



# Development and validation of the Body and Appearance Self-Conscious Emotions Scale (BASES)

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## ABSTRACT

The purpose of these studies was to develop a psychometrically sound measure of shame, guilt, authentic pride, and hubristic pride for use in body and appearance contexts. In Study 1, 41 potential items were developed and assessed for item quality and comprehension. In Study 2, a panel of experts ( $N = 8$ ;  $M = 11$ ,  $SD = 6.5$  years of experience) reviewed the scale and items for evidence of content validity. Participants in Study 3 ( $n = 135$  males,  $n = 300$  females) completed the BASES and various body image, personality, and emotion scales. A separate sample ( $n = 155$ ; 35.5% male) in Study 3 completed the BASES twice using a two-week time interval. The BASES subscale scores demonstrated evidence for internal consistency, item-total correlations, concurrent, convergent, incremental, and discriminant validity, and 2-week test-retest reliability. The 4-factor solution was a good fit in confirmatory factor analysis, reflecting body-related shame, guilt, authentic and hubristic pride subscales of the BASES. The development and validation of the BASES may help advance body image and self-conscious emotion research by providing a foundation to examine the unique antecedents and outcomes of these specific emotional experiences.

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## Introduction

Over 70% of older adolescents and 80% of adults report negative emotions and dissatisfaction with their body size, shape, and appearance (Dohnt & Tiggemann, 2005; Neighbors & Sobal, 2007). Prevalence of negative body-related emotions has incited many researchers to examine the cognitive and behavioral antecedents and outcomes of negative body-related emotional experiences specific to body anxiety (Martin, Rejeski, Leary, McAuley, & Bane, 1997; Sabiston, Sedwick, Crocker, Kowalski, & Mack, 2007) or negative affect (Hrabosky et al., 2009; Zajac & Katarzyna, 2011). Nonetheless, negative body-related emotional experiences are likely represented as a range of emotions such as shame and guilt that may have unique symptomatology and maladaptive behavioral outcomes compared to anxiety and negative affect (Fleming et al., 2006; Sabiston et al., 2007).

The central focus on negative body-related emotions has been undertaken at the expense of understanding the role of the more

positive emotional experiences (Frith & Gleeson, 2008; Sabiston, Brunet, Kowalski, Wilson, Mack, & Crocker, 2010; Silva, 2009). The limited focus on positive emotion is surprising since most women and men can identify physical attributes that they appraise as positive (Avalos, Tylka, & Wood-Barcalow, 2005) and may report appreciation for their bodies (Swami, Hadji-Michael, & Furnham, 2008). Targeting positive emotional experiences may be central to understanding optimal functioning, growth, and development (McCraty & Tomasi, 2006). As such, advancing body image research and theory by studying the array of possible body-related emotional experiences and their respective unique psychological, physical, and behavioral outcomes is warranted. However, investigating these specific emotions requires the development and use of valid and reliable scale scores of a measurement tool designed to effectively capture both positive and negative body and appearance-related self-conscious emotional experiences. This study attempts to fill this knowledge gap by developing a self-report measure of body and appearance-related shame, guilt, and pride.

## Body-Related Shame, Guilt, and Pride

Shame, guilt, and pride are considered self-conscious emotions that are evoked by self-reflection and self-evaluation (Tangney & Tracy, 2012). It has been argued that these emotions play a

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central role in motivating and regulating people's thoughts, feelings, and actions (Fischer & Tangney, 1995). Body-related shame is an acutely painful emotion that individuals experience when they fail to meet internalized social standards, with a focus on stable, uncontrollable, and deeply rooted global causes (e.g., "I am an ugly person"; Sabiston et al., 2010; Tracy & Robins, 2004). Despite being traditionally viewed as a public emotion (e.g., Buss, 1980), shame can occur in response to both public or private elicitors (Tangney, Miller, Flicker, & Barlow, 1996), yet it is more commonly elicited in public contexts (Smith, Webster, Parrott, & Eyre, 2002). As shame is elicited in response to global failures of the self and results in motivations to escape or hide (e.g., avoiding being seen without make-up), it is a difficult emotion to alter (Tangney & Tracy, 2012). Therefore, shame in relation to the body has the potential to be a devastating painful experience. In fact, the pathological consequences of shame have been captured by self-objectification theory (Fredrickson & Roberts, 1997). This framework was developed to help position self-conscious emotions within the broader context of body image to help understand the potential deleterious mental and behavioral health outcomes of body-related shame. Essentially, body-related shame is recognized as a key emotional consequence and is thought to mediate the relationship between self-objectification (i.e., scrutinizing the body from an external perspective), body-monitoring (i.e., preoccupation with one's appearance) and maladaptive outcomes (i.e., depressive symptoms, disordered eating, sexual dysfunction; Calogero & Thompson, 2009; Chen & Russo, 2010; Conrads, Dierk, Schlumberger, Rauh, Hebebrand, & Rief, 2007; Jankauskiene & Pajaujiene, 2012; Tiggemann & Williams, 2012). Researchers have further identified psychological and behavioral correlates of body-related shame (e.g., social physique anxiety, global self/body-esteem; Conrads et al., 2007; Thompson, Dinnel, & Dill, 2003).

Body-related guilt occurs in response to internal, unstable, uncontrollable, and specific attributions of failure (e.g., "I didn't eat properly for two months and gained weight"; Sabiston et al., 2010; Tracy & Robins, 2004) and involves a sense of tension, remorse, and regret. Although guilt was traditionally viewed as a private emotion (e.g., Buss, 1980), it can be activated by public or private self-representations (Tangney et al., 1996). Researchers have applied the self-objectification theoretical framework to guilt (Burney & Irwin, 2000; Calogero & Pina, 2011). Because guilt arises in response to a specific behavior, and not the person as a whole, this emotion is typically less painful than shame and may motivate reparative action in attempt to fix the "bad behavior" (e.g., going on a diet after eating too much; Conrads et al., 2007; Sabiston et al., 2010). Consistent with this notion, and generalized self-conscious emotion research, body-related guilt has been implicated in psychopathology characterized by increased depressive symptoms, social physique anxiety, eating disorder symptomatology and decreased self-esteem (Burney & Irwin, 2000; Calogero & Pina, 2011; Conrads et al., 2007; Thompson et al., 2003). Yet, when shame and guilt feelings are statistically separated (i.e., using partial correlations or regression analysis), shame-free guilt has not been correlated with psychopathology indicators (e.g., depression; Conrads et al., 2007; Kim, Thibodeau, & Jorgensen, 2011) and positively associated with pro-social behaviors (healthy physical activity; Sabiston et al., 2010). For instance, Calogero, Boroughs, and Thompson (2007) reported moderate correlations between body-related guilt and depressive symptoms and self-esteem among older adolescents and adults, yet partial correlations (i.e., shame-free guilt) were unrelated to these variables. Indeed, it is likely that guilt becomes maladaptive when it merges with shame (Tangney & Tracy, 2012).

Pride is conceptualized as a positive emotion that results from an individual engaging in valued behaviors or presenting with positive characteristics (e.g., being attractive; Fischer & Tangney, 1995; Tracy & Robins, 2007). Two facets of pride have been

consistently identified in the generalized and body-specific literature: authentic and hubristic pride. Like shame and guilt, the triggers and causal attributions distinguish the two facets. Body-related authentic pride is focused on specific, controllable achievements and behaviors (e.g., "I am satisfied with *eating healthy* to maintain my weight"), whereas body-related hubristic pride is experienced as uncontrollable and global aspects of the self (e.g., "I have a great body") typically involving feelings of personal grandiosity and superiority to others (Castonguay, Gilchrist, Mack, & Sabiston, 2013; Tracy & Robins, 2007). Authentic and hubristic pride may also be distinguished in terms of psychological and behavioral correlates. Generalized and body-related authentic pride has been linked to feelings of achievement (e.g., successful, ability), increased self-esteem, adaptive personality factors, and motivation to engage in goal-directed behavior (Carver, Sinclair, & Johnson, 2010; Castonguay et al., 2013; Sabiston et al., 2010; Tracy & Robins, 2007; Williams & DeSteno, 2008). In contrast, hubristic pride has been associated with narcissistic self-aggrandizement (e.g., self-centered, arrogant) and both maladaptive and adaptive functions (e.g., increased and decreased self-esteem, poor dyadic adjustment; Carver et al., 2010; Castonguay et al., 2013; Tracy & Robins, 2007). This recent understanding of the distinction between authentic and hubristic pride has been accomplished with little regard to understanding pride specific to the body (Tangney & Tracy, 2012). Although empirical support has begun to accumulate for contextualized self-conscious emotions, relatively little is known about these emotions, and in particular body-related guilt and pride (authentic and hubristic facets). What is currently understood about the extent to which individuals experience self-conscious body-related emotions and their antecedents and consequences are limited by the current conceptualization of these emotions and associated measures.

### Measurement of Body-Related Shame, Guilt, and Pride

To date, a few published scales have been developed to assess constructs of body-related self-conscious emotions, yet they have been predominantly limited to emotions of shame and guilt. Such scales include: (a) the Shame and Guilt Eating Scale (SG; Frank, 1990); (b) the Body Image Guilt and Shame Scale (BIGGS; Thompson et al., 2003); (c) the Objectified Body Consciousness Scale (OBCS; McKinley & Hyde, 1996); (d) the Weight and Body-Related Shame and Guilt Scale (WEB-SG; Conrads et al., 2007); and (e) the Experience of Shame scale (ESS; Andrews, Mingyi, & Valentine, 2002). While these instruments have utility for elucidating the consequences of self-conscious emotional experiences linked to the body/appearance, there are limitations. First, many of the existing scales (e.g., SG, ESS, WEB-SG) integrate behavioral components such as eating or exercise behavior in the scale items. Including behavioral components within scale items may lead to item overlap with measures intended to predict behavioral antecedents and outcomes of the specific emotion, which is likely to inflate the relationships under investigation (Spector & Brannick, 2009). Second, some of the shame items may be confounded with phenomenological ratings of embarrassment – a distinct emotion from shame (e.g., "the appearance of my body is embarrassing for me in front of others"; WEB-SG). Third, the current conceptualization of body shame and guilt do not capture many factors (e.g., skin tone, hair texture, facial features) given the narrow focus on body weight of existing measures (e.g., BIGGS, WEB-SG; Moradi, 2010; Moradi & Huang, 2008), limiting its application with men and women who are not sensitive to this aspect of appearance. Instruments with more globally worded items may more fully represent the content and may help to better understand the full extent of these emotional experiences. Fifth, the strong concentration on weight-focused items introduces issues with invariance (OBCS; Chen &

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