

## **The Structural Model of Appearance Management based on Body Image Dissatisfaction, External Shame, and Self-Compassion**

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### **Abstract**

This study aimed to present the structural model of appearance management based on self-compassion with the mediating roles of external shame and body image dissatisfaction. The method of the present study was correlation analysis based on structural equation modeling. The statistical population consisted of female students residing in the dormitory of Bu-Ali Sina University in Hamedan. Among them, 400 individuals were selected randomly. They filled out the Self-Compassion Scale (SCS), Others As Shamer Scale (OAS), Body Image Concern Inventory (BICI), and Body Management Scale (BMS). Since 23 individuals did not fill out the questionnaires, the 377 completed questionnaires were examined through structural equation analysis. The results of structural equations indicated that all of the direct and indirect relationships were significant; thus, all the variables had pairwise relationships. On the other hand, external shame had a significant mediating role in the relationship between self-compassion and appearance management ( $z = -3.32, p < 0.01$ ). In other words, self-compassion, due to the mediation of external shame, can predict appearance management. In addition, body image dissatisfaction had a significant mediating role in the relationship between self-compassion and appearance management ( $z = -4.03, p < 0.01$ ). Hence, self-compassion, due to the mediation of body image dissatisfaction, could predict appearance management. Following the results, it can be concluded that self-compassion, with the mediating roles of external shame and body image dissatisfaction, can predict appearance management. These variables can be considered to modify body management.

**Key words:** Appearance Management, Body Image Dissatisfaction, External Shame, Self-Compassion

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## **Introduction**

Nowadays, people pay a lot of attention to their body and appearance in such a way that they change their body and appearance according to the desired attraction patterns of society (Coleman, 2016; Heidarkhani, Hajia, & Rahmani, 2013; Paap & Gardner, 2016; Wu, 2016). Excessive sensitivity to body and appearance has led to many problems, such as eating disorders, decreased self-esteem, weight loss, and physical injuries (Khajeh Nouri & Moghaddas, 2009). Given the gender differences and stereotypes in societies, this phenomenon is more common among women (Huang, Norman, Zabinski, Calfas, & Patrick, 2007; Wasylkiw, MacKinnon, & MacLellan, 2012; Wu, 2016; Worrell & Trevino, 2007). Women who are not satisfied with their appearance try to change their appearance or in other words, manage and control their physical appearance (Tavassoli, Alamati, Habibi, & Ahmadi, 2013).

Appearance management refers to the continuous monitoring and manipulation of the physical and visual characteristics of the body (Modarressi, 2014). In other words, it is the control and supervision which each person exerts on his/her body; it ranges from surgeries to sports activities and medical care (Tavassoli, Alamati, Habibi, & Ahmadi, 2013). What is widely accepted is the fact that appearance management is increasing (Keyvanara, 2010); thus, it has been studied by the researchers in the field of humanities (Khajeh Nouri, Rouhani, & Hashemi, 2011). Numerous theoretical and empirical studies indicated that body image is closely related to appearance management. For instance, Wu (2016) stated that body image dissatisfaction is an important predictor of appearance management. Keyvanara (2010) and Cash and Pruzinsky (2004) also considered women's dissatisfaction with their body image as an important factor affecting appearance management.

Body image is a multidimensional psychological concept; it refers to a person's perception of his/her body, especially the physical appearance (Cash, 2012; Cash & Pruzinsky, 2004). In short, body image is a multidimensional structure which includes a person's perceptions, thoughts, and feelings about his/her body. Body image is divided into the two categories of body image distortion and body image dissatisfaction (Skrzypek, Wehmeier, & Remschmidt, 2001). Body image distortion refers to the precision in the perception of one's

true body, while body image dissatisfaction refers to the difference between the perceived body image and the ideal body (Gardner & Brown, 2010; Cash & Pruzinsky, 1995). Coleman and Ranjilian (2014); cited in Coleman, 2016), found a strong relationship between body image distortion and body image dissatisfaction. They found that women overestimate their body size, and they experience more dissatisfaction. In Iran, research on body image has been more than its management (Khajeh Nouri, Rouhani, & Hashemi, 2011). In most societies, attraction is recognized as a value for women (Strahan, Wilson, Cressman, & Buote, 2006), and those who do not conform to this value (e.g., those who are overweight or obese) are judged (Puhl & Brownell, 2003). Thus, body image dissatisfaction has become a growing phenomenon among women (Brady, 2016; Balci, Cole, Chelberg, & Alicke, 2012), and controlling or managing it has been considered a struggling strategy for social interests (e.g., being accepted and being valued by others) (Pinto-Gouveia, Ferreira, & Duarte, 2014). In fact, every individual has a mental image of his/her body; if this perception is not desirable from others' viewpoints, he/she is not satisfied with his/her body (Tavassoli, Alamedi, Habibi, & Ahmadi, 2013).

Individuals have an instinctive tendency to leave positive effects on the minds of others; this allows them to build more supportive relationships in different situations (Gilbert & Irons, 2009). The awareness concerning how others view an individual refers to external shame (Matos, Pinto-Gouveia, Gilbert, Duarte, & Figueiredo, 2015). Shame is a conscious emotion which has significant effects on self-esteem, well-being, and vulnerability to psychological trauma (Czub, 2013; Kim, Thibodeau, & Jorgensen, 2011). Theoretical and empirical evidence supported the relationship between body image concern and shame in both clinical and non-clinical populations (e.g., Gee & Troop, 2003; Goss & Allan, 2009). Although shame is often seen in a negative self-assessment (Tangney & Dearing, 2002; Tracy & Robins, 2004), research has shown that our idea about how we are judged by others is also important (Gilbert & Irons, 2009).

Exposure to the judgmental eyes of others is an essential element of the experience of shame (Gilbert, 2007). Thus, the pain of external shame stems from the belief that others have a negative view of the person (Matos et al. 2015). External shame arises from the perceived negative judgment (Matos, Pinto-Gouveia, Gilbert, Duarte, &

Figueiredo, 2015). Thus, emotions such as anger, humiliation, and hatred develop in the individual (Whelton & Greenberg, 2005). External shame has significant positive correlations with perfectionism and negative emotion, and a significant negative correlation with self-compassion (Foroughi, Khanjani, Kazemini, & Tari 2015).

One of the arguments about comparing oneself with others is that a healthy perspective should not include evaluations based on comparisons with others (Wasyliw, MacKinnon, & MacLellan, 2012). Neff and Vonk (2009) stated that feeling good about oneself as a result of being better than others is problematic because only few people can achieve it. Therefore, it is not unexpected that researchers such as Neff (2003a, 2003b) tried to suggest self-compassion as an alternative to self-esteem. Self-compassion can be an emotion management strategy which replaces negative emotions such as shame (Sedighimornani, Rimes, & Verplanken, 2019). Stimulating self-compassion can reduce shame (Gilbert & Procter, 2006). Kelly, Zuroff, and Shapira (2009) reported that in people with acne, when engaged in self-compassion exercises, their level of shame reduces to a normal level.

Self-compassion involves non-judgmental perception of pain, inadequacy, and failure; thus, one's own experiences are seen as part of a broader human experience (Neff, 2003a, 2003b). In fact, self-compassion is associated with a lasting self-worth (Neff & vonk, 2009). Self-esteem refers to the degree to which we like ourselves based on comparison ourselves with others. Self-compassion is not based on a comparison and does not involve evaluation or judgement. People feel self-compassion because they are human, not due to the reason that they are superior. Self-compassion is associated with emotional intelligence, wisdom, creativity, curiosity, cognitive flexibility, life satisfaction, and social bonding (i.e., features which give meaning to life) (Neff & Costigan, 2014). It is negatively related to self-criticism, anxiety, and depression (Leary, Tate, Adams, Batts Allen, & Hancock, 2007; Neff, 2003a, 2003b; Neff & Vonck, 2009).

Self-compassion seems to increase empathy in women and let them realize that some negative experiences related to their body are common. Thus, they do not need to cover or change their bodies for social acceptance (Berry, Kowalski, Ferguson, & McHugh, 2010). Recent research studies highlight the importance of self-compassion

as an antidote to shame, self-judgment, and body image dissatisfaction in women (Pinto-Gouveia, Ferreira, & Duarte, 2012). In fact, not only high self-esteem but also the practice of self-compassion improve body image and eating patterns (Kelly & Stephen, 2016).

Marta-Simões, Ferreira, and Mendes (2016) as well as Gioia, Griffiths, and Boursier (2020) showed that there was a relationship between dissatisfaction with body image and external shame. In fact, self-compassion is an emotional regulation strategy which instructs a person how to accept himself/herself in spite of his/her defects. Therefore, self-compassion is a factor which can alleviate the pain associated with shame and body image dissatisfaction (Albertson, Neff, & Dill-Shackleford, 2015). The objective of the present study was to develop a structural model explaining appearance management based on self-compassion, shame, and body image; it examined whether self-compassion can predict appearance management through the mediating roles of external shame and body image dissatisfaction.

## **Method**

The objective of this study was to develop a structural model to explain appearance management based on self-compassion through the mediating roles of external shame and body image dissatisfaction. The method of this study included descriptive correlation, regression, and structural equations. The population included all female students living in dormitories of Bu Ali Sina University of Hamadan (4000 individuals). According to the Krejcie and Morgan's table, a sample of 400 female students of Bu Ali Sina University was selected through the random sampling method. They agreed to participate in the study. Finally, due to the fact that some students did not return the questionnaires, statistical analyses were performed for 377 individuals. In order to analyze the data, structural equation modeling was used. Moreover, the data were analyzed using the LISREL statistical software.

Self-Compassion Scale (Raes et al., 2011): This scale is the shortened form of the 26-item Self-compassion scale (Neff, 2003b). It includes 12 items and six components of the self-compassion versus over-identification, common humanity versus self-judgment, and mindfulness versus isolation (i.e., two items for each factor). Shahbazi et al. (2015) calculated the Cronbach's alpha coefficients of the whole scale (.91) and the six factors (i.e., between .77 and .92). They also

found the concurrent validity coefficient of the scale to be significant. In addition, they reported the scale's convergent validity coefficient (.45) as optimal.

Others as Shamer Scale (Goss et al., 1994): This is an 18-item scale designed to measure external shame; it is adapted from the Internal Shame scale. The items are in a five-point Likert scale form (1 indicates never and 5 indicates almost always). The components of this scale include the feelings of inferiority, emptiness, and mistakes. The total score of each participant ranged from 18 to 90. Psychometric properties of this scale were validated by Foroughi, et al. (2015) which reported its reliability as .93 and its validity as desirable.

Body Image Concern Inventory (Littleton et al., 2005): This scale, which examines a person's dissatisfaction with his/her appearance, contains 19 items and two factors of dissatisfaction and embarrassment with one's appearance (12 items) and the interference of appearance concern with social performance (7 items) with Cronbach's alpha coefficient of .92 and .76, respectively. It is in a five-point Likert scale (score 5 shows forever and score 1 shows never); the total score of the scale varies between 19 and 95. A higher score on this scale indicates more dissatisfaction with one's body image. Mohammadi and Sajjadinejad (2007) reported the Cronbach's alpha coefficient for the whole scale as .84. They also stated that the structural validity of this questionnaire using factor analysis was similar to the original version.

Body Management Scale (Modarressi, 2014): This scale includes 31 items and the four subscales of attitude towards the makeup (6 items), surgery (5 items), body makeup (14 items), and slimming procedures (6 items). The analysis can be done based on both the components and the total score. It is in a five-point Likert scale (score 1 indicates strongly disagree, and score 5 indicates strongly agree). Therefore, the minimum total score of each participant can be 31, and the maximum can be 155. Modarressi, (2014) examined the face validity of the scale and reported it as desirable. He also reported the coefficient of each of the mentioned components to be between .754 and .957, and the reliability of the total score as .945.

## **Results**

The data collected from 377 students were examined. Structural equation analysis was used to analyze the data. One of the assumptions of structural analysis is the normality of the distribution. To test the normality of the main variables of the study, the Kolmogorov-Smirnov test was used, the results of which are presented in Table 1.

Table 1. The results of the Kolmogorov-Smirnov test

Indices	Mean	Sd.	Test	Sig.
External shame	41.89	5.51	.092	.156
Self-compassion	37.66	6.85	.019	.200
Body image dissatisfaction	42.03	13.21	.123	.082
Appearance management	73.06	17.21	.143	.063

The results of the Kolmogorov-Smirnov test in Table 1 shows that the significance level of the variables are higher than .05. Therefore, it can be concluded that the research variables had a normal distribution.

Table 2. The Correlation matrix of the research variables

Variable	1	2	3	4	Tolerance	VIF
External shame	-				.93	1.07
Self-compassion	-.21**				.71	1.40
Body image dissatisfaction	.24**	-.53*			.70	1.42
Appearance management	.26**	-.45*	.47**	-	-	-

\* $P < .05$ , \*\* $p < .01$

Table 2 presents the correlation matrix between the variables. As it is evident in the table, there were significant correlations between all the variables. In addition, there was a linear relationship between the variables. Furthermore, the Camera-Watson test was used to examine the independence of the errors; there was no correlation between the errors ( $D. W = 1.97$ , the range between 1.5 and 2.5 is acceptable). To investigate the multiple alignments between the predictor variables, the variance inflation factor (VIF) and Tolerance were used. The results show that there was no alignment between the variables (VIF less than 10 and Tolerance above .1 are acceptable).

To test the research hypotheses, the model fit was examined. Therefore, the structural equation model was used in order to evaluate the proposed model. In the first step, to investigate the relationships of the latent variables, the overall fit of the model was examined. Then, regression weights of the measurement models and coefficients of structural relationships were analyzed.

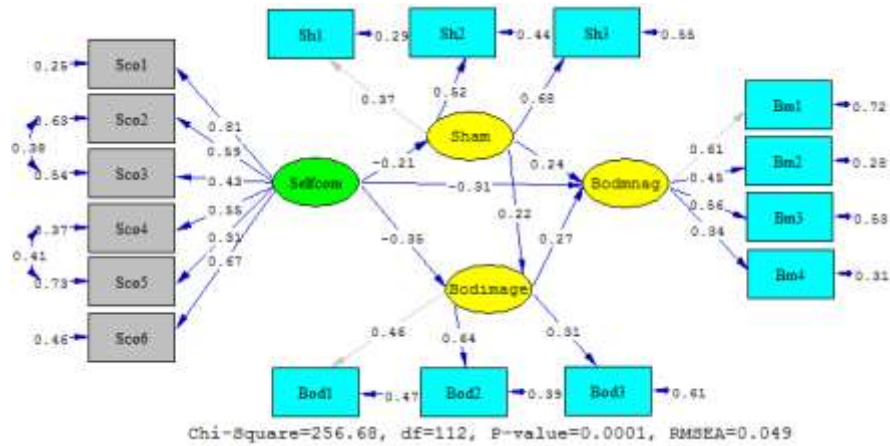


Figure 1. The standard coefficients of the relationship between self-compassion and appearance management mediated by external shame and body image dissatisfaction

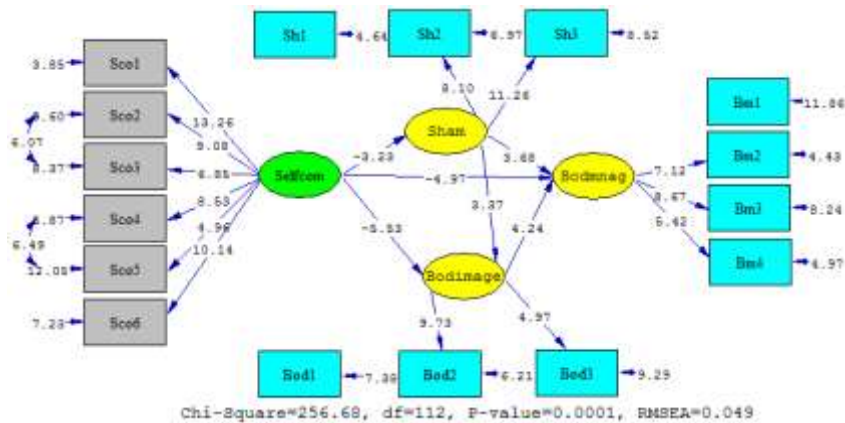


Figure 2. The significance coefficients of the relationship between self-compassion and appearance management mediated by external shame and body image dissatisfaction

To test the overall fit of the model, the fit indices were used (see Table 3). With regard to  $X^2/ Df$  fit index, values less than five are appropriate. In addition, the closer the value is to zero, the better the model would fit. Considering GFI, IFI, and CFI, a value close to .90 and above is acceptable, indicating that the model is appropriate.



Concerning the RMSEA index, values close to .05 or less indicate a good fit of the model; a value of .08 or less indicates a logical approximation error; a value higher than .10 shows the need to reject the model. The fit indices presented in Table 3 indicate the optimal fit of the model.

Table 3. The fit indices for the developed model

Fit indices	X <sup>2</sup>	DF	X <sup>2</sup> /Df	GFI	IFI	CFI	RMSEA
Model	256.68	112	2.29	.95	.93	.92	.049
Accepted range	-	-	X <sup>2</sup> /Df < 5	GFI > .90	IFI > .90	CFI > .90	RMSEA < .08

Furthermore, Table 4 presents all the effects related to all the different paths in the structural equation model.

Table 4. The coefficients of the model explaining the relationship between external shame and appearance management mediated by self-compassion and body image

Regression path	Regression coefficient	t
The effect of self-compassion on external shame	-.21	-3.23
The effect of self-compassion on body image dissatisfaction	-.35	-5.53
The effect of self-compassion on appearance management	-.30	-4.97
The effect of external shame on body image dissatisfaction	.22	3.37
The effect of external shame on appearance management	.24	3.68
The effect of body image dissatisfaction on appearance management	.27	4.24

t = 2.98, sig. = .01

Regression coefficients in the structural equation model (see Table 4) showed that the effects of self-compassion on external shame ( $\beta = -.21$ ,  $p < .01$ ), body image dissatisfaction ( $\beta = -.35$ ,  $p < .01$ ) and appearance management ( $\beta = -.30$ ,  $p < .01$ ) were significant. In addition, the effects of external shame on body image dissatisfaction ( $\beta = .22$ ,  $p < .01$ ) and appearance management ( $\beta = 0.24$ ,  $p < .01$ ) were significant. Furthermore, the effect of body image dissatisfaction on appearance management was significant ( $\beta = .27$ ,  $p < .01$ ).

The Sobel's test was also used to investigate the mediating role of external shame and body image dissatisfaction in the relationship between self-compassion and appearance management; the results of this test are reported in Table 5.

Table 5. The Sobel’s test examining the mediating roles of body image and shame in the relationship between self-compassion and appearance management

Predictor variable	Criterion variable	Mediator variable	Sobel’s test (z)	P
Self-compassion	Body image dissatisfaction	External shame	-2.28	.01
Self-compassion	Appearance management	External shame	-3.32	.01
Self-compassion	Appearance management	Body image dissatisfaction	-4.03	.01
External shame	Appearance management	Body image dissatisfaction	2.91	.01

The results of the Sobel’s test in Table 5 showed that external shame had a significant mediating role in the relationship between self-compassion and body image dissatisfaction ( $Z = -2.28, p < .01$ ). In other words, self-compassion with the mediating role of external shame can predict dissatisfaction with the body. Furthermore, external shame had a significant mediating role in the relationship between self-compassion and appearance management ( $Z = -3.32, p < .01$ ). In other words, self-compassion with the mediating role of external shame can predict appearance management. Moreover, body image dissatisfaction had a significant mediating role in the relationship between self-compassion and appearance management ( $Z = -4.03, p < .01$ ). In other words, self-compassion with the mediating role of body image dissatisfaction can predict appearance management. The results also showed that body image dissatisfaction had a significant mediating role in the relationship between external shame and appearance management ( $Z = 2.91, p < .01$ ). In other words, external shame with the mediating role of body image dissatisfaction can predict appearance management.

### **Discussion and Conclusion**

Due to the widespread effect of the media on people's attitudes (Coleman, 2016), many women compare their appearance with that of celebrities (Tylka & Sabik, 2010). This comparison increases body image dissatisfaction (Wu, 2016) and encourages women to change their appearance through surgery, makeup, and medication to achieve their ideal body and face (Tavassoli, Alamati, Habibi, & Ahmadi, 2013). This phenomenon is known as appearance management (Moddarresi, 2014) which has many side effects (Keyvanara, 2010).

In the present study, an attempt was made to evaluate a model explaining appearance management based on body image dissatisfaction, external shame, and self-compassion.

The results showed that there was a significant negative relationship between self-compassion and external shame, body image dissatisfaction and appearance management. On the other hand, there was a significant positive relationship between external shame and body image dissatisfaction and appearance management. There was also a significant positive relationship between body image dissatisfaction and appearance management.

The negative relationship between self-compassion and external shame shown in the present study is consistent with the findings of Ferreira, Pinto-Gouveia, and Duarte (2013), Gilbert and Irons (2009), Gilbert and Procter (2006), and Kelly Zuroff, and Shapira (2009). Neff and Dahm (2015) stated that self-compassion creates positive emotions which moderate negative emotions such as shame. Pinto-Gouveia et al. (2014) concluded that self-compassion has a significant negative relationship with external shame, pathological symptoms, motivation to lose weight, bulimia, and body dissatisfaction. In fact, self-compassion provides an individual with non-judgmental and incomparable views (Neff, 2003a).

Thus, external shame which is originated from the negative perception of oneself in others' viewpoints (Matos, Pinto-Gouveia, Gilbert, Duarte, and Figueiredo, 2015) diminishes through self-compassion. Kelly, Zuroff, and Shapira (2009) reported that people with acne experienced less shame and embarrassment when they engaged in self-compassionate exercises. In fact, their shame returned to the normal level. Mansourinik et al. (2019) highlighted the effect of self-compassion on shame as a mechanism which mediates the relationship between body dissatisfaction and appearance management.

Another finding of the present study suggested that higher levels of a person's self-compassion are associated with lower levels of body image dissatisfaction and appearance management. The negative relationship between self-compassion and body image dissatisfaction is consistent with the findings of Kelly and Stephen (2016), Stapleton and Nikalje (2013), Pullmer et al. (2019), Schmidt et al. (2019) and Wasylkiw, MacKinnon, MacLellan's (2012) studies which found that higher self-compassion predicts a more positive body image for

women. In fact, self-compassion is an emotional regulation strategy which instructs a person how to accept himself/herself despite his/her defects. Thus, self-compassion is a factor which can alleviate the pain associated with body image dissatisfaction, both directly and indirectly (Albertson, Neff, & Dill-Shackleford, 2015). The growing empirical evidence shows the importance of self-compassion as an emotional regulation strategy (Braun, Park, & Gorin, 2016; MacBeth, & Gumley, 2012). In fact, it is a protective factor against undesirable body image (Braun, Park, & Gorin, 2016). Self-compassion is an alternative way to regulate threats and negative emotions (Gilbert, 2009). It allows one to clearly observe his/her thoughts and emotions in the shadow of kindness, acceptance, and a sense of shared humanity (Neff, 2003a, 2003b); thus, he/she can cultivate a sense of security. In addition, it encourages the individual to make changes when needed and to take active steps to achieve well-being (Neff, 2011). A self-compassionate attitude towards one's body seems to increase empathy in women, and allow them to realize that some negative experiences concerning their body are common. Thus, they do not need to cover or change their bodies for social acceptance (Berry, Kowalski, Ferguson, & McHugh, 2010).

Furthermore, other findings of the present study showed that there was a significant negative relationship between external shame, body image dissatisfaction, and appearance management. Thus, external shame had a significant positive relationship with body image dissatisfaction and appearance management. Moreover, body image dissatisfaction had a significant positive relationship with appearance management. In other words, if people are not satisfied with their body, they will try to change their appearance (Tavassoli, Alamati, Habibi, & Ahmadi, 2013). The relationship between external shame and body image dissatisfaction are also investigated in Ferreira et al. (2013), Gee and Troop (2003), Goss and Alan (2009), and Melo, Oliveira, and Ferreira's (2019) studies. The findings of these studies are consistent with that of the present study. Moreover, the relationship between external shame and appearance management was studied in Mansouri nik, Davoudi, Neisi, Mehrabizadeh Honarmand, and Tamannaefar's (2019) study which showed how people try to manage their appearance to avoid experiencing negative emotions such as shame. A person's perception of his/her body is very important (Wu, 2016); if he/she perceives a negative message about his/her

appearance from others, he/she will experience a negative feeling caused by external shame (Matos, Pinto-Gouveia, Gilbert, Duarte, & Figueiredo, 2015). In fact, people who think their body is disproportionate in others' viewpoints experience external shame and show more dissatisfaction with their body image (Ferreira, Pinto-Gouveia, & Duarte, 2013). They are also more likely to have problems such as eating disorders (Goss & Alan, 2009), extreme behaviors for losing weight (Ferreira, Pinto-Gouveia, & Duarte, 2013), motivation for appearance management (Coleman, 2016), tendency to use destructive appearance management strategies (Tavassoli, Alamati, Habibi, & Ahmadi, 2013) and bulimia (Melo, Oliveira, & Ferreira, 2019).

Based on the results of the Sobel's test, the mediating role of external shame in the relationship between self-compassion and body image dissatisfaction was supported. In other words, self-compassion, mediated by external shame, can predict dissatisfaction with body. In fact, self-compassion seems to reduce body image dissatisfaction for a number of reasons. First, being kind and gentle to oneself (instead of judging oneself harshly) directly confronts the root of dissatisfaction with one's body image (i.e., the tendency to criticize instead of accepting one's body as it is). Second, a sense of shared humanity helps women to see their physical appearance from a broader perspective, so that shame and subsequent body image dissatisfaction are alleviated. Third, the element of mindfulness, which exists at the center of compassion, can be used as a soothing factor in dealing with painful thoughts and emotions related to external shame (e.g., my body is unattractive, or I am so fat that I do not deserve love). It prevents the stabilization or assimilation of undesirable body characteristics by creating a balance (Albertson, Neff, & Dill-Shackleford, 2015).

In addition, according to Table 5, external shame had a significant mediating role in the relationship between self-compassion and appearance management. In other words, self-compassion with the mediating role of external shame can predict appearance management. Body image dissatisfaction also played a significant mediating role in the relationship between self-compassion and appearance management. In other words, self-compassion with the mediating role of body image dissatisfaction can predict appearance management. Moreover, the results showed that body image dissatisfaction had a

significant mediating role in the relationship between external shame and appearance management. In other words, external shame with the mediation of body image dissatisfaction can predict appearance management. It seems that having a compassionate attitude towards the body can keep women away from the risk of appearance management (Berry et al., 2010). In fact, body image dissatisfaction is one of the main sources of suffering for women at any age level; one of the factors which can alleviate this suffering is self-compassion (Albertson et al., 2015). Self-compassion can affect appearance management through external shame (Gilbert, 2007) and body image dissatisfaction (Pinto-Gouveia et al., 2014; Wasyliw et al., 2012). In addition to preventing the negative consequences of body image dissatisfaction and external shame, self-compassion can increase a woman's ability to admire her body (Ferreira et al., 2013). In fact, providing an alternative way to assess oneself is one way through which self-compassion compensates body image dissatisfaction in women (Albertson et al., 2015). The results showed that there was a significant negative relationship between self-compassion, external shame, and body image dissatisfaction, Therefore, it is suggested that self-compassion training may be an effective way to help women feel better about their bodies.. In addition, it is suggested that longitudinal studies be carried out to examine the long-term effect of the given variables in future studies. The authors thank all the students and people who were kind enough to cooperate in this research.

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