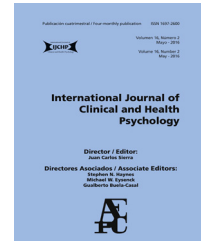




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ORIGINAL ARTICLE

Body-Image Acceptance and Action Questionnaire: Its deleterious influence on binge eating and psychometric validation

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Psychological
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Mediational model;
Instrumental study

Abstract *Background/Objectives:* This study aimed to explore the psychometric properties of BI-AAQ (Body-Image Acceptance and Action Questionnaire) and the body image psychological flexibility role as a mediator in a pervasive path towards binge eating in Brazilian samples. *Method:* This cross-sectional study was conducted in clinical (overweight or obese women currently in treatment for weight loss; $n=330$) and non-clinical (general population; $n=682$) groups of women. *Results:* BI-AAQ has one-factor structure, excellent internal consistency, ability to detect differences between groups and measurement invariance across samples. It was also negatively associated with self-compassion and positively associated with binge eating severity, drive for thinness and self-criticism. *Conclusions:* This study provides data confirming the robust psychometric properties of BI-AAQ in qualitatively different samples. Furthermore, an additional study conducted in a clinical sample of women with overweight or obesity revealed that body image psychological inflexibility has emerged as a partial and significant mediator of the effect of self-criticism and drive for thinness on binge eating severity.

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PALABRAS CLAVE

Imagen corporal;
inflexibilidad
psicológica;
invariancia de
medida;
modelo de
mediación;
estudio instrumental

Body-Image Acceptance and Action Questionnaire: su nociva influencia en la ingesta compulsiva y validación psicométrica

Resumen *Antecedentes/Objetivo:* Este estudio tuvo como objetivo explorar las propiedades psicométricas del BI-AAQ (*Body-Image Acceptance and Action Questionnaire*) y el papel mediador de la inflexibilidad psicológica relacionada con la imagen corporal en una trayectoria nociva hacia la ingesta compulsiva en muestras brasileñas. *Método:* Este estudio transversal se llevó a cabo en grupos clínicos (mujeres con sobrepeso u obesidad actualmente en tratamiento para la pérdida de peso; $n=330$) y no clínicos (grupo de población general; $n=682$) de mujeres. *Resultados:* BI-AAQ presenta la estructura de un factor, excelente consistencia interna, capacidad para detectar diferencias entre grupos e invariancia de medida entre diferentes muestras. Sus puntuaciones se asociaron negativamente con la autocompasión y positivamente con la severidad de la compulsión alimentaria, búsqueda de la delgadez y autocrítica. *Conclusiones:* Este estudio proporcionó datos que confirman que el BI-AAQ tiene propiedades psicométricas sólidas en muestras cualitativamente diferentes. Además, un estudio adicional efectuado en una muestra clínica de mujeres con sobrepeso u obesidad reveló que la inflexibilidad psicológica relacionada con la imagen corporal emergió como mediadora parcial y significativa del efecto de la autocrítica y de la búsqueda de la delgadez sobre la severidad de la compulsión alimentaria. © 2017 Asociación Española de Psicología Conductual. Publicado por Elsevier España, S.L.U. Este es un artículo Open Access bajo la licencia CC BY-NC-ND (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

The role of body image dissatisfaction (BID) in the aetiology of disordered eating has been a target of empirical research (e.g., Brechan & Kvalem, 2015; Dakanalis et al., 2016; Dakanalis, Zanetti, Riva, & Clerici, 2013). It has been suggested that although BID is a rather common experience among females (Runfola et al., 2013), only a small percentage engage in disordered eating (Smink, van Hoeken, & Hoek, 2012). This seems to suggest that being dissatisfied with one's body image is a factor that might interact with other involved mechanisms. Recent theoretical approaches to psychological suffering have pointed out for the role of psychological inflexibility in several psychopathological symptoms (e.g. Paulus, Vanwoerden, Norton, & Sharp, 2015; Pinto-Gouveia, Gregorio, Dinis, & Xavier, 2012). Psychological inflexibility encompasses an inability to be in the present moment, as well as actions motivated by avoidance of difficult internal experiences - usually at the expense of desired valued life goals (Hayes, Strosahl, & Wilson, 1999). As so, psychological inflexibility has been associated with disordered eating (e.g. Moore, Masuda, Hill & Goodnight, 2014). For example, it was found positive associations between rigid avoidance strategies and dysfunctional eating behaviours (Cowdrey & Park, 2012). Also, it was observed that patients with binge eating disorder were less willing to experience negative emotions (Leehr et al., 2015). Conversely, psychological flexibility has been negatively correlated with overall disordered eating-related problems (e.g. Masuda & Latzman, 2012).

Psychological inflexibility is usually assessed by the Acceptance and Action Questionnaire (AAQ-II; Bond et al., 2011), even though concerns have been raised due to its lack of specificity to drawing conclusions to different clinical conditions (Wendell, Masuda, & Le, 2012). It is argued that using content-specific measures is a better suited strategy (Sandoz, Wilson, Merwin, & Kelllum, 2013), as it seems

that content-specific measures are sensitive to detect significant effects in cases where general measures did not (Gifford et al., 2004). Thus, in order to tackle this limitation by providing an instrument capable of measuring psychological flexibility specifically related to body image, the Body Image-Acceptance and Action Questionnaire was developed (BI-AAQ; Sandoz et al., 2013).

It is proposed that body image flexibility (BIF), i.e., being willing to experience difficult body image internal events (e.g. perceptions, sensations, feelings, memories and thoughts) without judgments or defences, plays an important role in the disordered eating (Wendell et al., 2012). For instance, BIF seems to be a protective factor against disordered eating behaviour in low body mass index (BMI < 20) females (Hill, Masuda, & Latzman, 2013), and is negatively correlated with internalization of thinness, body dissatisfaction, disordered eating thoughts (Timko, Juarascio, Martin, Faherty, & Kalodner, 2014), eating disorder symptomatology, food and weight concerns (Ferreira, Pinto-Gouveia, & Duarte, 2011; Sandoz et al., 2013) and positively associated with self-compassion (Ferreira et al., 2011). Moreover, it seems that women with less BIF endorse more disordered eating behaviours than those with greater BIF (Moore et al., 2014) and present more body dissatisfaction and drive for thinness (Ferreira et al., 2011).

Additionally, the construct underlying BI-AAQ seems to fit perfectly with conceptualizations of binge eating as a result from attempts to avoid and/or control difficult internal experiences (e.g. Gianini, White, & Mashed, 2013; Leehr et al., 2015). It is well-known that binge eating is a severe health problem associated with the development and maintenance of overweight and comorbidities with physical and psychiatric conditions (Kessler et al., 2013; Striegel-Moore et al., 2000).

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