

# Investigation of Social Appearance Anxiety and Eating Attitudes in Physical Education Teachers

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## ABSTRACT

**Background:** The social appearance anxiety and eating attitudes are the main problems that concern people of all ages, professions and genders. It is estimated that physical education teachers, who in sight with their physical appearance, experience these concerns more intensely.

**Aim:** This study was conducted to determine the relationship between social appearance anxiety and eating attitudes in physical education teachers and to examine those properties with respect to certain demographic variables.

**Methods:** A total of 286 physical education teachers, 98 female ( $X_{\text{age}} = 35.65 \pm 6.90$ ) and 188 male ( $X_{\text{age}} = 38.13 \pm 8.87$ ), working in public and private schools, participated in the study voluntarily. Data collection tools included a demographic information form along with the "Social Appearance Anxiety Scale" and "Eating Attitudes Test". Descriptive statistics, the t-test, Pearson correlation analysis, and one-way analysis of variance (ANOVA) were used to analyze the data.

**Results:** The results indicated that social appearance anxiety and eating attitudes did not differ according to the variables of gender and exercise regime. However, social appearance anxiety scores were found to differ according to socioeconomic status, with participants reporting higher income levels exhibiting greater appearance anxiety. A weak positive relationship was revealed between social appearance anxiety and body mass index.

**Conclusion:** However, there was no significant relationship between social appearance anxiety and eating attitudes.

**Keywords:** Social Appearance Anxiety, Eating Disorders, Physical Education Teachers

## INTRODUCTION

**Social Appearance Anxiety:** External appearance has constituted an important facet of human societies since ancient times. Different standards for external appearances gained dominance within different social environments<sup>90</sup>. Appearance anxiety is defined as excessive concern over one's external appearance and how others evaluate it<sup>57</sup>. These concerns include not only weight, height, and muscle structure but also physical characteristics such as skin color or face shape<sup>39</sup>. In other words, appearance anxiety is the negative body image related to a person's physical appearance and body<sup>29</sup>.

Humans are social and emotional beings who tend to gravitate towards those they consider attractive. Hence, people as a rule strive to be attractive and create a positive impression in the eyes of others. When they believe that they cannot create this desirable impression of themselves, they begin to experience anxiety<sup>44</sup>. This feeling is defined as social appearance anxiety and is formed as a result of individuals' perceptions that their external appearance and physical characteristics will be evaluated negatively by others<sup>24</sup>.

Individuals evaluate persons with whom they establish communication primarily by their physical appearance. Although it may not be true that physical appearance is the most important aspect in interactions between individuals as a whole, the main factor that determines whether they initiate a conversation in the first place and how it proceeds is physical appearance, which constitutes the first piece of information available to an individual about a person previously unknown to them<sup>47</sup>. For this reason, when individuals feel the need to make

changes in their appearance in order to be evaluated positively by other people, they strive to make themselves more attractive and get physically fit. However, if these efforts do not meet with a positive response on the part of others, they experience feelings of sadness<sup>13</sup>.

**Eating disorders:** Interest in food and eating habits has increased considerably, especially in recent years. With this increased interest, however, it is quite natural to encounter problems resulting from this relatively new focus on eating behaviors. Problems arising from an excessive focus on eating can be defined as eating disorders<sup>7</sup>. While noting that eating is essential for life, Tunaboylu-İkiz (1999) when describing eating disorders observed that some individuals feel the allure of eating very strongly (bulimia), whereas others attempt to completely exclude eating from their lives (anorexia)<sup>73</sup>.

"Eating disorder" is a general term that gathers all disorders related to eating behaviors under one roof. Although anorexia nervosa and bulimia nervosa represent the most frequently described and studied eating disorders in the literature, disorders such as binge eating and avoidant/restricted food intake have also received attention. Anorexia nervosa is the refusal of an individual to maintain a healthy body weight despite having normal criteria for their age and height. With their distorted body images, anorexia nervosa patients are extremely afraid of gaining weight and desire to lose weight in the mistaken belief that they are overweight. They associate feeling good about themselves with controlling their eating patterns, thus leading to weight loss<sup>66,55</sup>. Individuals with bulimia nervosa are constantly struggling with their weight, the main reason behind which is to achieve a slim body. In order to achieve this goal, the patient, wracked with anxiety about gaining weight, resorts to methods that may harm his/her body, including vomiting and the use of

laxatives or diuretics. Bulimia nervosa patients quickly consume high quantities of high-calorie foods in a short time during eating episodes that they cannot control. These patients may be overweight or have normal body weight<sup>53</sup>.

Binge eating disorder presents many similarities with bulimia nervosa. Individuals with this disorder have very high body weight, are uncomfortable with their physical appearance, and ashamed of their overeating. Obesity is common in the families of most patients. Individuals with binge eating disorder do not attempt to prevent weight gain but instead engage in excessive food intake<sup>27,55</sup>. Most of these patients have body weights above normal healthy levels and could be classified as obese. Patients with this disorder are unable to control or halt their binge eating sessions<sup>53</sup>. Avoidant/restricted food intake disorder is manifested by the lack of proper nutrition and the inability to continuously meet minimal caloric requirements, resulting in significant weight loss and nutritional deficiency<sup>8</sup>. Yet another eating disorder behavior defined in the literature is rumination (regurgitation) disorder, in which food that an individual eats frequently is regurgitated for a period of at least one month. Food that has been regurgitated can be swallowed again or spat out. This disorder usually occurs in childhood and has not been attributed to any other health condition<sup>8</sup>.

A review of the literature revealed that the concepts of social appearance anxiety and eating attitudes were discussed separately in many studies. However, a few studies have been published that deal with the concepts of social appearance anxiety and eating attitudes jointly. Notably, the sample groups of studies where social appearance anxiety and eating attitude were examined together primarily consisted of university students<sup>34,58, 71</sup>. The results of a study by Öztürk (2020) with newly-enrolled undergraduate university students revealed a significant positive correlation between social appearance anxiety and eating attitudes; the participants who scored high on eating attitudes also exhibited high levels of social appearance anxiety<sup>59</sup>. Erdoğan (2018) found a weak positive correlation between social appearance anxiety and eating attitudes of university students<sup>33</sup>. In contrast, Mutlu (2017), in a study with adults over the age of 18, observed no significant relationship between social appearance anxiety and eating attitudes<sup>54</sup>.

Since different results have been obtained with respect to the relationship between social appearance anxiety and eating attitudes, and given the limited number of studies examining these two variables together, for the present study it was decided to jointly examine the concepts of social appearance anxiety and eating attitudes. The importance of the current study is further reflected by the fact that few studies on this topic have involved physical education teachers as the sample group. Critical to the selection of physical education teachers as the sample group is their knowledge they acquire during their undergraduate education of healthy nutrition and the effects of physical activity, exercise, and sports on overall health. We

hypothesized that college students majoring in physical education and sports experience less social appearance anxiety than students in other departments due to their understanding of the importance of exercise and because they themselves are physically active. A similar prediction can be made concerning teachers who studied physical education and sports at university and then embarked on their careers. Considering the body image expected from physical education teachers in our society, it was important to choose physical education teachers as the sample group, based on the expectation that they are more physically active and generally appear more fit, attractive, and muscular.

As explained above, the main purpose of this study was to reveal the relationship between social appearance anxiety and eating attitudes in physical education teachers. The secondary objective aim was to examine the participants' social appearance anxiety scale scores and eating attitude test scores in terms of gender, body mass index, socioeconomic status, and physical activity levels.

## MATERIAL & METHODS

**Research Model:** This is a descriptive cross-sectional study based on the relational model approach, a type of general survey model wherein data are collected in order to determine the characteristics of the subject being investigated; it is thus advantageous to obtain information from a large number of individuals. In the relational survey model, the relationship of each variable with the other variables is determined. While gathering data using the cross-sectional survey model, information is compiled on a one-time basis from the previously determined sample within a given time period<sup>19</sup>.

**Participants:** A total of 286 physical education teachers, 98 female ( $X_{age} = 35.65 \pm 6.90$ ) and 188 male ( $X_{age} = 38.13 \pm 8.89$ ), working in public and private schools, volunteered to participate in this study. The mean body mass index (BMI) calculated for the female teachers was  $21.39 \pm 2.34$ , while that of the male teachers was  $24.55 \pm 2.77$ . The "Easily Accessible Sampling Method" was used in the selection of the study participants.

**Data Collection Tools:** As this study aimed to examine the social appearance anxiety levels and eating attitudes of physical education teachers, the "Social Appearance Anxiety Scale" (SAAS) and "Eating Attitudes Test" (EAT) were used. A demographic information questionnaire was used to collect data on the gender, age, marital status, socio-economic status, job sector, etc. of the study participants.

**Social Appearance Anxiety Scale (SSI):** The Social Appearance Anxiety Scale (SAAS) was developed by Hart et al. (2008) to measure the emotional, cognitive, and behavioral anxieties experienced by individuals regarding their appearance<sup>39</sup>. The Turkish validity and reliability study of the scale was conducted by Doğan (2009)<sup>28</sup>. The SAAS is one-dimensional, consisting of 16 items, and responses are recorded according to a 5-point Likert-type scale ranging from "(1) Completely Unacceptable" to "(5) Perfectly Acceptable". For this scale, the first item is scored in reverse. The Cronbach's alpha coefficient was found to be .93, the test-retest reliability coefficient was .85, and the reliability coefficient calculated using the split-half method was .88.

For the present study, the Cronbach's alpha calculated for the sample group was .92. This value indicates that the

measuring tool in question is valid for use with this sample group.

**Eating Attitudes Test (EAT):** The Eating Attitudes Test was developed by Garner and Garfinkel (1979) to measure possible disorders in individuals' eating behaviors. There are six different responses (always, very often, often, sometimes, rarely, never) to each question, with the total score representing correlation (or lack thereof) with an eating disorder. The reliability coefficient of the test was found to be .79 and its validity was .87.

The test is available in two versions, consisting of 40 and 26 questions (EAT-40 and EAT-26, respectively). The validity and reliability studies of EAT-40 and EAT-26 for Turkey were carried out by Savaşır and Erol (1989) and Ergüney-Okumuş and Sertel-Berk (2019), respectively<sup>36</sup>. The latter version, as adapted by

Ergüney-Okumuş and Sertel-Berk (2019), was used in this study<sup>36</sup>. The 25th item on the test is scored in reverse.

The Cronbach's alpha value calculated for the present study was .82, indicating the suitability of this measuring tool for use with this sample group.

**Data Analysis:** Descriptive statistics and the t-test for independent groups were used to analyze the data. Pearson product-moment correlation analysis was employed to reveal the relationship between social appearance anxiety and the eating attitudes of the physical education teachers participating in this study. In addition, one-way analysis of variance (ANOVA) was performed for multiple comparisons. A value of .05 was chosen as the significance level for statistical operations. Skewness and kurtosis values were calculated to determine whether the data were normally distributed; the data were found to exhibit normal distribution.

## RESULTS

To determine whether the social appearance anxiety levels and eating attitudes of the participating physical education teachers differed according to gender, a t-test analysis was performed for independent groups; the results are presented in Table 1.

Table 1. T-test results comparing males and Females on Social Appearance Anxiety and Eating Attitudes

Variables	Sex	n	Mean	SD	t	df	p
Social Appearance Anxiety	Women	98	25.60	7.01	-.33	284	.74
	Man	188	25.94	8.92			
Eating Attitudes	Women	98	17.13	9.72	1.33	284	.19
	Man	188	15.48	10.37			

$p > .05$

Examination of the results of the t-test analysis reveals that the social appearance anxiety scores ( $t = -.33, p > .05$ ) and eating attitudes scores ( $t = 1.33, p > .05$ ) did not differ according to gender. Both the male and female physical education teachers participating in this study exhibited low social appearance anxiety levels and healthy attitudes toward eating.

Table 2. One Way ANOVA results according to social-economic status

Variables	Socio-ekonomik status	n	Mean	SD	F	p	Tukey
Social Appearance Anxiety	(1)low	40	25.35	9.18	5.60	.004*	3>1,2
	(2)Medium	238	25.58	7.99			
	(3)High	8	35.37	8.55			
	Total	286	25.82	8.31			
Eating Attitudes	(1)Low	40	17.00	8.86	1.70	.18	-
	(2)medium	238	15.69	10.34			
	(3)High	8	22.00	10.09			
	Total	286	16.05	10.17			

\* $p < .0$

The results of one-way analysis of variance (ANOVA), presented in Table 2, revealed a significant difference in social appearance anxiety levels of the physical education teachers with respect to socio-economic status ( $F = 5.60, p < .05$ ). According to the results of the posthoc tests, conducted to determine the source of the difference, the social appearance anxiety scores of the participants who perceived themselves to be of high socioeconomic status were found to be higher than the other two groups (of lower socioeconomic status). However, the participants' scores on the eating attitudes test did not differ in terms of perceived socioeconomic status ( $F = 1.70, p > .05$ ).

Regarding comparisons based on physical activity, the t-test analysis results (Table 3) revealed similar social appearance anxiety levels and eating attitudes scores for participants who engage in sports and those who do not ( $t = .003, p > .05$ ;  $t = .83, p > .05$ ).

Table 3. Independent Sample t-test according to sport participation

Variables	Participant to sport	n	Mean	SD	t	df	p
Social Appearance Anxiety	Yes	217	25.83	8.13	.003	284	.99
	No	69	25.83	8.91			
Eating Attitudes	Yes	217	16.26	10.30	.83	284	.53
	No	69	15.38	9.78			

$p > .05$

The results of the Pearson product-moment correlation analysis, the aim of which was to determine how the participants' body mass indices correlate with their social appearance anxiety and eating attitude scores, are presented in Table 4.

Table 4. Pearson Correlations Results of Study Variables

Variables	BMI	SAA	EA
Body Mass Index			
Social Appearance Anxiety	.127*		
Eating Attitudes	-.009	.011	

\* $p < .05$

According to the results, a significant but weak positive association was observed between the participants' social appearance anxiety levels and body mass index ( $r = .127, p < .05$ ); However, the relationship between the eating attitudes scores and body mass index variable was not statistically significant ( $r = -.009, p > .05$ ).

Table 4 shows the results of the Pearson correlation analysis, which was conducted to determine whether social appearance anxiety and eating attitudes are correlated, as that question constitutes the main focus of this study. The analysis revealed no significant relationship between the study participants' social appearance anxiety levels and eating

## DISCUSSION

In this study, which examined the relationship between physical education teachers' social appearance anxiety and problematic eating behaviors in terms of certain demographic variables, the participants were not found to experience appearance anxiety (Table 1), and the social appearance anxiety scores of the female and male teachers were similar (Table 2). According to the demographic information collected on the sample group, the participating teachers were generally physically active; the positive effects on physical appearance resulting from such activity has led to high levels of satisfaction with their external appearance. The reason why social appearance anxiety scores did not differ according to gender is thought to be due to the teachers' interest in sports and their overall satisfaction with their bodies. Our results showing similar levels of social appearance anxiety in the female and male participants are consistent with some findings reported in the literature<sup>1, 4, 14, 26, 32, 33, 41, 45, 50, 54, 69, 86, 89</sup>. For example, studies conducted by Saka (2019) and Çakmak (2018), both with university students, and Yüceant (2013) with physical education and sports students at university found similar levels of social appearance anxiety for women and men, supporting our findings<sup>64, 23, 90</sup>. However, other studies have reported social appearance anxiety to differ according to gender<sup>10, 11, 30, 35, 48, 52, 58, 65, 72, 77, 81</sup>. In studies by Akpınar and Yağan (2019), conducted with members of a fitness center, and Toprak and Saraç (2018), who studied student-athletes, social appearance anxiety was found to differ with respect to gender, with male participants experiencing social appearance anxiety more intensely than women<sup>3, 71</sup>. In contrast, Yıldırım et al. (2011) reported that female university students exhibited higher levels of anxiety concerning their social appearance than men<sup>87</sup>.

In the present study, the female and male participants scored similarly on the eating attitudes test (Table 2), with both groups exhibiting healthy eating behaviors (Table 1). The reason for this similarity may be due to sharing professional missions as physical education teachers as well as their shared interest in sports. In addition, the similarity of the male and female teachers' level of knowledge about nutrition acquired during their university education, from awareness of the importance of

healthy nutrition to the importance of the relationship between sports/exercise and nutrition, may have contributed to the similarity in eating attitudes scores with respect to gender. Results consistent with the findings obtained in the present study have also been reported in the literature<sup>2, 12, 15, 33, 46, 54, 63, 74, 76, 84, 88</sup>. The eating attitudes scores of men and women were observed to be similar in the studies by Özekinci (2020) and Bushi (2016), both conducted with university students, as well as in the study by Büyüköztürk et al. (2013) involving medical students<sup>56, 16, 18</sup>. Nevertheless, results contradicting the findings of this study have also been published<sup>2, 12, 15, 33, 46, 54, 74, 76, 84, 88</sup>. For example, the studies of Çakaroğlu et al. (2020), with university students, and Furnham et al. (2002), involving adolescents aged 12-13 from four different schools in England, both found that the eating attitudes test scores differed significantly according to gender, with females scoring higher than males<sup>22, 38</sup>. However, İlhan et al. (2006), in their study with medical faculty students, reported that the male participants' eating attitude test scores were higher<sup>42</sup>.

Another finding of the present study was that the participating physical education teachers' social appearance anxiety scores differed significantly in terms of perceived socioeconomic status, such that those who perceived their socioeconomic status as high experienced greater levels of social appearance anxiety (see Table 3). Physical education teachers who perceive their socioeconomic status as high may have greater expectations of their social circles and social environment in general; such expectations may lead to experiencing anxiety regarding their social appearance more intensely. Concerning the comparison of social appearance anxiety based on socioeconomic status, results have varied. Studies by Aktaş (2020) involving high school students and Kara (2019) with volunteer participants both revealed that people of low socioeconomic status experience more intense social appearance anxiety<sup>4, 45</sup>. Alwan et al. (2010) and reported that women of especially high socioeconomic status tend to be less satisfied with their weight<sup>6</sup>. Previous studies have shown that those of socioeconomic status are more likely to overestimate their weight and/or underestimate what a normal weight should be<sup>20, 51, 67</sup>.

The findings of the current study showed that although socioeconomic status affected the social appearance anxiety of physical education teachers, it did not affect the eating attitudes test scores (see Table 3). Physical education teachers are thought to have a better understanding of the nutritional contents of various foods, healthy eating habits, and the relationship between nutrition and health, as they study nutrition as well as exercise during their undergraduate education. Thus the eating attitudes of physical education teachers are not expected to differ based on socioeconomic status as a result of their formal education. Studies comparing eating attitudes test scores with respect to socioeconomic status have reported results consistent with the findings observed in our study. Studies by Akdeniz (2020) involving high school students, Öztürk (2020) with newly-enrolled undergraduate students, Öztürk (2019) with hospital patients, and Yalçuk (2018) with women aged 18-55 all found that eating attitudes test scores did not significantly differ according to socioeconomic status<sup>1,60,61,82</sup>. However, in contrast to these results, other studies have shown eating attitudes to differ in terms of socioeconomic status. Berberoğlu (2020), in a study involving an obese patient group, revealed that low-income participants had problematic eating attitudes scores<sup>15</sup>. Other studies have concluded that individuals with high income levels also had higher eating attitudes test scores<sup>41, 46, 83</sup>.

In the present study, the social appearance anxiety and eating attitudes scores of physical education teachers were not observed to differ significantly with respect to physical activity levels (see Table 4). Considering that physical education teachers are involved in sports in general, they may be considered to be in ideal physical health. The similar thinking of physical education professionals as regards concepts of health and physical ideals may play a role in preventing or minimizing social appearance anxiety on the part of physical education teachers, whether they engage in sports or not. Studies involving comparisons of social appearance anxiety according to whether the participants engage regularly in sports have reported findings supporting our results. The studies of Kanatsız and Gökçe (2020) with high school students, Korkmaz (2020) with gym members, Eroğlu and Acet (2017) with hearing-impaired students, and Haugen et al. (2013) with students all found that social appearance anxiety did not differ significantly with regard to exercise status<sup>43,49,37,40</sup>. However, other studies have reported that social appearance anxiety differs according to physical activity<sup>58, 77, 80, 81</sup>. The results of studies by Sarıkabak, Kalakulak, and Sunay (2019) involving high school students and Alemdağ and Öncü (2015) with prospective teachers both showed that social appearance anxiety differed significantly according to whether the participants engaged in sports, with those who were physically active experiencing less social appearance anxiety<sup>65,5</sup>. Conversely, Yazıcı et al. (2016), in a study involving staff working at the Provincial Directorate of Youth Services and Sports, revealed that the social appearance anxiety scores of participants who engaged in sports were higher than those of participants who did not<sup>85</sup>. In the present study, apart from social appearance concerns, the eating attitude test scores of the participants did not differ significantly in

terms of exercise (see Table 4). Physical education teachers may play sports for mental relaxation and well-being rather than out of concern with their weight; consequently, their eating attitudes test scores may not be affected because their involvement in sports did not involve weight concerns. In some studies examining the relationship between eating attitudes and exercise, similar results to those obtained in the present study were observed<sup>70, 74, 79</sup>. Studies conducted by Turhan (2019) with sick individuals, by Çiftçi (2018) with physical education and sports college students and by Özvurmaz, Mandiracıoğlu, and Lüleci (2018) with nursing students all revealed no significant difference in eating attitudes scores with respect to exercise status<sup>75,25,62</sup>. Results contradicting these findings were reported by Öztürk (2020), who found that the eating attitude test scores of individuals who go or intend to go to the gym were lower than those who did not engage in sports<sup>59</sup>. Öztürk (2020), Tunç (2019), and Uzdil et al. (2019) observed that the eating attitudes scores of people who engage in sports were higher than those who were not physically active<sup>60,74,76</sup>.

Our study found a very weak but positively significant correlation between social appearance anxiety and the body mass index scores of the participating physical education teachers (see Table 2). The participants' increased dissatisfaction with their external appearance with the rise in their body fat or weight over levels they considered healthy and ideal for themselves is indicative of a significant relationship between social appearance anxiety and body mass index. Physical education teachers often feel pressure regarding their appearance and physical size in connection with their profession. Due to this perceived pressure, they may experience increased social appearance anxiety as their body mass index increases. The average body mass index (BMI) has increased in all societies over the years, together with peoples' misperception of their own body weight<sup>6</sup>. In fact, studies examining the relationship between social appearance anxiety and body mass index have produced findings in line with the results of the present study. Özkan (2017) and Uzun (2017) also observed a significant positive relationship between body mass index and social appearance anxiety<sup>58,77</sup>. In a study on women with eating disorders, Claes et al. (2012) revealed that social appearance anxiety significantly differed according to body mass index, with the study participants considered overweight also experiencing high levels of social appearance anxiety<sup>21</sup>. Other studies, however, have reported no significant relationship between social appearance anxiety and body mass index<sup>31, 33, 43, 44</sup>. Three studies involving disparate sample groups (Öztürk (2020) with newly-enrolled undergraduate students, Erdogan (2019) with literate individuals aged 18-60, and Kara (2019) with individuals who volunteered to participate in the study) all found no significant relationship between body mass index and social appearance anxiety<sup>60,32,45</sup>.

Although a significant relationship was observed between the body mass index and social appearance anxiety scores of the physical education teachers participating in our study, there was no correlation between BMI and eating attitudes test scores (see Table 2). This finding may be due to the fact that the participants in our

study all live in the same geographic region, thus sharing the same food culture eating habits, and have taken similar courses on nutrition as a part of similar educational programs. This situation has created similar eating habits in the physical education teachers, resulting in no correlation between eating attitudes test scores and body mass index. Findings consistent with those of this study, in which no significant relationship between body mass index and eating attitudes was observed, have been reported in the literature<sup>1, 9, 15, 25, 41, 62, 70, 74, 82, 83</sup>. For example, the results of Üçüncü's (2020) study with postgraduate students, Öztürk's (2019) study with hospital patients, and Büyük and Duman's (2014) study with high school students all revealed no correlation between eating attitudes scores and body mass index<sup>78,61,17</sup>.

The main finding obtained in this study was that there was no significant relationship between social appearance anxiety and eating attitudes (see Table 6). The high participation rate of physical education teachers in physical activity may have positively affected their eating behaviors, resulting in nutritionally balanced and healthy eating. In Turkey, physical education teachers take university-level classes in exercise physiology, human anatomy and kinesiology, exercise, and nutrition lessons, and are thus knowledgeable about physical health and the nutritional values of the foods they consume. Armed with this information, physical education teachers are expected to adopt healthy lifestyles. In the case of a physical education teacher with abnormal eating habits, the latter may not represent a source of anxiety for the individual as they would not have trouble with gaining or losing weight due to their high rate of participation in physical activity. Given that the physical education teachers participating in this study had adopted active lifestyles and healthy eating behaviors, because of the physiologically and psychologically relaxing properties of physical activity, they did not experience anxiety, thus no significant relationship between social appearance anxiety and eating attitude was observed for our sample group. However, the results of studies by Erdoğan (2018) and Öztürk (2020) with university students revealed that individuals with high eating attitudes scores also had higher social appearance anxiety<sup>33,59</sup>. By contrast, Mutlu (2017), in a study involving individuals over the age of 18, found no significant relationship between social appearance anxiety and eating attitudes<sup>54</sup>.

## CONCLUSION

The female and male physical education teachers participating in this study were revealed to have similar social appearance anxiety levels and eating attitudes. Although there was a very weak positive relationship between the participants' BMI and social appearance anxiety, no correlation was found between BMI and eating attitudes. The participants who perceived themselves to be of high socioeconomic status experienced more intense anxiety regarding their social appearance; however, this perception did not affect their not eating attitudes. Finally, there was no significant association between the participants' social appearance anxiety levels and eating attitudes.

**Suggestions:** The fact that the study involved physical education teachers all living in one specific region (Mersin

Province, Turkey) constitutes a major limitation of this study. To contribute to the literature, we propose that similar studies be conducted with larger sample groups comprised of people in other occupations where appearance and image are at the forefront, incorporating the scales used in this study. We also suggest performing studies on social appearance anxiety and eating attitudes with participants involved in activities where body weight is critical (such as boxing, wrestling, weightlifting, etc.) or where physical appearance is an important criterion for success (e.g., dance, gymnastics, ballet, etc.).

Future studies should focus on the causes of social appearance anxiety and eating attitudes and incorporate different variables (for example, physical appearance perfectionism, self-efficacy, physical self-efficacy, exercise addiction, etc.) thought to affect social appearance anxiety. In addition, training seminars could be organized to ensure that physical education teachers with unhealthy eating attitudes who experience appearance anxiety intensely are identified and informed about these issues.

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