

Araştırma Makalesi / Research Article

An Under-Researched Phenomenon: Self-Perception of Being Underweight/Thin with Experiencing Distress and Stigma

Az Araştırılmış Bir Fenomen: Zayıf/Düşük Kilolu Olma Öz Algısı ile Stres ve Damgalama Yaşayan Bireyler

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Abstract

Objective: This study investigates the under-researched phenomenon of individuals who seek psychiatric help because they perceive themselves as underweight and experience distress related to this perception. This contrasts with well-known body image disorders and may be influenced by distinct sociocultural factors. Methods: A retrospective chart review was conducted on 37 patients, presenting with complaints of being underweight/thin, and requesting appetite stimulants at a Turkish outpatient psychiatric clinic. Data were collected on sociodemographic factors and clinical features. Results: The sample consisted primarily of women (94.6%) from rural backgrounds with low income and education levels. The mean BMI was 21.93 ± 3.25 , falling within the normal weight range. A significant proportion reported feeling unhealthy and unattractive due to their perceived thinness, and many experienced negative social feedbacks. BMI was positively correlated with age, negatively correlated with negative body image evaluation and self-esteem. Conclusion: This study highlights the existence of a distinct group of individuals, predominantly women from rural, low-income, and low-education backgrounds in Turkey, who experience distress related to perceived thinness, despite having BMIs within the normal range. The findings underscore the importance of considering sociocultural factors when assessing and treating body image concerns, as these factors may shape perceptions of ideal body weight and contribute to distress.

Keywords: Body image, self-esteem, stigma, thinness

Öz

Bu çalışmanın amacı, kendilerini zayıf/düşük kilolu olarak algılayan ve bu algıyla ilgili sıkıntı yaşadıkları için psikiyatrik yardım arayan bireylere özgü literatürde yeterince araştırılmamış bir fenomeni incelemektir. Bu durum, iyi bilinen beden imajı bozukluklarıyla çelişmektedir ve farklı sosyokültürel faktörlerden etkilenebilir. Zayıf/düşük kilolu olma şikayetiyle gelen ve iştah açıcı tedavi talep eden 37 hastanın retrospektif dosya incelemesi yapılmıştır. Sosyodemografik faktörler ve klinik özellikler hakkında veri toplanmıştır. Örneklem çoğunlukla düşük gelir ve eğitim seviyelerine sahip kırsal kesimde yaşayan kadınlardan (%94,6) oluşmaktadır. Ortalama VKİ $21,93 \pm 3,25$ olup normal kilo aralığında olduğu görülmüştür. Hastalarda yüksek oranda, algılanan zayıflıkları nedeniyle sağlıklı ve çekici olmadıklarını hissettikleri görülmüş, hastaların birçoğunun olumsuz sosyal geri bildirimler yaşadığı saptanmıştır. VKİ yaşla pozitif, olumsuz beden imajı değerlendirmesi ve öz saygıyla negatif korelasyon göstermiştir. Bu çalışma, Türkiye'de kırsal, düşük gelirli ve düşük eğitilmiş geçmişe sahip kadınlardan oluşan ve VKİ'leri normal aralıkta olmasına rağmen algılanan zayıflıkla ilgili sıkıntı yaşayan belirli bir grubun varlığını vurgulamaktadır. Bulgular, beden imajı endişelerini değerlendirirken ve tedavi ederken sosyokültürel faktörlerin dikkate alınmasının önemini göstermektedir, bu faktörler ideal vücut ağırlığı algılarını şekillendirebilmekte ve ruhsal zorlanmaya etkileri bulunabilmektedir.

Anahtar kelimeler: Beden imajı, öz-saygı, damgalama, zayıflık

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1. INTRODUCTION

Individuals may seek psychiatric care due to discomfort with being or appearing thin, perceiving themselves as unattractive, unhealthy, or weak, and requesting treatments to increase their appetite (Germain et al., 2014). While body image disorders such as anorexia nervosa and bulimia nervosa, characterized by a fear of weight gain and a distorted perception of being overweight, are well-documented in industrialized societies (where thinness is often idealized), clinical experience suggests a contrasting phenomenon in some rural areas with lower education levels. In these settings, a heavier body habitus is often perceived as healthier and more attractive. While some studies have documented "reverse anorexia" or "bigorexia" in men, where individuals perceive themselves as small and thin despite being muscular (Pope et al., 1993; Leone et al., 2005; Blond et al., 2008), our clinical observations in Turkey indicate that this concern about thinness is more prevalent among women. Importantly, when we look at the body mass indices of patients who come with a request for weight-gain treatment, we often observe that their BMIs are typically within the normal range.

The DSM-5 (Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition) criteria for body dysmorphic disorder (BDD) include a preoccupation with perceived defects in appearance that are not observable or appear slight to others (criterion A) (American Psychiatric Association, 2013). Another criterion specifies that the appearance preoccupation should not be better explained by concerns about body fat or weight in individuals meeting criteria for an eating disorder. While perceiving oneself as overweight is a characteristic of eating disorders, the classification of perceiving oneself as "underweight" is less clear. Some researchers classify this type of body dysmorphic disorder (Bjornsson et al., 2010; Ahmadpanah et al., 2019), but we believe that it is important to consider and discuss this presentation separately due to the potentially significant cultural and social differences of the patient.

Recent studies emphasize the importance of distinguishing between negative body image (i.e., dissatisfaction) and positive body image, which includes body appreciation, body acceptance, and respect for the body's functionality. Linardon et al. (2022) conducted a meta-analysis of 240 studies, concluding that positive body image is significantly associated with higher levels of self-esteem, life satisfaction, and psychological resilience, while inversely related to eating disorder symptoms and general psychopathology. Exposure to idealized body images in traditional and social media has been linked to lower body satisfaction (Jarman et al., 2021). Cultural context significantly affects body satisfaction. A recent 2024 study reported that Black Nigerian and Chinese women had higher body appreciation scores than White Western women, suggesting that exposure to diverse beauty norms can buffer against dissatisfaction (Hanson et al., 2024). A review highlighted that self-perception is critical in intimate relationships (Gillen and Markey 2018).

There are a limited number of studies specifically addressing the clinical characteristics of individuals who state that they look underweight/thin and are uncomfortable with this. It is thought that it will contribute to understanding the sociocultural influences on body perception. Consequently, the aim of this study is to determine the sociodemographic and clinical characteristics of individuals who report to an outpatient clinic that they look underweight/thin and are uncomfortable with this perception.

Hypotheses of the study:

1. Body mass index (BMI) is not correlated with self-perception of being underweight/thin in individuals who express discomfort with this perception.

2. Individuals who perceive themselves as underweight/thin and are uncomfortable with this will share common sociodemographic characteristics, specifically lower educational attainment and rural backgrounds.

2. METHODS

2.1. Participants, Ethical Approval and Procedure

This retrospective study included 37 patients who met the inclusion criteria. Ethical approval was received from the local ethics committee, TOBB University of Economics and Technology University Scientific Research Ethics Committee (Date: 26.02.2025, Ethics Committee No: BAEK-22). The records of patients who complained about being thin/underweight and requested appetite stimulants at the outpatient psychiatry clinic were retrospectively reviewed by a psychiatrist, and their information was recorded anonymously in a secure data file. The aim was to examine the data and examine the relationship between the person's perception of himself/herself as thin and their clinical features.

2.2. Procedure

Data were collected from existing patient files regarding: the sociodemographic information of the patients (gender, age, social environment where he/she grew up, current social environment, income level, marital status, duration of education, employment status), clinical features (body mass index-BMI, body/weight perception, level of appetite, social problems) and clinical scale scores (self-esteem) at the time of application. Data were obtained from patients who presented to a psychiatric outpatient clinic staffed by a single clinician over a three-year period and met the predetermined inclusion criteria. The inclusion criteria comprised the presence of clinical features associated with complaints of being underweight or excessively thin, a stated desire to gain weight—specifically through the request for appetite-enhancing medications—and being between 18 and 65 years of age. The exclusion criteria were that the patients had a mood disorder (major depression or bipolar affective disorder) or physical illness that affected weight or appetite and had a psychotic or neurological disease that affected cognitive functions, language ability, comprehension and perception skills, or impaired judgment. Patients were also excluded if their records lacked sufficient sociodemographic information. Data were collected by screening patients who applied to the psychiatry outpatient clinic over a three-year period and selecting patients who met the criteria. The study was conducted in accordance with the Declaration of Helsinki.

2.3. Instruments

The Sociodemographic and Clinical Information Form: This form was used to collect sociodemographic and clinical characteristics as described above. An assessment was conducted to categorize participants based on their subjective perceptions of body weight. A Likert-type scale ranged from 1 to 3 (1 point, I look good, but if I gained weight, I'd look better, 2 points I look bad because I'm skinny, 3 points, look so bad because I'm skinny) to investigate the body image evaluation. This provided a quantitative measure of the participant's self-perceived body image distress. The information about how it feels to be thin and why patients want to gain weight was also documented. The appetite level was assessed via self-report using a visual analog scale ranging from 0 to 10.

Rosenberg Self-Esteem Scale-Short Form (RSES): The scale, which is considered a reference in self-esteem measurement, was developed by Morris Rosenberg in 1963. The reliability and validity studies of the scale in Turkey were conducted by Çuhadaroğlu (1986). The scale consists of twelve subdomains and the first ten items measure self-esteem. Items 1, 2, 4, 6, and 7 are positively coded, while items 3, 5, 8, 9, and 10 are negatively coded. A low score in the scale scoring indicates high self-esteem; a high score indicates low self-esteem. In the Turkish

validity and reliability study of the RSES, scores were categorized as follows: 0–1 points indicated high self-esteem, 2–4 points indicated moderate self-esteem, and 5–6 points indicated low self-esteem. The clinical scale scores at the time of application were recorded.

2.4. Statistical Analysis

Statistical analysis was performed using SPSS (Statistical Package for Social Sciences) version 22.0 for Windows. Descriptive statistics, including mean \pm standard deviation and median (minimum-maximum), were used for quantitative variables, and frequencies and the number of people (percentage) were used for qualitative variables. Normality of distribution of the numerical variables was examined by the Kolmogorov-Smirnov test, and the homogeneity of the variances was examined by the Levene test. When data were not normally distributed, non-parametric tests were applied. Spearman's correlation analysis was used to examine relationships between numerical variables. Categorical variables were compared using the Chi-square test. The significance level was set at $p < 0.05$.

3. RESULTS

3.1. Demographic and Clinical Characteristics

Thirty-seven patients who complained about being thin/underweight and requested appetite stimulants at the outpatient clinic participated in this study. Demographic and clinical characteristics of the study population are presented in Table 1. The sample consisted of 35 women (94.6%) and 2 men (5.4%). The mean age of the sample was 36.29 ± 18.9 years. 75.7% of the patients had low income, all of them grew up in rural areas, and 94.6% were still living in rural areas. 75.7% were not employed, and 91.9% were married. The mean duration of education was 9.18 ± 2.6 years, and the mean BMI was 21.93 ± 3.25 , which falls within the normal range according to the World Health Organization. According to standard BMI categories, 13.5% of the patients were classified as underweight, 67.5% as having a healthy weight, and 19% as overweight. The mean score of RSES was 12.72 ± 5.57 .

Table 1. Sociodemographic and Clinical Characteristics of Patients

	n	(%)
Female	35	94.6
Male	2	5.4
Social environment (current)		
Rural	34	91.9
Urban	3	8.1
Social environment (childhood)		
Rural	37	100
Urban	0	0.0
Income status		
Low	28	75.7
Middle	8	21.6
Upper middle	1	2.7
High	0	0.0

Marital status			
Single	2		5.4
Married	34		91.9
Divorced	0		0.0
Widow	1		(2.7)
Employment status			
Working	9		24.3
Not working	28		75.7
Body image*			
I look good but if I gained weight I'd look better (1)	11		29.7
I look bad because I'm skinny (2)	5		13.5
I look so bad because I'm skinny (3)	21		56.8
	Mean±SD	Median	
Age	36.29 ± 18.9	36	
Duration of education (years)	9.18 ± 2.6	11	
Body Mass Index	21.93 ± 3.25	21.5	
The appetite level (1-10 points)	6.56 ± 2.98	8	
RSES	12.72 ± 5.57	13	

RSES: Rosenberg Self-Esteem Scale-Short Form, a high score indicates low self-esteem.

The information about how it feels to be thin and why patients want to gain weight was evaluated. 73% of the patients said they felt unhealthy and 62% of them said unattractive. While 68% of the patients received negative criticism from their partners (husbands), 51% received negative criticism from their close social circle, friends, relatives, neighbors, etc.(Table 2).

Table 2. The Reasons of the Patients' Weight Gain Requests

	n	%
Feeling unattractive	23	62
Feeling unhealthy	27	73
Feeling weak	10	27
Social difficulties: negative criticism from partner	25	68
Social difficulties: negative criticism from social environment	19	51

*More than one reason may be present in a patient.

3.2. Relationship of Clinical Variables

The relationship between age, body mass index, the appetite level, the duration of education, the severity of negative evaluation of body image, and the total score of RSES was studied. The body mass index had a positive correlation with age ($r=0.586$, $p<0.001$), had a negative correlation with the duration of education ($r=-0.399$, $p=0.014$), the severity of negative evaluation of body image ($r=-0.773$, $p<0.001$), the total score of RSES ($r=-0.509$, $p=0.001$); there was no correlation between BMI and appetite level.

The total score of RSES had a negative correlation with age ($r=-0.36$, $p=0.029$), BMI ($r=-0.509$, $p=0.001$), and the appetite level ($r=-0.406$, $p=0.013$), had a positive correlation with the severity of negative evaluation of body image ($r=-0.659$, $p<0.001$); there was no correlation between the score of RSES and the duration of education.

Besides the BMI and the score of RSES, the severity of negative evaluation of body image was also negatively correlated with age ($r=-0.562$, $p<0.001$) and the appetite level ($r=-0.513$, $p=0.001$); there was a positive correlation with the duration of education ($r=0.385$, $p<0.001$) (Table 3).

Table 3. The Relationship of Clinical Variables

	Age	Body Mass Index	The appetite level (1-10 points)	Duration of education (years)	Body image (1-3 points)	RSES
Age						
Body Mass Index	$r=0.586$ $p<0.001$					
The appetite level (1-10 points)	$r=0.252$ $p=0.132$	$r=0.23$ $p=0.171$				
Duration of education (years)	$r=-0.703$ $p<0.001$	$r=-0.399$ $p=0.014$	$r=-0.076$ $p=0.656$			
Body image	$r=-0.562$ $p<0.001$	$r=-0.773$ $p<0.001$	$r=-0.513$ $p=0.001$	$r=0.385$ $p<0.001$		
RSES	$r=-0.36$ $p=0.029$	$r=-0.509$ $p=0.001$	$r=-0.406$ $p=0.013$	$r=-0.013$ $p=0.941$	$r=0.659$ $p<0.001$	

* *Spearman's correlation analysis*, RSES: Rosenberg Self-Esteem Scale-Short Form, high score indicates low self-esteem. Body image: 1= I look good, but if I gained weight, I'd look better, 2= I look bad because I'm skinny, 3=I look so bad because I'm skinny.

4. DISCUSSION

This study identified a distinct profile among individuals seeking psychiatric support due to perceived thinness and discomfort with appearing underweight. Unlike the widely documented phenomenon of “reverse anorexia” or muscle dysmorphia, which predominantly affects men (Pope et al., 1993; Leone et al., 2005; Blond et al., 2008), the majority of participants in this sample were women. It was observed that most of the patients had low income, all of them grew up in rural areas and 94.6% of them were still living in rural areas. Most of them were not employed and over 90% were married. These sociodemographic characteristics suggested a concentration of cases within a specific cultural and social profile, which may influence shared values and beliefs surrounding body image.

In addition to feeling unhealthy, unattractive, and weak, the patients were also receiving negative criticism from people (partners, friends, relatives, neighbors) in their social lives. This suggests the presence of stigma regarding these patients. Here, the fact that patients are exposed to negative criticism and prejudice by society because they are thin can be defined as public stigma, and the fact that patients internalize this negative criticism and feel unattractive, unhealthy, and weak can be defined as self-stigma. The cultural context in which these individuals live plays a central role in how they perceive their bodies. In contrast to urban and industrialized environments where thinness is often idealized, heavier body types in rural communities may be perceived as a sign of health, vitality, and prosperity. This divergence underlines the importance of interpreting body image concerns through a culturally sensitive lens. Understanding this distinction is essential in grasping the psychological consequences of living in an environment where deviation from body norms—such as being “too thin”—results in social disapproval.

The findings supported both initial hypotheses. First, there was no significant correlation between actual BMI and the subjective perception of being underweight, confirming that the distress is not necessarily rooted in physiological markers but in psychological and cultural interpretations of body appearance. Most individuals who sought help had BMIs within the normal range according to WHO classifications. This dissociation between objective measures and subjective experience aligns with the DSM-5 definition of body dysmorphic disorder (BDD), particularly when the preoccupation is not due to actual underweight status but rather a perceived flaw not evident to others. Second, it was observed that individuals with lower educational levels and rural backgrounds were disproportionately represented, supporting the hypothesis that specific sociodemographic characteristics are associated with this type of body image distress. These factors may reinforce traditional beauty norms and amplify the social value placed on a fuller figure, contributing to psychological discomfort when those expectations are not met.

The study also uncovered significant relationships between body image perception, self-esteem, age, and educational level. The negative correlation between BMI and negative body image evaluation suggests that the lower the BMI, the higher the distress associated with appearance. Furthermore, lower BMI was associated with lower self-esteem, which aligns with previous findings on the role of body image in self-perception and psychological well-being (Linardon et al., 2022).

Interestingly, there was no significant correlation between appetite level and BMI, which suggests that appetite is not merely a physiological response but may be significantly modulated by psychological variables such as self-worth. The inverse correlation between low self-esteem and appetite may imply that individuals with lower self-esteem experience a reduced desire to eat, which could further complicate their distress and reinforce a vicious cycle.

Moreover, self-esteem improved with age, while negative evaluations of body image tended to decrease. This may reflect greater psychological resilience in older individuals, potentially due to reduced social scrutiny, shifts in life priorities, or the development of coping mechanisms. While education level did not correlate with self-esteem, it was positively correlated with the severity of negative body image evaluation, suggesting a complex dynamic: women with higher education may be more critical of their bodies, not necessarily because of actual underweight status, but perhaps due to higher exposure to competing cultural ideals or increased self-awareness.

The results resonate with recent studies emphasizing the multifaceted nature of body image, including both negative and positive dimensions. Linardon et al.'s meta-analysis found that positive body image is linked to higher self-esteem and psychological resilience (Linardon et

al., 2022), while body dissatisfaction is associated with psychopathology and disordered eating behaviors. While much of the literature focuses on thin-ideal internalization, our study highlights that in certain cultural settings, distress may stem from deviation from a “healthy weight” ideal that favors larger body sizes. This finding is consistent with recent cross-cultural findings indicating higher body appreciation in non-Western populations exposed to diverse beauty standards (Hanson et al., 2024).

Overall, the results underscore the importance of integrating cultural context into psychiatric assessment and intervention. While individuals in this study may not meet diagnostic criteria for classical eating disorders, their distress is nonetheless significant, rooted in body image concerns, social stigma, and diminished self-worth. Mental health professionals working with such populations should be sensitive to these dynamics and consider psychotherapeutic approaches that address both internalized stigma and external social pressures. Interventions that promote body acceptance, self-compassion, and cognitive restructuring around culturally shaped beauty norms may be beneficial. Additionally, community-based educational efforts aimed at reducing stigma and broadening body ideals could help mitigate psychological distress at a broader societal level.

Limitations and Future Directions

This study has limitations, including its retrospective design, small sample size, the absence of a control group, being a single-center study, reliance on data from patient records of patients, which may have resulted in inadequate data provision and exclusion of mood disorders, which may commonly co-occur and are often associated with low self-esteem, potentially limiting the representativeness of the sample population. Future research should consider more objective measures like standardized scales assessing body evaluation and stigma with larger and more diverse samples. Qualitative research, such as in-depth interviews, could also provide valuable insights into the lived experiences and cultural context of these individuals, exploring the specific social pressures and beliefs that contribute to their distress.

CONCLUSION

This study offers preliminary insights into a specific group of individuals who experience psychological distress related to perceived thinness despite having BMIs within the normal range. The findings suggest that this form of body dissatisfaction may be shaped by sociocultural factors, particularly among women living in rural areas with lower levels of education and income. They also reported receiving negative criticism in their social environment due to their current body image. These results highlight the importance of integrating cultural context into clinical assessment and intervention. Mental health professionals should be aware that body image concerns may not always reflect traditional Western ideals of thinness, but may instead be rooted in alternative cultural expectations. Tailored interventions that address both internalized stigma and culturally driven body norms may help alleviate distress in similar populations. Future studies involving larger and more diverse samples are needed to validate these findings and further explore the complex interplay between cultural norms, body image, gender, and mental health.

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Research Article

Az Araştırılmış Bir Fenomen: Zayıf/Düşük Kilolu Olma Öz Algısı ile Stres ve Damgalama Yaşayan Bireyler

An Under-Researched Phenomenon: Self-Perception of Being Underweight/Thin with Experiencing Distress and Stigma

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GENİŞLETİLMİŞ ÖZET

Giriş

Bu çalışma, kendilerini zayıf ya da düşük kilolu olarak algılayan ve bu algı nedeniyle ruhsal sıkıntı yaşayan, psikiyatrik yardım arayışında olan bireylerin sosyodemografik ve klinik özelliklerini incelemeyi amaçlamaktadır. Araştırma kapsamında ele alınan bireyler, özellikle kilo almak istedikleri ve mevcut fiziksel görünülerinin sağlık açısından yetersiz ya da estetik açıdan tatmin edici olmadığı düşüncesiyle psikiyatri kliniklerine başvuran kişilerden oluşmaktadır. Bu bireylerin başvuru nedenleri, sıklıkla iştahlarını artıracak ilaç taleplerini içermektedir. Bu durum, Batı kültüründe sıkça karşılaşılan yeme bozuklukları örüntülerinden farklılık göstermektedir. Örneğin anoreksiya nervoza veya bulimiya nervoza gibi tanılar, genellikle kilo alma korkusu, vücut ağırlığını kontrol etme çabası ve bu doğrultuda gelişen kısıtlayıcı ya da telafi edici davranışlarla karakterizedir. Ancak bu çalışmada yer alan bireyler, tam tersine, kilo almayı arzulamakta ve bedenlerinin "çok zayıf" olduğunu düşündükleri için psikolojik bir sıkıntı yaşamaktadır. Dolayısıyla bu olgu, klasik beden imajı bozukluğu tanımlarına doğrudan uymamakta ve daha çok sosyokültürel bağlamla açıklanabilecek özgün bir fenomen olarak ortaya çıkmaktadır. Araştırmanın temel amacı, bu özgün hasta grubunu daha iyi anlamak, onların sosyal, demografik ve psikolojik özelliklerini detaylı biçimde tanımlamak ve kültürel etmenlerin bu algı üzerindeki etkisini ortaya koymaktır. Böylece beden imajı bozukluklarına dair var olan literatüre yeni ve özgül bir katkı sağlanması hedeflenmiştir.

Yöntem

Çalışmanın metodolojisi, üç yıl boyunca bir psikiyatri polikliniğine başvuran ve zayıf olma algısı nedeniyle iştah açıcı tedavi talebinde bulunan hastaların geriye dönük olarak dosya incelemeleri yoluyla yürütülmüştür. Araştırmaya dahil edilen toplam 37 birey, 18 ile 65 yaş aralığında olup, seçime dahil edilme kriterleri arasında kilo alma arzusu ve bu bağlamda psikiyatrik destek arayışı bulunmaktaydı. Özellikle duygudurum bozuklukları (örneğin majör depresyon), psikotik bozukluklar (şizofreni gibi), nörolojik hastalıklar veya bilişsel işlevleri etkileyen başka tıbbi durumları olan bireyler örneklem dışı bırakılmıştır. Bu sayede çalışmanın yalnızca beden algısı odaklı sıkıntılara sahip bireyler üzerinde yoğunlaşması sağlanmıştır.

Katılımcıların sosyodemografik özellikleri (yaş, cinsiyet, eğitim düzeyi, medeni durum, ikamet yeri vb.) ile birlikte beden kitle indeksi (VKİ), öznel beden algısı, iştah düzeyi, toplumsal ilişkilerindeki sorunlar ve özsaygı düzeyleri değerlendirilmiştir. Rosenberg Özsaygı Ölçeği Kısa Formu (RSES) kullanılarak bireylerin kendilik değerleri ölçülmüş, beden algısı ise 3 puanlık Likert tipi öznel değerlendirme ölçeği ile analiz edilmiştir. Ayrıca bireylerin sosyal çevrelerinden aldıkları geri bildirimler ve bu geri bildirimlerin beden algısına etkileri de incelenmiştir.

Bulgular

Araştırmanın örnekleme büyük ölçüde kadınlardan oluşmaktadır (%94,6). Katılımcıların önemli bir bölümü kırsal kesimde yaşayan, düşük eğitim seviyesine sahip ve genellikle

çalışmayan evli kadınlardır. Bu kişilerin tamamı kırsal bölgelerde büyümüş ve neredeyse tamamı hâlen bu bölgelerde yaşamaktadır. Ortalama eğitim süresi 9,18 yıl, ortalama yaş 36,29 yıl olarak saptanmıştır. Ortalama VKİ ise 21,93'tür ve bu değer, Dünya Sağlık Örgütü'nün belirlediği normal aralıkta yer almaktadır. VKİ dağılımına bakıldığında, katılımcıların %13,5'i zayıf, %67,5'i normal, %19'u ise fazla kilolu kategorisindedir. Bu oranlar, bireylerin önemli bir kısmının objektif ölçütlerle "normal" kilo aralığında olmasına rağmen, kendilerini zayıf ve sağlıksız hissettiklerini göstermektedir. Katılımcıların %73'ü fiziksel durumlarını sağlıksız, %62'si ise estetik olarak yetersiz (çekici olmayan) olarak değerlendirmiştir. Dahası, %68'i eşlerinden, %51'i ise sosyal çevrelerinden (akraba, arkadaş, komşu vb.) zayıflıkları ile ilgili olumsuz geri bildirim aldıklarını ifade etmiştir. Bu sosyal geri bildirimler, bireylerin beden algısını doğrudan etkilemekte ve mevcut şikayetlerini pekiştirmektedir. Toplumdan gelen bu eleştiriler, bireylerin kendilerini damgalanmış hissetmelerine neden olabilmekte, bu da zamanla içselleştirilmiş bir beden memnuniyetsizliği doğurmaktadır. Bu süreç, psikolojide "öz-stigma" olarak adlandırılan, bireyin dışarıdan gelen olumsuz yargıları içselleştirerek kendilik algısını zedelemesi şeklinde tanımlanabilir. Yapılan korelasyon analizlerinde: VKİ, yaş ile pozitif korelasyon göstermiştir. Yani yaş arttıkça beden kitle indeksi de artmaktadır. Buna karşılık, VKİ ile eğitim süresi, beden algısı bozukluğu ve özsaygı puanı arasında negatif korelasyon tespit edilmiştir. Rosenberg Özsaygı Ölçeği puanları, VKİ, iştah düzeyi ve beden algısı bozukluğu ile anlamlı ilişkiler göstermektedir. Daha düşük VKİ'ye ve olumsuz beden algısına sahip bireylerde özsaygı da düşük bulunmuştur. Özsaygının yaşla birlikte artış gösterdiği saptanmıştır. Bu, yaş ilerledikçe bireylerin bedenlerine dair daha fazla kabul geliştirdiği, toplumsal beklentilerin etkisinden uzaklaştığı şeklinde yorumlanabilir. Eğitim süresi ile beden algısı bozukluğu arasında pozitif korelasyon saptanmıştır. Daha fazla eğitim almış bireylerde beden algısı bozulmalarının daha fazla olması, bu kişilerin daha yüksek sosyal standartlara maruz kalmaları veya daha fazla sosyal karşılaştırma yapmalarıyla ilişkilendirilebilir.

Tartışma

Elde edilen bulgular, geleneksel yeme bozukluğu tanımlarından farklı bir beden imajı problemiyle karşı karşıya olduğunu göstermektedir. Katılımcıların büyük bir bölümü objektif olarak normal kiloda olmalarına rağmen, kendilerini "fazla zayıf", "çekici olmayan" ya da "sağlıksız" olarak değerlendirmektedir. Bu bireylerde ideal beden algısı, daha dolgun, daha sağlıklı görünen bir vücut imajı ile özdeşleştirilmiştir. Özellikle kırsal bölgelerde yaşayan kadınlar arasında zayıflık, hastalık ya da güçsüzlük ile ilişkilendirilmektedir. Bu durum, DSM-5'te tanımlanan beden dismorfik bozukluk (BDD) kriterleriyle kısmen örtüşmektedir. Zira bireyler, dışarıdan bakıldığında fark edilmeyen ya da önemsiz görülen bir fiziksel özellik üzerinde yoğun takıntı geliştirmiştir. Ancak söz konusu olgu, kültürel bağlamdan bağımsız değerlendirildiğinde eksik ya da hatalı yorumlara yol açabilir. Ayrıca sosyal çevreden alınan olumsuz geri bildirimler, özellikle eşlerin eleştirileri, bu kadınların beden algısı üzerinde ciddi bir baskı oluşturmaktadır. Dolayısıyla toplumsal beklentiler ve kadın bedeni üzerindeki normatif söylemler, bireyin ruhsal sağlığını doğrudan etkilemektedir.

Sonuç ve Öneriler

Bu çalışma, kırsal bölgelerde yaşayan, düşük eğitilmiş ve gelir düzeyine sahip kadınlar arasında, zayıf görünme algısıyla gelişen psikolojik sıkıntıların önemli bir sorun olduğunu ortaya koymuştur. Beden imajı ile ilgili sorunlar yalnızca Batı kültürlerine özgü değildir; farklı sosyokültürel bağlamlarda farklı şekillerde tezahür edebilir. Ruh sağlığı uzmanlarının, beden algısı ile ilgili değerlendirmelerinde bireylerin yaşadığı kültürel çevreyi göz önünde bulundurmaları son derece önemlidir. Terapi süreçlerinde bireylerin özsaygısını artırmaya, toplumsal baskılarla baş etme becerilerini geliştirmeye ve beden çeşitliliğini kabullenmeye yönelik müdahaleler etkili olabilir. Toplumsal düzeyde ise kilo temelli damgalamayı azaltmak,

farklı beden tiplerinin kabulünü teşvik etmek ve alternatif güzellik normlarını desteklemek amacıyla farkındalık kampanyaları düzenlenmelidir.

Çalışmanın Sınırlılıkları ve Gelecek Araştırmalar

Bu araştırma küçük bir örnekleme, yalnızca bir merkezde ve geriye dönük bir tasarım ile yapılmıştır. Ayrıca kontrol grubu bulunmaması ve eş tanıların dışlanması, sonuçların genellenebilirliğini sınırlamaktadır. Gelecekte daha büyük örneklerle, çok merkezli, hem nicel hem de nitel yöntemleri birleştiren çalışmalar yapılması önerilmektedir. Özellikle bireylerin yaşadıkları kültürel baskılar, toplumsal normlar ve içselleştirilmiş beden algıları hakkında derinlemesine görüşmeler yapılması, bu özgün fenomenin daha iyi anlaşılmasına katkı sağlayacaktır.