THE RELATIONSHIP BETWEEN SELF-ESTEEM AND EATING DISORDERS IN THE COLLEGE POPULATION

An Abstract

Presented to the

Graduate and Research Council of

Austin Peay State University

In Partial Fulfillment

of the Requirements for the Degree

Master of Arts

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by

Tracy Stecker

May 1993

ABSTRACT

This study was designed to explore the relationship between eating disorders and self-esteem. It was hypothesized that there would be a negative correlation between a test of self-esteem (Coopersmith's Self-Esteem Scale; Coopersmith, 1981) and a test of eating disorders (The Eating Disorders Inventory; Garner, 1991). It was further hypothesized that particular subscales of the EDI would be elevated in the college population. These subscales included Body Dissatisfaction and Perfectionism. Subjects were 96 undergraduate females from Austin Peay State University. A strong negative correlation was found between the two overall scores. Furthermore, all of the subscales except for Perfectionism and Asceticism were significantly negatively correlated with the self-esteem score individually. Analysis of variance between subjects with high versus low self-esteem indicated that four subscales of the EDI were significantly different between groups. These subscales included Ineffectiveness, Interoceptive Awareness, Impulse Regulation, and Social Insecurity. This may be indicative that these four subscales were measuring the same issues as the self-esteem scale providing further evidence of the relationship between self-esteem and eating disorders.

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May 1993

To the Graduate and Research Council:

I am submitting herewith a Thesis written by Tracy Stecker entitled "The Relationship of Eating Disorders and Self-Esteem." I have examined the final copy of this paper for form and content, and I recommend that it be accepted in partial fulfillment of the requirements for the degree Master of Arts, with a major in Psychology.

Major Professor

We have read this thesis and recommend its acceptance:

Second Committee Member

Third Committee Member

Accepted for the Graduate and Research Council:

Dean of the Graduate School

ACKNOWLEDGMENTS

I would like to thank Dr. Samuel Fung for his time and guidance during the course of this research.

Dr. Anthony Golden helped me realize the base that I already have and from which I can go wherever I would like to go.

In addition, I would like to thank Dr. Corrine Mabry and Mrs. Gayle Shockley for their help on this study.

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CHAPTER 1

Review of the Literature

Introduction

Research on eating disorders indicates that there is a high frequency of eating disordered behavior in our society (Hesse-Biber, 1989). Society has an image for women that being beautiful is being thin (Pettinati, Wade, Franks, & Kogan, 1987; Swartz, 1987) and the ideal body is much thinner than at any other time in history (Hesse-Biber, 1989). Thinness is desirable because it represents self-control in our society (Swartz, 1987). This has become so standard that females may feel as though their self-worth is based solely upon their physical appearance (Franzoi, Kessenich, & Sugrue, 1989). Women may suffer serious consequences from the anxiety experienced worrying over body size (Mintz & Betz, 1988). Hesse-Biber (1989) established a positive link between societal influences and eating disordered behavior. She found a relationship between abnormal eating behavior and likelihood of following a cultural model. The cultural model used in the study was that of a commercial diet center's desirable weight chart. Following a cultural model was indicated if subject self-perception of weight was in agreement with the chart. Subjects who indicated abnormal eating behavior were more likely to follow this model.

Body Size

Ideal body size is an area widely studied in eating disorders research. Franzoi, Kessenich, and Sugrue (1989) asked women to tell exactly what their thoughts were at random times during the day. When thinking of their bodies, females rated themselves more negatively than males. Females also thought of their bodies in terms of specific body parts whereas males look at the whole body. Concentrating on specific body parts has also been associated with critical and negative thoughts. Zellner, Harner, and Adler (1989) studied whether women in general distorted their body perception or if women with eating disorders have greater distortions. Subjects were asked to indicate their current figure, their ideal figure, and the figure they believed men found most appealing by circling a representative figure drawing. Women rated their current figure as heavier than the ideal and attractive figures. Women with eating disorders rated an ideal figure as even thinner than an appealing one. Fowler (1989) found that adolescents with normal weight status were just as likely to be dissatisfied with their bodies as obese adolescents. Another study indicated that female college students were dissatisfied with their bodies (Mintz & Betz, 1988). They found that the norm for students was to watch their weight. This research described an overwhelming trend for women to worry over ideal body size.

Gender Roles

Other researchers looked at the relationship between ideal body size and gender roles (Pettinati et al., 1987; Timko, Striegel-Moore, Silberstein, & Rodin, 1987). Overidealizing feminine traits may be linked with eating disturbances (Pettinati et al., 1987). These authors found that women with eating disorders reported few masculine traits and described themselves as more feminine than non-patients. Timko et al. (1987) studied the importance of appearance in regard to eating disorders. They found that subjects who viewed themselves as more feminine placed a greater emphasis on physical attractiveness. Jackson, Sullivan, and Roskter (1988) suggested that masculine or androgynous persons evaluate their physical appearance more positively than feminine persons, although, females rated physical appearance as more important than males. Therefore, research has suggested that although society as a whole is concerned with physical appearance, it is indicated as more important for women.

Athletes

Other studies compared eating disordered females against other groups, such as athletes and male runners. Nudelman, Rosen, and Leitenberg (1988) compared male runners with bulimic women to see if the two groups had similar psychological problems. They used the Eating Attitudes Test, the Eating Disorders Inventory, and two

measures of self-esteem. Results indicated that the two groups differed significantly. Male runners did not have the psychological problems associated with bulimia. Mallick, Whipple, and Huerta (1987) studied adolescent girls in order to compare athletes, defined as a high risk group for eating disorders, with eating disordered adolescents. Subjects were asked to complete a self-image questionnaire and a quantity/frequency index pertaining to dieting. Results suggested that both eating disordered and athletic adolescents were below average weight for their age. Athletes were found to be psychologically healthy whereas eating disordered adolescents displayed abnormal psychological profiles.

Prevalence

Eating disorders have become highly prevalent in the college population (Mintz & Betz, 1989). Many studies indicate fairly high percentages of females in colleges have eating disordered behavior. Hesse-Biber (1989) found a prevalence rate of 20% of females that display eating disordered behavior in a college population. Zellner, Harner, and Adler (1989) reported that 9 out of 57 college females scored abnormally high on an eating behaviors instrument. Another study found 3 out of 45 college females were eating disordered (Timko et al., 1987). Six other college subjects in this study were classified as borderline and needed further evaluation. Mintz and Betz

(1988) indicated that even though the majority of college females fall into the normal weight category, a high percentage engage in dieting. In this study, 38% of subjects indicated that they have a problem with binge eating. Extreme methods, such as laxatives or vomiting, were used by 2% of subjects on a daily basis.

Hesse-Biber (1989) suggested that even though college students with disordered eating were preoccupied with weight, they did not have the psychological problems associated with anorexia. She asked subjects to complete the Eating Attitudes Test and five subscales of the Eating Disorder Inventory. These subscales included Drive for Thinness, Bulimia, Perfectionism, Interpersonal Distrust, and Maturity Fears. Results indicated that students displayed a heightened sense of perfectionism, but not to a psychopathological degree. Raciti and Norcross (1987) also reported that 8-12% of their sample of college females were weight preoccupied.

Self-Esteem

Some research is focused on emotions and self-esteem related to eating disorders. Mehrabian and Riccioni (1986) researched emotional states and eating patterns. They found that feeling distress reduces hunger and food consumption. High levels of food consumption were reported by subjects when feeling depressed, bored, or lonely. Neimeyer and Khouzam (1985) indicated that women with

eating disturbances evaluated themselves in a negative way. Subjects reported that they were self critical and depressed. Yager, Landsverk, Edelstein, and Jarvik (1988) followed 628 women with eating disorders. Women were asked to complete the Eating Disorders Inventory and the Brief Symptom Inventory. An initial assessment of behavioral symptoms was compared to an assessment after a 20 month interval. They reported prevalent feelings of depression at both the initial and follow-up assessment. Fewer feelings of suicide and self-destruction were reported.

Martin et al. (1988) found a negative correlation between weight and self-esteem. Subjects with average weight had significantly higher self-esteem scores than the high weight group. Another study, conducted by Irving (1990), focused on the relationship between bulimic symptoms and self-esteem. She had women evaluate their self-esteem after viewing slides of beautiful women. Self-esteem was not affected, although women with high levels of bulimic symptoms had lower self ratings of weight satisfaction, physical strength, and sexual attractiveness. Mayhew and Edelman (1989) studied women in order to compare eating problems, self-esteem, irrational beliefs, and coping styles. Using scores from the Eating Disorders Inventory, they found significant negative correlations between eating problems and self-esteem. Fabian and Thompson (1989) indicated that as a young girl develops,

body size became more important to her self-esteem. They compared premenarcheal females with postmenarcheal females in regard to body size estimation using the Coopersmith Self-Esteem Inventory, a body-esteem scale, and the Drive for Thinness scale of the Eating Disorder Inventory. Postmenarcheal females had strong positive correlations between self-esteem and both body size estimation and depression. This research has indicated that there may be a relationship between eating problems and self-esteem.

EDI

One instrument frequently used to measure eating disorders is the Eating Disorders Inventory (EDI-2; Garner, 1991). It is a self-report questionnaire which measures common symptoms associated with anorexia nervosa and bulimia nervosa. The EDI-2 has 91 items which are related to 11 subscales. These subscales assess attitudes and behaviors concerning Drive for Thinness, Bulimia, Body Dissatisfaction, Ineffectiveness, Perfection, Interpersonal Distrust, Interoceptive Awareness, Maturity Fears, Asceticism, Impulse Regulation, and Social Insecurity. Items in the subscales were written by clinicians who specialize in eating disorders. Items were only selected if the control group answers differed significantly from eating disordered group answers (Williams, 1987). Accompanying the EDI-2 is the EDI Symptom Checklist. This is a self-report questionnaire specifically asking

information regarding weight, weight history, and menstrual history. The EDI Symptom Checklist requires the respondent to provide quantity and frequency on specific eating behaviors such as dieting, exercise, binging, purging, laxatives, diet pills, and diuretics. Williams (1987) described the use of the EDI with adolescent subjects. He found that the EDI is adequately sensitive in identifying subjects with anorexic and bulimic problems. The EDI has been reported to have high reliability and validity. Garner (1991) reports internal consistency on the original eight subscales with alphas ranging from .83 to .93. They also report test-retest reliability on all subscales above .80. Criterion-related validity was studied by comparing EDI scores with judgments made by clinicians. All correlations found were significant ($p<.001$).

Raciti and Norcross (1987) found the EDI to have adequate internal consistency, with Cronbach's alpha coefficients ranging from .79 to .93 on the subscales. Wear and Pratz (1987) examined test-retest reliability of the EDI. They sampled 70 college students with a three week interval between the first administration and the second administration. Pearson product-moment correlations were computed resulting in reliabilities ranging from .81 to .97 on the subscales. This suggests that the EDI scores remain stable over time. Welch, Hall, and Walkey (1988) used factor analysis in order to evaluate the stability of

the subscales of the EDI. They found that the entire scale was not replicable, although three factors were found. One factor contained the Drive for Thinness, Bulimia, and Body Dissatisfaction subscales. A second factor contained the Ineffectiveness and Interpersonal Distrust subscales. The third factor contained the Perfectionism subscale.

Laessle, Tuschl, Waadt, and Pirke (1989) tested the hypothesis that eating disordered problems ran on a continuum of normalcy to clinically significant disorders. They identified groups by distinguishing weight-related problems and psychological characteristics. Using the Eating Disorders Inventory as one of the assessment instruments, they found that subjects could not be distinguished from each other in terms of depression, self-esteem, internal signals, and fears about social relationships. Therefore, eating disordered problems could not run on a continuum.

SEI

Coopersmith's Self-Esteem Inventory (SEI) has been used widely in studies of self-esteem (Bagley, 1989; Coopersmith, 1981). Roberson and Miller (1986) described Coopersmith's as one of the most popular self-report measures of self-esteem. This is a self-report instrument of 25 items that measure attitudes about the self. Bagley (1989) reviewed the SEI as a valid and reliable measure with adults. Validity was found because low

self-esteem predicted the outcome for clinical depression. Test-retest reliability was found at r=0.58 for 345 subjects over 14 months. Roberson and Miller (1986) examined the construct validity of the Coopersmith Self-Esteem Inventory by using factor analysis. Items of the SEI were associated with school, peers, self, and parents. By putting these items together, they were able to analyze four subscales of the SEI. The SEI also contained eight items which indicated if the respondent was lying. Eight factors were found which indicated reasonable consistency. This indicated evidence of construct validity for the SEI. Lawton, Fergusson, and Horwood (1989) analyzed the relationship between the SEI scales and the defensiveness scale. They found the SEI to have limited validity. The SEI did fit into a hierarchical model.

Hypotheses

Research has looked at many variables in regard to eating disorders. Studies focus on aspects such as weight preoccupation, ideal body size, gender roles, and emotional states. Self-esteem has been found to be related to eating disordered patients. The purpose of this study was to examine the relationship between eating disordered tendencies, measured by the Eating Disorders Inventory (EDI), and self-esteem, measured by the Coopersmith Self-Esteem Inventory (SEI), in the college population. It was hypothesized that there would be a negative correlation

between SEI scores and overall EDI scores. This would indicate that low self-esteem was negatively correlated to eating disordered tendencies. It was also hypothesized that particular eating disorder subscale scores would be elevated in the college population as compared to other subscales. These subscales included Body Dissatisfaction (BD) and Perfectionism (P).

CHAPTER 2

Method

Subjects

Subjects were 158 students from Austin Peay State University. The majority of students came from General Psychology courses, and received extra credit for participation. Only female subjects that ranged between the ages of 18 and 25 (N=96) were used for analysis.

Materials

The Eating Disorder Inventory-2 was used to measure common symptoms associated with anorexia nervosa and bulimia nervosa (see Appendix C). The respondent was required to answer 98 items according to a six-point format ranging from "always" "usually" "often" "sometimes" "rarely" or "never". The EDI Symptom Checklist required the respondent to provide quantity and frequency on specific eating behaviors such as dieting, exercise, binging, purging, laxatives, diet pills, and diuretics. The EDI-2 was chosen because of its high reliability and validity.

The Coopersmith Self-Esteem Inventory Adult Form, a self-report instrument, was used to measure attitudes about the self (see Appendix B). The respondent was required to answer the 25 items as "Like Me" or "Unlike Me". A high score on the SEI indicated high self-esteem. A low score indicated low self-esteem.

Procedure

Subjects were informed about the purpose of the study and told they could refuse to answer any questions or withdraw from the study at any time. Subjects were asked to read and sign an informed consent statement (see Appendix A) prior to receiving the questionnaires. The Eating Disorder Inventory (Garner, 1991) and Coopersmith's Self-Esteem Inventory (Coopersmith, 1981) were administered to female subjects. Tests and informed consent statements were separated in order to ensure confidentiality.

CHAPTER 3

Results

The average weight of the subjects was 133.5 pounds with a range of 85 to 209 pounds. Subjects were asked to indicate what their weight would be if they did not control what they ate. The average weight of the subjects if not controlled was 142.1 pounds with a range of 85 to 300 pounds. A majority of the subjects (88 out of 96) indicated that they have lost weight at some time in their lives. Half of the subjects reported to having lost between five to ten pounds, with a mean weight loss of 14.53 pounds. Subjects were also asked to indicate how many pounds they would like to weigh. The mean reported desired weight was 123.1 pounds with a range of 85 to 165 pounds.

Self-esteem scores were correlated with the overall eating disorder scores. This overall score was calculated by averaging the eleven subscale scores of the EDI for an individual subject. Table 1 indicated that there was a significant negative correlation (r=-.5491, p<.01). This suggested that subjects who scored high on self-esteem, scored low on the overall eating disorder score, providing evidence for Hypothesis One. The eleven subscale scores were also individually correlated with the self-esteem score. All of the subscales, except Perfectionism and

Asecticism had significant negative correlations (see Table 1).

Table 1

Correlations between Eating Disorders and Self-Esteem

	N	r	p
EDI (Overall)	96	-.5491	.01
Drive For Thinness	96	-.2665	.01
Bulimia	96	-.3707	.01
Body Dissatisfaction	96	-.2620	.01
Ineffectiveness	96	-.6633	.01
Perfectionism	96	-.1609	
Interpersonal Distrust	96	-.3052	.01
Interoceptive Awareness	96	-.4248	.01
Maturity Fears	96	-.2863	.01
Asceticism	96	-.1366	
Impulse Regulation	96	-.3963	.01
Social Insecurity	96	-.5358	.01

Means and standard deviations were calculated for the self-esteem scores, the eleven subscale scores of the EDI, and the overall EDI score. It was further hypothesized that subjects in the college population would score higher on certain subscales, such as Body Dissatisfaction and Perfectionism, than on the other subscales. Table 2 indicates that subjects in this study had the highest mean

subscale scores on three subscales including Interoceptive Awareness (M=65.04), Interpersonal Distrust (M=64.71), and Impulse Regulation (M=64.63). The lowest mean subscale scores included Drive for Thinness (M=55.21), Body Dissatisfaction (M=57.01), and Perfectionism (M=57.16).

Table 2

Means and Standard Deviations for the EDI and SEI

	N	M	SD
Self-Esteem	96	67.88	23.57
EDI (Overall)	96	61.24	15.14
Drive for Thinness	96	55.21	24.92
Bulimia	96	62.31	16.24
Body Dissatisfaction	96	57.01	29.86
Ineffectiveness	96	63.44	19.28
Perfectionism	96	57.16	30.57
Interpersonal Distrust	96	64.71	22.96
Interoceptive Awareness	96	65.04	22.43
Maturity Fears	96	63.41	26.72
Asceticism	96	57.93	27.80
Impulse Regulation	96	64.63	22.03
Social Insecurity	96	60.67	27.70

Results were analyzed for group differences by analysis of variance, as shown in Table 3. Group One was comprised of subjects with the lowest overall EDI scores

(M=48.93). Group Two had the higher overall EDI scores (M=73.53). No significant difference was found on the interaction of subscales by group, F=1.65. However, there was a significant difference between subscales, F=2.36, p<.005. This indicated that the two groups did not differ on the subscales, although the subscales differed among each other.

Table 3

Analysis of Variance of EDI scores

SOURCE	SS	df	MS	F
TOTAL	621896.5	989		
Between Groups(A)	221315.7	89	2486.6	
Groups	147473.7	1	147473.7	175.75****
Error	73842.0	88	839.1	
Within Treatments	400580.7	900	445.1	
Subscales(E)	10298.7	10	1029.9	2.36***
A X E	7182.3	10	718.2	1.65
Error	383099.7	880	435.3	

*p<.05
**p<.01
***p<.005
****p<.001

The Studentized Range Test was performed on the data to see which subscales were responsible for the significant group difference score. Results indicated that significant mean differences only occurred between the Impulse

Regulation and Interoceptive Awareness subscales and the Drive for Thinness subscale (α=.01). All other mean differences were not significant

Subjects were divided into groups based on their self-esteem score. The high group was represented by subjects with a self-esteem score between 100 and 76. The low group was represented by subjects with a self-esteem score below 72. Three subjects were not used for the analysis so that an equal number of forty-five subjects were in each group. Groups were analyzed for differences on the eleven subscale scores of the EDI by analysis of variance. Results were shown in Table 4. A significant difference was found between groups, F=39.78, p<.001. A significant difference was obtained between subscales, F=2.40, p<.005, and a significant interaction also occurred between subscales and groups, F=2.89, p<.005.

Simple effects analyses of variance were run to assess which subscales of the EDI were creating this interaction. Four subscales had significant differences between groups when analyzed alone. These included Ineffectiveness, F=6.30, p<.05; Interoceptive Awareness, F=5.96, p<.05; Impulse Regulation, F=6.14, p<05; and Social Insecurity, F=13.15, p<.001. This suggested that these four subscales were particularly sensitive to the issue of self-esteem.

Table 4

Analysis of Variance of Self-Esteem and Eating Disorders

Source	SS	df	MS	F
TOTAL	621896.5	989		
Between Groups	221315.7	89	2486.6	
GROUPS	68900.2	1	68900.2	39.78****
Error	152415.5	88	1731.9	
Within Treatments	400580.7	900	445.0	
SUBSCALES	10298.6	10	1029.8	2.40***
A X E	12392.2	10	1239.2	2.89***
Error	377889.7	880	429.4	

**p<.01
***p<.005
****p<.001

Dieting was reported by 67% (61 out of 91) of subjects. Binging and purging were not as common, 21.6% (19 out of 88) and 14.1% (12 out of 85) respectively. Laxatives were reported to be tried or used by 7.95% (7 out of 88) of the population. Diet pills were used by 26.7% (23 out of 86), and diuretics were reportedly tried by 9% (8 out of 88) of the subjects. Subjects were asked to indicate at what age a problem began with respect to their weight. Of the 45 subjects who answered this question, weight problems were reported as beginning around the age of 15 with a range of 8 to 20 years old.

Finally, a stepwise multiple regression was run to assess which subscale or group of subscales were the best predictors of the overall EDI score. These included Impulse Regulation, Drive for Thinness, Social Insecurity, and Perfectionism, as seen in Table 5. These four subscales together accounted for 90% of the variance of the overall score, suggesting that they are fairly good predictors of the eating disordered behavior being measured.

Table 5

Subscale Predictors of Overall EDI Score

	DF	Sum of Squares	Mean Square	F
Regression	4	18516.24984	4629.06246	209.4085
Residual	85	1878.95996	22.10541	

Multiple R	.95282
R Square	.90787
Adjusted R Square	.90354
Standard Error	4.70164

CHAPTER 4

Discussion

A relationship was found between self-esteem and eating disordered behavior. Nine of the eleven subscales were significantly correlated with the self-esteem score individually, plus a strong negative correlation was found between the overall eating disorder score and the self-esteem score. This relationship was further supported by finding significant differences on four subscales of the EDI between those who scored high on self-esteem and those who scored low. This suggested that these four subscales may have been measuring the same factors as the self-esteem scale. Clearly, self-esteem was shown as an important factor in displaying eating disordered tendencies.

College students in this sample obtained higher average subscale scores in categories of Interpersonal Distrust, Interoceptive Awareness, and Impulse Regulation. Body Dissatisfaction and Perfectionism had two of the lowest average subscale scores. This result was the reverse of what was hypothesized. Students reported to be slightly more concerned with being able to regulate emotions and relationships than with body size and performance. The post hoc analysis showed that although mean subscale scores were higher on certain subscales, these results were not significantly higher. Subjects

older than 25, and not used in this study, were analyzed for mean subscale scores to see if an age group bias had occurred. Body Dissatisfaction and Perfectionism were the lowest mean subscales even in the older population, therefore, the results were not due to an age group bias.

This study suggested that female college students were either using or have tried a wide variety of weight controlling techniques. More than half of the students reported using dieting as a weight controlling technique. Other common methods included binging, purging, and diet pills. These frequencies were disturbing. Furthermore, a majority of the students succeeded in losing weight at least once in their lives. But, although students reported being involved with weight control, students did not report using these techniques in the extreme.

Subjects were asked at what age their weight problems, if any, began. Responses to this question varied considerably. A few subjects indicated that their problems began prior to the age of ten. This suggested that young girls were dissatisfied with their bodies right around the time adolescence was approaching. This may have indicated a need for all young girls to be educated on maturation, nutrition, and proper eating habits. These results may have reflected societal influences about gender related maturational changes for girls and boys. Manhood may be

represented as a time to strive toward, while womanhood may be represented as fuller hips.

Results from this study indicated that four subscales were fairly good predictors of the overall EDI score. These subscales included Impulse Regulation, Drive for Thinness, Social Insecurity, and Perfectionism. These subscales seemed to be particularly important in measuring eating disordered behavior. It may be that these subscales could be used as a brief form for preliminary diagnoses.

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APPENDIX A

INFORMED CONSENT STATEMENT

The purpose of this investigation is to determine the relationship between self-esteem and eating disorders. Your responses are confidential. At no time will you be identified nor will anyone other than the investigators have access to your responses. The demographic information collected will be used only for purposes of analysis. Your participation is completely voluntary, and you are free to terminate your participation at any time without any penalty.

The scope of the project will be explained fully upon completion.

Thank you for your cooperation.

I agree to participate in the present study being conducted under the supervision of a faculty member of the Department of Psychology at Austin Peay State University. I have been informed, either orally or in writing or both, about the procedures to be followed and about any discomforts or risks which may be involved. The investigator has offered to answer any further inquiries as I may have regarding the procedures. I understand that I am free to terminate my participation at any time without penalty or prejudice and to have all data obtained from me withdrawn from the study and destroyed. I have also been told of any benefits that may result from my participation.

_____
Name (Please Print)

_____
Signature

_____
Date

APPENDIX B

ADULT FORM

SEI

Coopersmith Inventory

Stanley Coopersmith, Ph.D.
University of California at Davis

Please Print

Name _____ Age _____

Institution _____ Sex: M__ F__

Occupation _____ Date _____

Directions

On the other side of this form, you will find a list of statements about feelings. If a statement describes how you usually feel, put an X in the column "Like Me." If a statement does not describe how you usually feel, put an X in the column "Unlike Me." There are no right or wrong answers. Begin at the top of the page and mark all 25 statements.

	x4 =	

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Like Me	Unlike Me		
☐	☐	1	Things usually don't bother me
☐	☐	2	I find it very hard to talk in front of a group
☐	☐	3	There are lots of things about myself I'd change if I could
☐	☐	4	I can make up my mind without too much trouble
☐	☐	5	I'm a lot of fun to be with
☐	☐	6	I get upset easily at home
☐	☐	7	It takes me a long time to get used to anything new
☐	☐	8	I'm popular with persons my own age
☐	☐	9	My family usually considers my feelings
☐	☐	10	I give in very easily
☐	☐	11	My family expects too much of me
☐	☐	12	It's pretty tough to be me
☐	☐	13	Things are all mixed up in my life
☐	☐	14	People usually follow my ideas
☐	☐	15	I have a low opinion of myself
☐	☐	16	There are many times when I would like to leave home
☐	☐	17	I often feel upset with my work
☐	☐	18	I'm not as nice looking as most people
☐	☐	19	If I have something to say I usually say it
☐	☐	20	My family understands me
☐	☐	21	Most people are better liked than I am
☐	☐	22	I usually feel as if my family is pushing me
☐	☐	23	I often get discouraged with what I am doing
☐	☐	24	I often wish I were someone else
☐	☐	25	I can't be depended on

APPENDIX C

EDI-2 ITEM BOOKLET

David M. Garner, Ph.D.

DIRECTIONS

Enter your name, the date, your age, sex, marital status, and occupation. Complete the questions on the rest of this page. Then turn to the inside of the booklet and carefully follow the instructions.

Name _____ Date_____

*Age _____ Sex _____ Marital status _____ Occupation _____

_____

A. *Current weight: _____ pounds

B. *Height: _____ feet _____ inches

C. Highest past weight excluding pregnancy: _____ pounds

How long ago did you first reach this weight? _____ months

How long did you weigh this weight? _____ months

D. *Lowest weight as an adult: _____ pounds

How long ago did you first reach this weight? _____ months

How long did you weigh this weight? _____ months

E. What weight have you been at for the longest period of time? _____ pounds

At what age did you first reach this weight? _____ years old

F. If your weight has changed a lot over the years, is there a weight that you keep coming back to when you are not dieting? ___ Yes ___ No

If yes, what is this weight? _____ pounds

At what age did you first reach this weight? _____ years old

G. What is the most weight you have ever lost? _____ pounds

Did you lose this weight on purpose? ___ Yes ___ No

What weight did you lose to? _____ pounds

At what age did you reach this weight? _____ years old

H. What do you think your weight would be if you did not consciously try to control your weight? _____ pounds

I. How much would you like to weigh? _____ pounds

J. Age at which weight problems began (if any): _____ years old

K. Father's occupation: _____

L. Mother's occupation: _____

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First, write your name and the date on your EDI-2 Answer Sheet. Your ratings on the items below will be made on the EDI-2 Answer Sheet. The items ask about your attitudes, feelings, and behavior. Some of the items relate to food or eating. Other items ask about your feelings about yourself.

For each item, decide if the item is true about you ALWAYS (A), USUALLY (U), OFTEN (O), SOMETIMES (S), RARELY (R), or NEVER (N). Circle the letter that corresponds to your rating on the EDI-2 Answer Sheet. For example, if your rating for an item is OFTEN, you would circle the O for that item on the Answer Sheet.

Respond to all of the items, making sure that you circle the letter for the rating that is true about you. DO NOT ERASE! If you need to change an answer, make an "X" through the incorrect letter and then circle the correct one.

---

1. I eat sweets and carbohydrates without feeling nervous.
2. I think that my stomach is too big.
3. I wish that I could return to the security of childhood.
4. I eat when I am upset.
5. I stuff myself with food.
6. I wish that I could be younger.
7. I think about dieting.
8. I get frightened when my feelings are too strong.
9. I think that my thighs are too large.
10. I feel ineffective as a person.
11. I feel extremely guilty after overeating.
12. I think that my stomach is just the right size.
13. Only outstanding performance is good enough in my family.
14. The happiest time in life is when you are a child.
15. I am open about my feelings.
16. I am terrified of gaining weight.
17. I trust others.
18. I feel alone in the world.
19. I feel satisfied with the shape of my body.
20. I feel generally in control of things in my life.
21. I get confused about what emotion I am feeling.
22. I would rather be an adult than a child.
23. I can communicate with others easily.
24. I wish I were someone else.
25. I exaggerate or magnify the importance of weight.
26. I can clearly identify what emotion I am feeling.
27. I feel inadequate.
28. I have gone on eating binges where I felt that I could not stop.
29. As a child, I tried very hard to avoid disappointing my parents and teachers.
30. I have close relationships.
31. I like the shape of my buttocks.
32. I am preoccupied with the desire to be thinner.
33. I don't know what's going on inside me.
34. I have trouble expressing my emotions to others.
35. The demands of adulthood are too great.
36. I hate being less than best at things.
37. I feel secure about myself.

38. I think about bingeing (overeating).
39. I feel happy that I am not a child anymore.
40. I get confused as to whether or not I am hungry.
41. I have a low opinion of myself.
42. I feel that I can achieve my standards.
43. My parents have expected excellence of me.
44. I worry that my feelings will get out of control.
45. I think my hips are too big.
46. I eat moderately in front of others and stuff myself when they're gone.
47. I feel bloated after eating a normal meal.
48. I feel that people are happiest when they are children.
49. If I gain a pound, I worry that I will keep gaining.
50. I feel that I am a worthwhile person.
51. When I am upset, I don't know if I am sad, frightened, or angry.
52. I feel that I must do things perfectly or not do them at all.
53. I have the thought of trying to vomit in order to lose weight.
54. I need to keep people at a certain distance (feel uncomfortable if someone tries to get too close).
55. I think that my thighs are just the right size.
56. I feel empty inside (emotionally).
57. I can talk about personal thoughts or feelings.
58. The best years of your life are when you become an adult.
59. I think my buttocks are too large.
60. I have feelings I can't quite identify.
61. I eat or drink in secrecy.
62. I think that my hips are just the right size.
63. I have extremely high goals.
64. When I am upset, I worry that I will start eating.
65. People I really like end up disappointing me.
66. I am ashamed of my human weaknesses.
67. Other people would say that I am emotionally unstable.
68. I would like to be in total control of my bodily urges.
69. I feel relaxed in most group situations.
70. I say things impulsively that I regret having said.
71. I go out of my way to experience pleasure.
72. I have to be careful of my tendency to abuse drugs.
73. I am outgoing with most people.
74. I feel trapped in relationships.
75. Self-denial makes me feel stronger spiritually.
76. People understand my real problems.
77. I can't get strange thoughts out of my head.
78. Eating for pleasure is a sign of moral weakness.
79. I am prone to outbursts of anger or rage.
80. I feel that people give me the credit I deserve.
81. I have to be careful of my tendency to abuse alcohol.
82. I believe that relaxing is simply a waste of time.
83. Others would say that I get irritated easily.
84. I feel like I am losing out everywhere.

(Continued)

89. I know that people love me.

90. I feel like I must hurt myself or others.

91. I feel that I really know who I am.

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EDI-SC

David M. Garner, Ph.D.

DIRECTIONS

Enter your name, the date, your age, sex, marital status, and occupation. Complete the questions in this booklet as accurately as you can.

Name _____ Date _____

Age _____ Sex _____ Marital status _____ Occupation _____

_____

A. DIETING

*Have you ever restricted your food intake due to concerns about your body size or weight? ___ Yes ___ No

How old were you *the very first time* that you began to seriously restrict your food intake due to concern about your body size or weight?
_____ years old

B. EXERCISE

On average, over the *last three months*, how often have you exercised (including going on walks, riding a bicycle, etc.)? If you exercise more than once a day, please count the *total number of times* that you exercise in a typical week. _____ times a week

On average, how long do you exercise each time? _____ minutes

*What percentage of your exercise is aimed at controlling your weight?

___ 0% ___ less than 25% ___ 25–50% ___ 50–75% ___ more than 75% ___ 100%

C. BINGE EATING

Please remember in answering the following questions that an eating binge *only* refers to eating an amount of food that others of your age and sex regard as *unusually large*. It does *not* include times when you may have eaten a normal quantity of food which you would have preferred not to have eaten.

*Have you ever had an episode of eating an amount of food that others would regard as *unusually large*? ___ Yes ___ No
If no, please skip to Question D.

How old were you when you *first* had an eating binge? _____ years old

How old were you when you began binge eating on a *regular* basis? _____ years old

*During the *last three months*, how often have you typically had an eating binge?

___ I have not binged in the last three months.

___ Monthly – I usually binge _____ time(s) a month.

*___ Weekly – I usually binge _____ time(s) a week.

___ Daily – I usually binge _____ time(s) a day.

*At the *worst* of times, what was your average number of binges per week? _____ binges per week

How long ago was that? _____ months ago _____ at its worst right now

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If you have not binged in the last three months, please skip to Question D.

*Do you feel out of control when you binge?

___ Never ___ Rarely ___ Sometimes ___ Often ___ Usually ___ Always

Do you feel that you can stop once a binge has started?

___ Never ___ Rarely ___ Sometimes ___ Often ___ Usually ___ Always

Do you feel that you can prevent a binge from starting in the first place?

___ Never ___ Rarely ___ Sometimes ___ Often ___ Usually ___ Always

Do you feel you can control your *urges* to eat large quantities of food?

___ Never ___ Rarely ___ Sometimes ___ Often ___ Usually ___ Always

Do you feel distressed by your bingeing?

___ Never ___ Rarely ___ Sometimes ___ Often ___ Usually ___ Always

Do you find bingeing pleasurable?

___ Never ___ Rarely ___ Sometimes ___ Often ___ Usually ___ Always

D. PURGING

*Have you ever tried to vomit after eating in order to get rid of the food eaten? ___ Yes ___ No
If no, please skip to Question E.

How old were you when you induced vomiting for the first time? ___ ___ years old

*During the *last three months*, how often have you typically induced vomiting?

___ I have not vomited in the last three months

___ Monthly – I usually vomit ___ ___ time(s) a month

___ Weekly – I usually vomit ___ ___ time(s) a week

___ Daily – I usually vomit ___ ___ time(s) a day

*At the *worst* of times, what was your average number of vomiting episodes per week? ___ ___ vomiting episodes per week

How long ago was that? ___ ___ months

E. LAXATIVES

*Have you ever used laxatives to control your weight or "get rid of food?" ___ Yes ___ No
If no, please skip to Question F.

How old were you when you *first* took laxatives for weight control? ___ ___ years old

How old were you when you began taking laxatives for weight control on a *regular basis*? ___ ___ years old

*During the *last three months*, how often have you been taking laxatives for weight control?

___ I have not taken laxatives in the last three months

___ Monthly – I usually take laxatives ___ ___ time(s) a month

___ Weekly – I usually take laxatives ___ ___ time(s) a week

___ Daily – I usually take laxatives ___ ___ time(s) a day

How many laxatives do you usually take each time? ___ ___ laxatives

What kind of laxatives do you take? ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

*At the *worst* of times, what was the average number of laxatives that you were taking per week? ___ ___ laxatives per week

How long ago was that? ___ ___ months

F. DIET PILLS

*Have you ever taken diet pills? ____ Yes ____ No
If no, please skip to Question G.

*During the *last three months*, how often have you typically taken diet pills?

____ I have not taken diet pills in the last three months.

____ Monthly—I usually take diet pills _____ times a month.

____ Weekly—I usually take diet pills _____ times a week.

____ Daily—I usually take _____ diet pills a day.

*At the *worst* of times, what was the average number of diet pills that you were taking per week? _____ diet pills per week

How long ago was that? _____ months

G. DIURETICS

*Have you ever taken diuretics (water pills) to control your weight? ____ Yes ____ No
If no, please skip to Question H.

*During the *last three months*, how often have you typically taken diuretics?

____ I have not taken diuretics in the last three months.

____ Monthly—I usually take diuretics _____ times a month.

____ Weekly—I usually take diuretics _____ times a week.

____ Daily—I usually take _____ diuretics a day.

*At the *worst* of times, what was the average number of diuretics that you were taking per week? _____ diuretics per week

How long ago was that? _____ months

H. MENSTRUAL HISTORY

(For Females only)

*Have you ever had a menstrual period? ____ Yes ____ No
If no, please skip to Question G.

How old were you when you first started menstruating? ____ ____ years old

*Do you have menstrual periods now? (check one)

____ Yes, regularly every month

____ Yes, but I skip a month once in a while

____ Yes, but not very often (for example, once or six months)

____ No, I have not had a period in at least six months

____ No, I am post-menopausal, have had a hysterectomy, or am pregnant

*How long has it been since your last period? _____ months

*Have you ever had a period of time when you did not menstruate for three months or more (excluding pregnancy)?

____ Yes ____ No

If yes, how old were you when you *first* missed your period for three months or more? _____ years old

For how many months did you miss your period? ____ ____ months

How much did you weigh when you stopped menstruating? _____ pounds

Are you currently taking birth control pills? ____ Yes ____ No

If yes, how old were you when you first starting using the pill? _____ years old

(Continued)

I. CURRENT MEDICATION

Are you currently taking any medication prescribed by a physician? ___ Yes ___ No
If Yes, please list the medications you are taking.

_____

_____

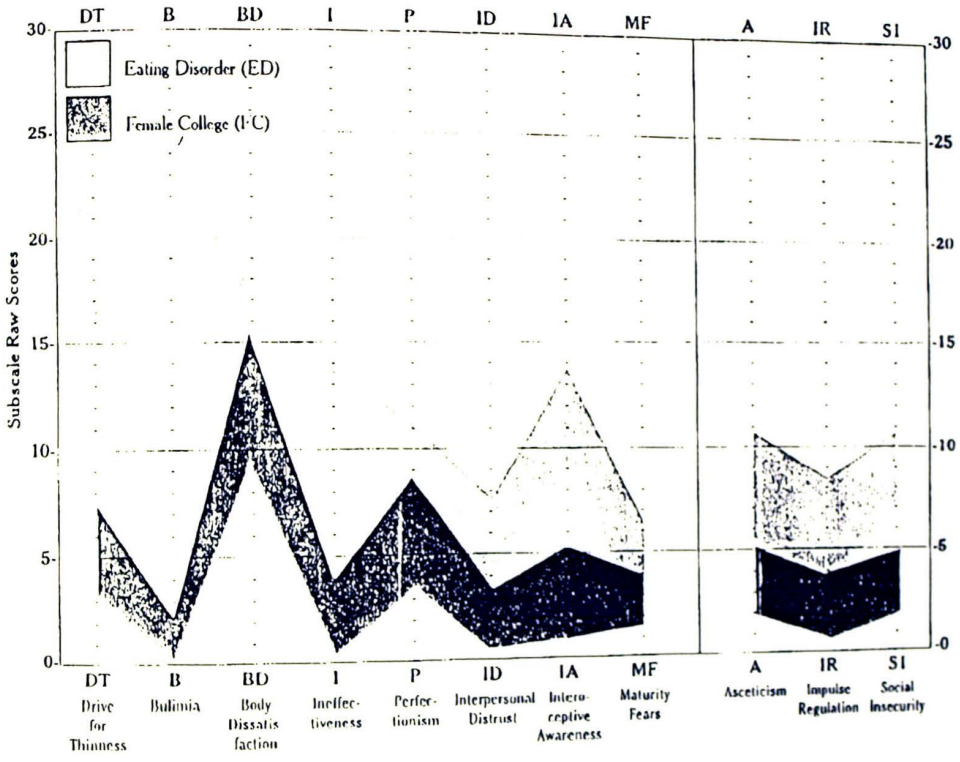
_____

_____

_____

EDI-2 PROFILE FORM

Name _____ Age _____ Sex _____ Date _____



Raw Score _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____

Percentile Score _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____

Normative Group = _____ Normative Table = _____

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APPENDIX D

August 18, 1992

Tracy Stecker
1897 Madison #A-4
Clarksville, TN 37043

Dear Ms. Stecker,

You recently requested formal permission to use the ***Coopersmith Self-Esteem Inventory*** for research in your thesis. It is a precondition of Consulting Psychologists Press, Inc. to have the qualifications of our customers on file prior to releasing any restricted materials. As you have previously completed a Purchaser Qualification Form which meets the restriction level of the ***Coopersmith Self-Esteem Inventory***, and have been assigned customer #J0165, the shipment of the restricted materials to you constitutes permission to use the ***Coopersmith Self-Esteem Inventory***. Thank you.

Sincerely,

Lisa Sisneros

Lisa Sisneros
Permission Specialist

3803 E. Bayshore Road P.O. Box 10096 Palo Alto, California 94303 Tel (415) 969-8901 Fax (415) 969-8608

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Street Address: 16204 N. Florida Ave./Lutz, Florida 33549

Telephone (813) 968-3003
Telefax (813) 968-2598

July 27, 1992

Tracy Stecker
1897 Madison, Apartment A-4
Clarksville, TN 37043

Dear Ms. Stecker:

I am responding to your recent telephone call requesting permission to use the EDI-2 in your dissertation research.

I have no objections to your using the published forms for the EDI-2 for this project.

Thank you for your interest in the EDI-2. If I can be of further help, please do not hesitate contacting me.

Sincerely,

R. BOB SMITH III, Ph.D.
President

RBS/bm