

OBSESSIVE-COMPULSIVE TRAITS AND BODY IMAGE DISSATISFACTION AMONG CULINARY PROFESSIONALS: EXPLORING THEIR RELATIONSHIP AND PREDICTIVE LINK

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ABSTRACT

Culinary professionals operate in a demanding, food saturated, and increasingly appearance-focused setting that can place them at a greater risk of developing body-related issues. Although there are well-documented cognitive and behavioural similarities in obsessive-compulsive phenomena and body image disturbance, this correlation has been studied less in occupational samples. In the present study, the relationship between obsessive-compulsive traits and body image dissatisfaction in culinary professionals investigated. A cross-sectional correlational design was used and the age range for culinary professionals included 18 to 45 years, and at least 1 year of experience working in a professional kitchen was required. The age range was culinary professionals aged 18-45 years, with a minimum of 1 year of professional kitchen experience. Each participant filled out a demographic sheet, the Obsessive-Compulsive Inventory and the Body Shape Questionnaire. The findings indicate that there is a small effect size, and that other factors play a larger role in overall body shape dissatisfaction, but that more O-C traits, like intrusive thoughts, checking, and adherence to rules, were reported as having a stronger association with body shape dissatisfaction among culinary professionals. Results are then considered in the light of the cognitive-behavioural theory of the body image disturbance and implications for the screening and intervention in the occupational therapy perspective of mental health in the hospitality industry are presented. The study found a significant positive correlation between obsessive-compulsive traits and body image dissatisfaction. Further, obsessive-compulsive traits significantly predict body image dissatisfaction.

I. INTRODUCTION

Culinary professionals are those who work in professional kitchens and do food preparation and food service and are typically characterized as having heavy workloads, long and irregular hours, strict hierarchies, time pressures, and performance demands (Giousmpasoglou et al., 2021). Chefs and cooks are constantly made aware of food-related cues and are regularly asked to taste, evaluate and judge food, which is not the case with most other types of occupations. The exposure to food stimuli has been found to affect emotional and self-regulatory responses to food intake (Macht, 2008; Stok et al., 2018). The obsessive-compulsive traits, which are viewed as dimensional features found both in clinical and non-clinical samples. These characteristics are intrusive and unwanted thoughts, repetitive aspects of checking or ordering, need for symmetry and exactness, and rigid adherence to self-imposed rules (American Psychiatric Association [APA] 2013; Abramowitz et al. 2009). Taxometric studies suggest that

obsessive-compulsive symptoms exist on a continuum and not as distinct cases, and subclinical manifestations are also seen in the general workforce (Olatunji et al., 2008). Body image dissatisfaction refers to a negative self-perception of body size, shape or appearance, typically resulting from an evaluation of the discrepancy between one's body and one's internalized ideal (Cash & Pruzinsky, 2002). Body image dissatisfaction is one of the strongest risk and maintenance factors for disordered eating (Stice & Shaw, 2002) and has been shown to be related to diminished self-esteem and quality of life (Mallaram et al., 2023).

Obsessive-compulsive traits are a group of cognitive and behavioural patterns, such as intrusive thoughts, doubts, over-checking, ordering and excessive need for control and certainty (APA, 2013). Rachman's cognitive model (1997) suggests that intrusive thoughts are a universal phenomenon but they become persistent and upsetting when the individual appraises them as being very important, threatening and personally relevant. Appraisals encourage persons to neutralise and check their behaviours in the short-term. However, will keep them preoccupied over time (Thompson et al., 1999). Obsessive-compulsive tendencies are related to perfectionism and cognitive rigidity while clinical perfectionism is the tendency to rely excessively and inappropriately on self-evaluation to meet high standards, regardless of the downsides of such behavior (Shafran et al., 2002), a cognitive-behavioral process that maintains rule-bound and inflexible behavior. Today, perfectionism is acknowledged as a cross-cutting phenomenon that occurs across different types of psychopathologies, including eating disorders, anxiety and obsessive-compulsive disorder (Egan et al., 2011). People who have more of an OCD temperament are more prone to following rules for normal routine and to being less tolerant of imperfection (Frost et al., 1990). Body image is a multifactorial phenomenon, which has perceptual, cognitive, affective, and behavioral aspects (Cash & Pruzinsky, 2002). The evaluative and affective aspect is called body image dissatisfaction and is driven by sociocultural factors, such as media exposure and internalization of thinness and/or muscularity (Grabe et al., 2008). The body dissatisfaction literature is supported by meta-analytic evidence that body dissatisfaction is a predictor of subsequent dieting, negative affect, and eating pathology (Stice, 2002).

Body image dissatisfaction is often correlated with repetitive behavior, including checking the body, looking at oneself in a mirror, comparing oneself to others and seeking reassurance (Thompson et al., 1999). These behaviors are indicative of the focus on perceived physical deficiencies and a level of cognitive inflexibility (Phillips et al., 2006). Body image perception and disordered eating behaviors and reduced self-esteem have been found to be significantly correlated with reduced quality of life in the medical profession (Mallaram et al., 2023), thus demonstrating the multifactorial psychological impacts of body related concerns in the context of high-demand professions and training. Shape and weight over-evaluation, along with clinical perfectionism, are considered as core maintaining processes in eating disorders according to a transdiagnostic cognitive-behavioral model (Fairburn et al., 2003). People with a perfectionistic and rigid thinking style may more closely adhere to standards for their body and may see any variation from these standards as unacceptable (Shafran et al., 2002). Body image concern is frequently manifested as a compulsive behavior and body dysmorphic disorder (BDD) is the most severe type of appearance-related preoccupation, characterized by intrusive appearance-related thoughts and repetitive checking or reassurance behaviors (Phillips et al., 2006) and is included in the OCD and related disorders category in the DSM-5 (APA, 2013). It is likely that similar processes may be at work at sub-clinical levels: people who tend to think intrusively and with uncertainty about their appearance may be more likely to be preoccupied with their body checking and ruminating about their bodies, thereby heightening their dissatisfaction (Rachman, 1997).

Third, there is a high comorbidity rate of obsessive-compulsive symptomology with disorders that have body image disturbance as a core symptomology component. Kaye et al. (2004) found that OCD was one of the anxiety disorders most frequently found among people with anorexia and bulimia nervosa and that OCD often occurred before the onset of the eating disorder. This time course is similar to the hypothesis that obsessive-compulsive behaviors could serve as a vulnerability factor for subsequent body-related issues. The work of a chef is a job that demands accuracy, uniformity, organization and attention to detail – traits that can be associated with obsessiveness (Macht, 2008). Culinary professionals are also exposed to food during their working day, are under chronic stress and usually have unscheduled eating habits (Giousmpasoglou et al., 2021). With the increased awareness and visibility of chefs as cooktop stars in the open kitchen and public restaurants, physical appearance may be raised to a greater level of awareness (Macht, 2008). Many studies have focused on obsessive-compulsive

traits and body image dissatisfaction in clinical samples, student or general population samples, and few studies have explored occupational groups whose activities are related to food intake, as their daily job is directly connected to it. In addition to this, most of the literature has focused on these constructs within the context of diagnosed disorders and not continuous traits in a non-clinical working population. The relationship among the variables in culinary professionals can therefore be investigated, bringing existing theory to a novel occupation-based context, and to inform culinary-professional work-based mental health initiatives.

Objectives

1. To investigate the relationship between OC traits and body image dissatisfaction among culinary professionals and
2. To assess if OC traits significantly predict body image dissatisfaction in culinary professionals.

Hypotheses

- H1: Among culinary professionals, there will be a significant positive relationship between obsessive-compulsive traits and body image dissatisfaction.
- H2: Culinary professionals with OCDD will demonstrate significant prediction of body image dissatisfaction.

II. METHOD

Participants

A cross-sectional correlational research design was performed to look at how culinary professionals' body image dissatisfaction (dependent variable) is related to their obsessive-compulsive traits (independent variable). Data were gathered at a one-time period. The sample included 400 culinary professionals from diverse areas of the food service sector in Gujrat, such as fine dining restaurants, hotels and commercial catering. Participants were selected using a purposive sampling technique as to ensure that all participants were actively involved in professional food preparation. Participants were head chef, sous chef, line chef and pastry chef.

Inclusion Criteria

- The participants were included if they met the following criteria:
- Working as a professional chef in a kitchen,
- Professional experience of at least 1 year
- Age 18 to 45
- English or Urdu speaking proficiency to understand the questionnaires.

Exclusion Criteria

People who were currently undergoing clinical treatment for an eating disorder or OCD were excluded to allow the study to focus on sub-clinical levels of eating disorders and OCD within a working population. This does not include those who do not work in a professional kitchen nor part-time culinary students

Measures

A demographic sheet was created and information on age, gender, job role, type of establishment and years of professional culinary experience were taken. **[I]** The Obsessive-Compulsive Inventory was developed by Edna B. Foa and it is used to measure obsessive-compulsive traits (OCI, Foa et al., 2002). The OCI is a self-report questionnaire that evaluates distress related to the obsessive-compulsive experiences in the washing, checking, ordering, obsessing, hoarding, and neutralising domains. The items are scored on a 5-point Likert scale, from 0 (not at all) to 4 (extremely). A total score was calculated and the higher the score, the more obsessive-compulsive traits were present. The scale has been shown to have good internal consistency and convergent validity in clinical and non-clinical samples (Foa et al., 2002). **[II]** The Body Shape Questionnaire developed by Peter J. Cooper was used to assess body image dissatisfaction (BSQ; Cooper et al., 1987). BSQ measures concerns related to body shape and feeling of being 'fat' during the last 4 weeks. Each item is scored on a 6-point Likert scale (1 = never to 6 = always) and a total score is calculated, with higher scores indicating more body image dissatisfaction. The BSQ has shown good reliability and validity in both clinical and community populations (Cooper et al., 1987).

Procedure

The study was carried out, following the ethical guidelines for research with human subjects. Management of the participating food service establishments gave formal permission. The participants were educated of the intended purpose of the study and signed a written informed consent before participating in the study. Responses were anonymous and confidential and participants were reminded that they could withdraw at any time without penalty. Questionnaires were completed in person and online, and took around 15-20 minutes to complete. IBM SPSS Statistics was used for data analysis. This was done with Pearson product-moment correlation (two-tailed) to determine the strength and direction of the correlation between obsessive-compulsive traits and body image dissatisfaction (H1). Simple linear regressions were then conducted to investigate whether obsessive – compulsive traits significantly predicted Body image dissatisfaction (H2) by using enter method. Correlation and regression were done.

III.RESULTS

Table I: Pearson Correlation between Obsessive-Compulsive Traits and Body Image Dissatisfaction

Variable	1	2
1. Obsessive-compulsive traits	—	
2. Body image dissatisfaction	.251**	—

$N = 400$, $p < .01$ (two-tailed).

Pearson product-moment correlation was computed to investigate the relationship between obsessive-compulsive traits and body image dissatisfaction. Obsessive-compulsive traits were significantly and positively correlated with body image dissatisfaction, $r(398) = .251$, $p < .001$. Culinary professionals who reported higher levels of obsessive-compulsive traits also reported greater dissatisfaction with their body shape. According to Cohen's (1988) conventions, the magnitude of this association falls in the small-to-moderate range. Therefore, $H1$ was supported.

Table II: Simple Linear Regression Analysis Predicting Body Image Dissatisfaction from Obsessive-Compulsive Traits

Predictor	B	SE	β	t	p
(Constant)	32.725	2.546		12.856	$< .001$
Obsessive-compulsive traits	0.253	0.049	.251	5.176	$< .001$

Note. Dependent variable = body image dissatisfaction. $R = .251$, $R^2 = .063$, adjusted $R^2 = .061$, $F(1, 398) = 26.793$, $p < .001$. Standard error of the estimate = 9.177. B = unstandardized coefficient; SE = standard error; β = standardised coefficient.

Simple linear regression was conducted to investigate whether obsessive-compulsive traits are the predictor and body image dissatisfaction is the outcome variable. The regression model was statistically significant, $F(1, 398) = 26.793$, $p < .001$. Obsessive-compulsive traits accounted for 6.3% of the variance in body image dissatisfaction ($R^2 = .063$, adjusted $R^2 = .061$). Obsessive-compulsive traits emerged as a significant positive predictor of body image dissatisfaction, $B = 0.253$, $SE = 0.049$, $\beta = .251$, $t = 5.176$, $p < .001$. This indicates that for every one-unit increase in obsessive-compulsive traits scores, body image dissatisfaction scores increased by 0.253 units.

IV.DISCUSSION

This study focused on the relationship between the body image dissatisfaction and obsessive-compulsive traits among culinary professionals. As predicted in the first hypothesis, there was a significant positive correlation between the two; $r(398) = .251$, $p < .001$. As predicted by the second hypothesis, the body image dissatisfaction was significantly predicted by the obsessive-compulsive traits, accounting for 6.3% of the variance, $F(1, 398) = 26.793$, $p < .001$. Putting these findings in perspective suggest that more body dissatisfaction is likely to be found among culinary professionals who have higher Obsessive-Compulsive traits.

The results are in line with theoretical models, which focus on common cognitive mechanisms between obsessive-compulsive phenomena and body image disturbance. It is suggested that the transdiagnostic cognitive-behavioural model includes the links between clinical perfectionism, over-evaluation of shape and weight and body-related concerns (Fairburn et al., 2003). People with high levels of OCS are perfectionistic, intolerant of uncertainty, rule-following (Egan et al., 2011); with these tendencies applied to the body, even minor perceived imperfections can be appraised as significant and unacceptable. Likewise, the cognitive theory of obsessions (Rachman, 1997) suggests that the focus of thoughts on appearing of being noticed can be generalized to appearance related intrusions, which can lead to rumination and dissatisfaction. The results also corroborate the behavioural similarity of the two constructs reported in the literature. Body checking, reassurance-seeking and repetitive comparisons are behaviours that keep people focused on their appearance, similar to obsessive-compulsive behaviours (Phillips et al., 2006). The findings in the present study indicate that a general tendency to check and neutralize could make these body-focused behaviours more likely to occur, and they could thus maintain the sense of dissatisfaction. The results are also corroborated by clinical data showing a high risk for comorbidity between obsessive-compulsive symptoms and conditions in which body image disturbance is central (Kaye et al., 2004), and in this respect extend this pattern to a non-clinical occupational sample.

It may be an explanation for the association that comes from the culinary context. When cooking with a professional kitchen, every detail of the food preparation, presentation, and cleanliness must be precise, neat, and to very high standards. Those who are attracted to or influenced by such environments can exhibit excessive OC characteristics and these can generalize from work standards to personal appearance standards. The constant exposure to food, irregular eating habits, and chronic work stresses (Giousmpasoglou et al., 2021; Macht, 2008) may also increase the awareness of body shape and weight. However, the effect size was small to medium and OC traits accounted for only about 6% of the variance in BI dissatisfaction. This suggests that body image dissatisfaction of culinary professionals is multi-determined, with a significant amount of variance being due to other factors. Sociocultural pressures and media exposure (Grabe et al., 2008), self-esteem (Mallaram et al., 2023), and gender and body mass (Thompson et al., 1999) have been shown to be significant correlates of body image in previous research. These traits associated with obsessive-compulsive symptoms should not be seen as a major factor, however, but rather as just one factor among many.

V. CONCLUSION

The present study revealed that obsessive-compulsive traits significantly predicted body image dissatisfaction and that there was a significant positive correlation between obsessive-compulsive traits and body image dissatisfaction among the culinary professionals. The culinary professions with higher intrusive thinking, checking, ordering, and rigid rule adherence scores seem to have a higher likelihood of having a negative body evaluation. The results, though not very pronounced, suggest that obsessive-compulsive traits were a relevant psychological correlate of body image concerns in a food-centred occupational group that has been largely under-researched. There are several caveats to be considered when interpreting these results. The first is that it is a cross-section correlational design, in which no causal inferences can be made, that is, it is not clear whether the body image dissatisfaction is the cause of the obsessive-compulsive traits or whether it is the other way round, or whether there is a third factor causing both. To determine the direction of this relationship, longitudinal and experimental designs are recommended. Second, all data were gathered using self-report measures, which can have social desirability and recall bias. Clinical and/or behavioural indices or informant reports could be included in future studies. Third, purposive sampling of a small number of establishments limits the generalisability of results to the larger population of culinary workers; future studies should use probability sampling that is more widely distributed geographical and occupational. Fourth, the analysis included only one predictor and failed to assess potentially relevant covariates like gender, age, body mass index, years of experience, or occupational stress. Future studies should use multiple regression or structural equation modelling to control for these variables and to test for possible mediators and moderators, such as perfectionism or self-esteem. Last, the total score for the OCIQ was used in the analysis of OCDD and dimensions of OCDs (e.g., checking or obsessing) may offer a more complex understanding of the relationship between OCDs and body image dissatisfaction.

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