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Body Appreciation, Self-Compassion, and Sexual Self-Consciousness in Women: The Example of Turkey and Azerbaijan

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Especially women, due to cultural and societal expectations, are less responsive toward erotic stimuli when they are engaged with neutral and distractive thoughts and emotions. Focusing on a task-irrelevant context during sex adversely affects functioning. Therefore, this study aims to explore the pathway from body appreciation to sexual self-consciousness in women in Turkey and Azerbaijan. In addition, the mediating role of self-compassion on this path was also explored in the study. A total of 643 women agreed to participate in the study, which included 343 women from Turkey (Age M = 32.30, SD = 8.67, range 18-58) and 300 women from Azerbaijan (Age M = 30.96, SD = .93, range 18-58). Structural equation modeling was used to test the mediating relationship between the variables. The results demonstrated that body appreciation predicts self-compassion and sexual self-consciousness in both samples and self-compassion predicts sexual self-consciousness. Furthermore, self-compassion has a mediating role in the relationship between body appreciation and sexual self-consciousness. Body satisfaction can increase women's self-acceptance and self-compassion despite their shortcomings. The higher the self-compassion, the more women can focus on sex without being distracted.

Key words: women, body appreciation, self-compassion, sexual self-consciousness

Introduction

Sexuality is important for people's physical and psychological health (Batmaz & Çelik, 2022). It is a complex construct that is affected by various components such as emotions, thoughts, personal attitudes, and beliefs (McAlpine et al., 2007). Full attentional capacity is required for healthy functioning of sexual stimulation and responses (van Lankveld et al., 2008). Intense negative feelings and thoughts about one's body and sexual experiences can negatively affect the attention mechanism (Janssen et al., 2000), which can lead to sexual dysfunctions (Hubin et al.,

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2011). In studies, sexual self-consciousness (attentional capacity) is evaluated as a vulnerability factor for the development of sexual dysfunction (van Lankveld et al., 2004; van Lankveld et al., 2008). It is therefore important to understand the mechanisms that cause sexual self-consciousness in order to mitigate the effects of self-attention on sexual health and to explore mechanisms that will enhance sexual function. Furthermore, sexual self-consciousness may differ in men and women. Despite the evidence that women have higher sexual self-consciousness and experience greater shame than men (Else-Quest et al., 2012), little is known about the mechanisms underlying sexual self-consciousness in women. Body satisfaction and self-compassion discussed in the research can help illuminate sexual self-consciousness.

Body Appreciation and Sexual Self-Consciousness

Attentional capacity (focusing) for sexual arousal has been conceptualized as sexual self-consciousness and is also related to shyness (van Lankveld et al., 2008). In his model, which explains sexual dysfunction with information processing theory, Barlow (1986) argued that focusing on a task-irrelevant context during sex adversely affects functioning. Using a cognitive approach, sexual dysfunction is explained by the fact that high performance demand serves to set high standards of performance and by the negative effect of self-focused attention during sex on functionality (van Lankveld et al., 2004). Research has shown that selective attention to personal performance and body during sexual intercourse increases sexual self-consciousness, which results in a dysfunctional genital response (Meston et al., 2006; van den Hout & Barlow, 2000). The higher one's sexual focus on the self and the body, the higher his/her sexual shyness with adverse effects on his/her sexual experience (van Lankveld et al., 2008).

Body appreciation denotes having positive ideas about one's own body despite current body size and self-perceived flaws (Avalos et al., 2005). A person has a mental body image, and his/her self-value is influenced by whether s/he is satisfied with that image (Grossbard et al., 2009). One's body image and appreciation are also highly correlated with sexual health outcomes (Satinsky et al., 2012; Winter & Satinsky, 2014). Furthermore, body appreciation is regarded as a promising intervention in the treatment of women's sexual health problems (Robbins & Reissing, 2018). Individuals with positive sexual self-schemas about their bodies exhibit characteristics such as openness and romanticism, while negative sexual self-schemas lead to conservative attitudes, lack of experience, and sexual self-consciousness (Cyranowski & Andersen, 2000). Research confirms the positive physical and psychological consequences of high body satisfaction as being protective against eating disorders and being associated with well-being indicators such as self-esteem, optimism and life satisfaction (Andrew et al., 2016; Dalley & Vidal, 2013; Davis et al., 2020). On the other hand, it is known that low body appreciation is associated with high body shame, which negatively affects sexual desire, arousal, and satisfaction (Steer & Tiggemann, 2008; Yamamiya et al., 2006). This can be attributed to the negative impact of body dissatisfaction on sexual functioning by inducing shame and anxiety about the body (Fredrickson & Roberts, 1997), which results in body surveillance with sexual self-consciousness.

Sexual Self-Consciousness in Women

Women in particular react less to erotic stimuli when they are preoccupied with neutral and distracting thoughts and emotions (Salemink & van Lankveld, 2006). This may be a product of cultural and social expectations, which refer to the expectations for how a woman should behave, think, and act (Powell & Greenhaus, 2010). In eastern societies dominated by traditional gender roles, sexual experiences are associated with shame and particularly with sexual behaviors that violate the socially adopted myths or taboos (Feiring et al., 2002). Women, who are raised in such societies where sexuality is a taboo, experience guilt and shame throughout their development even at the mention of sexual behaviors (Derya et al., 2017). Therefore, a body image damaged by feelings of guilt and shame during women's sexual experiences is likely to result in sexual avoidance or less sexual gratification. In these societies, traditional gender roles control both female body and female sexuality through the experience of stress and worrying (Wolff & Blanc, 2000). Studies have shown that such concerns predict negative sexual attitudes and sexual dysfunction in women and thus women may develop risky sexual behaviors (Schick et al., 2010; Yılmaz et al., 2014).

The Present Study

The current literature posits that self-perceived physical appearance and one's ideas about how his/her body looks in other's eyes might prevent his/her positive emotions or flow experience (Csikszentmihalyi, 1988). Thus, this suggests that low body satisfaction in a woman might also affect her self-compassion negatively. Self-compassion refers to seeing one's pain as part of the common experience of humanity and having a non-judgmental attitude toward one's own pain, shortcomings, and failures (Neff, 2003). The current literature confirms that negative ideas and worries about appearance and being occupied with the body affects the self-compassion level (Paxton et al., 2006; Wasylkiw et al., 2012). On the other hand, the following study found that self-compassion plays a moderating role in the relationship between self-esteem, which denotes one's overall self-perceptions, and negative emotions (Hwang et al., 2016). It is known that women who are satisfied with their bodies and have a positive body image accept their bodies despite their flaws and deficiencies, show compassion for themselves and reject unrealistic media ideals (Wood-Barcalow et al., 2010). Thus, self-compassion serves as a buffer for functionality (Neff & Vonk, 2009). These results suggest that self-compassion could also be associated with sexual self-consciousness and have a mediating role in the relationship between body appreciation and sexual self-consciousness. Therefore, this study examines the mechanism underlying the relationship between body satisfaction and sexual self-consciousness in women. Based on the theoretical knowledge mentioned above and findings from research (Barlow, 10986; Csikszentmihalyi, 1988; Neff, 2003; van Lankveld et al., 2004), the mediating role of self-compassion in this relationship was tested.

The authors of this study selected samples from two countries, Turkey and Azerbaijan, based on the similarities and differences between these two countries. Turkey and Azerbaijan are among the countries where sexuality is considered a taboo in social and cultural terms (Valiyeva, 2021), and gender roles are known to influence sexual functioning in these countries. When compared to western countries, these two countries are dominated by rigid beliefs and behavioral codes, collectivism, and masculinity with suspicion toward social change, determination to maintain older traditions and norms, and an unequal distribution of power in society (Hofstede Insights). When the two countries are compared, it is apparent that they are similar in the dimensions of masculinity and uncertainty avoidance; they differ in the dimensions of power distance, individualism, long-term orientation and indulgence. While it is known that gender roles are prevalent in both countries and women's work is viewed positively, cultural differences regarding women in these two countries may be due to Turkey's closer contact with western culture (Habibov et al., 2017; Sattar, 2011). Finally, the scarcity of women's and sexuality studies in these two geographically close countries, where traditional gender roles are dominant, makes research to understand sexual self-consciousness in these two cultures highly relevant.

We believe that this study is important given that no studies have been conducted to understand women's sexual self-consciousness in these two countries. Moreover, since these two cultures are similar yet different, the same model was tested for the overall sample as well as each country separately, as a supplementary analysis. There is no study in the literature that focuses on these variables at the same time. We believe that the model to be constructed will contribute to the understanding of the nature of the variables and how they predict each other in terms of the similarities and differences of Turkey and Azerbaijan in this regard.

Consequently, the authors of this study designed a model to investigate the pathway from body appreciation to sexual self-consciousness in women. In addition, the mediating role of self-compassion on this path was also explored. Overall, the following hypotheses were formulated based on the literature review above:

 H_1 : Self-compassion is a mediator of the relationship between body appreciation and sexual self-consciousness in the Overall Sample.

 H_2 : Self-compassion is a mediator of the relationship between body appreciation and

sexual self-consciousness in the Turkey Sample.

 H_3 : Self-compassion is a mediator of the relationship between body appreciation and sexual self-consciousness in the Azerbaijan Sample.

Method

Research Model

This study examines the mediating effect of self-compassion on the relationship between body appreciation and sexual self-consciousness in women. It has a causal-comparative pattern, and a cross-cultural structure. A cross-sectional and explanatory design based on structural equations was used to examine the mediating effect of body appreciation in the relationship between body appreciation and sexual self-consciousness in women.

Procedure and Participants

In the study, the convenience sampling method was used and participants living in Turkey and Azerbaijan were reached through social media. Before data collection, participants were given a consent form containing information about the purpose, structure, duration, and researchers of the study, assuring them of the confidentiality of their information. The criteria for inclusion in this study included volunteering to participate in the research and having had at least one sexual experience. Also, the responders were informed that they were free to participate or quit participation and withdraw their consent at any stage of the study. In addition, data collection tools were shared via Google Forms.

A power analysis was conducted using G*Power 3.1 software to determine the sample size required for the study. Estimates were

made based on the findings of the previous studies that explored the relationships between the variables of this study. To this purpose, a small effect size of r = 0.20 was determined at the traditional significance level of 0.05 and a power of 0.80 (Cohen, 2013) and the analyses revealed the need for 265 participants for both groups. A total of 643 women agreed to participate in the study, which included 343 women from Turkey (Age M = 32.30, SD = 8.67, range 18-58) and 300 women from Azerbaijan (Age M = 30.96, SD = .93, range 18-58).

As for the current relationship status of the women from Turkey, 10 (2.9%) stated that they are dating someone, 47 (13.7%) that they have a boyfriend, 5 (1.5%) that they are engaged, 188 (54.8%) that they are married, and 93 (27.1%) that they are not in a relationship. Among the women, 37 (10.8%) had low socio-economic status, 283 (82.5%) had medium socio-economic status and 23 (6.7%) had high socio-economic status. Finally, 11 (3.2%) of the women were primary or secondary school graduates, 45 (13.1%) were high school graduates, 272 (79.3%) were university graduates, and 15 (4.4%) were master's and doctorate graduates.

For the current relationship status of the women from Azerbaijan, 6 (2%) stated that they are dating someone, 28 (9.3%) that they have a boyfriend, 14 (4.7%) that they are engaged, 173 (57.7%) that they are married, and 79 (26.3%) that they are not in a relationship. Among the Azerbaijani participants, 45 (15.0%) reported low socio-economic status, 221 (73.7%) reported medium socio-economic status and 34 (11.3%) reported high socio-economic status. Finally, 20 (6.7%) of the women were primary or secondary school graduates, 62 (20.7%) were high school graduates, 213 (71%) were university graduates, and 5 (1.6%) were master's and doctorate graduates.

Measures

Body Appreciation Scale. The scale was developed by Avalos, Tylka, and Wood-Barcalow (2005) and was adapted to Turkish culture by Bakalım and Taşdelen-Karçkay (2016). It has two dimensions (general body appreciation and body image investment) and consists of nine items. The scale is a 5-point Likert type. Cronbach's alpha coefficients were calculated to be .89 for the general body appreciation factor, .62 for the body image factor, and .87 for overall body appreciation. The researchers have reported that the Turkish version is both acceptable and reliable. In this study, Cronbach's alpha value was calculated as .89 for the overall sample, .92 for the Turkey sample and .86 for the Azerbaijan sample.

Self-Compassion Scale. The scale was developed by Neff (2003) originally with 26 items and six subscales. The reliability and validity of the Turkish version of the scale was tested by Deniz et al. (2008). The Turkish version of the scale consists of 24 items, a single dimension, and is a 5-point Likert type. Cronbach's alpha value was computed to be 0.83 for the scale. The researchers have reported that the Turkish version is both acceptable and reliable. In this study, Cronbach's alpha value was calculated as .92 for the overall sample, .94 for the Turkey sample and .90 for the Azerbaijan sample.

Sexual Self-Consciousness. The scale was developed by Van Lankveld et al. (2008) to determine individuals' sexual self-consciousness. The validity and reliability of the scale was assessed by Çelik (2013). It consists of 12 items and two subscales, which are sexual embarrassment and sexual self-focus. Cronbach's alpha value was computed to be .84 for the entire scale, .83 for the Sexual Embarrassment subscale, and .79 for the Sexual Self-Focus subscale. The researchers have reported that the Turkish version is both acceptable and reliable. In this study, Cronbach's alpha value was calculated as .89 for the overall sample, .88 for the Turkey sample and .89 for the Azerbaijan sample.

Data Analysis

Before proceeding with data analysis, the dataset was first examined in terms of normality, unidirectional extreme value, multidirectional extreme value, and the multicollinearity problem. Next, the variables for the participants of each country were analyzed for their reliability, mean, and SD values and Pearson coefficient was computed for intervariable relationships. Finally, a two-step approach was used to test the mediation model, which included the measurement and structural models (Anderson & Gerbing, 1988). For this purpose, in order to determine the mediating roles of the variables of the study, Baron and Kenny's (1986) suggestions that dependent and independent variables are significantly related (1), independent and mediator variables are significantly related (2), mediator and dependent variables are significantly related (3), and the strength of the relationship between the independent variable and the dependent variable decreases when the mediator variable enters the model (4) were taken as a basis.

Model fit indices include SRMR, CFI, NFI, GFI, and IFI. As proposed in the literature, SRMR values smaller than 0.10 and CFI, NFI, GFI, and IFI values greater than 0.90 indicate an acceptable fit (Hu & Bentler, 1999). In addition, the parceling technique that is used to reduce measurement errors in single-factor measurement (Little et al., 2002) was included in the SEM. For this reason, the single-factor self-compassion scale was parceled into two as SC1 and SC2. The data were analyzed using IBM SPSS Statistics 22 and AMOS 22.

Results

Descriptive Statistics and Correlations

Table 1 presents the descriptive statistics for the study variables and correlation results for both samples. As shown in the results, reliability of the variables was confirmed by Cronbach's α (0.85-0.94) and McDonald's omega (0.88-0.94) values. The results also show that the correlation value between each variable is smaller than 0.50, hence showing the difference between them.

In order to test whether the dependent variable of the study, sexual self-consciousness, differs depending on the country, a difference test was performed for the overall sample. According to the independent samples *t*-test analysis for country comparison, sexual self-consciousness showed a significant difference in favor of the Azerbaijani participants (t = -2.257; p < .05).

Measurement Model

The measurement model, which consists of three latent variables (body appreciation, self-compassion, and sexual self-consciousness) and six observed variables, involved the examination of the overall sample, the Turkey sample, and the Azerbaijan sample. Based on the confirmatory factor analysis (CFA), the measurement model showed good fit for all three samples. Fit indices for the overall sample: $\chi^{2}_{(6, N=643)}$ = 14.466, *p* < .01; CFI = 0.99; NFI = 0.99; GFI = 0.99; IFI = 0.99; TLI = 0.99; RMSEA = 0.04. Fit indices for the Turkey sample: $\chi^2_{(6, N=343)}$ = 7.122, p < .05; CFI = 0.99; NFI = 0.99; GFI = 0.99; IFI = 0.99; TLI = 0.99; RMSEA = 0.02. Fit indices for the Azerbaijan sample: $\chi^2_{(6, N=300)}$ = 12.389, p < .05; CFI = 0.99; NFI = 0.98; GFI = 0.99; IFI = 0.99; TLI = 0.98; RMSEA = 0.06.

	Des	criptive S	Descriptive Statistics and Reliabilities	Reliabilities					Cor	Correlations	
Variables	Mean	SD	Skewness	Kurtosis	α	Э	AVE	CR	Ч	2	З
Overall sample											
1. Body Appreciation	33.37	7.36	-0.66	-0.01	.89	06.	.65	.94			
2. Self-compassion	76.48	16.12	-0.20	-0.42	.92	.92	.52	.93	0.47**	ı	
3. Sexual self-consciousness	22.33	11.85	-0.06	-5.64	89.	06.	.54	06.	-0.21**	-0.24**	
Turkey sample											
1. Body Appreciation	32.78	7.34	-0.58	-0.18	.92	.93	.68	.95	·		
2. Self- compassion	74.86	16.76	-0.09	-0.41	.94	.94	.54	.95	0.48**	ı	
3. Sexual self- consciousness	21.35	11.40	-0.04	-0.47	.88	06.	.53	.95	-0.24**	-0.24**	
Azerbaijan sample											
1. Body Appreciation	34.05	7.33	-0.77	-0.26	.86	88.	.62	.93			
2. Self- compassion	78.33	15.18	-0.30	-0.39	06.	06.	.54	.92	0.45**	ı	
3. Sexual self- consciousness	23.46	12.26	-0.13	-0.63	89.	06.	.53	.93	-0.19**	-0.26**	

The analysis results revealed factor loadings ranging from 0.36 to 0.94, all of which are statistically significant. Also, the results demonstrated that CR (Composite reliability) values are greater than 0.7 and AVE (Average variance extracted) values are greater than 0.5. Thus, we concluded that the model has sufficient convergent and discriminatory validity (Bagozzi & Yi, 1988). Consequently, all the observed variables strongly represented the latent variables.

Structural Model

In line with the main purpose of the study, when testing the structural model for the "Overall Sample", we added age, economic status, country, education level, and romantic relationship as control variables.

The fully mediated model studied for the "Overall Sample" originally did not contain the direct paths from body appreciation to sexual self-consciousness. The fit indices for the fully mediated model $(\chi^{2}_{(42, N=643)} = 154.140, p < .01; GFI= 0.96;$ NFI = 0.91; CFI = 0.93; AGFI = 0.94; TLI = 0.91; RMSEA = 0.06; ECVI = 0.315; AIC = 202.140) displayed a good fit. Then, the partial mediation model was tested in which the direct path was drawn from body appreciation to sexual self-consciousness. The fit indices for the partially mediated model showed a good fit ($\chi^2_{(41, N=643)}$ = 144.054, p <.01; GFI = 0.96; NFI = 0.92; CFI = 0.94; AGFI = 0.94; TLI = 0.92; RMSEA = 0.06; ECVI = 0.302; AIC = 194.054). As a result, the fit indices for both the partial and full mediation models were at an acceptable level. The AIC-ECVI values were examined to determine which model to select and the AIC and ECVI values for the partial model were observed to be smaller than the AIC and ECVI values of the full model. Consequently, the partial model (Figure 1) was selected.



Note. GBA: general body appreciation, *BII:* body image investment, *SCP*: parcel of self-compassion, *SE*: sexual embarrassment, *SSF*: sexual self-focus.

* *p* < .05, ** *p* < .01

Figure 1 Structural equation modeling for the overall sample.

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Supplementary Analyses

Apart from the main purpose of the study, we tested separate structural models to examine whether both countries in the "Overall Sample" fit this model. At this stage, age, economic status, education level, and romantic relationship variables were added to both models as control variables.

The fully mediated model studied for the *"Turkey Sample"* originally did not contain the direct paths from body appreciation to sexual self-consciousness. The fit indices for the fully mediated model ($\chi^2_{(33, N=343)}$ = 86.866, p < .01; GFI = 0.95; NFI = .91; CFI = 0.94; AGFI = 0.92; TLI = 0.92; RMSEA = 0.06; ECVI = 0.383; AIC = 130.866) showed a good fit. Then, the partial mediation model was tested in which the direct path was drawn from body appreciation to sexual self-consciousness. The fit indices for the partially mediated model showed a good

fit ($\chi^2_{(32, N=343)}$ = 78.158, p < .01; GFI = 0.96; NFI = .92; CFI = 0.95; AGFI = 0.93; TLI = 0.93; RMSEA = 0.06; ECVI = 0.363; AIC = 124.158). As a result, the fit indices for both the partial and full mediation models were at an acceptable level. The AIC-ECVI values were examined to determine which model to select and the AIC and ECVI values for the partial model were observed to be smaller than the AIC and ECVI values of the full model. Consequently, the partial model (Figure 2) was selected.

For the "Azerbaijan Sample", we first tested the direct effect of body appreciation on sexual-self-consciousness in the absence of the mediator variable (self-compassion). The fit indices for the fully mediated model ($\chi^2_{(33, N=300)}$ = 47.970, *p* < .05; GFI = 0.97; NFI = .93; CFI = 0.98; AGFI = 0.95; TLI = 0.97; RMSEA = 0.03; ECVI = 0.308; AIC = 91.970) showed a good fit. Then, the partial mediation model was tested in which the direct path was drawn from body appreciation to sexual



Note. GBA: general body appreciation, *BII:* body image investment, *SCP*: parcel of self-compassion, *SE*: sexual embarrassment, *SSF*: sexual self-focus.

* p < .05, ** p < .01

Figure 2 Structural equation modeling for the Turkey sample.



Note. GBA: general body appreciation, *BII:* body image investment, *SCP*: parcel of self-compassion, *SE*: sexual embarrassment, *SSF*: sexual self-focus.

* p < .05, ** p < .01

Figure 3 Structural equation modeling for the Azerbaijan sample.

self-consciousness. Although the fit indices for the partially mediated model also showed a good fit ($\chi^2_{(32, N=300)}$ = 46.074, *p* < .05; GFI = 0.97; NFI = 0.93; CFI = 0.98; AGFI = 0.95; TLI = 0.97; RMSEA = 0.03; ECVI = 0.308; AIC = 92.074), the effect of body image on sexual self-consciousness was insignificant when the mediator variable was added to the model so the fully mediated model was preferred (Figure 3).

Discussion and Conclusions

This study investigated the mediating role of self-compassion in the pathway from body appreciation to sexual self-consciousness in women living in Turkey and Azerbaijan. The results showed that body appreciation predicted self-compassion and sexual self-consciousness and self-compassion predicted sexual self-consciousness. Moreover, self-compassion has a mediating role in the relationship between body appreciation and sexual self-consciousness. The results from the study underscore the vulnerability of sexual development to negative thoughts and the negative impact of negative body evaluations on women's sexual well-being, which is particularly worrying given current rates of sexual dysfunction among women.

Firstly, the study demonstrated that body appreciation positively predicts self-compassion. Research shows that self-compassion is predicted by body liking, which refers to self-evaluations of one's physical appearance (Paxton et al., 2006; Przezdziecki et al., 2013; Wood-Barcalow et al., 2010). Furthermore, this finding corroborates Neff's (2003) argument that one's kindness and understanding toward oneself is adversely affected by his/ her negative self-evaluations such as failure and lack of self-worth. Self-esteem, which is a predictor of self-compassion, has also been associated with body appreciation; hence, the higher a woman's dissatisfaction with her physical appearance, the lower positive

feelings towards herself (Cash & Fleming, 2002). In a study on attitudes toward eating, Adams and Leary (2007) observed that the participants were less understanding toward themselves when they ate forbidden food. This could be attributed to the negative impact of forbidden food on body appreciation. These results can be attributed to the fact that women who make positive cognitive self-evaluations about their bodies also have self-acceptance and self-understanding despite their body flaws. However, women who tend to make negative body evaluations may lose their self-compassion by comparing themselves to others.

Another finding of this study is that body appreciation negatively predicts sexual self-consciousness. This finding substantiates the effect of the concept of "spectatoring" on sexual performance, as highlighted by Masters and Johnson (1970). The self-perception as to whether one is sexually desirable in another's eyes plays an important role in sexual functioning and desire (Bogaert & Brotto, 2014). Body dissatisfaction and psychological overinvestment in one's physical appearance leads to self-focus and avoidance of bodily exposure during sexual intercourse (Cash et al., 2004). Similarly to our results, it has been reported in the literature that negative body evaluations lead to body shame, body focus, and sexual dysfunction during sex (Aubrey, 2007; Claudat & Warren, 2014; Schick et al., 2010). This may be because women usually associate being sexually attractive with being physically thin under the influence of certain cultural expectations, which might cause women to focus on their bodies, feel ashamed, and get distracted during intercourse.

In addition, our study found that self-compassion negatively predicts sexual self-consciousness. Our literature review revealed no research on the relationship between self-compassion and sexual self-consciousness. Yet, it has been reported that sexual self-consciousness is affected by sexual self-esteem, which is related to self-compassion and also involves acceptance of one's positive and negative aspects (Schick et al., 2010). Research on self-compassion shows that the lower the self-compassion, the higher the shame in women (Ferreira et al., 2013; Valerio & Lepper, 2009). Furthermore, self-compassion is known to play a protective role against personal shyness and risky sexual behaviors (Lo, 2007). Given that self-compassion serves as a buffer for personal functionality, women's compassionate and understanding attitude toward their shortcomings and failures is likely to have a positive effect on their sexual functioning. Women with low self-compassion, on the other hand, may experience negative emotions and get distracted during sexual intercourse as they focus on their shortcomings and failures.

The last result of the study relates to the mediating effect of self-compassion on the path from body appreciation to sexual self-consciousness. Body satisfaction increases self-compassion (Wasylkiw et al., 2012). Therefore, high body appreciation is associated with high self-compassion. That is how positive functionality can be improved for psychological well-being. Body dissatisfaction is known to cause psychological distress that impairs sexual functioning through low self-compassion (Przezdziecki et al., 2013). Given the fact that sexuality is a key component of mental health, this situation which leads to sexual self-consciousness might adversely affect women's sexual health. Also known as "spectatoring", sexual self-consciousness is a condition that might result in unpleasurable sexual experiences, sexual difficulties, and negative mental health outcomes (Thorpe et al., 2022). Increased negative emotions about the body reduces self-compassion in women, who may then focus on their bodies and experience

embarrassment during sex. And this creates a non-sexual distraction during intercourse, leading to the development of sexual self-consciousness. As body dissatisfaction increases, the duration and quality of sexual intercourse may decrease, and thus sexual satisfaction may also decrease.

In addition, the study found that in the relationship between body appreciation and sexual self-consciousness, self-compassion plays a partial mediating role in the Turkey sample and a full mediating role in Azerbaijan sample. In addition, sexual self-consciousness was found to be significantly higher in Azerbaijani women. In Hofstede's (2011) study comparing countries in six dimensions, it is seen that there is a high commitment to social rules, traditional beliefs and codes of behavior in Azerbaijan compared to Turkey. In Turkey, on the other hand, there is a higher tendency towards social change and a weaker tendency to maintain traditions and norms compared to Azerbaijan. The partial mediating role of self-compassion in the relationship between body appreciation and sexual self-consciousness in the Turkey sample, as demonstrated by this study, shows that there may be other factors that mediate this relationship, while this relationship in Azerbaijan sample is fully explained by self-compassion. This may have to do with the rigorous adherence to social expectations, norms, and traditions and the relative weakness of the indulgence dimension in Azerbaijani culture. This may have undermined the development of protective factors. However, the higher sexual self-consciousness of Azerbaijani women compared to Turkish women can be explained by the high inequality of gender roles and low individuality and tolerance (Hofstede, 2011; Sattar, 2011).

As an influential factor for sexual health and satisfaction, a high level of body appreciation leads individuals toward self-acceptance and self-compassion despite their shortcomings. Thus, they can better adapt themselves to their relationship without getting distracted during sex. Moreover, individuals with less negative thoughts and emotions about themselves are stronger to cope with relationship challenges. Therefore, such individuals are more likely to have sexual health when compared to those with body dissatisfaction. Consequently, the study results demonstrate that the presence of body appreciation and self-compassion in women during sex could be a protective factor, while its absence is a potential risk factor.

Limitations

The sample group of this study only consists of women living in Turkey and Azerbaijan, which constitutes a limitation to generalizability. Similar research to be conducted in other countries may explore whether women living in other parts and cultures of the world fit this model or exhibit cultural differences. Another limitation to generalizability is that the women who participated in the study have a relatively middle socio-economic level, the majority of them are university graduates, and the women living in Azerbaijan and Turkey live in a close geographical proximity. In future studies, cultural comparisons can be made by reaching participants from different parts of the world and distant cultures. Yet another limitation of the study is that information on the number and quality of sexual experiences, sexual problems, and religiosity of the women participating in the study was not obtained. In addition, in the present study, women's body appreciation, self-compassion, and sexual self-consciousness are limited to the data obtained by using quantitative data collection instruments. Future research may employ qualitative and mixed methods to obtain more detailed data

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about women's sexual self-consciousness and the underlying mechanisms. Another suggestion for future research could be to add other concepts to the model such as gender which are potential underlying factors for women's body appreciation.

Implications

Certain conclusions have been drawn from the study results for application. Sexual therapists and mental health practitioners may refer to our findings when developing preventive and therapeutic psychological support programs. For instance, activities may be designed to boost body appreciation and self-compassion for interventions that aim to increase sexual functioning and reduce sexual self-consciousness. These components may be included in the process as a part of individual counseling, group counseling or psychoeducation.

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