FACTORS THAT INFLUENCE THE RELATIONSHIP BETWEEN WESTERN MEDIA EXPOSURE AND BODY SATISFACTION AMONG TURKISH UNIVERSITY STUDENTS

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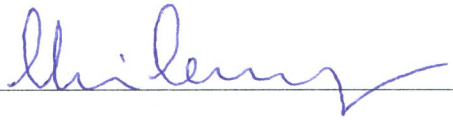

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Thesis Abstract

Ege Kurtuluş, "Factors that Influence the Relationship between Western Media Exposure and Body Satisfaction Among Turkish University Students"

This study investigated the factors that influence and mechanisms that underlie the relationship between Western media exposure and body satisfaction among students in Boğaziçi University, Istanbul, and Selçuk University, Konya. Previous research has found a link between sociocultural influences, like the media, and body satisfaction and unhealthy eating attitudes. In this study, 316 women from all body mass index groups participated by filling out the scales online. A Western Media Exposure Scale, Sociocultural Attitudes Towards Appearance Questionnaire, and Physical Appearance Comparison Scale were used to assess variables related to Western media exposure. Body Esteem Scale and Eating Attitudes Test were used to measure body satisfaction and eating patterns, and Religious Orientation Scale and demographic form were used to assess religiosity and personal differences, like socioeconomic status and body mass index. Results showed that Western media exposure, internalization of and comparison with media ideals were related to body satisfaction. Even though Boğaziçi University and Selçuk University students differed from each other in terms of religiosity and socioeconomic status, their body satisfaction levels and unhealthy eating attitudes unexpectedly did not differ from each other. Further implications of the research and recommended future directions are also discussed.

Tez Özeti

Ege Kurtuluş, "Türk Üniversite Öğrencilerinde Batılı Medyaya Maruz Kalma ve Fiziksel Memnuniyet Arasındaki İlişkiyi Etkileyen Faktörler"

Bu çalışmada, Batılı medyaya maruz kalma ve fiziksel memnuniyet arasındaki ilişkiyi etkileyen faktörler ve bu ilişkinin altında yatan mekanizmalar araştırılmıştır. Çalışmaya, Boğaziçi Üniversitesi, İstanbul'dan ve Selçuk Üniversitesi, Konya'dan, 316 kadın öğrenci internet üzerinden katılmıştır. Geçmiş çalışmalar, medya gibi sosyokültürel etkiler, fiziksel memnuniyet ve sağlıksız yeme davranışları arasında anlamlı bir bağlantı bulmuştur. Oluşturulan Batılı Medyaya Maruz Kalma Ölçeği, Görünüşle İlgili Sosyokültürel Tutumlar ve Fiziksel Görünüşünü Kıyaslama Ölçeği, Batılı medyaya maruz kalma değişkenlerini ölçmek için kullanılmıştır. Beden Saygı Ölçeği ve Yeme Tutumu Ölçeği ise fiziksel memnuniyet ve sağlıksız yeme davranışlarını ölçmek için kullanılmıştır. Dini Yönelim Ölçeği ve verilen demografik form da dindarlık, sosyoekonomik statü ve vücut kitle endeksi gibi kişisel farkları ölçmek için katılımcılara verilmiştir. Bulgular ele alındığında, Batılı medyaya maruz kalma, medyada idealize edilmiş figürleri içselleştirme ve bu figürlerle kendini kıyaslama ile fiziksel memnuniyetsizlik arasında anlamlı bir ilişki bulunmuştur. Boğaziçi ve Selçuk Üniversitesi öğrencileri dindarlık ve sosyoekonomik statü üzerinden birbirinden farklı olarak bulunsa da, bulgularda, iki grubun fiziksel memnuniyet ve sağlıksız yeme tutumları açısından farklı olmadığı ortaya çıkmıştır. Bu çalışmanın anlamlı başka bulguları ve gelecekteki çalışmalar için önerileri tartışılmıştır.

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children, and making them proud is the utmost aim of my life. My graduation is the first step towards this aim. This thesis is therefore dedicated to my mother, my father, and my sister.

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CHAPTER I

INTRODUCTION

Over the past couple of decades, the concept of "ideal beauty" and its close relationship with thinness have received important attention in research due to its possible impacts on body dissatisfaction and development of eating disorders. Previous research has especially been concerned about the risk factors of eating disorders, as well as the psychological mechanisms underlying these factors. More recently, cultural dimensions of the issue have started to be included in the mostly Western-dominated studies. However, research in non-Western settings is still quite limited, and eating disorders, which are thought to be "culture-bound" syndromes, are now becoming more prevalent in non-Western countries via globalization. Similarly, research on possible protective factors is inadequate compared to research done on vulnerability factors of eating disorders. This study thus aims to study body image concerns and disordered eating behaviors of Turkish college students through exposure to Western media, as well as investigating an individual difference variable, level of religiosity, that could possibly be an important protective factor in a mostly Muslim country.

Evolutionary Value of Female Physical Attractiveness

Even though the definition of beauty is tentative and can be determined by different characteristics of different eras, the importance of women's physical attractiveness is stable. Evolutionarily, women who show physical characteristics of health and fertility will be seen as attractive to men (Ferguson, Winegard, & Winegard, 2011). What makes men more attractive to women is different; women compete for men who

display signs of status, resource and good genes. This competition has led women to physically present themselves in their best ways.

Fat deposits that are located in breasts, hips, thighs and buttocks of women carry sexual connotations, as well as display signs of femininity and high fertility (Raphael & Lacet, 1994). Because the adipose tissue, creating an hourglass shape, develops during puberty, these characteristics also show that a woman is mature enough to reproduce. This fat tissue is also essential for the continuation of menstrual functioning; if body fat proportion is lower than a certain limit, menstrual cycles stop, and reproduction is therefore not possible (Raphael & Lacet, 1994).

As Raphael and Lacet (1994) state, the evolutionary and biological connections between fat tissue and sexuality allow us to understand why physical appearance and body shape are such socially loaded issues. The question is, if evolutionarily body fat and hourglass shapes are considered as attractive, how does the current society endorse opposite physical traits as beautiful?

First of all, different societies living under different circumstances define different body shapes as attractive. The needs and resources of a society determine the values, rules and preferences that society nourishes. As Ferguson et al. (2011) describe it, these cross-cultural differences may be less "top-down" socialization than they are thought to be, and instead they might represent shifts in responses to ecological variables, such as resources and geography. In societies where less resource is available, malnourishment represents poverty and less chance for the offspring's survival. In more affluent societies, having more body fat might be easier due to easy access to food, and a slimmer figure might become a better sign for health.

Another explanation for the shift in body preferences is offered by Kardum, Gracanin, and Hudek-Knezevic (2008). Females can optimize the success of the

survival of their offspring by changing their bodies and fertility. If the female is currently under poor environmental conditions and the offspring has a lower chance for survival, the female's eating habits can alter her fertility; she can terminate her menstrual cycles and suppress reproductivity. Additionally, poor environmental conditions might not be the only reason why a female would want to lower her fertility and postpone her pregnancy. In more affluent societies, academic success, independence and career of a woman are valued. For these reasons, a female might want to lower her fertility by changing her eating behavior. Therefore, the prosperity and resources of a society, as well as its cultural values, should be analyzed to understand how women of that specific society alter their behavior in order to comply with the beauty standards of that society.

The Definition of Beauty Over the Years

Although the concept of "ideal beauty" is highly culture-dependent, it is also time-dependent, meaning that the definition of beauty has changed throughout the history so that it could best fit the aesthetic standards of the historical period (Garner, Garfinkel, Schwartz, & Thompson, 1980). Depending on the demands of the period and the culture, what is considered as attractive has changed. Before 1960's, even in Western societies, plumpness was considered to represent higher social status and prosperity, and was therefore the desired body shape. Curved and voluptuous bodies still represent ideal beauty in some cultures, but there has been a major shift from fuller figures to more lean and angular shapes in Western societies (Garner et al., 1980). Conversely, higher social status started to become closely related to thinness; the thinner the woman is, the more educated and socioeconomically higher she is (Stunkard, 1975). Garner et

al. (1980) examined the issues of the Playboy magazine that had been published for the last 20 years, and found that the weights of the playmates on the centerfolds had significantly dropped over time. Additionally, their busts became smaller, waists became larger and hips became smaller, indicating a more tubular and angular body shape. In the same study, the researchers also found that the weights of Miss America pageant winners had significantly dropped over the past 20 years, with an average weight of 0.17 kilograms per year. Conversely, their height significantly increased over the years, which makes their body mass index (BMI) even smaller.

Body dissatisfaction, defined as "negative subjective evaluation of one's physical body", is very common among Western women (Furnham, 1994). Body dissatisfaction, wishing to be thinner in most cases, is a major risk factor for developing eating disorders (McLean, Paxton, & Wertheim, 2013). According to Ricciardelli and McCabe (2001), 75% of girls want to be thinner; preadolescent girls as young as age 9 report body dissatisfaction, which in turn influences their eating habits, self-worth, and self-esteem. The most important factors that cause the current prevalence of body dissatisfaction among so many women are sociocultural factors, which create pressure to obtain a level of thinness that is impossible to attain for most women. Sociocultural influences that create these unrealistic beauty standards are family, peers and the media. This study focuses on how the exposure to Western media that emphasizes certain beauty standards and thinness, influence body dissatisfaction and beauty ideals of a non-Western society.

Magazine articles, television shows, and advertisements have been glorifying thinness and emphasizing the importance of physical appearance in general, leading to body dissatisfaction and disordered eating (Spettigue & Henderson, 2004). There is a multi-billion dollar industry that revolves around selling beauty products that offer the customer what the woman in the advertisement owns: attractiveness, success, self-confidence, and many more desirable attributes. The messages of the media emphasize that being sexually attractive is the most important thing in one's life, that the sources of this attractiveness are outside the self, and the advertised products and available information about beauty are these sources necessary to make one attractive and trendy (Levine & Murnen, 2009).

This multi-billion dollar industry and its successful marketing strategies have developed a desire to construct a certain identity. Western values endorse the notion that everything, including an identity, can be changed and achieved, as opposed to being fixed and unchangeable (Becker, 2004). Recently in the Western culture, this constructed identity has become a visual and material one rather than a character-based one. And the aim of the beauty industry, with the help of the media, is to create a gap between the ideal identity and the consumer, so that the available product promises to reduce this gap and construct a whole new identity for the customer (Becker, 2004).

Additionally, research has shown that the actors in North American television series are below normal weight compared to the rest of the population, and overweight individuals are frequently insulted and looked down upon in these TV series. A study by Fouts and Burggraf (1999) investigated the body images and dieting behaviors of central female characters in situation comedies, as well as positive and negative verbal

comments towards these characters. The results showed that the female characters with below-average weight are overrepresented in TV series compared to the population, while overweight individuals are underrepresented. The thinner female characters received more positive comments from both male and female characters during the show. Similarly, another study showed that overweight characters in TV shows are more likely to be from the "out group"; such as ethnic minority groups, older or unemployed people (Greenberg, Eastin, Hofschire, Lachlan, & Brownell, 2003).

Messages delivered by the media emphasize a strong link between thinness and attractiveness. Thus, many studies have found a link between different means of media (television series, magazines, music videos etc.) and body dissatisfaction/eating disorders (Anschutz, Strien, & Engels, 2008; Cusumano & Thompson, 2000; Groesz, Levine, & Murnen, 2002; Halliwell & Dittmar, 2004; Hamilton, Mintz, & Kashubeck-West, 2007; Smolak, Levine, & Thompson, 2001). According to the meta-analysis conducted by Grabe, Ward and Hyde (2008), the effects of media exposure on women's general body dissatisfaction are robust. Regardless of assessment technique, research design (experimental or correlational), media type and individual differences, exposure to media is related to women's body image negatively.

Possible Mechanisms Mediating the Link between Media Exposure and Body Dissatisfaction

After showing the link between media and body dissatisfaction in many studies, researchers have recently been investigating the possible mechanisms underlying the relationship between media exposure and body dissatisfaction. The theory that is most accounted for is the "Tripartite Influence Model", which suggests that the standards for

ideal beauty are delivered through three sociocultural factors: peers, family and the media (Shroff & Thompson, 2006). The model also proposes processes by which sociocultural messages turn into individual body dissatisfaction: internalization of the thin ideal and social comparison (Slevec & Tiggemann, 2011). This model has been supported by several studies and has been used as a framework to understand other populations, such as older women and boys/men (Knauss, Paxton, & Alsaker, 2007; Knauss, Paxton, & Alsaker, 2008; Keery, van der Berg, & Thomspon, 2004; Levine & Murnen, 2009; Shroff & Thompson, 2005; Slevec & Tiggemann, 2001; van der Berg, Thompson, Brandon, & Coovert, 2002). The focus of this study is one part of the tripartite model, the media, and the two mentioned primary processes that might mediate the link by translating media messages into negative body images.

Internalization of the beauty ideals is the process of integrating the sociocultural standards to the personal belief system (McLean et al., 2013). Internalization and awareness are very different processes; the first one refers to the acceptance and adoption of socially defined ideals, while the latter one refers to the simple knowledge that the standard exists in the society (Cafri, Yamamiya, Brannick, & Thompson; 2005). Halliwell and Dittmar (2005) have shown that when presented with thin models, women who internalize the thin ideal showed greater anxiety and more body dissatisfaction compared to those who are simply aware of the thin ideal. Similarly, another study showed that appearance conversations with peers and magazine reading frequency was linked to body image dissatisfaction through the mediation of internalization. The students who read more magazines and had more appearance-related conversations with their friends were more likely to internalize media ideals, which in turn resulted in greater body dissatisfaction (Jones, Vigfusdottir, & Lee;

2004). A meta-analysis by Cafri et al. (2005) also showed a medium-to-large relationship between internalization and body dissatisfaction.

The second primary process that can be a possible mediator for the link between media exposure and body dissatisfaction is social comparison, which is derived by the social comparison theory by Festinger (1954). According to this theory, people have a drive to evaluate their own abilities and standing in life by comparing themselves to others (Myers & Crowther, 2009). They search out better standards, and they make upward comparisons with those standards, setting a goal to reach them. According to Festinger (1954), upward comparisons result in more negative feelings, reminding people that they are not adequate and have not reached their standards yet.

The concept of social comparison can also be applied to physical appearance and eating habits (Morrison, Kalin, & Morrison, 2004). According to Morrison et al. (2004), people make upward comparisons when comparing their bodies, which ends in greater levels of body dissatisfaction and damaged self-image. The socioculturally endorsed beauty ideals for women are unrealistically thin and nearly impossible to obtain by most women. In a study, some participants were asked to compare themselves to the thin models in the represented commercials, and the participants who were asked to make comparisons reported significantly more dissatisfaction than those who were not asked to make comparisons (Cattarin, Thompson, & Williams, 2000).

Many studies show that both processes of internalization of the thin ideal and social comparison mediate the relationship between sociocultural influences and body dissatisfaction (Dittmar & Howard, 2004; Durkin, Paxton, & Sorbello, 2007; Keery et al., 2004; Myers & Crowther, 2009; Stice, Schupak-Neuberg, Shaw, & Stein; 1994; Shroff & Thompson, 2006). In a study investigating the relationship between body dissatisfaction and media literacy, internalization and appearance comparison fully

mediated this inversely related link (McLean et al., 2013). Media literacy, defined by McLean et al. (2013), is the ability to access, analyze, evaluate and understand media. Path analysis showed that the contribution of media literacy to body dissatisfaction was through internalization and appearance comparison, such that greater understanding of the media is linked to less internalization and comparison, which in turn ended in less body dissatisfaction. Thus, these processes are important not only for understanding of the problem, but also for the solution of the problem, as they help mitigating the detrimental effects of the media on body image.

Globalization, Culture, and Body Image

"Fear of fatness" is a notion that comes hand-in-hand with industrialization and modernization that enable more access to food beyond need, the possibility of eating as a leisure activity, the concern of looking good and being presentable, the increase of women competing against men in the labor market (Littlewood, 2004). Food abuse can only be possible if the society is rich and industrialized enough to have surplus food and the luxury of eating it (Dolan, 1993). With the increased place of women in the workroom, a more androgynous identity beyond child-bearing and domestic roles has been created for women. This androgynous identity has led to a more androgynous female body form as well, with a shift from fertile-looking, curvy female forms to slimmer and more angular ones.

One of the biggest questions concerning eating disorders is whether they are "culture-bound" syndromes or not. Culture-bound syndromes are defined as a collection of symptoms restricted to a limited number of cultures due to their sociological and psychological symptoms (Prince, 1985). As eating disorders started

becoming highly prevalent in non-Western societies, researchers started questioning to what extent eating disorders are culture-bound. However with globalization and penetration of Western values to other cultures, the definition of a "non-Western" society has started to be more vague (Keel & Klump, 2003). So the main questions that are currently under investigation are the internalized aspects of Western culture that distort the present beauty ideals of a society, through ways these values penetrate, and whether there are vulnerability/protective factors that can risk/secure a society from increased body dissatisfaction among women due to overemphasis on appearance or unachievable standards.

There are quite many pieces of evidence that support an existing relationship between Western media exposure and increased body dissatisfaction in non-Western settings (Bilukha & Utermohlen, 2002; Calado, Lameiras, Sepulveda, Rodriguez, & Carrera, 2010; Catina, Boyadijeva, & Bergner, 1996; Davis & Katzman, 1999; Dolan, 1993; Gunewardene, Huon, & Zheng, 2001; Nasser, 1986; Rieger, Touyz, Swain; & Beumont, 2001; Soh, Touyz, & Surgenor; 2006; Swami et al., 2010; Swami, Neto, Tovee, & Furnham, 2007). According to a study conducted in Ukraine, with the fall of the Iron curtain and the introduction of the Western media to the country, dramatic shifts towards the thin-ideal have been documented (Bilukha & Utermohlen, 2002). It was found that exposure to Western media, but not to local media, was associated with internalization of the Western standards of ideal beauty and body dissatisfaction. Similarly, Calado et al. (2010) conducted a study on Spanish high school students and found that higher levels of Western media exposure was related to teenagers' disordered eating behaviors. They also showed greater body dissatisfaction and increased internalization of the thin-ideal. In another study, Australian girls and Chinese girls living in Australia were compared in terms of their disordered eating

behaviors and body dissatisfaction (Gunewardene, 2000). It was found that Australian girls dieted more significantly than Chinese girls living in Australia. Interestingly, westernization index was a powerful predictor of dieting behavior and body dissatisfaction, meaning that the more acculturated the Chinese girls are to the Western setting, the more they showed disordered eating behavior.

The most striking study on this topic is conducted by Becker (2004) in Fiji. This longitudinal study investigated the changes in body image and ideal beauty perceptions of Fijian girls before and after the introduction of television to the participants' community in Fiji. The qualitative results showed that three years of Western television exposure was enough to change the social mechanisms that had a preference for larger bodies for years. In traditional Fiji, identities were based on family, nurturance, and relationships, not on physical looks, material things or the body/self. After the introduction of Western television, Fijian girls reshaped their existing beauty values, and became more competitive and self-oriented in order to fit into the newly acquired social values. They started developing disordered eating patterns, such as restricting or purging, to reshape their bodies and improve their social status.

Eating Attitudes and Body Dissatisfaction Research in Turkey

Even though the Turkish society has not been through such a sudden introduction of Western culture like Fiji, the collectivistic and interdependent nature of Fijian social structure is similar to the nature of Turkish social values. For many years, plumpness and curvaceous bodies have been idolized by the Turkish society, matching with the culture's great emphasis on relationships, nurturance, societal harmony, as well as on women's fertility and domestic roles. Local cultures, historical factors, and local diet

can influence preference for body shapes; for example Mediterranean and Middle Eastern cultures have a relaxed attitude towards food, eating and weight (Swami et al., 2007).

As a country, Turkey is difficult to be categorized under one world region; it has a pivotal position between East and West (Erol, Toprak, &Yazıcı, 2006). In terms of religion and social structure, Turkey is considered as a non-Western society; however certain attitudes and prevalence of disorders reported in Turkish studies, such as abnormal eating attitudes and eating disorders, have started to resemble Western countries in at least large cities (Erol et al., 2006). As a developing country having its share from the results of globalization and modernization, Turkey has started importing modern social habits, and the influence of Western media is undeniable. Although familial ties, kinship and traditional values are still very important, especially in smaller cities, exposure to Western media creates a conflict between self-fulfillment and social roles, and puts pressure on younger people. This pressure of modern conflict, along with the emphasis of the Western media on slimness and appearance, increases body dissatisfaction and prevalence of eating disorders in Turkey.

There are a very limited number of studies that investigate abnormal eating attitudes of the Turkish youth, and the prevalence of eating disorders in Turkey. There is no research exploring the relationship between the amount of Western media exposure and unhealthy eating behaviors/body dissatisfaction. Conducted studies have so far shown that prevalence of eating disorders and unhealthy eating behaviors resemble those of Western countries. In one study, the frequency of unhealthy eating attitudes was found to be 13% among female university students (Baş, Aşçı, Karabudak, & Kızıltan, 2004). In a more recent study by Şanlıer, Yabancı, and Alyakut

(2008), this frequency went up to 23%, showing that even a few years between studies matter in terms of prevalence of unhealthy eating attitudes.

In terms of body dissatisfaction, the results are in line with those of Western countries as well. In a study conducted among Turkish university students, 57% of the female students were not satisfied with their bodies (Özmen, Özmen, Ergin, Çetinkaya, Şen, Dündar, & Taksin, 2007). Canpolat, Örsel, Akdemir, and Özbay (2005), report that 43% of the girls from a high school in Ankara wished to be thinner. Additionally, 50% of the girls from the same study were "frequent" or "sometimes" dieters. Contrary to researchers' expectations, the results of the study showed that the rates of dieting and idealizing a thinner body were as high as they are in Western countries. The researchers also conclude by saying although not included in their study, media and westernization are great risk factors for the found results, and their results cannot be generalized to the eastern parts of Turkey, which are less affected by westernization (Canpolat et al., 2005).

Interestingly, Kuğu, Akyüz, Doğan, Ersan, and İzgiç (2006) conducted a study in Sivas, a city in the eastern part of Turkey. The researchers hypothesized that Western values on beauty and slimness are spreading through not only big cities, but also rural areas of Turkey through TV and mass media. It was found that the frequency of eating disorders in Sivas resembled that of western parts of Turkey and Western countries. 2.20% of the university students were diagnosed with eating disorders; 1.57% of bulimia nervosa and 0.31% of binge eating disorders were found among over 1,000 students. No cases of anorexia nervosa were found. This finding did not resemble the results of Western-based studies, in which anorexia nervosa occurs 1-2% when assessed among 1,000 female students. Given the surprising results, this study concludes by stating that the increasing effects of the Western media is larger than it is

imagined, and there is a need to expand research by using wider samples from different regions of the country (Kuğu et al., 2006).

Research also shows that prevalence of eating disorders and levels of body dissatisfaction also vary within a culture, depending on religiosity, socioeconomic status (SES) or living in rural versus urban areas. A study by Swami et al. (2010) was conducted in 41 sites from 26 countries. There were significant differences on body weight ideals, as well as levels of body satisfaction between countries, however largest effect sizes were found between rural and urban areas within the same country. The researchers explain this difference across contexts as differences in SES and westernization. The same study found that self-reported exposure to Western media, but not to local media, was associated with thinner ideal figures. This research shows that collapsing one country into a single culture is not a correct way to analyze a highly sociocultural phenomenon like eating disorders. Especially Turkish culture is a multi-layered one, with a lot of variables influencing the local culture of a specific region. Thus, this study chooses to compare two cities, Istanbul and Konya. Although Konya is not a rural area, it is a less developed and modernized city compared to the most developed city of Turkey, Istanbul. Konya is also known as having a conservative and religious population. These two cities differ in great extent in terms of currently explored variables; westernization, SES and religiosity, which are also found to be factors that influence eating attitudes.

A study by Swami and Tovee (2007) investigated the preferred body shapes by Sami (the indigenous Finns living in the rural area) and Finns living in Helsinki. The region that Sami lives in is described as less westernized and industrialized, with a different way of life and traditions. The results showed that Sami participants preferred body size was a lot bigger than that of participants from Helsinki. The researchers

argue that this difference may be due to SES; resources in the rural area are scarce, and thus heavier figures representing prosperity is preferred by these participants. This study includes both SES and westernization as variables, and will be able to compare how both variables influence eating attitudes, as well as body dissatisfaction.

A Possible Protective Factor: Religion

Another very important factor that constitutes a major part of Turkish culture is religion. Religious affiliation and strength of religious faith are fundamental to one's cultural identity (Tarakeshwar, Stanton, & Pargament, 2003). Religion, especially Islam, determines a great part of traditional values, living styles, and habits. Therefore, it would be more precise to investigate the relationship between culture and eating attitudes/body dissatisfaction by including religion. There is evidence that supports the idea that one's strength of religious faith is negatively correlated with the vulnerability of that person to thin idealization (Smith, Richards, & Maglio, 2004). However, this study was conducted with Christian and Jewish participants, and there is a more limited number of studies that explore the same issue with Muslim women.

According to Mussap (2009), research on Muslim women and their eating attitudes/body dissatisfaction has shown mixed results. For example, in one study, it was shown that Muslim university students living in Iran did not show significantly more body satisfaction than Iranian Muslim female students living in Los Angeles, meaning that their levels of westernization did not influence their levels of body satisfaction (Abdollahi & Mann, 2001). Safir, Kellner, and Rosenmann (2005) explored cultural differences between Jewish and Arab groups in Israel in terms of ideal female figure and body satisfaction. The researchers were struck by the unexpected results

showing similarities between the two groups rather than differences. There was no difference between the preferred body shapes of the two groups, and there was only a slight difference between body dissatisfaction levels, Jewish participants showing more dissatisfaction than Arab ones. The researchers concluded that cultures are becoming increasingly similar through internalization of universal values that are spread through Western media (Safir et al., 2005).

Similarly, Mussap (2009) found that Muslim women and Christian women living in Melbourne did not show body image differences. However, it was shown that the strength of faith in Islam influences a woman's interaction with and exposure to Western media's body ideals. A small, but significant positive association was also found between strength of Islamic faith and body satisfaction. As the strength of Islamic faith increases, religious women start to obey the Islamic rules of clothing more, which emphasize traditional loose-fitting clothes, and headscarves (Mussap, 2009). This way of dressing takes the focus away from the body, de-emphasizing appearance and making it impossible for these women to compare themselves with Western physical ideals.

All together, these results suggest that the type of religious affiliation does not particularly influence eating attitudes, but the strength of faith does, regardless of the religious affiliation. It has frequently been shown that religiosity in general promotes mental health, and in this case, it can take the focus of self-worth away from appearance, and define self-worth with morals (Mussap, 2009). In a study by Homan and Boyatzis (2010), women who derived more of their self-worth from their relationship with God turned out to be more accepting of their bodies and more resistant to cultural expectations of slimness. They were buffered from weight-related environmental cues and the pressure coming from these cues. In another research, the

results showed that patients with eating disorders mostly benefited from spirituality group, compared to emotional support group or cognitive therapy group (Richards, Berrett, Hardman, & Eggett, 2006).

A recent study by Homan (2012) assigned its Christian participants into one of the two conditions: in one of them participants were presented with advertisements of thin models, in another condition they were presented with advertisements of normal-weight or heavier models. Their body dissatisfaction levels, and attachment to God were investigated. The results showed that in general, photographs of thin models led to a greater body dissatisfaction compared to photographs of normal-weighted models. However, the harmful effect of being exposed to thin models was weakened for those who were securely attached to God (Homan, 2012). It was concluded that because people with secure God attachments think that God loves and accepts them, their self-worth is less affected by cultural messages regarding thinness.

Traditional cultures have protective factors, such as religiosity and secure attachment to God, which may diminish the effects of Western media exposure. It is also possible that more religious people may have less access to Western media or feel less need to expose themselves to Western media by choice. This study investigates the relationship between strength of religious faith and amount of exposure to Western media, and whether religiosity buffers effects of Western media on unhealthy eating attitudes/body satisfaction if the person is exposed to this particular type of media.

Other Potentially Related Variables: SES and BMI

Body mass index (BMI) of a person has found to be a risk factor for developing unhealthy eating patterns and being more dissatisfied with their bodies. Higher BMI

increases pressures to be thin, body dissatisfaction, and dieting (Cattarin & Thompson, 1994; Chen, Gao, & Jackson, 2007; Durkin & Paxton, 2002; McLean, Paxton, & Wertheim; 2013; Ogden & Mundray, 1996; Rogers, Resnick, Mitchell, & Blum, 1997; Stice, 2002; Stice, Mazotti, Krebs, & Martin, 1998; Swami & Tovee, 2007). For example, in high school students, BMI was found to be the strongest predictor of state body dissatisfaction after being exposed to thin models; larger girls were more sensitive to idealized images (Durkin & Paxton, 2002). Another study conducted in China found evidence that BMI was a significant indicator of body dissatisfaction. It influenced body dissatisfaction both directly, and indirectly through teasing and social pressure (Chen, Gao, & Jackson, 2007). A recent research by McLean et al. (2013) showed in a path analysis that BMI influenced body dissatisfaction directly and indirectly through comparison and internalization, as hypothesized in this study as well.

There are mixed results and ideas regarding the relationship between SES and eating disorders. Gard and Freeman (1995) argue that SES only appears to be related to the prevalence of eating disorders because of the case studies that are based on individuals with anorexia nervosa. They argue that many studies did not find any relationship between eating disorders and SES (Eagles, Wilson, Hunter, & Callender, 1990; Freeman & Gard, 1994; Mann, Wakeling, Wood, Monck, Dobbs, & Szmukler, 1983). However, it should be kept in mind that these are dated studies that investigate the relationship between SES and eating disorders, not body dissatisfaction, unhealthy eating attitudes or body shape preference.

Some studies, in contrast, found evidence that SES is associated with body shape preferences and body dissatisfaction. In a research conducted in Britain and Samoa, British participants and participants living in the larger city of Samoa, preferred slimmer bodies and showed more dissatisfaction with their bodies compared to those

living in a smaller city (Swami, Knight, Tovee, Davies, & Furnham, 2007). In the study, this smaller Samoan city is described as being less developed, as well as by having a population with lower SES. Therefore, SES, along with level of westernization, can be related to body dissatisfaction and ideal body figures. The researchers also argue that improved SES is associated with Western notion of attractiveness, setting expectation for thinner bodies, which leads to higher levels of body dissatisfaction. Obesity may be associated with low SES, as it is typical for the rich to be able to keep their weight down (Furnham & Alibhai, 1983).

Similarly, in a previously mentioned study conducted in 26 countries by Swami et al. (2010), participants from a low SES context experienced less body dissatisfaction compared to those from higher SES. The researchers claim that differences in body dissatisfaction are not as great for differing levels of westernization, as it is for differing levels of SES (Swami et al., 2010). They suggest not disregarding the effects of westernization, such as exposure to Western media, but claim that SES should definitely be taken into consideration. In this study, both variables will be taken into account. It is believed that especially in Turkey, westernization and SES are positively correlated, and the results for both variables are expected to be similar, significant or not.

Hypotheses

This study investigates the relationship between Western media exposure and body dissatisfaction/disordered eating behaviors in a non-Western setting to explore how internalization of Western standards is related to one's perception of beauty ideals.

Possible mediating processes, and individual differences (like religiosity, SES, BMI) that can influence this relationship will also be explored.

1) Western media exposure will be directly related to body satisfaction, such that greater Western media exposure will predict less body satisfaction.
2) Greater exposure to Western media will predict greater internalization of societal ideals on body image and disordered eating behaviors.
3) Greater exposure to Western media will predict greater comparison of the participants' physical appearance in social situations.
4) When internalization and comparison are put into the Structural Equation Model (SEM) as mediators, the direct relationship between Western media exposure and body satisfaction will decrease (See Figure 1).
5) Greater body satisfaction will predict less unhealthy eating attitudes.
6) This model will be investigated for high and low groups of SES, BMI, and religiosity, as well as separately for Boğaziçi University and Selçuk University students.

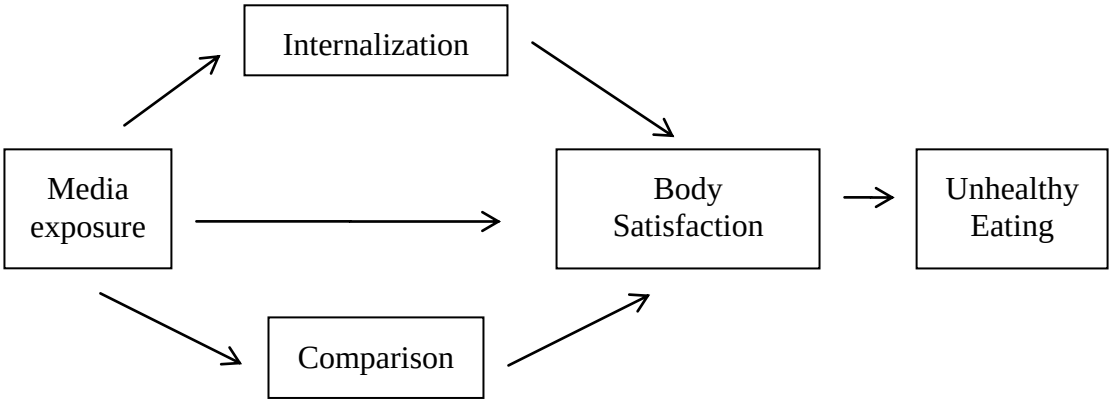

Figure 1: Proposed model predicting the relationship between Western media exposure and body dissatisfaction.

CHAPTER II

METHOD

Participants

A total of 316 female students from Boğaziçi University, Istanbul, and Selçuk University, Konya, participated in the study. Out of the 316 participants with a mean age of 21.48 (*SD* = 3.37), 251 were from Boğaziçi University, and 65 were from Selçuk University. All participants' ages ranged between 18 and 43. The mean age of the participants from Boğaziçi University was 20.82 (*SD* = 2.68), ranging between ages of 18 and 43. The mean age of the participants from Selçuk University was 24.06 (*SD* = 4.43), ranging between ages of 19 and 38.

Materials

Western Media Exposure Scale

There is no available scale that measures the level of one's exposure to Western media, however some individual questions about television, magazines and music videos were asked in North American studies to assess how much the participant is exposed to general media. This study developed a scale by putting together questions that measure one's frequency of exposure to both Western and Turkish media, including television, movies, internet, magazines and music videos. The scale has 10 items, and all items

have four Likert-type response options from never to very frequently (See Appendix A).

Sociocultural Attitudes Towards Appearance Scale

Internalization is measured by the internalization subscale of the Sociocultural Attitudes Towards Appearance Scale-3 (SATAQ-3; Thompson, van der Berg, Roehrig, Guarda, & Heinberg, 2004). It is a 30-item self-report questionnaire assessing the endorsement of societal ideals on body image and disordered eating behaviors. All items have a 5-point response scale, with higher scores indicating greater endorsement of the sociocultural values on body image and eating disturbances. The internalization subscale of the SATAQ-3 measures to the extent a person adopts beauty standards of the media by internalizing these standards. There are totally four subscales of SATAQ-3, and the internalization subscale is composed of nine items (See Appendix B). Three items of the internalization subscale were reversed items, and thus were recoded.

Internal consistency of the scale was measured to be .94, and internal consistency of the internalization subscale was found to be .92 (Thompson et al., 2004). Further research also indicates a high internal consistency when the scale is used in different participant groups, such as men and people with eating disorders (Karazsia & Crowther, 2008; Calogero, Davis, & Thompson, 2004). The Turkish version of SATAQ-3 is not available, so the scale was translated and back translated in this study (See Appendix B).

Physical Appearance Comparison Scale

Participants' tendency to compare their physical appearance in social situations is assessed by Physical Appearance Comparison Scale (PACS; Thompson, Heinberg, & Tantleff, 1991). This scale consists of self-reported 5 items with a 5-point Likert scale from 1 (never) to 5 (always) with higher scores indicating greater levels of comparing one's appearance to others in social situations. Thompson et al. (1991) reported internal consistency of the scale to be .78, and test-retest reliability to be .72.

The newer version of the scale (PACS-R) was recently developed by Schaefer (2013). The number of items increased from 5 to 11, each item having a 5-point response scale. The internal consistency of the scale was found to be .97, and its convergent validity with related variables, such as body dissatisfaction, eating pathology, shape concern, internalization of appearance ideals, and self-esteem, was found to be very high (Schaefer, 2013).

PACS-R was translated to Turkish with the back translation technique (See Appendix C).

Body Esteem Scale

Body satisfaction is measured by the Body Esteem Scale (Mendelson, Mendelson, & White, 2001). The scale measures how one feels about their weight and appearance, as well as to what extent they attribute their positive characteristics to their physical appearance and weight. This 21-item self-report questionnaire loads into three factors: Appearance (general feelings about appearance), attribution (evaluations attributed to others about one's body and appearance), and weight (weight satisfaction). This scale

consists of self-reported 5 items with a 5-point Likert scale from 1 (never) to 5 (always) with higher scores indicating greater body satisfaction. Internal consistencies of appearance, attribution, and weight subscales were .93, .81, and .95, respectively (Mendelson et al., 2001). The test-retest reliability of appearance, attribution, and weight subscales were found to be .89, .83, and .92 respectively. This scale was translated to Turkish with the method of back translation (See Appendix D).

Eating Attitudes Test

Unhealthy eating attitudes will be measured by the Eating Attitudes Test (EAT; Garner & Garfinkel, 1979). It is a scale of 40 items used to assess symptoms of eating disorders and unhealthy eating behavior. Each item has a 6-point Likert response, ranging from 1 (never) to 6 (always), with higher scores indicating more unhealthy eating attitudes and greater tendency to develop eating disorders. Its internal consistency was found to be .94 (Garner & Garfinkel, 1979). The scale was then reduced to 26 items by Garner and Garfinkel (1980), but the Turkish version of the scale consists of all 40 items (See Appendix E), and its internal consistency was found to be .70 (Savaşır & Erol, 1989). In two other studies conducted by Turkish researchers, internal consistency and test-retest reliability were found to be satisfying (Batur, 2004; Elal, Altuğ, Slade, & Tekcan, 2000).

Religious Orientation Scale

The current study uses Religious Orientation Scale (ROS; Allport & Ross, 1967) to measure religiosity. It has 20 items with 6-point Likert-type responses. Out of the 20

items, 11 of them measure extrinsic religiosity, and nine of them measure intrinsic religiosity. Extrinsic individuals perceive the concept of religion as a way of achieving status or acceptance; intrinsic individuals, on the other hand, internalize their beliefs and do not motivate themselves by the social reasons of religion (Smith, Richards, & Maglio, 2004). Intrinsic individuals are motivated by personal beliefs, and are considered as devout and orthodox. Extrinsic individuals are not considered as orthodox, as they are motivated by the social reasons and use religion to create a religious image in other people's minds. This study operationalizes religiosity by the strength of religious faith, and therefore uses the intrinsic religiosity subscale of the ROS.

Internal consistency of intrinsic religiosity was found to be higher than that of extrinsic religiosity, which were found to be .93 and .75, respectively (Donahue, 1985). Cırhınlıoğlu (2006) developed the Turkish version of this questionnaire (See Appendix F). The Turkish version of the ROS also loaded onto two factors, and internal consistency of intrinsic religiosity was found to be .87, while internal consistency of extrinsic religiosity was found to be .60 (Cırhınlıoğlu, 2006).

Demographic Form

Lastly, a demographic form was given to the participants in order to get general information about them, as well as to collect data about other related variables, such as BMI and SES (See Appendix G). The height and weight of the participants were asked in order to calculate BMI (kg/m^2). SES was calculated by taking three variables into account: income of the household, occupation and education of the parents. Turkish Statistical Institute (TÜİK) also computes SES by these three variables (Turkish

Statistical Institute, 2012). Occupational status and education level of the participants' parents were determined by the scoring list provided by TÜİK. This scoring list is based on the Turkish education system and has the most common occupations in Turkey.

Procedure

All forms were administered in an online fashion, through a survey website, to all participants in Istanbul and Konya. An informed consent was first presented to the participants before they began filling out the questionnaires. All materials, except for the demographic form that was presented lastly, were given in a counterbalanced order. The participants were then informed about the purpose of the study with a small debriefing paragraph.

CHAPTER III

RESULTS

Data Reduction

A total of 345 participants, 273 students from Boğaziçi University and 72 students from Selçuk University, completed the online survey. Out of the 345 participants, 29 of them were excluded from the study for various reasons; some participants were male students who accidentally filled out the survey, and some participants had too many missing values that cannot be ignored.

When an analysis of box plots, trimmed means, skewness, and kurtosis was conducted for the investigation of outliers, some outliers were detected in terms of age, BMI and EAT scores. In z-score analysis, z-scores of some participants in terms of the mentioned three variables did not fall between -2.5 and 2.5. In terms of age, 10 participants were above the 2.5 z-score limit; in terms of BMI, 12 participants were above the 2.5 z-score limit; in terms of EAT scores, 7 participants were above the 2.5 z-score limit. However, these participants were seen as an important source of exploration and a crucial part of the whole data. Thus, none of these participants were taken out from the data. In conclusion, overall data from 316 participants was analyzed.

Descriptive Statistics

As described in the Method section of the study, a total of 316 female students (251 from Boğaziçi University and 65 from Selçuk University) with a mean age of 21.48 (*SD* = 3.37) participated in the study (See Table 1). A one-way ANOVA was conducted

to see if the differences in mean ages of the two groups significantly differed from each other. The results showed that the participants from Selçuk University were significantly older than those from Boğaziçi University, $F(1, 314) = 55.47$, $p < .001$, $\eta^2 = .15$.

Table 1: Mean Age and Standard Deviations by School/City

	Mean	*SD*
Boğaziçi University (Istanbul)	20.82	2.68
Selçuk University (Konya)	24.06	4.43
All participants	21.48	3.37

The cut-off points for BMI are categorized into four distinct groups according to the categorization system of World Health Organization (WHO): underweight (BMI < 18.5), normal (BMI = 18.5-24.9), overweight (BMI = 25-29.9), and obese (BMI > 30). In this study, 18% of the participants fell under the underweight category, 71% of them under the normal weight category, 7% under the overweight category, and 4% under the obese category (See Table 2). Among Boğaziçi University students, 20% of the participants are categorized as underweight, 72% of them as normal, 6% as overweight, and 2% as obese individuals. Among Selçuk University students, 10% fall under the underweight category, 67% are categorized as normal, 13% as overweight, and 10% as obese.

Table 2: Frequencies of BMI Categories

BMI (kg/ m²)	Boğaziçi University participants %	Selçuk University participants %	All participants %
Underweight (<18.5)	20	10	18
Normal (18.5-24.9)	72	67	71
Overweight (25-29.9)	6	13	7
Obese (>30)	2	10	4

The means and standard deviations of the investigated variables are explored in Table 3. Minimum and maximum scores that can be obtained from the scale are also available in the table.

Table 3: Descriptive Statistics for Explored Variables

	M	*SD*	Range Min.-Max.	α of the Scale
Western media exposure	15.53	3.75	0-24	.74
Turkish media exposure	9.79	2.75	0-16	.79
Total media exposure	25.31	4.86	0-40	.71
Internalization	25.13	8.80	9-45	.93
Comparison	18.66	12.33	0-44	.97
Body satisfaction	49.79	14.84	21-105	.93
Unhealthy eating habits	9.72	6.19	3-39	.63
Religiosity	23.90	14.82	9-45	.98
SES	17.25	7.02	3.8-30	-
BMI	21.32	3.47	-	-

Reliability Analyses of the Scales

Exposure to Western media was measured by a scale developed for the present study. In order to explore if specific exposure to Western media influences body satisfaction levels and eating habits, the developed scale assesses both Turkish and Western media exposure. The reliability analysis showed that the Western media subscale of the media exposure scale is reliable (α = .736). None of the 6 items increased the reliability score if deleted. The Turkish media subscale of the media exposure scale was shown to be reliable as well (α = .785). Only one item regarding the amount of exposure to Turkish

video clips increased the reliability level to .80, but since the reliability score was already sufficient and the extraction of the item did not increase the reliability score immensely, this item was not deleted from the scale.

Internalization of the thin-ideal media was measured by the internalization subscale of the Sociocultural Attitudes Towards Appearance Scale-3 (SATAQ-3). The internalization subscale of SATAQ-3 was shown to be highly reliable (α = .927). None of the 9 items increased the reliability score if deleted. The reliability score of the whole scale was also found to be highly reliable (α = .923).

Participants' tendency to compare their physical appearances in social situations is assessed by Physical Appearance Comparison Scale-Revised (PACS-R). The reliability score of the 5-item scale was found to be very high (α = .967). None of the items increased the reliability score if deleted.

Body satisfaction of the participants was measured by the Body Esteem Scale (BES). The reliability score of this scale was found to be very high as well (α = .933). None of the 21 items increased the reliability score if deleted. Previous showed that the scale can be loaded onto three factors (attribution, weight, and appearance) as described in the Methods section, and factor analysis in this study also showed that this scale loads onto three different factors.

Unhealthy eating habits of the participants were measured by the Eating Attitudes Test (EAT). The reliability score of EAT was found to be not very high, but sufficient (α = .626). None of the 40 items increased the reliability score if deleted. There were some changes in the new version of EAT, such as the extraction of and changes in some items, and the reason why the reliability score was not found to be very high in this study could be the use of the older version of the EAT. Since the

Turkish translation and standardization of the EAT was done only for the older version, this study chose to use the translated and standardized older version.

Religiosity of the participants was measured by the Intrinsic Religiosity subscale of the Religious Orientation Scale. The reliability score of the intrinsic religiosity subscale was found to be very high (α = .979). None of the 9 items increased the reliability score if deleted. When the ROS was analyzed in terms of its factors, the items loaded onto two different factors that can be described as intrinsic and extrinsic religiosity, just like the previous research suggests.

Correlational Analyses

Correlations among explored variables were investigated to find possible significant relations (See Appendix H). Separate correlational analyses were also conducted for Boğaziçi University and Selçuk University students in order to investigate possible differences (See Appendix I and Appendix J).

Regression Analyses

Multiple regression analyses were conducted to examine how well the investigated variables predict each other. First, a multiple regression analysis was conducted to investigate how well Western media exposure predicts body satisfaction (See Table 4). It was found that Western media exposure, by itself, does not predict body satisfaction, β = .01, $t(316) = .09$, $p > 0.5$. Then, two separate multiple regression analyses were conducted to see if Western media exposure predicts internalization and comparison.

Western media exposure was found to predict both internalization and comparison; β = .33, $t(316) = 6.28$, $p < 0.001$, and β = .27 , $t(316) = 5.00$, $p < 0.001$, respectively.

Although there was no significant relationship between Western media exposure and body satisfaction, the present research used the procedures of modern statistical approaches instead of Baron and Kenny's (1986) methods for mediational analysis. According to Hayes (2009), a significant total effect of the Independent Variable (IV) on Dependent Variable (DV) is not required to test indirect effects.

A hierarchical regression analysis was therefore conducted to see if Western media exposure predicted body satisfaction when it was combined with the mechanisms of internalization and comparison. Western media exposure was put into the first step of the hierarchical regression, and then internalization and comparison were added into the analysis in the second step. As mentioned before, Western media exposure did not predict body satisfaction in the first step, but when it was combined with internalization and comparison in the second step, Western media exposure became a significant contributor, $\beta = .18$, $t(316) = 3.50$, $p < 0.001$.

Lastly, a multiple regression analysis was conducted to see how much body satisfaction predicts unhealthy eating attitudes. It was found that body satisfaction significantly predicts unhealthy eating habits, $\beta = -.32$, $t(316) = -6.05$, $p < 0.001$.

Table 4: Regression Analyses

	β	*t*	*pr*	R^2_{Ch}	*F (df)*
DV: Body Satisfaction					
Western Media Exposure	.01	.09	.01	.00	(1, 316) = .01
DV: Internalization					
Western Media Exposure	.33	6.28	.33	.11	(1, 316) = 39.42***
DV: Comparison					
Western Media Exposure	.27	5.00	.22	.08	(1, 316) = 25.02***
DV: Body Satisfaction					
Step 1 – Western Media Exposure	.01	.09	.01	.00	(1, 316) = .01
Step 2 –Western Media Exposure	.18	3.50	.19***	.27	(1, 314) = 37.92***
Internalization	-.21	-3.24	-.18***		
Comparison	-.39	-6.35	-.34***		
DV: Unhealthy Eating Habits					
Body Satisfaction	-.32	6.05	-.32	.10	(1, 314) = 36.57***

Note: *$p < .05$, **$p < .01$, ***$p < .001$

Regression Analyses for Boğaziçi University and Selçuk University Participants

Boğaziçi University and Selçuk University participants were put into analyses separately (See Table 5 for Descriptive Statistics). The two groups differed

significantly from each other in terms of their Turkish media exposure, total media exposure, unhealthy eating habits, religiosity, SES, and BMI.

Table 5: Descriptive Statistics for Boğaziçi and Selçuk University Participants

	Boğaziçi University participants		Selçuk University participants			
	M	*SD*	*M*	*SD*	Range Min.-Max.	*F*(1, 314)
Western media exposure	15.60	3.68	15.25	4.05	0-24	0.45
Turkish media exposure	9.20	2.49	12.05	2.55	0-16	14.12***
Total media exposure	24.80	4.70	27.29	4.99	0-40	66.46***
Internalization	25.45	8.72	23.95	9.06	9-45	1.50
Comparison	19.00	12.04	17.32	13.39	0-44	0.96
Body satisfaction	49.98	13.93	49.05	18.03	21-105	0.21
Unhealthy eating habits	9.09	5.72	12.14	7.28	3-39	13.02***
Religiosity	21.82	15.00	32.32	10.57	9-45	27.05***
SES	18.69	6.61	11.90	5.80	3.8-30	56.58***
BMI	20.90	3.02	22.94	4.50	-	18.85***

Note: *$p < .05$, **$p < .01$, ***$p < .001$

The same regression analyses that were previously conducted for all participants were also applied separately for Boğaziçi and Selçuk University students. The results showed that for Boğaziçi University students, Western media exposure did not predict body satisfaction, but when it was combined with internalization and comparison, all three

variables were significant contributors to body satisfaction (See Table 6). Body satisfaction also predicted unhealthy eating attitudes for Boğaziçi University students.

Table 6: Regression Analyses for Boğaziçi University Participants

	β	*t*	*pr*	R^2_{Ch}	*F (df)*
DV: Body Satisfaction					
Western Media Exposure	-.02	-.38	-.02	.00	(1, 249) = .15
DV: Internalization					
Western Media Exposure	.37	6.27	.37	.14	(1, 249) = 39.25***
DV: Comparison					
Western Media Exposure	.32	5.25	.32	.10	(1, 249) = 27.57***
DV: Body Satisfaction					
Step 1 – Western Media Exposure	-.02	-.38	-.02	.00	(1, 249) = .15
Step 2 –Western Media Exposure	.17	2.89	.18***	.23	(1, 247) = 25.23***
Internalization	-.29	-3.95	-.25***		
Comparison	-.29	-3.94	-.24***		
DV: Unhealthy Eating Habits					
Body Satisfaction	-.26	-4.31	-.26	.07	(2, 249) = 18.59***

Note: *$p < .05$, **$p < .01$, ***$p < .001$

For Selçuk University students, Western media exposure, by itself, did not significantly predict body satisfaction, comparison or internalization (See Table 7). This means that the IV and suggested mediators do not have a predictive relationship. Hierarchical

regression analysis was therefore not conducted for these cases. When Western media exposure, internalization and comparison were put into multiple regression analysis to predict body satisfaction, the model was significant. The only significant contributor, however, was found to be comparison. Western media exposure and internalization were not significant predictors of body satisfaction. Body satisfaction, on the other hand, predicted unhealthy eating attitudes in a negative way.

Table 7: Regression Analyses for Selçuk University Participants

	β	*t*	*pr*	R^2_{Ch}	*F (df)*
DV: Body Satisfaction					
Western Media Exposure	.08	.64	.08	.01	(1, 63) = .41
DV: Internalization					
Western Media Exposure	.21	1.69	.21	.04	(1, 63) = 2.84
DV: Comparison					
Western Media Exposure	.13	1.00	.13	.02	(1, 63) = 1.00
DV: Body Satisfaction					
Western Media Exposure	.16	1.70	.21	.43	(2, 61) = 15.53***
Internalization	-.01	-.12	-.02		
Comparison	-.65	-5.54	-.58***		
DV: Unhealthy Eating Habits					
Body Satisfaction	-.47	-4.22	-.47	.22	(1, 63) = 17.78***

Note: *$p < .05$, **$p < .01$, ***$p < .001$

Regression Analyses for SES Groups

The continuous variable of SES was divided into groups in order to determine high and low groups. The top quartile and the bottom quartile of the participants in terms of SES were named as high SES group and low SES group, respectively. These groups were also compared in terms of the investigated variables (See Table 8). The low and high SES groups differed in terms of Western media exposure, internalization, and religiosity.

Table 8: Comparison between Low SES and High SES Groups

	Low SES Group		High SES Group			
	M	*SD*	*M*	*SD*	Range Min.-Max.	*F*(1, 152)
Western media exposure	14.27	3.91	16.35	3.56	0-24	11.96***
Internalization	23.24	9.05	26.44	9.08	9-45	4.77*
Comparison	15.85	12.60	19.56	12.36	0-44	3.40
Body Satisfaction	50.05	14.43	50.50	14.77	21-105	0.40
Unhealthy eating habits	10.26	6.15	8.75	5.83	3-39	2.44
Religiosity	30.59	12.23	16.48	15.21	9-45	39.54***
BMI	21.53	3.04	20.91	3.41	-	1.44

Note: *$p < .05$, **$p < .01$, ***$p < .001$

The same multiple and hierarchical regression analyses were then conducted for both groups. Analyses for the low SES group indicated that Western media exposure did not predict body satisfaction, but it predicted internalization and comparison (See Table 9).

When Western media exposure, internalization, and comparison were put into the second step of the hierarchical regression, the model became significant. The only significant predictor for body satisfaction was comparison. Body satisfaction predicted unhealthy eating attitudes for the low SES group, as well.

Table 9: Regression Analyses for the Low SES Group

	β	*t*	*pr*	R^2_{Ch}	*F (df)*
DV: Body Satisfaction					
Western Media Exposure	-.03	-.29	-.03	.00	(1, 72) = .08
DV: Internalization					
Western Media Exposure	.39	3.56	.21	.39	(1, 72) = 12.69***
DV: Comparison					
Western Media Exposure	.31	2.79	.31	.10	(1, 72) = 7.75**
DV: Body Satisfaction					
Step 1 – Western Media Exposure	-.03	-.29	-.03	.00	(1, 72) = .08
Step 2 –Western Media Exposure	.16	1.50	.17	.30	(1, 72) = 15.53***
Internalization	-.09	-.08	-.08		
Comparison	-.53	-4.19	-.45***		
DV: Unhealthy Eating Habits					
Body Satisfaction	-.26	-2.30	-.26	.07	(2, 72) = 5.25*

Note: *$p < .05$, **$p < .01$, ***$p < .001$

For the high SES group, Western media exposure did not predict body satisfaction, but it significantly predicted internalization and comparison (See Table 10). Although Western media exposure was not a predictor of body satisfaction by itself, it became a significant predictor in the second step of the hierarchical regression, along with internalization and comparison. Body satisfaction predicted unhealthy eating habits also for the high SES group.

Table 10: Regression Analyses for the High SES Group

	β	*t*	*pr*	R^2_{Ch}	*F (df)*
DV: Body Satisfaction					
Western Media Exposure	.03	.24	.03	.00	(1, 78) = .06
DV: Internalization					
Western Media Exposure	.36	3.42	.36	.13	(1, 78) = 11.67***
DV: Comparison					
Western Media Exposure	.26	2.41	.26	.07	(1, 78) = 5.82**
DV: Body Satisfaction					
Step 1 – Western Media Exposure	.03	.24	.03	.00	(1, 78) = .06
Step 2 –Western Media Exposure	.23	2.35	.26*	.36	(2, 76) = 14.13***
Internalization	-.26	-1.92	-.22*		
Comparison	-.42	-.42	-.34**		
DV: Unhealthy Eating Habits					
Body Satisfaction	-.35	-3.29	-.35	.12	(1, 78) = 10.79**

Note: *$p < .05$, **$p < .01$, ***$p < .001$

Regression Analyses for Religiosity Groups

Like SES, the continuous variable of religiosity was divided into groups in order to determine high and low groups. The top quartile and the bottom quartile of the participants in terms of religiosity were named as high religious group and religious SES group, respectively. These groups were also compared in terms of the investigated variables (See Table 11). The low and high religious groups differed in terms of Western media exposure, comparison, and SES. The two groups marginally differed from each other in terms of body satisfaction, as well.

Table 11: Comparison between Low Religious and High Religious Groups

	Low Religious Group		High Religious Group			
	M	*SD*	*M*	*SD*	Range Min.-Max.	*F*(1, 164)
Western media exposure	15.85	3.32	14.08	3.73	0-24	10.42**
Internalization	25.88	9.09	23.62	8.59	9-45	2.71
Comparison	21.11	12.67	14.96	11.67	0-44	10.58***
Body Satisfaction	47.43	15.33	51.63	13.83	21-105	3.45
Unhealthy eating habits	9.24	6.68	9.60	5.06	3-39	0.15
SES	20.51	6.21	15.02	7.05	3.8-30	27.30***
BMI	21.23	3.32	21.21	3.18	-	0.01

Note: *$p < .05$, **$p < .01$, ***$p < .001$

The same regression analyses were conducted for low and high religious groups. For the low religious group, it was found that Western media exposure did not predict body satisfaction or comparison, but it did predict internalization (See Table 12). When

Western media exposure, internalization, and comparison were put into the second step of the hierarchical regression analysis, the model was significant. Comparison and internalization significantly predicted body satisfaction, but Western media exposure still did not predict body satisfaction when it was combined with internalization and comparison. Body satisfaction negatively predicted unhealthy eating habits for this group.

Table 12: Regression Analyses for the Low Religious Group

	β	*t*	*pr*	R^2_{Ch}	*F (df)*
DV: Body Satisfaction					
Western Media Exposure	-.04	-.35	-.04	.00	(1, 80) = .12
DV: Internalization					
Western Media Exposure	.35	3.29	.35	.12	(1, 80) = 10.79**
DV: Comparison					
Western Media Exposure	.21	1.93	.21	.04	(1, 80) = 3.72
DV: Body Satisfaction					
Step 1 – Western Media Exposure	-.04	-.35	-.04	.00	(1, 80) = .12
Step 2 –Western Media Exposure	.12	1.12	.13	.25	(2, 78) = 8.89***
Internalization	-.24	-1.87	-.21*		
Comparison	-.35	-2.86	-.31**		
DV: Unhealthy Eating Habits					
Body Satisfaction	-.24	-2.23	-.24	.06	(1, 80) = 4.99*

Note: *$p < .05$, **$p < .01$, ***$p < .001$

For the high religious group, Western media exposure, by itself, significantly predicted body satisfaction, internalization, and comparison (See Table 13). The combination of internalization and comparison with Western media exposure boosted the effects of Western media exposure. In the second step of the hierarchical regression, Western media exposure more significantly predicted body satisfaction than it did in the first step. Also in the second step of the hierarchical regression analysis, comparison predicted body satisfaction, while internalization did not. Body satisfaction, for the high religious group, did not predicted unhealthy eating habits.

Table 13: Regression Analyses for the High Religious Group

	β	*t*	*pr*	R^2_{Ch}	*F (df)*
DV: Body Satisfaction					
Western Media Exposure	.23	2.11	.23	.05	(1, 82) = 4.46*
DV: Internalization					
Western Media Exposure	.22	2.02	.22	.05	(1, 82) = 4.08*
DV: Comparison					
Western Media Exposure	.23	2.09	.23	.05	(1, 82) = 4.40*
DV: Body Satisfaction					
Step 1 – Western Media Exposure	.23	2.11	.23	.05	(1, 82) = 4.46*
Step 2 –Western Media Exposure	.35	3.63	.38***	.25	(2, 80) = 11.56***
Internalization	-.10	-.88	-.10		
Comparison	-.45	-3.81	-.39***		
DV: Unhealthy Eating Habits					
Body Satisfaction	-.07	-.60	-.07	.00	(1, 82) = .35

Note: *$p < .05$, **$p < .01$, ***$p < .001$

Regression Analyses for BMI Groups

World Health Organization (WHO) categorizes BMI groups into four: underweight, normal, overweight, and obese. For the analyses of this study, overweight and obese groups were combined, and named as the "overweight group", so that each BMI group

can have adequate number of participants for analyses. The BMI groups were compared in terms of the investigated variables (See Table 14).

Post-hoc Tukey's HSD test revealed that in terms of Western media exposure, the underweight group is exposed to significantly less Western media compared to the normal weight group, $p < .05$. The overweight group's Western media exposure did not differ from that of the normal weight or underweight group. The underweight group internalizes media ideals significantly less than the overweight group does, $p < .05$. The normal weight group did not differ from the other two groups in terms of internalization.

All groups significantly differed from each other in terms of comparison. The underweight group compares themselves to others in social situations less than the normal weight and overweight group do, $p < .001$. The normal weight group similarly makes fewer comparisons compared to the overweight group, $p < .05$.

All three groups differed from each other in terms of body satisfaction. The underweight group is more satisfied with their bodies compared to the normal weight and overweight group; the normal weight group is more satisfied with their bodies compared to the overweight group, all $p < .001$.

The underweight and normal weight groups do not have significantly different unhealthy eating habits. The overweight group, however, significantly differed from the other two groups in terms of unhealthy eating habits, $p < .001$. When the participants were asked to evaluate their weight on a scale from 1 (very thin) to 5 (very fat), the three BMI groups' weight evaluations differed from each other, meaning that the participants had objective evaluations about their weight. The underweight group evaluated themselves as being significantly thinner than the normal weight and

overweight groups, while the normal weight group evaluated themselves thinner than the overweight group; all $p < .05$.

Table 14: Comparison between BMI Groups

	Underweight		Normal Weight		Overweight			
	M	*SD*	*M*	*SD*	*M*	*SD*	Range Min.-Max.	*F*(1, 310)
Western media exposure	14.51	3.99	15.91	3.54	14.94	4.40	0-24	3.46*
Internalization	22.67	8.32	25.35	9.15	27.08	6.76	9-45	3.19*
Comparison	12.44	9.97	19.16	12.15	25.31	12.72	0-45	13.78***
Body Satisfaction	56.46	11.68	51.41	13.42	31.14	13.78	21-105	44.78***
Unhealthy eating habits	9.04	4.72	9.40	5.98	12.89	8.57	3-39	5.82**
Religiosity	22.04	13.86	23.99	15.04	24.14	15.11	9-45	0.50
SES	18.64	7.10	16.96	7.06	16.68	6.94	3.8-30	1.28
Weight evaluation	2.18	0.55	3.13	0.48	4.08	0.61	1-5	158.23***

Note: *$p < .05$, **$p < .01$, ***$p < .001$

When the same multiple and hierarchical regression analyses were conducted for the three BMI groups, analyses for the underweight group showed that Western media exposure did not predict body satisfaction, internalization or comparison (See Table 15). Because there was no predictive relationship between the IV and suggested mediators, a multiple regression analysis was conducted. When Western media exposure, internalization, and comparison were put into the analysis, the model was significant, but only Western media exposure and internalization reached marginally significant levels in the prediction of body satisfaction. When combined with

internalization and comparison, the influence of Western media exposure was boosted compared to its non-significant contribution in the first step of the hierarchical regression. Body satisfaction negatively predicted unhealthy eating habits.

Table 15: Regression Analyses for the Underweight Group

	β	*t*	*pr*	R^2_{Ch}	*F (df)*
DV: Body Satisfaction					
Western Media Exposure	.16	1.15	.16	.03	(1, 53) = 1.33
DV: Internalization					
Western Media Exposure	.20	1.47	.20	.04	(1, 53) = 2.17
DV: Comparison					
Western Media Exposure	.07	.52	.07	.01	(1, 53) = .27
DV: Body Satisfaction					
Western Media Exposure	.22	1.72	.23*	.15	(2, 51) = 3.56*
Internalization	-.28	-1.81	-.25		
Comparison	-.17	-1.09	-.15*		
DV: Unhealthy Eating Habits					
Body Satisfaction	-.32	-2.49	-.32	.11	(1, 53) = 6.20*

Note: *$p < .05$, **$p < .01$, ***$p < .001$

For the normal weight group, Western media exposure did not significantly predict body satisfaction, but was a significant predictor for internalization and comparison (See Table 16). When Western media exposure, internalization, and comparison were combined to predict body satisfaction, Western media exposure became a significant

predictor along with internalization and comparison. For the normal weight group, body satisfaction very strongly predicted unhealthy eating habits.

Table 16: Regression Analyses for the Normal Weight Group

	β	*t*	*pr*	R^2_{Ch}	*F (df)*
DV: Body Satisfaction					
Western Media Exposure	-.05	-.81	-.05	.00	(1, 220) = .65
DV: Internalization					
Western Media Exposure	.41	6.59	.41	.17	(1, 220) = 43.38***
DV: Comparison					
Western Media Exposure	.34	5.37	.34	.12	(1, 220) = 28.80***
DV: Body Satisfaction					
Step 1 – Western Media Exposure	-.05	-.81	-.05	.00	(1, 220) = .65
Step 2 –Western Media Exposure	.16	2.37	.16*	.22	(2, 218) = 20.92***
Internalization	-.26	-.26	-.21**		
Comparison	-.31	-.31	-.26***		
DV: Unhealthy Eating Habits					
Body Satisfaction	-.23	-3.52	-.23	.05	(1, 220) = 12.39***

Note: *$p < .05$, **$p < .01$, ***$p < .001$

For the overweight group, analyses showed that Western media exposure did not predict body satisfaction, internalization or comparison (See Table 17). Western media exposure, internalization, and comparison were therefore put into multiple regression

analysis, and only comparison was found to be a significant predictor of body satisfaction for the overweight group. Body satisfaction negatively predicted unhealthy eating attitudes for this group as well.

Table 17: Regression Analyses for the Overweight Group

	β	*t*	*pr*	R^2_{Ch}	*F (df)*
DV: Body Satisfaction					
Western Media Exposure	.07	.38	.07	.00	(1, 34) = .14
DV: Internalization					
Western Media Exposure	.07	.42	.07	.01	(1, 34) = .18
DV: Comparison					
Western Media Exposure	.15	.89	.15	.02	(1, 34) = .79
DV: Body Satisfaction					
Western Media Exposure	.15	1.10	.19	.39	(2, 32) = 6.86***
Internalization	-.26	-1.64	-.28		
Comparison	-.46	-2.92	-.46**		
DV: Unhealthy Eating Habits					
Body Satisfaction	-.43	-2.78	-.43	.19	(1, 34) = 7.71**

Note: *$p < .05$, **$p < .01$, ***$p < .001$

Structural Equation Modeling

For the hypothesized SEM model, there was a significant χ^2 (5, N=316) = 182.36, $p < .001$; the RMSEA = .34, and CFI = .57. These fit data statistics indicate that the model was not a fit for the data. The proposed model is not consistent with the observed data, and should therefore be rejected.

Exploratory Analyses

Participants who wear headscarves were compared to those who do not wear headscarves. The comparison between these two groups was similar to the comparison between high and low religious groups (See Table 18). Participants with headscarves were exposed to significantly less Western media and compared themselves less to the thin media images. As expected, those who wear headscarves were found to be more religious than those who don't. While high and low religious groups significantly differed from each other in terms of SES, the participants with headscarves did not have a significantly different SES than those without headscarves. An additional two significant differences were found for these two groups. Although there were no significant differences between the two groups in terms of internalization, participants with headscarves were found to internalize athletic figures in the media less than those who do not wear headscarves. Participants with headscarves also attributed less evaluations to others based on their bodies and appearances compared to participants without headscarves.

Table 18: Comparison between Participants with Headscarves and Participants without Headscarves

	Participants with Headscarves		Participants without Headscarves			
	M	*SD*	*M*	*SD*	Range Min.-Max.	*F*(1, 315)
Western media exposure	12.93	3.44	15.97	3.63	0-24	27.86*
Internalization	22.96	8.17	25.51	8.86	9-45	3.35
Internalization of athletes	12.33	4.41	14.46	4.71	6-30	8.24**
Comparison	13.74	10.51	19.49	12.44	0-45	8.77*
Body Satisfaction	49.93	15.00	49.00	13.94	21-105	0.15
Attribution	10.35	3.83	12.31	3.81	5-25	10.47***
Unhealthy eating habits	9.15	4.89	9.81	6.39	3-39	0.45
Religiosity	37.43	10.53	21.57	14.20	9-45	52.37***
SES	16.40	6.90	17.40	7.04	3.8-30	0.72
BMI	21.50	3.63	21.29	3.45	-	0.15

Note: *$p < .05$, **$p < .01$, ***$p < .001$

The comparison that turned out to have the most significant results was between the participants who are satisfied with their weight and those who are not (See Table 19). In the demographic form, participants were asked whether they were satisfied with their weight or not. 53% of the participants stated that they were satisfied with their weight. When the two groups were compared, all the explored variables turned out to have significant results, except for religiosity. As expected, participants who are satisfied with their weight turned out to have a lower BMI than those who are not satisfied with their weight. Participants who are satisfied with their weight also had a lower SES than those who are not satisfied with their weight. They also were less exposed to Western

media exposure, internalized media figures less, and made fewer comparisons between themselves and thin media ideals compared to the low-satisfaction group. The high-satisfaction group engaged in less unhealthy eating behaviors as well.

When different BMI groups were analyzed in terms of their satisfaction with their weight, 22% of the underweight group stated that they were not satisfied with their weight. When the overweight and obese groups were taken to the analysis together, 92% of them stated that they were not satisfied with their weight.

Table 19: Comparison between Weight Satisfaction Groups

	Participants satisfied with their weight		Participants not satisfied with their weight			
	M	*SD*	*M*	*SD*	Range Min.-Max.	*F(df)*
Western media exposure	15.95	3.75	15.15	3.72	0-24	(1, 315) = 3.53*
Internalization	27.99	8.02	22.63	8.71	9-45	(1, 315) = 32.11***
Comparison	23.86	11.65	14.07	11.05	0-45	(1, 315) = 58.86***
Unhealthy eating habits	11.35	7.06	8.27	4.89	3-39	(1, 315) = 20.67***
SES	18.27	6.72	16.36	7.17	3.8-30	(1, 315) = 5.67*
BMI	23.04	3.97	19.81	1.99	-	(1, 315) = 86.73***
Religiosity	22.69	14.72	24.96	14.87	9-45	(1, 315) = 1.83

Note: *$p < .05$, **$p < .01$, ***$p < .001$

Since Boğaziçi University students come to Istanbul from many other cities for university education, participants from Boğaziçi University were asked how many years they had been living in Istanbul. When years of residence in Istanbul were put in correlational analysis with explored variables, body satisfaction turned out to have

significant correlation with total years of residence in Istanbul, $r = -.13$, $p < .05$. As the participants live in Istanbul for longer years, their levels of body satisfaction tend to decrease.

All participants were also asked to evaluate how traditional they are on a scale of 1 to 5. When their traditionality scores were put into correlational analysis with other variables, the traditionality scores turned out to significantly correlate with Western media exposure, internalization, comparison, SES, and religiosity. As the person describes herself to be more traditional, she tends to be less exposed to Western media exposure, $r = -17$, $p < .01$. Additionally, as the person becomes more traditional, she tends to internalize and compare herself to media images less; $r = -.14$, $p < .05$, and $r = -.12$, $p < .05$, respectively. As expected, the higher the traditionality score is, the more likely the participant is more religious and has a lower SES; $r = .54$, $p < .01$, and $r = -.28$, $p < .01$, respectively.

Additionally, Boğaziçi and Selçuk University students were compared in terms of their self-evaluation of traditionality. The results showed that Selçuk University students evaluated themselves as being more traditional compared to Boğaziçi University students, $F(1, 315) = 11.08$, $p < .001$. The participants were also asked how much their life style was in line with Western culture, and Boğaziçi University students evaluated their life styles to be significantly more Western compared to Selçuk University students, $F(1, 315) = 6.32$, $p < .05$.

All participants were also asked if they had any tattoos and/or piercing in their bodies. When the participants with piercings ($M = 18.14$, $SD = 3.41$) were compared to those who do not have piercings ($M = 15.33$, $SD = 3.71$), the two groups only differed from each other in terms of Western media exposure, $F(1, 315) = 11.85$, $p < .001$. When the participants with tattoos ($M = 17.18$, $SD = 3.32$) were compared to those with

no tattoos (M = 15.33, SD = 3.76), they also significantly differed from each other in terms of Western media exposure, $F(1, 315) = 7.30$, $p < .01$. Additionally, participants with tattoos (M = 12.73, SD = 11.45) were found to be less religious compared to those with no tattoos (M = 25.22, SD = 14.63), $F(1, 315) = 22.41$, $p < .001$. Participants with tattoos (M = 21.59, SD = 6.03) also came from a higher SES compared to those with no tattoos (M = 16.74, SD = 7.00), $F(1, 315) = 14.28$, $p < .001$.

As the literature points out, the cut-off score for Eating Attitudes test is 30, meaning that those who score above 30 indicate the possible presence of unhealthy eating attitudes. The results showed that only 2% of the participants have unhealthy eating attitudes. When the two groups of Boğaziçi and Selçuk University are examined separately, 1% of the Boğaziçi University sample, and 3% of the Selçuk University sample showed a tendency for unhealthy eating habits.

CHAPTER IV

DISCUSSION

The present study aimed to investigate the relationship between Western media exposure and body satisfaction, as well as the mechanisms operating this relationship. The hypothesis on predicted SEM in which internalization and comparison were predicted to mediate the pathway from Western media exposure to body satisfaction was not supported. The relationship between the variables was not supported in the expected way determined by the SEM, however the variables in the model were found to relate to each other in many other ways.

Greater Western media exposure was found to predict greater internalization of the thin-ideal beauty standards. Similarly, greater Western media exposure was also found to predict comparing oneself more to others in social situations. In line with the hypothesis, less body satisfaction predicted more unhealthy eating attitudes.

It was hypothesized that Western media exposure would directly and indirectly predict body satisfaction. When regression analyses were conducted, contrary to the hypothesis, Western media exposure did not predict body satisfaction by itself. When Western media exposure was combined with internalization and comparison in the prediction of body satisfaction, all three variables were found to be significant contributors. This finding indicates that being merely exposed to Western media does not contribute to body satisfaction, but when exposure is accompanied by the mechanisms of internalization and comparison, it becomes a significant predictor of body satisfaction.

When the same regression analyses were conducted for different groups in terms of SES, BMI, religiosity, and school, the results showed that factors and processes that influence body satisfaction might change depending on the individual's environment and personal differences.

The results of the high SES group's regression analyses resembled the results of all participants' analyses. Western media exposure, by itself, did not predict body satisfaction, but predicted internalization and comparison. When Western media exposure, internalization, and comparison were combined, all three variables explained variance in body satisfaction. For the low SES group, when all three variables were combined to explain body satisfaction, only comparison was found to be a significant contributor. These results indicate that Western media exposure and internalization are more important factors in the explanation of body satisfaction for the high SES group. Even though the two SES groups did not differ from each other in terms of their level of body satisfaction, factors that contribute to their body satisfaction are different from each other.

The sample of this study is mostly made up of people from the normal weight group, and the regression analyses of this group therefore resembled the analyses of all participants. When Western media exposure, internalization, and comparison were put into the analysis together, comparison, but not internalization, was found to be a significant contributor of body satisfaction for the underweight and overweight groups. Western media exposure, on the other hand, was a predictor of body satisfaction for the underweight group, but not for the overweight group. These findings indicate that compared to internalization, comparison is a far more prevalent mechanism that explains body satisfaction almost in all tested groups.

Also, Western media exposure has a greater influence on body satisfaction for the underweight group compared to the overweight group.

Analyses of the high and low religious groups turned out to have unexpected results. Contrary to previous studies that found religion to be a protective factor for the adverse effects of Western media, Western media exposure predicted body satisfaction by itself only for the high religious group. This result indicates that for the high religious group, being merely exposed to Western media has negative effects on body satisfaction. Western media exposure also predicted internalization and comparison by itself. When these three variables were combined to predict body satisfaction, Western media exposure and comparison were found to be significant contributors. Additionally, high religious group was the only group for which body satisfaction did not predict unhealthy eating attitudes.

The ANOVA results showed that the high religious group is exposed to significantly less amounts of Western media than the low religious group. This less amount of exposure, however, is enough to yield influential contributions to body satisfaction for the high religious group. There might be some factors that make the high religious group be more vulnerable to Western media once they are exposed to it. And since body satisfaction did not predict unhealthy eating attitudes for this group, there might also be factors that prevent them from developing unhealthy eating habits even though they are not satisfied with their bodies.

For Boğaziçi University students, Western media exposure, by itself, predicted internalization and comparison, but not body satisfaction. These three variables were significant contributors to body satisfaction when they were all put into the analysis at the same time. For Selçuk University students, on the other hand, Western media exposure did not predict internalization, comparison or body

satisfaction. When Western media exposure, internalization, and comparison were put into the analysis for predicting body satisfaction, only comparison turned out to be a significant predictor.

Boğaziçi and Selçuk University students' body satisfaction levels did not differ from each other according to the ANOVA results. These results, therefore, indicate that similar levels of body satisfaction can stem from different reasons. Comparing oneself to others is more important for Selçuk University students than for Boğaziçi University students. Western media exposure is far more important in explaining body satisfaction for Boğaziçi University students than it is for Selçuk University students. For Selçuk University students, Western media exposure is not a predictor of internalization or comparison. It is even not a predictor of body satisfaction when it is accompanied by internalization and comparison. Similarly, Western media exposure was found to significantly correlate with many variables like internalization, comparison, religiosity, SES, and BMI for Boğaziçi University students. For Selçuk University students, on the other hand, Western media exposure did not correlate with any variable. Even though Boğaziçi and Selçuk University students are exposed to similar amounts of Western media, the extent of this exposure's effects is different for the two groups.

For Selçuk University students, only comparison was found to be a significant predictor of body satisfaction. When the internalization subscale of SATAQ is analyzed, it can be seen that the items measuring internalization are based on the internalization of media figures. The items of PACS that measure comparison, on the other hand, are made up of statements that measure whether the person engages in comparison in social situations or not. Therefore for Selçuk

University students, the type of comparison that predicts body satisfaction can be comparing oneself to peers in social context, not to thin figures in the media.

It was surprising to not find drastic differences between Boğaziçi and Selçuk University students in terms of Western media exposure and body satisfaction. Selçuk University students actually had significantly more unhealthy eating patterns than Boğaziçi University students did. Abdollahi and Mann (2001) also hypothesized that there would be great differences between Iranian women living in Tehran and Iranian women living in Los Angeles, but they unexpectedly found very similar results between the two groups. They argue that some other factors of Tehran culture may have increased the risk of eating disorders, and Los Angeles culture may have factors that decrease these disorders.

For the present study, there can be several explanations for the unexpected results. Boğaziçi University students come from all over Anatolia to study their undergraduate degree in Istanbul. Additionally, data was collected mostly from freshman students; meaning that many students have lived in Istanbul for only a year. Boğaziçi University sample, therefore, does not represent people who were born and raised in Istanbul. Even though there was no difference between body satisfaction between the two groups, years of residence in Istanbul significantly correlated with body satisfaction. This finding indicates that Boğaziçi University students should actually not be treated as an urban sample.

Additionally, the two groups attend different universities in different cities, but they are all getting an undergraduate education. There might be a unifying effect of attending a university, meaning that being a part of a university culture might influence students in similar ways regardless of their school.

Another explanation for the mentioned unexpected results can be the culture-clash theory. Soh et al. (2006) argued that once a new culture is introduced to an environment, culture clash becomes bigger as the difference between the new and old culture is greater. As the discrepancy between the two cultures gets bigger, individuals have a harder time to handle both worlds and experience greater anxiety. The greater difference between the two cultures, the greater the internal conflicts and anxieties (Mumford, Whitehouse, & Platz, 1991). This clash, according to Soh et al. (2006), heightens the risk for unhealthy eating attitudes and body dissatisfaction as well. In the present case, culture clash may have been influential on unhealthy eating patterns, and not on body satisfaction, since Selçuk University students differed from Boğaziçi University students only in terms of unhealthy eating behavior. Katzman and Lee (1997) also hold a similar argument; they propose that women exposed to two very different cultures are in greater risk for developing eating disorders. Given that the present study's results show that Boğaziçi and Selçuk University students are exposed to similar amounts of Western media, great difference between the Konya culture and Western culture may have put Selçuk University students in risk for body dissatisfaction.

Although there was a significant difference between Boğaziçi and Selçuk University students in terms of SES, the two groups did not differ in terms of body satisfaction. Similarly, when all participants were grouped into low and high SES groups, the two groups unexpectedly did not differ from each other in terms of body satisfaction and unhealthy eating habits. As discussed in the introduction section, there were already mixed results about SES in previous studies. The results of the study by Rogers et al. (1996) suggest that there is no relationship between SES and behavioral indicators of disordered eating. A study by Soh et al. (2006)

also argue that the prevalence of eating disorders are not restricted to the people from high SES any more. They discuss that once a society reaches a certain level of affluence, the association between SES and unhealthy eating may not be valid any more due to globalization and fuzzy boundaries between different SES groups. Considering that the sample from Konya is made up of people from a certain level of SES who are able to get an undergraduate education, the argument of Soh et al. (2006) may be valid for the present research as well.

Miller, Verhegge, Miller, and Pumariega (1999) actually found that students from the most rural school with lowest SES were in the highest risk for eating disorders when they compared students from different schools with different SES levels. This finding supports the present study's finding of Selçuk University students having more unhealthy eating patterns. Miller et al. (1999) argue that a rapid change from a traditional, agricultural culture to a more urbanized culture may have caused anxiety and control issues in these students. Roles of women were beginning to be redefined in these low SES areas due to globalization and introduction of the Western culture. The conflictual role demands may have caused stress in the students, which may have resulted in a desire to control their bodies more. The researchers also consider the option of lower SES areas encouraging more rigidity in parenting and family enmeshment; which are known vulnerability factors for eating disorders.

For some groups tested in the present study, Western media exposure was found to be more influential in the prediction of body satisfaction. Some sample groups, like Boğaziçi University students or the high religious group, might have some common traits or factors that make them vulnerable to the negative effects of the media. Rodgers, Sales and Chabrol (2010) found that body satisfaction and

comparison was related to self-esteem, anxiety, depression, and social phobia. The researchers suggest that their findings implicate that individuals with certain personality traits or psychopathologies are in risk of being more vulnerable to sociocultural influences, as well as engaging in more comparison. It is possible that the subgroups who were more influenced by the media might have elevated levels of the mentioned possible vulnerability factors, which puts them at risk for being adversely affected by the Western media.

The present study only takes media into account in terms of sociocultural influences. According to Shroff and Thompson (2006), the standards for ideal beauty are delivered through three sociocultural factors: peers, family and the media. Like this study, there were many studies that only took influence of the media into account as a sociocultural influence predicting body satisfaction. Many of these studies found results that supported their predicted model (Anschutz, Strien, & Engels, 2008; Cusumano & Thompson, 2000; Grabe, Ward, & Hyde; 2008; Groesz, Levine, & Murnen, 2002; Halliwell & Dittmar, 2004; Hamilton, Mintz, & Kashubeck-West, 2007).

Comparison was found to be an important contributor of body satisfaction almost in all subgroups of the sample, especially among Selçuk University students and the low SES group. As mentioned before, the comparison scale in this study measured comparing oneself to others in social situations, such as in a party, at school or at work. Therefore comparison can result from sociocultural influences other than Western media exposure, such as peer relations, family pressures and criticisms. Especially in Turkish culture, in which harmonious and enmeshed relationships are nurtured, criticisms from peers and family tend to be very meaningful, and possibly more influential than the media. For these reasons,

especially in the case of a Turkish sample, sociocultural influences including not only media messages, but also peer and family conversations/criticisms could have led to more significant results. Internalization and comparison could be stronger operating mechanisms especially in the cases of social pressure.

Asian culture resembles Turkish culture as both cultures put emphasis on social harmony and familial ties. A study done on Chinese women found that the main sources of sociocultural pressures that promote thin ideal are same-gender peers (Humphry & Ricciardelli, 2003). The researchers argue that because Chinese culture places a great emphasis on other's needs and interpersonal harmony, social pressure from same-gender peers can be an important influence on Chinese women's body satisfaction and eating habits. The same study also found results indicating that higher levels of parental overprotection predicted higher levels of unhealthy eating habits. Because of the similarities between Asian and Turkish culture in terms of values and familial organizations, parental overprotection could also lead to more unhealthy eating habits and body dissatisfaction in a Turkish sample.

Haworth-Hoeppner (2000) also states that not all women exposed to thin media-ideals have low body satisfaction and high unhealthy eating attitudes. The researcher argues that culture does play a role in body satisfaction, but only for individuals from families that raise their child with messages of body shape and thin-ideals. Culture and media are therefore mediated through social groups of friends or family. According to Haworth-Hoeppner (2000), media delivers its messages and influences body satisfaction only for individuals with family and friends who endorse messages of ideal body weight and shape.

Stice, Spangler, and Agras (2001) found results that support the arguments of Haworth-Hoeppner (2000). They found that media exposure resulted in increased negative affect only in individuals who experience pressure from their parents and peers to be thin. They state that when the media messages correspond to the messages endorsed by the social environment, it is more likely for the individual to internalize media images and compare herself with these images. Individuals with no initial elevations of pressure to be thin may be exposed to thin-ideal media, but may not engage in internalization or comparison. The researchers argue that thin media images may not produce negative consequences for those who feel accepted in their immediate social environment.

Attribution subscale of the Body Esteem Scale was not taken into account in the main analyses, but was found to be an important variable during exploratory analyses. Despite the hypothesis, body satisfaction did not correlate with Western media exposure. The attribution subscale of BES, however, found to positively correlate with Western media exposure for all participants, as well as separately for Boğaziçi and Selçuk University samples. The attribution subscale measures how much a person attributes evaluations based on other people's physical appearances. These attributions are mostly positive, such that thinner people are happier, more successful or friendlier. It is possible that women who associate being thin with positive life qualities may develop more unhealthy eating patterns. Individuals may attain these associations through media, as well as other sociocultural means like family and friends.

According to Engeln-Maddox (2006), women do not want to be thin for only beauty ideals, and the researcher presents evidence that supports the idea that women seek to be thin in order to obtain positive cultural and psychological

rewards that comes with being thin. Similarly, the results of the study by Evans (2003) show that physical beauty is not the only resource of women's motivation to be thin; their motivation to acquire greater life satisfaction is a big part of why they want to be thinner. As the person associates more positive qualities with being thin, she is more likely to be dissatisfied with her body and develop unhealthy eating habits. The media may reinforce these associations more or these people may choose to watch more thin-ideal media. In both cases, mere exposure to Western media is not adequate to understand why people want to be thin. People's positive associations with being thin, and the character they think they will become when they are thin should be investigated.

Positive implications of being thin should actually be investigated for different cultures, as "life satisfaction" and "being a happy person" may have different meanings and associations for each culture. Western and more individualistic cultures may think that individual success, independence, and power are the rewards that come with being thin. People from more collectivistic cultures may think of different characteristics as being more socially desirable, such as social competency and femininity, and thus may link thinness to these values rather than independence or success.

When the participants were grouped into categories based on their weight, 71% of the participants were in the normal weight group, while 18% were underweight, and 11% were overweight. Another research done by Şanlıer et al. (2008) on Turkish university students had different percentages in the underweight (12%) and overweight (18%) group. Compared to the study by Şanlıer et al. (2008) the current sample has a higher percentage of underweight people and a lower percentage of overweight people.

This difference, however, results from the participants from Boğaziçi University. The underweight group makes up 20% of the Boğaziçi sample, and only 8% are in the overweight group. In the Selçuk University sample, 10% of the participants are underweight, and 23% of the participants are overweight. While one in five students is underweight in the Boğaziçi University sample, almost one in every four students is overweight in the Selçuk University sample. The high percentage of overweight people may be why BMI was the most significant predictor of body satisfaction in the Selçuk University sample.

Although the current research more or less depicts the percentages of BMI groups in the society, Western TV shows depict a very different picture. As mentioned in the introduction section, most of the actresses that take part in Western TV shows are underweight. Fouts and Burgraff (1999) group actresses from popular TV shows based on their BMI's and find that 78% of the actresses are in the underweight group, while only 19% can be considered in the normal-weight group. Overweight individuals only make up of 5% of the actresses acting in the selected TV shows. These percentages do not correspond to the BMI groups in real life. This is one of the reasons why correctly analyzing the media and media literacy is very important; which will be discussed later in the paper.

In terms of satisfaction with weight, 47% of the participants stated that they were not satisfied with their weight, although only 11% of the participants were overweight. This percentage is in line with the percentage that was found in the Canpolat et al. (2005) study conducted in Turkey, in which 43% of the students were not satisfied with their weight, although only 11% were in the overweight group.

When different BMI groups were analyzed in terms of satisfaction with their weight, 92% of the overweight group was not satisfied with their weight. It was

remarkable to find that 22% of the underweight group was not satisfied with their weight. The study conducted by Bilukha and Utermohlen (2002) on Ukranian women also found that 25% of the women in the underweight group wanted to be thinner. These findings indicate that weight/body satisfaction is not solely about the objective measure of weight, but it is also about the subjective constructs that define an ideal and desirable weight that makes a person attractive.

The percentage of the people that scored above the cut-off point of the EAT was very low, and may not be representing the actual percentage of people with unhealthy eating attitudes. In the present study, only 2% of the participants scored above the cut-off point of the EAT. In the studies conducted on Turkish university students, Elal et al. (2000), and Baş et al. (2004), it was found that 8% and 11% of the students were above the cut-off point of the EAT. Only in the study of Kuğu et al. (2006), 2% of the students were found to be above the cut-off point. These inconsistent results may implicate that some items of this scale may not be very appropriate for the Turkish culture, and translations of the items may be confusing. Because EAT was translated to Turkish 25 years ago, some wordings may be strange and old for the current young people. Only EAT-40 was translated into Turkish, and was therefore used in the present study. However, years ago, EAT-40 was updated and became EAT-26 after the elimination, addition, and revision of some items.

The study of Mumford et al. (1991) was conducted on Asian girls, and the researchers state their concern about the validity and cut-off limits of the EAT for a non-Western context. According to the researchers, the EAT is highly Western, and not suitable for Eastern contexts. They also state that although many participants' scores remained under the cut-off point, when the girls were interviewed for unhealthy eating habits, more girls were found to have a tendency for eating disorders than EAT scores

detected. This could be the case in the present study; participants with unhealthy eating scores lower than the cut-off point could have been diagnosed with unhealthy eating patterns in one-to-one interviews. The inconsistent results from the previous Turkish studies also suggest unreliability of the EAT, but there is no other current Turkish self-report scale that can determine unhealthy eating attitudes.

Media literacy can be defined as the ability, knowledge and attitudes to correctly and critically comprehend, analyze, and evaluate the nature of the mass media (Levine & Murnen, 2013). One way to test if this ability prevents possible unhealthy eating habits and body dissatisfaction is introducing media literacy programs and investigating the effects of them. Levine and Murnen (2013) state that even brief intervention programs from 40 to 135 minutes positively influence body image and glorification of thinness, and this influence lasts for several months. In these programs, the construction of the ideal images with cosmetic surgeries, photoshop, and other computer technologies are emphasized. Participants are urged to explore the manipulative attempts of the mass media to create an ideal and unattainable image, and sell the advertised products. Through this critical analysis, participants become more perceptive about the reduced discrepancy between their bodies, and the unreal and manipulated bodies presented in the media.

There are also long-term intervention programs introduced in studies with longer experimental duration. Studies show that for teenagers between 10 to 14, there are beneficial programs, which continue for several months. These programs endorse protective factors like being able to critically analyze mass media, as well as social norms on being thin, the benefits of eating healthily, and how comparing oneself to others can damage people's self-acceptance and self-confidence (Levine & Smolak, 2006). After these programs, teenagers' self-worth, self-acceptance, and self-

confidence tended to increase, while their body dissatisfaction and unhealthy eating tended to decrease.

All of the mentioned programs were introduced to teenagers. As the participants get younger, it is more possible for the programs to be more influential and effective. However, a study by Watson and Vaughn (2006) show that these programs can be effective for university students as well. The researchers developed a 4-week program during which the participants learned about the sources of body dissatisfaction, critical analysis of the thin-ideal media, and beauty-enhancement methods used in the media to create ideal body figures. The results showed that there was a significant difference between the experimental and control group in terms of internalization of the thin-ideal, risks for eating disorders, and body satisfaction.

These results show that even for individuals who are over 20 years old, the prevention programs can be effective in decreasing the detrimental effects of the media. It is crucial to be able to raise individuals with the ability to critically analyze how healthy and real social ideals are, as well as to protect themselves from the influences of the unhealthy sociocultural messages. As discussed above, intervention programs might be a way to endorse teenagers with these abilities.

The findings of the present research is important in the sense that even Eastern parts of Turkey are exposed to Western media and show similar results in body satisfaction. Individuals from low SES also experience similar levels of body satisfaction and show similar unhealthy eating attitudes with individuals from high SES. These findings indicate that the prevalence of unhealthy eating habits and problems with body satisfaction are beyond class and urban areas. General ideas about individuals from low SES or rural areas not having eating pathologies may leave eating disorders in these groups as undetected. Knowing that unhealthy eating and body

dissatisfaction have expanded from West to East, urban to rural, high SES to low SES will lead professionals to consider the possibility of eating disorders in these groups.

Even the study by Becker (2004) conducted on Fijian girls after the introduction of television show the changes in attitudes towards body image in a few years. Turkey is a country that is geographically very close to Europe, and Western media has been a part of Turkish people's lives for a very long time. If the effects of the media have changed the mindset of Fijian girls in such a short time, it is very possible that Turkish people's perceptions have undergone even a stronger change.

Body image and disordered eating is only a tiny part of the change that Turkey has been going through. Analyzing this change is important not only for understanding eating disorders, but also for understanding the transforming values, preferences and practices this change brings in. Turkish identities are defined through social harmony, kinship, and interdependence. With the current changes, female roles have become less domestic, and more independence- and achievement-oriented. Self-determination and personal achievement are slowly becoming a part of the Turkish identity. The clash of the traditional and new identities are creating anxiety and stress in people who do not know how to handle both worlds. These, in return, create certain psychopathologies and disorders.

The present research is the first one to study the effects of Western media on body image among Turkish university students. Although a small sample from Konya was included in the present study, it is the first time Konya was included in a study about eating attitudes and body image. Konya is known to be a city with a very religious and traditional population. There are also not many studies that investigate the eating attitudes of religious Muslim women.

This study showed that even if different groups are exposed to same amounts of Western media, the extent of the media's effects can change depending on the environment and characteristics of the group. Similarly, even though two groups have similar levels of body satisfaction, one group may develop significantly more unhealthy eating habits than the other group. Future research should investigate which traits/factors make groups with special characteristics (BMI or religiosity level) or with different environments (SES or city) more open to sociocultural influences, including media, peers and family.

Some possible risk and protective factors like religiosity, BMI and SES were included in the study, but the results show that these factors were not adequate to fully understand eating attitudes and body dissatisfaction. Other variables like personality traits, pathologies, abuse/trauma history, family functioning, and peer/family pressures are examples of variables that would further explain which factors increase vulnerability of individuals. This means that self, as a whole, might be an important concept to investigate in future studies.

The cross-sectional design of the study does not allow conclusions about causality. Whether individuals who have disordered eating expose themselves to Western media more or individuals who are exposed to Western media tend to develop eating pathologies is unknown. Future studies should consider using a prospective design in order to investigate causal directions and possible risk factors that make individuals become vulnerable to eating pathologies.

Future studies should also consider revising the predicted Structural Equation Model in different ways. Comparison was found to be the most important factor in the model, and other variables, like internalization, could have influenced body satisfaction through comparison.

The data in the current study was based on self-report. This may have caused some self-report scores to not fully represent the explored variable. Religiosity is a complicated and multi-faceted construct, and the used scale may not thoroughly measure religiosity. The EAT-40 is an old scale that is problematic, especially in terms of its old wording and cut-off score. A new self-report tool that is more updated should be developed to identify individuals with a risk of eating disorders and unhealthy eating patterns.

Additionally, one-to-one interviews with a smaller and clinical group may have more correctly diagnosed unhealthy eating patterns, as well as vulnerability factors. The largest group of participants fell within the normal-weight category in the present research, and this may have prevented the exploration of risk factors and sources of unhealthy eating. If a clinical group can be interviewed with different tools, the effects of these factors could have been more visible.

Lastly, one of the main problems with the present research was that Boğaziçi University students were not correctly representing an "Istanbul" sample. Most of the data was collected from freshman students, and considering that many people come to Boğaziçi University from Anatolia for university education, Selçuk and Boğaziçi University samples may not have been that different from each other in terms of explored variables to begin with. Future studies should consider using samples with individuals born and raised in Istanbul, so that samples can be more distinctly differentiated from each other.

APPENDIX A

WESTERN MEDIA EXPOSURE SCALE

	Hiçbir Zaman	Çok seyrek	Ara Sıra	Sıklıkla
1. Vogue, Cosmopolitan, Elle gibi modayla ilgili dergileri ne sıklıkta okursunuz?	1	2	3	4
2. İnternette ve sosyal medyada modayla ilgili siteleri, moda haberlerini ve bloglarını ne sıklıkta takip edersiniz?	1	2	3	4
3. Türkçe dublajlı veya altyazılı Amerikan/Avrupa televizyon kanallarını ne kadar sıklıkla izliyorsunuz? (örnek: Home TV, Fashion TV, E!, e2)	1	2	3	4
4. Türk televizyon kanallarını ne kadar sıklıkta izliyorsunuz?	1	2	3	4
5. Amerikan yapımı dizileri ne sıklıkta izlersiniz?	1	2	3	4
6. Türk yapımı dizileri ne sıklıkta izlersiniz?	1	2	3	4
7. Amerikan yapımı filmleri ne sıklıkta izlersiniz?	1	2	3	4
8. Türk yapımı filmleri ne sıklıkta izlersiniz?	1	2	3	4
9. Yabancı şarkıların (Amerikan ve Avrupalı şarkıcıların) kliplerini ne sıklıkta izlersiniz?	1	2	3	4
10. Türk şarkıların kliplerini ne sıklıkta izlersiniz?	1	2	3	4

11. En çok hangi televizyon kanallarını izlediğinizi belirtiniz:……

APPENDIX B

SOCIOCULTURAL ATTITUDES TOWARDS APPEARANCE QUESTIONNAIRE-3

5 – Kesinlikle Katılıyorum
4 – Katılıyorum
3 – Ne katılıyorum, ne de katılmıyorum
2 – Katılmıyorum
1 – Kesinlikle katılmıyorum

1. Televizyon programları moda ve çekici görünmek konusunda önemli bir bilgi kaynağı.

2. Televizyon veya dergilerin kilo vermek konusunda üzerimde baskı yarattığını hissediyorum.

3. Vücudumun televizyonda gördüğüm insanlarınki gibi olup olmamasına aldırmıyorum.

4. Vücudumu televizyonda gördüğüm insanların vücuduyla kıyaslıyorum.

5. Televizyon reklamları, moda ve çekici görünmek konusunda önemli bir bilgi kaynağıdır.

6. Televizyon veya dergilerin güzel görünmek konusunda üzerimde baskı yarattığını hissetmiyorum.

7. Vücudumun, dergilerde gördüğüm mankenlerinki gibi olmasını isterdim.

8. Görünüşümü, televizyon ve film yıldızlarının görünüşüyle kıyaslıyorum.

9. Televizyondaki müzik klipleri, moda ve çekici görünmek konusunda önemli bir bilgi kaynağı değildir.

10. Televizyon ve dergilerin ince olmak konusunda üzerimde baskı yarattığını hissediyorum.

11. Vücudumun filmlerde gördüğüm insanlarınki gibi görünmesini isterdim.

12. Vücudumu, dergilerde gördüğüm insanlarınkiyle kıyaslamıyorum.

13. Dergilerdeki yazılar moda ve çekici görünmek konusunda önemli bir bilgi kaynağı değildir.

14. Televizyon veya dergilerin mükemmel bir vücuda sahip olmak konusunda üzerimde baskı yarattığını hissediyorum.

15. Keşke kliplerde oynayan mankenlere benzeseydim.

16. Görünüşümü, dergilerde gördüğüm insanların görünüşüyle kıyaslıyorum.

17. Dergilerdeki reklamlar, moda ve çekici görünmek konusunda önemli bir bilgi kaynağıdır.

18. Televizyon veya dergilerin diyet yapmak konusunda üzerimde baskı yarattığını hissediyorum.

19. Dergilerdeki insanlar kadar atletik görünmeye özenmiyorum.

20. Vücudumu, vücudu "fit" ve iyi durumda olan insanlarla kıyaslıyorum.

21. Dergilerdeki fotoğraflar, moda ve çekici görünmek konusunda önemli bir bilgi kaynağıdır.

22. Televizyon veya dergilerin spor yapmak konusunda üzerimde baskı yarattığını hissediyorum.

23. Keşke ünlü sporcular gibi atletik görünseydim.

24. Vücudumu, atletik insanların vücuduyla kıyaslıyorum.

25. Filmler, moda ve çekici görünmek konusunda önemli bir bilgi kaynağıdır.

26. Televizyon veya dergilerden görünüşümü değiştirmek konusunda üzerimde baskı yarattığını hissediyorum.

27. Televizyonda gördüğüm insanlara benzemeye çalışmıyorum.

28. Film yıldızları, moda ve çekici görünmek konusunda önemli bir bilgi kaynağı değildir.

29. Ünlü insanlar, moda ve çekici görünmek konusunda önemli bir bilgi kaynağıdır.

30. Sporcular kadar atletik görünmeye çalışıyorum.

APPENDIX C

PHYSICAL APPEARANCE COMPARISON SCALE-REVISED

	0 Hiçbir Zaman	1	2	3	4 Her Zaman
1. Toplum içinde olduğum zaman fiziksel görünüşümü diğer insanların fiziksel görünüşü ile kıyaslıyorum.	0	1	2	3	4
2. Kendi cinsiyetimden olan yeni biriyle tanıştığım zaman, kendi beden ölçümü onunki ile kıyaslıyorum.	0	1	2	3	4
3. Okulda veya işteyken, vücut şeklimi diğer insanların vücut şekli ile kıyaslıyorum.	0	1	2	3	4
4. Toplum içindeyken, vücudumdaki yağ oranını diğer insanların vücudundaki yağ oranı ile kıyaslıyorum.	0	1	2	3	4
5. Alışveriş yaparken kilomu, diğer insanların kilosu ile kıyaslıyorum.	0	1	2	3	4
6. Bir partiye gittiğim zaman, vücut şeklimi diğer insanların vücut şekli ile kıyaslıyorum.	0	1	2	3	4
7. Bir arkadaş grubunun içindeyken kilomu, diğer insanların kilosu ile kıyaslıyorum.	0	1	2	3	4
8. Okulda veya işteyken, beden ölçümü diğer insanların beden ölçüsü ile kıyaslıyorum.	0	1	2	3	4
9. Bir arkadaş grubunun içindeyken vücut şeklimi, diğer insanların vücut şekli ile kıyaslıyorum.	0	1	2	3	4
10. Bir restoranda yemek yerken, vücudumdaki yağ oranını diğer insanların vücudundaki yağ oranı ile kıyaslıyorum.	0	1	2	3	4
11. Spor salonundayken fiziksel görünüşümü, diğer insanların görünüşü ile kıyaslıyorum.	0	1	2	3	4

APPENDIX D

BODY ESTEEM SCALE

1 – Hiçbir zaman
2 – Çok seyrek
3 – Bazen
4 – Sıklıkla
5 – Her zaman

1. Fotoğraflardaki görüntümü beğenirim.

2. İnsanlar benim dış görünüşümün iyi olduğumu düşünür.

3. Vücudumla gurur duyarım.

4. Kafam sürekli kilomu değiştirmeye çalışmakla meşgul.

5. Bence dış görünüşüm iş bulmama yardımcı olur.

6. Aynadaki görünüşümü beğenirim.

7. Eğer mümkün olsa görünüşümle ilgili değiştireceğim bir çok şey var.

8. Kilomdan memnunum.

9. Daha iyi görünmeyi isterdim.

10. Başka biri gibi görünmeyi isterdim.

11. Akranlarım benim dış görünüşümü beğenir.

12. Dış görünüşüm beni mutsuz eder.

13. Çoğu insan kadar hoş bir görünüşüm var.

14. Dış görünüşümden memnunum.

15. Bence boyuma göre uygun bir kilom var.

16. Dış görünüşümden utanıyorum.

17. Kilom beni üzüyor.

18. Dış görünüşüm erkeklerin bana çıkma teklif etmesine yardımcı olur.

19. Dış görünüşüm konusunda endişeleniyorum.

20. Güzel bir vücudum olduğunu düşünüyorum.

21. Arzu ettiğim kadar hoş görünüyorum.

APPENDIX E

EATING ATTITUDES TEST

1 – Hiçbir zaman
2 – Nadiren
3 – Bazen
4 – Sık sık
5 – Çok sık
6 – Daima

1. Başkaları ile birlikte yemek yemekten hoşlanırım.

2. Başkaları için yemek pişiririm, fakat pişirdiğim yemeği yemem.

3. Yemekten önce sıkıntılı olurum.

4. Şişmanlamaktan ödüm kopar.

5. Acıktığımda yemek yememeye çalışırım.

6. Aklım fikrim yemektedir.

7. Yemek yemeyi durduramadığım zamanlar olur.

8. Yiyeceğimi küçük küçük parçalara bölerim.

9. Yediğim yiyeceğin kalorisini bilirim.

10. Ekmek, patates, pirinç gibi yüksek kalorili yiyeceklerden kaçınırım.

11. Yemeklerden sonra şişkinlik hissederim.

12. Ailem fazla yememi bekler.

13. Yemek yedikten sona kusarım.

14. Yemek yedikten sonra aşırı suçluluk duyarım.

15. Tek düşüncem daha zayıf olmaktır.

16. Aldığım kalorileri yakmak için yorulana dek egzersiz yaparım.

17. Günde birkaç kere tartılırım.

18. Vücudumu saran dar elbiselerden hoşlanırım.

19. Et yemekten hoşlanırım.

20. Sabahları erken uyanırım.

21. Günlerce aynı yemeği yerim.

22. Egzersiz yaptığımda harcadığım kalorileri hesaplarım.

23. Adetlerim düzenlidir.

24. Başkaları çok zayıf olduğumu düşünür.

25. Şişmanlama (vücudumun yağ toplayacağı) düşüncesi zihnimi meşgul eder.

26. Yemeklerimi yemek başkalarınınkinden daha uzun sürer.

27. Lokantada yemek yemeyi severim.

28. Müshil kullanırım.

29. Şekerli yiyeceklerden kaçınırım.

30. Diyet (perhiz) yemekleri yerim.

31. Yaşamımı yiyeceğin kontrol ettiğini düşünürüm.

32. Yiyecek konusunda kendimi denetleyebilirim.

33. Yemek konusunda başkalarının bana baskı yaptığını hissederim.

34. Yiyecekle ilgili düşünceler çok zamanımı alır.

35. Kabızlıktan yakınırım.

36. Tatlı yedikten sonra rahatsız olurum.

37. Perhiz yaparım.

38. Midemin boş olmasından hoşlanırım.

39. Şekerli yağlı yiyecekleri denemekten hoşlanırım.

40. Yemeklerden sonra içimden kusmak gelir.

APPENDIX F

RELIGIOUS ORIENTATION SCALE

1.Dinimle ilgili okuma yapmaktan hoşlanıyorum.
(1) Kesinlikle katılmıyorum
(2) Katılmıyorum
(3) Emin değilim
(4) Katılıyorum
(5) Kesinlikle katılıyorum

2. Dini faaliyet/görevlerim arkadaş edinmemi sağlıyor.
(1) Kesinlikle katılmıyorum
(2) Katılmıyorum
(3) Emin değilim
(4) Katılıyorum
(5) Kesinlikle katılıyorum
(6) Dini faaliyetlerim yoktur.

3. İyi bir insan olduğum sürece neye inandığım fark etmez.
(1) Kesinlikle katılmıyorum
(2) Katılmıyorum
(3) Emin değilim
(4) Katılıyorum
(5) Kesinlikle katılıyorum

4. İnsanların hakkımda düşünebileceklerinden dolayı, dini inançlarımı/görüşlerimi göz ardı etmek zorunda kaldığım olur.
(1) Kesinlikle katılmıyorum
(2) Katılmıyorum
(3) Emin değilim
(4) Katılıyorum
(5) Kesinlikle katılıyorum

5. Kendimle baş başa kalıp ibadet etmek ve düşünmek benim için önemlidir.
(1) Kesinlikle katılmıyorum
(2) Katılmıyorum
(3) Emin değilim
(4) Katılıyorum
(5) Kesinlikle katılıyorum

6. Dini faaliyet/görevlerimi şu sıklıkta yerine getiririm.
(1) Hiç aksatmadan
(2) Çoğunlukla aksatmadan
(3) Arada sırada
(4) Sadece özel zamanlarda
(5) Hiçbir zaman

7. Allah'ın varlığını sık sık, güçlü bir şekilde hissederim.
(1) Kesinlikle katılmıyorum
(2) Katılmıyorum
(3) Emin değilim
(4) Katılıyorum
(5) Kesinlikle katılıyorum

8. Namaz kılarken veya dua ederken asıl amacım huzur ve güven bulmaktır.
(1) Kesinlikle katılmıyorum
(2) Katılmıyorum
(3) Emin değilim
(4) Katılıyorum
(5) Kesinlikle katılıyorum
(6) Namaz kılmıyorum/Dua etmiyorum

9. Hayatımı dinsel inançlarıma uygun olarak yaşamak için çok gayret ederim.
(1) Kesinlikle katılmıyorum
(2) Katılmıyorum
(3) Emin değilim
(4) Katılıyorum
(5) Kesinlikle katılıyorum
(6) Dini inançlarım yoktur

10. Dinin bana verdiği en önemli şey, sıkıntılı ve üzüntülü dönemlerimde sağladığı huzurdur.
(1) Kesinlikle katılmıyorum
(2) Katılmıyorum
(3) Emin değilim
(4) Katılıyorum
(5) Kesinlikle katılıyorum
(6) Dini inançlarım yoktur

11. Din benim için önemli, çünkü hayatın anlamıyla ilgili pek çok soruyu cevaplıyor.
(1) Kesinlikle katılmıyorum
(2) Katılmıyorum
(3) Emin değilim
(4) Katılıyorum
(5) Kesinlikle katılıyorum

12. Din çerçevesinde sosyal çalışmalar yapan bir gruba katılmaktansa, Kur'an üzerinde çalışan bir gruba katılmayı tercih ederim.
(1) Kesinlikle katılmıyorum
(2) Katılmıyorum
(3) Emin değilim
(4) Katılıyorum
(5) Kesinlikle katılıyorum

13. İbadetin amacı, huzur ve mutluluk bulmaktır.
(1) Kesinlikle katılmıyorum
(2) Katılmıyorum
(3) Emin değilim
(4) Katılıyorum
(5) Kesinlikle katılıyorum

14. Dini inançları olan bir kişi olmama rağmen, bu günlük hayatımı fazla etkilemez.
(1) Kesinlikle katılmıyorum
(2) Katılmıyorum
(3) Emin değilim
(4) Katılıyorum
(5) Kesinlikle katılıyorum
(6) Dini inançlarım yoktur

15. Dini faaliyet/görevlere, genellikle arkadaşlarımla beraber olmak için katılırım.
(1) Kesinlikle katılmıyorum
(2) Katılmıyorum
(3) Emin değilim
(4) Katılıyorum
(5) Kesinlikle katılıyorum
(6) Dini faaliyetlerim yoktur

16. Hayata bakış açımın temeli dindir.
(1) Kesinlikle katılmıyorum
(2) Katılmıyorum
(3) Emin değilim
(4) Katılıyorum
(5) Kesinlikle katılıyorum

17. Aslında dini faaliyet/görevlerime tanıdığım insanları görmekten hoşlandığım için katılırım.
(1) Kesinlikle katılmıyorum
(2) Katılmıyorum
(3) Emin değilim
(4) Katılıyorum
(5) Kesinlikle katılıyorum
(6) Dini faaliyetlerim yoktur

18. Bana ibadet etmenin gerektiği öğretildiği için ibadet ediyorum.
(1) Kesinlikle katılmıyorum
(2) Katılmıyorum
(3) Emin değilim
(4) Katılıyorum
(5) Kesinlikle katılıyorum
(6) İbadet etmiyorum

19. Benim için yalnızken kıldığım namaz, ettiğim dua, başkalarıyla beraber yaptıklarım kadar önemlidir.
(1) Kesinlikle katılmıyorum
(2) Katılmıyorum
(3) Emin değilim
(4) Katılıyorum
(5) Kesinlikle katılıyorum
(6) Namaz kılmıyorum/Dua etmiyorum

20. Dine inanmama rağmen, hayatımda daha önemli olan pek çok şey var.
(1) Kesinlikle katılmıyorum
(2) Katılmıyorum
(3) Emin değilim
(4) Katılıyorum
(5) Kesinlikle katılıyorum
(6) Herhangi bir dine inanmıyorum

APPENDIX G

DEMOGRAPHIC FORM

1: Yaşınız:

2. Okuduğunuz bölüm:

3. Okulunuzda kaçıncı yılınız:

4. Doğduğunuz şehir:

5. İstanbul/Konya'da doğmadıysanız ne kadar zamandır burada yaşıyorsunuz:

6. Siz dahil kaç kardeşsiniz:

7. Siz kaçıncı kardeşsiniz:

8. Anneniz toplam kaç sene okula gitti? (İlkokul 1. sınıftan başlayarak gördüğü toplam eğitim yılı sayısı):

9. Annenizin mesleği:

10. Babanız toplam kaç sene okula gitti? (İlkokul 1. sınıftan başlayarak gördüğü toplam eğitim yılı sayısı):

11. Babanızın mesleği:

12. En iyi tahmininize göre bu günlerde ailenize giren aylık toplam gelir (maaşlar, kira, ikinci iş, faiz geliri) aşağı yukarı ne kadardır?

( ) 1000 TL ve altı
( ) 1000-2000 TL
( ) 2000-5000 TL
( ) 5000-8000 TL
( ) 8000-10000 TL
( ) 10000-15000 TL
( ) 15000 TL ve üstü

13. Evinizde Digitürk veya D-Smart var mı? ( ) Evet ( ) Hayır

14. Evinizde LCD ekran veya plazma televizyon var mı? ( ) Evet ( ) Hayır

15. Sadece kendinize ait bir bilgisayarınız veya laptopunuz var mı?
( ) Evet ( ) Hayır

16. Boyunuzu santimetre cinsinden belirtiniz:

17. Kilonuzu kilogram cinsinden belirtiniz:

18. Kendinizi nasıl değerlendiriyorsunuz?

( ) Çok şişman
( ) Şişman
( ) Normal
( ) Zayıf
( ) Çok zayıf

19. Kilonuzdan memnun musunuz? ( ) Evet ( ) Hayır

20. Vücudunuzda dövme var mı? ( ) Evet ( ) Hayır

21. Vücudunuzda piercing var mı? ( ) Evet ( ) Hayır

22. Hiç yurtdışına çıktınız mı? ( ) Evet ( ) Hayır

23. Eğer yurtdışına çıktıysanız kaç kere:

24. Başörtüsü takıyor musunuz? ( ) Evet ( ) Hayır

25. Ramazan'da oruç tutar mısınız? ( ) Evet ( ) Hayır

26. Kendinizi ne kadar geleneksel olarak tanımlarsınız?

( ) Hiç tanımlamam
( ) Az derecede geleneksel olarak tanımlarım
( ) Orta derece geleneksel olarak tanımlarım
( ) Oldukça geleneksel olarak tanımlarım
( ) Tamamen geleneksel olarak tanımlarım

27. Kendinizi ne kadar Batı kültürüne uygun yaşıyor olarak tanımlarsınız?

( ) Hiç Batı kültürüne uygun yaşamıyorum
( ) Biraz Batı kültürüne uygun yaşıyorum
( ) Orta derecede Batı kültürüne uygun yaşıyorum
( ) Oldukça Batı kültürüne uygun yaşıyorum
( ) Tamamen Batı kültürüne uygun yaşıyorum

APPENDIX H

CORRELATIONS BETWEEN EXPLORED VARIABLES AMONG ALL PARTICIPANTS

	Western media exposure	Internalization	Comparison	Body satisfaction	Unhealthy eating	Religiosity	SES	BMI
Western media exposure	15.53 (3.75)							
Internalization	.33**	25.14 (12.33)						
Comparison	.27**	.62**	18.66 (12.33)					
Body Satisfaction	.01	-.39**	-.47**	49.80 (14.84)				
Unhealthy eating	-.01	.26**	.62**	-.32**	9.72 (6.19)			
Religiosity	-.19**	-.11	-.19**	.10	.03	23.90 (14.82)		
SES	.23**	.17**	.13*	-.05	-.06	-.34**	17.25 (7.02)	
BMI	.04	.14	.32**	-.56**	.20**	.03	-.05	21.32 (3.47)

Note: *$p < .05$, **$p < .001$

APPENDIX I

CORRELATIONS BETWEEN EXPLORED VARIABLES AMONG BOĞAZİÇİ UNIVERSITY STUDENTS

	Western media exposure	Internalization	Comparison	Body satisfaction	Unhealthy eating	Religiosity	SES	BMI
Western media exposure	15.60 (3.68)							
Internalization	.37**	25.45 (8.72)						
Comparison	.31**	.64**	19.00 (12.04)					
Body Satisfaction	-.02	-.41**	-.42**	49.98 (13.93)				
Unhealthy eating	.03	.29**	.35**	-.26**	9.09 (5.72)			
Religiosity	-.22**	-.08	-.14*	.07	.04	21.82 (15.00)		
SES	.25**	.15*	.07	-.02	-.02	-.28**	18.69 (6.61)	
BMI	.13*	.13*	.26**	-.48**	.06	.02	-.03	20.90 (3.02)

Note: *$p < .05$, **$p < .001$

APPENDIX J

CORRELATIONS BETWEEN EXPLORED VARIABLES AMONG SELÇUK UNIVERSITY STUDENTS

	Western media exposure	Internalization	Comparison	Body satisfaction	Unhealthy eating	Religiosity	SES	BMI
Western media exposure	15.25 (4.05)							
Internalization	.21	23.95 (9.06)						
Comparison	.13	.57**	17.32 (13.39)					
Body Satisfaction	.08	-.35**	-.64**	49.05 (18.03)				
Unhealthy eating	-.10	.26*	.47**	-.47**	12.14 (7.28)			
Religiosity	.07	-.20	-.43**	.38**	-.34**	32.32 (10.57)		
SES	.16	.21	.29*	-.32**	.16	-.14	11.91 (5.80)	
BMI	-.14	.23	.56**	-.75**	.36**	.29*	.30*	22.94 (4.50)

Note: *$p < .05$, **$p < .001$

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