



Body checking and body image avoidance: Construct validity and norms for college women



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ABSTRACT

The current study explored the prevalence of body checking and body image avoidance behaviors in a large sample of undergraduate women ($N = 1011$). The factor structures of two relevant measures, the Body Checking Questionnaire and the Body Image Avoidance Questionnaire, were compared with factor structures proposed by the development studies. Subscales are described, and the influence of race on responses examined. Results suggest these scales are valid in White and African American samples with a modified factor structure. Findings can inform clinical and research use of these measures, although additional experimental research is needed.

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1. Introduction

Body checking and body image avoidance are important behaviors in the cognitive-behavioral conceptualization of threshold and subthreshold eating disorders (Latner, Mond, Vallance, Gleaves, & Buckett, 2012; Shafran, Lee, Payne, & Fairburn, 2007). Learning theory views the origin of body dissatisfaction as a pattern of avoidance and preoccupation (e.g., McAllister & McAllister, 1995), with attention to specific stimuli filtered by emotions (Easterbrook, 1959). Similar to how compulsions can distance individuals from emotions in obsessive-compulsive disorder (American Psychiatric Association, 2004), repeated body checking is a way for individuals to regulate their emotions. Body checking regulates emotions negatively by confirming the viewer's fears that her shape is larger than desired, or positively by attenuating fears that her shape has not become larger (de Berardis et al., 2007). Body image avoidance might similarly provide temporary relief; however, over time and without the ability to have fears disconfirmed, anxiety can intensify (Salkovskis, Clark, & Hackmann, 1991).

1.1. Body checking

Examples of body checking behaviors include obsessive grooming or frequently seeking out mirrors to check physical appearance and shape changes (Reas & Grilo, 2004). Individuals can also pinch flesh, attempt to feel bones, use particular clothes to measure changes in body shape, or measure the distance between their thighs (de Berardis et al., 2007; Reas, Whisenhunt, Netemeyer, & Williamson, 2002). Body checking is a visual and proprioceptive form of attention toward the body, which increases attention to imperfections or flaws (de Berardis et al., 2007). It appears to be related to body dissatisfaction among many women, not just those with threshold eating disorders. In one study, body checking behaviors were significantly associated with dietary restraint, and avoidance behaviors were significantly associated with binge eating (Reas, Grilo, Masheb, & Wilson, 2005). This suggests that body checking might serve to reinforce the dissatisfaction that maintains dietary restraint.

1.2. Body avoidance

Body image avoidance often accompanies body checking in threshold and subthreshold eating disorders. Clinical and community samples have reported body avoidance (Reas et al., 2002). Escape theory of binge eating proposes that this behavior serves as a means to escape self-awareness when such awareness is aversive due to personal high standards or perceived negative evaluation by others (Heatherton & Baumeister, 1991). Avoidance of seeing or displaying the body fits with this conceptualization. Specifically, avoidance of seeing the body escapes awareness of body image, and avoidance of

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displaying the body escapes evaluation by others. Further, when individuals are trained to avoid body-related words, they display heightened body dissatisfaction compared with baseline levels and with participants not trained to avoid (Engel et al., 2006). Body image avoidance might be particularly relevant for community populations; in one study, 25% of controls reported engaging in body avoidance behaviors, despite being significantly less likely than clinical participants to engage in those behaviors (Shafraan, Fairburn, Robinson, & Lask, 2004).

1.3. Norms

Body checking and avoidance are understudied in college samples. Nonetheless, there are serious co-morbidities to these behaviors, including lower health-related quality of life (Latner et al., 2012) and eating disorder psychopathology (Reas et al., 2005), particularly bulimic symptoms (Haase, Mountford, & Waller, 2011). Body avoidance is similarly associated with eating disorder psychopathology (Rosen, Srebnik, Saltzberg, & Wendt, 1991), particularly binge eating (Reas et al., 2005). While body checking and body image avoidance occur in both clinical and community populations (Reas et al., 2002; Shafraan et al., 2004), evaluation of the severity of these behaviors can be better informed by comparison with a normative sample.

2. Method

Participants were recruited from a department-administered secure online research pool, and chose to participate in this study among several options to fulfill a class research requirement. Participants ($N = 1011$) completed self-report questionnaires online. To be eligible, individuals had to be female and between 18 and 25. Participants identified as White ($n = 534$, 52.82%), Black ($n = 260$, 25.72%), Asian ($n = 140$, 13.85%), Hispanic or Latino ($n = 84$, 8.31%), American Indian ($n = 16$, 1.58%), or Other ($n = 43$, 4.25%); 83 individuals identified as multiracial (8.21%). These demographics are reflective of the racial/ethnic diversity in the student population at the university where this study was conducted ($N = 22,202$; White, 52.40%, Black, 19.03%, Asian, 11.71%, Hispanic or Latino, 6.36%, American Indian, 0.43%, or multiracial 3.85%). However, these demographics differ from those in the National College Health Assessment (American College Health Association, 2013; $N = 28,237$; White, 71.0%, Asian, 11.2%, Hispanic or Latino, 11.2%, Black, 6.3%, American Indian, 1.9%, or multiracial 4.0%). Specifically, our sample has a greater proportion of Black students and lower proportion of White students; consequently, in Results, we provide norms and construct validity of the BCQ and BIAQ for both of these racial samples.

2.1. Measures

The Body Checking Questionnaire (BCQ) is a 23-item survey in which participants report these behaviors (Reas et al., 2002). The BCQ is temporally stable ($r = 0.94$) and yields internally consistent scores (Cronbach's $\alpha = 0.83$ to 0.92; current study $\alpha = 0.94$). The BCQ has also shown evidence of criterion validity with participants with threshold eating disorders (82.1 ± 18) scoring significantly higher than healthy controls (56.0 ± 16). The Body Image Avoidance Questionnaire (BIAQ) is a 19-item measure of body image avoidance behaviors (Rosen et al., 1991). This scale yielded internally consistent scores (Cronbach's $\alpha = 0.89$; current study $\alpha = 0.81$) and demonstrated two-week temporal stability ($r = 0.87$).

2.2. Data analysis

SPSS (IBM SPSS Inc., 2010) and Mplus (Muthén & Muthén, 2007) were used for all analyses. Independent samples t -tests examined differences between current scores and previously published data. Factor structure was initially examined with exploratory factor analyses

(EFA), and then reassessed with confirmatory factor analyses (CFA); models used maximum-likelihood estimation and direct oblimin rotation. The initial development studies used principal components analysis, which is appropriate when selecting a smaller number of items from a large item pool (Tabachnick & Fidell, 2007). We used a maximum likelihood extraction for consistency between the EFA and CFA, and because our goal was to investigate construct validity, not item reduction. Model fit was based on root mean squared error of approximation (RMSEA), comparative fit index (CFI), and Tucker-Lewis Index (TLI). RMSEA less than .08, and CFI and TLI greater than .90, indicate that data adequately fit the model (Browne & Cudeck, 1993; Schermelleh-Engel, Moosbrugger, & Müller, 2003). Prior to factor analyses, the sample was randomly split in half for cross-validation. Racial differences were examined using one-way analysis of variance (ANOVA).

3. Results

3.1. Descriptive statistics

Average total scores were 52.14 ($SD = 17.95$) on the BCQ and 26.18 ($SD = 10.84$) on the BIAQ. Average total scores among Black women were 47.04 ($SD = 15.25$) on the BCQ and 23.58 ($SD = 10.44$) on the BIAQ. Average total scores among White women were 53.59 ($SD = 18.14$) on the BCQ and 26.72 ($SD = 10.64$) on the BIAQ. Percentile scores calculated from these means can indicate individuals' body checking and avoidance severity compared with that of typical college women. A score of 64 on the BCQ indicates severity greater than the 75th percentile (overall; 57 for Black women; 66 for White women), while a score of 82 indicates greater than the 95th percentile (overall; Black = 72; White = 84). A score of 34 on the BIAQ is greater than the 75th percentile (overall; Black = 31; White = 34) and a score of 45 is greater than the 95th percentile (overall; Black = 41; White = 45). This study's BCQ, $t_{(1130)} = 2.48$, $p = .01$, and BIAQ, $t_{(1320)} = 7.29$, $p < .001$, scores were significantly lower than the average total score of college students in the development samples.

3.2. Exploratory factor analyses

The EFA for the BCQ yielded three factors with eigenvalues greater than one, accounting for 57.55% of total variance (Table 1). These three subscales differed from the original subscales (Reas et al., 2002). One factor described body checking behavior related to feeling the body for fat (e.g., "I rub or touch my thighs while sitting to check for fatness"). A second factor appeared to describe body checking to reassure that the body has not become larger (e.g., "I check the diameter of my legs to make sure they are the same size as before"). A third factor appeared to describe body checking to achieve a thin ideal (e.g., "I compare myself to models on TV or magazines"). The subscales yielded internally consistent scores; Feeling for Fat, $\alpha = .91$, Reassurance, $\alpha = .87$, Thin Ideal, $\alpha = .83$.

For the BIAQ EFA, we initially applied the eigenvalue rule (Tabachnick & Fidell, 2007); however, this led to subscales with two or fewer items. Therefore, we constrained the number of factors so that each had three items or greater. This analysis yielded a two factor model, accounting for 48.70% of total variance (Table 2). This model differed somewhat from the original subscales (Rosen et al., 1991). The first factor described exposure discomfort (e.g., "I wear clothes that will divert attention from my weight"). The second factor described social discomfort (e.g., "I do not go out socially if I will be 'checked out'"). Both subscales yielded internally consistent scores; Exposure, $\alpha = .81$, Social, $\alpha = .83$.

3.3. Confirmatory factor analyses

BCQ data were a good fit for the three-factor model derived from the EFA, superior to the original factor structure. In this study's sample, the

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