

THE SELF-REPORTED PREVALENCE OF  
EATING DISORDERS ON THE CAMPUS OF  
AUSTIN PEAY STATE UNIVERSITY

---

FRANCES GERALDINE WAX-RICH



THE SELF-REPORTED PREVALENCE OF  
EATING DISORDERS ON THE CAMPUS OF  
AUSTIN PEAY STATE UNIVERSITY

---

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 Science

---

by

Frances Geraldine Wax-Rich

December, 1988

## ABSTRACT


This survey was conducted to determine the self-reported prevalence of eating disorders on the campus of Austin Peay State University. An Eating Disorders Survey was developed and mailed to all of the undergraduate female students enrolled for the spring quarter, 1988. Of the 1673 surveys successfully sent out, 15.5 percent (N = 260) were returned. Of those received, 6 percent (N = 15) had previously been diagnosed as having an eating disorder (anorexia nervosa - 3, bulimia - 5, obesity - 9). Two of those students reported having more than one disorder. Many of the students that responded said that they knew of other students on campus that were experiencing an eating disorder. Additionally from the survey, student suggestions were proposed as to how they feel the university could better address these problems.

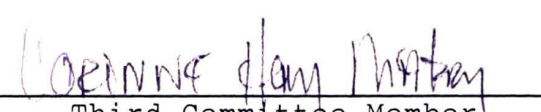
To the Graduate and Research Council:

I am submitting herewith a Thesis written by Frances G. Wax-Rich entitled "The Self Reported Prevalence of Eating Disorders on the Campus of Austin Peay State University." I recommend that it be accepted in partial fulfillment of the requirement for the degree of Master of Science.

  
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



## ACKNOWLEDGEMENTS

The author wishes to express sincere appreciation to Dr. Jean Lewis, Associate Professor of Psychology, Austin Peay State University, for her never ending patience, time, and valuable guidance given during the course of this study.

Sincere appreciation is also extended to Dr. Stuart Bonnington and Corinne Mabry for their valuable assistance.

The author also wishes to thank her husband, Ronald Rich, for his support, encouragement, and understanding during this study.

Additionally, sincere appreciation is extended to Jeanie Moreno, the author's sister, for her patience and assistance in typing the questionnaire and final thesis.

THE SELF-REPORTED PREVALENCE OF  
EATING DISORDERS ON THE CAMPUS OF  
AUSTIN PEAY STATE UNIVERSITY

---

A Thesis  
Presented to the  
Graduate and Research Council of  
Austin Peay State University

---

In Partial Fulfillment  
of the Requirements for the Degree  
Master of Science

by  
Frances Geraldine Wax-Rich  
December, 1988

# TABLE OF CONTENTS

	PAGE
LIST OF TABLES.....	vvi
CHAPTER	
1. INTRODUCTION.....	1
2. REVIEW OF THE LITERATURE.....	3
Anorexia Nervosa.....	3
Bulimia.....	5
Obesity.....	9
Summary.....	10
3. METHODOLOGY.....	13
4. RESULTS.....	17
5. DISCUSSION.....	23
REFERENCES.....	28
APPENDIX A.....	56
APPENDIX B.....	58
APPENDIX C.....	63
APPENDIX D.....	65



# LIST OF TABLES

TABLE	PAGE
1. University Classification.....	33
2. Housing.....	34
3. Marital Status.....	35
4. Birthdate.....	36
5. Height.....	37
6. Weight.....	38
7. Ideal Weight.....	39
8. Do You Worry About Your Weight.....	40
9. How Often Do You Worry.....	40
10. Have You Ever Considered Yourself Underweight.....	41
11. How Much Did You Weigh.....	41
12. How Much Underweight Was This.....	42
13. Were There Specific Reasons For Being Underweight	42
14. Has Anyone Told You, You Were Underweight.....	42
15. Have You Ever Considered Yourself Overweight.....	43
16. How Much Did You Weigh.....	44
17. How Much Overweight Was This.....	45
18. Were There Specific Reasons For Being Overweight..	46
19. Has Anyone Told You, You Were Overweight.....	46
20. Have You Ever Tried To Lose Weight.....	47
21. Have You Ever Been Diagnosed As Having An Eating Disorder.....	47
22. Diagnosed Eating Disorder.....	48
23. Have You Ever Participated In A Program For Eating Disorders.....	48

24. Were The Programs For Eating Disorders Beneficial	49
25. How Beneficial Were The Programs For Eating Disorders.....	49
26. Do You Know Anyone On Campus With An Eating Disorder.....	50
27. Do You Know People With.....	50
28. Do You Feel There Are Others On Campus, That You Do Not Know, Who Have An Eating Disorder.....	51
29. Out Of 100 Students How Many Do You Feel Have Each Disorder.....	52
Anorexia Nervosa.....	52
Bulimia.....	53
Obesity.....	53
30. Would You Like To See The University Offer Programs For The Students With Eating Disorders.	54
31. Are You Aware Of The Resources Now Offered On Campus For Students With Eating Disorders.....	54
32. If You Had An Eating Disorder Would You Use The Resources Available.....	55
33. Would You Accept Referral.....	55

## CHAPTER 1

### Introduction

In our society today great emphasis is placed upon attractiveness. Through the media beauty is associated with slimness. Great pressure is placed upon individuals to lose weight and develop a "perfect" body. If this pressure is not released by healthy means, unhealthy eating disorders may develop.

Eating disorders, such as anorexia nervosa and bulimia, seem to be most prevalent among adolescents and young adults. At this stage of development these disorders can have disastrous effects upon these young people, and the effects can have an influence upon their entire life. Eating disorders also seem to effect more females than males. Young women seem to be more concerned about having a slim body and controlling their weight. Young people are under pressure from many sources. Pressure from peers, school, family, and their community influence their thinking. They may feel that they do not have control over their own lives, and the only aspect they can control is their weight and eating habits.

Eating disorders may range from complete abstinence from food, to gorging on large quantities of food. There is growing concern over the apparent increase in the prevalence of eating disorders. Many research studies have been conducted that attempt to explain these dangerous problems. Eating disorders affect people in different ways



and at different levels of severity. The most severe and life threatening of these disorders is anorexia nervosa. According to the Center for the Study of Anorexia and Bulimia as reported by Gilbert and DeBlassie (1984) it is estimated that between 5 percent and 10 percent of those who become anorexic will die due to medical problems associated with malnutrition. The mortality rates for bulimia and obesity are not known, because individuals with these disorders may die acutely from suicide or hypokalemic cardiac effects (Andersen, 1983).

Much of the recent literature focuses on the causes and the treatment of these eating disorders. Many of these recent studies have been conducted on university campuses. A university campus lends itself to these studies since the general population of students fall with the usual age range associated with eating disorders. Some of the study results indicate that there is a growing problem of eating disorders on many university campuses (Hood, 1982; Maloney & Klykylo, 1983). Therefore, it is the purpose of this study to try to determine if the problem of eating disorders exists on the campus of Austin Peay State University. If the problem is found to exist, the study also hopes to determine, from the responses of the students, if the resources that are now being offered by the University are sufficient to treat students with these eating disorders or if new programs are needed.

## CHAPTER 2

### Review of the Literature

#### Anorexia Nervosa

Anorexia nervosa is starvation by choice (Gilbert & DeBlassie, 1984). A review of the literature indicates that it is manifested in a distorted attitude toward eating, food or weight, and significant self-induced weight loss, by dieting, vomiting, or laxative abuse. It usually begins in adolescence, after menarche in females. The incidence seems to be highest between the ages of 12 and 18, but can appear at any age (Gilbert & DeBlassie, 1984). The ratio for female and male anorexics is reported to be 10 to 1 (Elston & Thomas, 1985). It is suggested that many of these people were overweight before the beginning of their severe weight loss (Root & Powers, 1983). Bhanji (1979) reported that dieting because of obesity is the most common precipitant of anorexia nervosa.

The symptoms of anorexia nervosa include severe weight loss, retarded growth in adolescents, low blood pressure, slow heartbeat, growth of fine body hair (lanugo), cold intolerance, and decreased or absent libido (Bemis, 1979). In adolescents the start of puberty may be delayed, and in females the start of menarche may not begin, or if it has already begun, the severe weight loss may cause menstruation to stop (Gilbert & DeBlassie, 1984). Other symptoms may include low self-esteem, and isolation from family and

friends. Anorexics tend to have feelings of loneliness, shame, and sadness. Many also have difficulty in social relationships and in making friends (Murray, 1985). It has also been noted that many female adolescent anorexics are highly motivated to achieve, with many of them showing excellent school performance. This is attributed to a perfectionist trait (Casper, Offer & Ostror, 1981; Slade, 1982).

According to the research the causes of anorexia nervosa may vary. Fecus, Glass, and Vigersky (1983) suggest that social pressures are believed to contribute significantly. Dieting has become expected behavior for females in their quest to be thin. Slimness has become the emphasis for females while males are more concerned with being bigger and stronger. They state that this may explain the greater number of female anorexics. Other causes of anorexia nervosa may include significant family dysfunction, depression and low self-esteem (Elston & Thomas, 1985). It has also been proposed that the abnormalities of eating behavior and of menstrual function result from a common neurotransmitter abnormality (Golden & Sacker, 1984). These authors state "Investigators have found abnormalities in thermoregulation, thyroid function, and the secretion of gonadotropin, cortisol, growth hormone, and vasopressin. These findings, together with the eating disorder and amenorrhea, have led to the belief in a hypothalamic disorder (p. 211)."

Many treatments for anorexia nervosa are being practiced, some involve hospitalization and all involve counseling and



therapy. In most cases it is recommended that counseling involve the whole family. In therapy with younger anorexics, family therapy has often resulted in the identification of several dysfunctional family interactional patterns. These patterns may include overprotectiveness, strict enforcement of family rules and the process of trying to avoid all conflict (Elston & Thomas, 1985). It is thought that a family's need to keep their child dependent leads to the overprotective behaviors which may inhibit the development of autonomy and independence (Kiecolt-Glaser & Dixon, 1984). Much of the recent research on the treatment and causes of anorexia nervosa and other eating disorders has been conducted on college or university campuses. This research seems to indicate that anorexia nervosa is the least common eating disorder seen on college or university campuses. Button and Whitehouse (1981) studying a population at a College of Technology, found that only one female out of 446 satisfied rigid criteria for a diagnosis of anorexia nervosa, and two females satisfied a less rigid criteria. Clark and Palmer (1983) studying a university population detected no cases of anorexia nervosa among 156 females who responded to their survey.

### Bulimia

Although more than 50 percent of patients with anorexia nervosa suffer from bulimic symptoms, a substantial minority of 20 percent have no such prior history, the remaining

manifest 'cryptic signs' (Slade, 1982). Andersen (1983) indicates that patients with anorexia nervosa may die acutely of starvation, but patients with bulimia die acutely from hypokalemic cardiac effects or suicide. The incidence of mortality in bulimics is not known. He does state that "the general prognosis for both anorexia nervosa and bulimia is proportional to the severity of the underlying personality disorder and the degree of family psychopathology" (Andersen, 1983, p. 19).

According to Andersen (1983) bulimia is a word formed from the words "ox" and "hunger" and is a term used to describe the eating disorder that occurs when an individual has repeatedly lost control of the impulse to binge and engages in the rapid ingestion of a large quantity of food, followed by attempts to avoid weight gain through self-induced vomiting. Andersen (1983) also states that unlike anorexia nervosa, bulimia does not require a specific degree of weight loss and now is recognized to exist at any weight level from extremely starved to normal to overweight states.

According to the DSM-III- R (1987) the essential features of bulimia are episodic binge eating accompanied by an awareness that the eating pattern is abnormal, fear of not being able to stop voluntarily, and depressed mood and self-depreciating thoughts following the eating binges. The food consumed during a binge is often very high in calorie content, is usually eaten secretly or inconspicuously, and is often

"gobbled down." The binge is usually terminated by abdominal pain, sleep, social interruption, or induced vomiting. Vomiting decreases the physical pain of abdominal distention and often reduces the post-binge anguish. Eating binges may be pleasurable, but are typically followed by self-criticism and feelings of depression. Individuals with bulimia are greatly concerned about their weight and may make repeated attempts to control their weight by dieting, vomiting, or use of diuretics or laxatives. Frequent weight fluctuations due to alternating binges and fasts are common. Often people with bulimia feel that their lives are dominated by thoughts of food and conflicts about eating.

The symptoms of bulimia may include cardiovascular complications, electrolyte imbalance, dental deterioration, dehydration, dizziness, esophageal complications, excessive vomiting, and frequent weight fluctuations of 10 pounds or more (Hall & Cohn, 1982). Other symptoms of bulimia may include depression, anxiety, impulsivity and frustration, as well as hostility, chaos, and isolation (Humphry, 1986).

Brouwers (1988) conducted two studies of university women using the Beck Depression Inventory. The first study compared 14 bulimic women and 28 nonbulimic controls, the second replication study included 37 bulimic women and 32 nonbulimic controls. Her study results indicated that women with bulimia were more depressed than were the controls. Also, the bulimics experienced distorted thoughts regarding body image, self-blame, somatic preoccupation, guilt and



suicidal indications.

Holleran, Pascale, and Fraley (1988) conducted a study of personality correlates of college age bulimic women using a questionnaire packet which included the Bulimia Test, the Assertion Control Scale, and the Spence-Helmreich Personal Attributes Questionnaire. Of their 236 study participants, 15 were classified as bulimic. Their results indicated a low but statistically significant negative relationship between assertiveness, masculinity, and masculinity-femininity, and high bulimic test scores.

The causes of bulimia are many. Research seems to indicate that contributing causes can be found in cultural, social, family, psychological, and biological factors. Andersen (1983) states that there seems to be similar predisposing factors in anorexia nervosa and bulimia except that bulimics tend to be slightly older. He also states that being slightly older often accounts for both the transition from anorexia nervosa and new cases of bulimia.

Humphry (1986) conducted a study of parent-child relationships in 80 women, of the women 20 were anorexic, 20 were both anorexic and bulimic, 20 were bulimic and 20 were controls. She found that the two bulimic subgroups experienced deficits in parental nurturance and empathy. In addition, both the bulimics and anorexics viewed their parents as more blaming, rejecting, and neglectful toward them. These women now also treated themselves with the same hostility and deprivation.

Hawkins and Clement (1980) developed a "Binge Eating Scale." The results of their study indicated that two-thirds of the females and one-half of the males in their college sample engaged in episodes of uncontrolled excessive eating. Self-induced vomiting was reported by 3.5 percent of the females in their study.

Treatments for all eating disorders has tended to fall into three general categories according to Romney and Miller (1988). These categories are Psychodynamic, cognitive-behavioral, and family therapy. These authors also state that for them, group therapy is the treatment of choice for bulimia. No matter what form of treatment is used individuals need to be given information about their disorder, as well as support and reassurance.

### Obesity

According to Maloney and Klykylo (1983) obesity is defined as a condition in which body weight exceeds ideal weight for height by 20 percent or more. They also state that obesity seems to be present in 5-10 percent of school age children, 15 percent of adolescents, and 35 percent of American adults. These authors continue to state that at least 60-80 percent of obese teenagers become and remain obese adults.

Maloney and Klykylo (1983) also indicate that authorities on the subject seem to identify six different causes of obesity. These causes are emotional, socioeconomic, genetic,

developmental, physical activity, and brain damage.

According to the Health Media of America (1983) someone that is obesely overweight is "at risk" for hypertension and stroke, impaired cardiac function, diabetes, reneal disease, gall bladder diseases, respiratory dysfunction, joint diseases and gout, endometreal cancer, decreased glucose tolerance and insulin resistance, abnormal plasma lipid and lipoprotein concentrations, and problems with anesthesia during surgery.

Treatments for obesity may be grouped into somatic treatment (including by-pass surgery, etc.), educational treatment (including diet and exercise education), and psychotherapeutic treatment (including behavioral therapies). According to Maloney and Klykylo (1983) each of these treatment strategies have produced positive results in lost weight. However, none of them seems to have proven more beneficial than the others, and with some there seems to be considerable risk involved. More studies need to be conducted in this area.

### Summary

"The frequency with which eating disorders appear in the general population may equal 25 percent if the reported prevalence of anorexia nervosa, bulimia, and obesity are added together (Maloney & Klykylo, 1983, p. 448)." A study conducted by Scott and Baroffio (1986) on the differences and similarities of these three eating disorders, using the MMPI for analysis, found that there was no significant



difference in the overall profiles of the three experimental groups, but all differed from the control group. "This finding indicates that psychodynamically the seemingly different groups are more similar than previously predicted (p. 712)."

In our society today attractiveness is associated with slimness. Therefore, many young women are unhappy with their weight and want to be slimmer. Hood (1982) states that some 30-40 percent of the college population at any given time may believe they need to change their body image. Dally and Gomez (1979) report that 40-50 percent of adolescent females diet at some time. Hood (1982) indicates that some estimates are that 20-30 percent of college age females may be practicing bulimia at any one point in time. Halmi (1981) reports an incidence of 19 percent of college women and 5 percent of college men use self-induced vomiting as a means of weight control. Button and Whitehouse (1981) suggest that at least 5 percent of young postpubertal females experience psychological problems associated with weight.

The purpose of this study is to investigate the prevalence of self-reported eating disorders at Austin Peay State University. Austin Peay is a rural, coeducational, liberal arts institution located in Northern, Middle Tennessee. It's main campus has an enrollment of approximately 3800 students, with a ratio of two females to one male.

According to research studies 20-40 percent of female university students exhibit some form of eating disorder. The null hypothesis of this study is that the female students



on the APSU campus will not report any of the eating disorders described in previous studies. Through the use of a questionnaire, this study assessed the prevalence of self-reported eating disorders on the Austin Peay State University campus.

## CHAPTER 3

### Methodology

A list of the names and addresses of all female students enrolled spring quarter, 1988 at Austin Peay State University was obtained from the APSU Computer Services Department. An Eating Disorders Survey was constructed (see appendix B). A copy of the survey was mailed on May 11, 1988 to the APSU post office box or home address of each of the 1885 female undergraduate students on the list. Female graduate students were deleted from the list. The APSU post office returned 212 copies of the survey as undeliverable, ie., students no longer had boxes or were no longer in school. This left a total of 1673 surveys successfully mailed to the female students.

A cover letter (see appendix A) was enclosed with each survey. This letter explained that the responses would be confidential, and only the student would know how she answered her own survey. Confidentiality was maintained by the use of a number on each survey (this was also explained in the cover letter, appendix A). When the survey was completed and returned, the number was then torn off the survey, and also crossed off the computer master list. No name was associated with the survey answers, thus assuring anonymity.

The number on the survey also made it possible to send a follow up letter to those students that had not returned their survey (see appendix C). The number assigned to their survey had not been marked off of the master list, therefore,

it was known that their survey had not been returned.

Each cover letter also contained a separate section that could be detached and mailed back if the student wanted to receive a copy of the results of the study (see appendix A). Of the students that responded to the survey, 93 or 36 percent ( $N = 260$ ) requested a copy of the results.

By May 22, 1988 (11 days), 197 surveys had been returned. The following day, May 23, the follow up letter was mailed to each of the 1265 students that had not yet responded to the survey. By the end of the quarter, June 6, 1988, 63 more surveys had been returned for a total of 260 or 15.5 percent ( $N = 1673$ ). The results of the survey were recorded as group data.

The Eating Disorders Survey was constructed to attempt to better understand the prevalence of eating disorders on the APSU campus, and to determine if the resources now offered by the university for people with such disorders are adequate or if new programs need to be offered.

The first 6 questions of the survey were constructed to gain demographic information about the respondents. Those questions asked students their university classification, housing arrangements, if they lived with parents, friends, husband or alone, if they lived on campus or off, their marital status, birthdate, height and weight.

Question 7 asked for the student's ideal weight, and question 8 asked them if they ever worry about their weight, and if they do, how often. Question 9 and 10 asked students

if they had ever considered themselves to be underweight or overweight, if they had, how much did they weigh and how much under or over was this weight. They were also asked if there were specific reasons for being underweight or overweight, and if there were, they were asked to list the reasons. Then they responded to whether anyone had told them they were underweight or overweight and if they had, why. Question 11 asked if they had ever tried to lose weight and what methods they had tried.

Questions 12-14 were constructed to assess whether or not students had ever been diagnosed as having an eating disorder, and if they had ever participated in programs for eating disorders. They were also asked if these programs were beneficial. Students were asked what they had done personally that was beneficial, and what they could do that would be beneficial.

Question 15 and 16 were structured to determine if the respondents knew of anyone on campus who had an eating disorder, and if they felt there were others that they did not know who may have an eating disorder. In question 17 the respondent was asked if she would like to see the University offer programs for students with eating disorders. Those that answered "yes" were asked to list the programs they would like to see offered.

Questions 18-20 were posed to find out if the respondents were aware of the resources now available to them on



campus, if they would use these resources, and if they would accept referral if needed. Many of the questions on the survey were open ended to allow the students to write their comments. Question 21 specifically asked for comments about the survey or the subject of eating disorders. All comments written by the students to the questions on the survey are recorded in appendix D.

## CHAPTER 4

### Results

The findings of this study generally agree with those reported in the literature. Demographic information reported by the students is recorded in tables 1-6, all other questions are represented by tables 7-33. Of the 260 students responding to the survey, 22 percent (N = 58) were freshmen, 22 percent (N = 58) were sophomores, 28 percent (N = 73) were juniors, and 27 percent (N = 69) were seniors.

Twenty-five percent (N = 56) of the respondents live with their parents, 29 percent (N = 63) live with a husband, 30 percent (N = 66) live with friends, 13 percent (N = 28) live alone, and 3 percent (N = 7) have other living arrangements. The majority of the respondents (54 percent, N = 131) live off campus, while 46 percent (N = 111) live on campus.

The majority (66 percent, N = 170) of the respondents were also single, 26 percent (N = 67) were married, 6 percent (N = 15) were divorced, 1 percent (N = 2) were widowed, and 1 percent (N = 2) were separated.

Ages of respondents ranged from 18-63 years. The overall mean age was 25 years old, as indicated in Table 4. Table 5 shows the heights of the respondents. Their heights ranged from 4 feet 9 inches to 6 feet tall, with a mean height of 5 feet 4 and 3/4 inches.

Respondents weights ranged from 85 pounds to 285 pounds, with a mean of 135 pounds. The reported ideal weight of the students ranged from 75 pounds to 170 pounds with a

mean of 120 pounds. Seventy-three percent ( $N = 187$ ) of the participants answered affirmatively to the question, "Do you worry about your weight?" Twenty-eight percent ( $N = 54$ ) said they worry more than once a day, 25 percent ( $N = 49$ ) worry once a week, 3 percent ( $N = 6$ ) worry once every two weeks, 7 percent ( $N = 13$ ) worry once a month, and 2 percent ( $N = 4$ ) never worry.

A little more than one-fourth (26 percent,  $N = 68$ ) of the participants stated that they had considered themselves to be underweight at some point in their lives from the time they were 13 years old to the present. Their weights ranged from 70 pounds to 130 pounds with a mean of 103 pounds. They perceived this to be from 5 pounds to 35 pounds underweight with a mean of 13.6 pounds. Forty-eight percent of the respondents said that there were specific reasons why they were underweight. Some of the reasons they gave included "sickness," "high metabolism," "stress," "anorexia," "not eating enough," "extremely active." According to 44 percent ( $N = 108$ ) of the respondents, other people had told them they were underweight. They indicated that family members, friends, and professionals (doctors, nurses, teachers, coaches) most often considered them to be underweight.

As indicated by Table 15, 73 percent of the respondents have considered themselves to be overweight at some point in their life. Their weights ranged from 100 pounds to 295 pounds, with a mean of 146 pounds. They considered this to be from 2 pounds to 165 pounds overweight, with

a mean of 26.4 pounds. Sixty-three percent ( $N = 116$ ) said that there were specific reasons why they were overweight, reasons such as "eat too much," "didn't exercise enough," "after pregnancies did not lose weight," "eat to compensate for being lonely," "depression," and "boredom." Of the respondents 63 percent ( $N = 116$ ) said other people had told them they were overweight, again as with being underweight, they indicated that family members, friends, and professionals most often considered them to be overweight. Some of the reasons they gave for other people telling them they were overweight included "because they were concerned," "they were making fun," "it runs in the family," and "they like skinny girls."

The majority of the respondents (85 percent,  $N = 220$ ) had at some time tried to lose weight. They stated they had tried such methods as "diets," "exercise," "starving," "diet pills" and "bulimia." As indicated by Table 21, 6 percent ( $N = 15$ ) of the respondents stated that they had previously been diagnosed as having an eating disorder (anorexia nervosa - 3, bulimia - 5, obesity - 9). Two students stated that they had been diagnosed as having two disorders.

The length of time the disorders were present ranged from 1 year to 5 years. Ten percent ( $N = 24$ ) of the participants responding to question number 13 stated that they had participated in a program for eating disorders. Of those participating 78 percent ( $N = 21$ ) said the program had been beneficial (see Table 25). Programs that respondents listed as ones they had



participated in were support groups, individual counseling, hospitalization, Weight Watchers, Overeaters Anonymous, and diet centers. The length of participation ranged from 2 weeks to 5 years. The most beneficial programs listed were "individual therapy," "OA," "WW," "TOPS," and "by-pass." When asked what they liked about the programs, some of the responses included "support group," "information," "WW taught me how to eat," "they didn't treat you like you are lazy, apathetic, etc., and they helped you with solutions to your problems." What they reported to dislike about the programs were "support group - it dealt with anorexics also, and seeing them skinny was hard for me to accept," "I had to cut out my favorite foods," "having to keep track of every single thing I ate," and "the expense."

Some of the students listed what they had done personally to help themselves. Their responses included "exercise a lot," "kept busy, got involved with physical activities," "stopped throwing up, but only after losing 20 lbs.," and "cut down on what I ate." Things they said they could do that they are not now doing included "decide for myself what I not everybody else want for myself," "get counseling," and "start a sensible and possible program and stick to it."

Thirty-eight percent (N = 97) of the participants answered affirmatively to the question, "do you know students on campus with an eating disorder?" Some students knew more than one person, for a total of 136, 26 percent (N = 36)

were anorexic, 17 percent (N = 23) were bulimic, 52 percent (N = 17) were obese, and 4 percent (N = 6) were other disorders.

Ninety-four percent (N = 227) of the respondents felt there are other students on campus that they do not know, that have an eating disorder. As shown in Table 29, estimates ranged from 0-100 when students were asked how many students out of 100 they felt had each eating disorder.

The majority (86 percent, N = 205) of the respondents indicated that they would like to see the university offer programs for students experiencing eating disorders. Some of the programs they suggested were "counseling by trained people in the counseling and testing center," "support groups for those who do need help w/ their eating disorder," "dietician who we can consult with to find our ideal weight and how to safely get there," "informational programs," and "programs on self-esteem, positive self attitude."

Ninety-two percent (N = 236) of the participants stated that they were not aware of the resources now offered on campus for eating disorders. Seventy-one percent (N = 165) said they would use the resources if they had an eating disorder, and 85 percent (N = 202) said they would accept referral from the Counseling and Testing Center if it was needed.

Many of the students had comments about the survey and the subject of eating disorders. Some of these comments included, "I would really like some help with this problem. I feel it would help me to increase my self confidence if

I could lose 80 pounds or more. I believe the weight may be a crutch to not get out - meet people," "although I quit the initial binge & purge cycle, I still have an eating disorder. It's a great fear of loss of control and it's a problem that affects everything you do. I would recommend anyone - esp. myself to seek someone else's knowledgeable information to help get through this confusing and destructive time...." and "I have a friend who was/is anorexic and I've seen what it can do to you. It is a problem a lot of girls our age suffer from. Some sort of class or help service would be very beneficial." A complete record of these student comments is listed in appendix D.

## CHAPTER 5

### Discussion

This study attempted to determine the prevalence of self-reported eating disorders among the undergraduate student female population on the campus of Austin Peay State University. It further attempted to assess, through student input and suggestions, the adequacy of the resources now being offered on campus for students with eating disorders. The results do not support the null hypothesis. It was found that six percent of the students responding to the survey had previously been diagnosed as having an eating disorder. This is not as high a percentage as has been reported in other studies (Halmi, 1981; Hood, 1982), but it does indicate that an eating disorders problem does exist on the APSU campus.

The six percent previously stated were only the students that had been diagnosed as having an eating disorder. Other respondents listed height and weight combinations that although they have not been diagnosed by a professional as having a problem, could possibly have such disorders. Other participants listed forms of dieting that may indicate they have an eating disorder. Some students thought they had a disorder, but did not know how to tell. One student reported "I think I have Bulimia, but I don't know what to do or where to go. Sometimes I can only go a week w/out eating & throwing up. I want to know what is causing this!" Another student stated "Although I quit the initial binge & purge cycle, I still



have an eating disorder. It's a great fear of loss of control and it's a problem that affects everything you do...."

Many students reported that they did not have an eating disorder, but they knew of other people, family members or friends, that did. As one student stated "My father had bulimia. He vomited (self-induced) every day of his adult life. He was good looking, a sports star -- He seemed to have it all. My mother never admitted to his condition. I thought it was okay until I heard of bulimia. He died of heart failure 4 years ago (probably daily vomiting contributed but no one ever knew). Even though my father was admired by many, he was a sick and miserable man -- AND NO ONE KNEW. I wish I could have helped him. (In addition, he verbally abused me daily -- I even tried to commit suicide at 17)."

Another student wrote "I have a friend who was/is anorexic and I've seen what it can do to you. It is a problem a lot of girls our age suffer from. Some sort of class or help service would be very beneficial."

Although they may not have an eating disorder, seventy-three percent of the students that responded to the survey worry about their weight. This is a higher percentage than has been reported in some other studies (Button & Whitehouse, 1981; Hood, 1982). Eighty-five percent of the students had at some time tried to lose weight. This is also a much higher percentage than was reported by Dally and Gomez (1979. One student reported "I am constantly exercising and eating good foods to lose weight. I feel I am overweight but everyone

tells me I am thin. However, I learned the hard way that fad diets are not the answer!" Another student stated "I never considered myself to have an eating disorder even though my friends did. Fortunately I am learning the value of eating well balanced meals and through exercise I can keep my weight down. I still have tendencies to feel fat, especially if my weight hits 118-120 lbs. When this happens I crash diet." In addition another student wrote, "An eating disorder is frightening. My whole family has to watch their weight, so I've grown up in a world of "fat paranoia." When I exercise regularly is when I feel the best, but I need support from other people to keep from getting discouraged. I have always felt like I'm a fat person living in a thin world and it sucks, because I do lose weight and keep it off, I'll never be the perfect figure or size. I have a very hard time liking myself (my physical self, that is)."

Many of the respondents had comments as to the causes of eating disorders. Although this survey did not address causes, these comments were beneficial, and this could be an area for further study. One student stated, "How one feels about one's weight is often due to family influence, it is difficult to shed 18 yrs. of my life. Eating is not the problem, self-image is." Another stated, "I think at this stage in life, many personal crises provoke eating disorders." Still another reported, "I believe that any eating disorder no matter how big or small is a direct

effect from problems or situations around you whether it be attitudes of a boyfriend, parents or friends, or some deeper psychological problem." And another wrote, "I feel drugs & society or better the media have a lot to do with over & mostly underweight, the idea to be perfect. Overweight could be due to the parents or persons taking care of the obese person as a child." Many of these comments agree with the research that has been conducted on the possible causes of eating disorders.

One purpose of this study was to determine if the resources now available to students is sufficient to meet the needs. At the present time, the resources that are available, to those students that seek help, consist of individual counseling at the Counseling and Testing Center or from individual psychology professors, and the campus nurse. A finding of this study that this author feels is very alarming is the fact that ninety-two percent of the students responding to the survey were not aware of the resources now being offered by the University for people with eating disorders. This indicates that these resources may be sufficient but have not been publicized enough to make students aware of their existence. Possibly greater emphasis needs to be placed upon reaching students in need.

Another main purpose of this study was to obtain student suggestions as to how they feel the University might better address the problems of eating disorders, and the people

experiencing them. A complete list of comments and suggestions can be reviewed in appendix D. Some of the suggestions from the students included, "support groups for those who do need help w/ their eating disorder," "awareness programs to let students know about the problems and warning signs to room-mates," "counseling groups and hotline," "brochures," "how to deal with friends (or even acquaintances) that have eating disorders in order to help them," "dietician who we can consult with to find our ideal weight and how to safely get there," "weight control groups," "programs that would tell me if I had an eating disorder in the first place," and "how to eat on a college student's budget." All of the comments are important and need to be considered.

The results of this study indicate that Austin Peay State University does have a problem with eating disorders on its campus. Several suggestions made by students need to be given consideration by this institution in its effort to address this problem. Further study is recommended to identify whether an eating disorders problem exists in the male student population, and future studies might investigate personal factors contributing to eating disorders.



## REFERENCES

- American Psychiatric Association Diagnostic and Statistical Manual of Mental Disorders, ed. 3, Revised. (1987).  
Washington:  
American Psychiatric Association.
- Anderson, A.E. (1983). Anorexia nervosa and bulimia: a spectrum of eating disorders. Journal of Adolescent Health Care, 4, 15-21.
- Bemis, K.M. (1979). Current approaches to the etiology and treatment of anorexia nervosa. Psychological Bulletin, 85, 593-617.
- Bhanji, S. (1979). Anorexia nervosa: physicians' and psychiatrists' opinions and practice. Journal of Psychosomatic Research, 23, 7-11.
- Brouwers, M. (1988). Depressive thought content among female college students with bulimia. Journal of Counseling and Development. 66, 425-428.
- Button, E.J., & Whitehouse, A. (1981). Subclinical anorexia nervosa. Psychological Medicine, 11, 509-516.
- Casper, R.C., Offer, D., & Ostror, E. (1981). The self-image of adolescents with acute anorexia nervosa. Journal of Pediatrics, 98. 656-661.
- Clark, M.G., & Palmer, R.L. (1983). Eating attitudes and neurotic symptoms in university students. British Journal of Psychiatry, 142, 299-304.

- Dally, P., & Gomez, J. (1979). Anorexia Nervosa, London: Hunimann Medical Books.
- Elston, T., & Thomas, J.B. (1985). Anorexia nervosa. Child: Care, Health and Development, 11, 355-373.
- Fecus, W.B., Glass, A.R., & Vigersky, R.A. (1983). Role of exercise in the pathogenesis of amenorrhea associated with anorexia nervosa. Journal of Adolescent Health Care, 4, 22-24.
- Gilbert, E.H., & DeBlassie, R.R. (1984). Anorexia nervosa: adolescent starvation by choice. Adolescence, 19, 839-846.
- Golden, N., & Sacker, I.M. (1984). An overview of the etiology, diagnosis, and management of anorexia nervosa. Clinical Pediatrics, 23, 209-214.
- Hall, L., & Cohn, L. (1982). Understanding and Overcoming Bulimia a Self-Help Guide. California: Gurze Books.
- Halmi, K., Falk, J.R., & Schweutz, E. (1981). Binge-eating and vomiting: a survey of a college population. Psychological Medicine, 11, 697-706.
- Hawkins, R.C. & Clement, P.F. (1980). Development and construct validation of a self-report measure of binge eating tendencies. Addictive Behaviors, 5, 219-226.
- Health Media of America. (1983). Dietary and weight Maintenance: nutritional considerations. California.
- Holleran, P.R., Pascale, J., & Fraly, J. (1988). Personality correlates of college age bulimics. Journal of Counseling and Development, 66, 378-381.

- Hood, T. (1982). Nutrition/Eating disorders program. Proceedings 31st Annual National Conference Association of University and College Counseling Center Directors.
- Humphrey, L.L. (1986). Structural analysis of parent-child relationships in eating disorders. Journal of Abnormal Psychology, 95, 395-402.
- Kiecolt-Glaser, J., & Dixon, K. (1984). Postadolescent onset male anorexia. Journal of Psychosocial Nursing, 22, 11-20.
- Maloney, M.J., & Klykylo, W.M. (1983). An overview of anorexia nervosa, bulimia, and obesity in children and adolescents. Journal of the American Academy of Child Psychiatry, 22, 99-107.
- Murray, J.A. (1985). Psychological aspects of anorexia nervosa. Genetic, Social, and General Psychology Monographs, 112, 5-40.
- Romney, P., & Miller, D. (1988). The treatment of eating disorders among college students. R. May (ed.) Psychoanalytic Psychotherapy in a College Context (126-144). New York: Praiger Publishers.
- Root, A.W., & Powers, P.S. (1983). Anorexia nervosa presenting as growth retardation in adolescents. Journal of Adolescent Health Care, 4, 25-30.
- Scott, R.L., & Baroffio, J.R. (1986). An MMPI analysis of similarities and differences in anorexia nervosa, bulimia, and morbid obesity. Journal of Clinical Psychology, 42, 708-713.

Slade, P. (1982). Towards a functional analysis of anorexia nervosa and bulimia nervosa. British Journal of Clinical Psychology, 21, 167-179.



## TABLES

Table 1

University Classification\*

Classification	N	Percent
Freshman	58	22%
Sophomore	58	22%
Junior	73	28%
Senior	<u>69</u>	<u>27%</u>
	258	99%

---

N = 258

\*Question #1

Note: Totals less than 100% are due to rounding.

Table 2

Housing\*

I Live ...	N	Percent
a.		
with parents	56	25%
with husband	63	29%
with friends	66	30%
alone	28	13%
other	<u>7</u>	<u>3%</u>
	220	100%
b.		
on campus	111	46%
off campus	<u>131</u>	<u>54%</u>
	242	100%

a. N = 220

b. N = 242

\*Question #2

Table 3

Marital Status\*

Status	N	Percent
Single	170	66%
Married	67	26%
Divorced	15	6%
Widowed	2	1%
Other	<u>3</u>	<u>1%</u>
	257	100%

---

N = 257

\*Question #3



Table 4

Birthdate\*

Month	N	Mean	Age Range	Year Range
Jan.	13	26	18 - 41	1947 - 1970
Feb.	15	24	19 - 48	1940 - 1969
March	25	25	19 - 57	1931 - 1969
April	18	28	19 - 48	1940 - 1969
May	26	26	19 - 46	1942 - 1969
June	16	27	19 - 41	1947 - 1969
July	20	24	19 - 44	1944 - 1969
Aug.	26	25	19 - 48	1940 - 1969
Sept.	32	23	19 - 47	1941 - 1969
Oct.	21	27	19 - 63	1925 - 1969
Nov.	30	24	19 - 36	1952 - 1969
<u>Dec.</u>	<u>17</u>	<u>23</u>	<u>19 - 42</u>	<u>1946 - 1969</u>
J. - D.	259	25	18 - 63	1925 - 1970

N = 259

Median = 22

Mode = 19

\*Question #4

Table 5

Height\*

Range	N	Mean	Median	Mode
4'9" - 6'	260	5'4 3/4"	5'5"	5'4"

Height	N	Height	N	Height	N
4'9"	1	5'3 1/2"	4	5'7 1/2"	1
4'10"	2	5'3 3/4"	1	5'8"	15
4'11"	3	5'4"	40	5'8 1/2"	2
5'	6	5'4 1/2"	7	5'9"	8
5'1"	8	5'4 3/4"	1	5'9 1/2"	1
5'1 1/4"	2	5'5"	33	5'10"	8
5'1 1/2"	1	5'5 1/2"	6	5'11"	2
5'2"	22	5'6"	31	6'	1
5'2 1/2"	1	5'6 1/2"	4		
5'3"	24	5'7"	24		

N = 260
---------

\*Question #5

Table 6

Weight\*

Range		N		Mean		Median		Mode	
85 - 285		256		135		130		120	
Weight	N	Weight	N	Weight	N	Weight	N		
85	1	115	9	132	6	159	1		
90	2	116	2	133	3	160	8		
95	1	117	7	134	2	165	9		
97	1	118	7	135	10	170	3		
98	1	119	1	137	3	178	1		
100	4	120	20	138	3	180	5		
104	1	121	2	139	3	192	1		
105	7	122	2	140	10	195	2		
106	2	123	1	141	1	198	1		
107	1	124	1	142	1	200	2		
108	1	125	17	145	9	210	2		
109	2	126	3	146	3	215	1		
110	12	127	1	147	1	220	2		
111	1	128	1	148	2	230	1		
112	4	129	3	150	12	240	2		
113	1	130	17	152	1	285	1		
114	3	131	1	155	4				

N = 256

\*Question #6

Table 7

Ideal Weight\*

Range	N	Mean	Median	Mode
75 - 170	250	120	120	120

Weight	N	Weight	N	Weight	N
75	1	110	33	128	1
90	1	111	1	129	1
95	3	112	3	130	20
96	2	115	32	135	19
99	1	117	1	140	9
100	4	118	8	145	4
103	1	120	36	150	4
105	22	123	1	160	1
107	3	124	1	165	1
108	2	125	29	170	1
109	1	127	3		

N = 250

\*Question #7



Table 8

Do You Worry About Your Weight\*

Yes/No	N	Percent
Yes	187	73%
No	<u>70</u>	<u>27%</u>
	257	100%

N = 257

\*Question #8

Table 9

How Often Do You Worry\*

How Often	N	Percent
More than once a day	54	28%
Once a day	68	35%
Once a week	49	25%
Once every 2 weeks	6	3%
Once a month	13	7%
Never	<u>4</u>	<u>2%</u>
	194	100%

N = 194

\*Question #8

Table 10

Have You Ever Considered Yourself Underweight\*

Yes/No	N	Percent
Yes	68	26%
No	<u>191</u>	<u>74%</u>
	259	100%

N = 259

\*Question #9

Table 11

How Much Did You Weigh\*

Range	N	Mean	Median	Mode
70 - 130	56	103	98.5	90,95,105

Weight	N	Weight	N	Weight	N	Weight	N
70	1	90	5	101	1	115	3
72	1	93	1	103	2	118	1
75	2	95	5	105	5	120	1
78	1	96	2	107	1	122	1
80	1	97	3	108	2	125	1
82	1	98	1	109	1	126	1
85	3	99	2	110	3	127	1
88	1	100	4	113	1	130	1

N = 56

3 additional students listed weight ranges 90 - 110 lbs.

\*Question #9

Table 12

How Much Underweight Was This\*

Range		N		Mean		Median		Mode	
5 - 35		56		13.5		13		10	
Weight	N	Weight	N	Weight	N	Weight	N	Weight	N
5	1	10	17	15	14	22	1		
7	3	12	1	17	1	30	1		
8	2	13	3	20	8	35	1		
9	3								

N = 56

7 additional students listed weight ranges 4 - 25 lbs.

\*Question #9

Table 13

Were There Specific Reasons For Being Underweight\*

Yes/No	N	Percent
Yes	34	48%
No	<u>37</u>	<u>52%</u>
	71	100%

N = 71

\*Question #9

Table 14

Has Anyone Told You, You Were Underweight\*

Yes/No	N	Percent
Yes	108	44%
No	<u>137</u>	<u>56%</u>
	245	100%

N = 245

\*Question #9

Table 15

Have You Ever Considered Yourself Overweight\*

Yes/No	N	Percent
Yes	190	73%
No	<u>69</u>	<u>27%</u>
	259	100%

N = 259

\*Question #10



Table 16

How Much Did You Weigh\*

Range		N		Mean		Median		Mode	
100 - 295		181		146		140		130	
Weight	N	Weight	N	Weight	N	Weight	N	Weight	N
100	1	125	7	145	11	183	1		
101	1	126	2	146	1	185	5		
104	1	127	2	148	2	190	1		
105	2	128	2	150	11	192	1		
107	1	129	1	153	1	195	2		
110	3	130	18	155	3	200	1		
114	1	131	1	160	6	210	1		
115	3	132	7	163	1	215	1		
116	1	135	5	165	7	235	1		
118	2	136	1	166	1	250	1		
120	12	138	4	167	1	265	1		
121	1	139	2	170	2	280	1		
122	4	140	16	172	1	285	1		
123	2	141	2	173	1	295	1		
124	2	142	1	180	5				

N = 181

7 additional students listed weight ranges 120 - 190 lbs.

\*Question #10

Table 17

How Much Overweight Was This\*

Range		N		Mean		Median		Mode	
2 - 165		167		26		20		10	
Weight	N	Weight	N	Weight	N	Weight	N	Weight	N
2	1	14	2	28	1	60	2		
5	4	15	20	30	16	65	1		
6	2	16	1	31	1	75	2		
7	1	17	3	32	1	80	1		
8	4	18	5	35	1	85	1		
9	1	20	22	40	4	100	1		
10	27	21	1	45	2	105	1		
11	1	25	14	48	1	150	2		
12	3	26	1	50	10	165	1		
13	3	27	1	54	1				

N = 167

20 additional students listed weight ranges 1 - 128 lbs.

\*Question #10

Table 18

Were There Specific Reasons For Being Overweight\*

Yes/No	N	Percent
Yes	116	63%
No	<u>69</u>	<u>37%</u>
	185	100%

N = 185

\*Question #10

Table 19

Has Anyone Told You, You Were Overweight\*

Yes/No	N	Percent
Yes	132	53%
No	<u>115</u>	<u>47%</u>
	247	100%

N = 247

\*Question #10

Table 20

Have You Ever Tried To Lose Weight\*

Yes/No	N	Percent
Yes	220	85%
No	<u>39</u>	<u>15%</u>
	259	100%

N = 259

\*Question #11

Table 21

Have You Ever Been Diagnosed As Having An Eating Disorder\*

Yes/No	N	Percent
Yes	15	6%
No	<u>245</u>	<u>94%</u>
	260	100%

N = 260

\*Question #12



Table 22

Diagnosed Eating Disorder\*

Eating Disorder	N	Percent
Anorexia Nervosa	3	18%
Bulimia	5	29%
Obesity	<u>9</u>	<u>53%</u>
	17	100%

N = 17

2 students listed two disorders.

\*Question #12

Table 23

Have You Ever Participated In A Program For Eating Disorders\*

Yes/No	N	Percent
Yes	24	10%
No	<u>224</u>	<u>90%</u>
	248	100%

N = 248

\*Question #13

Table 24

Were The Programs For Eating Disorders Beneficial\*

Yes/No	N	Percent
Yes	21	78%
No	<u>6</u>	<u>22%</u>
	27	100%

N = 27

\*Question #13

Table 25

How Beneficial Were The Programs For Eating Disorders\*

Beneficial	N	Percent
Not Very	2	10%
Some	0	0%
Moderately	8	38%
Very	7	33%
Greatly	<u>4</u>	<u>19%</u>
	21	100%

N = 21

\*Question #13

Table 26

Do You Know Anyone On Campus With An Eating Disorder\*

Yes/No	N	Percent
Yes	97	38%
No	<u>159</u>	<u>62%</u>
	256	100%

N = 256

\*Question #15

Table 27

Do You Know People With ...\*

Eating Disorder	N	Percent
Anorexia Nervosa	36	26%
Bulimia	23	17%
Obesity	71	52%
Other	<u>6</u>	<u>4%</u>
	136	99%

N = 136

\*Question #15

Note: Totals less than 100% are due to rounding.

Table 28

Do You Feel There Are Others On Campus, That You Do Not  
Know, Who Have An Eating Disorder\*

Yes/No	N	Percent
Yes	227	94%
No	9	4%
Unsure	<u>5</u>	<u>2%</u>
	241	100%

N = 241

\*Question #16



Table 29

Out Of 100 Students How Many Do You Feel Have Each Disorder\*

Disorder	N	Range	Mean	Median	Mode
Anorexia Nervosa	197	0 - 100	13	10	10
Bulimia	164	0 - 85	15	10	5,10
Obesity	201	2 - 100	28	25	10

Anorexia Nervosa Out Of 100 Students

Number	N	Number	N	Number	N	Number	N
0	1	6	2	22	1	65	1
1	14	7	2	25	7	75	2
2	27	10	38	30	12	88	1
3	9	12	2	35	1	100	1
4	5	15	13	40	3		
5	27	20	25	50	3		

N = 197

5 additional students listed ranges of 1 - 30 per 100 students.

Bulimia Out Of 100 Students

Number	N	Number	N	Number	N	Number	N
0	2	8	1	25	7	45	1
1	1	10	31	26	1	50	6
2	14	13	1	28	1	70	1
3	11	14	1	30	8	75	1
4	5	15	11	35	3	80	1
5	31	20	21	40	3	85	1

N = 164

6 additional students listed ranges of 1 - 50 per 100 students.

Obesity Out Of 100 Students

Number	N	Number	N	Number	N	Number	N
2	6	15	6	45	7	68	1
3	2	20	31	47	1	70	1
4	2	25	24	49	1	75	4
5	11	26	1	50	18	80	1
7	2	30	14	55	1	85	1
8	2	32	1	56	1	90	1
10	33	35	2	60	3	100	1
12	1	40	17	65	4		

N = 201

5 additional students listed ranges of 10 - 70 per 100 students.

\*Question #16

Table 30

Would You Like To See The University Offer Programs For  
Those Students With Eating Disorders\*

Yes/No	N	Percent
Yes	205	86%
No	25	11%
Unsure/Don't Care	<u>8</u>	<u>3%</u>
	238	100%

N = 238

\*Question #17

Table 31

Are You Aware Of The Resources Now Offered On Campus For  
Students With Eating Disorders\*

Yes/No	N	Percent
Yes	21	8%
No	<u>236</u>	<u>92%</u>
	257	100%

N = 257

\*Question #18

Table 32

If You Had An Eating Disorder Would You Use The Resources Available\*

Yes/No	N	Percent
Yes	165	67%
No	65	26%
Unsure	<u>17</u>	<u>7%</u>
	247	100%

N = 247

\*Question #19

Table 33

Would You Accept Referral\*

Yes/No	N	Percent
Yes	202	83%
No	36	15%
Unsure	<u>6</u>	<u>2%</u>
	244	100%

N = 244

\*Question #20

## APPENDIX A



Dear Student:

I NEED YOUR HELP! I am conducting an Eating Disorders Survey, as part of the research that is required for completion of my Master's thesis at APSU. I need as many responses as possible in order to adequately reflect how women at APSU feel about this topic.

Your participation in this project is completely voluntary. If you decide to complete the survey, your responses will be kept confidential, and your name will not be used. I have numbered each survey. This is only to help me know who has completed and returned the questionnaire. As soon as I have received your survey, and have marked your number off of my list, I will remove the number. Only you will know how you completed your survey. The final results will be recorded as group data.

I know you are very busy, but I would sincerely appreciate a few minutes of your time. Please complete the questionnaire within the next 7 days. When you have finished, fold it so that my name and post office box number appear on the front. Staple the folded survey, and return it to the APSU post office. Thank you for your help. This study may help the professionals at this school to better assist individuals who have eating disorders.

Sincerely,

*Frances Wax*

Frances Wax  
Box 9604

\*\*\*\*\*

If you would like to receive a copy of the results of this survey, please fill out this form, detach it, and mail it separately from the survey to APSU, P.O. Box 9604.

NAME \_\_\_\_\_

APSU Box No. or Address \_\_\_\_\_

\_\_\_\_\_

## APPENDIX B

# EATING DISORDERS SURVEY

Directions: Complete this questionnaire as completely and honestly as possible. Fill in the blanks where appropriate. If you need more room than what is given to answer a question, use the back of one of the question sheets. Put a check in the appropriate space for each Yes or No answer, and in the space where the question indicates a check is needed. Circle the appropriate answer when the question requests that you do so.

1. University Classification: (check one response)  
 Freshman \_\_\_\_\_ Sophomore \_\_\_\_\_ Junior \_\_\_\_\_ Senior \_\_\_\_\_

2. Housing: I live...  
     a. with my parents \_\_\_\_\_  
        with my husband \_\_\_\_\_  
        with my friends \_\_\_\_\_  
        alone \_\_\_\_\_  
     b. on campus \_\_\_\_\_  
        off campus \_\_\_\_\_

3. Marital Status: (check one response)  
 Single \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_

4. Birthdate: Month \_\_\_\_\_, Year \_\_\_\_\_

5. Height: \_\_\_\_\_ feet: \_\_\_\_\_ inches

6. Weight: \_\_\_\_\_ pounds

7. If you could weigh exactly what you want to weigh, what would you weigh?  
 \_\_\_\_\_ pounds

8. Do you worry about your weight? Yes \_\_\_\_\_ No \_\_\_\_\_

If you answered "Yes," how often do you worry? (check one response)  
 \_\_\_\_\_ more than once a day                      \_\_\_\_\_ once every two weeks  
 \_\_\_\_\_ once a day                                      \_\_\_\_\_ once a month  
 \_\_\_\_\_ once a week                                      \_\_\_\_\_ never

9. From the time you were 13 years old up to the present time have you ever considered yourself to be Underweight? Yes \_\_\_\_\_ No \_\_\_\_\_

If you answered "Yes," how much did you weigh? \_\_\_\_\_ pounds

How much underweight was this? \_\_\_\_\_ pounds

Were there specific reasons why you were underweight?  
 Yes \_\_\_\_\_ No \_\_\_\_\_

If you answered "Yes," what were the reasons? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

From the time you were 13 years old up to the present time has anyone ever told you that you were underweight?

Yes \_\_\_\_ No \_\_\_\_

If you answered "Yes," who told you and why? \_\_\_\_\_

10. From the time you were 13 years old up to the present time have you ever considered yourself to be Overweight? Yes \_\_\_\_ No \_\_\_\_

If you answered "Yes," how much did you weigh? \_\_\_\_ pounds

How much overweight was this? \_\_\_\_ pounds

Were there specific reasons why you were overweight? Yes \_\_\_\_ No \_\_\_\_

If you answered "Yes," what were the reasons? \_\_\_\_\_

From the time you were 13 years old up to the present time has anyone told you that you were overweight? Yes \_\_\_\_ No \_\_\_\_

If you answered "Yes," who told you and why? \_\_\_\_\_

11. Have you ever tried to lose weight? Yes \_\_\_\_ No \_\_\_\_

If you answered "Yes," what method or methods have you tried? \_\_\_\_\_

12. Have you ever been diagnosed as having an eating disorder? Yes \_\_\_\_ No \_\_\_\_

If you answered "Yes," was it... (check all that apply)

Anorexia Nervosa \_\_\_\_ Bulimia \_\_\_\_ Obesity \_\_\_\_ Other \_\_\_\_

How long was each disorder present? \_\_\_\_\_

13. Have you ever participated in any type of program for an eating disorder (weight management, support group, individual counseling, hospitalization, etc.)? Yes \_\_\_\_ No \_\_\_\_

If you answered "Yes," what program or programs have you tried? \_\_\_\_\_

How long were you in each program? \_\_\_\_\_

Were the programs beneficial to you? Yes \_\_\_\_ No \_\_\_\_

If you answered "Yes," how beneficial were they? (circle one response)  
 not very      some      moderately      very      greatly

If you have tried more than one program which one was the most beneficial to you? \_\_\_\_\_

What did you like about each program? \_\_\_\_\_

What did you dislike about each program? \_\_\_\_\_

14. If you have or have had an eating disorder what have you done personally that has been the most beneficial to you? \_\_\_\_\_

What do you feel you could do, that you have not done, that would be beneficial to you? \_\_\_\_\_

15. Do you know anyone on campus who has an eating disorder? Yes \_\_\_\_ No \_\_\_\_

If you answered "Yes," do you know people with...? (check as many as apply) Anorexia Nervosa \_\_\_\_ Bulimia \_\_\_\_ Obesity \_\_\_\_ Other \_\_\_\_

16. Do you feel that there are other students on this campus, that you don't know, who have an eating disorder? Yes \_\_\_\_ No \_\_\_\_

If you answered "Yes," in an average group of 100 female APSU students, how many do you think would be described by other as...

Anorexic \_\_\_\_\_ (number out of 100)

Bulimic \_\_\_\_\_ (number out of 100)

Obese \_\_\_\_\_ (number out of 100)

17. Would you like to see the university offer programs for such eating disorders? Yes \_\_\_\_ No \_\_\_\_

If you answered "Yes," what programs would you like to see offered? \_\_\_\_\_

18. Are you aware of the resources now available on campus, through the Counseling and Testing Center, for eating disorders? Yes \_\_\_\_ No \_\_\_\_

19. If you had an eating disorder do you feel you would use the resources available on campus? Yes \_\_\_\_ No \_\_\_\_

20. If you had an eating disorder do you feel you would accept referral from



the Counseling and Testing Center to another treatment center?

Yes \_\_\_\_\_ No \_\_\_\_\_

1. Do you have any further comments you would like to make concerning this survey or the subject of eating disorders? \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

\*When you have completed the survey, fold it so that my name and box number appear on the front. Staple the survey and return it to the APSU post office.

APPENDIX C

May 23, 1988

Dear Student,

I know you are very busy at this time in the quarter, but I STILL NEED YOUR HELP. A little over a week ago I sent you an Eating Disorders Survey. The number on your survey indicates that I have not received your copy back. If you still have your survey, please take a few minutes and fill it out, it would help me a great deal, and could possibly benefit other students of this university.

Thank you,

Frances Wax

APPENDIX D

COMMENTS MADE BY RESPONDENTS TO THE SURVEY QUESTIONSResponses to question 9, reasons why you were underweight.

Sickness. (2)

Anemic.

Dehydration.

Very active - ballet dancer.

Pneumonia.

Anorexia. (2)

My husband died and it took about a year to adjust.

It was "young love" worrying about the sexual pressures being put on me at age 16.

Illness both times.

High metabolism rate.

Stress and I was sick.

My dad & exboyfriend both told me I was FAT. I became obsessed and wouldn't ever eat.

Poor eating habits.

I had gone on a cleansing diet to cleanse my body from processed foods. It was not to lose weight.

Didn't eat enough for as active as I was, I'm very active.

Cocaine.

I realize now that it was just my body structure, mainly heredity - plus when I was a young teenager, the "popular girls" were not really thin - this was late 50's early 60's they were curvy & had rather chunky legs so my perception was that I was too skinny & hated it. It would be great now if I were a teenager.

I was hypoglycemic and was taken completely off of sugar - all at once.

Post-surgical trauma and stress related.



Not taking my pills to increase appetite.

Stress, family problems, etc.

Problems at home, lots of stress, couldn't keep food down - had no desire to eat.

Stress: Picky about eating; "picked on" at dinner table; frequent upset stomachs and vomiting (unable to tolerate foods which weren't bland) preparing and eating food too big a chore - I would often go several days (2 - 3) before realizing I hadn't eaten more than a slice of toast or a banana.

First time I had to cook every meal for myself. Usually for one person and didn't want to go to great effort.

Stress caused me to develop poor eating habits; occasionally lack of appetite altogether.

Not enough right foods, low income.

Hyperactive, very active, in sports, etc. Ate like a horse though.

I was under stress at home trying to pay a lot of bills and a guy I really liked left me at the same time. I was depressed and under stress.

Boyfriend, family & other pressures.

Surgeries every 4 months plus a divorce.

High metabolism & health problems.

I was having a problem keeping food down. The doctor said it was probably nerves.

Extremely active, young.

Responses to question 9, who told you, you were underweight and why

Family.

Friends. (2)

Parents, illness.

Friends because I'm tall

Friends because I was thinner than they were.

Father-in-law, I don't really know. I had recently lost 5 pounds.

Friends, because I've been considered very skinny.

Friends, probably because I was thinner than they were.

Every body.

Family - I "looked" it.

Mom - 78 pounds then took me to hospital.

People at school.

Friends - I have always been fairly small.

Family - too skinny.

Mother, don't know.

Grandmother - ?

My father to tease and my grandmother.

Sister; she was overweight.

My mother because she wasn't home when I ate so she didn't think I was eating.

I had had strep - throat and was very tired and run down looking.

My doctor, grief.

Family or friends that don't see me often and I had lost weight since they last saw me.

School nurse - usual physical.

Family & friends - they told me how "Bad" I looked - but I had been sick.

Friends because I looked skinny.

Friends - after slight loss of weight ( 5 - 10 lbs.) after illness - said I looked better heavier.

My physician - no apparent reason.

My friends & parents I was told this because it was true and I'm still about 11 lbs. underweight because I have a small frame.

Family members and classmates.

My mother and Dr.

Friends - I was skinny & small boned.

Dr.

Relatives - I was underweight comparing to others at that time.

Relatives and friends. They thought I lost too much weight too quickly.

Mother, boyfriend.

Friends & family - because I lost 20 or more pounds at college.

My parents - they told me I didn't eat correctly.

A lot of my friends because they said I was skinny and didn't eat a lot of junk food like they did.

Friends, family, I am and they care, comments heard "you're so thin, wind would blow you away."

My parents, they feel I'm skinny enough and should not worry about my weight.

At 16 my mother, friends, my aunts and my basket ball coach. Why, my cloths just hung on me.

My friends and family would tell me because I would tell them I was fat and they would say that I wasn't.

Roommate my freshman year because she was overweight trying to loose - jealous of me not really having to watch my weight.

Everyone but especially my sister - my sister tells me because she constantly worries about her own weight.

My parents, friends, & relatives. I was very skinny looking to them.

parents, friends. Because I looked pale and was thinner than normal.

Family members majority of family members are overweight.

A few friends told me I would look healthier if I gained a few pounds.

A co-worker when my weight was down to 110 lbs. (1987).

My mother said I looked like I was losing too much weight.

Friends, because I'm so skinny. No matter what I eat I don't gain weight.

My husband, father-in-law, son.

In-laws and sisters & father, mother.

Friends I was having personal problems & lost a lot of weight.

There was a time during my junior year in high school when I lost approx. 30 pounds. Family and friends said I was underweight. I did not and do not feel that I was underweight then.

Family and friends because that was not what society perceived as "perfect" at that given time.

Many people, mainly because I lost weight when I came to school.

My family & friends because of my height.

Family members - because I was so skinny.

A neighbor - said I'd "fill out."

Peers in school.

Parents & friends. Because I use to weigh about 10 lbs. more.

My family members - they say I look too skinny but I disagree they liked my previous weight better & wish I would gain it back.

My mother, because it was my first year in college and she felt like I was not eating adequately.



Boyfriend because my bone structure changed after having my baby, I "felt" and "looked" a little "boney."

Friends and family because I was small for my age but also slim.

Classmates; sisters; teachers; friends.

My physician - lost enough weight to experience uncontrolled bleeding.

Family, friends, 2 boyfriends - too skinny, bony shoulders.

A friend because she is 25 pounds overweight.

Friends & relatives because it was obvious.

People say my arms are skinny.

Family and a few friends. They felt that I looked too thin, although I felt healthier than I had ever felt before.

My grandmother and my husbands best friend. I assume they said I was underweight because they'd never seen me that thin before.

Friend at school (high school) a professional (social worker) (teachers).

Friends, because my bones protruded at my hips and shoulders.

Peers.

Family, friends, strangers because I was.

My doctor because he thought I was too light for my height.

Relatives, particularly my father. He said I was too thin.

Friends because I looked very thins (I guess because of my height).

Friends and doctor.

Everyone - I was underweight.

Parents & friends. I went through a time where I was always depressed & didn't eat much.

Parents and few friends. They were worried I had too many extra curricular activities and I wasn't taking enough time to eat.



Classmates probably because I was smaller than them.

Friends tell me to put some meat on my bones.

A friend. I appeared to be slimmer than usually.

Mother & husband I wasn't eating well. I wasn't taking care of myself.

My family and friends because I am a pear-shaped person and my blouse size went to a size 4, but that was the only time in my life that I had ever been too thin. I was 113 lbs. at 5'7".

Mother, & doctor.

Because I didn't eat & looked sick.

Family & friends; I worked out, running & lifted weight so I looked very thin I weight 97 lbs. at that time.

Parents - felt I wasn't eating properly.

Grandmother - she thinks I don't weigh enough for my height.

Friends & family I was simply too thin.

Brother & family.

My neighbor, I had mononucleosis and had lost a lot of weight.

Uncles, brothers, friends.

Doctor, friends, family.

Parents, friends.

Friends, because I was much thinner, and they thought I did not look well.

Mother - prolonged illness approx. 2½ mos.

Father.

My husband when he met me 20 yrs. ago. I was 21 and I was at 115.

Responses to question 10, reasons why you were overweight.

Eating too much, not exercising enough.

Eat too much.

Move away from home change of eating habits.

Lack of time to exercise.

I eat while I study & have little time for exercise.

Eating excessively & not getting enough exercise (I gained this weight when I came to college).

Eating constantly - for any reason - sadness, boredom, anger, etc.

I ate because I was bored and at the time I was extremely bored.

I just ate too much.

I eat too much and don't exercise. (3)

I like to eat!!! (2)

Ate junk food all the time.

After pregnancies didn't lose extra weight.

Poor eating habits.

2 pregnancies within 2 years.

(Inactive) went back to school after vigorous work schedule spent most of my time studying (sitting).

Ate junk food chocolate.

Drinking & constant snacking.

I ate too much. (2)

I ate (and eat) too much.

I enjoy sweets.

I went to college.

Junk food & pressure.

Adolescence.

Overate, underexercised.

I ate too much and drank too much and didn't exercise.

Since I had my son I haven't lost the extra weight and my metabolism slowed down.

I just ate all the time.

Thyroid imbalance.

Stress, lack of exercise.

Not enough exercise.

My mother would buy fattening foods.

Ate too much & didn't get enough exercise.

The reason I was overweight is because during my teenage year I was very depressed which cause me not to be as active that I should have been.

Have always had a weight problem - learned to count calories and eat a balanced diet when I was about 18 years old - still count calories - when I'm careful with my eating I can keep my weight correct.

I eat too much, I don't exercise enough, I eat fattening foods like ice cream and chips & burgers too much.

I ate too much & had stopped playing tennis.

After the birth of my children - the weight came on in 9 months - and left in 18 months - first time - 9 months - second time.

Eat to compensate for being lonely.

I was very active and began forming body muscles along with the start of the woman's body.

I was depressed my senior yr. so I ate more. I had just moved to Clarksville.

I am a compulsive eater. I have tried millions of diets, but I always gain weight back.

Ate too much mainly - feel hungry more often than 3 meals a day felt I ate because of stress also.

Enjoy food too much.

I eat too many breads and nonsweet junk food.

I was married and did not exercise enough.

Lack of self control.

I consumed too many calories, did too little exercise and did not have enough self esteem to balance the calorie intake/output.

Ate when depressed and worried.

Depression, I gained a lot of weight during fall quarter, my first college experience.

Marijuana, I suppose.

Carelessness & stress & being lazy.

I ate when I was depressed. This just made it worse. After my friends started being asked out, I wasn't because of my weight problem.

Specifically, I just ate more than I should for a desk job - too little exercise.

Many reasons, mostly neither I nor anyone else controlled my eating and I am very inactive when it comes to exercise.

No will-power to diet or exercise.

Stress - family & school.

Eating too much.

I ate too much & didn't have proper diet (during my high school years).

Lack of exercise.

Overeating.

Stress and I love sweets.

Ate too much of the wrong things.

I don't exercise enough & eat the right food.

Boredom.

It was my 1st quarter of college and I was eating a lot of junk food and not exercising as much as I usually did.

I overate, mainly because of boredom.

Built up muscle, when playing basketball.

Not enough exercise and eating too much.

I had always obtained an average weight of 110.

Army Basic Training away from home & pregnancy.

Only that I ate more than I exercised.

Eating too much, too many sweets, no self control, pregnant.

Lack exercise - will power.

Stress from college & ate while studying.

I am a compulsive overeater.

I was depressed & constantly ate.

I stayed depressed and therefore I ate constantly - I was also taking birth control pills and they retained fluid.

Snacking too much, not enough exercise.

Because I am more than 20% overweight for my height.

Not enough physical exercise. Ate foods high in calories and salt.

I was just out of high school & working 2 jobs. I would snack constantly and eat high-sugar, high calorie foods instead of a balanced meal.

I had just had a baby.

Ate a lot of sweets & junk food (grade school).

Tension, depression.

Bad eating habits over exercise.

Pregnancy.

Not eating the proper foods.

I stopped exercising 3 X wk., but kept eating three meals a day.

Overeat no exercise eat when worried eat from nervousness.



I gained 50 pounds in my 2nd. pregnancy by eating frequent meals (to control "morning" sickness) and never exercising. I only lost 18 lbs. w/ the birth. The weight stayed w/me until several months after the child turned 4 when I began losing the weight.

I just love to eat.

Latest episode due to inactivity & depression from back injury - consoled myself with food.

Stress from summer school.

Pregnancy & overeating.

Didn't exercise like I should have and didn't watch food intake.

Quit working out.

Hormone pills after a hysterectomy.

I was always told that it was a "chubby stage" that I was going through by my family. I was hooked on junk food during my teens and sometimes I still am I was diagnosed as having acute hypoglycemia at 17, so I try to watch my sugar intake.

Slow metabolism.

Car accident wasn't able to exercise because back injuries.

I ate all the time when alone.

Being lazy.

Always was lonely with few friends, stay home and ate a snack, usually a sandwich & soft drink.

Depression, boredom problems coping with life.

I was very shy when I was young. I did not spend any time with anyone else because of my weight.

I ate a lot & drank a lot of beer.

Pg the first time on hormone pills now.

Just had a baby.

I love the taste of food. I eat when I'm happy & sad.

Eat too many sweets.



After being pregnant I had trouble losing weight.

I changed my eating habits when I married.

I didn't realize until it was too late.

I eat too many sweets.

I am a compulsive overeater. I eat for comfort.

Responses to question 10, who told you, you were overweight  
and why

A friend, he was concerned with my looks.

My dad and my brother, because I was chunky.

Sister, brother, parent, grandmother. They all wanted to motivate me to lose weight say I would then be so much happier.

Family and strangers - I was fat.

Brothers and father because I was overweight.

Family, because I was overweight.

Brother, sibling rivalry.

My mom, trying to help.

My mother, because I outgrew some of my clothes.

Boyfriend - he was appearance conscious husband - feels I'm too heavy.

My mom. I couldn't wear clothes that I had gotten a few months before.

Boyfriend he noticed I'd put on weight.

Mother she was concerned for my health.

Family, boyfriend gained weight fast in short period of time.

Family members, concern for my health.

Brothers.

My stepmother.

Relatives, for my own good.

My cousin because she's thinner than I am.

Classmates, they were being honest.

Mother; eating inadequate meals; too much junk food.

My husband & myself - can't get into any of my clothes.  
Just keep gaining - age maybe?

Different people who were being truthful with me.

Mother she watched her weight 110, father who is 300, did not want me to be big.

Roommate, I gained weight when I went to college.

My mother especially, but in a loving way because she wants to help me lose weight.

My mother - I was told I had Big Thighs.

Usually just my family or friends.

My mother told me I was overweight. I don't know why.

Lots of people, it's obvious.

Family. (3)

My classmates at school did to make fun of me.

Because I could not wear my clothes I use to.

My ex-boyfriend & dad.

A close male friend and my father. They thought I should tone up some.

Dr. because I also had back problems resulting in surgery for repair of disk.

Mother, husband, friends, relatives, strangers. Some told me because they were concerned, others told me to make fun.

Husband, mother, father, doctor - because I am.

A boyfriend.

My family and they were correct - I was overweight - they were kind and helpful about it.

The doctor during a physical.

Mom, dad, family, friends, boyfriends - because they hoped it would encourage me to try to lose weight.

Doctor, parents.

My oldest sister because she mad at me and call me fatty.

My mother, teacher, friends.

School friends always told me I had a large behind - "Bobble butt," but the rest of my body features were right.

My boyfriend, he feels I should exercise and tighten up my stomach muscles, etc.

Parents, friends, boyfriend.

Relatives, so called friends, people off the street.

Parents friends my legs and rear end are heavy.

Parents, doctor because they were concerned.

Friends, family.

My family my aunt: she said I was gaining weight in my hips.

Mother & father - concerned.

Husband - I gained 25 pounds in 10 years of marriage - he was quite unhappy with it.

My boyfriend. He was right. I see pictures of myself then and I look bloated & unhappy.

A friend or two.

Husband because he always knew me thin.

Parents, friends ex-husband.

Immature guys - I was overweight.

My cheerleading sponsor - I was 13 and weighed approx. 115. I was bigger than the other cheerleaders.

First time I gained up to 126 - I will ill and in bed for about 3 months. I lost it (the excess wt.) by dieting, but have gained it back again. Prior to my illness I had never weighed as much as I do now.

Husband and parents. They said I was just gaining some weight because I was getting bigger than I had been.

Parents, friends, etc.

Doctors, friends & family told me because it's the truth & I needed to lose some weight.

Husband - mother - father concern for health & job.

Friends, relative.

Family, friends because I was fat.

My father.

2 friends they felt it had been about 8 months since the baby was born & I should have already lost more than I did.

Mom, clothes no fit.

My mom - she would tell me if I was getting chunky so I could lose it early without it getting really heavy.

Nurse, need to watch my weight because I was on the pill.

Family and friends, and U.S. Army.

Parents, brother, friends, relatives.

My boyfriend because he like skinny girls.

My doctor because of my small size and frame.

My mother, jealousy.

My step-mother, she just would rather me being skinny.

Relatives - look fat.

Friends & mainly family.

Relatives & acquaintances.

My ex-boyfriend told me I was fat! His reason: he liked skinny women.

My mother (& family) because it was true & my clothes were getting too small & looking bad.

Family because I was & they wanted me to lose weight for health reasons.

Doctor, because I am more than 20% over my weight.

My family & my doctor.

Father & younger brothers said my thighs were fat.

When I weighed 138 lbs. I was large from the waist down.  
Mostly family mentioned it.

Stepmother.

Overweight runs in my family.



My grandmother told me because she is very fashion conscious.  
Parents, husband children.

Husband because he didn't like my appearance or full figure especially after pregnancy.

Boyfriend - ex.

Husband - because I was so much heavier than before and I no longer had a perfectly flat stomach.

Friends cause I love to eat.

Parents, sisters, friends, doctors.

Friends, boyfriend, mother, myself.

Mother, because I was eating too much.

A friend - I looked blowed.

Mother - picking w/me.

Little brother - to get my goat.

I was overweight from the time I was about eleven on up until my teen years were over. My weight did fluctuate from fat at 14, to the time I was twenty.

Stomach and thighs are too big.

My aunt, because I am overweight. She just noticed it.

I was fat, my friends & family.

My coach, because I could be a better player thinner.

Friends - making jokes & being cruel - parents - to help me cut back on food.

My mother tells when she thinks I have gotten to big.

Mom. She noticed that my clothes were no longer fitting me.

Doctor, I'm fat.

Mom, husband, dad because I had gained 20 pds.

Children, husband.

My family mostly because at the time, I was overweight.



The doctor, he said I needed to exercise and get my cholesterol level down.

Mostly my mother because she knew I would regret being overweight.

Uncle - because I was heavier than I had ever been.

Everyone - some claimed it was for my own good. I think mostly because people enjoy having something they can put others down with to cover up their own inadequacies.

Not necessarily overweight but I've been told I need to lose some inches around my stomach area - my mother told me.

My husband, because I'm not as skinny as when we were married.

My husband and some friends.

Responses to question 11, methods used to lose weight.

All kinds of methods.

Drink diet soft drinks and cut down on sweets and fried foods.

Less food/more exercise.

Diet and exercise. (9)

Various diets, including Dr. supervised clinic.

Rotation diet, cutting calories, exercising, everything.

Lots of exercise and eating less.

Stop eating as much, cut back on snacks and sweets.

Exercising & cutting back on certain foods.

Stop eating, Weight Watchers, Nutre System, various other diets.

Just ate 1 meal a day.

Weight Watchers, Diet Center, various diets.

Skipping meals, cutting down on snacks, exercising.

Cutting down on eating exercise.

Not to seriously.

Exercise and cutting out snacks.

Exercise. (3)

Health club, diet pills, eating less.

Cut out junk food entirely.

Crash dieting, diet pills, diuretics, etc.

I still ate regular meals. I just cut out i-between-meal snacks and cut back the amount I ate during mealtime.

Cutting back on amounts of food eaten.

Dieting - not enough but drinking lots of water and taking a multivitamin.

Not eating & exercise & if I ate, then I ate very little.

Nutri System, Weight Watchers.

Just cut back on snacks, in between meals and sweets.

Change diet to healthy food - no caffeine, no salt, very little red meat.

Eating one salad a day.

Exercise, fasting, laxatives.

Not eating sugar foods.

Cutting some bad eating habits - sweets, breads, etc.

Diets. (3)

Diet cokes, eat more fresh vegs. & fruit.

Exercise and decrease calories intake.

Cutting back on the portion I eat and not eating desserts, exercising more.

Fasting.

Eating smaller portions during meals and weight lifting.

Dieting - skipping meals - exercising.

Weight Watchers & fad diets.

Dieting exercise, starvation, throwing up what I ate.

Not eating.

(Diet)

Aerobics, Weight Watchers, figure salon & about every diet invented except for drugs to lose weight.

Diets, exercise, diet pills.

I gained 7½ pounds after taking oral contraceptives and felt bad of myself so I stopped eating so much junk food to diet and I lost 4 of the excess pounds.

Exercise, cut down on sweets.

Bulimia, starvation, exercise.

Exercising & skipping meals.

starvation, dieting, exercise.

I tried the rotation diet 1 time.

Dieting.

I eat well balanced meals, quit drinking, cut out sweets and began exercising about 4 times a week, this began about 2 yrs. ago.

Eat fresh fruits and vegetables instead of cookies, etc. start a regular exercise program.

The fruit diets.

Rotation diets, cutting out snacks and sweets.

One meal a day; diet pills.

Exercise and walking along with minor diets. I've also tried the rotation diet.

Dieting, fasting.

Diets, slim fast drinks, etc.

Not eating breakfast, figurines or nothing for lunch and eat supper @ 4:30.

Cut back on eating, stopped eating sweets, & exercise more.

Cut back on the amount of food I eat.

Diets, simply cutting back on portions, diet pills, water pills.

I have counted calories and eaten sensibly sine I was 18 - except for one period I have maintained a good weight.

Nothing drastic, usually just cutting down on eating late night snacks.

Exercise' - only.

If I started gaining a few pounds more than I wanted I would cut down on snacks & do aerobics or exercise.

Just about all of them.

Diet pills, diets, and cutting down on what I ate.

1 meal a day; walking 3 miles daily; calorie counting, most all.

Exercise, diet, pills.

Diet pills exercise.

Rotation diet & Weight Watchers.

Exercise regularly, no between-meal eating.

Diet, eating throwing up food, exercising to obsessiveness, laxatives.

Weight Watchers (the best way), crash diets, bulimia, anorexia.

Exercise, dieting by keeping off sweets, etc.

Starving, Weight Watchers, various diets, exercise, ect. ect. teeth wired.

Not eating lead to bulimia.

Dieting, exercising, not eating, plus many more.

Cutting down (way down) on what I eat.

Aerobics, eating the same food but less.

Good diet exercise.

Eat health food cut out sweets & fats.

I did not eat as much food.

Cut back on how much I ate and started to exercise regularly.

Cutting back on what I eat and jogging at the same time.  
Weight Watchers.

Eat less and better food.

All of them diets, Diet Center, Nutra-Systems, Weight Watchers, hypnosis etc.

Weight Watchers, calorie counting, fasting.

1.) Dieting by eating smaller portions 2.) By counting calories 3.) Eating one meal a day.

Reduced calorie intake/ exercise running.

Diet, no work.

Cutting down on food intake.



Eat less & exercise/ fruit & wheat thins diet.

If I convince myself I'm not hungry I won't eat for a few days.

Cut back on servings.

No carbohydrates, Herbalife, Nutri System, 1 meal a day other 7-day chemical diets - eat exactly the portion of a particular food to get the right chemical breakdown.

Diets (many) exercise (walking) fasting, praying.

Slim-fast breakfast drink, exercise.

Not eating much, exercise, dietpills.

Not eating. Skipping meals.

Pills, exercise, running, self-induced vomiting.

Count calories, exercise.

Eating 700 calories & running every day; eating healthy - cut out almost all fat and most sugar & increase exercise.

Exercise & watch what I eat. I tried diet pills one day, but I didn't like the way it made me feel.

I went to Diet Center at age 17 and lost 40 pounds.

I have seriously tried only once & I ate only salads at lunch and usually ran 2 miles/day.

Just cutting back on intake.

My own method.

1.) dieting 2.) just cutting back and exercising.

Pills, diets, you name it.

Weight Watchers, appetite suppressants, counting calories.

Fasting, Dr. prescribed dieting, overcounter diet pills.

Diet foods & programs.

Just cut back on amount.

Most fad diets, exercise clubs, diet pills under Dr. supervision.



Eating less sweets and less greasy foods and exercising a lot.

No eating so many sweets.

Diets usually by eliminating one food at a time.

Fasting, exercise, and lower intake of food. Also, eating on vegetables.

stop eating so much - at one meal - stop in between meal snacks.

Mainly reducing my intake of food and exercising.

Rotation diet.

Walking & proper diet; fad diet & exercise.

Concentration.

Stop eating, over-the-counter diet pills, various published diets.

Cut back on eating, substitute low cal foods & drinks, exercise diet pills.

Eating less amounts of food & healthier food & exercising more.

Eating less no specific program.

Cutting down on food & diet pills but had to stop because of heart problems.

Slim fast, "starvation diets."

Not eating as much, more exercise.

TOPS, Weight Watchers.

Exercise, cutting out sugar.

Cutting back on amt. & kinds of food I ate; I took fiber-trim for  $1\frac{1}{2}$  - 2 wks. one time 2 yrs. ago.

Cut back on food, exercise.

Cut down on intake of food and lost to desired weight; later gained it back.

Dieting, amphetamines, water pills, shots, TOPS, OA, Weight Watchers.

Weight Watchers & various other diet plans.

Exercise programs and cutting back on food. I lost 20 lbs. once but, I quickly gained 10 of them back.

Weight Catchers - fasting - diet pills, will power.

Cutting out sugar and eating fresh vegetables.

1.) Limit myself to 600-800 calories a day 2.) Diet pills and don't eat.

Dieting (the Diet Center) and fasting (not terribly).

Working out at a spa & keeping calories under 800 per day.

Exercise & watch what I eat.

Everything.

Weight Watchers, Exercise.

Exercise, cut back on eating.

All types of diets.

Diets, exercise, diet pills.

Excessive exercise (4 hours per day). Also, eating half as much as I used to.

Crash diets, regular diets by cutting down on food.

Diet pills, X-112, Herbal Life, exercise.

Very low cal. 3/meal day diet, each day not exceeding 1000-1500 cal. intake.

Rotation, carbohydrate counting, calorie counting, not eating, grapefruit diet.

Exercise & eating right to cut down size.

Eating less & more exercise.

Weight Watchers, Diet Center, own diet.

Rotation diet and simply decreasing caloric intake and exercise.

Starvation carbo. diet powder & vitamin pills.

I cut back on cakes, cookies, candy bars etc. and concentrated on fresh fruit & vegies (not a drastic change for me - I have a healthy diet (low meat) but a weakness for sweets). I also walked to and from work (2 mi. total) five days a week at a moderate pace, it worked.

Regular dieting; Weight Watchers; gastrointestinal by pass.

Just cutting back.

Exercise program, diet.

Usually lose appetite; stop eating.

Exercise & calorie intake reduced.

Stopped a lot of my snacking, especially M&M's, but not ever a diet.

Not eating.

Exercising - eating less junk.

Cutting down on eating habits; stop eating snacks.

Weight Watchers. (2)

The 3-day diet, as well as just leaving off breads & sweets & thru exercise.

Increase exercise & decrease eating.

I would eat yogurt and fruit as a teen. When the doctor put me on a high protein, low carbohydrate diet at 17, I lost 20 lbs. rapidly I now try to follow a very well-balanced diet with all the foods groups.

Eating less exercise.

Exercise: Fitness centers: arobics; starv myself. diet pills overcounter.

Mostly fad diets but lately cutting out most desserts & all between meal snacks.

Starvation, Nutri System, counting calories, Rotation diet, Miami Heart Met. Diet.

Diet, starvation, making myself vomit.

Slim fast.

Just about everything, even 1000 calories a day from a doctor.

Walking, weightlifting, exercise, reducing calorie intake.

To eat better food more healthy food and exercise.

Low calorie diets, crash diets, I drank this diet twice a day & ate one meal. It proved to work the best.

Natural with water.

Cut back on sweets, drink diet cokes, water.

Eating less and exercise.

Eating a lot of healthy foods like vegetables & fruits, & trying to be more active.

Just cut down on my eating habits.

Fad diets, membership to a spa, calorie counting many many times.

Diets, exercise plans, etc.

Diet to avoid sweets & eat good nutritious meals.

Adhering to 1200 calories a day as closely as possible along with more exercise.

Watch what (and how much) I eat and exercise.

Stop eating.

I tried a diet plan, but it didn't work.

Exercising, cutting down on amt. of food eaten, and diet pills.

Planned diets.

Diet pills, starvation, work & school.

Weight Watchers, doctors, quick "fast foods."

Skipping meals, - stop eating junk food.

Every diet until I discovered Overeaters Anonymous.

Cut out sweets.

Responses to question 12, how long was each disorder present.

Anorexia Nervosa

1 year. (2)

5 years.

Bulimia

2 Years.

From age 22-25.

5 years, I was never diagnosed.

2 years, no one knew so I wasn't diagnosed.

People thought I continued not eating for 2 years.

Obesity

I gradually have lost about 30 lbs. from 165 at 17. I had one throughout my teenage years. I also ate too much junk food as a child.

Since age 12 have been from slight obese to gross obesity.

Still present.

Ever since I was young.

For years now.

I don't consider obesity an eating disorder as such.

1981 - present.

Obesity from age 22 - present.

5 years.

Has not been cured.

Other

Couple of years.



Responses to question 13, programs respondents participated in for eating disorder.

Support group, individual counseling, hospitalization. (2)  
WW, OA, counseling.

OA 1 year - to support my ex-husbands OA disorders.

A friend & I were support persons for each other. We exercised 3 x wk. and planned meals based on the rotation diet. This was not done through a group or agency.

Hospitalized when I was 16.

O.A. & treatment - Madison Hospital.

Weight gain.

Individual counseling.

I am following a high-protein, low-carbohydrate diet. I've found this diet to be effective in losing weight gradually and keeping it off.

The Diet Center. (2)

TOPS, Weight Watchers.

Weight Watchers, TOPS, OA.

Counseling, support group & weight management.

Weight Watchers. (4)

Weight Watchers, I spent 9 months in therapy, but it wasn't just for my eating.

All of them.

Nutri System has counseling and behavior education.

Overeaters Anonymous.

TOPS, health club.

Pediatrician's programs with support meetings & keeping food diaries.

Hospitalization for GI bypass - currently bypass still operational.

How long were you in each program.

Several months in each.

2 wks. - didn't work.

Sup. gr. 1 year, coun. 3 years, hosp. 14 days.

Hosp. 6 wks.

1 year OA.

1 year (indiv. coun.).

1 mon. approx (sup. gr., ind. co., hosp.).

6 mon.

6 mon. on the average. I've gone to WW twice.

Weeks to months.

With diet prog. until I lost the weight - unfortunately it did not last. With OA 1 year. I am still in it because they look at the causes not at the symptoms.

1-5 years.

W.W. - 6 wks. (1984), TOPS - 6 yrs. (1975-1980), O.A. - 2 yrs. (1986-present).

Weight Watchers group meetings 6 to 8 mon.

About 6 mon.

2 yrs.

3 mon.

Diet Center - about 5 mon.

I'am not sure because I don't remember.

TOPS 1½ yrs., W.W. 2 mon.

3 times: 1st. - ¾ yr., 2nd. - 6mon., 3rd. - presently since 5/1.

3 mon. I went to about 4 weekly meetings of OA at Memorial Hospital and never returned because I didn't think they really accepted me into the group because I wasn't fat enough.

If you participated in more than one program which one was the most beneficial.

Individual therapy. (2)

I didn't like any.

O.A. (3)

TOPS

Weight Watchers. (4)

Both were good.

Diet Center.

One that included exercise & diet modalities.

The Bypass for weight loss but need a support group.

What did you like about the program.

Support.

Support group: It was nice to know that there were other people out there with the same problem, Ind. coun. I was able to discuss my frustrations and problems openly instead of using food.

Support information learned to cut out trigger foods -- for me sugar & wheat.

Nothing.

The way some problems made so much sense and were so typical. The support groups showed how people of all degrees had the same feelings & anxieties.

WW taught me how to eat, (good eating habits - I just never made it stick for very long).

They didn't treat you like you are lazy, apathetic, etc. - and helped you with solutions to your problem.

TOPS had people to help support me, the health club made me work for it.

In Diet Center you ate your own foods, you didn't have to buy them there. I had to weigh each day in front of a counselor. this made me strive to lose the weight.

Meetings with people in the same situation.

Group support, food plan.

OA is presently responsible for changing my life. I am learning about myself, and the reasons why I have eaten compulsively for years. When I am better mentally I should have no further reason to overeat.

I actually lost weight.

Because it is a food plan rather than a diet - I also like the discipline of being weighed every week.

Losing weight.

I liked knowing that someone else was concerned about their health and improving it through exercise & diet.

Weight Watchers meetings helped plus the fact that you had to step on those scales in front of someone and you didn't want to fail.

Food balance.

Lost weight.

Because it confronts the causes not the consequences, because it takes the emotional aspect not only the physical.



What did you dislike about the program.

Support groups - it dealt with anorexics also and seeing them skinny was hard for me to accept.

I had to cut out my favorite foods.

Having to keep track of every single thing I ate.

The hospitalization was more like a prison. The individual therapy had me feeling like a convict since I was alone; the support was uncomfortable at times because everyone is so self conscious.

The expense.

Measuring amount to eat, eating only so much of a specific food.

Too expensive.

TOPS some the people were just members that wanted some social group, didn't try to lose any of they're weight. Health club was or is hard on my knees.

That it took so long, but I realize it was healthier and safer method to loose weight.

Keeping food diaries.

Hard to pay took time to plan & attend.

Cost - (Weight Watchers).

WW is simply a diet & all diets eventually cease - at least in my case. TOPS is a scale & one can weigh anywhere. W/o growth mentally, old eating habits continue forever.

Don't lose fast enough.

When I finished I eventually gained all the weight back & more, (I weighed 160 after I got off the diet & started eating "normally" again).

Not being able to stay on, feeling unsuccessful when I failed to follow programs.

That it didn't "take" I didn't learn to readjust my eating habits permanently.

Attitudes towards other's in the household - Ex: childrens eating situations stayed hungry! I'll never like anything that limits my selections no matter what.

The focus is on food which keeps me in the problem not the solution.

What have you done personally that has been beneficial.

Kept busy, got involved with physical activities.

I don't see my body the way it really looks.

Nothing.

Exercise a lot.

More exercise this makes me less hungry.

Nothing yet - well just recently I talked with a friend he advised counseling.

Eat a whole lot less and exercise more.

I just try to watch eating too many sweets & junk. I like vegetables & meats, so I try to eat well. I just watch amounts too.

Nothing, I just eat when I'm really hungry.

Stopped throwing up but only after losing 20 lbs.

I've tried to keep a positive attitude and picture myself at an ideal weight and size.

I believe in counting calories and eating correctly.

Going on the Rotation Diet made me both look & feel a lot better because I was eating good for me food & exercising.

Cut down on what I ate.

Exercised!

Exercise.

I have stopped!! It took 5 years to do so, but I got scared after my heart began to feel like it was enlarged. I really did stop the vomiting part, but I'm more anorexic again, but fully aware.

Exercise and when I was in therapy I learned a lot of things about myself that have helped me deal with my weight.

Sometimes I binge a little then try to lose it again (app. 5 lbs.) my weight varies. I feel better when I do not stuff myself, and stay off snacks.

Exercise - a small amount. Eat 3 meals and a mid morning snack.

I decided I wanted to be healthy looking & feeling again!  
I started eating again.

I try to eat the right foods and not a lot of junk food.  
I exercise a little.

By changing my eating habits - I eat 5 meals a day to maintain my weight.

Exercise & low calorie diet.

Prayed & tried to cut pastries, pastas, etc. tried a regiment of consistent exercise.

Do not have an eating disorder.

Telling myself that there is a problem and facing up to the fact that I eat just too much, but I'm still overweight.

Regular exercise.

Lose the weight.

Stay away from my apartment at times of stress especially when studying for an exam. I generally go to the library or somewhere food isn't allowed.

Recognized it.

Feel good about self.

Developed a more positive attitude.

Prayed and asked God to help me win the battle and he did since 1986 I've maintained a good weight also, I drink only purified water & skim milk, no sodas.

Get involved w/ activities & keep busy.

Nothing, I want to get help, but too embarrassed.

When I wasn't getting enough "bulk" in my diet, I tried to eat more bran & fiber food.

Exercised, cut back on fats & sweets.

Was under physician's care including medication post-surgically, also attempted to alter stress level (s) to let body recover.

Accepted it and worked to live with it.

Followed the OA program. I was a very slow starter in the program but in the past couple of months have seen great growth. I cannot recommend it too highly.

With the Bulimia - Weight Watchers seemed to help me break that pattern it provided the structure that I need.

Tried to increase exercise, learn better eating habits.

Trusted more in my God and am learning patience.

Walked and Rotation Diet.

Watched and recorded what I ate.

Gotten away from husband started telling self I'm a good person learned to like me just as I am and exercise self control eat when I'm hungry.

I've learned to exercise in a way that I enjoy like walking etc. to keep from eating starchy or sugary desserts has been the best thing I could do for myself. I feel a lot better when I eat regular food and leave off dessert.

I realized it! Acknowledged it & beg. to eat proportionately. Sometimes I have set backs but a lot of that is due to stress. It's a very fine line there that you have to find to balance yourself.

Realized the problem effective changed it - trusted in the lord.

Exercise.

Taken slim fast for 2 meals and eaten one good meal. I have also ran, worked out, and done some kind of exercise.

Nothing.

Lose the weight.

I have learned to like & care about myself the way I am. Then someone came into my life to reenforces my good feelings about myself. Now I am loosing weight. It's a slow process, but it feels good & right.

Go to meetings, call other OA members, read the AA book.



What could you do that would be beneficial.

Decide for myself what I no everybody else want for myself.

Exercise more - I am out of shape?

Get counseling.

Eat balance meals (3 time per day).

Stay consistent with exercise and dieting. Spring and summer always helps me when trying to lose weight.

I feel I'm doing OK with calorie counting.

Exercise more, drink more water, eat "skinnier" food.

Tried OA earlier.

Try to find out why I eat when I know that I shouldn't.

Seek professional help now and keep going regularly. I would keep breaking appointments and lying so it was never beneficial.

I am aware of my compulsion, but I don't know how to stop it.

Stay off sweets and snacks.

Get a job so I can buy the different types of food I need.

Graduate from school so when I feel nervous or hungry I can go out of the house for a walk or go to bed early.

Eat at the same time every day and no between meal snacks.

Exercise more to build up my muscles.

Eliminate sweets.

Count calories.

Eat more raw food, less processed food, no fried foods, less caloric intake and learn to like myself.

Stop eating fried foods.

Exercise.

Schedule time better.



Use more self control.

See a professional counselor.

Have the willpower to stay on a weight program.

Eat more fiber.

Be consistant.

Exercise regularly, eat balanced meals.

Started OA 20 years ago.

Cut down on food intake.

Successfully complete a program and lost my desired weight.

What I am doing now - the Bible diet - you eat for strength.

Exercise more but I ride 4 hrs. a day to & from class and study at home.

Stop buying food.

Get a divorce.

Eat healthier foods & exercise.

Start a sensible & possible program and stick to it.

Unknown.

I feel I have damaged my diet by taking the meal plan at school because I was 125 lbs. at the beginning of this school year. I am now 140 lbs. I've heard many, many students tell me the same thing. Everyone gains weight with the meal plan.

Stay away from sweets.

To see a doctor or counselor.

Lose weight.

Exercise more.

Use all the tools OA suggests: sponsorship, literature helpful one \*anonymity service more meetings and abastinence (the most important) \*super confidentiality.

Responses to question 17, programs students would like to see the university offer.

Counseling by trained people in Counseling & Testing Center.

Weight control and management for overweight individuals.

Weight Watchers. (3)

I think a program that is specifically for bulimics or one for anorexics would be fantastic.

Counseling & support groups. (3)

Support groups for those who do need help w/ their eating disorder.

Counseling sessions: weight control programs.

How to deal with friends (or even acquaintances) that have eating disorders in order to help them.

Programs for all three listed.

Counseling and brochures.

Counseling and other treatment.

Support group. (2)

Counseling. (2)

Better exercise programs with skilled instruction.

As many as possible - especially for anorexic.

Programs for obesity, such as weight-loss.

Awareness programs to let students know about the problems and warning signs to room-mates.

Bulimics.

Counseling, information programs.

"Your Body & Why It Is Not What You Want."

Group programs to talk to each other.

Counseling groups, hotline.

All of these disorders should.

Weight control.

Weight Watchers program, programs to help people who have eating disorders.

Support groups for the disorders.

Weight management, individual counseling.

Informational (about symptoms, etc.) counseling, programs to help alleviate the problem.

Dietician who we can consult with to find our ideal weight and how to safely get there.

Weight control, eating habits.

A safe healthy diet.

The healthy, right kind of dieting class.

O.A. & nutrition counseling.

More willness and health - what to eat, how to exercise.

Counseling, aerobic and walking offered, diet food planning, etc.

Support groups, diet plan.

Information sessions.

Informational programs. (2)

Programs for all three eating disorders.

Obesity. (2)

All of the three mentioned above --.

Knowing how to eat for you (hour body type).

Weight loss programs and programs that help anorexia people.

Any help to motivate & give person self confidence.

Counseling & working with the individuals. Offering healthy well balanced meal plates instead of the GRILLE's food!

Offer more exercise programs & more & better dietary food & a weight loss program.

Counseling programs to help these people with eating disorders.

A support group with education on good health meals that you can be healthy with and not gain weight.

Seminars offered to identify and offer help for people with eating disorders.

Support groups on campus.

Programs for all of the disorders listed above would be beneficial to many people on campus.

Support groups for overweight persons and exercise or nutrition classes for the public.

Referral to good programs, perhaps times to meet together if desired.

Perhaps a program in the psychology department for students and members of the community. Why people overeat. Help retrain a person's mind about eating.

I would like to see a program that teach people the correct way that would cause these problems.

A support group definitely or at least a program to offer information and places to go for help.

Exercise & weight control. A nutrition program could be helpful.

Group counseling sessions with exercise programs included.

Esp. programs for bulimics because I think that's the route most college girls would take.

Programs that would tell me if I had an eating disorder in the first place.

Obesity would be easiest program because it is a more noticeable problem; the others should be offered too.

Not sure.

I don't know.

Counseling, diet & exercise control counseling, etc.

Counseling so that student know why they have eating disorders and help them so they can help themselves.

A counseling program to cover all disorders.



Why to diet the right way, why thers disorders come about.  
One for obesity & anorexia.

Exercise program - counseling - because when you have a disorder - there has to be a reason why.

I'm not sure what programs are needed since I would not be using them, but if there was a need for them they should be offered.

Support groups for similar eating disorders and phamplets & other to discribe diseases & things to help overcome them

Nutrition and weight control.

I guess programs discribing disorders & offering help - counseling.

Something to cover eating disorders in general.

Weight reduction.

OA. (2)

Programs to help control these disorders, help people build up their self-esteem.

Anything that would benefit people with a disorder.

A program for obese.

Voluntary counseling.

A weight maintenance program a good counseling.

Perhaps a kind of counseling with individuals or group therapy.

For obesity.

Anything that works.

Weight Watchers program on campus. (2)

Dosen't affect me, but a good idea.

Programs for the already mentioned illnesses.

More aerobic programs - weight lifting for women.

Whatever is effective in such cases.



Counseling & therapy.

Controlled exercising & weight lifting programs.

Possibly just information sent out in the boxes and individual counseling.

All. (2)

Classes on good nutrition & good eating habits.

Weight Watchers type program.

Programs stressing exercise instead of diet as main way to lose weight!

Prayer groups & Bible study's because it really is a spiritual battle that is manifested in eating disorder.

Weight control programs & programs to teach the importance of nutrition.

How to stop bulimia.

Proper day to day eating habits and a program that teaches one exactly how the body works.

Support groups to where we could get together exercise, talk, etc.

Weight management programs, proper diet seminars.

Counseling the individuals who have the problems, group therapy sessions.

I don't have enough knowledge to recommend any particular program, but it may be helpful for some students who have the problem.

Wherever the need is the greatest. I don't really know of a demand for programs but i'm sure that the programs would be beneficial.

Seminars, literature, group sessions, dieticians.

Counseling & exercise programs; also support group.

Behavior mod. counseling.

Something that would make them see how deadly these disorders can be.

Eating a balanced diet - how to do it as a univ. student.

Something like Weight Watchers that would be on campus.

Acceptance & counseling groups. Medical help.

Weight Watchers - exercise programs.

OA group to start younger people on road to health & sanity.

Counseling on bulimia - my roommate has bulimia and I would love to see her getting help - I also have other friends that is bulimic.

For all of them obesity, anorexia, bulimia.

Weight control class - group discussions.

Weight control programs such as Weight Watchers.

I don't really know, it just seems like a worthy cause.

Counseling for specific problems, etc.

Help anorexia, bulimia & obesity.

Just have someone for these who have eating disorders to talk to so that can get help.

Some type of program that stressed health and that its o.k. to be normal instead of the super-thin models in ads & t.v.

Support groups for diets.

Programs on self-esteem, positive self attitude.

Seminars.

"Diet's Don't Work" it's a book that tells how to eat like a naturally thin person.

All three. (3)

Some kind of support group to help with each others problems.

Diets that work, how to control what you eat, etc...

One with counseling & sensible eating programs & exercise starting in moderation.

Support groups: workshops on behavior modification specific to the disorder.

Counseling & testing.

Programs incouraging self control and others addressing personality (moods), lifestyles, self conceptions and other factors that may result in an eating disorder.

Nutrition; self-discipline.

Nutrition - specific foods we should eat & when.

Program to help control eating disorders.

An educational program to all students like one's offened frequently on rape prevention, alcohol awareness etc.

Programs designed for obesity.

Eating right - which is hard to do with the cafeteria food and a college budget.

Counseling, self-help programs.

Eating habits.

Better food in the grill - a support group.

? - programs that show healthy, constructive, self esteem ways of doing it.

As many as possible.

Obesity is a major problem in our community. I would like to see a program offered on campus for weight reduction.

How to eat the right foods. What foods are healthy and which ones aren't. Post a weight scale (an updated one) for males, females, with ht., age, body frame and weight posted.

More nutrition classes & more exercise programs.

Awareness oriented seminars.

Health/exercise programs.

An awareness course for exercising and eating right.

Anything.

Weight management, individual counseling, support groups.

Maybe support groups or just some sessions so people can learn the signs.

Any that would help a student like me lose weight.

Anorexia, bulimic, obesity.

Programs pertaining to obesity, mostly. Most females often worry about being overweight.

Counseling & health management.

Anything that will help!

Counseling, programs to help people lose weight & programs to help anorexia nervosa.

Try anything that could be helpful, such as support groups.

Counseling & medical attention.

Something for obese persons.

Programs on bulimia especially.

What ever is needed to let people know there is help that they can get.

Diet programs, nutrition programs.

I'm not familiar enough with current info. to provide a suggestion.

It would have to be programs that did not concentrate on weight but on self esteem.

Any programs for eating disorders - it is a serious often fatal problem.

Overeaters Anonymous because of its focus on confidentiality and it supported only by people who have been there.

Responses to question 18, are you aware of campus resources.

Yes. (21)

NO. (236)

Counseling dept. needs help itself.

I am aware the couns. & test. ctr. is available to help but unaware of specific eating disorder interventions.

Responses to question 19, would you use campus resources.

Yes. (165)

Depends on severity.

Probably.

If it became a major problem I couldn't control.

No. (65)

Unsure. (17)

Depends on what they offer. My problem is learning how not to use nerves when eating. I sometimes compulsively eat something sweet when I'm nervous.

It's embarrassing. You don't want anyone to know while it happens to you.

Yes & no hard to say - since I live at home not as much as if I live on campus.

Yes & no - my experience with previous counseling has been negative.

I am a part time student & work days - programs would have to be at night & they are usually days.



Responses to question 20, would you accept referral.

Yes. (202)

Yes, if convenient to me.

Yes, but i'm picky with my time. I'd have to see that the center was caring and informative otherwise I wouldn't return to center.

No. (36)

No, why, cost.

Depend on cost.

Unsure. (6)

Probably not. (2)

Depends if I was overweight or underweight. If I was underweight I'd probably feel I didn't need it & if I was overweight I probably would use it.

I wouldn't feel comfortable, myself, talking to someone at school, but I probably would go to someone off campus.

Responses to question 21, comments.

I have done a lot of research on Bulimia and it has been interesting to find out how common it really is. I think that you have picked a wonderful topic to do your thesis on. I feel there are a lot of people on campus who need help, but are afraid to ask or for some, some are even afraid to accept the fact that they have a problem.

People wanting attention will usually participate in counseling programs by their own initiative. People with real disorders hide them. Friends are "perhaps" the only one's that find out about it. Friends are usually the best source to help the person get help. \*Educate those friends.

Self confidence and the believing in oneself no matter what the outward appearance. Positive attitude from oneself and one "peers".

I want to know how this survey turns out.

My father had bulimia. He vomited (self induced) every day of his adult life. He was good looking a sports star - He seemed to have it all. My mother never admitted to his condition. I thought it was okay until I heard of Bulimia. He died of heart failure 4 years ago (probably daily vomiting contributed, but no one ever knew). Even though my father was admired by many, he was a sick & miserable man - AND NO ONE KNEW. I wish I could have helped him. (In addition, he verbally abused me daily - I even tried to commit suicide at age 17).

I think at this stage in life, many personal crises provoke eating disorders any effort made by the university to either reduce or totally annihilate this would be very beneficial to the individuals and the success of the university.

I think it takes psychological therapy to overcome it.

I feel that most of the eating disorders on campus are hidden from most people because no one wants others to know about it. I believe they are common among students (college) but aren't readily obvious.

This was an interesting survey. I feel the university offers health & nutrition classes along with PE courses and aerobic classes. Thanks for the opportunity to help you with your paper. I'd like a copy of the survey.

How one feels about one's weight is often due to family influence it is difficult to shed 18 yrs. of my life. Eating is not the problem, self image is.

I realize I meet the standard of eating disorder because I don't eat 3 balance meals per day. I eat one meal per day whether it's a sandwich or balanced meal. I don't feel that it a problem, and I've been eating this way for about 1 yr.

This is an interesting topic. I would like to be in a program where someone could tell me if I actually am overweight and help me lose weight and tone up! (lots of people can't afford weight programs and counseling!)

I'm a student and also a senior citizen - If you count calories you really can eat anything you want in moderation - I'm a record keeper by nature and profession so this method is easy for me. I have learned we must accept control of our eating.

It's a problem that does need to be given some attention. So many people today are depressed with their life. They should stop and consider that even though their life isn't outstanding, that they are a lot better off than people in poor countries. They should be thankful for what they have & make the best of it. God will take care of them if they are patient.

Education on this topic is important, the majority of american's are overweight.

Fat is fat, and counselling won't make the person stop eating, but telling them the unhealthy consequences will, or they'll keep on being fat.

Very worthwhile & much needed. Good luck.

I understand that those with anorexia meet with Overeater Anonymous and I don't like that I realize that both have eating disorders but if I were anorexic I wouldn't want to attend an overeaters meeting. First, I wouldn't think that that's where I belonged and would have to be referred before I'd go. Second, those who fear that they weigh too much when in fact are underweight probably will not want to belong with those overweight. I believe it would increase the idea that they are overweight.

I would really like some help with this problem. I feel it would help me to increase my self confidence if I could lost 80 pounds or more. I believe the weight may be a crutch to not get out - meet people.

My mother has been diagnosed as having a thyroid condition that makes someone stay underweight. She and I both eat and snack constantly. I'm not worried.



I would truly like to see a group like OA accept someone who has compulsive eating disorders but may only be 20 lbs. overweight. One may be neither bulimic nor anorexic and not even obese to have an eating disorder. I have awful eating habits, often binge and have paid for these 20 lb. for a number of years by developing a very low level of self confidence.

I feel drugs & society or better the media have a lot to do with over & mostly underweight the idea to be perfect. Overweight could be due to the parents or persons taking care of obese person as a child.

I've always wanted to go to some of those different eating disorder center, but I've been to afraid that it would cost too much.

Having an eating disorder can really alter a persons life. If you are obese, a social life is almost impossible to attain. I hope in the future that more people will be aware of the programs of weight problems.

Like drugs & alcohol a person with an eating disorder has to want to get well in order to get well & for a program to work for them.

This is an important subject! Good luck with your results.

I think obesity is the prevalent problem of the 3 listed, but I do not feel that diets are the answer. From what I have observed people go on diets, loose weight, go off the diet & then go right back to their old, bad eating habits. Good eating habits I believe are the answer & ideally should begin when we are young children to begin teaching these habits once a person is 18-20 yrs. old would prove to be difficult. Being surrounded by machines that contain only calorie laden, nutritionless snacks & the greasy foods of the grill just complicate the problem even further.

The reason I would hesitate to use the Counseling and Testing Center would be because I would wonder about the confidentiality of it and being seen entering the center - news travels fast.

I think I have Bulimia, but I don't know what to do or where to go. Sometimes it gets real bad when exam time comes & other times I can go only a week w/out eating & throwing up. I want to know what is causing this!

I would like to see more surveys like this that will help the students on this campus who have problems like this. It shows them that there are people who really care about them and want to help solve their problems.

The basic cause of this is the desire to be loved, accepted, and be fulfilled either a person tries to gain acceptance by being physically thin & perfect according to the worlds standard advertisement etc. which leads to anorexia or bulimia or a person seeks the feeling of fullness because it is fulfilling or satisfying by overeating leading to obesity or bulimia. Bulimia is the result of a person wanting both acceptance and fullness. Only Jesus Christ can give a person both true unconditional love & acceptance and only he can make you a full or fulfilled person. He created us and knows what we need & will provide it if we only turn to him and seek him with all your heart. I hope you don't think I'm trying to be pushy but I feel responsible to let you know what God has done to help me with this and more. Some may think that God and the Bible are old fashioned and that it doesn't have any application or effect on us today but there is a way which seems right to a man (person) but its end is the way of death (Proverbs 14:12) Only by praying and accepting Jesus Christ as your savior and lord can you have genuine victory.

I think students (including myself) get run down faster than the average person because they don't take time out to prepare well - balanced meals. Therefore they contract illnesses faster and can't function as well as their potential would allow them to. It may do students well if there was a all-out campaign on campus for health maintenance, (ie how to prepare a proper diet, exercise, weight management, etc.) I realize that there are services available on campus, but I think a lot of students aren't aware of them; or the ones that need the most help are afraid or hesitate to ask for help. It's hard for students (especially females) to concentrate on their studies when they worry about their weight & appearance. You can't force people to take care of themselves better, but you can show them the benefits if they do. Hopefully your studies can help you and the subjects equally.

People who have them don't want help. They don't see anything wrong with their methods of staying slim. People unfairly associate eating disorders with women but my husband is bulimic & won't listen to my pleas to get help.

I am a new off campus student; therefore I am not familiar with APSU or the student body. I have no eating disorders, but realize it is a growing problem in our society today, and any social service agency or program that will help others is an asset to those that need help.

I think that eating disorders are prevalent on this campus. I eat a lot when I'm upset or nervous.



I am constantly exercising and eating good foods to lose weight. I feel I am overweight but everyone tells me I am thin. However, I learned the hard way that fad diets are not the answer!

I feel that a survey like this and offering counseling on campus would give people w/ eating disorders hope - it would let them know that someone else has a problem also.

How can one eat right with the food that is offered in the cafeteria or grill - it isn't healthy.

I know your thesis is concerned w/numbers you have collected your data. If you are interested in a program that works you should check into OA. I have learned that I suffer from a progressive illness that I can cure but I am not simply a spineless fat pig. We meet Saturday 10 AM, Memorial Hospital, meeting room A.

How can you spot disorders such as anorexia (and the others?) My sister is very obese (5ft. 4, 210-221 lbs.) and my boyfriend is very thin (although thinness does run in his family.) (He is 6 ft. 2, 125-130 lbs.) I doubt he is anorexic because he seems to eat a lot and he eats in front of me and I doubt he is bulimic because one thing he hates most is to regurgitate. But he is very thin (but I don't think he's "scrawny.") But many people have made the comment that he looks anorexic. - My sister on the other hand I do believe has an eating disorder. And she really doesn't seem to care that she does.

I feel there are many people today who have eating disorders. Because teens & young adults seem to be under more stress, they eat incorrectly, causing disorders.

I've also done studies on eating disorders, and to think people with anorexia or bulimia would willingly accept counseling on campus is nieve. - These people do not think they have an eating disorder or if they do, do not willingly accept help.

How does a person diagnosis if they have an eating disorder? I think a weight program would be nice to show people how to control the eating habits.

Its so easy to become bulimic or obese or anorexic. There is so much pressure on compus to fit in and to be accepted.

I think it would be very helpful to those person who are experiencing eating disorder.

I think it's important for women to understand that their bodies can be changed but only to a point. Women need to learn to love themselves and to not rely on other peoples opinions. If a woman loves herself for who she is, that is what she will project to others. And, if some people are still not accepting of her because of her body shape, then she must understand that not everyone has reached maturity and eventually they may understand to accept others for who they are, not what they look like.

Good luck on your results, I know what its like to do surveys (questionnaires) I think that eating disorders is a good topic, to emphasize more.

I think this is a good subject and one that is of importance to the majority of the population. A lot of people have minor eating disorders such as a simple loss of appetite or an occasional overeating during stressful situations and would like to know ways to maintain healthy eating habits; especially those of us wanting to gain weight.

I think it is a good idea to investigate the problem. I'm disappointed with the unhealthy vending machine junk food that is offered here. I'm also disappointed with the grill in the U.C. Center. Food is heavy most of the time and greasy. For America to be on such a health kick, no organizations seem to be updating the quality of the food we eat. The cafeteria is ok most of the time, other times I can't get any good veggies. They serve them but they cook them like my ancestors did back in the farm days; with bacon and fat back. I feel this kind of preparation of vegetables and the like is promoting heart disease. America's no. #1 killer (beside AIDS, maybe).

It is a very touchy subject - with dealing with it the person with problem will need to feel love, respect, and worth!

If someone would burn up as many calories as they take in they wouldn't have a weight problem.

I believe that since in todays world people are so concern with looks, many need help. There are so many people who want to lose or gain weight but need a little encouragement to do it. I believe we should help these people because everyone should feel good about themselves.

I feel that most of the food served on campus is high in starch and other fat producing products that hinder our ability to control what we eat.

I would love to see a program set up on campus to help these people so we can have happy healthy students.

The reasons for my accepting a referral are simple. I have yet to meet any doctor or other professional in this area that I felt was truly sympathetic to this problem (except Dr. Oakland). They all seemed more concerned with how much money they could make.

I have a friend who was/is anorexic and I've seen what it can do to you. It is a problem a lot of girls our age suffer from. Some sort of class or help service would be very beneficial.

This is a very important issue and I'm glad to participate in the survey. Although I don't know of any persons with eating disorders on campus I do have 2 cousins who are bulimic. Their problems stem from many sources but their solutions are coming from treatment centers that specialize in eating disorders. I hope that a program here at APSU can help young women before something tragic happens.

Overeaters Anonymous is an app. out of Alcohole Anonymous. I would like to see a group started on campus. There are two groups in this area that are tremendously successful.