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The Mediating Role of Self-objectification, Self-disgust, and Self-compassion in the Relationship Between Sexual Objectification and Dissociation

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Abstract

In interpersonal interactions, women can be subjected to sexual objectification, discrimination, and sexual, verbal, or physical harassment. Sexual objectification experiences in everyday life have a hidden trauma function even though there is no overt trauma present. As women frequently encounter such experiences, psychological well-being is negatively affected, and some effects of trauma, such as dissociative experiences, are regularly observed. The purpose of this study was to examine the mediating roles of adult women's experiences of self-objectification, self-disgust, and self-compassion experiences on their interpersonal sexual objectification-related dissociative experiences. 391 women between the ages of 19 and 72 participated in the study. Sociodemographic form, Interpersonal Sexual Objectification Scale, Objectified Body Consciousness Scale, Self-Disgust Scale – Revised Version, and Self-Compassion Scale Short Form were used. According to the results, it was seen that interpersonal sexual objectification experiences predicted dissociation. This relationship is mediated by body shame (a subscale of the objectified body consciousness scale), self-disgust, and self-compassion. However, body surveillance, another subscale of objectified body consciousness, did not play a mediating role in this relationship. This study showed that high body shame, high self-disgust, and low self-compassion play a statistically significant role in high dissociative experiences associated with sexual objectification in interpersonal relationships.

Keywords: Interpersonal sexual objectification; dissociation; self-objectification; self-disgust; self-compassion

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INTRODUCTION

Dissociation

A state of discontinuity and separation in normally integrated consciousness, memory, identity, emotions, body representations, and behavior is referred to as dissociation (Şar, 2018). Dissociative disorders have been identified as the disorder most affected by environmental factors when compared to other psychiatric disorders in the literature (Şar, 2018). Dissociation is defined as a reaction developed by people in response to the destructive effects of trauma, and it is most associated with a history of physical and sexual abuse (Lawson & Akay-Sullivan, 2020)

Based on the studies of children who have experienced sexual assault, it was claimed that these children are disconnected and detached from their emotions, highlighting the dissociation induced by trauma. When the child becomes a tool (the object that can be used for the subject's purpose) in connection with the caregiver, the child can have the urge to try again and again to meet the caregiver's requirements. By keeping an eye on the caregiver and focusing on the facial expressions of the caregiver, the child accomplishes this. An identification is formed as a result of the relationship established with the caregiver by introjecting the caregiver's behaviors, mimics, and attitudes (Howell, 2005). It is crucial to mention Ferenczi's idea of identification with the aggressor at this point (1933). Even when the aggressor has disappeared, the person continues to connect intra-psychically with the aggressor. Because interpersonal traumas are not like other good experiences, sometime introjecting the aggressor can be a way for getting rid of these memories from conscious awareness. For example, in cases of childhood abuse, the child might continue to have control over the abuser by adopting some negative traits of the abuser, wish not to be abandoned by that person, and still can maintain a bond with that person. The self that chooses division to overcome traumatic experiences desires unity again while doing so (Şar, 2018). Thus, women's internalization of sexual objectification and feelings of self-disgust can be seen as the results of their efforts to protect the good objects outside while still hoping that the world is a safe place. When doing this, the world remains a good place, the reality remains good, and the inner world is perceived as sinful.

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It was stated that abused women with dissociative identity disorder created male characters. Because they can identify with the aggressor only in this way, that is, by using the gender of the aggressor. Otherwise, girls and women would have to conflict with a whole set of social norms. In addition, girls who have been exposed to or have heard stories of sexual abuse for generations are constantly instructed to protect themselves from men's rape and evil intentions, which causes them to gradually become traumatized. In other words, these traumas have built up through time and are predicated on gender and femininity. They are in a "chicken and egg situation" in which trauma and gender roles feed each other and together endanger women's sense of security and result in dissociative experiences (Howell, 2005).

Sexual Objectification

When a person's worth is reduced to their physical attractiveness and how well they adhere to social beauty standards, we can talk about the concept of sexual objectification (APA, 2007).

Women are more likely than men to be sexually objectified (Swim et al., 2001). One major factor in this is the existence of a system that supports and reinforces the patriarchal order, specifically male dominance, and rewards men for it (Gervais et al., 2019).

Another reason why women are more sexually objectified than men may be due to the characteristics of the female body such as the menstrual cycle and fertility. These characteristics bring women closer to nature. The female body, which is affected by the natural cycles, is denigrated and dominated just like an animal. What is natural is frightening, especially to men in modern society (Roberts et al., 2002). While society makes extraordinary efforts to distance women from nature, women can no longer survive these efforts and choose to hide their bodies. Women tend to conceal not only their natural body or body cycles but also anything that reminds them of it. It was discovered in an experiment that women whose tampons fell out of their bags were less appreciated, objectified more, and avoided more than women whose hair clips fell out of their bags (Roberts et al., 2002).

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Sexual Objectification and Dissociation

The sexual objectification experiences that women frequently encounter can be perceived as a hidden trauma and some of the symptoms associated with the trauma can be observed as an outcome of sexual discrimination. It is also suggested that the stress experienced by those who face prejudice because of their identity is comparable to the stress experienced by those who have been directly exposed to a visible trauma (Berg, 2006; Root, 1992). The cost of sexism to women is highlighted by the study conducted with 382 women (Berg, 2006). All of the women who took part in the study were not only exposed to sexism at some point in their lives but it was also noted that every single one of them had recently gone through a sexist event (in the past year). When the traumatic symptoms caused by these common acts of sexism in women were investigated, it was discovered that there are positive and strong associations between acts of sexism and trauma symptoms, particularly dissociation and intrusive experiences (Berg, 2006).

Self-Objectification

Women's socialization through sexual objectification within established gender norms and stereotypes leads to self-objectification (Fredrickson and Roberts,1997). In structures such as the media, academia, and the business environment, where women are constantly reminded that they are sexual objects, it is unavoidable for women to see themselves as objects that others look at, examine, and criticize, and act in any way (Calogera et al., 2005).

Fredrickson and Roberts (1997) also provide insight into how the concept of *objectifying gaze* is developed. They stressed that in social and interpersonal relationships, women are stared at more than men. Women internalize this behavior of being looked at as *"I'm being looked at"* and this staring behavior is usually accompanied by sexualized criticism from men. The media also actively promotes sexual objectification. Women who internalize sexualized and idealized representations of women in media content such as video clips and social media applications may engage in body monitoring or surveillance practices which are essential components of

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self-objectification (Erchull et al., 2013). Mythical ideals about woman's bodies drive women to compare their bodies to these ideals, to perceive themselves as overweight or ugly, and to compare themselves with others by doing body monitoring and body surveillance. When a person's own body does not comply with standard beauty ideals, a person may experience negative emotions about his/her body like body shame (Fredrickson & Roberts, 1997).

Self-Objectification and Dissociation

Body surveillance, a component of self-objectification, has been linked to dissociation in one study. Body surveillance causes the person to move away from his own body psychologically. When someone does not adhere to social norms, body surveillance even results in body shame. Self-objectification through body shame and body surveillance disrupts a person's normal consciousness process, leading feelings, thoughts, and experiences to diverge from their regular stream of consciousness, much like the effects of trauma (Erchull et al., 2013). Dissociation and self-objectification are very similar. Self-objectification reduces body awareness, also known as interoceptive awareness that helps to recognize what is going on within the body of the person and react effectively to internal states. The appearance of the body takes precedence over what nutrition or comfort the body requires at the time. Restricted eating patterns in eating disorders can be an example. Therefore, even in the absence of overt trauma, dissociative experiences can happen, particularly through body surveillance. (Erchull et al., 2013; Fredrickson & Roberts, 1997). In the theoretical thematic analysis study with premenstrual syndrome (PMS) sufferers, it is shown that women do not find themselves beautiful or attractive and find their bodies revolting. The same study reveals that women disguise themselves in an effort to hide their biological bodies, wearing oversize and more modest clothes that are different than normal (Ussher & Perz, 2020). In that case, there is an observing eye that surveils the body, and this eye begins to see the body as a *separate thing*. This is sort of a dissociative experience, separating the self and the body. Dealing intensely with objectified body consciousness practices prevents the body to focus on its own course and purposes.

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Self-Disgust

Self-disgust is the propensity to find oneself repulsed by one's own actions (Schienle & Wabnegger, 2019). Self-disgust causes maladaptive behaviors, avoidance, and repetitive disgust reactions towards difficult-to-change parts of the body, or the undesirable and constant negative attributions and emotional reactions to self-characteristics. It is thought that puberty and childhood are when self-disgust first manifests itself (Power & Dalgleish, 2008). Girls who are menstruating start to hide their bodies, especially during adolescence. The culture works to keep women out of the public sphere by pressuring them to cover their bodies. While menstruation is a natural and healthy state of the body, it is viewed as something that must be addressed, much like an illness. The body that must be treated is unhealthy, unsanitary, disgusting, and may be perceived as inferior. Girls and women are often perceived as sick during these times, not only physically but also emotionally. When the body is treated as ill, one starts constantly monitoring it (Wood, 2020). It is hypothesized that trauma or sudden physical changes that impact self-concepts also contribute to the mechanism behind self-disgust in adulthood (Powell et al., 2015). Because as social beings, it is also possible for other people's comments and behaviors to cause one to feel disgusted at self. Negative comments regarding one's appearance or character can also impact one's self-concept and result in the internalization of these repetitive opinions of others. Through how others perceive and treat her/him, a person unconsciously creates a connection between negative disgust-based comments and self-characteristics (Powell et al., 2015). With this aspect, the process of internalization in self-disgust is quite similar to the process of self-objectification.

Self-Disgust and Dissociation

Disgust has been experienced, particularly as an emotional reaction to PTSD and interpersonal traumas (Lenk et al., 2019). The victim of interpersonal trauma may despise the perpetrator. In addition, people can feel disgusted at themselves by projecting this circumstance onto their bodies and behaviors (Akça & Gençöz, 2022). If we analyze the connection between trauma and disgust carefully: With his actions, the perpetrator violated society's moral standards, and the survivor is morally repulsed

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by this. In one study, women who had experienced violence found these morally revolting experiences nauseating ones. Furthermore, there were interpersonal situations such as disgust not only with the perpetrator but also with the looks of other men. It has been noted that women who are frequently described as being emotionally and vocally nasty and unattractive are disgusted by their physical appearance and hold themselves responsible (Akça & Gençöz, 2022). PTSD symptoms make individuals more prone to self-disgust, and disgust predicts PTSD symptoms (Badour et al., 2013). One study conducted with victims of domestic violence in Turkey stated that women have an effort to find different identities for both their abusers and them in order to get rid of mental contamination after violence as in dissociative identity disorder (Akça & Gençöz, 2022).

Self-Compassion

Understanding another person's suffering and being able to empathize with them in their suffering are aspects of compassion. Being compassionate is accepting someone else's and our reactions to their pain rather than resisting it (Germer, 2009). Compassion also understands that individuals might make mistakes and that this is a common aspect of being a human. Understanding and empathizing with someone's suffering regardless of whether they are right or wrong is another aspect of compassion. Self-compassion is when a person shows herself/himself to be kind and compassionate (Neff, 2003). Self-compassion is similar to self-care. When one has self-compassion, one realizes that everyone deserves kindness, even themselves. Self-compassion does not imply being selfish. The fact is that during difficult conditions, individuals tend to want to aid those, they know best or whom they believe are suffering the most. At this moment, it will not be surprising for individuals to initially show compassion to themselves because they are the ones who know themselves the best (Germer, 2009). Being compassionate toward themselves can help individuals be compassionate toward themselves. It has been stressed that an individual should think of this as the necessity of putting his/her oxygen masks on first when an emergency occurs while flying. It will be challenging for individuals to feel another person's suffering while they are unable to breathe (Germer, 2009).

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Three components comprise self-compassion. The first is self-kindness. Individuals need to be able to claw themselves on the back and be kind to themselves in difficult times, just as they would to someone they love. It is crucial for self-compassion that they refrain from giving themselves harsh judgments and definitions that they would never give to a loved one. Second, self-compassion emphasizes common humanity, where individuals focus more on their similarities with other people rather than comparing themselves to others, as in self-esteem. Realizing that they are imperfect as human beings is to make room for self-compassion. Mindfulness is the third element of self-compassion. Being mindful means paying attention to the present in order to practice self-compassion. Individuals can realize their pain when they are in the present. It can be challenging for individuals to realize the pain when they criticize themselves in other words the criticism is coming from the inside. Not only is perception restricted by pain, but also by self-criticism. There is a strong tendency to identify themselves with self-criticisms that they created as a result of obsession and fixations about pain. Self-criticism such as *"you could have done better," "you are inadequate," and "you are more miserable than everyone around you"* actually makes it difficult to recognize the present-moment pain and impairs understanding of what is needed at that moment (Neff, 2003; Neff, 2013).

Self-Compassion and Dissociation

Previous research has discovered an inverse relationship between PTSD symptomology and self-compassion, such that self-compassion interventions are effective in the treatment of post-traumatic stress disorder and depression in veterans (Kearney et al., 2013). When compassion-focused techniques are used in trauma-focused Cognitive Behavioral Therapy, it has been reported that the person's self-disgust level decreases, as do PTSD levels and depression levels (Bowyer et al., 2014). People might not experience PTSD symptoms after every potentially traumatic event. While the event and its severity are important, some protective and risk factors also play a role in the development of PTSD. According to one study, increased rumination and dissociation predicted the development of PTSD after a potentially traumatic event. It was discovered in the same study that low self-compassion level is a small but statistically

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significant predictive factor of PTSD symptoms in people who have experienced potentially traumatic events (Slater et al., 2005).

It has also been observed that high self-compassion is a mediator in the decreasing effect of sexist microaggression, which is everyday comments or actions towards individuals from selected or marginalized gender, on sexism-based traumatic stress (Cherry, 2020).

Also, in the literature, the effect of yoga on increasing self-compassion was mentioned in one study conducted with women who were victims of sexual violence. Being a part of a yoga community also teaches us that we will never be perfect as humans, which allows us to practice self-compassion (Crews, 2016).

The Procedure of the Study

A total number of 391 women participants completed our surveys. Descriptive characteristics of participants are included in the result section with **Table 1**. They filled in The Interpersonal Sexual Objectification Scale (ISOS) (Demiröz & Çapri, 2018; Kozee et al., 2007), The Objectified Body Consciousness Scale (OBCS) (McKinley & Hyde, 1996; Yilmaz & Bozo 2019), The Self Disgust Scale-Revised (SDS- R) (Bahtiyar & Yıldırım, 2019; Powell et al., 2015), The Self-Compassion Scale- Short Form (SCS-SF) (Raes et al., 2011; Yıldırım & Sarı, 2019), The Dissociative Experiences Scale (DES) (Bernstein & Putnam, 1986; Şar et al., 1997) and demographic information form. After test batteries were given, a debriefing was given to participants, they were thanked for their participation and provided with an e-mail address to contact if they require further information.

RESULTS

In the study, interpersonal sexual objectification was taken as a predictor variable, and dissociative experiences as the predicted variable, while body surveillance, body shame, self-disgust, and self-compassion were considered as the mediator variable. A parallel multiple mediation model was used. The model was demonstrated in **Figure 1**.

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According to the findings, the direct effect of interpersonal sexual objectification on dissociation was statistically significant, $b = .0357$, $SE = .0081$, $t = 4.4355$, $p = .000$. In addition, the total effect which includes both direct effects of interpersonal sexual objectification on dissociation and indirect effects of this relationship through all mediators was statistically significant ($b = .0593$, $SE = .0085$, $t = 6.9588$, $p = .000$). The total indirect effect across all mediators (body surveillance, body shame, self-disgust, and self-compassion) simultaneously was also significant, $b = .0236$, 95% Cl = [.0125, .0365]. The whole model was significant [$F(1, 389) = 48.4253$, $MSE = 2.1873$, $p = .000$]. According to estimates, the variables of this model accounted for 28% of the variance in dissociation. The paths from interpersonal sexual objectification to all mediators were significant. The path from interpersonal sexual objectification to body shame was significant, $b = .2446$, $SE = .0560$, $t = 4.3715$, $p = .000$. The path from body shame to dissociation was also found significant, $b = .0193$, $SE = .0098$, $t = 1.9712$, $p = .049$. Moreover, body shame was found to be a significant mediator for the relationship between interpersonal sexual objectification and dissociation, $b = .0047$, 95% Cl = [.0002, .0109].

Interpersonal sexual objectification significantly predicted body surveillance, $b = .1886$, $SE = .0517$, $t = 3.6498$, $p < .001$. However, the path from body surveillance to dissociation was not found significant, $b = -0.0014$, $SE = .0095$, $t = -0.1492$, $p = .881$. Furthermore, there was not a significant mediating effect of interpersonal sexual objectification on dissociation through body surveillance, $b = -.0003$, 95% Cl = [-.0041, .0035].

Interpersonal sexual objectification predicted self-disgust significantly, $b = .4386$, $SE = .0766$, $t = 5.7265$, $p = .000$. Similarly, the path from self-disgust to dissociation was found significant also, $b = .0303$, $SE = .0069$, $t = 4.3626$, $p = .000$. In addition to these, interpersonal sexual objectification to dissociation via self-disgust was proved to be significant, $b = .0133$, 95% Cl = [.0045, .0244].

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Lastly, self-compassion was a significant mediator between interpersonal sexual objectification and dissociation, b =.0059, 95% Cl = [.0003, .0122]. The path to self-compassion from interpersonal sexual objectification was significant, b = -.2599, SE = .0484, t = -5.3738, p = .000. Again, the path from self-compassion to dissociation was also significant, b = -.0226, SE = .0107, t = -2.1183, p = .0348.

In conclusion, all our mediators except body surveillance were proved to be significant for the relationship between interpersonal sexual objectification and dissociation.

DISCUSSION

The present study may be one of the first studies which examined the underlying mediating mechanisms, specifically the roles of self-objectification, self-disgust, and self-compassion in the relationship between interpersonal sexual objectification and dissociative experiences, Although there has been a separate group of research that examined the relationship between variables (Akça & Gençöz, 2022; Badour et al., 2013; Berg, 2006; Cherry, 2020; Erchull et al., 2013; Powell et al., 2015), there is no quantitative research and mediation model that takes into account all variables as far as we know. A parallel multiple mediation model was utilized in this study to evaluate how multiple mediators affect the model.

The finding of the current study supported our first hypothesis that experiencing interpersonal sexual objectification will be significantly associated with greater dissociative experiences. Modern psychology defines the person not only as the psychic but also as individuals who are both affected by and affecting their environment. In this case, anxiety in the self is produced by interpersonal interactions and situations which are not endorsed and accepted by others. In interpersonal interactions, the self looks for refuge from worry. Dissociation may be a remedy for this (Howel, 2005). The results of this study showed that there was not a single woman in the sample who did not experience interpersonal sexual objectification. The first hypothesis of our study, that there is a strong relationship between interpersonal sexual objectification and the dissociative experience was significant, and consistent with the results in the literature (Berg, 2006). Even if there are obvious trauma or sexual assault, sexual objectification experiences that women confront in their daily lives can be viewed as hidden trauma,

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leading to symptoms that are commonly recognized after trauma, such as dissociative experiences (Berg, 2006; Root, 1992). Experiencing sexual objectification have traumatizing impacts on women's life. Even the more invisible forms of interpersonal traumas can affect an individual's confidence and positive perspective toward the outside world. With such a frightening perception of the outside, the person may not know how to control it. Sometimes, as a way of controlling, people may try to make bad references to the inside of them in order to protect the good objects outside. In this way, the connection to the outside world will be preserved, the outside world will continue to be trustworthy, and the inner world will be the worst. Self-objectification and self-disgust can be examples of this situation. Undoubtedly, women grow up by being taught behaviors to consider and protect the well-being of others from a very young age. The reason for protecting the abuser even when they have had a traumatic experience may be related to this. In addition, in situations such as abuse, it has been observed that women develop dissociative identity disorder, which is identified with the sex of the abuser. This is because the female gender cannot relate to aggression in any way by going against social norms (Howell, 2005).

In the second hypothesis, we investigated the mediator role of self-objectification in the relationship between interpersonal sexual objectification and dissociation. The self-objectification theory contends that because women are the focus of sexually objectified experiences in culture, these experiences are internalized, causing women to regard their own bodies as controllable objects, to be ashamed of their bodies, and to constantly surveilled their bodies (Calogero, 2012; Fredrickson & Roberts, 1997). Our study includes two components of self-objectification: body shame and body surveillance. In our study, there was a significant association between these components and sexual objectification similar to the link highlighted in the literature earlier (Calogero et al., 2005; Calogero, 2012; Erchull et al., 2013; Lin et al., 2023). By internalizing how the outside world perceives them, women have started thinking about and regulating their bodies based on how well they conform to socially acceptable standards for physical appearance. The self-objectification mechanism, which is almost like identifying with the aggressor, causes women to be ashamed of their bodies and constantly surveil them (Howell, 2014). The fact that the women watch their bodies

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from afar like a spectator and the embarrassment they feel from their bodies results in alienation from the body, decreased awareness of the inside of the body, and difficulty in detecting the signals the body gives them (Roberts et al. 2002). Although not specifically included in the hypotheses of our study, it can be emphasized that body shame, a component of self-objectification, significantly predicted dissociation in our study. This was consistent with findings from studies in the literature (Erchull et al., 2013; Miles-McLean et al., 2015; Lichiello, 2011; Soysaltürk, 2020). However, the relationship between body surveillance and dissociation highlighted in the literature was not seen in this study (Erchull et al., 2013; Lichiello, 2011; Soysaltürk, 2020). In our study, while body shame performed its mediating role in a significant way, self-surveillance did not have a mediator role in this relationship. Thus, our second hypothesis is only partially met. This means that body surveillance was not a strong concept to cause dissociation on its own. As emphasized in other studies, self-surveillance may act as a mediator by affecting and together with the body shame component of self-objectification (Baildon et al., 2021; Dakanalis et al., 2014; Teng et al., 2019; Tiggemann & Lynch, 2001; Velez et al, 2015; Wang et al., 2021).

Our third hypothesis was the mediator role of self-disgust in the relationship between interpersonal sexual objectification and dissociative experiences was also supported. It demonstrated that women who experience interpersonal sexual objectification consistently have higher levels of self-disgust and, as a result, higher levels of dissociative experiences. According to our study, interpersonal sexual objectification was a strong predictor of self-disgust. Similar to those emphasized in the literature that traumas negatively affect self-concepts and cause self-disgust (Powell et al., 2015; Mason et al., 2022). In self-disgust, the person internalizes the negative comments and interventions of others about their body, and this affects the way they see themselves. They disgust themselves which in turn causes revolting self (Powell et al., 2015). In this sense, it would not be inappropriate to state that self-disgust exhibits a mechanism similar with self-objectification. The relationship between self-disgust and dissociation, which was emphasized in the literature, was also statistically significant in our study (Akça & Gençöz, 2022; Espeset et al., 2012; Powell et al., 2015). As far as we know, there has been no emphasis in the literature on the mediating role of self-disgust

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between sexual objectification and dissociation. Some studies stressed self-disgust and dissociative experiences in their qualitative research (Akça & Gençöz, 2022; Matheson et al.,2015). This study demonstrated for the first time that self-disgust even in the absence of an overt trauma mediates the link between interpersonal sexual objectification and dissociative experiences.

In line with our fourth hypothesis, our study also discovered that self-compassion was a mediator in the relationship between interpersonal sexual objectification and dissociation. In addition, sexual objectification significantly negatively affects self-compassion, and lower self-compassion levels predict higher levels of dissociation. This finding is similar to a study in the literature investigating the mediator role of self-compassion in the relationship between sexual microaggressions and traumatic stress (Cherry, 2020). Again, it can be claimed that self-compassion-based strategies, such as being able to take care of oneself in difficult times, staying in balance, and believing that the negative experiences do not just happen on their own can be a buffer so that the person does not experience traumatic symptoms when exposed to trauma (Crews, 2016).

Overall, our hypothesis had a good fit for our sample. We predicted that all pathways and mediations would be significant. The results were in line with the predicted except for the mediator role of self-surveillance which is one component of self-objectification.

Limitations and Future Research

Apart from the strengths of this study, there were also some limitations. First of all, the participants were reached by using the online link with the convenience sampling method. For this reason, women who do not have access to the internet or did not have social media accounts were unfortunately not included in the study. The majority of participants are single, live in a metropolis, have higher education, currently working, and described their socioeconomic status as middle. Future studies should develop a research design to investigate interpersonal sexual objectification and self-objectification processes outside of urban areas and how their effects are comparable

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to those of urban encounters. Longitudinal research can be conducted in the future to determine a causal relationship between variables.

In this study, neither the expected significant association between body surveillance and dissociation, nor the mediator role of body surveillance between sexual objectification and dissociation, which is what we hypothesized, was found. One explanation for this circumstance was supposed to be the study's sample characteristics. Although no notable changes in body shame levels were identified with increasing age in one study, body surveillance levels dropped (Tiggemann & Lynch, 2001). While the average age of our study sample was not very high (32.34), it would be beneficial to repeat the study with young persons aged 18 to 25. Body surveillance is habitual monitoring of how well the body corresponds to social standards, and it is expected that this age group will experience it more, which will affect dissociation levels more. Even if women experience body shame later in life, it's possible that they are less concerned with how well they adhere to social expectations for beauty or that they may even set new standards for themselves. Even if women feel guilty for not meeting these norms, at least their body surveillance habits might not be severe enough to cause psychological distress.

As far as we know, no comprehensive study has looked at refugee women in the light of the objectified theory in the literature. In one study conducted in Canada and Australia, self-disgust-like statements were seen when the menstrual experiences of migrant and refugee women were interpreted (Hawkey et al., 2017). Turkey is a nation that has seen immigration because of the wars in the nations nearby, and as a result, the experiences of refugee women should not be ignored either. Upcoming studies may focus on these women who are struggling to survive in a foreign country. How these women are gazed at, whether their level of sexual objectification is higher than that of the host community, and the effects of their daily.

Other noteworthy topics include how marginalized groups like LGBTQ+ individuals, ethnic minorities, and religious minorities in Turkey experience internalized objectification, self-disgust, and self-compassion, and the effects of these experiences on their mental health. According to one study, transgender people who have

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experienced sexual objectification and microaggression are more likely to self-objectify. Shame has also been discovered to be a mediator in the negative effects of these experiences on mental health (Cascalheira & Choi, 2023). The experiences of women suffering from Polycystic Ovary Syndrome or infertility also need to be mentioned. It is also a source of interest the extent of body shame, self-disgust, and dissociation that might exist in situations where the body is in focus and frequently evaluated.

So, in light of our findings, it should not be forgotten that self-compassion stands in the opposite mechanism when faced with situations such as self-disgust or body shame and it can be used in clinical implications. The self-disgust mechanism includes both focusing on the emotions we create in others and what we think about ourselves. For this reason, compassion-focused therapy (CFT) has been proposed to prevent the person from constantly criticizing oneself and to treat oneself kindlier. CFT's clinical implications, clients are shown that many things in life are not due to us, but it is emphasized that we are responsible for solving these problems and free to choose a new version of self. In this way, the person can change their perspective, and stop blaming themselves. In addition, compassion-focused therapy focuses on feelings associated with constant criticism and judgmental attitudes about the self. In these self-critical situations, the sympathetic nervous system which is generally activated in threatening situations is activated. In CFT, it is also a goal to be able to regulate the person from the sympathetic system to the parasympathetic slowing down system. In addition, using grounding techniques, slowing down the breathing rhythm, and helping diaphragm breathing are the other techniques used in CFT (Gilbert, 2018).

It is important that psychologists address sexual objectification not only through clinical implications but also with awareness-raising sessions. It should be conveyed to both men and women that sexual objectification can take visible and invisible forms and could create negative effects on women. One example that can be given as to how psychologists take part in awareness-raising sessions is the bystander intervention model. Addressing, especially male groups, this model includes role play to furnish participants with tools that they could use when their peers engage in sexually demeaning behavior toward women (Szymanski et al., 2010).

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CONCLUSION

The objectification of women in interpersonal relationships is a common problem. The fact that this issue is still present indicates that there is still a lack of understanding of its potential harm to women. Our study also underlined that every woman has encountered interpersonal sexual objectification at some point. This study first aimed to examine the relationship between interpersonal sexual objectification experiences that women encounter in daily life and dissociative experiences, and then to determine the mediator roles of self-objectification, self-disgust, and self-compassion in this relationship. The findings show that interpersonal experiences of sexual objectification are significantly associated with dissociative experiences in women. In addition, in this relationship, body shame as a component of self-objectification, self-disgust, and self-compassion mediates this relationship. This study is the first to investigate mediation analysis between the specified variables. Future research on dissociative experiences should take into account the findings of this study in order to raise awareness and develop preventative actions in the field of mental health.

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Table 1

Demographic Characteristics of Participants

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	n	%
Age years; (Mean ± SD)	32.34	10.89
Marital Status		
Married	130	33.2
Single	235	60.1
Divorced	21	5.4
Widowed	5	1.3
Education Level		
Primary School Graduate	3	8
High School Graduate	26	6.6
University Student	88	22.5
Bachelor's Degree	137	35
Master's Student	45	11.5
Master's Degree	66	16.9
Doctoral Student	21	5.4
Doctoral Degree	5	1.3
Employment Status		
Employed	228	58.3
Unemployed	163	41.7
Socio- Economic Status		
Very Low	8	2
Low	48	12.3

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Medium	276	70.6
High	57	14.6
Very High	2	0.5
Place of Residence		
Metropolis	230	58.8
Big Cities	70	17.9
Other Cities	45	11.5
District	40	10.2
Town	2	0.5
Village	4	1

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Figure 1

Parallel Mediation Model of All Variables

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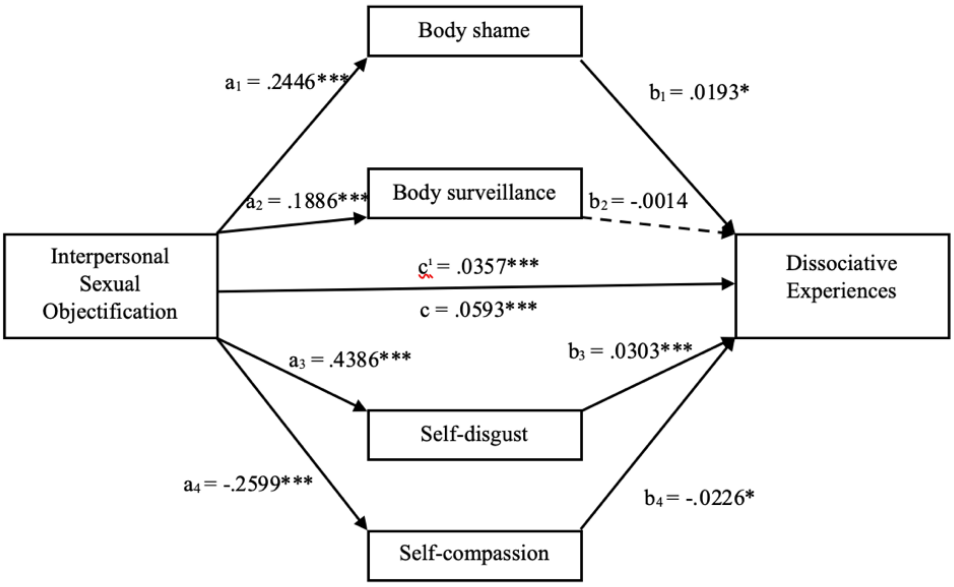

$p < .05$* $p < .01$** $p < .001$***

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