Bilişsel Davranışçı Psikoterapi ve Araştırmalar Dergisi
Journal of Cognitive-Behavioral Psychotherapy and Research
DOI: 10.14744/JCBPR.2026.77388
J Cogn Behav Psychother Res 2026;15(1):14–22

Validation of the Body Image Acceptance and Action Questionnaire in Turkish: The Role of Flexibility in Body Image in Relation to Obsessive-Compulsive Personality Beliefs and Disordered Eating

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This study is based on a part of the first author's doctoral dissertation and was previously presented as a poster at the Association for Contextual Behavioral Science (ACBS) UK & Republic of Ireland Chapter Annual Conference held in London, 2024.

Cite this article as:
Nebati ES, Karatepe HT, Öztürk M. Validation of the Body Image Acceptance and Action Questionnaire in Turkish: The Role of Flexibility in Body Image in Relation to Obsessive-Compulsive Personality Beliefs and Disordered Eating. J Cogn Behav Psychother Res 2026;15(1):14–22.

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Submitted: 16.09.2025
Revised: 17.12.2025
Accepted: 02.01.2026
Available Online: 27.02.2026

JCBPR, Available online at http://www.jcbpr.org/

ABSTRACT

Body image flexibility (BIF), which refers to one's ability to respond adaptively to body experience-related perceptions, emotions, thoughts, beliefs, and sensations, may play a crucial role in the development, maintenance, and treatment of eating disorders. However, the potential mediating role of BIF in the relationship between personality beliefs and disordered eating has not yet been explored. The present study aimed to examine the psychometric properties of the Body-Image Acceptance and Action Questionnaire (BI-AAQ) and to investigate how BIF affects the association between obsessive-compulsive personality beliefs (OCPB) and disordered eating. This cross-sectional study was conducted using convenience sampling in a general adult population (n=388). All participants anonymously completed the BI-AAQ, Eating Disorder Examination Questionnaire (EDE-Q), Personality Beliefs Questionnaire—Short Form (PBQ-SF), Body Shape Questionnaire (BSQ-34), and Acceptance and Action Questionnaire—II (AAQ-II). The original one-factor structure was confirmed for the Turkish version of the BI-AAQ and showed good internal consistency and concurrent validity. Furthermore, this study revealed that BIF, as measured by the BI-AAQ, fully mediated the relationship between OCPB and disordered eating. Our findings suggest that the BI-AAQ is a valid and reliable measure for the Turkish population. Aligned with the psychological flexibility model, the results of this study enhance our understanding of the relationship between personality beliefs and eating pathology. Furthermore, interventions targeting BIF may serve as a effective preventive interventions to reduce the risk of eating disorder onset among individuals with obsessive-compulsive personality disorder.

Keywords: Body image flexibility, Body Image Acceptance and Action Questionnaire, BI-AAQ, disordered eating, eating pathology, obsessive-compulsive personality beliefs.

ÖZ

Beden İmajı Kabul ve Eylem Formunun Türkçe Validasyonu: Beden İmajı Esnekliğinin Obsesif Kompulsif Kişilik İnançları ile Bozulmuş Yeme Davranışı Arasındaki Rolü

Beden imajı esnekliği, kişinin bedeni ile ilişkili algı, duygu, düşünce, inanç ve hislerine uyumlu bir biçimde tepki verebilme kapasitesi olarak tanımlanır ve yeme bozukluklarının gelişimi, sürmesi ve tedavisinde önemli bir role sahip olabilmektedir. Bununla birlikte, beden imajı esnekliğinin kişilik inançları ile bozul-

muş yeme davranışı arasındaki olası aracı rolü henüz incelenmedi. Bu çalışma, Beden İmajı Kabul ve Eylem Formunun psikometrik özelliklerini değerlendirmeyi ve beden imajı esnekliğinin obsesif kompulsif kişilik inançları ile bozulmuş yeme davranışı arasındaki ilişkiyi nasıl etkilediğini incelemeyi amaçlamaktadır. Bu kesitsel çalışma, kolayda örnekleme yöntemiyle ulaşılan genel yetişkin popülasyon (n=388) ile yapıldı. Katılımcılar anonim olarak Beden İmajı Kabul ve Eylem Formu, Yeme Bozukluğu Değerlendirme Ölçeği, Kişilik İnanç Ölçeği Kısa Formu, Vücut Şekli Anketi, Kabul ve Eylem Formu-2 ölçek bataryalarını doldurdu. Beden İmajı Kabul ve Eylem Formunun Türkçe versiyonu için özgün tek faktörlü yapısı doğrulandı ve iyi düzeyde iç tutarlılık ve eş zamanlı geçerlilik gösterdi. Ayrıca, bu çalışma beden imajı esnekliğinin obsesif kompulsif kişilik inançları ile bozulmuş yeme davranışı arasındaki ilişkide tam aracı olduğunu gösterdi. Çalışmanın bulguları, Beden İmajı Kabul ve Eylem Formunun Türk örnekleminde geçerli ve güvenilir bir ölçüm aracı olduğunu göstermektedir. Psikolojik esneklik modeli ile uyumlu olarak kişilik inançları ile yeme patolojisi arasındaki ilişkiyi anlamamızı güçlendirmektedir. Buna ek olarak, beden imajı esnekliğini geliştirmeye yönelik müdahaleler obsesif kompulsif kişilik bozukluğu olan bireylerde yeme bozukluğu gelişimini önlemeye yönelik etkili koruyucu müdahale olarak hizmet edebilir.

Anahtar Kelimeler: Beden imajı esnekliği, Beden İmajı Kabul ve Eylem Formu, bozulmuş yeme davranışı, obsesif kompulsif kişilik inançları, yeme patolojisi.

INTRODUCTION

Body image flexibility (BIF) is a concept grounded on the psychological flexibility model, which identifies psychological health as being aware of one's internal experiences and openly engaging with them while acting in accordance with one's values (Bond et al., 2011). Similarly, BIF emphasizes the awareness and acceptance of body-related perceptions, emotions, thoughts, and beliefs while acting in accordance with one's values (Sandoz et al., 2019). Negative body evaluations encompass negative thoughts and emotions regarding body size, shape, weight, muscle structure, and specific body parts, such as the legs and hips (Stice & Shaw, 2002; Grogan, 2017). Negative evaluation of one's body, also known as body dissatisfaction, is one of the most common symptoms and underlying mechanisms of eating disorder (ED) (McLean & Paxton, 2019; Stice, 2002; Stice & Shaw, 2002).

BIF is an important factor in the development, maintenance, and treatment of EDs (Bluett et al., 2016; Merwin et al., 2023). BIF reduces the effect of risk factors such as body dissatisfaction, appearance comparisons, and disordered eating cognitions on disordered eating (Kelly et al., 2014; Lee et al., 2017; Perey & Koenigstorfer, 2020; Wendell et al., 2012). Individuals with greater BIF show lower levels of disordered eating, that is, lower eating pathology, both in clinical and non-clinical populations (Linardon et al., 2021; Mendes et al., 2022; Pellizzer et al., 2018; Sandoz et al., 2019). Moreover, BIF is positively related to psychological flexibility (Sandoz et al., 2013) and inversely correlated with body dissatisfaction (Kelly et al., 2014; Lee et al., 2017), disordered eating (Linardon et al., 2021), and perfectionism (Ferreira et al., 2016).

According to the underlying model, psychological flexibility is the primary target of the acceptance and commitment therapy (ACT). In the case of EDs, body image flexibility is an equally important target of the ACT to achieve the desired treatment outcomes (Linardon et al., 2021). Studies have shown that changes in BIF mediate symptom improvement for ED treatment, thereby enhancing treatment success. However, Butryn et al. (2013) identified that individuals with lower baseline BI-AAQ scores exhibited more severe symptoms, and increases in their scores closely linked to symptom reduction. Similarly, Pellizzer et al. (2018) found that BIF was the strongest predictor and moderator of treatment outcomes, surpassing other factors, such as body image avoidance and psychological distress.

More than half of individuals with EDs exhibit comorbid personality disorders (Juli et al., 2023; Marañón et al., 2004). This coexisting personality disorder shapes the type and form of ED symptoms (e.g., the frequent occurrence of anorexia restrictive subtype in Obsessive-compulsive personality disorder (OCPD) and anorexia binge-purging type in borderline) (Cassin & von Ranson, 2005). OCPD is one of the personality disorders most frequently linked to EDs (Sansone et al., 2004). A clear relationship exists between OCPD and ED symptoms, including restriction, concerns about eating, body shape, and weight.

According to the psychological flexibility model, one of the primary reasons for dysfunctional behavior is the attempt to control unwanted thoughts or the dominance of such thoughts over behavior. To date, no research has been conducted on the effect of BIF on the relationship between Obsessive-compulsive personality beliefs (OCPB) and disordered eating. Wendell et al. (2012) found that BIF

served as a mediator between the cognition and eating disorders. This finding supports the role of BIF as a potential preventive factor to reduce the incidence of eating disorders among people with OCPB.

BI-AAQ, developed by Sandoz et al. (2013), is a well-known instrument for measuring BIF. Recent research suggests that psychological flexibility measures are too broad to be utilized for EDs, and BI-AAQ is more effective than other psychological flexibility measures in predicting the severity of EDs (Sandoz et al., 2019; Lee et al., 2017). BI-AAQ is adapted from the Acceptance and Action Questionnaire (AAQ), the most used measure to assess psychological flexibility, and assesses flexible responses to thoughts and feelings about one's body. The psychometric properties of the BI-AAQ were sufficient in the original study (α=0.92; test-retest r=0.80). Additional research has also supported the validity and reliability of the scale (Lee et al., 2017; Timko et al., 2014). BI-AAQ has also been translated into Portuguese (Ferreira et al., 2011), Persian (Izaadi et al., 2013), Spanish (Lucena-Santos et al., 2017), and Chinese (He et al., 2021).

Overall, the current study aimed to translate BI-AAQ into Turkish and examine its psychometric properties and investigate the relationship between OCPB, BIF, and disordered eating, with a specific focus on the mediating role of BIF. The study hypotheses are as follows: 1) The Turkish form of the Body Image-Acceptance and Action Questionnaire (BI-AAQ) is a valid and reliable measurement instrument. 2) BIF (BI-AAQ) serves as a mediator in the relationship between OCPB (PBQ-SF) and disordered eating (EDE-Q).

METHODS

Participants

The study sample consisted of 388 participants aged 18–65 years residing in Türkiye. No exclusion criteria were applied to enhance the representativeness of the general adult population. The inclusion criteria required participants to be aged 18 or older and to voluntarily consent to participate in the study.

Materials

Consent and Demographic Information Forms

Participants were first given an informed consent form that detailed the study purpose and content. Demographic information was also collected.

Body Image Acceptance and Action Questionnaire

Sandoz et al. (2013) developed the BI-AAQ to measure BIF, which is defined as the capacity to experience body-related inner experiences (thoughts, feelings, sensations, and perceptions) while acting in alignment with one's values. The scale was adapted from the Acceptance and Action Questionnaire (AAQ), the most commonly used measure of psychological flexibility. The BI-AAQ consists of 12 items rated on a 7-point Likert scale, ranging from 1 ("Never True") to 7 ("Always True"). Higher scores indicate lower BIF and increased body image inflexibility.

Acceptance and Action Questionnaire II

The AAQ-II measures psychological flexibility with improved psychometric properties compared to the original AAQ (Hayes et al., 2004; Bond et al., 2011). The AAQ-II consists of 7 items rated on a 7-point Likert scale, from 1 ("Never True") to 7 ("Always True"). Higher scores indicate decreased psychological flexibility and increased experiential avoidance. Yavuz et al. (2016) validated the Turkish form of the scale with a Cronbach's alpha reliability coefficient of 0.84. The Turkish form of the scale was used to measure psychological flexibility, and the internal consistency coefficient was 0.93.

Eating Disorder Examination Questionnaire (EDE-Q)

The EDE-Q, developed by Fairburn and Cooper (1993), is a self-report measure used to assess eating disorder behaviors. The EDE-Q consists of 33 items rated on a 7-point Likert scale ranging from 0 to 6. Higher scores indicate greater impairment in eating behaviors, and no clinical cut-off score has been reported. The scale has five subscales: restraint, binge eating, shape, eating, and weight concerns. The total score is computed by summing the subscale scores, excluding the binge eating subscale. The Turkish form of the scale was validated by Yücel et al. (2011), with Cronbach's alpha reliability coefficients of 0.93 for the overall scale. The total score was used to measure disordered eating in this study. The internal consistency coefficient for the overall scale was 0.96.

Body Shape Questionnaire (BSQ-34)

Cooper et al. (1987) developed the BSQ-34, which assesses concerns about body shape and weight. The BSQ-34 consists of 34 items rated on a 6-point Likert scale from "Never" to "Always." Higher scores indicate increased body dissatisfaction." The Turkish form of the scale was validated by Akdemir et al. (2012), with Cronbach's alpha reliability coefficients of 0.96. The total score was used to assess body dissatisfaction, and the internal consistency coefficient was 0.97.

Personality Belief Questionnaire-Short Form

The PBQ-SF is a short form of the original PBQ, designed to assess dysfunctional personality beliefs. It consists of 65 items and 9 subscales for different personality types (Butler et al., 2007). Items were rated on a 4-point Likert scale, from 0 ("I don't

believe it at all") to 4 ("I completely believe it"). The Turkish form of the scale was validated by Türkçapar et al. (2007), with a Cronbach's alpha reliability coefficient of.92 (Taymur et al., 2011). In this study, the OCPB subscale, consisting of 7 items, was used to assess OCPB. The internal consistency coefficient for this subscale was 0.83 in the Turkish adaptation study and.88 in the current study.

Procedure

The study was approved by the Scientific Research and Publication Ethics Committee of the School of Humanities and Social Sciences at Ibn Haldun University on December 15, 2023 (Decision number 2023/08-04), and the research was conducted following the principles of the Declaration of Helsinki. Approval for the Turkish translation of the scale was obtained from the original scale developer. The scale was translated into Turkish and bask-translated into English using standard procedures. Minor discrepancies in the back-translation were made for linguistic clarity and were approved by the scale developer.

The finalized Turkish version of the scale was then administered to 12 undergraduate students fluent in both Turkish and English. Participants were asked to complete both the original English and Turkish versions of the scale and provide feedback on the items' clarity and comprehensibility. The final Turkish form of the BI-AAQ was used in this study (Appendix 1).

Participants were recruited using snowball sampling, and announcements were made via social media and email lists. The participants who provided informed consent were directed to the test battery. Completing the battery took approximately 15 minutes. Data were collected between November 2023 and April 2024.

Data Analysis

Data were analyzed using the Jamovi 2.3 software. To test the assumption of normality, the skewness and kurtosis coefficients were examined. Following the guidelines of Tabachnick and Fidell (2013), a normal distribution was assumed if the skewness and kurtosis coefficients were within the range of -1.50 to +1.50.

Cronbach's alpha internal consistency coefficient was computed to assess the reliability of the Turkish version of the BI-AAQ, where a value of $\alpha>0.70$ indicates that the scale is reliable (Kline, 1999). Additionally, item-total correlation values were analyzed to assess discrimination among items. According to Büyüköztürk (2018), an item-total correlation of 30 indicates good item discrimination indices.

Confirmatory factor analysis (CFA) was conducted to verify the construct validity. The results were evaluated using a

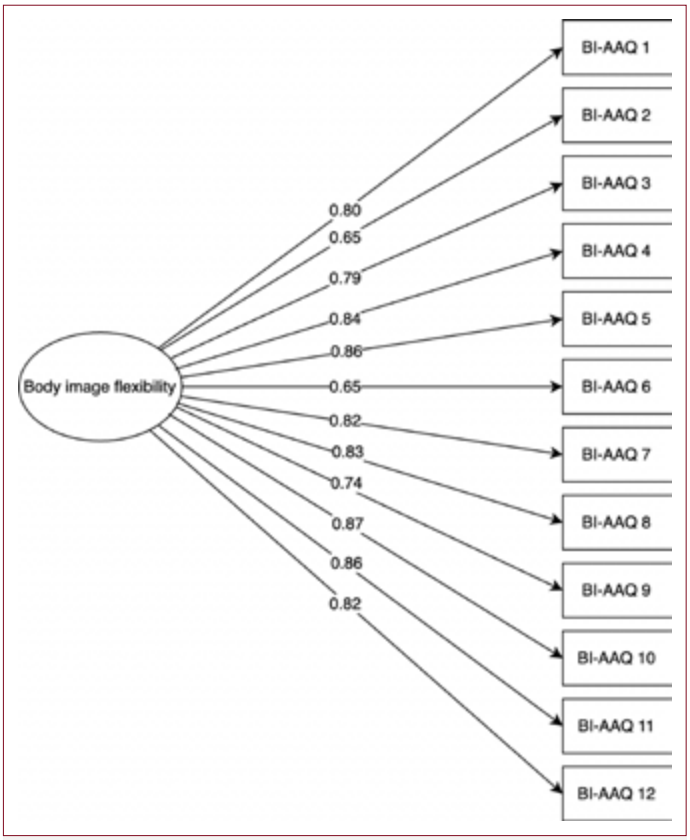

Figure 1. The one-factor model of the BI-AAQ.

95% confidence interval. The model fit indices, including CFI, TLI, SRMR, and RMSEA, were calculated. According to Kline (2011), a model is considered acceptable if the CFI and TLI values are greater than or equal to 0.90 and the RMSEA and SRMR values are less than 0.08. We used different indices because each performs better under varying conditions. In models based on Likert-type scales with five or more categories, RMSEA often tends to over-reject models, making SRMR a more reliable indicator of model fit (Shi et al., 2019). We reported RMSEA but primarily relied on CFI, TLI, and SRMR to interpret model fit.

For criterion-related validity, Pearson correlation analysis was used. When the normality assumption was violated, Spearman's rho analysis was used. The interpretation of Pearson's r value follows Field (2018), where $r>0.1$ indicates a small effect size, $r>0.3$ indicates a medium effect size, and $r>0.5$ indicates a large effect size.

The second research question was investigated using the Hayes process. The four conditions proposed by Baron and Kenny (1986) were examined prior to the analysis, and the findings were interpreted accordingly.

Table 1. Sociodemographic characteristics of the participants

Variables	Mean	SD	Min	Max
Age	33.13	12.08	18.00	65.00
BMI	25.35	5.51	16.33	52.74
	n	%		
Sex				
Female	352	90.7		
Male	336	9.3		
Educational level				
Primary school	18	4.6		
Middle school	13	3.4		
High school	90	23.2		
University	222	57.2		
Postgraduate	45	11.6		
Marital status				
Single	195	50.3		
Married	171	44.1		
Divorced	16	4.1		
Other	6	1.5		
Socioeconomic status				
Lower class	40	10.3		
Lower-middle class	69	17.8		
Middle class	178	45.9		
Upper-middle class	70	18.0		
Upper class	31	8.0		
BMI				
Underweight	18	4.7		
Normal weight	201	52.3		
Overweight	99	25.8		
Obese	66	17.2		
Physical illness				
Yes	107	27.6		
No	281	72.4		
Psychiatric diagnosis				
Yes	77	19.8		
No	311	80.2		
Eating disorder diagnosis				
Yes	16	4.1		
No	372	95.9		
Eating disorder treatment				
Yes	10	2.6		
No	378	97.4		

BMI: Body Mass Index; classified in accordance with World Health Organization (WHO) guidelines; SD: Standard deviation; Min: Minimum; Max: Maximum.

Table 2. Item total correlations of the Body Image Acceptance and Action Questionnaire

Item	If item deleted	
	Item total correlation	Cronbach's α
BI-AAQ1	0.79	0.95
BI-AAQ2	0.64	0.95
BI-AAQ3	0.76	0.95
BI-AAQ4	0.82	0.95
BI-AAQ5	0.83	0.95
BI-AAQ6	0.63	0.95
BI-AAQ7	0.80	0.95
BI-AAQ8	0.81	0.95
BI-AAQ9	0.72	0.95
BI-AAQ10	0.86	0.95
BI-AAQ11	0.83	0.95
BI-AAQ12	0.79	0.95

BI-AAQ: Body-Image Acceptance and Action Questionnaire.

RESULTS

Descriptives

Table 1 presents the detailed sociodemographic characteristics of the sample.

Normality

The total scores of the scales and subscales were normally distributed, except for BMI.

Confirmatory Factor Analysis (CFA)

The results of the CFA of the BI-AAQ indicated that the one-factor model fit the sample data adequately, with χ^2=305.04 (df=54, p<0.001), CFI=0.94, TLI=0.92, SRMR=0.03, and RMSEA=0.11 (90% CI: 0.09~0.12). Figure 1 shows the factor loadings of the BI-AAQ.

To improve the fit of the model, modification indices were examined, and theoretically error justifiable error were added accordingly. The modified model presented a better model fit χ^2=145.35 (df=46, p<0.001), CFI=0.97, TLI=0.96, SRMR=0.03, and RMSEA=0.07 (90% CI:0.06~0.09). Figure 2 displays the finalized BI-AAQ model.

Reliability

In this study, the Cronbach's alpha internal consistency coefficient of the single-factor BI-AAQ was 0.95, indicating that the scale is reliable (Kline, 1999). Table 2 displays the item-total correlations and Cronbach's alpha values if an item deleted. The item-total correlation value for each item

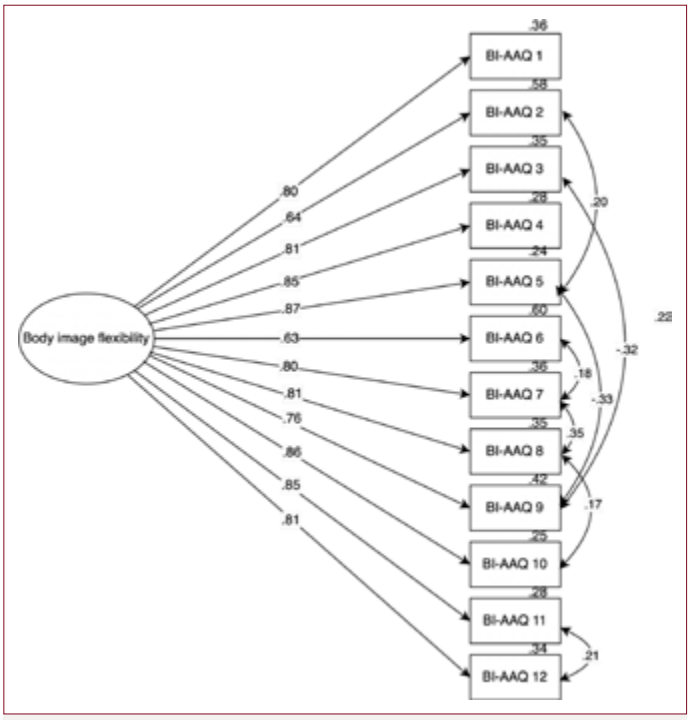

Figure 2. The modified model of the BI-AAQ.

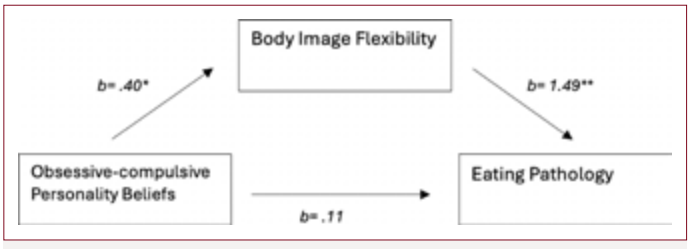

Figure 3. Results of the mediation analysis. Note: Standardized coefficients are presented and *p<0.05, **p<0.001.

was greater than 0.30, indicating good item discrimination indices. Furthermore, Cronbach's alpha remained stable when any item was deleted, suggesting that no item weakened the scale's reliability.

Criterion-related Validity

Table 3 presents the correlations between BIF and body dissatisfaction, general psychological flexibility, disordered eating, and BMI. As shown in the table, BI-AAQ scores were positively correlated with BSQ, AAQ, EDE-Q, and BMI.

Mediation Analysis

The findings revealed a significant relationship between BIF and OCPB (p<0.001; r=0.16), as well as between BIF and disordered eating (p<0.001; r=0.78). Mediation analysis

Table 3. Correlations between BI-AAQ and BSQ, AAQ, EDE-Q, BMI

	BI-AAQ
AAQ total	
Pearson's r	0.61
p-value	<0.001
BSQ total	
Pearson's r	0.79
p-value	<0.001
EDEQ total	
Pearson's r	0.78
p-value	<0.001
BMI	
Spearman's rho	0.21
p-value	<0.001

BI-AAQ: Body-Image Acceptance and Action Questionnaire; AAQ: Acceptance and Action Questionnaire; BSQ: Body Shape Questionnaire; EDEQ: Eating Disorder Examination Questionnaire; BMI: Body Mass Index.

conducted using the Baron Kenny method revealed that OCPB had a significant effect on disordered eating (b=0.71, t=2.95, p<0.05). After the mediator variable (BIF) was included in the model, the direct effect of OCPB on disordered eating changed to nonsignificant (b=0.11, t=0.78, p>0.05). As shown in Figure 3, OCPB had a significant indirect effect on disordered eating, and BIF fully mediated the relationship between OCPB and disordered eating (b=0.60, t=3.27, p<0.05).

DISCUSSION

This study aimed to validated the Turkish form of the BI-AAQ. The results indicate that the Turkish form of the BI-AAQ has acceptable psychometric properties and is suitable for use in the general adult population. BIF, assessed by the BI-AAQ, using a one-factor model, is conceptualized as a unidimensional construct. While the model fit indices CFI, TLI, and SRMR indicate good model fit, the RMSEA was found to be 0.11. As previously stated, we did not primarily interpret our results based on RMSEA values. Previous studies that validated BI-AAQ in different samples often reported that RMSEA was either not reported (e.g., Ferreira et al., 2016; Lucena-Santos et al., 2017) or reported but not relied upon in interpreting model fit (He et al., 2021). Although the initial model demonstrated an acceptable fit, supporting the scale's single-factor structure, the modified model showed a better fit with the data. The AAQ scales were originally developed as unidimensional measures assessing acceptance and action processes. Error covariances were added between item pairs, indicating overlap. 1 and 10 (weight-related internal experiences influencing behavior), 2 and 5 (excessive body-

related concern), 3 and 9 (avoidance of body-image-related internal experiences), 5 and 9 (impact of weight dissatisfaction on functioning), 6 and 7 (controlling or avoiding body-image-related internal experiences), 7 and 8 (need to stay in control), 8 and 10 (impact of body-image-related thoughts on one's life), and 11 and 12 (shape-related internal experiences influencing behavior). These modifications significantly improved the model fit. The results from the Turkish sample are consistent with previous findings, and these values can be interpreted as acceptable when evaluating the BI-AAQ structure across different cultural samples.

Furthermore, the Turkish form of the BI-AAQ has been identified as a reliable measurement instrument, with items strongly supporting the one-factor structure. The Turkish version of the BI-AAQ has excellent internal consistency (α=0.95) and good item discrimination indices for all items. Cronbach's alpha remained stable when any item was deleted, indicating that no item undermined the scale's internal consistency. This also indicates that even the items that performed poorly in different samples (e.g., Portuguese) provided high consistency in the Turkish sample.

Regarding criterion-related validity, the BI-AAQ was positively correlated with general psychological flexibility, EDs, body dissatisfaction, and BMI. Higher BI-AAQ and AAQ scores indicate lower flexibility. That is, BIF exhibits a positive correlation with general psychological flexibility and negatively correlated with body dissatisfaction, disordered eating, and BMI. These results are consistent with previous findings regarding BIF (Sandoz et al., 2013; Kelly et al., 2014; Lee et al., 2017; Timko et al., 2014; Ferreira et al., 2016).

This study enhances our understanding of the relationship between personality beliefs and disordered eating. Research consistently conceptualizes eating disorders as a well-established risk factor and indicator of ED. Sandoz and DuFrene (2014) explained BIF as the ability to accept the inner experiences of one's body without allowing them to dominate behavior. Consistent with the psychological flexibility model, acting in accordance with one's values while having unwanted internal experiences (e.g., thoughts) is a sign of psychological flexibility. Within the context of EDs, this might appear as a fusion of thoughts such as "If I eat, I will lose control" or "If I'm not thin, I'm disgusting," potentially leading to disordered eating. Similarly, OCPB statements such as "Imperfections cannot be tolerated" and "It is necessary to always strive to reach the highest standards" may influence the emergence of eating disorder symptoms. As OCPD is one of the most common personality disorders in EDs, OCPB may lead to symptoms of eating disorders in some scenarios.

This study has important implications for preventive interventions and treatments for patients with ED. Aligned with the psychological flexibility model, the findings of this study suggest that interventions targeting BIF (e.g., acceptance and commitment therapy) might help reduce the impact of OCPB in EDs and lower the risk of developing an eating disorder for individuals with OCPD. These findings require clinical validation.

This study also provides important implications within the Turkish context. Recent studies in Türkiye have highlighted the relationship between body image, eating behaviors, and obesity (Pehlivan et al., 2025). The prevalence of EDs in Türkiye is reported to be similar to global rates (Deveci, 2020). Considering the global increase in EDs, the importance of research on body image, one of the major risk factors, becomes more evident. The Turkish form of the BI-AAQ, as a problem-specific measure of psychological flexibility, can make a valuable contribution to future research on obesity and EDs in Türkiye.

The current study extends the literature on BIF while having some limitations. First, the study does not have a homogeneous sample (e.g., the majority of the sample is women), which could limit the findings. Second, the sampling technique used may can limit the findings. Although snowball sampling enhances participation through connections, its non-probability nature limits the findings' generalizability.

In addition, the potential influence of cultural differences and translation issues, a common limitation of adaptation studies, should be considered. Finally, while the findings regarding the mediating role of OCPB are consistent with the theoretical framework, their practical implications must be investigated.

CONCLUSION

Overall, this study confirms the factor structure and psychometric properties of the Turkish version of the BI-AAQ. Additionally, this study extends the literature on BIF by demonstrating the role of BIF in the relationship between OCPB and DEE.

Ethics Committee Approval: This study was approved by the School of Humanities and Social Sciences at Ibn Haldun University Ethic Committee (No: 2023/08-04; Date: 15.12.2023).

Informed Consent: Informed consent was obtained from participants.

Conflict of Interest: The authors declare that there is no conflict of interest.

Financial Disclosure: The authors received no financial support for the research, authorship, and/or publication of this article.

Use of AI for Writing Assistance: Not declared.

Author Contributions: Concept – HTK, MÖ, ESN; Design – HTK, ESN; Supervision – HTK, MÖ; Data Collection and/or Processing – ESN; Analysis and/or Interpretation – HTK, ESN; Literature Review – ESN; Writing – ESN; Critical Review – HTK, MÖ.

Peer-review: Externally peer-reviewed.

REFERENCES

Akdemir, A., İnandı, T., Akbaş, D., Karaoğlan Kahiloğulları, A., Eren, M., & Canpolat, B. I. (2012). Validity and reliability of the Turkish version of the Body Shape Questionnaire among female high school students: Preliminary examination. *European Eating Disorders Review, 20*(1), e114–e115.

Baron, R. M., & Kenny, D. A. (1986). The moderator–mediator variable distinction in social psychological research: Conceptual, strategic, and statistical considerations. *Journal of Personality and Social Psychology, 51*, 1173–1182.

Bluett, E. J., Lee, E. B., Simone, M., Lockhart, G., Twohig, M. P., Lensegrav-Benson, T., & Quakenbush-Roberts, B. (2016). The role of body image psychological flexibility on the treatment of eating disorders in a residential facility. *Eating Behaviors, 23*, 150–155.

Bond, F. W., Hayes, S. C., Baer, R. A., Carpenter, K. C., Guenole, N., Orcutt, H. K., Waltz, T., & Zettle, R. D. (2011). Preliminary psychometric properties of the Acceptance and Action Questionnaire—II: A revised measure of psychological flexibility and acceptance. *Behavior Therapy, 42*, 676–688.

Butler, A. C., Beck, A. T., & Cohen, L. H. (2007). The Personality Belief Questionnaire–Short Form: Development and preliminary findings. *Cognitive Therapy and Research, 31*, 357–370.

Butryn, M. L., Juarascio, A., Shaw, J., Kerrigan, S. G., Clark, V., O'Planick, A. O., & Forman, E. M. (2013). Mindfulness and its relationship with eating disorders symptomatology in women receiving residential treatment. *Eating Behaviors, 14*, 13–16.

Büyüköztürk, Ş. (2018). *Sosyal bilimler için veri analizi el kitabı: İstatistik, araştırma deseni, SPSS uygulamaları ve yorum* (24. baskı). Pegem Akademi.

Cassin, S. E., & Ranson, K. M. (2005). Personality and eating disorders: A decade in review. *Clinical Psychology Review, 25*, 895–916.

Cooper, P. J., Taylor, M. J., Cooper, Z., & Fairburn, C. G. (1987). The development and validation of the Body Shape Questionnaire. *International Journal of Eating Disorders, 6*, 485–494.

Deveci, E. (2020). *Üniversite öğrencilerinde yeme bozukluğunun görülme sıklığı ve psikososyokültürel yordayıcıları: İstanbul örneklemi* (Doctoral dissertation). İstanbul University.

Fairburn, C. G., & Cooper, Z. (1993). The eating disorder examination. In C. G. Fairburn & G. T. Wilson (Eds.), *Binge eating: Nature, assessment and treatment* (pp. 317–360). Guilford Press.

Ferreira, C., Pinto-Gouveia, J., & Duarte, C. (2011). The validation of the Body Image Acceptance and Action Questionnaire: Exploring the moderator effect of acceptance on disordered eating. *International Journal of Psychology and Psychological Therapy, 11*, 327–345.

Ferreira, C., Trindade, I. A., & Martinho, A. (2016). Explaining rigid dieting in normal-weight women: The key role of body image inflexibility. *Eating and Weight Disorders—Studies on Anorexia, Bulimia and Obesity, 21*(1), 49–56.

Field, A. (2018). *Discovering statistics using IBM SPSS statistics* (5th ed.). SAGE Publications.

Grogan, S. (2017). *Body image: Understanding body dissatisfaction in men, women, and children* (3rd ed.). Routledge.

Hayes, S. C., Strosahl, K., Wilson, K. G., Bissett, R. T., Pistorello, J., Toarmino, D., Polusny, M. A., Dykstra, T. A., Batten, S. V., Bergan, J., Stewart, S. H., Zvolensky, M. J., Eifert, G. H., Bond, F. W., Forsyth, J. P., Karekla, M., & McCurry, S. M. (2004). Measuring Experiential Avoidance: A Preliminary Test of a Working Model. *The Psychological Record, 54*(4), 553–578.

He, J., Cai, Z., Chen, X., Lu, T., & Fan, X. (2021). Validation of the Chinese version of the Body Image Acceptance and Action Questionnaire and the mediating role of body image flexibility in the relationship between body dissatisfaction and psychological distress. *Behavior Therapy, 52*(3), 539–551.

Izaadi, A., Karimi, J., & Rahmani, M. (2013). Psychometric analysis of Persian version of Body Image Flexibility Questionnaire (BI-AAQ) among university students. *Journal of Hayat, 19*, 56–69.

Juli, R., Juli, M. R., Juli, G., & Juli, L. (2023). Eating disorders and psychiatric comorbidity. *Psychiatria Danubina, 35*(Suppl. 2), 217–220.

Kelly, A. C., Vimalakanthan, K., & Miller, K. E. (2014). Self-compassion moderates the relationship between body mass index and both eating disorder pathology and body image flexibility. *Body Image, 11*, 446–453.

Kline, P. (1999). *The handbook of psychological testing* (2nd ed.). Routledge.

Kline, R. B. (2011). *Principles and practice of structural equation modeling* (3rd ed). Guilford Press.

Lee, E. B., Smith, B. M., Twohig, M. P., Lensegrav-Benson, T., & Quakenbush-Roberts, B. (2017). Assessment of the Body

Image-Acceptance and Action Questionnaire in a female residential eating disorder treatment facility. *Journal of Contextual Behavioral Science, 6*, 21–28.

Linardon, J., Anderson, C., Messer, M., Rodgers, R. F., & Fuller-Tyszkiewicz, M. (2021). Body image flexibility and its correlates: A meta-analysis. *Body Image, 37*, 188–203.

Lucena-Santos, P., Carvalho, S. A., da Silva Oliveira, M., & Pinto-Gouveia, J. (2017). Body-image acceptance and action questionnaire: Its deleterious influence on binge eating and psychometric validation. *International Journal of Clinical and Health Psychology, 17*(2), 151–160.

Marañón, I., Echeburúa, E., & Grijalvo, J. (2004). Prevalence of personality disorders in patients with eating disorders: A pilot study using the IPDE. *European Eating Disorders Review, 12*, 217–222.

McLean, S. A., & Paxton, S. J. (2019). Body image in the context of eating disorders. *Psychiatric Clinics of North America, 42*(1), 145–156.

Mendes, A. L., Coimbra, M., Canavarro, M. C., & Ferreira, C. (2022). The powerful effect of body image inflexibility on the explanation of eating psychopathology severity. *Eating and Weight Disorders—Studies on Anorexia, Bulimia and Obesity, 27*(3), 961–968.

Merwin, R. M., Nikolaou, P., Moskovich, A. A., Babyak, M., Smith, P. J., & Karekla, M. (2023). Change in body image flexibility and correspondence with outcomes in a digital early intervention for eating disorders based on acceptance and commitment therapy. *Body Image, 44*, 131–135.

Pehlivan, M., Denkçi, N., Pehlivan, R., Çakır, M., & Mercan, Y. (2025). The relationship between body image and nutritional behaviors in adult individuals. *PLOS ONE, 20*.

Pellizzer, M. L., Waller, G., & Wade, T. D. (2018). Body image flexibility: A predictor and moderator of outcome in transdiagnostic outpatient eating disorder treatment. *International Journal of Eating Disorders, 51*(4), 368–372.

Perey, I., & Koenigstorfer, J. (2020). Appearance comparisons and eating pathology: A moderated serial mediation analysis exploring body image flexibility and body appreciation as mediators and self-compassion as moderator. *Body Image, 35*, 255–264.

Sandoz, E. K., & DuFrene, T. (2014). *Living with your body and other things you hate: How to let go of your struggle with body image using acceptance and commitment therapy*. New Harbinger Publications.

Sandoz, E. K., Webb, J. B., Rogers, C. B., & Squyres, E. (2019). Body image flexibility. In T. L. Tylka & N. Piran (Eds.), *Handbook of positive body image and embodiment* (pp. 42–51). Oxford University Press.

Sandoz, E. K., Wilson, K. G., Merwin, R. M., & Kellum, K. K. (2013). Assessment of body image flexibility: The Body Image-Acceptance and Action Questionnaire. *Journal of Contextual Behavioral Science, 2*(1–2), 39–48.

Sansone, R., Levitt, J., & Sansone, L. (2004). The prevalence of personality disorders among those with eating disorders. *Eating Disorders, 13*, 7–21.

Shi, D., Maydeu-Olivares, A., & Rosseel, Y. (2019). Assessing fit in ordinal factor analysis models: SRMR vs. RMSEA. *Structural Equation Modeling: A Multidisciplinary Journal, 27*(1), 1–15.

Stice, E. (2002). Risk and maintenance factors for eating pathology: A meta-analytic review. *Psychological Bulletin, 128*(5), 825–848.

Stice, E., & Shaw, H. E. (2002). Role of body dissatisfaction in the onset and maintenance of eating pathology: A synthesis of research findings. *Journal of Psychosomatic Research, 53*(5), 985–993.

Taymur, İ., Türkçapar, M. H., Örsel, S., Sargın, E., & Akkoyunlu, S. (2011). Validity and reliability of the Turkish version of the personality belief questionnaire- short form (PBQ-STF) in the university students. *Klinik Psikiyatri, 14*, 199–209. [Article in Turkish]

Timko, C. A., Juarascio, A. S., Martin, L. M., Faherty, A., & Kalodner, C. (2014). Body image avoidance: An under-explored yet important factor in the relationship between body image dissatisfaction and disordered eating. *Journal of Contextual Behavioral Science, 3*(3), 203–211.

Türkçapar, M. H., Örsel, S., Uğurlu, M., Sargın, E., Turhan, M., Akkoyunlu, S., & Karakaş, G. (2007). Reliability and validity of the Turkish version of the Personality Beliefs Questionnaire (PBQ). *Klinik Psikiyatri, 10*, 177–191. [Article in Turkish]

Wendell, J. W., Masuda, A., & Le, J. K. (2012). The role of body image flexibility in the relationship between disordered eating cognitions and disordered eating symptoms among non-clinical college students. *Eating Behaviors, 13*(3), 240–245.

Yavuz, F., Ulusoy, S., Işkın, M., Esen, F. B., Burhan, H. S., Karadere, M. E., & Yavuz, N. (2016). Turkish version of Acceptance and Action Questionnaire-II (AAQ-II): A reliability and validity analysis in clinical and non-clinical samples. *Klinik Psikofarmakoloji Bülteni—Bulletin of Clinical Psychopharmacology, 26*(4), 397–408.

Yücel, B., Polat, A., İkiz, T., Düşgör, B. P., Yavuz, A. E., & Sertel Berk, Ö. (2011). The Turkish version of the Eating Disorder Examination Questionnaire: Reliability and validity in adolescents. *European Eating Disorders Review, 19*(6), 509–511.

Appendix 1. Beden İmajı- Kabul ve Eylem Formu (Bİ- KEF)

Yönerge: Aşağıda bir dizi ifade bulunmaktadır. Lütfen her bir ifadenin sizin için doğruluğunu derecelendiriniz. Seçimlerinizi yapmak için aşağıdaki derecelendirme ölçeğini kullanınız. Örneğin, bir ifadenin 'Her Zaman Doğru' olduğuna inanıyorsanız, o ifadenin yanına 7 yazınız.

Hiçbir zaman doğru değil	Çok nadiren doğru	Nadiren doğru	Bazen doğru	Sıklıkla doğru	Neredeyse her zaman doğru	Her zaman doğru

_____1. Kilom hakkında endişelenmek, istediğim bir hayat yaşamamı zorlaştırıyor.

_____2. Kilomu ve vücut şeklimi gereğinden fazla önemserim.

_____3. Vücut şeklim veya kilom hakkında kötü hissettiğimde kendimi kapatırım.

_____4. Hayatımda önemli adımlar atabilmem için vücut şeklim ve kilom hakkındaki düşünce ve duygularım değişmelidir

_____5. Vücudum hakkında endişelenmek çok fazla zamanımı alıyor.

_____6. Kendimi şişman hissetmeye başlarsam başka bir şey düşünmeye çalışırım.

_____7. Önemli bir plan yapabilmem için vücudum hakkında daha iyi hissetmem gerekir.

_____8. Vücudumla ilgili olumsuz düşüncelerimi kontrol edebilirsem, hayatımı da daha iyi kontrol edebilirim.

_____9. Hayatımı kontrol etmek için kilomu kontrolümde tutmam gerekir.

_____10. Şişman hissetmek hayatımda problemlere neden oluyor.

_____11. Bedenimin şekli ve boyutu hakkında düşünmeye başladığımda başka bir şey yapmak zor oluyor.

_____12. Kilom ve/veya vücut şeklim beni rahatsız etmeseydi ilişkilerim daha iyi olurdu.