# **MLS - PSYCHOLOGY RESEARCH**

https://www.mlsjournals.com/Psychology-Research-Journal

ISSN: 2605-5295

How to cite this article:

Mobili, E., Monzón. D.V. y Rubiano, G.R. (2023). Actitudes ante la alimentación y comportamientos obsesivos-compulsivos en usuarios de gimnasios. *MLS Psychology Research*, 6 (2), 129-142. doi: 10.33000/mlspr. v6i2.1609.

# EATING ATTITUDES AND OBSESSIVE-COMPULSIVE BEHAVIORS

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**Abstract.** The objective of this article was to analyze the type of relationship between attitudes towards eating and obsessive-compulsive behaviors in young adults belonging to two gyms in the metropolitan area of Valencia, Venezuela. A non-probabilistic sampling was carried out, where 30 users of the Body Fit Training Center and Preta Fitness BJJ gyms participated. Methodologically, it was a field investigation, with a non-experimental, cross-sectional design, descriptive level and correlational modality. As results, 76.67% of the sample presented low levels or without risk, while 20% was reflected as a population at risk or with the presence of premorbid factors for the development of TCA and 3.333% manifested the undoubted presence of the pathology or clinical population. The Clark-Beck Obsession-Compulsion Inventory (C-BOCI) was administered, where 60% of the sample obtained a score considered without risk or general population. 20% manifested mild symptoms, 6.667% presence of OCD with a small margin of error and 13.33% the undoubted presence of the pathology. The Shapiro-Wilk test indicated that the sample data do not have a normal distribution. Subsequently, the variables were correlated using Spearman's Rho coefficient, presenting a very strong positive relationship between both variables, thus accepting the research hypothesis (Hi). Finally, it was revealed that the participants presented maladaptive beliefs and obsessions regarding food, exercise and the desired body figure, which generate significant discomfort and in turn compulsive behaviors.

Keywords: attitudes, behaviors, obsessive-compulsive.

# ACTITUDES ANTE LA ALIMENTACIÓN Y COMPORTAMIENTOS OBSESIVOS-COMPULSIVOS EN USUARIOS DE GIMNASIOS



**Resumen.** Este artículo tuvo como objetivo analizar el tipo de relación entre actitudes ante la alimentación y comportamientos obsesivos-compulsivos en adultos jóvenes pertenecientes a dos gimnasios del área metropolitana de Valencia, Venezuela. Se realizó un muestreo no probabilístico, donde participaron 30 usuarios de los gimnasios Body Fit Training Center y Preta Fitness BJJ. Metodológicamente, se trató de una investigación de campo, con diseño no experimental, transversal, de nivel descriptivo y modalidad correlacional. Como resultados, el 76,67% de la muestra presentó niveles bajos o sin riesgo, mientras que el 20% se reflejó como población de riesgo o con presencia de factores premórbidos para el desarrollo de TCA y el 3,333% manifestó la presencia indudable de la patología o población clínica. Se administró el Inventario Clark-Beck de Obsesión-Compulsión (C-BOCI) donde el 60% de la muestra obtuvo una puntuación considerada sin riesgo o población general. El 20% manifestó sintomatología leve, el 6,667% presencia de TOC con un pequeño margen de error y el 13,33% la presencia indudable de la patología. La prueba Shapiro-Wilk, indicó que los datos de la muestra no presentan una distribución normal. Posteriormente, se procedió a realizar la correlación de las variables por medio del coeficiente Rho de Spearman, presentando una relación positiva muy fuerte entre ambas variables, aceptándose así la hipótesis de investigación (Hi). Finalmente, se develó que los participantes presentaron creencias desadaptativas y obsesiones con respecto a la alimentación, el ejercicio y la figura corporal deseada, las cuales generan malestar significativo y a su vez comportamientos compulsivos.

Palabras clave: actitudes, comportamientos, obsesivos-compulsivos.

#### Introduction

The Association of Sports Medicine of Colombia (AMEDCO, 2011) defines physical activity as "any voluntary body movement of muscular contraction, with energy expenditure greater than that of rest" (p. 205), so that, it refers to actions that consume body energy carried out intentionally. In this sense, individuals adopt functional or adaptive attitudes in relation to the process and the results they expect to obtain or, on the contrary, they develop dysfunctional or maladaptive attitudes that are not consistent with health and well-being.

Some experts have shown that men and women who exercise with the aim of losing weight, as well as increasing muscle or improving their body appearance, are more likely to develop eating behavioral disorders, compared to those who exercise for health or recreational reasons (Mcdonald and Thompson, as cited in San Mauro et al., 2014).

According to Schapiro (2006), several studies have shown that around 8 million young Europeans have attitudes that are detrimental to their health due to food, detailing that, of this figure, only 10% of people are male. They have also revealed that mortality rates due to unhealthy eating attitudes vary between 4% and 20%, and may increase if the person is underweight by 40%.

In this order of ideas, it is considered that people who engage in physical activities, including training in gyms, are more likely to develop risk behaviors, including: skipping meals, maintaining a restrictive diet, fasting, use of medications for dietary purposes, laxatives, among others, in order to achieve the expected figure and weight (Stapleton et al., 2014).

In this regard, obsessive-compulsive behaviors are also associated with eating habits and are based on the mediational biprocess theory of fear, which proposes the adoption of fear and avoidance through classical conditioning and maintenance through instrumental conditioning (Boticario, 2016), so that the person acquires the experience of fear or anxiety before the impossibility of carrying out the desired eating practices: food intake, fear of gaining weight, need to exercise and repetitive thoughts linked to physical training or eating.

For this reason, and recognizing that attitudes towards food and obsessivecompulsive behaviors present several similarities in the cognitive, affective and behavioral aspects, a correlational study was conducted in young adults belonging to two Venezuelan gyms in the Metropolitan area of Valencia, Carabobo State, framed in the research line personality and mental health of the Arturo Michelena University, in order to establish the type of relationship between the variables attitudes towards food and obsessive-compulsive behaviors.

The general purpose of this article was to analyze the relationship between eating attitudes and obsessive-compulsive behaviors in young adults belonging to two gymnasiums in the metropolitan area of Valencia, Venezuela. In addition, it had the following specific objectives: 1.- To know the level of attitudes towards eating in young adults belonging to two gyms in the metropolitan area of Valencia, Venezuela; 2.- To measure the level of obsessive-compulsive behaviors in young adults belonging to two gyms in the metropolitan area of Valencia, Venezuela; and 3.- To establish the type of relationship between attitudes towards eating and obsessive-compulsive behaviors in young adults belonging to two gyms in the metropolitan area of Valencia, Venezuela.

# **Previous studies: International research**

Jáuregui-Lobera (2016), developed a research entitled "Knowledge, attitudes and behaviors: eating habits in a group of nutrition students" at Pablo de Olavide University, Spain. Its general objective was to assess whether nutritional knowledge guarantees a healthy eating pattern. Methodologically, this was a descriptive, crosssectional study. It had a sample of 50 women with an average age of 17 to 21 years.

The result of this study showed that more than 50% of the sample presented complete fasting in relation to breakfast and lunch. The 16% presented absence of intake during the afternoon and 20% showed that the daily diet is based on breakfast, lunch and dinner.

This research represents an important contribution to the present study since it constitutes an epistemic basis for the approach to the variable attitudes towards food, since it provides reference figures that indicate the presence of harmful attitudes in a range of the population, which allows the theoretical perspective to be broadened.

Silva (2017), presented a study entitled *Relación entre perfeccionismo, actividad física y otras variables psicológicas en varones universitarios*, to opt for the academic degree of Máster Oficial en Psicología General Sanitaria at the Universidad Autónoma de Madrid, Spain. Its general objective was to determine the relationship between perfectionism and physical activity, as well as to examine the link between each of these two variables and various dimensions of psychological well-being.

Methodologically, a two-phase prospective cross-sectional design was used. The sample consisted of 217 male students belonging to 1st and 4th grade of the Faculty of Physical Education and Sport Sciences (INEF, UPM) to whom she applied the questionnaires related to the study variables and the instruments: Eating Disorders Examination (EDE-12, 1993) and Yale-Brown Obsessions-Compulsions Scale (Y-BOCS, 1997).

The results of this study showed an increase in perfectionism related to physical appearance, eating pathology, obsessive-compulsive symptoms, and symptoms of depression and anxiety. Likewise, they presented a higher mean frequency related to the practice of vigorous physical activity.

This research was also an interesting contribution to the present work, since it covered the evolutionary stage corresponding to young adulthood and revealed that university students with a high degree of perfectionism have repercussions in relation to their physical appearance, harmful eating habits and obsessive-compulsive symptoms.

# National Research

Ramos (2020), presented a research entitled *Balance afectivo y ansiedad en personas que presentan obesidad*, for the academic degree of Bachelor in Psychology, mention in Clinical Psychology at the Universidad Arturo Michelena in San Diego, Venezuela. The general objective of this study was to determine the relationship between affective balance and anxiety in obese people who have attended Force Gym in the last 7 months. Methodologically, it employed a field methodology, non-experimental, framed in a descriptive-correlational modality. The sample consisted of 23 people between 18 and 49 years of age, to whom the Zung Anxiety Self-Rating Scale (Zung, 1965, adapted by Astocondor, 2001) and the Affective Balance Scale (Warr et al., 1983, adapted by Godoy-Izquierdo et al., 2008) were applied.

The results of this study showed that 69.5% of the sample presented symptoms related to anxiety, with the majority of the population, that is, 34.8%, showing a moderate degree of anxiety. On the other hand, it was determined that 47.8% of the users investigated indicated a positive affective balance, while 52.2% of them showed a negative affective balance.

In this sense, this degree work contributed theoretically to the present research, because the author determined that gym users mostly manifested anxious symptomatology together with a negative affective balance, being levels that behave in a similar way, which indicates the probability of developing unpleasant feelings in the face of anxiety or stress.

Zerpa and Ramírez (2020), developed an investigation entitled *Prevalencia de Conductas Alimentarias de Riesgo en Adolescentes de Caracas: 2012 vs. 2018*, published in the journal Salud Pública y Nutrición in Caracas, Venezuela. Its main objective was to compare the prevalence of risky eating behaviors suggestive of eating disorders in adolescents. Methodologically, a descriptive, non-experimental and ex post facto retrospective methodology was used. The sample consisted of 331 participants in 2012 and 622 participants in 2018, who were administered the Eating Attitudes Questionnaire (EAT-26, 1994).

The results of this study reflected prevalence of Eating Behavior Disorders (ED) of 6.4% (2012) and 15.3% (2018). Likewise, differences were observed in the scores in relation to the Bulimia and Oral Control factors. Among the most important findings, significant changes were considered in relation to the prevalence of ED risk behaviors.

The article was a theoretical contribution to the present study, because it broadens the perspective in terms of the evolution of the prevalence of risky eating behaviors in Venezuela, obtaining that, in a period of six years, the presence of unhealthy eating habits more than doubled, this being a highly worrying change that reflects the increased vulnerability of the population. In addition to this, it allows for the identification of premorbid behaviors that may threaten the physical and psychological integrity of the study population.

# General theory of attitudes

Cognitions and beliefs have a great influence on people's actions and decisions, allowing them to adopt different positions according to the context. In this sense, Fernandez (2014), defines attitude as an enduring organization of beliefs and cognitions in general, endowed with an affective charge in favor or against a defined object, which predisposes to an action consistent with the cognitions and affects related to that object.

In this order of ideas, the individual acquires attitudes from learning in relation to his previous experiences, which serve as a predisposing factor to the stimuli, that is, it provides a series of responses based on the person's schemas, cognitions, thoughts and affectivity, so that, in attitudes, there is an interrelation between the cognitive, affective and behavioral component. Therefore, not only the experiences of the individual but also those learned through the experience of others are associated (Paez, 2003).

Likewise, they can be understood in terms of intensity, being at a high or low level, according to their direction, attitudes are described as favorable or unfavorable, they can also refer to situations or objects, the latter being understood as people, organizations, political, religious, racial groups, among others, while situations include those specific behaviors that are related to objects. Therefore, these are constituted by multiple dimensions such as the affective component, related to feelings of pleasure or displeasure, the cognitive, oriented to thoughts, ideas and beliefs concerning the object and the behavioral or form that can predict an action (Aigneren, 2008).

For this reason, each person has acquired through their learning processes a perspective that supports or contradicts certain elements that are part of their daily life, it is evident then that the way of eating also carries behind it a set of beliefs that have caused the person to carry out the dietary habits of their preference. However, these can be healthy or harmful depending on the information that the person has received on the subject, as well as the perception that he/she has developed with respect to the subject.

# Attitudes towards food

They are contextualized as the way in which food is conceived and valued, which has an impact on people's eating behavior, therefore, whoever has negative attitudes towards one or several foods, may manifest harmful behaviors within the food context, such as minimizing the consumption of that food or eliminating it from their diet (Galeano and Krauch, 2010).

However, positive attitudes generate healthy behaviors towards foods, including them in their dietary repertoire. Likewise, harmful or negative Eating Attitudes include following a strict dietary regimen with the aim of decreasing body weight and excessive preoccupation with the physical figure, these being factors that can trigger psychopathology (Raich, as cited in Lameiras et al., 2003).

Therefore, eating attitudes are understood by means of the three-factor model, which is a theoretical contribution that addresses biopsychosocial elements based on predisposing, precipitating and perpetuating factors. Thus, predisposing factors include individual elements, such as identity, personality, body shape perception and cognitive processes; family characteristics such as family history of obesity and level of importance towards food and body mass; and cultural elements, highlighting the influence of thinness.

Precipitating factors refer to rigorous diets, environmental demands, family disturbances or diminished self-esteem. Finally, perpetuating factors include vomiting, starvation, body shape perception, personality, gut physiology, and the relevance of underweight (Garner and Garfinkel, as cited in Unikel et al., 2017).

In this sense, attitudes towards food are composed of behaviors associated with three dimensions. First, there is dieting and preoccupation with food, which focuses on the preoccupation with decreasing body weight along with avoidance of foods that may increase size. Secondly, it addresses the perceived social pressure and discomfort with food, which covers the perception that the person has about the comments received from their environment in relation to weight and body shape, as well as thoughts associated with food intake, which generate displeasure. Thirdly, psychobiological disorders are explored, focusing on the relationship between mental processes and biological alterations (Garner and Garfinkel, 1979, as cited in Castro et al., 1991).

It is evident that attitudes towards risky eating have thoughts and impulses associated with body shape, physical activity, thinness and diet, which can be classified as intrusive, while compensatory actions are presented, such as food avoidance, constant control of body weight and excessive practice of physical exercise, exhibiting similarities with obsessive-compulsive behaviors, due to the fact that intrusive thoughts related to eating and physical training can be conceived as unpleasant, making it difficult for the person to carry out his/her routine due to the difficulty of reducing or eliminating such ideas, as well as it is possible that rituals associated with intrusions are manifested (Roncero et al., 2010).

#### **Obsessive-Compulsive Behaviors**

The American Psychiatric Association (APA, 2014), has stated that obsessions refer to cognitive content reflected either in constant thoughts, images or impulses that possess an intrusive character. For their part, compulsions arise around obsessions, being a response to these, so they include manifest and cognitive behaviors performed on multiple occasions, mostly related to behaviors performed on the person's body while seeking to minimize or eradicate such actions.

In this way, it has been established that this type of behavior is evidenced according to the frequency of the obsessions of aggression-harm, dirt-pollution or religious-moral-sexual, and through repetition, washing, precision-symmetry and checking compulsions (Belloch et al., 2009). In this regard, the National Institute of Mental Health (NIH, 2020) suggests that the origin of this type of behavior is linked to genetic factors and biological elements associated with alterations in the frontal cortex and subcortical structures.

It follows that obsessive-compulsive behaviors are explained by the two-factor theory, also known as the biprocess mediated theory of fear, which states that fear acquisition and avoidance can be understood by means of classical conditioning and instrumental conditioning. Thus, classical conditioning states that anxiety responses are defined as conditioned responses to stimuli that have been previously neutral and become conditioned stimuli (CS) through association with stimuli that produce aversion or anxiety, being unconditioned stimuli (CS). Consequently, it will generate a fear response when the CE is presented (Robert and Botella, 1990).

#### **Psychology of Physical Activity and Sport**

It is conceptualized as the area of psychology whose scientific studies emphasize the behavior of people within the context of sport and physical activity (Weinberg and Gould, 2010). In this sense, it currently covers research areas with the purpose of deepening and developing theories about interventions, techniques and diverse evaluation and diagnostic procedures. It also measures the behavior of the athlete or team of athletes in order to identify, predict and explain their behavior. Similarly, it focuses on the application of intervention techniques that allow the development and strengthening of the performance of the athlete or person performing physical activity, as well as reducing or eliminating dysfunctional and maladaptive behaviors such as the presence of high levels of anxiety, stress, among others (Lima, 2014). Consecutively, this area considers that psychoeducation plays a fundamental role, so that professionals who practice sports psychology must be trained and educated in the sports area to be able to impart knowledge in an assertive and effective manner (Lima, Ob. cit). Finally, it is considered of great relevance, motivated by the fact that it fulfills prevention activities in relation to eating disorders, neglect, injury prevention, among others, with the purpose of preserving the well-being of the individual (Lima, 2014).

## Method

## **Research design and type of research**

This study was registered as a field research, which collected information directly from those investigated or from the context in which the phenomenon develops, without modifying or altering said reality to control the variable, being a non-experimental research (Arias, 2016). Similarly, it was a cross-sectional type of research, due to the need to collect data in a specific time and period, in order to describe the variables and in turn, analyze the interaction and incidence they have without being manipulated at a specific time (Palella and Martins, 2012).

## Level and modality of research

The level of research, as stated by Arias (2016) "refers to the degree of depth with which a phenomenon or object of study is approached" (p. 23), therefore, the present research is framed in a descriptive type level, which is based on the determination of the event, phenomenon, subject or group, in order to establish the elements that structure it and its way of acting (Arias, 2016). Thus, it is considered descriptive, since the characteristics of the sample are studied and established in order to analyze the relationship that exists or does not exist between the study variables.

# **Population and sample**

The population selected was young adult gym users in the metropolitan area of Valencia, Venezuela. The sample consisted of 30 young adult users of the Body Fit Training Center and Preta Fitness BJJ gyms, located in the metropolitan area of Valencia, Venezuela, this being the number of individuals willing to collaborate with the research, also complying with the established age range.

# Validity and reliability

The EAT-40 instrument in its adaptation by Castro et al. (1991) has a concurrent validity of 0.87. Thus, it reflected reliability of 0.79 in the group of individuals with anorexia, so that the Spanish validation differentiates between the control group and the group of subjects with anorexia, having an internal consistency of Cronbach's Alpha 0.92 for the second group (Garner and Garfinkel, 1979, adapted from Castro et al., 1991). This suggests that the food *attitudes* questionnaire is a valid and reliable instrument because it objectively measures the variable to be studied in this research.

The C-BOCI instrument, in its adaptation by Belloch et al. (2009) has a reliability of 0.82, manifesting values referring to Cronbach's alpha  $\geq$  0.80, excluding the obsessions subscale since, it presented a slightly lower internal consistency in the

clinical sample, while its concurrent and discriminant validity proved to be appropriate, emphasizing the total score and the dimension related to compulsions (Belloch et al., 2009). Thus, the Clark-Beck Obsession-Compulsion Inventory is a relevant instrument for the present research due to its validity and reliability values.

## Analysis techniques

A goodness-of-fit test was used because, according to Romero (2016), it allows identifying the distribution of the data relative to the sample, so that it is possible to establish whether parametric or nonparametric statistical tests will be used. In this sense, the Shapiro-Wilk goodness-of-fit test was used, which is applied in samples equal to or less than 50 individuals and is calculated by means of the following formula:

$$W = \frac{(\sum_{i=1}^{n} a_i x_{(i)})^2}{\sum_{i=1}^{n} (x_i - \bar{x})^2}$$

Where:

- $x_{(i)}$ : Refers to the number occupying the i-th position in the sample.
- $\overline{x}$ : It is the sample mean.
- $a_{n\,i\,1}$ : Expected quantiles of  $x_1$ .
- $x_{ni1}$ : Largest data of the ordered sample (Shapiro and Wilk, as cited in Jimenez, 2020).

Next, as an analysis technique for the present study, a nonparametric statistical technique was used, this being Spearman's correlation coefficient or Spearman's Rho coefficient, which is explained by Elorza and Sandoval as "a measure of linear association that uses the ranks, order numbers of each group of subjects and compares these ranks" (1999, p. 100) allowing to know in turn the dependence or independence between random variables. In this sense, Spearman's correlation coefficient is referred to as rs, and its formula is as follows:

$$r_s = 1 - \frac{6\Sigma D^2}{n(n^2 - 1)}$$

Where:

- n= Represents the number of investigated.
- xi= is the range of individuals i in relation to the first variable.
- yi= This is the range of people associated with the second variable.
- D= xi-yi (Anderson et al., 1999).

### Results

Below are the tables that group the results obtained from the application of the information and data collection process.

### Table 1

Descriptive statistics of the sample in the EAT-40 instrument

Dimension	Ν	Interval	Media	Median	Fashion	Standard deviation
Diet and preoccupation	l					
with food	30	0 - 42	11.30	8.5	8	9.22
Perceived social pressure	;					
and eating discomfort	30	0 - 7	1.37	0	0	2.11
Psychobiological						
disorders	30	0 - 7	1.30	1	0	1.76
Total, EAT-40	30	0 - 56	16.17	12.5	11	11.198

*Note.* Indicators of central tendency and dispersion of the sample in the EAT-40 instrument. Source: Monzon, Rubiano and Mobili (2021).

Table 9 shows that, in the total Eating Attitudes scale, the intervals obtained by the young adults participating in the research were between 0 and 56 points, which indicates that there were people considered as not at risk or general population, population at risk or with the presence of premorbid factors for the development of eating disorders (ED).

## Table 2

Levels	Frequency	Percentage
No risk or general population	23	76,67%
Population at risk or presence of		
premorbid factors for the development	6	20%
of eating disorders (ED)		
Undoubted presence of the pathology or		
clinical population	1	3.333%
Total	30	100%

## Distribution of frequencies by levels of Attitudes to Food

*Note.* Description of the frequency distribution and percentages by levels reflected in the variable Attitudes towards Food. Source: Monzon, Rubiano and Mobili (2021).

Table 10 and Figure 4 show the distribution of frequencies by levels of Attitudes towards food, which is based on the results perceived after the application of the EAT-40 instrument (Garner and Garfinkel, 1979, adapted from Castro et al. 1991) to the study sample, specifying the percentage of the users of the selected gyms that fall into the level of no risk or general population, population at risk or presence of premorbid factors for the development of eating disorders (ED) or undoubted presence of the pathology or clinical population, from their total score.

### Table 3

Descriptive statistics of the sample in the C-BOCI instrument

Dimension	Ν	Interval	Media	Median	Fashion	Standard deviation
Obsessions	30	0 - 35	9.8	7.5	6	7.42
Compulsions	30	0 - 24	6.93	5.5	3 - 4	5.07
Total, C-BOCI	30	0 - 59	16.73	14	11	11.9

*Note.* Indicators of central tendency and dispersion of the sample in the C-BOCI instrument. Source: Monzon, Rubiano and Mobili (2021).

Table 11 shows the indicators of central tendency of dispersion for the distribution formed by the total results of the sample studied when applying the C-BOCI instrument (Clark and Beck, 2002, adapted from Belloch et al, 2009), therefore, the intervals obtained ranged between 0 and 59 points, which indicated that some users remained outside the established cut-off points, and could be considered as not at risk or general population, however, others reflected the presence of isolated obsessive-compulsive symptoms, presence of OCD of subclinical character or mild category as well as the presence of OCD maintaining a small margin of error and the undoubted presence of the pathology.

#### Table 4

Frequency distribution by levels of Obsessive-Compulsive Behaviors

Levels	Frequency	Percentage
No risk or general population	18	60%
Isolated obsessive-compulsive symptoms, presence of OCD of	6	20%
subclinical character or mild category.		
Presence of OCD while maintaining a small margin of error	2	6.667%
Undoubted presence of pathology	4	13.33%
Total	30	100%

*Note.* Description of the frequency distribution and percentages by levels reflected in the variable Obsessive-Compulsive Behaviors. Source: Monzon, Rubiano and Mobili (2021).

Table 12 and Figure 5 show the frequency distribution by levels of Obsessive-Compulsive Behavior, which is supported by the results of the application of the C-BOCI inventory (Clark and Beck, 2002, adapted by Belloch et al..., 2009) to the young adult users of the gyms belonging to the sample studied, in this sense, it is specified that the percentage of users can be located in the level without risk or general population, isolated obsessive-compulsive symptoms, presence of OCD of subclinical character or mild category, presence of OCD maintaining a small margin of error or undoubted presence of the pathology, according to the total result obtained.

Table 5

Goodness-of-fit test

Variable	Scale	Statistician	gl	Sig.
Attitudes towards Food	Diet and preoccupation with	0.866711	30	0.00141662

food			
Perceived social pressure and	0.697379	30	0.00000142937
eating discomfort			
Psychobiological disorders	0.760128	30	0.0000133322
Total, Food Attitudes	0.837975	30	0.000350804

*Note*. Results of the Shapiro-Wilk test on instrument scores. Source: Monzon, Rubiano and Mobili (2021).

Table 6 (Continued)

Goodness-of-fit test

Variable	Scale	Statistician	gl	Sig.
Obsessive-Compulsive	Obsessions	0.869172	30	0.00160569
Behaviors				
	Compulsions	0.893110.	30	0.00572108
	Total, Obsessive-Compulsive	0.866473.	30	0.00139962
	Behaviors			

*Note.* Results of the Shapiro-Wilk test on instrument scores. Source: Monzon, Rubiano and Mobili (2021).

In this sense, it is possible to see in Table  $N^{\circ}$  13 that the significance corresponding to the scales of the instruments and their respective results are less than 0.05, so they do not represent a normal distribution, which is why Spearman's correlation coefficient or Spearman's Rho coefficient was used as a non-parametric statistical technique to calculate the correlation between the variables Attitudes towards Eating and Obsessive-Compulsive Behavior.

# Table 7

Correlation between	<i>Eating Attitudes</i>	and Obsessive-Co	mpulsive Behaviors

Attitudes towards Food		<b>Obsessive-Compulsive Behaviors</b>				
		Obsessions	Compulsions	Total, Compulsive	Obsessive- Behaviors	
Diet and preoccupation with food	rs	0,990**	0,992**	0,995**		
	р	0.000	0.000	0.000		

\*\* Correlation is significant at the 0.01 level

*Note.* Correlation coefficient between the dimensions of the variables Attitudes towards Eating and Obsessive-Compulsive Behaviors. Source: Monzon, Rubiano and Mobili (2021).

Table 8 (Continued)

Attitudes towards Food	<b>Obsessive-Compulsive Behaviors</b>			
Perceived social pressure and eating	rs	0,904**	0,905**	0,903**
discomfort	р	0.000	0.000	0.000
Psychobiological disorders	rs	0,941**	0,937**	0,940**
	р	0.000	0.000	0.000
Total, Food Attitudes	rs	0,995**	0,996**	0,995**
	р	0.000	0.000	0.000

Correlation between Eating Attitudes and Obsessive-Compulsive Behaviors

\*\* Correlation is significant at the 0.01 level

*Note.* Correlation coefficient between the dimensions of the variables Attitudes towards Eating and Obsessive-Compulsive Behaviors. Source: Monzon, Rubiano and Mobili (2021).

Table 14 indicates the degree of correlation between the dimensions of the variables Eating Attitudes and Obsessive-Compulsive Behaviors, showing that each of these has a very strong positive correlation with the others, which determines that the presence of maladaptive and harmful Eating Attitudes could be linked to a greater presence of Obsessive-Compulsive Behaviors in the users of the gyms that were part of the study, also, the correlation could be evidenced inversely, because, the lower the presence of harmful Eating Attitudes, the lower the manifestation of Obsessive-Compulsive Behaviors. For this reason, the interpretation of the correlations between the variables Attitudes towards Eating and Obsessive-Compulsive Behaviors and each of their dimensions is presented in detail below.

#### Conclusion

The present research work had the objective of analyzing the type of relationship between Attitudes towards Eating and Obsessive-Compulsive Behaviors in young adults belonging to two gyms in the metropolitan area of Valencia, Venezuela, so that the study was based at a theoretical level on the postulates of the cognitive-behavioral approach, the General Theory of Attitudes and the conceptualization of the variables Attitudes towards Eating and Obsessive-Compulsive Behaviors. It should be noted that the study was conducted in a non-probabilistic sample comprising 30 users of the Body Fit Training Center and Preta Fitness BJJ gyms, which indicates that the results obtained are not generalizable, so they only explain the behavior of the variables in the participants, this being considered a limitation of the study.

In this order of ideas, it is evident with respect to the type of relationship existing between the dimensions Diet and Food Preoccupation and Obsessions, that young adults, users of the gyms belonging to the sample, could possess a cognitive apparatus whose schemes, assumptions and cognitions present predisposition to the way of consuming food, which would require a specific structure where they are quantified or can be controlled according to an established dietary regimen. In this sense, it is likely that the way in which these individuals conceptualize food is persistently maintained even when they try to interrupt it, which can generate unpleasant affects such as fear or excessive concern for following a rigid ritual of food preparation and intake.

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**Date received:** 03/09/2022 **Revision date:** 02/05/2023 **Date of acceptance:** 15/06/2023