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Research Article

Confirmatory Factor Analysis, Validity and Reliability of Body Compassion Scale in Students

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Abstract

Aim: Body compassion is defined as a person's physical attention to appearance, competence and health along with mindfulness, kindness and awareness of common humanity. The present study was conducted to confirm the fit, validity and reliability of Body Compassion Scale by Altman et al. (2017) in Iranian students.

Methods: This study is of correlation and validation type. The statistical population included 175 female students studying at Shahid Chamran University of Ahvaz in 2019.

Results: Cronbach's alpha coefficient of this questionnaire was equal to 0.81 and the results of confirmatory factor analysis (CFA) and goodness of fit indices indicated the appropriate fit of the three-factor structure of Body Compassion Scale. The results showed that the items of this scale have convergent validity and suitable fit of the scale.

Conclusion: Therefore, social self-efficiency (SSE) scale had suitable validity and reliability, and this scale can be used in many clinical and research situations.

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1. Introduction

Body compassion is defined as a person's physical attention to appearance, competence and health along with mindfulness, kindness and awareness of common humanity (Altman et al., 2020). It is the level of compassion that a person has in relation to his body (Altman, 2018). This structure reports a person's attitude towards his physical body and functional capacities (Downing, 2019). Body compassion seeks to create a bridge between two multidimensional concepts of body image and self-compassion (Altman et al., 2017).

Following the efforts of researchers to combine the elements of traditional body image (based on the cognitive model) and self-compassion (which is based on Buddhist psychology), a new construct called body compassion was created (Altman et al., 2017; Gavrilović & Jugović, 2011). This new conceptualization is based on the components of self-compassion presented by Christian Neff, which are: 1) self-kindness (vs. judgment), seeing one's experiences as part of common humanity (vs. isolation), and mindfulness (vs. over-identification) (Downing, 2019). This concept is based on body image including evaluation, cognitive and behavioral components of appearance, competence/fitness and health/disease (Altman, 2018). This multi-dimensional construct includes three components of self-compassion with an emphasis on body image, and consists of three factors: 1) diffusion, which means despair of physical ability and giving up physical activities; 2) common humanity: having a bad feeling about the body image by all people, a common feeling of body dissatisfaction; and 3) acceptance: making room for painful thoughts and feelings related to the body without judging (Altman et al., 2017). The use of the three components of self-compassion in this new conceptualization was accompanied by a change in direction from emphasizing the general "self" to the physical self (Downing, 2019). In general, body compassion provides a new conceptualization of body-related disorders in the field of mindfulness and acceptance-based approaches. For this reason, this construct is well in a framework based on acceptance and commitment (Downing, 2019; Beadle et al, 2021).

Recent studies have shown that body self-compassion, with adaptive properties, is like a protective shield against body image shame, eating disorder pathology (Oliveira et al., 2018; Barata-Santo et al., 2018) and the link between major life events and eating disorders in women (Barata-Santo et al., 2018). In addition to increased flexibility in the process of changes related to health and appearance (Altman et al., 2017), body compassion is associated with higher levels of positive emotions and lower levels of emotions (Bahadori et al., 2022; Oliveira et al., 2018; Moats et al, 2011).

One of the therapeutic approaches to improve psychological components and reduce consequences of body image concerns in people is compassion-based therapy proposed by Gilbert (2005). The philosophy of this treatment was to help people who suffer from complex and chronic problems and are involved in shame and high self-criticism towards themselves (Khanjani eta al., 2020; Gilbert & Irons, 2005).

Body compassion is a useful tool for predicting health-oriented behaviors such as physical activity. Hence, it can be used in therapeutic interventions to improve physical activity (Beadle, 2020). This new construct, with adaptive properties, acts as a protective shield against general shame, body image shame, and eating disorder pathology (Oliveira et al., 2018). In addition to increased flexibility in the process of changes related to health and appearance (Altman et al., 2017), it is associated with higher levels of positive emotions and lower levels of emotions (Oliveira et al., 2018).

Body Compassion Scale

Body Compassion Scale is a 23-item self-report tool that was created by Altman et al. (2017) to evaluate the compassion of a person towards his body. This scale includes 3 subscales of diffusion, common humanity and acceptance and is scored on a five-point Likert scale from 1 (almost never) to 5 (almost always). High scores indicate high body compassion and low scores indicate low body compassion of the participants. Altman et al. (2017) reported Cronbach's alpha for the scale and 3 subscales of diffusion, common humanity and acceptance as 0.92, 0.92, 0.91 and 0.87, respectively. They also reported the validity of this scale through its simultaneous implementation with the shortened form of the self-compassion scale, positive affect and the eating attitudes questionnaire as 0.79, 0.35 and 0.55, respectively.

Lewis (2020) studied the effect of a compassion-based intervention on body image concerns in women with eating disorder symptoms. In this study, 62 women were selected by convenience sampling method and randomly divided in two equal groups (n=31). After receiving the necessary training about compassion, the experimental group performed the technique of writing compassionate letters to themselves daily for a week, but the control group did not receive any training and only participated in the evaluations. The results showed that training self-compassion and writing compassionate letters to yourself on a daily basis can help to strengthen self-compassion and self-esteem and reduce body image concerns.

Also, Turk and Waller (2020) in a meta-analysis studied the role of self-compassion in the pathology and treatment of eating disorders and body image concerns. In order to systematically review the literature, all the articles that were published in four databases PsycINFO, PubMed, ProQuest, and Web of Science until December 19, 2019 were used. Among the 4333 articles found, 59 articles that had full text and desired indexes were included in the analysis. In this study, the results of meta-analysis showed the effective role of self-compassion as an adaptive strategy of cognitive emotion regulation in the pathology, treatment of eating disorders and concern about body image.

Wong et al. (2022) tested this scale on a group of Hong Kong teenagers and confirmed the validity and reliability of Body Compassion Scale. The study results showed that the Chinese translation of the BCS (pilot study: n = 220; study: n = 1047) showed adequate psychometric properties. and had satisfactory internal consistency and test-retest reliability. Also, this scale with values $X2(465.64)/227 = 2.05$, $p < 0.001$, CFI = 0.916, TLI = 0.906, SRMR = 0.071, RMSEA = 0.069 [90% CI = 0.06 to 0.0% CI] showed good fit by CFA.

Policardo et al. (2022) also confirmed the validity and reliability of the Italian version of Body Compassion Scale. For this purpose, CFA was used to examine the factor structure of the Italian version of the BCS. The results of this analysis were largely comparable with the results obtained from the original English version of the BCS. The three-factor structure was replicated to a large extent and the expected relationships with dissatisfaction with body, psychological inflexibility and psychological well-being were found. According to the study results of Policardo, this scale can be a useful measure for structured psychological interventions to promote positive body image, as well as in experimental research to obtain information about how people relate to their bodies.

de Carvalho Barreto et al. (2020) in a study The relationship between self-compassion and well-being and health (e.g. a lower proneness for eating-related disturbances) is well stressed in the literature. The most interesting contribution of this study was the suggestion that the ability to act in accordance with self-compassionate attributes is associated with higher levels of body compassion, that is, an attitude of appreciation, acceptance, warmth toward body-related thoughts, perceptions and feelings, which reflects in a lower susceptibility to adopt disordered

eating attitudes and behaviours. These results seem to offer an important contribution for research and clinical practice by supporting the importance of including strategies to develop self-compassionate skills and body compassion competencies in prevention and treatment programs in the area of eating psychopathology.

Psycinfo et al. (2018) in a study by CFA validated Body Compassion Scale on a sample of Portuguese adults. The results of CFA showed the adequacy of the initial structure of this scale in the studied sample. The results of this analysis showed values CFI = 0.93, TLI = 0.92, SRMR = 0.06 for the Portuguese version of this scale. They reported Cronbach's alpha coefficient of the Portuguese version of this scale as 0.91.

The high prevalence and growing trend of issues and concerns related to appearance and beauty (Netumanis et al., 2020), following the ever-increasing power and influence of media and advertising in the world, is an important factor that doubles the importance of paying attention to these concerns. Today, in society and cultures, ideal states related to appearance and beauty have been given more attention than in the past; As shown in the research conducted on Iranian women, the majority of female students (78%) had a negative mental image of their body (Rezaei et al., 2015). The mental and material capital that people spend to achieve physical beauty and achieve an ideal state of their bodies to achieve peace, more than before, makes people depend on their physical and mental health status on their body and appearance. Even though they spend a lot of time and money to achieve the ideal body and appearance, failure and the possibility of returning these dissatisfactions is an undeniable part of this path. On the other hand, when people are constantly concerned with their appearance and body, and after comparing their body with others, they consider their appearance to be lower than the ideal level, it is possible to experience feelings such as low self-esteem, self-confidence become low, anxiety, depression or drop in education (Moghimian et al., 2012).

In addition, the importance of paying attention to adolescence as one of the most important and sensitive stages of development that psychologists refer to as the second birth (Aderka et al., 2012) and that becoming sensitive to appearance and body during adolescence Achieving desirable beauty states is very visible from the point of view of society, it can be said that one of the disorders that teenagers are very involved in is concern about body image. The increase in the prevalence of worry about physical symptoms (from 20.4% in 2012 to 31.3% in 2017) (Netumanis et al., 2020), especially at this age where the damage is directed at the young and productive segment of society, especially women. Young people, who have many responsibilities both in the family and in the society, and are the main center of the family and society, cause irreparable damage to the whole of society.

As a result of the high importance of these concerns, their increase over time, and the problems they cause for the body and mind of people, researchers have sought psychological treatments and solutions to reduce or eliminate them. On the other hand, through the results of this research, it is possible to understand the relationship between a series of new variables such as physical compassion and thought-form fusion with body image concerns. These results can raise the level of researchers' knowledge and information related to this issue and help researchers focus on other topics related to teenagers in future research related to the sensitivity of this group towards their body and appearance. and provide the possibility of applying training, such as compassion training, by various institutions and organizations such as educational, medical, and other related centers.

2. Objectives

This scale was used for the first time in Iran in the present study and its psychometric properties were investigated on a sample of Iranian population. Therefore, the objective of this study was to confirm the validity of this scale in the translated Persian version.

3. Methods

3.1. Sample and Procedure

The method of the present study was descriptive and of validation type. The statistical population of the research included all students of Shahid Chamran University of Ahvaz who were studying in the academic year of 2019. Among the target student population, 175 students responded to the scale using convenience sampling method. Regarding the main objective of this study, explanations were given to the participants as an attachment.

3.2. Research Tools

Body Compassion Scale is a 23-item self-report tool developed by Altman et al. (2017) to evaluate a person's tendency toward compassion for their own body. This scale includes 3 subscales of diffusion, common humanity and acceptance and is scored on a five-point Likert scale from 1 (almost never) to 5 (almost always). High scores indicate high body compassion and low scores indicate low body compassion of the participants. Altman et al. (2017) reported Cronbach's alpha for the scale and 3 subscales of diffusion, common humanity and acceptance as 0.92, 0.92, 0.91, and 0.87, respectively. They also reported the validity of this scale through its simultaneous implementation with the shortened form of self-compassion scale, positive affect and eating attitudes questionnaire as 0.79, 0.35 and 0.55, respectively (Altman et al., 2017). Ferreira et al. (2018) reported Cronbach's alpha coefficient of the Portuguese version of this scale as 0.91. The reliability of this scale in the present study is reported as 0.81 by Cronbach's alpha and its convergent validity is reported as 0.55 through its simultaneous implementation with the shortened form of self-compassion scale. This result indicates that the desired reliability of this scale.

3.3. Ethical Considerations

Before initiating the work, the researchers considered the student's consent or unwillingness to participate in the research and explained the completion of the questionnaires, the objectives of the study, and the research method for the participants. The candidates were also assured that their private and personal information would be kept confidential, and the findings would be explained to them if they wished. Then, they ensured that participation in the research would not impose any financial burden on them.

3.4. Data collection method

This tool was first translated into Farsi, and then the help of experts was translated to the original language that is most related to the concepts. After preparing the scale in the PORSA, it was adjusted to collect data and sent to a group of students through a link on social networks.

Also, for data analysis, in addition to descriptive statistics, inferential statistics such as Pearson's correlation coefficient and factor analysis were used. To check the fit of the model with the data, using AMOS24 software, chi-square Index (X^2), Goodness Fit Index (GFI), Comparative Fit Index (CFI), Incremental Fit Index (IFI), and root mean square error of

approximation (RMSEA) were calculated. became. The software used for data analysis included SPSS 23 and AMOS 23.

4. Results

The mean and standard deviation of the age of the participants in this study was 24.14 ± 3.32 years. **Figure 1** shows the results of the three-factor model of the Body Compassion Scale.

Before performing the factor analysis of the data, it is necessary to ensure the adequacy of the sampling. Therefore, according to the value of KMO=0.85 and The result of Bartlett's chi-square test: 3893.2, which are significant at the level of P<0.001, factor analysis can be performed. The results of Graph 1 show the factor loadings of the questionnaire questions It shows that most of them are not in the critical range of factor load of 0.35 (**Table 1**).

Table 1 shows the factor loadings of each item of Body Compassion Scale.

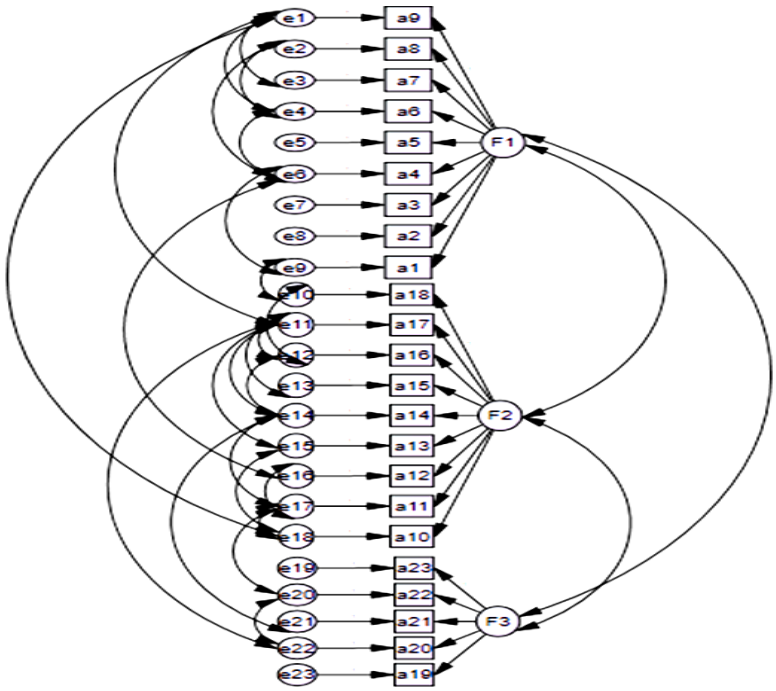


Figure 1. CFA of Body Compassion Scale

Table 1. Factor loadings of the items of Body Compassion Scale

Items	Factor Loadings	Items	Factor Loadings	Items	Factor Loadings
1	0.66	9	0.52	17	0.52
2	0.82	10	0.63	18	0.55
3	0.74	11	0.56	19	0.69
4	0.45	12	0.63	20	0.53
5	0.38	13	0.53	21	0.82
6	0.59	14	0.79	22	0.57
7	0.53	15	0.76	23	0.66
8	0.45	16	0.74		

As shown in **Table 1**, the factor loadings of all the items are higher than 0.3. Factor loadings higher than 0.3 indicate the convergent validity of the scale items. In CFA of the scale, the highest factor loading is related to items 2 and 21 (0.82) and the lowest factor loading is related to item 5 (0.38).

Using the exploratory method and principal component analysis and varimax rotation, the factorial structure of the questionnaire was examined, and 3 factors of fault, sense of human commonality, and acceptance of special value were higher than one and they were 3.91, 2.42, and 2.08. These 3 items explained 38.09% of the observed variances. Factor 1 accounted for the most explained variance, and therefore it can indicate the relatively appropriate factor validity of the Body Compassion Scale. After removing the items that did not have a suitable factor load, the characteristics resulting from this analysis were extracted to check the desirability of the factors, which include the fit indices of the three-factor model of Body Compassion Scale included x^2/df (1.83), TLI (0.90), CFI (0.9), IFI (0.90), GFI (0.90), AGFI (0.90) and RMSEA (0.07). The results of CFA and fit indices indicate the appropriate fit of the three-factor structure of Body Compassion Scale (**Table 2**).

Table 2. Fit indices of Body Compassion Scale model

Index	x^2/df	TLI	CFI	IFI	GFI	AGFI	RMSEA
Allowable limit	<5	≥0.90	≥0.90	≥0.90	≥0.90	≥0.90	≤0.08
Estimate	1.83	0.90	0.90	0.90	0.90	0.90	0.07

Table 3 shows the results of the convergent validity of Body Compassion Scale by calculating the correlation coefficient of this scale with self-compassion scale.

Table 3. Correlation coefficient of Body Compassion Scale with self-compassion scale

Tool	body compassion	self-compassion	Significance level
Body Compassion Scale	1		0.001
Self-compassion scale	0.55	1	0.001

As shown in **Table 3**, the correlation between body compassion and self-compassion is equal to 0.55, which is significant at $p<0.001$. This finding indicates the very desired validity of this scale.

5. Discussion

The objective of this study was to confirm the fit, validity and validity of body compassion scale of Altman et al. (2017) in Iranian students. For this purpose, the above scale, including 23 items, was examined among a sample of 175 students of Shahid Chamran University of Ahvaz. The results showed that the items of this scale have convergent validity and good fit of this scale. Cronbach's alpha coefficient of this scale was equal to 0.81, indicating the reliability of this scale. The study results are consistent with the study results of Wong et al. (2022) in Hong Kong, Policardo et al. (2022) in Italy and Ferreira et al. (2018) in Portugal.

Since body compassion scale as a new construct with adaptive properties can be a useful tool for predicting health-oriented behaviors. Therefore, it can be used in therapeutic interventions to improve physical activity. In addition to increased flexibility in the process of changes related to health and appearance, it is related to higher levels of positive emotions and lower levels of emotions. Therefore, this scale can be used in clinical and field research in the field of psychology, and researchers in this field can use this scale in their future research.

6. Limitation and Recommendation

There were limitations in this study, such as a cross-sectional design was considered for the objective of this study, but confirming the validity of the predictor using a longitudinal method can

be useful. Given that this study was conducted on female students, the results should be generalize to other groups with caution. Therefore, it is suggested that in future studies, the validity and reliability of the scale will be confirmed on other samples and the results will be compared with the study results. In addition, the results can help researchers to focus on other issues related to teenagers in future research related to the sensitivity of this group towards their body and appearance and the possibility of training, such as compassion, by various institutions and organizations such as educational, medical and other related centers.

7. Conclusion

Therefore, social self-efficiency (SSE) scale had suitable validity and reliability, and this scale can be used in many clinical and research situations

8. Author Contributions

All authors contributed in designing, running, and writing all parts of the research.

9. Acknowledgment

The present research would not have been possible without the cooperation of the participants; we hereby acknowledge and thank all the participants.

10. Conflicts of Interest

There are no conflicts of interest.

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Attach

Almost Always = 5	Most Times =4	Sometime = 3	Rarely = 2	Never = 1

Body Compassion Scale	پرسشنامه شفقت ورزی بدنی
When I feel frustrated with my body's inability to do something, I tend to feel separate and cut off from other people.	وقتی احساس ناتوانی بدنی می‌کنم و از انجام کاری نا امید می‌شوم، سعی می‌کنم از دیگران دوری کنم.
When I think about my body's inadequacies, it tends to make me feel more separate and cut off from other people.	وقتی فکر می‌کنم که چقدر از نظر جسمی ضعیف هستم بیشتر از دیگران اجتناب می‌کنم.
When I fail at some form of physical activity that is important to me, I tend to feel alone in my failure.	وقتی در انجام فعالیت‌های بدنی شکست می‌خورم، تنهایی را بر هر چیزی ترجیح می‌دهم.
When my body fails at something important to me, I become consumed by feelings of inadequacy.	وقتی در انجام فعالیت‌های جسمانی ضعیف نباشم احساس ناتوانی می‌کنم.
When my body is not responding the way I want it to, I tend to be tough on myself.	وقتی فعالیت جسمی خوبی نداشته باشم برای خودم یک سری فعالیت‌های سخت‌گیرانه‌ای می‌گذارم
When I wish some aspect of my body looked different, it feels like no one else understands my struggle.	وقتی آرزو دارم بدن متفاوتی داشته باشم، کسی این احساس مرا درک نمی‌کند.
When I have physical symptoms, illness, or injury, it tends to make me feel more separate and cut off from other people.	وقتی از نظر جسمی بیمار باشم تمایل دارم تا از دیگران اجتناب کنم.
When I notice aspects of my body that I do not like, I get down on myself.	وقتی نازیبایی را در برخی از اعضای بدنم می‌بینم غمگین می‌شوم.
When I am feeling physically uncomfortable, I tend to obsess and fixate on everything that is wrong.	وقتی از نظر جسمی سرحال نباشم، به هرکس و هر چیزی بی‌خودی گیر می‌دهم.
When I am frustrated with some aspect of my appearance, I try to remind myself most people feel this way at some time.	وقتی از ظاهر جسمی خود احساس نارضایتی می‌کنم، به خود می‌گویم که خیلی ها مثل من هستند.
When I doubt my ability to do a new physical activity, I try to remind myself that most people also feel this way at some point.	وقتی در انجام فعالیت‌های جسمی دچار تردید می‌شوم، به خودم می‌گویم که خیلی‌ها مثل من هستند.
When I feel out of shape, I try to remind myself that most people feel this way at some point.	وقتی از سر و وضع ظاهرم خوشم نمی آید به خودم می‌گویم که افراد دیگری هم هستند که مثل من احساس خوبی به ظاهرشان نداشته باشند.
I try to see my body's failings as something everyone experiences in one way or another.	من سعی می‌کنم عیب‌های بدنم را آن گونه ببینم که دیگران هم عیب‌های خود را می‌بینند.
When I am injured, ill, or have physical symptoms, I remind myself that there are lots of other people in the world feeling like me.	وقتی از نظر جسسمی مشکلی پیدا می‌کنم به خودم می‌گویم خیلی‌ها مثل من هستند.
When I feel frustrated with my body's inability to do something, I try to remind myself that most people in my condition feel this way at some point.	وقتی در انجام فعالیت‌های حرکتی احساس ناتوانی می‌کنم، به خودم می‌گویم که خیلی‌های دیگر هم مثل من هستند.
When I feel my body is inadequate in some way, I try to remind myself that feelings of inadequacy are shared by most people.	وقتی از نظر جسمی احساس ضعف می‌کنم خودم می‌گویم که خیلی‌های دیگر هم مثل من هستند.
When I am at my lowest during times of physical symptoms, illness, or injury, I know I am not alone in feeling this way.	وقتی که در بیمار می‌شوم بد خلق می‌شوم، اما می‌دانم که خیلی‌های دیگر نیز در چنین شرایطی بد خلق می‌شوند.
When I am concerned if people would consider me good-looking, I remind myself that most everyone has the same concern	وقتی نگرانِ خوش چهره بودنم هستم، می‌دانم که خیلی‌ها هم مثل من نگران زیبایی چهره‌شان هستند.
I am accepting of my looks just the way they are.	همان طور که دیگران از نظر ظاهری قبول دارند من هم همان‌طور هستم
I am accepting of the way I look without my clothes	من نگرشم را به محیط پیرامون خود را قبول دارم
I feel okay in my body.	من احساس خوبی نسبت به بدنم دارم.
I am tolerant of my body's flaws and inadequacies.	من عیب‌های بدنی‌ام را می‌پذیرم
I am tolerant of the way my clothes fit me.	لباس‌ها خوب روی تن من می‌نشینند.