Body avoidance and body checking in clinical eating disorder and non-clinical subjects

M. Probst, J. Monthuy-Blanc, J. Vanderlinden.

Faculty of Kinesiology and Rehabilitation Sciences, K.U.Leuven, & University Psychiatric Centre- K.U.Leuven, Campus Kortenberg, Belgium

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Body experience

cognitions → perception

perception → emotions

emotions → Behaviour
Definitions

- **Body avoidance** implies refusing to look at your body, to look in mirrors, to avoid being the center of attention.

- **Body checking** is defined as constantly examining or judging specific body parts, their shape or weight change (in the mirror).
Spiegeltje spiegeltje aan de wand.........

Day 4 89/92
Goals of the study

1. Body-avoidance and body-checking behaviors in participants with a clinical eating disorder compared to non-clinical participants: Psychometric properties.

2. The progression of body avoidance and body checking behaviors during an inpatient treatment for eating disorders: A pilot study.
The Body Image Avoidance Questionnaire (BIAQ)  Rosen et al 1991

• 19 items on avoidance of situations that provoke concerns about physical appearance, such as avoiding tight-fitting clothes, social situations and physical intimacy.

• 6-point scale (0 = never; 5 = always).

• The BIAQ has adequate internal consistency ($\alpha = .89$) and test-retest reliability ($r = .87$, $p < .0001$).

• Psychometric properties in French, German and Italian versions.

• For ease of comparison, the Dutch version used a 5-point Likert scale (1 = never; 5 = always). Higher scores reflect greater frequencies of avoidance behavior. Possible scores range from 19 to 95.
The Body Checking Questionnaire (BCQ)

- 23-item self-report inventory that assesses behaviors related to overall appearance, specific body parts and idiosyncratic body checking.

- a 5-point scale (1 = never; 5 = very often).

- test-retest reliability ($r = .94, p < .01$) & internal consistency ($\alpha = .88$).

- Higher scores reflect greater frequencies of checking behaviors. Possible scores range from 23 to 115.

- Psychometric properties have also been tested in Italian version.

Reas et al, 2002
The Body Checking Cognitions Scale (BCCS) Mountford et al. 2006

• 19-item inventory that measures cognitions associated with body checking behaviors,
• 5-point Likert scale (1 = never; 5 = very often). Higher scores indicate a greater level of those cognitions.
• 4 subscales:
  – objective verification (i.e., beliefs that body checking assists in accurately knowing one’s weight or shape);
  – reassurance (i.e., beliefs that body checking will provide reassurance about one’s body);
  – safety beliefs (i.e., beliefs about negative consequences if one does not engage in body checking behaviors);
  – body control (i.e., beliefs that body checking controls dietary intake and weight gain).
• good reliability and validity, as well as accuracy distinguishing between eating-disordered and non-eating disordered women.
Study 1

• a Flemish clinical eating disorder group (N=66)
  – Anorexia nervosa (n = 41)
  – Bulimia nervosa (n = 25)
  Age  22.64(0.78) versus 22.06(6.36)
  AN and BN differed only in BMI: 15.1 (± 1.6) versus 21.0 (± 3.5).
  The average duration of illness was 5.2 years (± 5.9).

• a non-clinical group:
  – Women (n = 629) versus men (n= 259)
  – BMI (kg/m²)  21.1(2.6) versus 22.1(2.5)
  – Age: 20.9 (2.5) versus 21.3(2.1)
## Results Study 1: Convergent validity

<table>
<thead>
<tr>
<th>Eating Dis/Non-clinical S.</th>
<th>BIAQ</th>
<th>BCQ</th>
<th>BCCS</th>
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<tbody>
<tr>
<td>BIAQ</td>
<td></td>
<td>.49</td>
<td>.40</td>
</tr>
<tr>
<td>BCQ</td>
<td>.51</td>
<td></td>
<td>.81</td>
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<tr>
<td>BCCS</td>
<td>.41</td>
<td>.63</td>
<td>All, p&lt;0.01</td>
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## Alpha Cronbach

<table>
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<th>Women</th>
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<th>AN</th>
<th>BN</th>
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<td>.83</td>
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<tr>
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<td>.90</td>
<td>.95</td>
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<tr>
<td>BCCS</td>
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<td>.91</td>
<td>.93</td>
<td>.92</td>
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</tbody>
</table>
Discriminant validity [between groups comparison]

- **Women > men**
  - BIAQ: 41.6 (6.2) versus 39.6 (6.8)
  - BCQ: 64.7 (20.6) versus 40.3 (10.7)

- **Eating disorders > women**
  - BIAQ: 57.5 (11.8) versus 41.6 (6.2)
  - BCQ: 64.7 (20.6) versus 40.3 (10.7)
  - BCCS: 52.5 (15.1) versus 36.3 (11.4)

- **BN > AN (except Body avoidance)**
  - BCQ: 58.4 (18.6) versus 75.0 (19.8)
  - BCCS: 58.4 (16.1) versus 48.9 (13.4)
Study 2

- 12 patients filled in the questionnaires at four time points during their treatment.

- At baseline and at 2, 4 and 6 months from baseline

- The mean age was 25.3 years (± 9.04) and
- The illness duration was 6.3 years (± 7.2; range 0.5-25.0).
- The body mass index (BMI) was 16.3 (± 2.1).
Treatment programme

- The *inpatient treatment* is diverse and multidimensional, containing cognitive, behavioural and interactional components. This small group approach can be characterised as highly structured and confrontational, including:
  - a *behavioural contract regarding weight restoration* and eating habit normalisation
  - *group psychotherapy*
  - *body-oriented therapy* such as video-confrontation, relaxation training, mirror exercise, dance-movement therapy, body and sensory awareness,
  - parental counselling and routine *family* or couple therapy sessions
  - a maximum stay of 6 months. The use of psychotropic drugs is not an integral part of this programme.
Discussion & Conclusion

• Three international accepted questionnaires

• The psychometric properties of the Dutch version are adequate in both clinical and non-clinical populations.

• The study illuminates the behavioural components of the body experience construct.
Discussion & Conclusion

• This pilot study (N=12)

• Body-avoidance decreased significantly in the first phase of the treatment.

• Body-checking behaviours decreased significantly during the treatment but less pronounced than body-avoidance behaviour.

• Body-checking cognitions did not change or differ to previous subcomponent of bodily experience in sensitivity to change
“Searching for Utopia” (Jan Fabre)

Thank you for your attention!

For more information:
Michel.probst@faber.kuleuven.be