

Body-image thought processes: The development and initial validation of the Assessment of Body-Image Cognitive Distortions[☆]

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Abstract

No measures exist that specifically assess cognitive distortions related to body image per se, despite their theoretical and clinical significance. Most cognitive-distortion scales pertain to depression, anxiety, or eating disorders. Accordingly, the 37-item Assessment of Body-Image Cognitive Distortions (ABCD) was developed and validated in this study with a sample of 263 college women. The ABCD samples eight types of distorted thinking related to how persons process information about their physical appearance. Two 18-item parallel forms of the unidimensional measure were also constructed. All forms were highly internally consistent and relatively free from socially desirable responding. Convergent validity for all ABCD forms was established using several standardized measures of body image and eating attitudes. Multiple regression analysis showed that the ABCD was predictable from body-image evaluation, investment, and overweight preoccupation. The ABCD uniquely predicted body-image quality of life and disturbed eating attitudes above and beyond other body-image predictors. Heavier women and White women were more prone to body-image cognitive distortions than were thinner women and Black women. Finally, limitations of this preliminary study, directions for future research, and clinical implications are discussed.

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Introduction

Body image refers to persons' perceptions and attitudes regarding their physical appearance (Cash & Pruzinsky, 2002; Thompson, Heinberg, Altabe, & Tantleff-Dunn, 1999). Two basic attitudinal elements of body image are *evaluation* and *investment* (Cash, 2002a). Evaluation refers to the self-appraisal of one's

appearance, which entails body-image satisfaction or dissatisfaction in relation to one's internalized physical ideals. Investment refers to the cognitive and behavioral importance placed on one's appearance, including appearance-related self-schemas. As defined by Markus (1977), self-schemas refer to "cognitive generalizations about the self, derived from past experience, that organize and guide the processing of self-related information contained in an individual's social experience" (p. 64). In the context of body image, self-schemas "reflect one's core, affect-laden assumptions or beliefs about the importance and influence of one's appearance in life, including the centrality of appearance to one's sense of self" (Cash, 2002a, p. 42). Cash,

[☆] The Assessment of Body-Image Cognitive Distortions is available from the second author's web site at: www.body-images.com.

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Melnyk, and Hrabosky (2004) developed the Appearance Schemas Inventory-Revised that assesses the evaluative salience and motivational salience of one's physical appearance. The former refers to the psychological importance placed on one's appearance for one's self-worth, and the latter refers to the importance of appearance management and looking attractive.

Appearance self-schemas are actively triggered by certain internal or environmental events and cues. Because highly schematic people are disproportionately invested in their appearance, they process these cues and other contextual events differently than individuals who are less schematic (e.g., Cash, Melnyk, et al., 2004; Hargreaves & Tiggemann, 2002, 2004; Labarge, Cash, & Brown, 1998; Watkins, Martin, Muller, & Day, 1995; Williamson, Stewart, White, & York-Crowe, 2002). They attend to, encode, retrieve, recall, and interpret information in keeping with their psychologically important body-related concerns. This in turn perpetuates the dysfunction further and reinforces continued erroneous information processing.

Implicit in the discussion of appearance schematicity and erroneous information processing is the notion of cognitive distortions. Prominent cognitive theorists such as Beck (e.g., Beck, Rush, Shaw, & Emery, 1979), Ellis (e.g., Dryden & Ellis, 2001), and Leahy (1996) have outlined thinking errors or cognitive distortions related to various emotional disorders. Such distortions include catastrophizing, arbitrary inference, dichotomous thinking, "shoulds," magnification/minimization, personalizing, etc. Some research concerning cognitive biases or distortions related to body image has been done in the field of eating disorders (Lee & Shafran, 2004; Williamson et al., 2002). According to Fairburn (1985), Vitousek (1996), and others, cognitive dysfunctions are core bases for developing eating disorders, as these individuals have strong and inflexible beliefs about food and weight control and their self-esteem is based excessively on the weight, shape, and size of their bodies (Cooper & Fairburn, 1992; Pike, Devlin, & Loeb, 2004) and on approval from others and from what they can achieve in life (Mizes, 1985). In the patients' view, others would approve of them only if they are slim. Lee and Shafran's (2004) empirical review of information processing and eating pathology concluded that these disorders are similar to other emotional disorders in that they may be predisposed, precipitated, and perpetuated by cognitive biases.

Cognitive processing models for body dysmorphic disorder (BDD; Olivardia, 2004; Veale, 2004; Wilhelm & Neziroglu, 2002) propose that people with BDD have maladaptive beliefs and faulty interpretations related to

appearance, which influence attention and memory processes. BDD patients perceive that they have physical "defects" that others either do not see or regard as minimal and unimportant. Their negative body-image evaluations and overvaluation of appearance for self-worth gives rise to chronic self-scrutiny, distorted self-perceptions, and faulty interpersonal inferences. Their dysfunctional thought processes are rigid and inflexible and foster a range of compulsive and avoidant behaviors to reduce anxiety and self-consciousness.

Few measures have been developed to assess cognitive biases or distortions related to body image per se. Cash, Muth, Williams, and Rieves (1996) developed a 63-item self-report questionnaire called the Body-Image Cognitive Distortions Questionnaire (BCDQ). In a convenience sample of 276 college women and men, the BCDQ correlated positively with less favorable evaluations of appearance, more dysfunctional appearance schemas, stronger cognitive-behavioral appearance investment, greater overweight preoccupation, and more frequent body-image dysphoria. Moreover, body-image distortions were related to greater social-evaluative anxiety and poorer social self-esteem. Using this preliminary, unpublished measure to construct a cognitive distortions self-test in his *Body Image Workbook*, Cash (1997) identified eight types of cognitive distortions pertinent to body-image cognitions: (1) the Beauty-or-Beast distortion refers to polarized thinking. (2) Unfair-to-Compare entails biased comparisons with one's own ideal, media images, and actual people. (3) The Magnifying Glass refers to selective attention placed on a disliked feature of one's appearance. (4) The Blame Game involves conclusions that some aspect of one's appearance is the cause of past injustices in life. (5) Mind Misreading entails projecting one's negative body-image thoughts into somebody else's presumed thoughts. (6) Misfortune Telling consists of predictions that one's appearance will adversely affect his/her future. (7) Beauty Bound involves concluding that one cannot do certain things because of one's looks. (8) Moody Mirror entails a negative mood state that generalizes to feelings about one's appearance.

Derived from the BCDQ, a refined measure was developed and validated in this study—the Assessment of Body-Image Cognitive Distortions (ABCD). We began with five items for each of the above eight body-image cognitive distortions. Following item analyses, we evaluated its factor structure, internal consistency, and convergent and discriminant validity. We tested hypotheses to determine the ABCD's validity vis-à-vis relevant measures of body image and eating pathology.

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