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Brief research report

A novel assessment of behaviors associated with body dissatisfaction and disordered eating

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ARTICLE INFO

Article history:

Received 26 September 2007

Received in revised form 28 April 2008

Accepted 29 April 2008

Keywords:

Assessment

Unmatched count

Body dissatisfaction

Disordered eating

ABSTRACT

The purpose of the present study was to compare response rates to questions assessing behaviors associated with body dissatisfaction and disordered eating on a standard self-report questionnaire that was nominally anonymous to an unmatched count questionnaire that allowed for true response anonymity. Five hundred sixty-seven undergraduate students were asked about disordered eating and body image-related behaviors using one of two response formats; either a conventional true–false questionnaire or an unmatched count questionnaire that did not require participants to directly respond to any sensitive questions. Both men and women had significantly different rates of endorsement between the two methods of assessment on the majority of the questions, suggesting that degree of anonymity and format of response may affect endorsements of these potentially sensitive topics. These results contribute to the existing literature highlighting the necessity of understanding self-report bias in determining accurate rates of sensitive behaviors.

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Introduction

Research suggests that the method of assessment affects endorsement rates of disordered eating and related attitudes. Studies examining the apparent self-report bias that occurs in eating disorder assessments have consistently reported higher rates of eating pathology found via questionnaires as compared to interviews (Fairburn & Beglin, 1994; Keel, Crow, Davis, & Mitchell, 2002). One theory for why this discrepancy exists implicates social desirability and emotions such as shame, suggesting that participants alter their responses in particular assessment formats so that others will perceive them more favorably (Richman, Kiesler, Weisb, & Drasgow, 1999; Vitousek, Daly, & Heiser, 1991). Respondents may be motivated to deny or minimize specific attitudes or behaviors, particularly when the topic is of a highly sensitive nature (Catania, Gibson, Chitwood, & Coates, 1990; Rayburn, Earleywine, &

Davison, 2003). Researchers have therefore proposed that assessment formats associated with greater anonymity may yield more candid responses (Anderson, Simmons, Milnes, & Earleywine, 2007; French et al., 1998; Keel et al., 2002).

Given research suggesting that eating disorder assessments are influenced by response format and anonymity, assessments of behaviors associated with body dissatisfaction may be subject to a similar bias. In studies comparing responses on the questionnaire and interview versions of the Eating Disorder Examination (EDE; Fairburn & Beglin, 1994; Fairburn & Cooper, 1993), significant differences in body shape concerns have emerged, providing preliminary evidence for the influence of response format. However, despite the role that body dissatisfaction often plays in the etiology of disordered eating (Cafri et al., 2005; Stice, 1999), body image concerns and related behaviors occur independently of eating disorders and have a higher frequency in the general population (Sarwer, Thompson, & Cash, 2005). Additionally, although body image has traditionally been viewed as a “women’s issue,” a

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growing body of research suggests that a substantial proportion of men experience body dissatisfaction (Olivardia, 2001). While these concerns may be considered normative among women (Rodin, Silberstein, & Striegel-Moore, 1985) and increasingly normative among men, many of the associated behaviors are still potentially sensitive. Studies also suggest that body dissatisfaction is associated with depression and lower self-esteem (McCreary & Sasse, 2000; Stice, Hayward, Cameron, Killen, & Taylor, 2000), as well as potentially harmful behaviors including extreme dieting, excessive exercise (Ricciardelli & McCabe, 2004; Stice, 2001), and anabolic steroid use (Blouin & Goldfield, 1995).

The purpose of the present study was to replicate the existing literature examining effects of response format and anonymity on endorsements of eating disordered behaviors and to extend the literature by examining these effects on endorsements of behaviors associated with body dissatisfaction. Endorsement patterns on a conventional self-report measure were compared to endorsement patterns on an unmatched count questionnaire. Conventional self-report measures of nominal anonymity require that participants provide no identifying information (e.g., name) on their questionnaires. However, in many studies, participants are required to return their questionnaire to a research assistant who could conceivably look at the questionnaire and link their responses to their identify. In the unmatched count technique (UCT), individual items are grouped into sets composed of non-sensitive items and a critical item of interest. Participants indicate only how many items in a set are true and thus never endorse any item directly, guaranteeing complete response anonymity. This assessment procedure, which operates under the assumption that participants will be more likely to respond honestly when provided true response anonymity, is used to establish base rates of potentially sensitive behaviors (Anderson et al., 2007; Dalton, Wimbush, & Daily, 1994). In the present study, it was hypothesized that the conventional and unmatched count assessment methods would yield significantly different endorsement rates of eating disordered and body dissatisfaction-related behaviors, consistent with participants providing higher endorsement rates on the unmatched count questionnaire.

Method

Participants

Five hundred sixty-seven undergraduate students participated in this study for credit in an introductory-level psychology course. A total of 311 (54.9%) were women and 256 (45.1%) were men. The mean BMI for men was 24.31 ($SD = 3.99$) and the mean BMI for women was 23.38 ($SD = 4.22$). Participant ages ranged from 17 to 39 ($M = 19.12$, $SD = 1.83$). The ethnic breakdown of the sample was as follows: 69.8% Caucasian, 9.2% African-American, 8.3% Asian, 7.2% Hispanic, and 4.1% other. The remaining 1.4% did not report their ethnicity.

Procedure

Research suggests that body dissatisfaction and associated behaviors differ by gender (McCreary & Sasse, 2000), thus several critical items differed for men and women. Participants were divided into groups based on gender and then randomly assigned to one of three conditions: one of two unmatched count conditions or a standard condition. Questionnaires contained items unrelated to body image and disordered eating as well as a smaller number of critical items assessing the topics of interest. Critical items were derived from existing measures (e.g., EDE-Q; Fairburn & Beglin, 1994; Drive for Muscularity Scale; McCreary & Sasse, 2000) and associated features of body dysmorphic disorder (DSM-IV-TR; APA, 2000). All participants completed their questionnaires in small groups of no more than five individuals and then returned the questionnaire to a research assistant.

Standard true–false questionnaire

Ninety men and 104 women in this group received a standard true–false questionnaire composed of eight critical items interspersed among forty non-sensitive items. A research assistant informed participants that their responses would be anonymous. However, participants may have doubted the anonymity of their responses because the research assistant who collected their completed questionnaire could have conceivably looked at their answers.

Unmatched count (UCT) questionnaire

Participants in this condition received one of two versions of the UCT questionnaire. Eighty-four men and 103 women received Form A, while 82 men and 104 women received Form B. Both versions contained the 40 non-sensitive items from the standard questionnaire as well as four critical items. Individual items were grouped to form eight sets on each questionnaire version, such that four sets contained five non-sensitive items and four sets contained five non-sensitive items plus one critical item. For example, one set contained the following six items: I have lived outside the United States, I enjoy going to the movies with friends, I regularly go on very strict diets to lose weight, I have a brother, I watch reality TV, and my parents pay my cell phone bill. Rather than endorsing each item directly, participants indicated how many items in each set were true. The score for each set therefore indicates only the number of items that were endorsed, thus making it impossible to determine which particular statements the participant endorsed.

Statistics

The mean response rate for each set of items on both UCT questionnaire versions was calculated. Each five-item set (i.e., a set containing no critical items) had a corresponding six-item set on the alternate UCT questionnaire version that was composed of the same five non-sensitive items plus one critical item. The endorsement rate for each critical item was calculated by subtracting the mean response rate on the five-item set from the mean

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