

The Impact of Body Image Experiences: Development of the Body Image Quality of Life Inventory

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Abstract: Objective: Substantial research confirms that body image affects multiple aspects of psychosocial functioning, yet there is no direct assessment to quantify its impact on an individual's quality of life. **Method:** In the present study, the Body Image Quality of Life Inventory was developed and empirically evaluated with 116 college women. **Results and Discussion:** This 19-item assessment was internally consistent and stable over a 2- to 3week period. It converged significantly with multiple measures of body image evaluation and investment and with body mass. The results further revealed that women in the sample reported more positive than negative consequences of their body image for various domains of life. The implications of these findings and directions for continued validation of this unique measure are considered. © 2002 by Wiley Periodicals, Inc. *Int J Eat Disord* 31: 455–460, 2002

Key words: body image; quality of life; Body Image Quality of Life Inventory

INTRODUCTION

Body image, which refers to one's perceptions and attitudes in relation to one's own physical characteristics, has received growing scientific attention in recent years (Cash & Pruzinsky, 1990, in press; Thompson, Heinberg, Altabe, & Tantleff-Dunn, 1999). Two facets of this multidimensional construct, evaluation (e.g., body satisfaction) and investment (in one's appearance and internalized appearance standards), are clearly associated with psychosocial functioning. These body image attitudes are linked to self-esteem, interpersonal confidence, eating and exercise behaviors, grooming activities, sexual behaviors and experiences, and emotional stability (Cash, 1990; Cash & Pruzinsky, in press; Thompson et al., 1999). Among the plethora of extant body image assessments (Thompson et al., 1999), most focus on the evaluative dimension as a stable trait rather than as a situationally variable state. Assessments typically ignore the influences of body image in specific life contexts (Cash, 1994, in press; Pruzinsky & Cash, 1990).

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Research findings highlight the growing prevalence of a negative body image, especially among women (Cash, 1997; Feingold & Mazzella, 1998; Garner, 1997). However, researchers too seldom consider that such discontent may vary in the degree and nature of its impact on an individual's quality of life. For example, disliking one's weight, height, muscularity, hair, or facial characteristics may have relatively benign implications for some persons. For others, this discontent may have negative implications for some life domains (e.g., social functioning) but not others (e.g., eating behaviors). For those with body dysmorphic or eating disorders, body image dissatisfaction may have pervasive consequences for the quality of life.

The purpose of the present investigation was to develop and initially validate an assessment that quantifies the effects of one's body image on various self-experiences and life contexts. A preliminary version of the questionnaire was published in *The Body Image Workbook* (Cash, 1997), a cognitive-behavioral program for body image improvement. It was used clinically to facilitate participants' awareness of how their body image affected particular aspects of their lives. However, there is a need for empirical data on this assessment as a research instrument. In its current revision, items were written to reflect the various life contexts and domains of functioning that research has confirmed may be affected by body image. Furthermore, consistent with emerging perspectives on "positive psychology" (see Seligman & Csikszentmihalyi, 2000) and contrary to a pathology-driven view of body image, the questionnaire was constructed to quantify positive as well as negative effects of body image. The present study examines the internal consistency, temporal reliability, and convergent validity (correlates) of the 19-item Body Image Quality of Life Inventory (BIQLI).

METHOD

Participants

Female students at a large mid-Atlantic public university participated voluntarily in the study in exchange for extra class credit. The 116 respondents had a mean age of 21.3 years ($SD = 5.1$), and 86% were unmarried. The sample included 55% Whites, 33% African Americans, 5% Asians, and 7% from other minorities. Their average body mass index ($BMI = k/m^2$) was 24.7, ranging from 15.7 to 49.2 ($SD = 6.3$).

Measures and Procedure

Following informed consent, participants anonymously completed questionnaires in a private laboratory setting. They were asked to return between 2 and 3 weeks later for the retake session. The compliance rate for the retest was 96% ($n = 111$). Materials included a demographics form and the following validated measures:

Three subscales of the Multidimensional Body-Self Relations Questionnaire (MBSRQ; Brown, Cash, & Mikulka, 1990; Cash, 2000) were used: The seven-item Appearance Evaluation subscale provides an overall self-appraisal of one's appearance on a 5-point disagree-agree scale; the nine-item Body Areas Satisfaction Scale (BASS) entails 5-point scale ratings of dissatisfaction-satisfaction with aspects of one's body; and the four-item Overweight Preoccupation subscale taps overweight concerns, dieting, and fat anxiety on a 5-point disagree-agree scale. In this sample, Cronbach's alphas for Appearance Evaluation, BASS, and Overweight Preoccupation were .89, .82, and .76, respectively.

The Appearance Schemas Inventory (ASI; Cash & Labarge, 1996) is a 14-item measure of dysfunctional body image investment (i.e., schemas or assumptions about the salience and meaning of one's appearance in one's life) that uses a 5-point disagree-agree response format. The ASI's internal consistency in this study was .81.

The 10-item Internalization subscale of the Sociocultural Attitudes Towards Appearance Questionnaire (SATAQ; Thompson et al., 1999) assesses the degree to which women accept societal standards of appearance. Internal consistency was .90.

The Objectified Body Consciousness Scale (OBCS; McKinley & Hyde, 1996) was designed to measure the degree to which women internalize and accept cultural standards of beauty. The OBCS consists of three 8-item subscales: Surveillance, Body Shame, and Control. Surveillance refers to the degree to which one monitors personal appearance. Body Shame indirectly taps internalization of cultural standards by measuring the degree of shame felt when one does not meet these standards. The Control subscale assesses perceived control over one's weight and appearance. The response format is a 7-point disagree-agree rating. Internal consistencies for Surveillance, Body Shame, and Control subscales were .78, .78, and .73, respectively.

As noted above, the BIQLI is a 19-item instrument designed to quantify the impact of body image on aspects of one's life. The item content (Table 1) reflects domains or contexts in which body image has been found to be consequential. Participants rate the impact of their own body image on each of the 19 areas, using a 7-point bipolar scale from

Table 1. Reports of the negative and positive effects on the Body Image Quality of Life Inventory items and their correlations with Appearance Evaluation

BIQLI Items	Correlation with Evaluative Body Image	Percentage Reporting Any Negative Effect	Percentage Reporting Any Positive Effect
My basic feelings about myself—feelings of personal adequacy and self-worth.	.70**	19.4%	74.5%
My feelings about my adequacy as a man or woman—feelings of masculinity or femininity.	.58**	16.3%	72.4%
My interactions with people of my own sex.	.38**	20.6%	67.0%
My interactions with people of the other sex.	.64**	25.8%	73.2%
My experiences when I meet new people.	.57**	18.4%	73.5%
My experiences at work or at school.	.48**	15.3%	70.4%
My relationships with friends.	.39**	7.1%	74.5%
My relationships with family members.	.31*	8.2%	65.3%
My day-to-day emotions.	.51**	26.5%	64.3%
My satisfaction with my life in general.	.53**	20.4%	67.3%
My feelings of acceptability as a sexual partner.	.66**	22.7%	71.1%
My enjoyment of my sex life.	.52**	15.5%	67.0%
My ability to control what and how much I eat.	.47**	30.6%	52.0%
My ability to control my weight.	.54**	34.7%	51.0%
My activities for physical exercise.	.34**	27.8%	53.6%
My willingness to do things that might call attention to my appearance.	.48**	30.6%	50.0%
My daily "grooming" activities (i.e., getting dressed and physically ready for the day).	.51**	9.2%	79.6%
How confident I feel in my everyday life.	.67**	25.5%	69.4%
How happy I feel in my everyday life.	.55**	17.3%	69.4%

Note: Evaluative body image was assessed by the Multidimensional Body-Self Relations Questionnaire (MBSRQ) Appearance Evaluation subscale. Percentages reporting negative and positive effects of body image, respectively, are based on those responding with negative (-3, -2, or -1) or positive ratings (+1, +2, or +3).

* $p < .01$; ** $p < .001$.

-3 to +3, thereby permitting reports of negative, positive, or no impact (see the appendix for the BIQLI's instructions).

RESULTS

The internal consistency (Cronbach's alpha) of the 19-item BIQLI was .95 at each of the two administrations. Corrected item-scale correlations ranged from .45 to .86; no item reduced the reliability of the composite score. The test-retest reliability of the mean scale score over the 2- to 3-week period was .79. Means did not differ between Time 1 ($M = 1.02$, $SD = 1.17$) and Time 2 ($M = 1.00$, $SD = 1.15$), $t(92) < 1$.

Convergent validity of the BIQLI was examined vis-à-vis its relationship (at Time 1) with the following variables: body satisfaction (on the BASS), overweight preoccupation, dysfunctional schematic investment in appearance (ASI), internalization of cultural standards of beauty (SATAQ), and facets of objectified body consciousness (i.e., OBCS Surveillance, Shame, and Control). A more favorable body image quality of life was significantly associated with higher body satisfaction ($r = .66$, $p < .001$), less body shame ($r = -.33$, $p < .001$), less preoccupation with being or becoming fat ($r = -.31$, $p < .002$), less dysfunctional investment in appearance ($r = -.24$, $p < .02$), lower body surveillance ($r = -.22$, $p < .05$), and less strongly internalized cultural beauty standards ($r = -.22$, $p < .05$). The BIQLI was unrelated to body control beliefs on the OBCS ($r = .06$).

An additional analysis tested the hypothesis (Cash & Roy, 1999; Milkewicz & Cash, 2000) that women with higher BMIs would report a poorer body image quality of life, even independent of their level of body satisfaction. A Pearson r of $-.52$ ($p < .001$) confirmed the relationship between BMI and the BIQLI, which remained significant when body satisfaction (on the BASS) was controlled via partial correlation ($r = -.32$, $p < .002$).

Table 1 shows the item-by-item correlations with evaluative body image (on the MBSRQ Appearance Evaluation subscale). Although all correlations were significant, they ranged in magnitude from .70 (feelings of personal adequacy and self-worth) to .31 (relationships with family members). Table 1 also delineates, for each item, the percentage of participants who reported a negative (i.e., ratings of -3, -2, or -1) or a positive impact of their body image (i.e., ratings of +1, +2, or +3). Without exception, more participants reported a positive than a negative impact of body image on the various domains of life. The areas of greatest adverse impact (i.e., exceeding 25% of the sample) were weight control, eating behavior, behavioral constraint or situational avoidance, physical exercise, day-to-day emotions, social interaction with the other sex, and confidence in everyday life. The areas least negatively affected (i.e., reported by less than 10% of the sample) were relationships with friends, family relations, and grooming regimens.

DISCUSSION

Our results provide strong initial support of the reliability and validity of this unique assessment of the impact of body image on quality-of-life experiences. The BIQLI quantifies the reported positive and negative consequences of body image in multiple domains or contexts. It measures effects on feelings about the self and life in general, emotional states, same and other-sex relations, eating and exercise, grooming activities, sexual experiences, and family and work/school contexts.

For the present sample of college women, the 19-item measure was highly internally consistent and acceptably stable over a 2- to 3-week period. The BIQLI was associated appropriately with measures of body image evaluation and investment. Women with greater body mass reported a more adverse impact of body image, even when controlling for levels of body satisfaction.

The prevailing perspective on women's body image is that it is a ubiquitous experience of "normative discontent" promulgated and reinforced by gender-biased cultural socialization (Cash & Pruzinsky, in press; Fallon, Katzman, & Wooley, 1994; Rodin, Silberstein, & Striegel-Moore, 1985; Thompson et al., 1999). One is tempted to conclude that few women are able to experience their appearance in ways that contribute to their quality of life. Indeed, this is not an uncommon assumption (Cash & Brown, 1989). Contrary to a pathology-oriented view of body image, our descriptive data on the BIQLI reveal that most women in the sample reported that their body image had a positive impact on various domains of life. This evidence should encourage research on the ways in which women, although certainly faced with forces that can challenge and undermine body acceptance, construct and process a body image that enhances the quality of their lives.

Research directions for the BIQLI are evident. It must be validated with men, with older persons, and with clinical groups (e.g., persons with eating disorders, body dysmorphic disorder, or appearance-altering conditions). Factorial validity research with larger samples would clarify further the nature of the impact of body image. The development of a similar assessment for children would be valuable. Finally, the BIQLI should be included in outcome studies of the treatment and prevention of body image dissatisfaction and disorders. The fundamental goal of these interventions is the promotion of body acceptance and, as a result, the quality of life.

REFERENCES

- Brown, T.A., Cash, T.F., & Mikulka, P.J. (1990). Attitudinal body-image assessment: Factor analysis of the body-self relations questionnaire. *Journal of Personality Assessment*, 55, 135–144.
- Cash, T.F. (1990). The psychology of physical appearance: Aesthetics, attributes, and images. In T.F. Cash & T. Pruzinsky (Eds.), *Body images: Development, deviance, and change* (pp. 51–79). New York: Guilford Press.
- Cash, T.F. (1994). The Situational Inventory of Body-Image Dysphoria: Contextual assessment of a negative body image. *The Behavior Therapist*, 17, 133–134. Available at www.body-images.com
- Cash, T.F. (1997). *The body image workbook: An 8-step program for learning to like your looks*. Oakland, CA: New Harbinger.
- Cash, T.F. (2000). Users' manual for the Multidimensional Body-Self Relations Questionnaire [On-line]. Available at www.body-images.com
- Cash, T.F. (in press). Beyond traits: Assessing body image states. In T.F. Cash & T. Pruzinsky (eds.), *A Handbook of theory, research, and clinical practice*. NY: Guilford.
- Cash, T.F., & Brown, T.A. (1989). Gender and body images: Stereotypes and realities. *Sex Roles*, 21, 361–373.
- Cash, T.F. & Pruzinsky, T.P., (Eds.). (in press) *Body images: A handbook of theory, research, and clinical practice*. NY: Guilford.
- Cash, T.F., & Labarge, A.S. (1996). Development of the Appearance Schemas Inventory: A new cognitive body-image assessment. *Cognitive Therapy and Research*, 20, 37–50. Available at www.body-images.com
- Cash, T.F., & Pruzinsky, T.P. (Eds.). (1990). *Body images: Development, deviance, and change*. New York: Guilford Press.
- Cash, T.F. & Roy, R.E. (1999). Pounds of flesh: Weight, gender, and body images. In J. Sobal & D. Maurer (Eds.), *Interpreting weight: The social management of fatness and thinness* (pp. 209–228). Hawthorne, NY: Aldine de Gruyter.
- Fallon, P., Katzman, M.A., & Wooley, S.C. (Eds.). (1994). *Feminist perspectives on eating disorders*. New York: Guilford Press.
- Feingold, A., & Mazzella, R. (1998). Gender differences in body image are increasing. *Psychological Science*, 9, 190–195.

- Garner, D.M. (1997, January/February). The 1997 body image survey results. *Psychology Today*, 30–44, 75–80, 84.
- McKinley, N.M., & Hyde, J.S. (1996). The Objectified Body Consciousness Scale: Development and validation. *Psychology of Women Quarterly*, 20, 181–215.
- Milkewicz, N., & Cash, T.F. (2000, November). Dismantling the heterogeneity of obesity: Psychosocial experiences of the obese. Poster presented at the convention of the Association for Advancement of Behavior Therapy, New Orleans, LA.
- Pruzinsky, T., & Cash, T.F. (1990). Integrative themes in body-image development, deviance, and change. In T.F. Cash & T. Pruzinsky (Eds.), *Body images: Development, deviance, and change* (pp. 337–349). New York: Guilford Press.
- Rodin, J., Silberstein, L., & Striegel-Moore, R. (1985). Women and weight: A normative discontent. *Nebraska Symposium on Motivation*, 32, 267–307.
- Seligman, M.E.P., & Csikszentmihalyi, M. (Eds.). (2000). Positive psychology [Special issue]. *American Psychologist*, 55 (1).
- Thompson, J.K., Heinberg, L.J., Altabe, M., & Tantleff-Dunn, S. (1999). *Exacting beauty: Theory, assessment, and treatment of body image disturbance*. Washington, DC: American Psychological Association.

APPENDIX

Instructions for the Body Image Quality of Life Inventory

Different people have different feelings about their physical appearance. These feelings are called “body image.” Some people are generally satisfied with their looks, whereas others are dissatisfied. At the same time, people differ in terms of how their body image experiences affect other aspects of their lives. Body image may have positive effects, negative effects, or no effect at all. Listed below are various ways that your own body image may or may not influence your life. For each item, circle how and how much your feelings about your appearance affect that aspect of your life. Before answering each item, think carefully about the answer that is most accurate about how your body image usually affects you.

–3	–2	–1	0	+1	+2	+3
Very Negative Effect	Moderate Negative Effect	Slight Negative Effect	No Effect	Slight Positive Effect	Moderate Positive Effect	Very Positive Effect