

MANUAL FOR THE BODY-IMAGE IDEALS QUESTIONNAIRE

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Conceptual Context and Scale Construction

Body image is a multifaceted psychological construct that includes subjective attitudinal and perceptual experiences about one's body, particularly its appearance (Cash & Pruzinsky, 1990). An essential dimension of body-image attitudes is the evaluative dimension—namely, persons' evaluations of and satisfaction-dissatisfaction with their physical characteristics (Cash, 1994). Several validated instruments are available that measure evaluative body image (Thompson, Heinberg, Altabe, & Tantleff-Dunn, 1999). For example, the Multidimensional Body-Self Relations Questionnaire (MBSRQ; Brown, Cash, & Mikulka, 1990; Cash, 2000b) includes two such subscales: (1) the Appearance Evaluation subscale to assess appraisals of overall appearance, and (2) the Body Areas Satisfaction Scale (BASS) to measure the degree of satisfaction with 9 bodily areas/aspects (e.g., face, weight, muscle tone, overall appearance, etc.).

To provide a novel assessment of evaluative body image, Cash and Szymanski (1995) developed the Body-Image Ideals Questionnaire (BIQ). Unlike other measures of this construct, the BIQ derives from a "self-discrepancy theory" framework (see Cash & Szymanski, 1995; Higgins, 1987; Jacobi & Cash, 1994; Szymanski & Cash, 1995; Thompson et al., 1999). Applied to body image, this perspective maintains that persons' physical self-evaluations are based on the extent of congruence/discrepancy between self-perceived physical attributes and internalized standards or ideals. In addition, the valence of these discrepancies will vary as a function of the psychological importance of or investment in these standards. Stated simply, body-image satisfaction will depend upon (1) the extent to which an individual believes that his/her physical characteristics match his/her physical ideals, and (2) the importance associated with having or attaining those ideals.

Based on extant research (see Cash & Szymanski, 1995), the initial version of the BIQ included 10 physical characteristics: height, skin complexion, hair texture and thickness, facial features, muscle tone and definition, body proportions, weight, chest (or breast) size, physical strength, and physical coordination. In a subsequent (and current) version of the BIQ, an “overall physical appearance” item was added (Szymanski & Cash, 1995). For each attribute, respondents are asked to think about how they actually are and then to think about how they wish they were. First, on Part A, they rate the extent to which they resemble or match this personal physical ideal on a 4-point response scale: 0 = “exactly as I am,” 1 = “almost as I am,” 2 = “fairly unlike me,” 3 = “very unlike me.” Then, on Part B, they are asked to indicate how important it is that they embody each physical ideal: 0 = “not important,” 1 = “somewhat important,” 2 = “moderately important,” 3 = “very important.”

Initial Validation of the BIQ

Cash and Szymanski (1995) conducted the initial validation study of the BIQ with 284 college women and provided strong evidence of the reliability and validity of the measure. As expected, the results indicated that the BIQ consists of two relatively distinct and internally consistent components—Discrepancy (from ideals) and Importance (of ideals), as well their multiplicative composite index. The components' respective concurrent validities were consistently supported in relation to extant measures of body-image evaluation and body-image investment. Results further confirmed the incremental validity of the multiple self-ideal discrepancies in the prediction of body-image dysphoria. Finally, the influences of socially desirable responding on the BIQ and on its relationship to criterion measures were negligible. The correlation of a social desirability scale with the BIQ's multiplicative, importance-weighted discrepancy index was acceptably modest ($r = -.25$).

Scoring, Norms, and Reliability of the BIQ

Subsequent to Cash and Szymanski's (1995) initial report of the favorable psychometric properties of the BIQ for women, this author has conducted additional investigations, both published and unpublished, that included the BIQ. To date, all studies have been done with college samples that reflect reasonable diversity in race/ethnicity and age (including older "nontraditional" students).

The scoring of the 22-item BIQ involves calculation of a mean of the item-by-item cross-products of discrepancy X importance ratings. These are computed **after** recoding all discrepancy (Part A) ratings of 0 to -1. This permits the extension of the range of scores to include importance-weighted self-ideal congruence ("exactly as I am") for each item. Otherwise, item cross-product scores would always equal a 0 for self-ideal congruity regardless of the importance of the ideal for which the person reported matching the ideal. Using SPSS commands then, the first statement should perform this recode for the discrepancy rating (Part A) for all items. (Do NOT recode the importance ratings from Part B of each item.) Then, the computation of the cross-products is carried out. Finally, the mean of the cross-products is computed (allowing for prorating from 10 of the 11 cross-products):

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RECODE BIQA1 BIQA2 BIQA3 BIQA4 BIQA5 BIQA6 BIQA7 BIQA8 BIQA9 BIQA10 BIQA11(0 = -1).
COMPUTE BIQAXB1 = (BIQA1*BIQB1).
COMPUTE BIQAXB2 = (BIQA2*BIQB2).
COMPUTE BIQAXB3 = (BIQA3*BIQB3).
[ETC. FOR ALL 11 BIQ CROSS-PRODUCTS]
COMPUTE BIQSCORE = MEAN(BIQAXB1 TO BIQAXB11).
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The potential range of these composite BIQ scores is: -3 (for very important congruence across all physical attributes) to +9 (for very important and maximum discrepancies across all physical attributes). Thus, higher scores reflect greater self-ideal disparity with strongly held physical ideals.

The table on the next page summarizes the BIQ norms for college men and women and indicates that the BIQ has good internal consistency for both sexes. Studies of the BIQ's test-retest reliability are not yet available.

BIQ Psychometrics	Men	Women
Norms	$M = 1.31$ $SD = 1.35$ ($n = 192$ across 2 samples)	$M = 1.75$ $SD = 1.38$ ($n = 896$ across 5 samples)
Internal Consistency (Cronbach's alpha)	$M = .81$	$M = .76$

Evaluation of the Validity of the BIQ

As indicated above, Cash and Szymanski (1995) reported excellent convergent of women's BIQ scores with other validated body-image measures. The BIQ weighted discrepancy index correlated significantly with the following: the BASS (-.72), the MBSRQ Appearance Evaluation subscale (-.61), Cash's (2000c) SIBID index of body-image dysphoria (.64), and body-image avoidance (.52). Subsequently, Szymanski and Cash (1995) also found that women's BIQ weighted discrepancy scores correlated with the BASS (-.69), the SIBID (.65), and the Appearance Schemas Inventory (ASI; Cash, 2000a), which measures dysfunctional investment in appearance (.58).

Muth and Cash (1997) included the BIQ in a study of 141 women and 136 men. As predicted, significantly higher BIQ scores occurred for women than men (as reflected in the tabular norms above). For women, the BIQ again significantly correlated with Appearance Evaluation (-.65), the BASS (-.73), the SIBID (.67), the ASI (.55), as well as an adjectival measure of body-image emotions (.57). For men, these correlations were significant as well—respectively, -.66, -.68, .63, .33, and .54. Szymanski and Cash (1995) studied 143 college women and found the BIQ correlated with the experience of negative body-image emotions, both agitation (.60) and dejection (.63).

In an unpublished study by Cash and Fleming (2000), the BIQ was again found to be associated with the SIBID (.58) and the ASI (.46) for 136 women. Moreover, in a sample of 56 men, these respective significant correlations were .67 and .40.

Evidence of the BIQ's construct validity pertains to its association with conceptually relevant variables. Cash and Syzmanski (1995) reported the BIQ's significant relationships with specific facets of personality among 284 college women—public self-consciousness (.34) and perfectionism (.28). Analyses further confirmed significant associations of the BIQ with psychosocial functioning—social-evaluative anxiety (.43), depression (.47), and eating disturbance (.49). Syzmanski and Cash (1995) similarly found that greater weighted discrepancy scores on the BIQ were related to higher levels of eating disturbance on the BULIT-R, even after excluding body-image items from the latter (.50). Cash and Fleming (2000) also found women's BIQ scores to be related to the EAT-26 assessment of disturbed eating attitudes (.51).

The validity of a measure is also gauged by its responsiveness to interventions. Lavallee and Cash's (1997) investigation of the efficacy of cognitive-behavioral body-image therapy and a self-esteem enhancement program included the BIQ as an outcome measure. The study confirmed the responsiveness of the BIQ, evinced by significant reductions in BIQ scores following both interventions. Effect sizes were .87 and .67 for the body-image and self-esteem programs, respectively.

Szymanski and Cash (1995) evaluated an expanded version of the BIQ. One expansion, derived from Higgins's (1987) theory, assessed discrepancies from "ought" self-guides as well as "should" (or ideal) self-guides. Results indicated that the two self-guides were largely redundant ($r = .83$). There was little incremental validity in the expansion of the BIQ to include self-ought discrepancies. Secondly, the authors extended the BIQ to assess a "standpoint" other than that of self. Namely, participants appraised discrepancies from the standpoint of a significant other (i.e., romantic partner or spouse). The findings revealed a moderate association (.58) between own self-ideal discrepancies and perceived other-ideal discrepancies and supported the incremental validity of the two standpoints. Thus, there may be utility in the consideration of how persons' believe they match the physical standards of their significant others. Researchers who wish to use the BIQ in this expanded fashion would need to have participants complete the items with instructions that stress the partner's perceptions. Please contact this author for a copy of this expanded version of the BIQ.

Summary

Collectively, the empirical results of several investigations support the reliability and validity of the Body-Image Ideals Questionnaire as an assessment of people's evaluations of their physical appearance. The BIQ is unique in its consideration of the importance of (investment in) one's physical ideals as well the self-discrepancy from these ideals. The BIQ has promising utility in the scientific study of body image, in both experimental and applied/clinical investigations. Modification of these self-ideal discrepancies is an important objective of the author's body-image therapy program (see Cash, 1996, 1997; Cash & Grant, 1996; Cash & Strachan, 1999).

References *

- Cash, T.F. (1994). Body-image attitudes: Evaluation, investment, and affect. *Perceptual and Motor Skills, 78*, 1168-1170.
- Cash, T.F. (1996). The treatment of body image disturbances. In J. K. Thompson (Ed.), *Body image, eating disorders, and obesity: An integrative guide for assessment and treatment* (pp. 83-107). Washington, D.C.: American Psychological Association.
- Cash, T.F. (1997). *The body image workbook: An 8-step program for learning to like your looks*. Oakland, CA: New Harbinger Publications.
- Cash, T.F. (2000a). *Manual for the Appearance Schemas Inventory*. Available from the author at www.body-images.com.
- Cash, T.F. (2000b). *Manual for the Multidimensional Body-Self Relations Questionnaire*. Available from the author at www.body-images.com.
- Cash, T.F. (2000c). *Manual for the Situational Inventory of Body-Image Dysphoria*. Available from the author at www.body-images.com.
- Cash, T.F., & Fleming, E. (2000). *The development and validation of the Body-Image Coping Questionnaire*. Unpublished research, Old Dominion University, Norfolk, VA.
- Cash, T.F., & Grant, J.R. (1996). The cognitive-behavioral treatment of body-image disturbances. In V. Van Hasselt & M. Hersen (Eds.), *Sourcebook of psychological treatment manuals for adult disorders* (pp. 567-614). New York: Plenum.
- Cash, T.F., & Pruzinsky, T. (Eds.) (1990). *Body images: Development, deviance, and change*. New York: Guilford Press.
- Cash, T.F., & Strachan, M.D. (1999). Body images, eating disorders, and beyond. In R. Lemberg (Ed.), *Eating disorders: A reference sourcebook* (pp. 27-36). Phoenix, AZ: Oryx Press.
- Cash, T.F., & Szymanski, M.L. (1995). The development and validation of the Body-Image Ideals Questionnaire. *Journal of Personality Assessment, 64*, 466-477.
- Higgins, E.T. (1987). Self-discrepancy: A theory relating self and affect. *Psychological Review, 94*, 319-340.
- Jacobi, L., & Cash, T.F. (1994). In pursuit of the perfect appearance: Discrepancies among self- and ideal-percepts of multiple physical attributes. *Journal of Applied Social Psychology, 24*, 379-396.

Lavallee, D.M., & Cash, T.F. (1997, November). *The comparative efficacy of two cognitive-behavioral self-help programs for a negative body image*. Poster presented at the convention of the Association for Advancement of Behavior Therapy, Miami Beach.

Muth, J.L., & Cash, T.F. (1997). Body-image attitudes: What difference does gender make? *Journal of Applied Social Psychology, 27*, 1438-1452.

Szymanski, M.L., & Cash, T.F. (1995). Body-image disturbances and self-discrepancy theory: Expansion of the Body-Image Ideals Questionnaire. *Journal of Social and Clinical Psychology, 14*, 134-146.

Thompson, J.K., Heinberg, L.J., Altabe, M., & Tantleff-Dunn, S. (1999). *Exacting beauty: Theory, assessment, and treatment of body image disturbance*. Washington, D.C.: American Psychological Association.

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