately diminish women's agency and worth. These beliefs also affect men as

they are frequently assigned the role of guardians of women. The gender roles prescribed by *protective paternalism* may amplify the internalization of sociocultural appearance standards and cause self-objectification. For example, a man adhering to these norms may identify himself as a protector of women, thereby aspiring to attain the idealized muscular and masculine male physique. Consequently, his self-definition would be more dependent on his appearance increasing the risk of self-objectification. Another component of benevolent sexism is *heterosexual intimacy*. It is defined as the desire to have a romantic and sexual relationship that aligns with traditional gender norms (Glick & Fiske, 1996). Within this framework, both men and women need to adopt traditional gender roles in order to attract a partner and sustain the relationship. Specifically, men are often expected to exhibit dominance and assertiveness, while women are encouraged to display passivity and submissiveness. Individuals who strive to establish secure partnerships that align with sociocultural expectations may strategically leverage their appearance as a mating strategy. The strategic use of physical appearance is expected to make individuals more receptive to sociocultural attitudes towards appearance, thus increasing vulnerability to self-objectification. Lastly, *gender differentiation* in Benevolent Sexism emphasizes culture's impact on the manifestations of gender identity. According to social identity theory (Tajfel, 1981), individuals tend to distinguish themselves from others based on their belongingness to particular social groups. Gender represents one of the earliest and most influential factors in this categorization process (Maccoby, 1988). Therefore, traditional gender roles create a distinct differentiation between social groups, prompting individuals to define themselves through their affiliation with one of them, often utilizing their appearance as a tool for such self-definition.

These gendered expectations not only define what is defined as an ideal but also influence the strength of the link between sociocultural pressures and self-objectification. Benevolent

sexism, as a form of traditional gender ideology, offers a way to understand why some individuals internalize and respond to these pressures more strongly than others. It can actively shape the degree to which cultural appearance pressures feed into the self-objectification process, which makes it a key moderating factor in the proposed model.

1.4 Mental Health Outcomes

Sociocultural appearance pressures have been consistently associated with adverse mental health outcomes. For example, Turel et al. (2018) found that perceived appearance-related pressures were significantly linked to poorer psychological well-being across diverse adult populations. In the Turkish context, Çelik and Tolan (2021) reported that sociocultural appearance pressures were positively associated with social appearance anxiety, which in turn was linked to higher levels of depression, anxiety, and stress. Additional research has confirmed that such pressures not only predict internalizing symptoms but also intensify existing vulnerabilities by fostering chronic self-evaluation (Choukas-Bradley et al., 2022; Vandenbosch & Eggermont, 2016). Collectively, these findings show how sociocultural appearance pressures can be a direct risk factor for mental health symptoms, beyond their indirect effects through self-objectification processes.

Moreover, Frederickson and Roberts (1997) listed depression as a possible mental health consequence of self-objectification. When individuals habitually monitor and evaluate their appearance, it can lead to attentional disruptions, emotion dysregulation, and an overemphasis on perceived physical flaws, which are factors that contribute to psychological distress (Fredrickson & Roberts, 1997). The mental health outcomes of self-objectification can also be further explained through other theoretical frameworks. Stated as a foundational basis that directly informed self-objectification theory, *objective self-awareness theory* (Duval & Wicklund, 1972) proposes that individuals who observe themselves from an external perspective tend to experience heightened levels of psychological distress. *Self-focused*

attention (SFA) (Mor & Winquist, 2002) is another concept offers a more modern and clinical understanding of this issue. It is a form of cognitive bias that increases vulnerability to depression and anxiety (Ingram, 1990). SFA is considered particularly maladaptive when individuals perceive a disparity between their current self and a specific standard they aspire to meet (Carver & Scheier, 1981; Duval & Wicklund, 1972). In the context of self-objectification, these standards are acknowledged as the socio-cultural pressures regarding appearance. Furthermore, persistent reinforcement of these standards also aligns with the *learned helplessness theory* (Seligman, 1975) which proposes that the constant feelings of shame and uncontrollable anxiety can contribute to the development of depressive symptoms. Within the context of self-objectification, the differentiation between body shame and body dissatisfaction holds considerable significance. While body dissatisfaction primarily concerns surface-level negative evaluations about appearance, the emphasis on body shame reflects a deeper issue that causes a negative sense of self (Miner-Rubino et al., 2002). Therefore, it creates a more thoroughly ingrained problem that seems unsolvable to the individual. Such beliefs frequently result in rumination, which is known as a factor that can amplify and extend depressive episodes (Morrow & Nolen-Hoeksema, 1990).

Recent literature has consistently supported the link between self-objectification and negative mental health outcomes, particularly symptoms of depression and anxiety. For example, Tiggemann and Williams (2012) found that self-objectification significantly predicted both depressed mood and general anxiety symptoms. Similarly, Rollero (2013) reported that exposure to objectifying media increased self-objectification and, in turn, elevated psychological distress across both genders. Informed by these theoretical frameworks and prior literature, the present study conceptualizes mental health symptoms including symptoms of both depression and generalized anxiety as the primary outcome of interest.

Although these effects are evident across adulthood, emerging evidence suggests that age may influence both their strength and how they are experienced. For example, Sherman et al. (2024) found that women aged 18–27 reported higher self-objectification, lower body esteem, and greater mood and anxiety symptoms compared to women aged 48–90, pointing to greater vulnerability among younger adults. Similarly, Kilpela et al. (2015) observed that the importance placed on appearance tends to decline with age, potentially reducing the impact of appearance-related distress in later adulthood. Taken together, these findings underscore the value of examining whether age differences emerge in the mediation pathways tested in the present study.

1.5 The Current Study

The present study examines a model in which sociocultural appearance pressures contribute to mental health symptoms through the three components of self-objectification: body surveillance, body shame, and appearance anxiety. In this model, appearance pressures are the starting point, the self-objectification components act as the bridge, and depression and anxiety symptoms represent the outcome. Benevolent sexism is included as a contextual factor that may strengthen the connection between cultural pressures and each stage of self-objectification, offering a more detailed understanding of who may be most affected by these dynamics.The full model is presented in Figure 1.

Although there are numerous studies within the body image and mental health field, the current study aims to test a more nuanced model involving self-objectification. It expands the self-objectification literature by including male participants. Furthermore, it introduces benevolent sexism as a moderator to explore a mechanism that has received limited empirical attention. This may be a uniquely relevant concept in Turkey, where traditional gender norms are more prominent (Sakallı-Uğurlu et al., 2018), compared to Western contexts that prior research mainly focused on. From a clinical perspective, the findings of this study may help

practitioners recognize mechanisms contributing to their clients' symptoms and provide a guideline for required treatment and psychoeducation. Additionally, it may support the development of strategies for societal awareness initiatives and interventions.

The main hypotheses of the present study are as follows:

H1. Sociocultural appearance pressures will be positively associated with mental health symptoms. That is, higher levels of perceived sociocultural pressure regarding appearance are expected to predict greater levels of depression and anxiety symptoms.

H2a. The relationship between sociocultural appearance pressures and mental health symptoms will be mediated by body surveillance. That is, greater sociocultural pressure will increase body surveillance, which in turn will predict higher levels of depression and anxiety symptoms.

H2b. The relationship between sociocultural appearance pressures and mental health symptoms will be mediated by body shame. That is, greater sociocultural pressure will increase body shame, which in turn will predict higher levels of depression and anxiety symptoms.

H2c. The relationship between sociocultural appearance pressures and mental health symptoms will be mediated by appearance anxiety. That is, greater sociocultural pressure will increase appearance anxiety, which in turn will predict higher levels of depression and anxiety symptoms.

H3a. Benevolent sexism will moderate the relationship between sociocultural appearance pressures and body surveillance, such that the relationship will be stronger for individuals with higher levels of benevolent sexism. That is, individuals higher in benevolent sexism are expected to experience more body surveillence in response to sociocultural pressures.

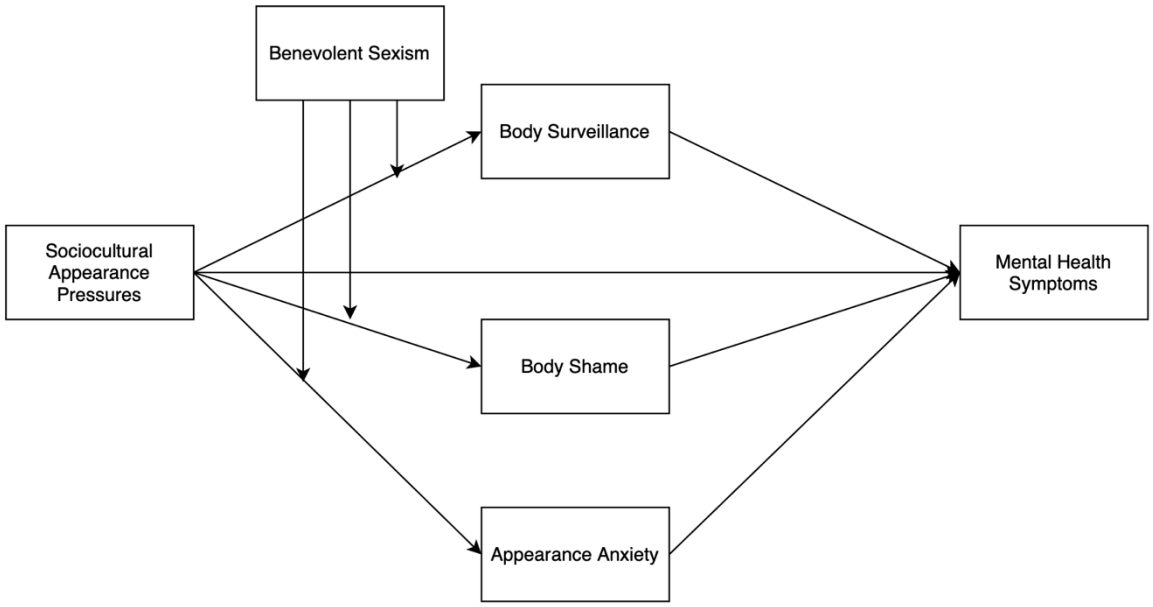
H3b. Benevolent sexism will moderate the relationship between sociocultural appearance pressures and body shame, such that the relationship will be stronger for individuals with

higher levels of benevolent sexism. That is, individuals higher in benevolent sexism are expected to experience more body shame in response to sociocultural pressures.

H3c. Benevolent sexism will moderate the relationship between sociocultural appearance pressures and appearance anxiety, such that the relationship will be stronger for individuals with higher levels of benevolent sexism. That is, individuals higher in benevolent sexism are expected to experience more appearance anxiety in response to sociocultural pressures.

Descriptive statistics and group comparisons were also examined to provide contextual insight into the sample and explore potential differences in model variables across age, gender and other demographic characteristics.

Figure 1: Conceptual Model



Chapter 2:

METHODS

2.1 Design

The current study employs a quantitative design and is correlational in nature, complemented by a theoretical framework that explains potential causal pathways between

the variables under investigation. The independent variable is Sociocultural Appearance Pressures, while the dependent variable is Mental Health Symptoms. The proposed mediators are Body Surveillance, Body Shame, and Appearance Anxiety. Additionally, the moderator is Benevolent Sexism, tested at the first stage of the mediation pathway.

Furthermore, the study includes these demographic variables as they are found to be relevant to the research topic: Age, Gender, BMI, Sexual Orientation, Relationship Status, Education Level, Occupational Status, Socioeconomic Status, and Mental Health History.

2.2 Sample

The required sample size was determined using the G Power software. The analysis indicated that a minimum of 309 participants were needed to achieve a statistical power of .80 at $\alpha = .05$ with a small effect size ($f^2 = .05$). The effect size was selected considering reccomendations for psychological research involving complex mental health variables, where subtle effects are expected (Funder & Ozer, 2019). To accommodate potential missing data and ensure the reliability of the findings, the targeted sample size was rounded up to 320 participants.

Considering the theoretical framework of the study, eligibility was restricted to adults aged 18 years or older. All participants were Turkish speakers. No further exclusion criteria were set as the study aimed to reach a diverse sample. The participants were recruited using a convenience sampling method, where a recruitment link was distributed via various platforms such as social media, online forums, and university mailing lists. Participation in the study was voluntary, and no incentive was given. Participants were not asked to share any personal information that would identify them.

Three participants who left more than 20% of the survey responses unanswered were excluded from the dataset to ensure data quality and reliability. Additionally, a duplicate entry issue was identified due to an unknown technical issue. Three out of four identical entries for

this single participant were removed. Following this data-cleaning process, a final sample of 314 participants was retained for analysis.

The demographic characteristics of the sample are displayed in Table 2.2.1. The age of participants ranged from 18 to 72 years (M = 40.09, SD = 15.44). 181 participants (57.8%) identified as female, and 132 (42.2%) identified as male. BMI values varied from 11.1 to 40.1 (M = 24.67, SD = 4.47), indicating a sample with diverse body compositions. 161 participants were classified as normal weight (51.9%), 97 as overweight (31.3%), 34 as obese (11%), and 18 as underweight (5.8%). The majority of the sample identified as heterosexual (268 participants, 95.7%), followed by bisexual (9 participants, 3.2%), and homosexual (3 participants, 1.1%). Notably, 34 participants (10.8%) didn't report their sexual orientation. 141 participants (44.9%) were married, 101 participants (32.2%) were single, 54 (17.2%) were in a relationship, and 18 (5.7%) were divorced or widowed. The majority of the sample (208 participants, 66.2%) were university graduates, followed by 50 participants (15.9%) with a master's degree, 41 (13.1%) high school graduates, and 9 participants (2.9%) with a doctorate. The majority of the sample (191 participants, 61.2%) were employed, followed by 78 participants (25%) who were unemployed and 43 participants (13.8%) who were students. The majority of the sample reported their socioeconomic status as medium (218 participants, 70.6%), followed by high (67 participants, 21.7%), low (14 participants, 4.5%), very high (6 participants, 1.9%), and very low (4 participants, 1.3%). The vast majority of the sample (288 participants, 92%) reported no prior mental health diagnosis, while 25 participants (8%) reported having a diagnosis.

Table 2.2.1: *Sociodemographic Characteristics of The Sample (N = 314)*

		N	*%*
Gender			
	Female	181	57.8
	Male	132	42.2
	Missing	1	

BMI			
	Underweight	18	5.8
	Normal Weight	161	51.9
	Overweight	97	31.3
	Obese	34	11
	Missing	4	
Sexual Orientation			
	Heterosexual	268	95.7
	Homosexual	3	1.1
	Bisexual	9	3.2
	Missing	34	
Relationship Status			
	Single	101	32.2
	In a relationship	54	17.2
	Married	141	44.9
	Divorced/Widowed	18	5.7
Education Level			
	Primary school	3	1
	Middle school	3	1
	High school	41	13.1
	University	208	66.2
	Master’s degree	50	15.9
	Doctorate	9	2.9
Occupational Status			
	Student	43	13.8
	Employed	191	61.2
	Unemployed	78	25
	Missing	2	
Socioeconomic Status			
	Very low	4	1.3
	Low	14	4.5
	Medium	218	70.6
	High	67	21.7
	Very high	6	1.9
	Missing	5	
Mental Health History			
	Yes	25	8

No	288	92
Missing	1	

2.3 Procedure

Ethics approval of this study was obtained from the Institutional Review Board of Koç University (Protocol no: 2024.161.IRB3.068). Data were collected through an online survey on Google Forms. The questionnaire link was distributed through various online platforms. Initially, the participants were given an informed consent form including the general aim of the study, the estimated duration of the survey, and the researcher's contact information for questions or additional information. Participants were informed that they could skip any question or withdraw from the study at any time without any consequences. Individuals who confirmed the informed consent form were asked to indicate their age, and only those aged 18 and above were eligible to proceed with the survey. Participants first answered the demographic questionnaire, including questions about gender, body mass index, sexual orientation, current relationship status, education level, occupational status, socioeconomic status, and previous history of mental health issues. Following this, they completed the validated Turkish versions of the 'pressures' subscale of The Sociocultural Attitudes Towards Appearance Scale - 4R (SATAQ-4R) (Cihan et al., 2016; Schaefer et al., 2015), the 'surveillance' and 'body shame' subscales of The Objectified Body Consciousness Scale (McKinley & Hyde, 1996; Yagmurcu & Tosun, 2018), The Social Appearance Anxiety Scale (Doğan, 2010; Hart et al., 2008), the 'benevolent sexism' subscale of The Ambivalent Sexism Inventory (Glick & Fiske, 1996; Sakallı-Uğurlu, 2002), the 'depression' and 'anxiety' subscales of the Depression Anxiety Stress Scale-21 (Lovibond & Lovibond, 1995; Sarıçam, 2018). The entire survey required approximately 10 to 15 minutes to complete.

2.4 Measures

Demographic Information Form: Participants reported their ages in years. Gender was reported as female, male, or other. Participants' height (in cm) and weight (in kg) were used to calculate their Body Mass Index (BMI). Then participants' BMI values were categorized using the thresholds of the World Health Organization's classification system, including underweight, normal weight, overweight, and obese. Sexual orientation was categorized as heterosexual, homosexual, bisexual, asexual, or other. Relationship status was recorded as single, in a relationship, married, or divorced/widowed. Education level was coded as primary school, middle school, high school, university, master's degree, or doctorate. Occupational status was categorized as student, employed, or unemployed. Socioeconomic status was rated on a five-point scale ranging from very low to very high. Lastly, they were asked if they had been diagnosed with a psychological disorder by a mental health professional (e.g., clinical psychologist, psychiatrist).

The Sociocultural Attitudes Towards Appearance Scale - 4R (SATAQ-4R): Participants' acknowledgment of sociocultural pressures regarding appearance was measured using the 'pressures' subscale of the Sociocultural Attitudes Towards Appearance Scale - 4R (SATAQ-4R). This subscale consists of 11 items rated on a 5-point Likert scale, ranging from 1 (strongly disagree) to 5 (strongly agree). Example items include: "I feel pressure from family members to improve my appearance" and "I feel pressure from the media to look in better shape." Higher scores on the Pressure subscale of SATAQ-4R indicate greater perceived sociocultural pressure to conform to appearance-related standards. The original scale was developed by Schaefer et al. (2016), and its Turkish adaptation was validated by Cihan et al. (2016). In the Turkish adaptation study, the pressure subscale of the SATAQ-4R demonstrated strong internal consistency with a Cronbach's alpha of .91 (Cihan et al., 2016). Although the adaptation was conducted with a female-only sample, previous studies have

validated earlier versions of the scale across genders (Schaefer et al., 2015). Furthermore, the pressures subscale of the revised version is mostly gender-neutral in its nature, making it appropriate to use it across genders. As anticipated, in the current study, the pressures subscale demonstrated good internal consistency, with a Cronbach's alpha of .88.

The Objectified Body Consciousness Scale: Participants' body-monitoring behaviors and feelings of body shame were assessed using two subscales of the Objectified Body Consciousness Scale (OBCS): the 'surveillance' and 'body shame' subscales. The surveillance subscale measures the extent to which individuals monitor their bodies as external observers and consists of 6 items rated on a 7-point Likert scale, ranging from 1 (strongly disagree) to 7 (strongly agree). Higher scores on the surveillance subscale reflect a higher frequency of thoughts related to one's external appearance, with all six items being reverse-coded. Example items for the surveillance subscale include: "I rarely think about how I look" and "I rarely compare how I look with how other people look". The body shame subscale assesses feelings of shame related to not meeting societal standards of attractiveness and consists of 8 items, also rated on a 7-point Likert scale. Higher scores on the body shame subscale indicate greater feelings of inadequacy about one's body not adhering to sociocultural expectations, with two items being reverse-coded. Example items include: "I would be ashamed for people to know what I really weigh" and "I feel like I must be a bad person when I don't look as good as I could." The original scale was developed by McKinley and Hyde (1996), in its Turkish adaptation, the Surveillance and Shame subscales respectively demonstrated Cronbach alpha values of .61 and .73 (Yağmurcu & Tosun, 2018). Although the score for the surveillance subscale is relatively low, it was still considered adequate since it is above the commonly accepted threshold of .60. Yağmurcu and Tosun (2018) attributed this to the reduced number of items and the mixed wording format in the Turkish translation. In the

current study, the Surveillance and Shame subscales demonstrated Cronbach's alpha values of .74 and .79, indicating better internal consistency.

The Social Appearance Anxiety Scale: Participants' appearance-related anxiety was assessed using the Social Appearance Anxiety Scale (SAAS). This scale consists of 16 items rated on a 5-point Likert scale, ranging from 1 (strongly disagree) to 5 (strongly agree). Higher scores on the scale reflect a stronger fear of being judged unfavorably by others based on one's looks, with one item being reverse-coded. Example items include: "I feel nervous when having my picture taken" and "I worry that others talk about flaws in my appearance when I am not around." The original scale was developed by Hart et al. (2008), and the Turkish adaptation and validation were conducted by Doğan (2010), demonstrating a strong internal consistency with a Cronbach's alpha of .93. In the current study, the scale again had great internal consistency with a Cronbach's alpha of .95.

The Ambivalent Sexism Inventory: Participants' adherence to traditional gender norms and benevolent sexist attitudes was assessed using the 'benevolent sexism' subscale of the Ambivalent Sexism Inventory (ASI). This subscale consists of 11 items rated on a 6-point Likert scale, ranging from 1 (strongly disagree) to 6 (strongly agree). Higher scores on the benevolent sexism subscale of the inventory suggest greater endorsement of traditional gender roles that define women as passive and dependent and men as dominant and providers. Example items include: "Women should be cherished and protected by men" and "A good woman should be set on a pedestal by her man" The original scale was developed by Glick and Fiske (1996), and its Turkish adaptation and validation were conducted by Sakallı-Uğurlu (2002). In the adaptation study, the benevolent sexism subscale demonstrated acceptable internal consistency with a Cronbach's alpha of .78. In the current study, this subscale showed improved reliability with a Cronbach's alpha of .88.

Depression Anxiety Stress Scale-21: Participants' symptoms regarding their mental health was assessed using the 'depression' and 'anxiety' subscales of the Depression Anxiety Stress Scale-21 (DASS-21). These subscales consist of 14 items in total, with 7 items for each subscale, rated on a 4-point Likert scale ranging from 0 (never) to 3 (always). A higher total score represents elevated symptoms and, therefore, poorer mental well-being. Example items include: "I couldn't seem to experience any positive feeling at all" (depression subscale) and "I felt I was close to panic" (anxiety subscale). The DASS-21 evaluates the frequency and severity of negative emotional states over the past week. The original scale was developed by Lovibond and Lovibond (1995), and its Turkish adaptation and validation were conducted by Sarıçam (2018). In the adaptation study, the Depression and Anxiety subscales respectively demonstrated Cronbach's alpha values of .87 and .85. In the current study, these subscales were combined under the broader construct of mental distress symptoms, which demonstrated great internal consistency with a Cronbach's alpha of .91.

2.5 Data Analysis

After collecting responses across all measures, a series of analyses were conducted to examine the hypoteses. All statistical analyses were conducted using IBB SPSS Statistics version 28.0 (IBM Corp., 2021). Preliminary analyses was performed prior to testing the main hypotheses. Descriptive statistics were calculated. Coherent with our framework, group differences based on gender and mental health history were examined using independent samples t-tests. Additionally, Pearson correlation analysis was conducted to assess the bivariate relationship between the main study variables. The assumption of normality was tested using the Shapiro-Wilk test which indicated non-normality. However, the main analyses in this study are considered robust to this issue due to the use of bootstrapping. Moreover, the skewness and kurtosis values for all variables were within the acceptable range

of -2 and +2, which is commonly regarded as nonproblematic when conducting parametric tests used in the preliminary analyses (Field, 2013).

The moderated mediation hypotheses were tested using model 7 of Hayes's (2013) PROCESS macro version 4.2. All reverse-coded items were recoded before computing composite variables and all continuous variables were mean-centered prior to analysis. Additional models were also tested to assess any potential age and gender-based differences, which are further discussed in the results section. All analyses were conducted using 5000 bootstrap samples with a 95% confidence interval.

Chapter 3:

RESULTS

3.1 Preliminary Analysis

Descriptive statistics for each variable; including means, and standard deviations are reported in Table 3.1.1. Normality was assessed using skewness and kurtosis values. All values fell within the commonly accepted range of -2 to +2 (Field, 2013), indicating no significant violations of normality assumptions in the preliminary analyses.

Table 3.1.1: *Descriptive Statistics for Study Variables.*

	Mean	Std. Deviation	Skewness	Kurtosis
Sociocultural Pressures	2.60	.76	.12	-.56
Body Surveillance	3.74	1.18	.31	-.26
Body Shame	3.04	1.11	.76	.58
Appearance Anxiety	2.12	.83	1.04	1.08
Benevolent Sexism	3.49	1.06	-.17	-.50
Mental Health Symptoms	.69	.49	1.10	1.21

The results of the Pearson correlation analysis between the study variables are reported in Table 3.1.2. All significant correlations were positive, with coefficients that ranged from *r*

= .119 to *r* = .667. Acknowledgment of sociocultural pressures was positively associated with body surveillance (*r = .198*, *p < .001*), body shame (*r = .541*, *p < .001*), appearance anxiety (*r = .581*, *p < .001*), benevolent sexism (*r = .239*, *p < .001*), and mental health symptoms (*r = .408*, *p < .001*). Body surveillance was positively associated with body shame (*r = .305*, *p < .001*), appearance anxiety (*r = .319*, *p < .001*), and mental health symptoms (*r = .119*, *p = .035*). Body shame was positively associated with appearance anxiety (*r = .667*, *p < .001*), benevolent sexism (*r = .230*, *p < .001*), and mental health symptoms (*r = .379*, *p < .001*). Appearance anxiety was positively associated with benevolent sexism (*r = .158*, *p = .005*) and mental health symptoms (*r = .549*, *p < .001*). Benevolent sexism was positively associated with mental health symptoms (*r = .158*, *p = .005*).

Table 3.1.2: *Pearson Correlations Between Study Variables.*

	1	2	3	4	5	6
1. Sociocultural Pressures	-	.198**	.541**	.581**	.239**	.408**
2. Body Surveillance		-	.305**	.319**	.066	.119*
3. Body Shame			-	.667**	.230**	.378**
4. Appearance Anxiety				-	.158**	.549**
5. Benevolent Sexism					-	.158**
6. Mental Health Symptoms						-

*Note: * p < .05, **p < .01*

Independent samples t-tests showed some significant group differences by gender. Women (M = 2.23, SD = 0.93) reported significantly higher levels of appearance anxiety than men (M = 1.98, SD = 0.65), *t*(311) = 2.83, p = .005. Women (M = 0.80, SD = 0.54) also reported significantly higher levels of mental health symptoms than men (M = 0.53, SD = 0.36), *t*(308) = 5.17, *p* < .001. Conversely, men (M = 3.71, SD = 1.05) reported significantly

higher levels of benevolent sexism than women (M = 3.33, SD = 1.04), $t(311) = -3.21$, $p = .001$.

As expected, participants with a history of mental health diagnosis (M = 1.11, SD = 0.67) reported significantly higher levels of mental health symptoms than those without such a history (M = 0.65, SD = 0.45), $t(26) = -3.34$, $p = .003$.

A one-way ANOVA revealed a significant effect of BMI on sociocultural appearance pressures, $F(3, 306) = 5.60$, $p < .001$. Post-hoc comparisons indicated that obese participants (M = 3.10, SD = 0.67) reported significantly higher perceived appearance pressures compared to participants with normal weight (M = 2.54, SD = 0.86), $p < .001$, and overweight individuals (M = 2.58, SD = 0.87), $p = .004$.

A one-way ANOVA revealed a significant effect of sexual orientation on benevolent sexism, $F(2, 277) = 4.43$, $p = .013$. The post hoc test indicated that heterosexual participants (M = 3.48, SD = 1.03) reported significantly higher levels of benevolent sexism compared to homosexual participants (M = 1.88, SD = 0.47), $p = .041$.

A one-way ANOVA was conducted to examine whether study variables differed by relationship status. There were statistically significant differences for body surveillance, $F(3, 310) = 7.90$. The post-hoc tests revealed that married participants (M = 3.41, SD = 1.10) reported significantly lower body surveillance compared to single participants (M = 4.07, SD = 1.14), $p < .001$. There were also statistically significant differences for mental health symptoms, $F(3, 310) = 7.44$, $p < .001$. The post-hoc tests revealed that married participants (M = 0.56, SD = 0.38) reported significantly fewer symptoms than single participants (M = 0.83, SD = 0.55), $p < .001$.

A one-way ANOVA revealed a significant effect of education level on body surveillance scores, $F(5, 308) = 3.13$, $p = .009$. Participants with a master's degree (M = 4.13, SD = 1.23) reported significantly higher levels of body surveillance compared to those with a

high school education (M = 3.35, SD = 1.03), p = .015. No other group differences were statistically significant.

A one-way ANOVA revealed a significant effect of occupational status on body surveillance, $F(2, 309) = 6.16$, p = .002. Students (M = 4.27, SD = 1.17) reported significantly higher body surveillance than both employed (M = 3.72, SD = 1.17), p = .019, and unemployed individuals (M = 3.50, SD = 1.13), p = .002. A significant effect was also observed for mental health symptoms, $F(2, 309) = 3.64$, p = .027. Students (M = 0.87, SD = 0.55) reported significantly more symptoms than unemployed individuals (M = 0.63, SD = 0.48), p = .048.

Lastly, a one-way ANOVA revealed a significant effect of socioeconomic status on benevolent sexism, $F(4, 304) = 3.50$, p = .008. Participants with very high SES (M = 4.38, SD = 0.94) reported significantly higher benevolent sexism than those with low SES (M = 2.79, SD = 0.82), p = .037, and medium SES (M = 3.47, SD = 1.07), p = .016.

3.2 Main Analysis

Before starting the main analyses, the VIF and tolerance scores of the variables were checked to evaluate the multicollinearity assumption. All VIF values were below 5 (ranging from 1.08 to 2.11), and all tolerance values were above .10 (ranging from .473 to .927), indicating that there were no issues with multicollinearity. Therefore, we proceeded to further analyses with all predictors.

The main hypotheses of the study were tested using model 7 of Hayes's (2013) PROCESS macro. Analyses were conducted using 5,000 bootstrap samples and a 95% confidence interval. The results are visually shown in Figure 3.2.1.

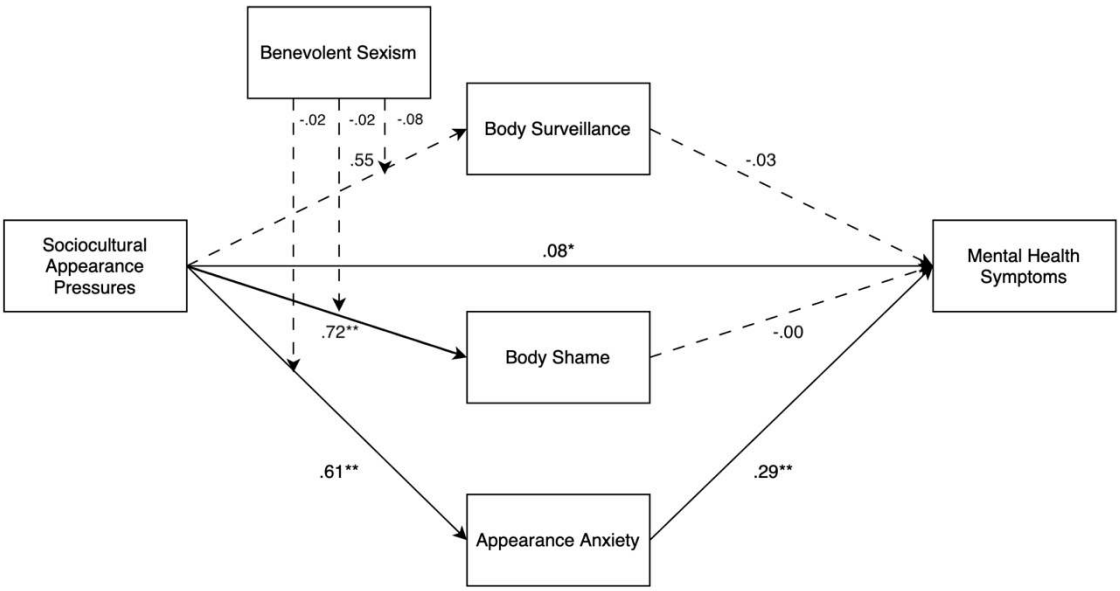
Hypothesis 1 proposed that higher levels of sociocultural appearance pressures would be associated with greater mental health symptoms. This hypothesis was supported. There

was a statistically significant direct effect of sociocultural appearance pressures on mental health symptoms (b = 0.08, SE = 0.03, p = .024, 95% CI [0.01, 0.14]).

Hypothesis 2 proposed that body surveillance, body shame, and social appearance anxiety would each mediate the relationship between sociocultural appearance pressures and mental health symptoms. The indirect effect through body surveillance was not significant (b = –0.01, SE = 0.01, 95% CI [–0.02, 0.00]). The indirect effect through body shame was also not significant (b = –0.00, SE = 0.02, 95% CI [–0.04, 0.04]). However, the indirect effect through social appearance anxiety was significant and positive (b = 0.16, SE = 0.03, 95% CI [0.11, 0.22]). Higher sociocultural appearance pressures were significantly associated with greater social appearance anxiety (b = 0.61, SE = 0.15, p < .001), and social appearance anxiety significantly predicted increased mental health symptoms (b = 0.29, SE = 0.04, p < .001).

Hypothesis 3 proposed that benevolent sexism would moderate the effect of sociocultural appearance pressures on each mediator. This hypothesis was not supported. The interaction term was not significant in predicting body surveillance (b = -0.08, SE = 0.07, p = .25, 95% CI [-0.22, 0.06]), body shame (b = -0.02, SE = 0.06, p = .76, 95% CI [-0.13, 0.10]), or social appearance anxiety (b = -0.02, SE = 0.04, p = .66, 95% CI [-0.10, 0.06]).

Figure 3.2.1: *Unstandardized Coefficients for PROCESS Macro Model 7.*



Note. * p <.05; ** p <.001

3.3 Age Differences

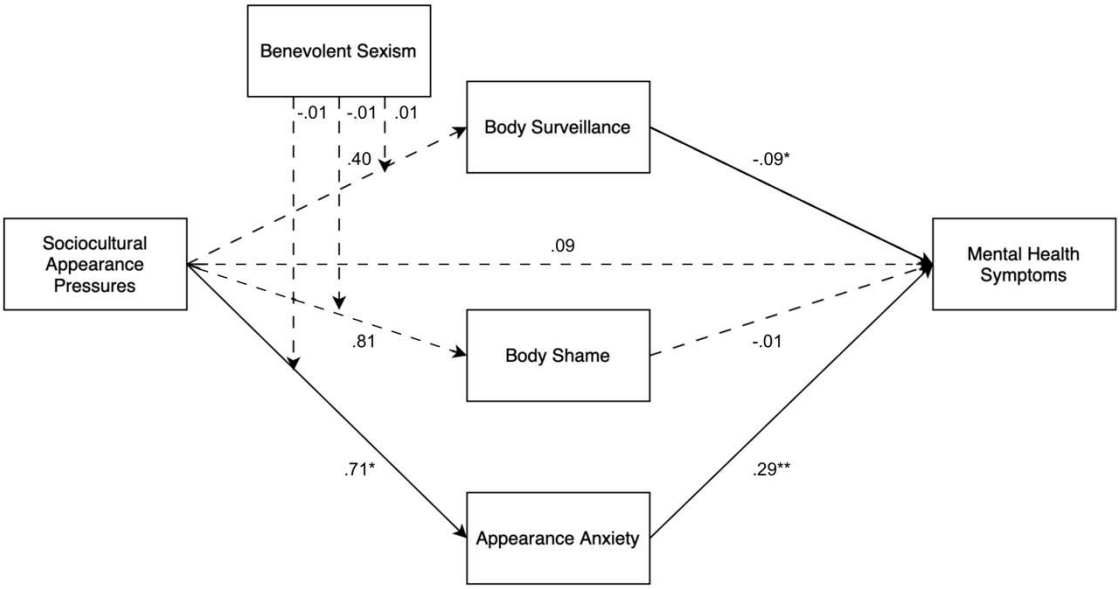
Given the potential role of age in shaping the relationships tested in the proposed model, the sample was divided into two subsamples to examine whether the pattern of associations differed between younger and older adults. Participants aged 18–40 years were classified as younger adults, and those aged 40 years and above as older adults. This classification was informed by prior research in the body image literature that distinguishes early-to-mid adulthood from later adulthood (e.g., Kilpela et al., 2015; Tiggemann & Lynch, 2001) and was further supported by the distribution of the present sample, which allowed the formation of two nearly equal-sized groups with sufficient cases in each to permit separate moderated mediation analyses. For each subsample, the hypothesized model was tested by PROCESS macro Model 7 (Hayes, 2018) using 5,000 bootstrap samples and a 95% confidence interval. The results are visually shown in Figures 3.3.1 and 3.3.2.

First, a moderated mediation model was tested for younger adults aged 18–40 years (N = 162). There was no statistically significant direct effect of sociocultural appearance pressures on mental health symptoms (b = 0.09, SE = 0.05, p = .10, 95% CI [–0.02, 0.20]), indicating that perceived sociocultural pressure was not directly associated with mental health symptoms in this age group.

The indirect effect through body shame was not significant (b = –0.01, SE = 0.04, 95% CI [–0.08, 0.07]). Both body surveillance (b = –0.04, SE = 0.02, 95% CI [–0.09, –0.00]) and appearance anxiety (b = 0.19, SE = 0.05, 95% CI [0.11, 0.29]) showed statistically significant overall indirect effects. For body surveillance, sociocultural appearance pressures were not significantly associated with body surveillance (b = 0.40, SE = 0.34, p = .25), whereas body surveillance significantly predicted lower mental health symptoms (b = –0.09, SE = 0.03, p = .01). For appearance anxiety, sociocultural appearance pressures were significantly associated with greater appearance anxiety (b = 0.71, SE = 0.23, p = .003), and appearance anxiety significantly predicted increased mental health symptoms (b = 0.29, SE = 0.06, p < .001).

Benevolent sexism did not significantly moderate the effect of sociocultural appearance pressures on any of the mediators. The interaction terms were non-significant for body surveillance (b = 0.01, SE = 0.09, p = .95, 95% CI [–0.18, 0.19]), body shame (b = –0.01, SE = 0.08, p = .90, 95% CI [–0.17, 0.15]), and social appearance anxiety (b = –0.01, SE = 0.06, p = .84, 95% CI [–0.14, 0.11]).

Figure 3.3.1: *Unstandardized Coefficients for PROCESS Macro Model 7: Ages 18-40*



Note. * p <.05; ** p <.001

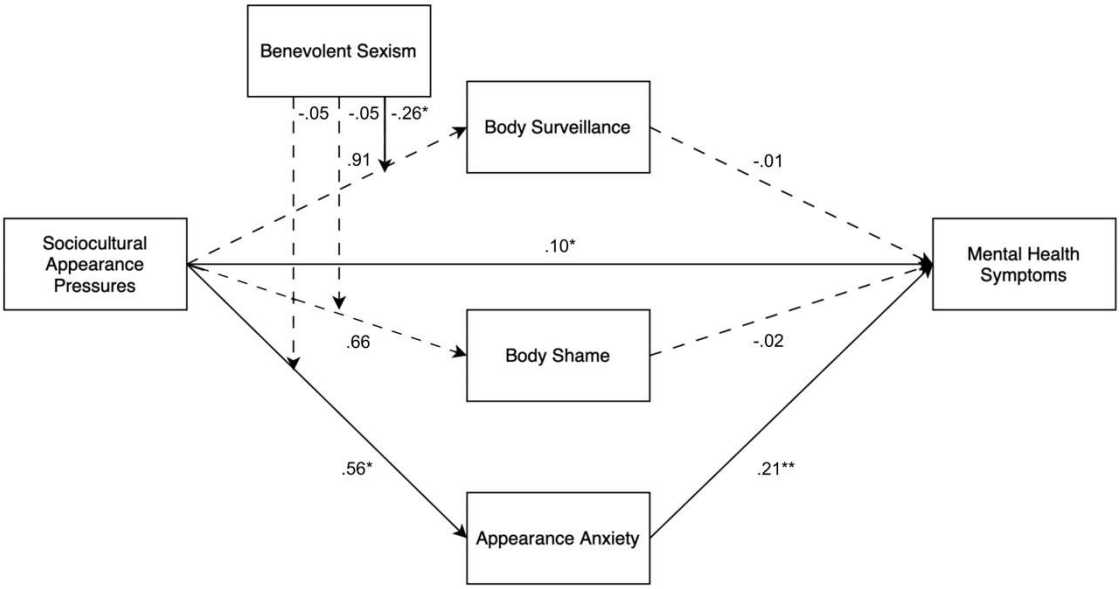
Then, a moderated mediation model was tested for participants aged 40 years and above (N = 152). Sociocultural appearance pressures had a significant direct effect on mental health symptoms (b = 0.10, SE = 0.03, p = .005, 95% CI [0.03, 0.17]), indicating that higher perceived pressures were directly associated with greater symptoms in this age group.

The indirect effect through body surveillance was not significant (b = –0.00, SE = 0.00, 95% CI [–0.01, 0.00]). The indirect effect through body shame was also non-significant (b = 0.01, SE = 0.17, 95% CI [-0.02, 0.04]). In contrast, appearance anxiety showed a statistically significant overall indirect effect (b = 0.08, SE = 0.02, 95% CI [0.04, 0.13]). For appearance anxiety, sociocultural appearance pressures were significantly associated with greater appearance anxiety (b = 0.56, SE = 0.19, p = .004), and appearance anxiety significantly predicted increased mental health symptoms (b = 0.21, SE = 0.05, p < .001).

Benevolent sexism significantly moderated the effect of sociocultural appearance pressures on body surveillance (b = –0.26, SE = 0.10, p = .01, 95% CI [–0.46, –0.06]), such that higher benevolent sexism was associated with a weaker relationship between sociocultural pressures and surveillance. In contrast, the interaction terms were non-

significant for body shame (b = –0.05, SE = 0.08, p = .54, 95% CI [–0.21, 0.11]) and social appearance anxiety (b = –0.05, SE = 0.05, p = .33, 95% CI [–0.15, 0.05]).

Figure 3.3.2: *Unstandardized Coefficients for PROCESS Macro Model 7: Ages 40+*



Note. * p <.05; ** p <.001

3.4 Exploratory Analysis

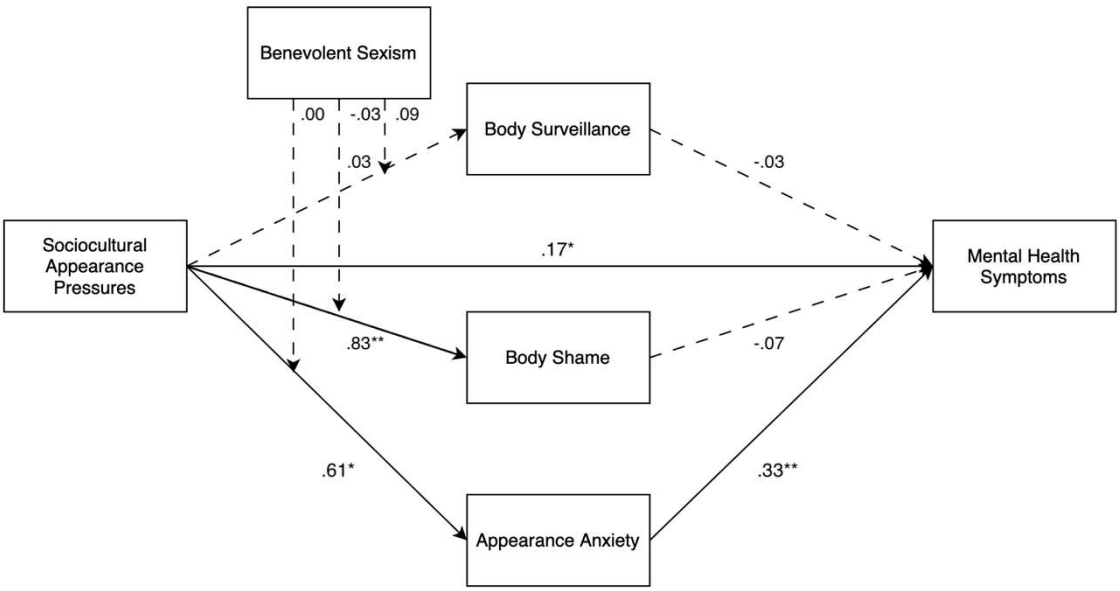
Considering prior literature, two exploratory models were also tested by dividing the sample into female and male participants. These further analyses aimed to investigate whether the hypothesized relationships between the variables differed across gender groups. Model 7 of Hayes's (2013) PROCESS macro was applied separately to the female and male subsamples using 5,000 bootstrap samples and a 95% confidence interval. The results are visually shown in Figures 3.4.1 and 3.4.2.

First, a moderated mediation model was tested for female participants only (N = 181). There was a statistically significant direct effect of sociocultural appearance pressures on mental health symptoms (b = 0.12, SE = 0.05, p = .017, 95% CI [0.02, 0.21]), indicating that perceived sociocultural pressure was positively associated with higher levels of mental health symptoms among women.

The indirect effects through body surveillance (b = –0.01, SE = 0.01, 95% CI [–0.04, 0.01]) and body shame (b = –0.05, SE = 0.04, 95% CI [–0.14, 0.02]) were not statistically significant. However, the indirect effect of sociocultural appearance pressures on mental health symptoms through social appearance anxiety was significant and positive (b = 0.20, SE = 0.04, 95% CI [0.12, 0.31]). Higher sociocultural appearance pressures were significantly associated with greater social appearance anxiety (b = 0.61, SE = 0.20, p = .003), and social appearance anxiety significantly predicted increased mental health symptoms (b = 0.33, SE = 0.06, p < .001).

Benevolent sexism did not significantly moderate the effect of sociocultural appearance pressures on any of the mediators. The interaction terms were non-significant for body surveillance (b = 0.09, SE = 0.09, p = .31, 95% CI [–0.09, 0.28]), body shame (b = –0.03, SE = 0.08, p = .69, 95% CI [–0.18, 0.12]), and social appearance anxiety (b = 0.00, SE = 0.06, p = .94, 95% CI [–0.11, 0.12]).

Figure 3.4.1: *Unstandardized Coefficients for PROCESS Macro Model 7: Females Only*



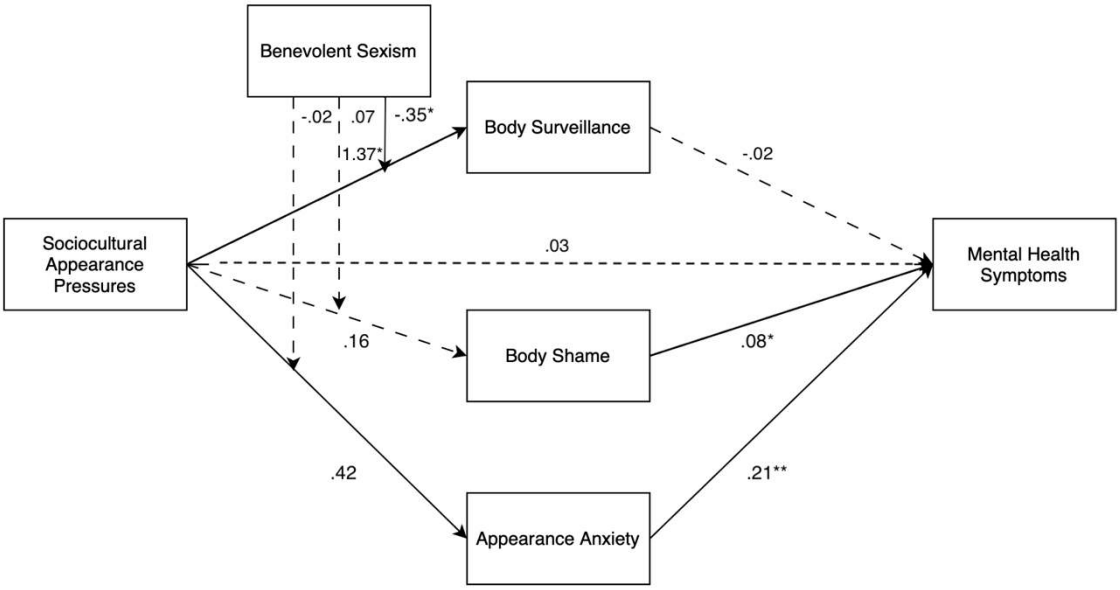
Note. * p <.05; ** p <.001

Then, a moderated mediation model was tested for male participants only ($N = 132$). There was no statistically significant direct effect of sociocultural appearance pressures on mental health symptoms ($b = 0.03$, SE = 0.04, $p = .45$, 95% CI [–0.05, 0.11]), indicating that perceived sociocultural pressure was not directly associated with mental health symptoms among men.

The indirect effect through body surveillance was not significant ($b = –0.00$, $SE = 0.00$, 95% CI [–0.01, 0.01]). Both body shame ($b = 0.03$, $SE = 0.01$, 95% CI [0.01, 0.06]) and appearance anxiety ($b = 0.08$, $SE = 0.02$, 95% CI [0.03, 0.12]) showed statistically significant overall indirect effects. For body shame, sociocultural appearance pressures were not significantly associated with body shame ($b = 0.16$, $SE = 0.36$, $p = .66$), whereas body shame significantly predicted increased mental health symptoms ($b = 0.08$, $SE = 0.03$, $p = .02$). As Hayes (2018) notes, mediation is established based on the significance of the indirect effect itself, regardless of whether individual component paths are significant. Accordingly, despite the non-significant first path, body shame can still be interpreted as a meaningful mediator in the model. For appearance anxiety, sociocultural appearance pressures were marginally associated with greater appearance anxiety ($b = 0.42$, $SE = 0.24$, $p = .08$), and appearance anxiety significantly predicted increased mental health symptoms ($b = 0.21$, $SE = 0.05$, $p < .001$).

Benevolent sexism significantly moderated the effect of sociocultural appearance pressures on body surveillance (b = –0.35, SE = 0.11, p = .002, 95% CI [–0.57, –0.14]), such that higher benevolent sexism was associated with a weaker relationship between sociocultural pressures and surveillance. The interaction terms were non-significant for body shame (b = 0.07, SE = 0.09, p = .48, 95% CI [–0.12, 0.25]) and social appearance anxiety (b = –0.02, SE = 0.06, p = .80, 95% CI [–0.14, 0.11]).

Figure 3.4.2: *Unstandardized Coefficients for PROCESS Macro Model 7: Males Only*



Note. * $p < .05$; ** $p < .001$

Chapter 4:

DISCUSSION

4.1 Sociodemographic Patterns and Group Differences

Prior to testing the main hypotheses, several descriptive comparisons across demographic groups were conducted to better contextualize the main findings. To begin with, participants who reported having a mental health diagnosis scored significantly higher on symptoms, validating the sensitivity of the scale. This result offers reassurance regarding the accuracy of the outcome variable. As another expected result, heterosexual participants scored significantly higher in benevolent sexism than homosexual participants. This finding confirms the normative pattern of greater endorsement of traditional gender roles in heterosexual individuals (Sibley & Wilson, 2004). Further, participants categorized as obese reported higher perceived sociocultural pressures regarding appearance than those who were normal or overweight. This result is consistent with prior literature on weight stigma and body-based marginalization (Puhl & Heuer, 2009). It reflects an important pattern, illustrating how body composition is a risk factor determining the different impacts of beauty standards. Married

participants reported significantly lower levels of body surveillance and mental health symptoms than single participants. Prior research has shown that relationship stability is linked to lower distress (Whisman & Uebelacker, 2009). Therefore, these findings may reflect the protective effect of committed relationships on both body image and psychological well-being. An interesting finding was that participants with a master's degree reported significantly higher body surveillance than high school graduates. While not aligned with the full range of education levels, this finding might be relevant to the greater concern with self-presentation found among highly educated individuals (Aryani et al., 2024). One possible explanation for this difference could be that surveillance behaviors intensify in performance-driven, competitive environments. Correspondingly, students reported significantly higher levels of body surveillance than both employed and unemployed participants and more mental health symptoms than unemployed participants. The difference between students and unemployed participants may highlight the aforementioned role of performance anxiety in competitive environments. Furthermore, the difference between students and employed individuals may be more related to the impact of age and the importance of social belonging and peer comparison in early adulthood (Jongsma et al., 2022). Moreover, participants with very high socioeconomic status reported higher levels of benevolent sexism than those with lower SES. While this diverges from prior findings that have typically associated higher benevolent sexism with lower SES as a means of reinforcing social hierarchy (Deak et al., 2021), it may reflect contextual or cultural nuances specific to the present sample. This unexpected trend suggests that in certain sociocultural environments, traditional gender beliefs may intensify within higher-status groups, warranting further investigation into the class-based dynamics of gender ideology in Turkey. As gender is a pivotal grouping variable in this context, group differences by gender should be interpreted with particular attention. Women scored significantly higher in appearance anxiety and symptoms than men. These

results align with prior literature that demonstrates the general gender gap in psychological distress (Rosenfield & Mouzon, 2012), and also particularly body-related anxiety (Zartaloudi et al., 2023). Another analysis showed that men scored significantly higher in benevolent sexism than women. This result mirrors previous research indicating that men have a stronger endorsement of traditional gender roles (Glick & Fiske, 1996). Especially, studies done within the Turkish culture often demonstrate that men tend to adopt protective and paternalistic views consistent with benevolent sexist ideologies (Sakallı-Uğurlu et al., 2018). Taken together, these patterns observed across demographic groups enrich the understanding and interpretation of the hypothesized model.

4.2 Main Model Findings

The main analyses demonstrated partial support for the hypothesized model. Initially, a significant direct effect of sociocultural pressures on mental health symptoms was found. This finding confirms the first hypothesis and is consistent with prior literature linking internalization of appearance ideals to psychological distress, including anxiety and depressive symptoms (Merino et al., 2024). While this association has been reported before, the current study highlights its persistence in a Turkish sample, which remains underrepresented in the literature. In the context of Turkish culture, where aesthetic expectations and social comparison are often intensified by cultural norms and shared expectations (Hofstede, 2001), the impact of sociocultural pressures on mental health may be particularly pronounced.

Regarding the second group of hypotheses, a selective mediation effect highlighting social appearance anxiety was found. Although this result diverges from classical formulations of objectification theory (Fredrickson & Roberts, 1997), it may be understood through several theoretical and contextual considerations. First, appearance anxiety is an emotionally immediate construct, as it involves a fear of negative evaluation based on one’s

appearance, which may contribute to psychological distress more directly than the more cognitively oriented processes of surveillance or shame (Hart et al., 2008). Second, appearance anxiety reflects an interpersonal experience, which sets it apart from the more intrapersonal and passive dimensions of body surveillance and shame. That social-evaluative aspect may explain its stronger predictive power in relation to social anxiety, avoidance, and emotion regulation issues. Third, cultural context may further shape its prominence. In societies like Turkey, where group belonging is highly valued (Heinrichs et al., 2006; Hofstede, 2001), fear of social judgment may amplify appearance anxiety compared to Western settings. Fourth, recent research emphasizes appearance anxiety as a central, clinically relevant outcome of self-objectification, given its strong associations with disordered eating, depression, and general anxiety (Tiggemann & Kuring, 2004). Taken together, these findings position appearance anxiety as the most impactful element of self-objectification in this model.

Lastly, the analysis did not support the moderating role of benevolent sexism in the relationship between sociocultural pressures and any of the mediators. This finding was unexpected, given that prior literature suggests benevolent sexism amplifies appearance-based self-regulation (Calogero & Jost, 2011). It was hypothesized that individuals higher in benevolent sexism would be more likely to internalize sociocultural ideals, resulting in stronger associations between appearance pressures and self-objectification variables. However, this hypothesis was not supported in the current study. This may be understood in light of the sociocultural context in which the study was conducted. In Turkey, benevolent sexism is deeply embedded within cultural norms and is commonly expressed through socially accepted forms of gender role reinforcement (Sakallı-Uğurlu & Beydoğan, 2002). As a result, such attitudes may be broadly normalized across individuals. Benevolent sexism may take on varied social and ideological meanings depending on the individual, sometimes

functioning primarily as a cultural expectation rather than an overtly oppressive experience. This variability in perception may help explain the lack of a clear moderating effect: its influence may not operate in a consistent direction across the sample. In this framework, the absence of moderation does not suggest theoretical irrelevance but highlights the complexity of how benevolent sexism is socially understood and expressed in the Turkish context.

4.3 Age Differences

Although body dissatisfaction and appearance-related concerns persist across the lifespan, prior work suggests that self-objectification processes and body image investment tend to decline with age by changing social priorities and reduced peer evaluations (Tiggemann & Lynch, 2001). The present analysis examined whether the pathways in the model functioned differently for younger (18–40) and older (40+) adults.

For younger adults, both appearance anxiety and body surveillance significantly mediated the link between sociocultural pressures and symptoms, with no direct effect of pressures on symptoms. This pattern suggests that distress in this age group is more likely to arise through socially evaluative concerns such as fear of negative judgment and potential social rejection, rather than from pressures alone. Body surveillance may contribute by reinforcing these concerns through habitual appearance monitoring.

For older adults, appearance anxiety again emerged as a significant mediator, but sociocultural pressures also predicted symptoms directly. This could reflect the stronger impact of beauty standards that prioritize youthfulness (Halliwell & Dittmar, 2003), making them harder to reconcile with the natural changes of aging. In this context, distress may stem less from active self-objectification and more from feeling unable to meet ideals designed for younger bodies. Benevolent sexism also moderated the pressures–surveillance link, but in the opposite direction than anticipated. Higher benevolent sexism was linked to weaker

associations, possibly due to beliefs that appearance management is more relevant to younger individuals (Hammond et al., 2017).

Overall, the findings highlight that age not only alters the strength of appearance-related pressures but also shifts the pathways through which they affect mental health. In younger adults, the influence is channeled primarily through self-objectification processes, while in older adults, the direct effect suggests that youth-centered beauty ideals continue to exert pressure in ways that may operate through mechanisms beyond those captured in this model. These patterns underscore the importance of developing age-sensitive frameworks in future research to better address the distinct psychological processes at different life stages.

4.4 Gender-Based Exploratory Findings

In addition to examining the overall model, gender-based patterns were also explored to account for theoretical and empirical evidence of gender differences in self-objectification. These analyses were not included in the original set of hypotheses, but were added as theoretically informed exploratory models. This decision was based on both the conceptual origins of self-objectification theory and the patterns observed in the preliminary analyses. Objectification theory was initially conceptualized as a framework developed to explain women's experiences specifically (Fredrickson & Roberts, 1997), making it a gender specific model in its original form. The main model of the current study was designed to be more reflective of contemporary understandings, considering recent research that expanded the theory's relevance to include men (Davids et al., 2018). However, applying the model to a female-only subsample still served as a theoretically grounded reference point. Moreover, significant gender-based group differences in mental health symptoms, sociocultural pressure, and appearance anxiety observed in the current sample suggested that testing the model separately could offer valuable insight into how these processes may manifest differently across genders. In this context, these subsamples were designed to examine whether the

psychological mechanisms identified in the full sample would replicate across gender, or whether distinct patterns would emerge.

4.4.1 Females Only Model

The results of the female-only analysis mirrored the full sample. The significant direct effect for women suggests that the sociocultural appearance pressures alone may be sufficient to predict psychological distress even without being internalized through self-objectification. This reinforces the deeply ingrained nature of these societal demands and aligns with Frederickson and Robert's (1997) initial proposition that such expectations function as chronic stressors for women. This may be particularly true in Turkish culture, where beauty, femininity, and respectability are so intertwined for women (Alemdaroğlu, 2015). In this context, appearance-based standards may feel inescapable or even moralized. Such pressures may generate psychological distress directly without the need for additional cognitive or emotional mechanisms to mediate the effect.

Appearance anxiety being the only significant mediator may hold particular meaning for the women-only sample. Frederickson and Roberts (1997) emphasized that women's bodies are not just looked at but also constantly evaluated in ways that impact their access to both social and economic opportunities. They highlighted that this gaze towards women is often accompanied by sexualized or evaluative commentary (Gardner, 1980), which heightens women's awareness of being judged. Beyond attention, Frederickson and Roberts drew from prior literature that ties attractiveness more closely to social success for women than for men (Feingold, 1990). Furthermore, it is reported that women who do not conform to conventional beauty norms are the most frequent victims of appearance-based workplace discrimination (Snow & Harris, 1985). Unger (1979) conceptualized beauty as a form of currency for women. Recent research supports these early observations by associating women's appearances with their credibility, leadership evaluations, and hiring decisions (Johnson et al.,

2010). This pattern is also observable in the social and romantic contexts, where women's attractiveness is strongly associated with perceived likability, dating desirability, and long-term relationship potential (Dion et al., 1972). In Turkish culture, these interpersonal judgements may be even more amplified by norms that values traditional femininity, and modesty in visiual presentation for women (Gurung & Chrouser, 2007). From adolescense onward, women are taught to view their bodies not only as personal but as representational; linked to their moral character and societal reputation (Rashid & Michaud, 2000). Among the self objectification components, appearance anxiety may be the one that most directly capture these lived emotional consequences for women. Taken together, these dynamics help clarify why appearance anxiety stood out as the primary mediator in the female-only model.

Lastly, benevolent sexism did not significantly moderate any of the tested pathways in the female-only model. As discussed earlier, this may reflect the cultural normalization of benevolent sexist attitudes, which limits their variability and psychological impact at the individual level.

4.4.2 Males Only Model

The results of the male-only analysis differed from both the full sample and the female-only model. Interestingly, while self-objectification theory was originally developed to explain women's experiences (Fredrickson & Roberts, 1997), the current findings suggest that two of its components may play an even more essential explanatory role in men. In the female-only model, sociocultural pressure alone predicted stress, whereas men appear to require mediatory mechanisms for symptoms to emerge. The lack of the direct effect in this subsample means that appearance-based pressures do not automatically result in mental health symptoms for men. Unlike women, men may not experience these pressures as inherently distressing. The pathway displays a more conditional process for men. It suggests that the sociocultural appearance expectations become harmful for men particularly when they

provoke concerns about social comparison and negative evaluation. This distinction highlights a gendered difference in how these appearance-based demands are internalized. For men, such pressures do not appear to impact psychological well-being unless they are perceived as socially threatening or rejection-inducing. This aligns with research suggesting that appearance becomes more valuable for men, especially in socially evaluative settings such as dating or competitive peer environments that emphasize muscularity (Frederick et al., 2005).

Lastly, in the male-only model, benevolent sexism significantly moderated the relationship between sociocultural appearance pressures and body surveillance. Notably, this association occurred in the opposite direction than hypothesized; reflecting the complexity and theoretical plurality surrounding how gender ideologies interact with self-objectification processes. Higher levels of benevolent sexism weakened the effect of sociocultural pressures on body surveillance rather than amplifying it. A possible interpretation of this finding is that men who hold benevolent sexist beliefs may view appearance regulation as primarily a woman's responsibility. Benevolent sexism defines beauty as a feminine trait (Glick & Fiske, 1996). Accordingly, some men who score high in benevolent sexism may expect only women to maintain attractiveness, rather than internalizing it on their own bodies. There are research that confirms this by showing that men who endorse traditional gender ideologies are less likely to invest in appearance management or to internalize aesthetic norms (Hamshaw & Gavin, 2021). Traditional masculinity norms discourage preoccupation with appearance and often associate it with femininity (Syauki, 2024), further reinforcing the tendency to reject body surveillance in response to sociocultural pressures. While this directionality was not initially anticipated, it doesn't invalidate the original model. Instead, it illustrates that benevolent sexism may not function uniformly across genders, and that multiple, even opposing mechanisms may coexist within the broader construct.

4.5 Limitations and Future Research

While the current study offered several valuable insights to the existing literature, it also had numerous limitations. First, all data relied exclusively on self-report questionnaires. Therefore, a potential response bias must be acknowledged, particularly in the form of social desirability. This issue is especially relevant in the present study as participants were asked about sensitive subjects such as mental health symptoms and benevolent sexism. In the context of Turkish culture, these topics may carry additional social stigma, potentially triggering impression management strategies. As a result, some of the measures may have failed to reflect actual private experiences and attitudes. Although self-report remains a widely used method in psychological research, it should still be considered a limitation when interpreting the findings. Another limitation concerns the measurement of sociocultural appearance pressures. Although the scale was developed and validated in a gender-inclusive sample (Schaefer et al., 2016), its items reflect gender-specific appearance ideals, such as pressure to be thinner or more muscular. All participants in this study responded to the same set of items regardless of gender, which may have limited the measure's ability to fully capture the unique sociocultural expectations relevant to each gender. Future studies should consider incorporating alternative data sources, such as behavioral observations or peer reports. Second, the present study adopted a cross-sectional design, which hinders any assessment of causal influence. Although PROCESS modelling allows for the statistical analysis of conditional relationships, it is not possible to exactly determine the temporal ordering without longitudinal data. It remains unclear whether appearance anxiety develops in response to sociocultural pressures or whether pre-existing anxiety influences sensitivity to such sociocultural expectations. It is also possible that general psychological distress may result in higher appearance-related concerns, rather than the reverse. This potential bidirectionality should be taken into account when interpreting the current findings. Future

research should adopt longitudinal designs to clarify the direction and stability of the observed associations over time.

A methodological limitation in the present study is the potential conceptual overlap between the only significant mediator and the outcome variable. In particular, social appearance anxiety includes fear of judgment, self-consciousness, and physiological arousal, which are elements that can also be seen in anxiety and depressive symptomatology. Previous research has proposed that appearance-related distress often co-occurs with broader mood and anxiety disorders, making it difficult to isolate its unique psychological role (Nierenberg, 2002). Without clear differentiation, the current model may overestimate the mediator's predictive power. Studies have reported strong correlations between appearance anxiety and broader psychopathological disorders, including general anxiety and depression (Çelik & Tolan, 2021). This construct redundancy raises the question of whether appearance anxiety works as a distinct mediating mechanism or is simply a part of the broader symptom content. Future research should singularly examine more specific clinical outcomes rather than relying on broader psychological distress as a construct. Researchers should also consider including parallel mediators to evaluate whether appearance anxiety uniquely explains variance in mental health outcomes. They may also use observational measures to minimize the risk of conceptual overlap.

Another key point to consider when interpreting the findings is the cultural context of Turkey. The generalizability of the results to other cultural settings may be limited since the entire sample consisted of Turkish participants. Sociocultural values heavily shape the expression and meaning of the study's constructs. Body image concerns and appearance ideals are defined to be highly context-dependent, which highlights the importance of cultural variability (Swami, 2015). Frederickson et al. (2011) and Tiggemann (2011) both stated that self-objectification may present in various forms and patterns outside Western settings.

Cultural variation in the meaning of femininity, masculinity, and mental health stigma could shape both the self-reporting process and the interpretation of appearance pressures. As such, the generalizability of the current findings should be approached with caution, especially for cultures that endorse less traditional gender roles. Furthermore, although the scales used in the current study were adapted and validated in Turkish samples, they were all originally developed in Western contexts and may not fully capture culturally specific nuances. Swami (2010) noted that Western-developed scales measuring appearance-related attitudes may fail to reflect accurate results for non-Western samples even after adaptation. As they are grounded in Western ideals, scales such as SATAQ-4R and OBCS may lack the sensitivity or cultural alignment required for use with the present sample. Benevolent sexism, in particular, may hold different connotations across cultures, making it a difficult construct to measure with cross-cultural consistency. Future research should prioritize cross-cultural replications and consider developing culturally sensitive tools tailored to Turkish context.

Moreover, all participants in the sample identified as either female or male despite the demographic form including an open option for gender identity. In fact, the theoretical foundation of the present research draws from traditional gender role assumptions embedded in both self-objectification theory and benevolent sexism, which may not adequately capture the experiences of gender-diverse individuals. However, this result reflects the composition of the sample rather than a methodological exclusion issue. Nonetheless, the findings were based on a binary gender grouping, which may limit generalizability. Future studies should extend these models to include gender-diverse populations and explore how appearance pressures function outside binary systems. Moreover, although the majority of participants identified as heterosexual, there were still homosexual and bisexual individuals, as well as a substantial number who did not report their sexual orientation. Due to both the framework underlying the model and the limited number of participants identifying as non-heterosexual, sexual

orientation was not analysed as a factor. This could be considered a limitation since existing research highlights the impact of sexual orientation on body image experiences (Morrison et al., 2004). Future research should recruit more diverse samples and directly examine how sexual orientation interacts with self-objectification, appearance-related anxiety, and attitudes toward gender roles. Lastly, it should be noted that the exploratory gender-separated models were not included in the original hypotheses. Although their results offered additional insights, they were still exploratory in nature and should be interpreted with caution. Future studies should replicate these subgroup analyses using pre-registered designs to determine whether the observed differences are robust and theoretically replicable.

4.6 Clinical Implications

The present study's findings offer both theoretical contributions and practical value in assessment, intervention, and prevention strategies in clinical and community settings. Given the increasing visibility of appearance-related distress (Cash & Smolak, 2011), therapists and practitioners may be guided in designing more responsive strategies aimed at both individuals and broader audiences.

The current study's findings highlight appearance anxiety as a significant mediator, supporting its potential utility as a specific treatment target. It should further be considered as a transdiagnostic risk factor, as the findings show its associations with both depressive and generalized anxiety symptoms. Prior literature shows that it emerges across disorders, including depression, generalized anxiety, social anxiety disorder, eating disorders, and body dysmorphic disorder (BDD) (Cash & Smolak, 2011). Appearance anxiety is often listed as both one of the first emerging symptoms and a significant relapse trigger in eating disorders and body dysmorphic disorder (Christian et al., 2020; Veale, 2004). It involves components such as ruminative thinking, body checking rituals, and situational avoidance, which mirror symptoms of both obsessive-compulsive disorder (OCD) spectrum and anxiety-spectrum

disorders (Veale & Singh, 2019). Thus, appearance anxiety may be seen as a mechanism through which sociocultural stressors evolve into diagnosable clinical symptoms. Recognizing and targeting appearance anxiety in therapy may help the treatment and prevention of various emotional disorders. Therapists should be encouraged to ask about appearance-related distress to clients who report symptoms across diagnostic categories. Appearance anxiety may manifest itself as constant mirror checking, excessive social comparison, compulsive grooming, and avoidance behaviors. Validated clinical tools like the Social Appearance Anxiety Scale can be used to detect this construct directly (Hart et al., 2008).

Since appearance anxiety involves cognitive, affective, and behavioral components, it resonates with transdiagnostic cognitive behavioral therapy (CBT) models (Wilhelm et al., 2014). A meta-analysis of seven randomized trials showed that CBT can significantly reduce appearance anxiety, especially in disorders like BDD (Harrison et al., 2016). Cognitive restructuring and Socratic questioning are beneficial tools to reframe appearance-related negative beliefs (Veale et al., 2014). Psychoeducation normalizing appearance anxiety as a real and common experience can reduce internalized shame and strengthen therapeutic alliance (Cash & Hrabosky, 2003). CBT also uses gradual exposure to feared interactions that do not allow the client to conceal perceived flaws (Veale, 2001). Exposure and Response Prevention (ERP) is a technique that diminishes appearance anxiety and is effective for both OCD and BDD (Wilhelm et al., 2014). Similar behavioral experiments also help clients to disconfirm catastrophic beliefs regarding appearance-based rejection (Rosen et al., 1995). Moreover, mirror exposure therapy is another beneficial exposure tool where clients intentionally observe their reflection and practice describing themselves compassionately (Delinsky & Wilson, 2005). Overall, CBT is a well-supported practical framework involving various in-session tools for treating appearance anxiety.

Furthermore, acceptance and commitment therapy (ACT) is also used for appearance anxiety (Shepherd et al., 2019). ACT doesn't directly aim to eliminate appearance anxiety, but it helps clients accept distressing appearance-related thoughts and respond to them with more psychological flexibility (Givehki et al., 2018). Cognitive defusion techniques challenge the negative thoughts about self-image and help teach clients to minimize their emotional impact (Masuda et al., 2010). Moreover, values clarification in ACT helps clients shift focus from their appearance to their core values and guides them toward meaningful life goals (Griffiths et al., 2018). It is a particularly beneficial tool since appearance anxiety creates a strong preoccupation with looks that obstructs individuals from initiating various experiences. ACT studies show that it increases committed action in individuals with appearance anxiety, meaning that they were engaging in more meaningful social and work activities (Shepherd et al., 2020). Metaphors and experiential exercises are also listed as key ACT strategies relevant to appearance concerns (Stoddard & Afari, 2014). In sum, ACT is a technique that helps the client to coexist with their anxiety instead of trying to fight it with control and perfectionism. Studies report that ACT improves daily functioning and quality of life in clients with appearance-based distress, even if anxiety symptoms themselves persist (Genç & Yalçınkaya Alkar, 2025).

Lastly, schema therapy is used for exploring the origins of appearance anxiety in early experiences of shame or rejection (Young et al., 2003). Individuals with defectiveness and shame schemas are at higher risk for over-investing in their appearance to prove their worthiness (Young et al., 2003). Schema therapy initially aims to identify these maladaptive beliefs and modes that maintain appearance anxiety. Imagery rescripting is a powerful tool where clients revisit upsetting memories (e.g., bullying) and imagine new, healing endings (Arntz, 2012). This technique transforms the emotional meaning of the memory and replaces shame with validation. A case study shows that even after one single brief intervention,

imagery rescripting caused clinically significant improvements in BDD patients (Willson et al., 2016). Studies focusing on appearance-anxious individuals show that schema therapy improves self-concept, emotional resilience, and body satisfaction (Pondehnezhadan & Fard, 2018). Therefore, it is especially beneficial for people whose appearance anxiety stems from identity, self-worth, or trauma rather than just faulty thoughts, since they don't usually respond to surface-level CBT.

Beyond the boundaries of individual therapy, the implications of the current study's findings extend to community settings where sociocultural pressures play a meaningful role in the development of appearance anxiety. Given the significance of sociocultural appearance pressures in predicting mental health outcomes, addressing them on an institutional level is essential for prevention strategies. University-based interventions such as workshops, body image discussion groups, and campus-wide awareness campaigns have been shown to reduce internalization of sociocultural beauty standards among young adults (Stice et al., 2000). Moreover, social media-based interventions could be used as an opportunity for broader outreach. Psychoeducational content that promotes body functionality over appearance has been found to challenge the ideal body that is often promoted in the mass media and consequently improve body image (Alleva et al., 2015). Future interventions should focus on increasing resistance to internalization of sociocultural appearance pressures and normalizing diverse physical attributes.

Lastly, the current findings emphasize gender and culture as intervention anchors in this subject. The observed gender-specific patterns suggest a potential benefit for gender-based tailoring in interventions. Aligned with the current findings, prior literature supports that women's body concerns are often tied to perceived social value and safety, whereas men's are more context-dependent, linked to peer competition and performance ideals (Calogero & Thompson, 2009). Adapting interventions to these qualitatively different

mechanisms may be done through focusing on relational safety and self-worth content in female-focused programs, while emphasizing peer dynamics and functionality-based self-assessments in male populations.

4.7 Conclusion

The present study aimed to explore how sociocultural appearance pressures influence mental health symptoms through self-objectification mechanisms in a Turkish sample. The findings identified social appearance anxiety as the sole significant mediator in the full-sample model, extending the limited self-objectification literature within contemporary non-Western populations. It also provided guidance for prevention and treatment strategies by establishing appearance anxiety as a clinically relevant construct. Furthermore, the results reinforced existing theories on how sociocultural pressures manifest in mental health outcomes. The study also examined the moderating role of benevolent sexism, providing new data that challenge prior assumptions. The findings also provided insights on age-based variations in the model underscoring the importance of life stages when examining self objectification and mental health. It further explored gender-based pathways and offered a foundation for more targeted clinical interventions. Ultimately, the current study contributes to the growing literature linking appearance-based pressures to psychological distress by integrating sociocultural norms, gender ideologies, and mental health outcomes into a unified model in a non-Western context.

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APPENDIX A: Informed Consent

Koç Üniversitesi Sosyal Bilimler Enstitüsü Psikoloji Bölümü öğretim üyesi Prof. Dr. Mehmet Eskin danışmanlığında Klinik Psikoloji yüksek lisans öğrencisi Berrak Akyol tarafından yürütülen, Koç Üniversitesi Etik Kurulları'nın *2024.161.IRB3.068* sayılı onayı ile izin verilen, 'Kendini Nesneleştirme Bağlamında Görünüşe Yönelik Sosyokültürel Tutumlar, Korumacı Cinsiyetçilik, ve Ruh Sağlığının ilişkisi' başlıklı tez araştırmasına katılımınız rica olunmaktadır.

Bu araştırmaya tamamen kendi iradenizle, herhangi bir zorlama veya mecburiyet olmadan gönüllü olarak katılımınız esastır. Lütfen aşağıdaki bilgileri okuyunuz ve katılmaya karar vermeden önce anlamadığınız herhangi bir husus varsa sorumlu araştırmacıya sorunuz.

Araştırmanın amacı toplumsal güzellik algısı, cinsiyet rolleri ve kendini nesneleştirme kuramının ruh sağlığı ile ilişkisini incelemektir. Bu bağlamda sizlere düşünce ve deneyimlerinizle ilgili bazı sorular yöneltilecektir. Araştırmayı tamamlamanızın 10-12 dakika süreceği öngörülmektedir.

Anket genel olarak kişisel rahatsızlık verecek sorular içermemektedir. Ancak, soruları cevaplarken ya da herhangi başka bir nedenden dolayı kendinizi rahatsız hissetmeniz durumunda çalışmaya katılmayı reddedebilir veya cevaplamayı yarıda bırakabilirsiniz.

Verdiğiniz yanıtlardan elde edilen bilgiler tamamen gizli tutulacak, bu bilgilere yalnızca araştırmacılar ulaşabilecektir.

Formdaki sorulara vereceğiniz yanıtların doğruluğu araştırmanın niteliği açısından oldukça önem taşımaktadır. Lütfen yönergeleri dikkatle okuyarak sorulara sizi en iyi ifade eden cevapları vermeye çalışınız.

Katılımınız ve ilginiz için teşekkür ederiz.

□ Okudum, anladım, ve çalışmaya katılmayı onaylıyorum.

□ Okudum, anladım, ve çalışmaya katılmayı onaylamıyorum.

APPENDIX B: Demographic Form

1. Yaş: ( ) (18'den küçükse anket sonlanır)
2. Cinsiyet: Kadın ( ) Erkek ( ) Diğer (Belirtiniz: …)
3. Boy: … cm
4. Kilo: … kg
5. Bir ruh sağlığı profesyoneli tarafından (klinik psikolog, psikiyatrist vb.) tanısı konmuş herhangi bir psikolojik rahatsızlığınız var mı? Evet (Tanıyı belirtiniz: …) Hayır ( )
6. Cinsel Yönelim: Heteroseksüel ( ) Eşcinsel ( ) Biseksüel ( ) Aseksüel ( ) Diğer (Belirtiniz: …)
7. İlişki Durumu: İlişikisi yok/Bekar ( ) İlişkisi var ( ) Evli ( ) Boşanmış/Dul ( )
8. Eğitim Durumu: İlkokul ( ) Ortaokul ( ) Lise ( ) Üniversite ( ) Yüksek Lisans ( ) Doktora ( )
9. İş Durumu: Öğrenci ( ) Çalışıyor ( ) Çalışmıyor ( )
10. Gelir Düzeyi: Çok düşük ( ) Düşük ( ) Orta ( ) Yüksek ( ) Çok yüksek ( )

APPENDIX C: The Sociocultural Attitudes Towards Appearance Scale 4R

Lütfen aşağıdaki ifadeleri 1 (kesinlikle katılmıyorum) ile 5 (kesinlikle katılıyorum) arasında puanlayınız.

Aşağıdaki soruları ailenizi (ebeveynleri, ağabeyleri, ablaları, kardeşleri ve akrabalarınızı içerecek şekilde) düşünerek cevaplayınız.

	Kesinlikle Katılmıyorum	Katılmıyorum	Tarafsızım	Katılıyorum	Kesinlikle Katılıyorum
Daha zayıf görünmem konusunda üzerimde ailemin baskısını hissederim.					
Dış görünüşümü düzeltmem konusunda üzerimde ailemin baskısını hissederim.					
Vücut yağımı düşürmem konusunda ailem beni teşvik eder.					
Ailem vücudumu daha iyi bir şekle sokmam konusunda beni teşvik eder.					

Aşağıdaki soruları akranlarınızı (yakın arkadaşlarınızı, partnerinizi, sınıf arkadaşlarınızı ve aynı yaş grubunda olduğunuz diğer kişileri içerecek şekilde) düşünerek cevaplayınız.

	Hiç Katılmıyorum	Katılmıyorum	Tarafsızım	Katılıyorum	Tamamen Katılıyorum
Dış görünüşümü düzeltmem konusunda üzerimde hayatımdaki önemli kişilerin baskısını hissederim.					
Vücudumun daha iyi görünmesi konusunda üzerimde hayatımdaki önemli kişilerin baskısını hissederim.					
Vücut yağımı düşürmem konusunda hayatımdaki önemli kişilerden baskı görürüm.					

Aşağıdaki soruları medyayı (televizyon, internet, sosyal medya, filmler, ve reklamları içerecek şekilde) düşünerek cevaplayınız.

	Hiç Katılmıyorum	Katılmıyorum	Tarafsızım	Katılıyorum	Tamamen Katılıyorum
Vücudumun daha iyi görünmesi konusunda üzerimde medyanın baskısını hissederim.					
Daha zayıf görünmem konusunda üzerimde medyanın baskısını hissederim.					
Dış görünüşümü düzeltmem konusunda üzerimde medyanın baskısını hissederim.					
Vücut yağımı düşürmem konusunda üzerimde medyanın baskısını hissederim					

APPENDIX D: The Objectified Body Consciousness Scale - Surveillance Subscale

Lütfen aşağıdaki ifadeleri 1 (kesinlikle katılmıyorum) ile 7 (kesinlikle katılıyorum) arasında puanlayınız.

	Kesinlikle Katılmıyorum	Katılmıyorum	Kısmen Katılmıyorum	Tarafsızım	Kısmen Katılıyorum	Katılıyorum	Kesinlikle Katılıyorum
Nasıl göründüğüm hakkında nadiren düşünürüm.							
Bence giysilerimin rahat olması, üzerimde güzel durmasından daha önemlidir.							
Bedenimin nasıl göründüğünden çok nasıl hissettiği hakkında düşünürüm.							
Kendi görünüşümü başkalarının görünüşleri ile nadiren kıyaslarım.							
Diğer insanların gözüne nasıl gözüktüğüm hakkında nadiren kaygılanırım.							
Bedenimin nasıl göründüğünden ziyade bedenimle neler yapabileceğimle ilgilenirim.							

APPENDIX E: The Objectified Body Consciousness Scale - Shame Subscale

Lütfen aşağıdaki ifadeleri 1 (kesinlikle katılmıyorum) ile 7 (kesinlikle katılıyorum) arasında puanlayınız.

	Kesinlikle Katılmıyorum	Katılmıyorum	Kısmen Katılmıyorum	Tarafsızım	Kısmen Katılıyorum	Katılıyorum	Kesinlikle Katılıyorum
Kilomu kontrol edemediğimde kendimde bir terslik varmış gibi hissederim.							
En iyi şekilde görünmek için çaba sarf etmediğimde kendimden utanırım.							
Olabildiğim kadar iyi görünemediğimde, kendimi kötü bir insanmış gibi hissederim.							
İnsanlar gerçekte kaç kilo olduğumu bilirlerse kendimden utanırım.							
Kilomu kontrol edemediğimde bile kendimi makbul bir insan olarak görürüm.							
Yapmam gerektiği kadar egzersiz yapmadığımda, kendimde bir terslik olduğu kaygısına asla kapılmam.							
Gereği kadar egzersiz yapmadığımda, yeterince iyi bir insan olup olmadığımı sorgularım.							
Olmam gerektiğini düşündüğüm beden ölçülerine sahip değilsem, utanırım.							

APPENDIX F: The Social Appearance Anxiety Scale

Lütfen aşağıdaki ifadeleri 1 (kesinlikle katılmıyorum) ile 5 (kesinlikle katılıyorum) arasında puanlayınız.

	Kesinlikle Katılmıyorum	Katılmıyorum	Tarafsızım	Katılıyorum	Kesinlikle Katılıyorum
Dış görünüşümle ilgili kendimi rahat hissederim.					
Fotoğrafım çekilirken kendimi gergin hissederim.					
İnsanlar doğrudan bana baktıklarında gerilirim.					
İnsanların görünüşümden dolayı benden hoşlanmayacakları konusunda endişelenirim.					
Yanlarında olmadığım zamanlarda insanların, görünüşümle ilgili kusurlarımı konuşacaklarından endişelenirim.					
Görünüşümden dolayı insanların benimle beraber vakit geçirmek istemeyeceklerinden endişelenirim.					
İnsanların beni çekici bulmamalarından korkarım.					
Görünüşümün yaşamımı zorlaştıracağından endişe duyarım.					
Karşıma çıkan fırsatları görünüşümden dolayı kaybetmekten kaygılanırım.					
İnsanlarla konuşurken görünüşümden dolayı gerginlik yaşarım.					
Diğer insanlar görünüşümle ilgili bir şey söylediklerinde kaygılanırım.					
Dış görünüşümle ilgili başkalarının beklentilerini karşılayamamaktan endişeleniyorum.					
İnsanların görünüşümü olumsuz olarak değerlendirecekleri konusunda endişelenirim.					
Diğer insanların görünüşümdeki bir kusurun farkına vardıklarını düşündüğümde kendimi rahatsız hissederim.					
Sevdiğim kişinin görünüşümden dolayı beni terk edeceğinden endişe duyuyorum.					
İnsanların görünüşümün iyi olmadığını düşünmelerinden endişeleniyorum.					

APPENDIX G: The Ambivalent Sexism Inventory - Benevolent Sexism Subscale

Lütfen aşağıdaki ifadeleri 1 (kesinlikle katılmıyorum) ile 6 (kesinlikle katılıyorum) arasında puanlayınız.

	Kesinlikle Katılmıyorum	Katılmıyorum	Kısmen Katılmıyorum	Kısmen Katılıyorum	Katılıyorum	Kesinlikle Katılıyorum
Erkekler kadınsız eksiktirler.						
Ne kadar başarılı olursa olsun bir kadının sevgisine sahip olmadıkça bir erkek gerçek anlamda bütün bir insan olamaz.						
Karşı cinsten biri ile romantik ilişki olmaksızın insanlar hayatta gerçekten mutlu olamazlar.						
Her erkeğin hayatında hayran olduğu bir kadın olmalıdır.						
Kadınlar erkekler tarafından el üstünde tutulmalı ve korunmalıdır.						
Erkekler hayatlarındaki kadın için mali yardım sağlamak için kendi rahatlarını gönüllü olarak feda etmelidirler.						
Bir felaket durumunda kadınlar erkeklerden önce kurtarılmalıdır.						
İyi bir kadın erkeği tarafından yüceltilmelidir.						
Kadınlar erkeklerden daha yüksek ahlaki duyarlılığa sahip olma eğilimindedirler.						
Birçok kadın çok az erkekte olan bir saflığa sahiptir.						
Kadınlar erkeklerden daha ince bir kültür anlayışına ve zevkine sahiptirler.						

APPENDIX H: Depression Anxiety Stress Scale 21 - Depression and Anxiety Subscales

Lütfen her bir ifadeyi okuyup **GEÇEN HAFTA BOYUNCA** 0 (hiçbir zaman) ile 3 (her zaman) arasında puanlayınız.

Son bir hafta içersinde;

	Hiçbir Zaman	Bazen	Oldukça Sık	Her Zaman
Hiçbir şekilde olumlu duygular hissedemeyecekmişim gibi geldi.				
Bir şeyleri yaparken başlamakta zorluk çektiğimi fark ettim.				
Hiçbir beklentimin olmadığını hissettim.				
Kendimi morali bozuk ve canı sıkkın hissettim.				
Hiçbir şeye karşı bir istek duyamadım.				
Bir insan olarak çok fazla değerimin olmadığını hissettim.				
Hayatın anlamsız olduğunu hissettim.				
Ağzımın kuruduğunu fark ettim.				
Nefes alma güçlüğü yaşadım (örn., aşırı derecede hızlı nefes alma, fiziksel egzersiz olmadığı halde nefessiz kalma)				
Titremeler yaşadım (örn., elerimde)				
Beni panikletebilen ve kendimi aptal gibi hissedebileceğim durumlardan endişe duydum.				
Kendimi paniklemeye yakın hissettim.				
Fiziksel bir egzersiz yapmadığım halde kalbimin hareketlerini fark edebiliyordum (örn., kalp atış hızında artış hissi, atışlarda düzensizlik)				
Ortada bir neden olmadığı halde korktuğumu hissettim.				