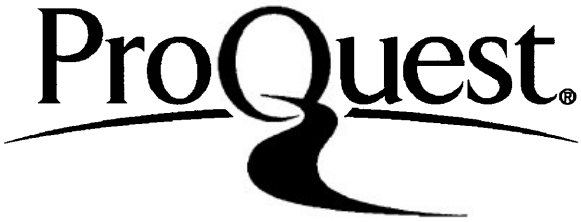
Dieting Practices, Influences, Beliefs and Self-Concept of Female High School Students

Kelly McMurray ©
Lakehead University
Masters Thesis



Acknowledgements

I would like to express my sincere thanks to my supervisor Dr. Melnyk for his guidance and suggestions. I would also like to thank the principles, teachers and especially the students who participated in this study. Without them, this research wouldn't have been possible.

A special thank you to my boyfriend Troy who has not only helped me with my thesis, but who has made my life a whole lot brighter . For being so patient and understanding and for making me laugh when I felt like crying, I thank you so much. But most of all, thanks for waiting for me.

I'd like to dedicate this thesis to my mother and father who have always been there for me. Mom and Dad, without your constant support and encouragement I never would have reached my goal of obtaining a Masters Degree. I know that both of you, along with Jackie, Joey and Kathy are very proud of me and I want you all to know that I'm proud to be a daughter and a sister to such wonderful people. I want to thank you for everything, but most of all, thank you for believing in me.....even when I didn't believe in myself.

Abstract

There has been a recent explosion of interest in anorexia nervosa and bulimia nervosa. There are many social influences which are thought to encourage women to strive for unrealistic thinness. The suggestion that with early intervention, eating disorders are associated with good outcome, implies that the investigation of subclinical cases may have important therapeutic implications.

This study aimed to identify subclinical cases (weight preoccupation) in female high school students. One hundred and ninety students from four different schools and two different provinces participated in the study. Individuals who were classified as weight preoccupied,as determined by the Eating Attitudes Test, were compared to non-weight preoccupied females on measures of dieting practices, self-concept,irrational beliefs and social influences to diet. Significant differences were found in all areas except self-concept.

By identifying contributing factors involved in weight preoccupation it may be possible to deal with these issues before the individual reaches the criteria for a serious clinical disorder, namely anorexia or bulimia. The results yield preventative implications.

Table of Contents

Chapter One

Introduction

There has been a recent surge of interest in anorexia nervosa and bulimia nervosa. These eating disorders are receiving increasing attention in the scientific literature for a number of reasons. First,these conditions have been dramatically increasing in frequency over the past twenty years (Garner & Garfinkel,1978) and are now commonly encountered in clinical practice (Garfinkel & Goldbloom,1988). Moreover,cases which are not responsive to therapy are associated with significant mortality- between 5% and 20% of such patients die as a result of these disorders. Finally, chronic forms of anorexia nervosa and bulimia nervosa develop in approximately 25% of patients (Garfinkel & Goldbloom,1988).

Of these eating disorders, anorexia nervosa is the longest established as an illness. It was described for the first time in the 1870's by Sir William Gull who coined the term " anorexia". However, two major problems have slowed down the emergence of the eating disorders as diagnostic categories. The first is the arguement over how diagnostic criteria should be established. The traditional approach is to provide short descriptions of the main features of each condition. The problem with this method is the lack of precision,

which severely limits the usefulness of classification schemes. A more recent approach is to provide working (ie, operational) definitions of the various diagnostic categories.

A second hurdle is a lack of agreement and understanding among researchers as to the causes , features, course and outcome of the eating disorders. Despite these difficulties, the American Psychiatric Association has produced useful descriptions of the disorders. The following table lists the diagnostic criteria for anorexia.

Table 1 DSM-111-R Diagnostic Criteria for Anorexia Nervosa

A. Refusal to maintain weight over a minimal normal weight for age and height,e.g., weight loss leading to maintenance of body weight 15% below that expected; or failure to make expected weight gain during period of growth, leaving the body weight 15% below that expected.

B. Intense fear of gaining weight or becoming fat, even though underweight.

C. Disturbance in the way in which one's body weight, size, or shape is experienced, e.g., the person claims to "feel fat" even when emaciated, believes that one area of the body is "too fat" even when obviously

underweight.

D. In females absense of at least three consecutive menstrual cycles when otherwise expected to occur (American Psychiatric Association,1987).

Anorexia nervosa is a clinical disorder found primarily in adolescent and adult women . It is a syndrome of self-starvation which effects predominately white women in industrialized Western societies. Generally, the syndrome is characterized by a severe loss of weight, a refusal to eat, an almost delusional attitude toward food and body, and a general withdrawal from family and friends (Thompson & Schwartz,1982). Specific behaviors include a "relentless pursuit of thinness"(Palazzoli,1974), constant over concern with calorie-counting and amount of food ingested, constant exercising in order to burn off calories, severe fasting, self-induced vomiting after meals, and laxative abuse. Prolonged behaviors of anorexia nervosa may lead to severe medical problems, some of which are secondary to prolonged starvation: amenorrhea,bradycardia,hypothalmic and pituitary dysfunction, electrolyte imbalances, inanition and ultimately death (Thompson & Schwartz,1982).

Only recently has bulimia (Greek for "ox appetite") been recognized as a distinct clinical entity. Since reports of bulimic practices are recorded in ancient times, it is suprising that they have not received much medical

attention or psychiatric attention, not having even been listed as a syndrome prior to DSM-111 (Lowenkoph,1982). The current diagnostic criteria for bulimia nervosa is listed in the following table:

Table 2 DSM-111-R Diagnostic Criteria for Bulimia Nervosa

A. Recurrent episodes of binge eating (rapid consumption of a large amount of food in a discrete period of time, usually less than 2 hours).

B. A feeling of lack of control over eating behavior during the eating binges.

C. The person regularly engages in either self-induced vomiting , use of laxatives or diuretics, strict dieting or fasting, or vigorous exercise in order to prevent weight gain.

D. A minimum average of two binge eating episodes a week for at least three months.

E. Persistant overconcern with body shape and weight.
(American Psychiatric Association,1987).

Studies of personality, behavioral and psychopathological characteristics of bulimics have shown that bulimics are significantly more depressed, anxious, impulsive, alienated, and more impaired on measures of life adjustment when compared to "normals"(Johnson & Larson,1982; Williamson , Keller, Davis, & Ruggiero, 1985).

Evacuation abuse such as vomiting and cathartic and diuretic overusage,

can produce a variety of physical consequences. Common symptoms reported are weakness, edema, vague gastrointestinal symptoms (bloating and abdominal cramping), facial puffiness and dental lesions (Kaplan, 1988). More serious complications can occur if the elimination procedures are practiced freguently or continuously. Some of the affects on the body are potassium depletion, urinary infections, and possibly eventual renal failure (Lowenkopf,1982).

Despite the fact that anorexia nervosa and bulimia nervosa are classified as seperate clinical disorders, they do share similiar characteristics such as low self-esteem, poor self-concept and a high need for social approval (Baird & Sights,1986; Katzman & Wolchik,1984).

Bulimarexia is a term now used to describe those who consume up to fifteen thousand calories in a day but vomit nearly all of it up to avoid weight gain. Individuals with bulimarexia vary from emaciated to normal and often become addicted to vomiting (Levenkron, 1982).

Accurate clinical descriptions of anorexia have been available since the early 1870's but until the early 1900's many women with anorexia were misdiagnosed as suffering from "chlorosis" (hypochromic anemia) or amenorrhea (London, 1980). The disorder was seen as rare and was psychologically treated. In 1914, Bliss and Branch described a patient with anterior pituitary damage and loss of weight and this started a new era for

the diagnosis and treatment of anorexia. The illness was considered a primary endocrine illness for the next three decades and patients were usually treated by endocrinologists. However, because of increasing knowledge from psychiatrists regarding psychological causes and in the absense of identifying a causative primary endocrine disturbance, the diagnosis and treatment of anorexia nervosa has gradually shifted back in the hands of mental health professionals over the last thirty years (Leichner & Gertler, 1988).

Various theories are now used to explain the causes of anorexia and bulimia. These include the Family Pathology Theory, the Individual Psychodynamic Theory, the Developmental Psychobiological Theory, the Primary Hypothalmic Dysfunction Theory and Cognitive Behavioral Theory (Hsu, 1988). Perhaps the theory which is gaining the most credibility in 1990 is the Social Culture Theory.

Many authorities in the field of eating disorders appear to agree that the recent increase of anorexia and bulimia is largely due to societal pressures on women to diet in order to achieve unrealistic thinness (Garner & Garfinkel,1978). Hilde Bruch, one of the best known clinical interpreters of anorexia and bulimia, has written of a "sociocultural edidemic"(Bruch, 1978). Women are surrounded by myths of dieting from a wide range of sources including magazines, newspapers, television and radio (Jasper, 1989). The

ads may be different but the message is always the same: you must be thin, very thin, to be a happy, healthy, successful and good person. Sociocultural pressures have led North Americans on an unrealistic quest for thinness. The escalating incidence of eating disorders has resulted in an explosion of research. A better understanding of these complicated disorders is being desperately sought.

The broad range of treatment attempts for anorexia and bulimia include: Psychodynamic Interventions which see anorexia as an emotional disturbance that results from refusing to develop sexually as an adult by the means of a regression to the prepubertal relation to parents (Wilson, 1988).

Inpatient Treatment focuses attention on nutritional rehabilitation (Bruch 1973).

Day Hospital Group Treatment provides a supportive environment and is gaining respect as an innovative mode of therapy (Dixon, 1988).

Drug Therapy has been used for many years in the treatment of eating disorders. Currently, it is generally thought that medication can play at most, a secondary role as one part of an integrated treatment approach (Walsh et al., 1985).

Cognitive and Behavioral Applications such as examining ones' belief system are continnuing to contribute to the treatment of eating disorders (Kellerman, 1977).

Family Therapy addresses the individual and family difficulties that go with eating disorders. It is seen as especially effective when the eating disorder had begun before the age of 19 (Russell, 1987).

After numerous studies comparing different treatments for eating disorders, the conclusion is that the mode of therapy seems less important than the therapeutic relationship. Garner (1985) has written on the iatrogenesis in anorexia and bulimia. He believes that sometimes , adverse conditions result from treatment . He suggests that errors result from the therapist's poor understanding of eating disorders and the "powerful negative emotional reactions" that eating disorder patients evoke in the therapist.

While the research is ongoing for new and more promising treatments, something must be done to try and prevent the explosion of new cases. Prevention strategies must be given attention in the 1990's. Recent studies have reported symptoms of anorexia and bilimia among non-clinical populations such as ballet and college students (Garner, Olmsted,& Garfinkel,1983). The idea that the symptoms of anorexia (such as drive for thinness) occur on a continuum was originally proposed by Nylander (1971). Fries (1974), suggested that dieting for understandable cosmetic reasons may lead to anorexic behavior or even develop into the classical picture of anorexia. By administering the Eating Attitudes Test, Button and Whitehouse (1981) identified a number of females who are "abnormally preoccupied with

weight and who express many of the symptoms of anorexia but do not lose`weight to a dangerously low level". The researchers offered the term "subclinical anorexia" to describe those females.

The suggestion that with early intervention , eating disorders are associated with a good outcome,suggests that the investigation of subclinical cases may have important therapeutic implications (Button & Whitehouse, 1981). The Eating Attitudes Test (EAT) has facilitated the identification of subclinical cases . The EAT is currently used to identify normal weight individuals whose general orientation toward food, dieting, and body size is similiar to those suffering from an eating disorder. While they do not qualify for an eating disorder, their eating attitudes and behaviors may be paving the way towards anorexia or bulimia (Garner et al, 1983). Weight preoccupation is the term commonly used for the subject's attitudes and behaviors toward food. These people are referred to as weight preoccupied.

Since the EAT provides a means of detecting weight preoccupation, research can be conducted on this special group. Specialists in the eating disorder field suggest that future research may profitably be directed at this group as a whole, rather than concentrating on more precise subclassifications of eating disorders. It is argued that a clearer understanding of eating disorders may result from a more thorough examination of the broader group of people with problems of weight concern

(Button & Whitehouse, 1981).

Different prevalence rates of weight preoccupation have been reported. The average rate is between 6% to 11% (Button & Whitehouse,1981; Clarke & Palmer,1983). Rates as high as 21% and 22% have been reported for weight preoccupation amongst female college students (Carter & Moss, 1984; Thompson & Schwartz,1982).

The present study was designed to measure weight preoccupation in females attending various high schools throughout Thunder Bay, Ontario and Saint John, New Brunswick. The aim of this study is to determine weight preoccupation rates in high school females and to compare weight preoccupied (WP)females to non-weight preoccupied(NWP) females on various measures. The EAT was administered to classify students as WP or NWP. Beck's Self Concept Test and Jones' Irrational Beliefs Test were also administered. A Social Infuence Questionnaire designed by the reasearchers with additional questions taken from the Diagnostic Survey of Eating Disorders(Johnson,1985) was administered. This questionnaire was designed and used only to provide a preliminary step in the development of a descriptive study in this area.

Understanding weight preoccupation may help us better understand eating disorders and their causes. It may be possible to stop the continuum at the weight preoccupation stage. These young women who may be at risk for an

eating disorder can recieve help before their condition is extremely serious.

General purposes of the research:

1) to determine the rate of weight preoccupation in high school females in 1990-1991

2) to determine the rate of dieting being done by today's teenagers

3) to determine the way these people are dieting

4) to investigate the influences on these girls to diet

5) to investigate the role that self-concept and irrational beliefs may play in dieting

It is expected that:

1) weight preoccupation will be relatively high (15-20%) in high school females in both Ontario and New Brunswick

2) weight preoccupied individuals will score significantly higher on the Social Influence Questionnaire (see next page for breakdown)

3) weight preoccupied individuals will have lower self-concept scores as do females with anorexia

4) weight preoccupied people will endorse more irrational beliefs than non-weight preoccupied people, as do females with anorexia

It is expected from the Social Influence Questionnaire:

1) weight preoccupied (WP) and non-weight preoccupied will not significantly differ in current weight but there will be a greater discrepency between WP current and desired weight than for the NWP
2) WP and NWP individuals will differ in the endorsement of the 27 statements with the WP endorsing more strongly in the extreme area
3) WP and NWP individuals will not differ on the number of diets they go on but will differ in their prefered way of dieting with the WP girls using more extreme measures
4) WP girls will read more magazines and watch more TV than NWP and therefore may be more influenced to diet
5) WP will exercise more than NWP
6) WP will weigh and measure their body more than NWP
7) WP will have experienced more stressfull events during the last year than NWP
8) the quality of the WP relationships will be poorer than the NWP

Many young women are constantly dieting. It is normal to want to look good but what makes some of these individuals go overboard? Perhaps low self-concept, irrational beliefs and social influence play a role. By identifying contributing factors involved in weight preoccupation, we may be able to deal with these issues before the individual reaches the criteria for a serious clinical disorder, namely anorexia or bulimia.

Chapter Two

Method

Subjects

One hundred and ninety females ages 14-18 attending various high schools throughout Thunder Bay and Saint John participated in this study.

Procedures

Each student involved was asked to take a parental consent form home to be signed and returned to the school. Each student signed an informed consent sheet and was given verbal instructions before completing the anonymous questionnaires. At they end of the session, they were debriefed by means of receiving a fact sheet on attitudes. They were also informed that the results of the study would be available in May,1991.

Measurements

The standardized Eating Attitudes Test (EAT-26) was used to establish the degree of weight preoccupation among the subjects. Based on the EAT-40, the EAT-26 is a self report instrument that assesses abnormal eating attitudes and behavior. It measures a broad range of symptoms characteristic of anorexia and bulimia. High scores on the EAT-26 may satisfy the criteria for a partial syndrome of an eating disorder, namely, weight preoccupation (Garner et. al., 1982).

The second measure that was used was Beck's Self-Concept Test. The subjects ranked themselves in areas of intelligence, person, virtues and discipline in comparison to known others. A high score is indicative of a high self-concept and a low score is indicative of a low self-concept(Beck,1978).

The Irrational Beliefs Test is a useful research tool for measuring a person's irrational beliefs(Mitchell,1985). The test is based on Ellis' Irrational Belief System. It has 11 scales: Demand for Approval, High Self-Expectations, Blame Proneness, Frustration Reactive, Emotional Irresponsibility, Anxious Overconcern, Problem Avoidance, Dependency, Helplessness, Perfectionism and Full Scale.

Lastly,the Social Influence Questionnaire was used to investigate the role of social influences of dieting.

Chapter Three

Results

One hundred and ninety female students participated in the study. Forty-nine of these students scored 20 or greater on the EAT-26 and were therefore classified as weight preoccupied (WP). Table 1 provides the number of females who participated and the frequency and percentage of WP individuals from each school and province.

Table 1 Frequency and percentage of WP individuals

School	# of students participating	# of students WP	% of students Wp
Saint Vincents High School	47	10	21
Fort William Collegiate	43	9	21
Port Arthur Collegiate	57	17	30
Millidgeville North	43	13	30
Province			
New Brunswick	90	23	26
Ontario	100	26	26

The forty-nine students who scored 20 or greater on the EAT-26 (WP)

were compared on various measures to the 94 nonweight preoccupied (NWP) students who scored 10 or less on the EAT-26. The students ranged in age from 14-18 years and were in grades 9-12. The mean age was15 and the mean grade was 10 for each group.

Group Differences in Weight Related Variables

It is not suprising that there were differences in weight related variables or in dieting behavior. In fact, some differences may have been predicted from the Eating Attitudes Test. As expected, the WP and NWP subjects did not differ on the variables of height and weight. Although there was a greater discrepancy between the WP's current and desired weight than the NWP, it was not significant. Table 2 provides the means and standard deviations for the WP and NWP on height, weight, and desired weight.

Table 2 Means and standard deviations for WP and NWP on height, weight and desired weight

Measures	NWP		WP		p
	$\bar{X}$	SD	$\bar{X}$	SD	
Height	5'2	1.1	5'2	1.1	NS
Weight	122	30.4	127	17.4	NS
Desired Weight	109	26.9	111	11.2	NS

Group Differences in Dieting Varibles

Of the 94 NWP subjects, 44 (46.8%) reported that they were on a diet

either presently or in the past, compared to 45 (91.8%) of the 49 WP subjects. When asked the number of times they had started a diet over the last year, the WP group indicated a significantly higher number (see Table 3).

Table 3 Means and standard deviations of # of diets started over the last year

	NWP $\bar{X}$	NWP SD	WP $\bar{X}$	WP SD	t	p
# of times that you have started a diet over the last year	1.3	2.5	5.8	5.1	5.85	.000

When asked how often they weighed and measured their bodies, the two groups indicated the following frequencies. Many WP subjects reported weighing themselves very often.

Table 4	NWP f	NWP %	WP f	WP %
Weigh Body				
Less than once a month	18	19.1	7	14.3
Once a month	22	23.4	8	16.3
More than once a month	16	17.0	3	6.1
Once a week	21	22.3	6	12.2
More than once a week	8	8.5	8	16.3
Once a day	5	5.3	9	18.4
More than once a day	0	0	8	16.3

Measure Body	NWP		WP	
	f	%	f	%
Less than once a month	65	69.1	20	40.8
Once a month	14	14.9	9	18.4
More than once a month	10	10.6	7	14.3
Once a week	0	0	3	6.1
More than once a week	0	0	6	12.2
Once a day	0	0	3	6.1
More than once a day	0	0	1	2.0

Each subject was asked to rank a number of different dieting methods in order of preference. Contrary to the hypothesis, the WP did not endorse more extreme methods of dieting (ie. fad diets). The three most preferred ways of dieting for the NWP females were to reduce portions, reduce calories and restrict sweets. Similiarly, the WP respondents ranked reduce portions as their preferred method of dieting, followed by restrict sweets and reduce calories. The least preferred method of dieting for both groups was fasting.

On the topic of obtaining information about diets, the NWP students ranked girlfriends, mom, and magazines as their top information sources. The WP subjects ranked magazines, diet books and girlfriends (tied for 2nd), and television as their prime sources. Both groups rated male friends and boyfriends as providing the least material about diets.

Subjects in both groups reported having been on the following diets:

Weight Watchers, Slim-Fast and Nutri-System. Many subjects also indicated that they had experimented with other diets (see Table 5).

Table 5 Frequency & percentage of dieting methods used

	NWP		WP		X^2
	f	%	f	%	
Weight Watchers	3	3.2	3	6.1	.68
Slim Fast	5	5.3	8	16.3	4.73**
Nutri-System	2	2.1	1	2	.00
Other*	33		72		

* Many subjects listed more than one "other"
** sig. at p. < .05

When asked whether they had ever been encouraged to diet, 24 of the NWP (25.5%) and 28 of the WP (57.1%) said yes. The NWP subjects listed their mom, sister and dad as the main people who encouraged dieting. The WP females rated their mom, brother and sister as the the 3 main sources encouraging them to diet. Both groups listed their coach and teacher as the least likely people to encourage dieting.

Because many magazines promote dieting, it was hypothesised that WP subjects would differ in their magazine preference. However, the top three magazines rated by the NWP teenagers were Seventeen, 'Teen, and Cosmopolitan which were similiar to the WP group choices, Seventeen, Teen, and Vogue. For both groups, Muscle & Fitness, Shape and People magazine were the least read.

The two groups did not differ significantly on the amount of television they watched. The average number of minutes per day spent watching television was 119 for the subjects in the NWP group and 101 for the subjects in the WP group.

Group Differences in Exercise Related Variables

As predicted, the WP subjects reported exercising significantly more minutes per day than the NWP students (see Table 6).

Table 6 Means and standard deviations of minutes spent exercising per day

	NWP		WP		t	p
	$\bar{X}$	SD	$\bar{X}$	SD		
# of minutes per day spent exercising	71.2	62.3	100.2	89.6	2.02	.047*

As well, a higher percentage of WP subjects indicated that they belonged to a gym or club (see Table 7).

Table 7 Frequency & percentage of subjects belonging to a club

	NWP		WP		X^2
	f	%	f	%	
YM/YWCA	3	3.2	1	2	
Canada Games	7	7.4	8	16.3	
Other	9	9.6	9	18.4	
Total	19/94	20.2	18/49	37	4.58*

*sig. at p. < .05

Also, the WP group had at least a 10% higher participation rate than the NWP group in the following sports: weight training, dancing and aerobics.

Group Differences on the Endorsement of 27 Weight Related Statements

Supporting the hypothesis, the WP subjects were more extreme in agreeing or disagreeing with certain statements. On 18 of the 27 statements, the WP group responded significantly different than the NWP group. Of particular interest the WP group disagreed more strongly with 4 of the statements and agreed more strongly on 6 of the statements than did the NWP group. However, a note of caution is required because a number of t-tests were performed and therefore increased the probability of finding significant results. Table 8 provides the statements, t-values and probability levels.

Table 8 Statements from the Social Influence Questionnaire' t-values and probability levels

Statements that the WP group DISAGREED more strongly on:		
1. I do not desire greater control over my eating behavior and weight.	**t 4.22**	**p .000****
2. I do not fear criticism from others.	**2.84**	**.005****
3. I do not feel pressure to be thinner.	**5.81**	**.000****
4. I do not compare myself to models on television or in magazines	**5.39**	**.000****
Statements that the WP group AGREED more strongly on:		
1. People view you as a better person if you are thin.	**-4.77**	**.000****
2. I would be better able to obtain certain goals in life if I were thinner.	**-5.08**	**.000****

	t	p
3. I often compare my body with the bodies of other girls & see myself as heavier.	-4.91	.000**
4. I would do almost anything to be thinner.	-7.53	.000**
5. Guys like girls who are thin.	-3.19	.002**
6. In order to be a model, a person must be very thin.	-3.25	.002**

Group Differences in Self-Concept and Irrational Beliefs

Contrary to the hypothesis, the two groups did not differ on the Self-Concept Test. However, there were significant NWP and WP group differences on four of the ten Irrational Beliefs Scales and also on the full scale Irrational Belief Test score. Table 9 provides the means, standard deviations, t-values and probability levels for the NWP and WP scores on the Self-Concept Test and Irrational Beliefs Test.

Table 9 Means, standard deviations t-values and probability levels for the NWP and WP scores on the Self-Concept Test and the IBT

	NWP $\bar{X}$	NWP SD	WP $\bar{X}$	WP SD	t	p
Self-Concept Score	79.9	6.5	80.7	7.3	.59	NS
IBT1 Love Necessity	30	7.0	34.9	7.6	3.73	.000**
IBT2 Thoroughly Competent	29.5	5.3	33.1	6.3	3.38	.001**
IBT3 Blamed & Punished	30.6	4.3	32.1	4.8	1.83	NS

	NWP $\bar{X}$	NWP SD	WP $\bar{X}$	WP SD	t	p
IBT4 Catastrophic	28.6	4.1	30.7	4.5	2.79	.006**
IBT5 Unhappiness External	27.3	5.0	27.8	6.5	.39	NS
IBT6 Dwelling	33.1	4.3	35.0	5.6	2.09	.039*
IBT7 Avoid Difficulties	28.4	4.2	29.7	5.8	1.38	NS
IBT8 Dependent	30.6	3.9	31.1	4.7	.63	NS
IBT9 Past	30.2	4.5	31.2	5.0	1.23	NS
IBT10 Perfect Solution	30.8	3.9	31.2	3.4	.64	NS
IBT-FS In General	299.1	21.7	316.8	28.3	3.83	.000**

* Significance .05 **Significance .01

Group Differences in Quality of Relationships and Stressfull Events During the Past Year

There were no group differences in the area of relationship quality. However, the higher frequency of stressfull events reported by the WP subjects supports the hypothesis. In particular, the WP reported a greater incidence of the following stressfull events (see Table 10).

Table 10 Frequency & percentage of stressful events

	NWP		WP		X^2
	f	%	f	%	
Failure at school	18	19.1	18	36.7	5.28*
Difficult sexual experiences	18	19.1	15	30.6	2.38
Problems with a boyfriend	40	42.6	30	61.2	4.48*
Family problems	47	50	31	63.3	2.29
Teasing about appearance	19	20.2	19	38.8	5.7*
Prolonged period of dieting	1	1.1	19	38.8	38.11**

*Significance .05 **Significance .01

Chapter Four

Discussion

The results of this study demonstrate that there are a considerable number of female high school students who are weight preoccupied. The overall percentage (26) of WP individuals identified, exceeds the hypothesis which predicted a rate of 15-20%. However, the scoring of the EAT has been questioned and therefore may have affected the results.

One purpose of the study was to determine the amount of dieting being done by today's teenagers. Although it was found that both groups (WP & NWP) engaged in dieting behaviour, the WP subjects did so to a much greater extent. This group did not rank extreme methods of dieting high in preference but did report using such measures to lose weight. When asked to name the diets that they had been on, many reported that they invented their own diets. While some of these may be nutritonally sound, it appears that many are not. Reports of not eating for days at a time were made.

Supporting the hypothesis, it was found that WP individuals exercise more often, belong to more gyms or clubs, and participate more in certain sports. Unfortunately, this study did not investigate the reasons that each girl exercised. Hopefully, exercise is being performed for health and enjoyment and not being used as a form of purging. However, regardless of the reasons, it appears that the majority of teenagers in this study engage in regular

exercise which is an encouraging finding.

As predicted, many of the females reported that they were encouraged to diet. However, there were no differences in magazine reading or in television watching between the two groups. No matter what magazine is read or how often the television is watched, one can be sure that "dieting messages" will be present. It appears that both groups are receiving the same exposure to diet propaganda. Perhaps the WP females are more susceptible to the messages because of their attitudes and beliefs.

The group differences on the responses to weight related statements lends support to the hypothesis that WP people have more extreme attitudes than NWP people on weight related issues. These attitudes, coupled with irrational beliefs may make WP individuals a vulnerable target to the firing message of society that " thin, thin, thin....is in, in, in."

The four irrational belief scales that the two groups differed on (the WP scoring significantly higher than the NWP) are as follows: Irrational Belief #1 consists of the belief that it is a necessity to be loved by everyone. This high need for approval may set the stage for the person to strive for perfection, which is an impossible goal to reach (Jones, 1985).

The higher score on the Irrational Belief#2 suggests that WP individuals posess the idea that for a person to consider herself worthwhile, she must reach high stages of competence and achievement. People with this belief

often compare themselves to others (Jones, 1985).

Irrational Belief #4 is the belief that if things are not the way one wants them to be it is catastrophic (Jones, 1985). WP teenagers may feel that not being a perfect weight is catastrophic.

Irrational Belief #6 was also scored significantly higher on by the WP subjects. It involves the idea that if something is fearsome (perhaps becoming overweight), it must be constantly dwelled on (Jones).

There was no difference in the scores on the Self-Concept Test between the two groups. This may be accounted for by the fact that the test measures a number of different characteristics such as intelligence, personality, and kindness. Perhaps the WP females are quite satisfied with most areas of themselves and that their dissatisfaction is weight-specific.

The findings did not support the hypothesis that WP subjects would have lower quality relationships. However, the WP females did report experiencing more stressfull events, as was predicted. This may play a role in the control issue. Because these teenagers may feel unable to control certain events in their lives, such as family problems, they may overexert control in an area such as weight and food consumption. Being weight preoccupied may serve a function for these girls experiencing stressfull times. By focusing all their time and energy on one issue (ie.weight & food) no time is left for facing or thinking about more painfull problems.

It is clear that every person who is WP will not develop an eating disorder, otherwise there would be a much higher incidence of anorexia and bulimia. Perhaps being WP is not sufficient criteria for being at risk for one of these clinical disorders. However, when a WP person also holds certain attitudes, beliefs and experiences a number of stressfull events the risk may increase.

Although it is normal and indeed wise , for teenagers to be concerned about their weight, a preoccupation with anything may disrupt one's life. An even greater concern exists in the question, " Which of these WP girls will end up at the final stage of the weight preoccupation continuum, namely, anorexia or bulimia?"

It does appear from the results of this study that attitudes, beliefs and social influences play a role in weight preoccupation. A longitudinal study may be better able to identify the role that these and other factors play in the progression from weight preoccupation to a serious eating disorder. Once these factors are identified, preventative strategies may be put into action and therefore save many people from the mental and physical suffering that is experienced with anorexia and bulimia.

References

American Psychiatric Association (1987). Diagnostic and Statistical Manual of Mental Disorders (3rd.ed.-Revised) Washington,D.C.:APA.

Baird,P.,& Sights,J.R.(1986). Low self-esteem as a treatment issue in the psychotherapy of anorexia and bulimia. Journal of Counseling and Development,64,449-451.

Beck,A.(1978). Self-Concept Test.

Bliss,E.L.&Branch,C.H.(1960). Anorexia nervosa:It's history,psychology,and biology. New York: Paul Huebar,Inc.

Boskind-Lodahl,M.(1976). Cinderella's stepsisters:a femininist perspective on anorexia and bulimia. Signs,2,2,342-356.

Bruch, H. (1978). The Golden Cage. New York:Vintage Books.

Button, E. & Whitehouse, A. (1981). Subclinical anorexia nervosa. Psychological Medicine,11,509-516.

Carter, P.I. & Moss,R.A. (1984). Screening for anorexia and bulimia nervosa in a college population:problems and limitations. Addictive Behaviors,9,417-419.

Dixon, K. (1988). Group psychotherapy for AN and BN. In B.Blinder, B. Chaitin, R. Goldstein (Eds.), The Eating Disorders (pp.457-468). New York : PMA Publishing Co.

Fries,H. (1974). Secondary amenorrhea, self-induced weight reduction and anorexia nervosa. Acta Psychiatrica Scandinavica,248.

Garfinkel,P.E. & Goldbloom,D.S. (1988). Anorexia nervosa:introduction. In P.E.Garfinkel(Ed.), Anorexia Nervosa and Bulimia Nervosa.(pp.3-9), Department of Psychiatry, Toronto General Hospital.

Garner, D.M.(1985). Iatrogenesis in anorexia nervosa and bulimia nervosa. International Journal of Eating Disorders, 4,701-726.

Garner, D.M. & Garfinkel, P.E. (1978). Sociocultural factors in anorexia nervosa. Lancet,2,674

Garner, D.M., Olmsted,M.P.,&Garfinkel, P.E. (1983). Does anorexia occur on a continuum? International Journal of Eating Disorders,2,4,11-20.

Garner,D.M., Olmsted, M.P., Bohr, Y. & Garfinkel, P.E. (1982). The EAT: Psychometric features and clinical correlates. Psychological Medicine,12,871-878.

Gull, W.W. (1873). Anorexia nervosa (apepsia hysterical). British Medical Journal, 2,527-528.

Hsu,G. (1988). The etiology of anorexia. In Chaitin & R. Goldstein (Eds.) The Eating Disorders.(pp. 239-246). New York: PMA Publishing Co.

Jasper,K. Nurturing the Hungry Self (1989). Paper presented at the National Eating Disorder Conference in Toronto, Canada.

Johnson,C.,&Larson,R. (1982). Bulimia:analysis of moods and behavior. Psychosomatic Medicine,44,341-351.

Jones, R.G. (1985). Jones's Irrational Belief Handbook. Test Systems International.

Kaplan,A. (1988). Day hospital group treatment of eating disorders. In P.E. Garfinkel (Ed.) Anorexia Nervosa and Bulimia(pp.47-50)Department of Psychiatry Toronto General Hospital.

Katzman, M. & Wolchik,S. (1984). Bulimia and binge eating in college women. Journal of Consulting and Clinical

Psychology,52,423-428.

Leichner,P.,& Gertler,A. (1988). Prevalence and incidence studies of anorexia nervosa. In B.J.Blinder, B.F. Chaitin & R. Goldsteinn(Eds.),The Eating Disorders(pp.131-149),New York: PMA Publishing Co.

Levonkron,S. (1982). Treating and Overcoming Anorexia Nervosa.New York: Warner.

London,Isl. (1980). Chlorosis, anemia and anorexia nervosa. British Medical Journal,280,20-27.

Lowenkopf, E. (1982). Anorexia nervosa: some nosological considerations. Comprehensive Psychiatry,23,233-239.

Mitchell,J. (1985). Mental Measurements Yearbook,1,736. Buros Institute of Mental Measurements, Lincoln, Nebraska.

Nylander, I. (1971). The feeling of being fat and dieting in a school population. Acta sociomedica Scandinavica,3,17-26.

Palazzoli, M.Self-Starvation.APomersna,Trans.,London,Chaucer.

Plant,T. (1988). Personality, sex role attitudes and heterosocial attitudes and behaviors of WP and NWP college females. Unpublished honours thesis.

Russell, G., Smmzmukler, G., Dare,C., Eisler, I. (1987). An evaluation of family therapy in AN and BN. Archives of General Psychiatry, 44, 1047-1056.

Thompson, M.G. & Schwartz,D.M. (1982). Life adjustment of women with anorexia nervosa and anorexic-like behavior.International Journal of Eating Disorders,1,47-60.

Walsh, B.T., Stewart, J., Roose,S., and Glassman,A.H. (1985) A double blind trial of phenelzine in bulimia. Journal of Psychiatric Research, 19, 485-489.

Wilson, C. P. (1988). The Psychoanalytic Treatment of AN and Bulimia. In B. Binder, B. Chaitlin, R. Goldstein (eds.) The Eating Disorders. (pp.443-446). New York:PMA Publishing Co.)

Williamson, D.A., Keller,M.L., Davis, C.J., Ruggiero,L.,& Bloum,D.C. (1985). Psychopathology of eating disorders. Journal of Consulting and Clinical Psychology,53,161-166.

Appendices

I am conducting a study entitled " Dieting Practices, Influences, Beliefs and Self Concept of Female High School Students". I am conducting this study under the supervision of Dr. W. Melnyk, Professor of Psychology at Lakehead University , as partial fulfillment of the requirements of a Master of Arts degree in Clinical Psychology.

The purpose of our study is to determine the amount and degree of dieting done by teenagers today. An additional aim is to investigate how social influences, self concept and beliefs play a role in dieting.

If you agree to participate in the study, you will be asked to complete several questionnaires related to dieting issues and attitudes. The time required to complete these is approximately 50 minutes. You will not write your name on any of the questionnaires and therefore your identity will remain anonymous.

Your desision to participate is completely voluntary and you may withdraw at any time if you wish. If you agree to participate please sign the attached consent form and turn it in. Your participation would be greatly appreciated.

If you are interested in the results of this study, a brief description ofour findings can be obtained from the Psychology Office located in the Braun Building at Lakehead University after May 1, 1991.

Kelly McMurray
M.A. Student

W. Melnyk,Ph.D
Professor of Psychology,L.U.

Statement of Informed Consent

My signature on this sheet indicates that I will participate in a study by Kelly McMurray and Dr. Melnyk on "Dieting Practices, Influences, Beliefs and Self Concept of Female High School Students" and indicates that I understand the following:

1) I am a volunteer and can withdraw at any time from the study.

2) I have received explanations about the nature of the study, it's purpose and procedures.

3) There is no risk of psychological or physical harm.

4) The data I provide will be anonymous.

5) If I wish, I may obtain a brief summary of the results of the project, following the completion of the project.

Signature of Participant Date

Dear Parent,

I am conducting a study at the high school your daughter attends entitled " Dieting Practices, Influences, Beliefs and Self Concept of Female High School Students" I am conducting this study under the supervision of Dr. W. Melnyk, Professor of Psychology at Lakehead University, as partial fulfillment of the requirements of a Master of Arts degree in Clinical Psychology.

The purpose of the study is to determine the amount and degree of dieting being done by teenagers today. An additional aim is to investigate how social influences , self concept, and beliefs play a role in dieting

Your daughter will be requested to complete several questionnaires dealing with dieting issues which will take approximately 50 minutes. She will not write her name on any of the questionnaires and so her identity will be anonymous. Her participation is completely voluntary and she has the right to withdraw at any time.

If you decide to give permission for your daughter to participate in this study please sign the attached Parental Consent Form and have your daughter return it to her school. If you are interested in the results of this study, a brief

description of our findings can be obtained from the Psychology Office located in the Braun Building at Lakehead University after May 1, 1991.

Thank you for your kind consideration of this request. Your daughter's participation would be greatly appreciated.

Sincerely,

Kelly McMurray

M.A. Student

W. Melnyk, Ph.D

Professor of Psychology

Lakehead University

Parental Consent Form

My signature on this form indicates that my daughter may participate in a study by Kelly McMurray and Dr. Melnyk investigating dieting practices, influences, beliefs and self concept in female high school students.

I understand the following :

1) My daughter is a volunteer and can withdraw from the study at any time.

2) I have received an explanation about the study and it's purpose.

3) There is no danger of physical or psychological harm.

4) The data provided by my daughter will be anonymous.

5) If I wish, I can obtain a summary of the project , following the completion of the project.

Signature of Parent or Guardian Date

Daughter's Name

Hello, I'm Kelly McMurray and I'd like to thank you for agreeing to participate in my study entitled " Dieting Practices, Influences, Beliefs and Self Concept of Female High School Students".

My study relies on your honest responses . All information will be anonymous so do not write your name on the questionnaire package.

Please raise your hand if you are uncertain about anything on the questionnaire or what you are to do and I'll come to your desk.

When finished, please deposit your completed questionnaire package in this box . Thanks again for your participation, I really appreciate it.

ATTITUDES

An attitude has been defined by Back et al. (1977) as a predisposition toward any person, idea, or object that contains cognitive, affective and behavioral components. In other words, any one of our predispositions is an attitude if it contains, in some part, aspects of knowing, feeling, and acting. In comparison to beliefs or opinions, attitudes involve stronger feelings.

Psychologists are interested in attitudes because they significantly contribute to an understanding of human behavior. Attitudes can help us predict how and why people act the way they do in various situations or circumstances. The nature of an attitude according to Berkowitz (1980) can also affect the extent to which people act in accord with their expressed views. Attitudes that grow out of direct, personal contact with an attitude object are more apt to predict subsequent behavior than are attitudes formed from indirect experiences.

Measuring attitudes is an extremely complex task; consequently, many methods are available, each with its own strengths and limitations. The most popular way psychologists measure attitudes is by self-reporting. This involves series of statements or questions presented in a questionnaire format. The most commonly used scale is the Likert scale which uses a series of statements and measures attitudes on the basis of the average of the responses. There are difficulties with these self-reporting attitude-measurement scales. Back et al. state that since the implications of the questions are obvious to the participant, a person who wishes to give a certain picture of herself can do so easily. To deal with this problem, researchers usually assure the participants that they will remain completely anonymous and emphasize the fact that honest answers are necessary for the advancement of scientific knowledge. The most valuable strength in using self-reports is that large numbers of people can be reached in a relatively efficient manner.

Other less frequently used techniques for measuring attitudes include direct observation and measurement of physiological reactions. Physiological reactions such as pupil dilation, heart rate, and galvanic skin response are measured, particularly in the study of prejudice. However, only extreme responses can be detected.

INSTRUCTIONS

Please place an (X) under the column which applies best to each of the numbered statements. All of the results will be strictly confidential. Most of the questions directly relate to food or eating, although other types of questions have been included. Please answer each question carefully. Thank you.

ALWAYS	USUALLY	OFTEN	SOMETIMES	RARELY	NEVER		
( )	( )	( )	( )	( )	( )	1.	Am terrified about being overweight.
( )	( )	( )	( )	( )	( )	2.	Avoid eating when I am hungry.
( )	( )	( )	( )	( )	( )	3.	Find myself preoccupied with food.
( )	( )	( )	( )	( )	( )	4.	Have gone on eating binges where I feel that I may not be able to stop.
( )	( )	( )	( )	( )	( )	5.	Cut my food into small pieces.
( )	( )	( )	( )	( )	( )	6.	Aware of the calorie content of foods that I eat.
( )	( )	( )	( )	( )	( )	7.	Particularly avoid foods with a high carbohydrate content (e.g. bread, rice, potatoes, etc.)
( )	( )	( )	( )	( )	( )	8.	Feel that others would prefer if I ate more.
( )	( )	( )	( )	( )	( )	9.	Vomit after I have eaten.
( )	( )	( )	( )	( )	( )	10.	Feel extremely guilty after eating.
( )	( )	( )	( )	( )	( )	11.	Am preoccupied with a desire to be thinner.
( )	( )	( )	( )	( )	( )	12.	Think about burning up calories when I exercise.
( )	( )	( )	( )	( )	( )	13.	Other people think that I am too thin.
( )	( )	( )	( )	( )	( )	14.	Am preoccupied with the thought of having fat on my body.
( )	( )	( )	( )	( )	( )	15.	Take longer than others to eat my meals.
( )	( )	( )	( )	( )	( )	16.	Avoid foods with sugar in them.
( )	( )	( )	( )	( )	( )	17.	Eat diet foods.
( )	( )	( )	( )	( )	( )	18.	Feel that food controls my life.
( )	( )	( )	( )	( )	( )	19.	Display self-control around food.
( )	( )	( )	( )	( )	( )	20.	Feel that others pressure me to eat.
( )	( )	( )	( )	( )	( )	21.	Give too much time and thought to food.
( )	( )	( )	( )	( )	( )	22.	Feel uncomfortable after eating sweets.
( )	( )	( )	( )	( )	( )	23.	Engage in dieting behaviour.
( )	( )	( )	( )	( )	( )	24.	Like my stomach to be empty.
( )	( )	( )	( )	( )	( )	25.	Enjoy trying new rich foods.
( )	( )	( )	( )	( )	( )	26.	Have the impulse to vomit after meals.

..s page and the next are statements about various traits such as looks, honesty, and ›nality. For each trait, please rate yourself in relation to other people you know, ırcling the most accurate phrase.

›oks	better than nearly anyone I know	better than most people I know	about the same as most people	worse than most people I know	worse than nearly anyone I know
›owledge	less than nearly anyone I know	less than most people I know	about the same as most people	more than most people I know	more than nearly anyone I know
reed	more than nearly anyone I know	more than most people I know	about the same as most people	less than most people I know	less than nearly anyone I know
elling Jokes	better than nearly anyone I know	better than most people I know	about the same as most people	worse than most people I know	worse than nearly anyone I know
ntelligence	more than nearly anyone	more than most people	same as most people	less than most people	less than nearly anyone
opular	less than nearly anyone	less than most people	same as most people	more than most people	more than nearly anyone
idy	more than nearly anyone	more than most people	same as most people	less than most people	less than nearly anyone
uccessful	less than nearly anyone	less than most people	same as most people	more than most people	more than nearly anyone
lemory	better than nearly anyone	better than most people	same as most people	worse than most people	worse than nearly anyone
›ex Appeal	more than nearly anyone	more than most people	same as most people	less than most people	less than nearly anyone
›ind	less than nearly anyone	less than most people	same as most people	more than most people	more than nearly anyone
›ersonality	more than nearly anyone	more than most people	same as most people	less than most people	less than nearly anyone
›azy	more than nearly anyone	more than most people	same as most people	less than most people	less than nearly anyone
›thletic	better than nearly anyone	better than most people	same as most people	worse than most people	worse than nearly anyone

Selfish	less than nearly anyone	less than most people	same as most people	more than most people	more than nearly anyone
Reading Ability	better than nearly anyone	better than most people	same as most people	worse than most people	worse than nearly anyone
Appearance	better than nearly anyone	better than most people	same as most people	worse than most people	worse than nearly anyone
Good-natured	more than nearly anyone	more than most people	same as most people	less than most people	less than nearly anyone
Independent	less than nearly anyone	less than most people	same as most people	more than most people	more than nearly anyone
Finishing Things	better than nearly anyone	better than most people	same as most people	worse than most people	worse than nearly anyone
Self-Conscious	more than nearly anyone	more than most people	same as most people	less than most people	less than nearly anyone
Learning ings	better than nearly anyone	better than most people	same as most people	worse than most people	worse than nearly anyone
Jealous	more than nearly anyone	more than most people	same as most people	less than most people	less than nearly anyone
Working Hard	more than nearly anyone	more than most people	same as most people	less than most people	less than nearly anyone
Cruel	less than nearly anyone	less than most people	same as most people	more than most people	more than nearly anyone

It is important to me that others approve of me.....A a n d D
I hate to fail at anything.....A a n d D
People who do wrong deserve what they get.....A a n d D
I usually accept what happens philosophically.....A a n d D
If a person wants to, he can be happy under almost any circumstances.....A a n d D
I have a fear of some things that often bothers me.....A a n d D
I usually put off important decisions.....A a n d D
Everyone needs someone he can depend on for help and advice.....A a n d D
"A zebra cannot change his stripes".....A a n d D
There is a right way to do everything.....A a n d D

. I like the respect of others, but I don't have to have it.....A a n d D
. I avoid things I cannot do well.....A a n d D
. Too many evil persons escape the punishments they deserve.....A a n d D
. Frustrations don't upset me.....A a n d D
. People are disturbed not by situations, but by the view they take of them..A a n d D
. I feel little anxiety over unexpected dangers of future events.....A a n d D
. I try to go ahead and get irksome tasks behind me when they come up.....A a n d D
. I try to consult an authority on important decisions.....A a n d D
. It is almost impossible to overcome the influences of the past.....A a n d D
. There is no perfect solution to anything.....A a n d D

. I want everyone to like me.....A a n d D
. I don't mind competing in activities where others are better than I.....A a n d D
. Those who do wrong deserve to be blamed.....A a n d D
. Things should be different from the way they are.....A a n d D
. I cause my own moods.....A a n d D
. I often can't get my mind off some concern.....A a n d D
. I avoid facing my problems.....A a n d D
. People need a source of strength outside themselves.....A a n d D
. The impact of the past does not last forever.....A a n d D
. There is seldom an easy way out of life's difficulties.....A a n d D

.. I like myself even when many others don't.....A a n d D
:. I like to succeed at something but I don't feel I have to.....A a n d D
). Immorality should be strongly punished.....A a n d D
). I often get disturbed over situations I don't like.....A a n d D
). People who are miserable have usually made themselves that way.....A a n d D
). If I can't keep something from happening, I don't worry about it.....A a n d D
'. I usually make decisions as promptly as I can.....A a n d D
3. There are certain people that I depend on greatly.....A a n d D
). People overvalue the influence of the past.....A a n d D
). Some problems will always be with us.....A a n d D

.. If others dislike me, that's their problem, not mine.....A a n d D
:. It is highly important to me to be successful in everything I do.....A a n d D
3. I seldom blame people for their wrongdoing.....A a n d D
). I usually accept thing the way they are, even if I don't like them.....A a n d D
). A person won't stay angry or blue long unless he keeps himself that way....A a n d D
). I can't stand to take chances.....A a n d D
'. Life is too short to spend it doing unpleasant tasks.....A a n d D
3. I like to stand on my own two feet.....A a n d D
). If I had had different experiences, I could be more like I want to be.....A a n d D
). Every problem has a correct solution.....A a n d D

I find it hard to go against what others think.....A a n d D
I enjoy activities for their own sake, no matter how good I am at them.....A a n d D
The fear of punishment helps people be good.....A a n d D
If things annoy me, I just ignore them.....A a n d D
The more problems a person has, the less happy he will be.....A a n d D
I am seldom anxious over the future.....A a n d D
I seldom put things off.....A a n d D
I am the only one who can really understand and face my problems.....A a n d D
I seldom think of past experiences as affecting me now.....A a n d D
We live in a world of chance and probability.....A a n d D

Although I like approval, it's not a real need for me.....A a n d D
It bothers me when others are better than I am at something.....A a n d D
Everyone is basically good.....A a n d D
I do what I can to get what I want and then don't worry about it.....A a n d D
Nothing is upsetting in itself; only the way you interpret it.....A a n d D
I worry a lot about certain things in the future.....A a n d D
It is difficult for me to do unpleasant chores.....A a n d D
I dislike for others to make my decisions for me.....A a n d D
We are slaves to our personal histories.....A a n d D
There is seldom an ideal solution to anything.....A a n d D

I often worry about how people approve of and accept me.....A a n d D
It upsets me to make mistakes.....A a n d D
It's unfair that the "rain falls on the just and the unjust".....A a n d D
I am fairly easy going about life.....A a n d D
More people should face up to the unpleasantness of life.....A a n d D
Somethimes I can't get a fear off my mind.....A a n d D
A life of ease is seldom very rewarding.....A a n d D
I find it easy to seek advice.....A a n d D
Once something strongly affects your life, it always will.....A a n d D
It is better to look for a practical solution than a perfect one.....A a n d D

I have considerable concern with what people are feeling about me.....A a n d D
I often become quite annoyed over little things.....A a n d D
I usually give someone who has wronged me a second chance.....A a n d D
I dislike responsibility.....A a n d D
There is never any reason to remain sorrowful for very long.....A a n d D
I hardly ever think of such things as death or atomic war.....A a n d D
People are happiest when they have challenges and problems to overcome.....A a n d D
I dislike having to depend on others.....A a n d D
People never change basically.....A a n d D
I feel I must handle things in the right way.....A a n d D

It is annoying but not upsetting to be criticized.....A a n d D
I'm not afraid to do things which I cannot do well.....A a n d D
No one is evil, even though his deeds may be.....A a n d D
I seldom become upset over the mistakes of others.....A a n d D
Man makes his own hell within himself.....A a n d D
I often find myself planning what I'd do in different dangerous cases.....A a n d D
If something is neccessary, I do it even if it is unpleasant.....A a n d D
I don't expect someone else to be highly concerned about my welfare.....A a n d D
I don't look upon the past with any regrets.....A a n d D
There is no such thing as an ideal set of circumstances.....A a n d D

Questionnaire

Please take your time reading each question and answer as honestly as possible. Your identity is completely anonymous so do not write your name on the questionnaire.

Age _____

Grade _____

Name of High School _____

Current height _____feet_____inches

Current weight _____lbs.

Desired weight _____lbs.

Number of brothers _____
Their ages _____
Number of sisters _____
Their ages _____

Section 1
Please read the following statements and circle the number which most closely represents your attitudes.

As a child (6-12 years) I was teased about my weight.

strongly agree	somewhat agree	neutral	somewhat disagree	strongly disagree
1	2	3	4	5

2. As a child (6-12 years) my parents did not use food as a reward.

strongly agree	somewhat agree	neutral	somewhat disagree	strongly disagree
1	2	3	4	5

3. My parents are concerned when I do not eat enough.

strongly agree	somewhat agree	neutral	somewhat disagree	strongly disagree
1	2	3	4	5

4. My parents are concerned when I eat too much.

strongly agree	somewhat agree	neutral	somewhat disagree	strongly disagree
1	2	3	4	5

5. My parents do not expect perfection from me.

strongly agree	somewhat agree	neutral	somewhat disagree	strongly disagree
1	2	3	4	5

6. Arguements at home have begun over my eating patterns.

strongly agree	somewhat agree	neutral	somewhat disagree	strongly disagree
1	2	3	4	5

7. Being overweight does not limit most job oppurtunities.

strongly agree	somewhat agree	neutral	somewhat disagree	strongly disagree
1	2	3	4	5

8. I do not desire greater control over my eating behavior and weight.

strongly agree	somewhat agree	neutral	somewhat disagree	strongly disagree
1	2	3	4	5

9. People view you as a better person if you are thin.

strongly agree	somewhat agree	neutral	somewhat disagree	strongly disagree
1	2	3	4	5

10. Thinner people are not happier than heavier people.

strongly agree	somewhat agree	neutral	somewhat disagree	strongly disagree
1	2	3	4	5

11. My weight is not the biggest concern in my life right now.

strongly agree	somewhat agree	neutral	somewhat disagree	strongly disagree
1	2	3	4	5

12. I would be better able to obtain certain goals in my life if I were thinner.

strongly agree	somewhat agree	neutral	somewhat disagree	strongly disagree
1	2	3	4	5

13. I do not fear criticism from others.

strongly agree	somewhat agree	neutral	somewhat disagree	strongly disagree
1	2	3	4	5

14. I often compare my body with the bodies of other girls and see myself as heavier.

strongly agree	somewhat agree	neutral	somewhat disagree	strongly disagree
1	2	3	4	5

15. I often compare my body with the bodies of other girls and see myself as thinner.

strongly agree	somewhat agree	neutral	somewhat disagree	strongly disagree
1	2	3	4	5

16. Some of the models in magazines are too thin.

strongly agree	somewhat agree	neutral	somewhat disagree	strongly disagree
1	2	3	4	5

17. Eating in front of other people does not bother me.

strongly agree	somewhat agree	neutral	somewhat disagree	strongly disagree
1	2	3	4	5

18. I do not feel pressure to be thinner.

strongly agree	somewhat agree	neutral	somewhat disagree	strongly disagree
1	2	3	4	5

19. I want to be thinner to please myself, not others.

strongly agree	somewhat agree	neutral	somewhat disagree	strongly disagree
1	2	3	4	5

20. I do not compare myself to models on television or in magazines.

strongly agree	somewhat agree	neutral	somewhat disagree	strongly disagree
1	2	3	4	5

21. I would do almost anything to be thinner.

strongly agree	somewhat agree	neutral	somewhat disagree	strongly disagree
1	2	3	4	5

22. Exercise does not help a person lose weight.

strongly agree	somewhat agree	neutral	somewhat disagree	strongly disagree
1	2	3	4	5

23. Guys like girls who are thin.

strongly agree	somewhat agree	neutral	somewhat disagree	strongly disagree
1	2	3	4	5

24. Sometimes a person can be too thin.

strongly agree	somewhat agree	neutral	somewhat disagree	strongly disagree
1	2	3	4	5

25. Sometimes I avoid social situations because eating is involved.

strongly agree	somewhat agree	neutral	somewhat disagree	strongly disagree
1	2	3	4	5

26. Smoking helps a person lose weight.

strongly agree	somewhat agree	neutral	somewhat disagree	strongly disagree
1	2	3	4	5

27. In order to be a model a person must be very thin.

strongly agree	somewhat agree	neutral	somewhat disagree	strongly disagree
1	2	3	4	5

Section I:

Have you ever been on a diet? _____yes
_____no

Over the last year, how many times have you begun a diet? _____times

3.Please rank from 1-9 your preferred way of dieting (1=most preferred, 9= least preferred)

skip meals ___
completely fast ___
restrict carbohydrates ___
restrict sweets ___
restrict fats ___
reduce portions ____
go on fad diets ____
reduce calories ____
other(specify) ____

4. What are the names of the diets you have been on? Please list.

_____
_____
_____
_____
_____

5. How do you obtain information about certain diets? Please rank from 1-10(1= most information, 10= least information)

television ads ____
radio ads ____
mother' ____
sister ____
diet books ____
magazine ads ____
girl friends ____
male friends ____
boyfriend ____
other(specify) ____

6. Have you ever been encouraged to diet? _____yes
_____no

7. If so, please rank from 1-10 the people that encouraged you to diet the most (1= most encouraged, 10= least encouaraged)

girl friends	____	brother	____
male friends	____	teacher	____
boyfriend	____	coach	____
mother	____	other	____
father	____		
sister	____		

8. Please rank the following magazines from 1-10 (1= read magazine the most, 10= read magazine the least)

Cosmopolitan	_____	Glamour	_____
People	_____	Shape	_____
Mademoiselle	_____	Vogue	_____
'Teen	_____	Seventeen	_____
Muscle and Fitness	_____	Other(specify)	_____

9. How many minutes per day do you spend watching television?_____ minutes
Please list your three favorite shows,programs,etc. 1)_____
2) _____ 3) _____

10. How many minutes per day do you currently exercise(including going on walks, riding your bicycle,organized sports,etc.)?_____minutes

11. If you are involved in any of the following sports, please put a checkmark indicating which ones.

running	____	swimming	____
weight lifting	____	aerobics	____
dancing	____	cheerleaders	____
tennis	____	field/ice hockey	____
figure skating	____	other(specify)	____

12. Do you belong to a gym or club such as the Canada Games Complex?

_____no

_____yes, please list_____

13. How often do you weigh yourself? Check one.

more than once a day _____
once a day _____
more than once a week _____
once a week _____
more than once a month _____
once a month _____
less than once a month ____

14. How often do you measure yourself(ie.your waist). Check one.

More than once a day _____
once a day _____
more than once a week _____
once a week _____
more than once a month _____
once a month _____
less than once a month _____

Section III

1.Have any of the following events occured over the last year? Please check as many as applicable.

Death of someone you were close to _____
Leaving home _____
Illness or injury to yourself _____
Failure at school _____
Difficult sexual experience _____
Illness or injury to family member or friend _____
Problems with a boyfriend _____
Family problems _____
Teasing about appearance _____
Prolonged period of dieting _____

2. Please circle on the scale below the quality of your relationship with each of the following:

	Terrible	Poor	Fair	Good	Excellent
Mother	1	2	3	4	5
Father	1	2	3	4	5
Boyfriend	1	2	3	4	5
Female friends	1	2	3	4	5
Male friends	1	2	3	4	5
Teachers	1	2	3	4	5
Sisters	1	2	3	4	5
Brothers	1	2	3	4	5

3. If you have rated any of the relationships as terrible, would you please describe the nature of the problems in a couple of sentences.

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____