

**BODY IMAGE AND EATING DISORDER AMONG YOUNG ADULTS BETWEEN
<19 – 25> IN IRISH SOCIETY.**

BY

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ABSTRACT

This study looked at the body image and eating disorder that occurs among young adults between the ages of 19 and 25, 100 females and 92 males were used as participants. The participants completed two questionnaires namely: Questionnaire on Eating and Weight Patterns-Revised and The Revised Objectified Body Consciousness Scale (Quinn & Lewis, 2005).

In this study, the two variables will be measured namely Predictable and Criterion Variable the Predictive Variable (PV) - Gender Differences and Criterion Variable (CV) - Body Image. The level of significance in this study is 0.05. An independent samples t-test was carried out and indicated that there was a significant difference in mean scores of body surveillance, Independent T- test analysis indicated that these differences was significant $t(175.844) = 2.328, p < .05$. Also an independent samples t-test was carried out and indicated that there was a significant difference in mean scores of body shame, Independent T- test analysis indicated that these differences was significant $t(187) = 1.773, p < .05$.

1. INTRODUCTION

Historically, women were portrayed to be a wife material because of their breasts, thighs and hips as it was seen as being fashionable. Traditionally, woman that have big body in terms of shape tend to portray her father's or husband's riches. In the past three decades, the general view of women to be flourishing, intelligent and beautiful has to do largely to them being slim, this lead to fat women to do excessive exercising, going on extreme diet in other to conform with the societal trend (Abraham et al., 2001).

Moreover, the attitudes of women tend to be positive in the last 40 years towards the idea of slenderness. And this theme and the craving to become slender or thin have huge correlation with eating disorder (such as bulimia and anorexia- these are discussed below) of the people (Johnson & Petrie 1995 cited in Demarest et al., 2000). However, there are differences when the issue of gender is discussed in terms of body image because women are very more concerned about their weight and shape (Tiggermann, 1992 cited in Demarest et al., 2000). Also, males are regarded as much less concerned about how they look (Klesges, 1983: Demarest et al., 2000) but generally men tend to be non- chalant about how they look but they are greatly concerned about their weight (Demarest & Langer, 1996: cited in Demarest et a., 2000).

Ogden (2010) posits that body dissatisfaction can be hypothesized to be the difference between how an individual view their body and what their body is in reality.

The research Fallon and Rozi 1985 (cited in Ogden, 2010) in carried out on 227 American females who are students made it known that most females want to be thinner than they currently are which shows clearly that they are concerned about their body image.

Furthermore, in 1990, Tiggermann and Pennington carried out a survey in Australia and the result also showed that females have body dissatisfaction issues. However, the body dissatisfaction in females is clearly shown as they show the differences between their body and the ideal body than in males but males also do show sense of body dissatisfaction

(cited in Ogden, 2010).

Also, it can be said that media have huge influence on body image and eating disorder, the most vulnerable groups that it affects most are young adults/teenagers because during this stage in their lives, they are trying to search their identity and they are mostly

centered or focused on their body image and what others think of them (Abraham, et. al., 2001).

The stereotypes that occur as a result of media play a huge part in generating and worsening the issue of body dissatisfaction (Ogden, 2010). These ideas of being thin are much embedded in western societies and it is highly linked with level of success and even sense of appeal. Also the media is being blamed for the negative portraying of 'fat' (Glassner, 1988 cited in Ogden, 2010).

Survey shown that most young girls are affected by the images they see on television and fashion magazines. According to the research carried out by Field et al., (1999), most of the young girls want to be on diet and lose weight and be like the models they see in media and these tend to be as a result of the idea they get from the media portraying thin females as the ideal perfect shape to have (cited in Ogden, 2010). This idea tends to have negative effect on young females, as they are searching for their identity and together with the struggle of body image, it becomes a huge issue for them.

Silberstein et al., (1987) discussed that the dissatisfaction and body shame is as a result of making comparison between the real body or self and the ideal body portrayed by the media. The females used in the media are mostly thin which makes many females to think that being thin is a normal thing and anything after that is not acceptable in the society (Ogden, 2010).

Over the years body image has become a huge issue all over the world, the perception of people about their body is of great concern. This leads to significant changes in the rate at which people use drug to acquire muscles or even undergo cosmetic surgery in order to look good like an ideal woman or man (Esnaola et al., 2010).

Many research have been carried out on body image and eating disorder but the issue that arises there is that many of these research are based of women due to the fact that females mostly have negative feeling about how they look (Thompson et al., 1999).

Furthermore, the perception own self is largely related to their social experiences, however there are contributory factors towards our body image, eating disorders, including obesity, are main public health problem today, exposure to mass media (television, movies, magazines, internet) is correlated with obesity and negative body image, which may lead to disordered eating. Throughout history, the model of beauty has been difficult to accomplish

and has been shaped by social context. Current mass media is ever-present and powerful, leading to increased body dissatisfaction among both men and women (Abraham, et al., 2001).

Moreover, the use of thin or rather slim women for advertisement of goods and services have sent messages to the larger female and male population as it affects how they see themselves to be and it leads to an increase of wanting to gain the figure of the models they see on television. This hereby draws an absolute desire for women to become thin and to be viewed as an 'ideal woman' or 'ideal man' (Abraham, et al., 2001). (Morris et al., 1989; Ogden, 2010) posit that fashion models now have and use less sizes as a result of their eating habit e.g. 'being on diet'.

In relation to males, media also is a large contributory factor towards their body image and eating disorder behaviour. As Baker (1994) discussed, companies used media as a point of target towards men in order to purchase cosmetic products such as moisturizer, shampoo and so on. They gained this through portraying muscular men who use such products as sexy and attractive, which give rise to male striving hard to become more muscular so as to be seen as sexy and attractive too. He also suggested that this perception sent through the media give rise to negative view of own self and huge issues concerning body dissatisfaction (cited in Grogan 2008).

Also, (Henwood et al., 2000: cited in Grogan, 2008) discussed that males are now portrayed by being muscular and slender together with the products they are being directed to purchase. However, it can be said that the pressure males gain from being muscular is little compared to the pressure being experienced by females because majority of males are not being evaluated based on their looks but also their cumulative achievements (Bordo, 2002: Grogan, 1998). But also males are still going through pressure so as to achieve a muscular shape that leads to them engaging in the use of drugs for enhancing muscles such as steroids and even to the extreme, undergoing surgical cosmetic operation (Grogan, 2008).

2. BODY IMAGE AND EATING DISORDER AMONG YOUNG ADULTS

Stice (2002) discussed that major efforts has been invested into the understanding of body image and its link with eating disorder. Also in western societies of today, to be thin is very much wanted among males and females as they believe that it is a source of being beautiful and appealing to people of other gender (Stice et al., 1998). Also, there tend to be a relationship between body image and eating disorder and this is largely buried in western countries and mostly directed towards young people (Nemark-Sztainer et al., 2006).

Based on readings, body image can be regarded as our feelings and thoughts, (as cited in Larsen, 2009, Nezlek 1999) argued that body image consists of three major factors which includes, general attractiveness, social attractiveness – the way we believe other people see us, and body attractiveness. It can also be said that body image is an integral of self-concept.

However, Kolb (1959) discusses body image as ‘perception, attitudes, emotions and personality reactions of the individual in relation to his or her own body’. There are different factors that contributes to our body image, these includes age, culture, gender. According to Grogan (2008), slenderness is often termed as happiness and social acceptability in western countries while being overweight is highly linked with being indolent. Men and women have different ideal shapes and if people do not go by that stature they suffer from negative attitudes from others, this prejudice is believed to have started from younger age during childhood as children to not play or interact with children that are considered to be overweight, this attitudes grows into adulthood, as the overweight people suffer from extreme discrimination in terms of getting good jobs, college, attaining greater heights in comparison to their slender peers. These negative stereotypes sometimes have crucial effect on the victims in terms of low self-esteem, lack of confidence and even depression (Grogan, 2008).

Furthermore, body image varies differently from culture to culture, in some culture being plump is socially accepted, as they belief that it is a sign of well-being, rich and good health while in other cultures like western countries believe that slimness is an act of self-control (Grogan, 2008).

However, the research carried out in Australia in 1994 showed that 16% of pre-pubertal girls and also 40% of girls who already passed menarche have a view of themselves

to be fat (Abraham & Llewellyn-Jones, 1997). Also statistics showed that almost 20% of American college girls starve themselves in order to be slim (Wykes & Gunter, 2005).

In terms of gender, women tend to change their body shape according to the fashion trend in the country, even though they go through pain but still they want to look fashionable and be a replica of models and other media figures. Most women find dissatisfaction in their lower areas (such as thighs, legs) (Grogan, 2008). Feminist approaches to understanding women's dissatisfaction suggest that social pressure on women to strive for the slender, toned body shape that is associated with youth, control and success encourages the objectification of the body and the disproportionate allocation of energies to body maintenance.

However, according to the research carried out by Minzt and Betz (1988), body dissatisfaction is linked with disordered eating and a result of this, low self-esteem comes in when the societal ideal is of huge burden. Furthermore, the rise in the level of female body dissatisfaction is as result of media publications of what an ideal woman should look like, however, this lead to an increase in negative eating disorder (Schwartz et al., 2010).

Research carried out by Olivardia et al., 2004 showed that males picked the ideal body image with 25 pounds and 8 pounds less fat than they currently have. However, he also posits that ¼ of college males engage in the use of steroids or any type of drugs to enhance their muscular look. Also Cafri et al, 2002 discovered that depression and low self-esteem is linked with male's muscle dissatisfaction.

In terms of men, the study of body image and men is a new trend being researched on as body image was more focussed on women. Most men wants to be mesomorphic (medium-sized) in shape in terms of being powerful, brave and happy, which leads to dissatisfaction in their own body if they do not have that kind of shape which makes some people to turn to stamina or muscle drugs to build muscles. In comparison to women, men's dissatisfaction is related to being overweight or underweight while that of women is only concerned with being overweight (Grogan, 2008; Morgan, 2008).

Men who suffer from eating disorder and body image suffer a great deal in mental and physical issues. They are also at higher risk of being discriminated against either by their peers or even themselves because of lack of self-esteem or confidence. They also have the cultural notion of men being strong, powerful, hardworking and emotionless, in terms of

body image, it has been embedded that “men do not get eating disorder”, and also that “real men do not cry”. In the society, the problem of men body image and eating disorder is always unrepresented and disregarded. Men with eating disorder and body image problems can feel shamed by their illness, the perceptions that women suffer eating disorder leaves males at a disadvantage (Morgan, 2008).

Furthermore, there is increase in the level at which males are concern about their body image either positive or negative (McCabe, et al., 2001). According to the research carried out by (Mishkind et al., 1986), this research discovered that men wants to be thinner than they currently are and also be fatter than they are, this shows that they suffer from body dissatisfaction but this not shown in males has they have the perception of males being strong and powerful in order to live up to the idea of how they are being seen. However, discovered that almost 95% of males in American college are dissatisfied with their own body, also this study he carried out shows that males are very much aware of what shape and figure they are expected to have, their muscular look and desirability and finally that they mostly go on diet.

Negative body satisfaction in males tend to give rise to many psychological issues such as, depression, low self-esteem, body shame, eating disorder and even excessive form of exercise and even lead to use of drugs to improve their muscles (Cafri et al., 2002). In our western societies the ideal figure for female is being thin and that of males is being muscular

The demand of body image varies according to our gender, for males it is about being muscular and for females the most important concern to be treated is that of their physical look as they desire to be thin (Cafri and Thompson, 2004).

However, men tend to change or work on how they look because of the society- women, no woman wants to date or marry a shallow man, and so in other to be able to fit in the society and also to gain respect, trends are now changing. This can be explained more appropriately taking into account of Chapman’s research. (Morgan, 2008)

‘This leads me to the conclusion that the new man represents not so much a rebellion but an adaptation in masculinity. Men change, but only to hold on to power, not to relinquish it. The combination of feminism and social change may have produced a fragmentation in male identity by questioning its assumptions, but the effect of the emergence of the new man has been to reinforce the existing power structure, by producing a hybrid masculinity which is better able and more suited to retain control’ (Chapman, 1988).

The relationship between eating disorder and body image is really high especially among young adults of today, everyone want to have the ideal body shape like the TV or magazine models, media plays a huge role in influencing our body image which therefore leads to going on mad or extreme diet just to be like them, the likes of Victoria Beckham and others portray negative thought of fat women, and they are promoting people to be a size zero.

Also in terms of reality, women believe that men desire slim/skinny girls than fat girls, this perception has to be changed and our body shape- slim, slender, skinny, fat has to be promoted and not portrayed as bad or not in vogue and that we should embrace our looks and have the notion that says 'we are amazing just the way we are'

EATING DISORDER

As the research question implies, body image and eating disorder will be evaluated in terms of their types. Eating disorder can be described as a problem of under-eating or even over eating. This can be found mostly in girls but now the trends is shifting, because boys now suffer from eating disorder and they are very much conscious of their looks, which is what this research is about eating disorder is not generally associated with being overweight or under-weight. There are various types of eating disorders but for the purpose of this research two main types will be evaluated (Keel et al., 2006).

ANOREXIA NERVOSA - this is a problem that involves not eating much or in other words, starving oneself, people suffering from this type of eating disorder are or look very thin and they normally suffer from discomfort due to the reduction in the weight of their body. This also causes lack of menstrual period in females. However, this type of disorder is not only through starvation but also it can occur through too much exercise (Keel et al., 2006).

According to Keel, et al 2006, statistics showed that between 0.5%-1percent of girls are affected by anorexia nervosa, while this type of eating disorder is comparably low in men as they have between 0.05% -0.1% chances to occur at a point in their lives (Keel et al., 2006).

However, Mal, (1998 cited in Wykes, 2010) research found out that females made up 90-95% of those who are suffering from anorexia and it is said to be common among females with occupation such as modelling.

Also, people who suffer from this type of illness is more likely to die due to this illness than people who do not have any disorder. Mostly, they also suffer from other types of mental illness such as depression, anxiety, obsessive behaviour and substance abuse.

BULLIMIA – this type of disorder explains that the people eat much in a sitting which they have no control over, but afterwards they force themselves to throw up or even use laxatives, or even get involved in excessive exercise. This form is mostly common among girls or young adults. This behaviour mostly occurs every time when they eat and it is often done secretly because they see it as an embarrassing thing to do they always feel they need to be diet as they believe they are too fat even though they are not.. It partially relates to the above explained anorexia as most people in this category also tend to suffer from depression, anxiety or even substance abuse issues (Keel et al., 2006).

However, binge-eating and bulimia are often misunderstood, binge-eating is losing power over a person's eating which does not involve vomiting or excessive exercising afterwards, which makes people suffering from this disorder to be obese. But the relationship between bulimia and binge-eating is that it both involves the sufferer to be ashamed, guilty which might even cause them to continue the behaviour. Also mental illness is related to both behaviours such as depression, anxiety, drug misuse and others (Keel et al., 2006).

Thompson et al., (1999) discusses the fact that eating disorder and body image are different entities but that one's body image plays a major part in the eating behaviour we get involved in. The dissatisfaction of body in both males and females tend to lead to depression this is because one's look is very important in most western society (Stice et al., 2000).

2.1 OBJECTIFICATION THEORY

Objectification theory suggests that females both young and old naturally have major concern about how others see them either positively or negatively. However this view on one's body can lead to having wrong and negative feeling about themselves which can give rise to body dissatisfaction, embarrassment, low self-esteem and even being uneasy about their own body.

Furthermore, all these negative feeling can give rise to medical issues which mostly involves the mental health of the person involved, these issues includes, depression and most importantly eating disorder (Fredrickson & Robert, 1997).

Objectification theory therefore lightens up the reason why mental health illness comes up with life changing events in females. Also, many theorist now have been making a research on the different means that our body send social meanings and how our gender experiences is shaped by these social meanings. Also, female sexual objectification is seen as a method of gender domination and the most common form of sexual objectification is how others view females as body. The experiences many women have is largely due to their class, age, sexuality, ethnic background and also their body features, all these produces distinctive experiences for women individually and also in a larger perspective (e.g. groups- African-American women are viewed as animals; while Asian-American women are viewed as exotic and subservient sexuality). However, the experience and response to sexual objectification varies at an individual level among women (Fredrickson & Robert, 1997).

However, objectification theory still suggests that there will be common psychological issues experienced by females due to the mature body they have and this lead will to weakness to sexual objectification. Males however have major right to sexualise females and this occurs through various forms from violence and evaluation that occurs sexually. This occurs through staring and looking at the body of females, sexual objectification hence tends to be the consequence. However, heterosexuality is believed to be embedded in our society.

Furthermore, sexual objectification can be said to occur when females body or parts are detached from the person herself and lowered to an object. Hence when this occurs, females are then said to be objectified and are seen as bodies which are for enjoyment and fun for others (males) to use, however, this cannot be controlled by females as it is unavoidable (Fredrickson & Robert, 1997).

Research findings shows that females are being stared and looked at than males, males tend to focus more on females than the females do to males and when males gaze, it is mostly followed by a sexual comment e.g. you are very sexy. This idea can be seen everywhere , most especially, movies, pictures, females magazines commercial and advertisement as it portray females as an object directed for sexual objectification than they

do to males. However, the way males and females are depicted is believed to be unfair as it attaches face-ism for males and body-ism for females which definitely leads to a patriarchal society. This theory also emphasise on how life chances are mostly determined by our body appearance, this tend to have major effect on females than males. In terms of education, females that are obese are mostly not accepted into colleges and this discrimination extends to other fields like the employment sectors (Fredrickson & Robert, 1997).

Furthermore, being attractive is linked with many opportunities for females, for example, marriage and dating. Also, physical beauty correlates with the level of power and success to females. (Unger 1979)

This theory in relation to body image explains that they are differences in the perception of females and males in our society and that they are different categories of women or females, also, this theory describe female as an object of oppression, and they are seen as sexual objects, however, males are not really seen in this theory it is more focused of females but the trend is changing, males are now also suffering from body image (Fredrickson & Robert, 1997).

2.2 AIM OF THIS RESEARCH

How eating disorder influences the body image of young adults is of great importance which has to be investigated due to the fact that it is becoming increasingly apparent that body image disturbance and concerns about body shape and size are formed often in mid-childhood into their teenage years which leads to eating disorder ranging from over-eating or under-eating resulting into illness, low self-esteem which have high tendency of leading to depression.

HYPOTHESIS

This study will be researching the effects of eating disorder and body image on young adults. The aim of this research is to test the hypothesis that there are gender differences in the pattern of body image and eating disorder.

Also it will test the hypothesis that there will be gender difference in body surveillance and finally this research will test the hypothesis that there will be gender differences in body shame

3. Method

This research will lay emphasis on the type of research method that will be used in carrying out a research on the impact of gender differences on body image and eating disorder of young adults.

For the purpose of this research, quantitative research will be used because of the above mentioned reasons. Also, the result or findings of this research will be correlated or determined using SPSS (Statistical Package for the Social Sciences)- it provides statistical processes, including regression analysis, correlation.

Quantitative research methods is the best for the type of topic that this research is about as it will give chance to evaluate and measure the correlations or even differences that there are gender differences in the pattern of body image and eating disorder' of young adults between the ages of 19 and 25.

Over the years body image has become a huge issue all over the world, the perception of people about their body is of great concern which leads to significant changes in the rate at which people use drug to acquire muscles or even undergo cosmetic surgery in order to look good like an ideal woman or man.

Participants

An opportunist sample of 192 participants took part in this study. There was 92 males and 100 females, their ages ranging from 18 – 25. The mean age of male participants is (21.445, Standard Deviation (SD) – 2.01) and the mean age for female participants is (21.09, Standard Deviation (SD)- 2.065).

These participants are of different ethnic backgrounds, the percentage of these backgrounds ranges from black (21.7%), Hispanic (4.3%), White (53.3%), Asian (15.2%) and Other ethnic background (3.3%) which gives a total of 92% of males.

And for females, black (26%), Hispanic (3%), White (60%), Asian (8%) and Other ethnic background (3.0%).

Procedure

This survey was achieved through the use of questionnaires. After the questionnaire was prepared, pilot study was carried out by the help of classmates, to check the feasibility of techniques, to determine the reliability of measures and to calculate how big the final sample needs to be.

Opportunistic sample of 192 people was used, as the participants were not forced to fill out the questionnaires, they willingly accepted to do after the confidentiality issues have been explained to them. This type of sampling increased efficiency of the survey as it allowed various young adults to participate in this research process. It took 5-10 minutes to complete the questionnaire, data collection took 2 weeks. After the questionnaires have been gathered, the data collected was then recoded and computed which comprises of the total score and however this was carried out using SPSS17. It took 5-10 minutes to complete the questionnaire, data collection took two weeks.

Ethical Considerations

Also, confidential issues were put into considerations has it was clearly stated in the questionnaire that all the answers given or provided will be treated with high level of confidentiality and as a researcher, the privacy and dignity of the participants are of utmost significance. Permission was obtained from the participants before they filled out the questionnaire. The participants were asked if they were willing to participate and they were told it was unspecified and they can pull out from the questionnaire whenever they desired.

Measures

1. The Revised Objectified Body Consciousness Scale (Quinn & Lewis, 2005) was developed and validated to measure objectified body consciousness in young people. It contains 3 subscales, (a) surveillance (viewing the body as an outside observer), (b) body shame (feeling shame when the body does not conform), and (c) appearance control beliefs.

(a) *Surveillance*. The surveillance subscale measures how frequently individuals would monitor their body and how often they would think of their body in terms of how it looks,

rather than how it feels. This subscale consists of 8 items (e.g. 'I often worry about whether the clothes I am wearing make me look good'). Responses are scored on a 5-point scale ranging from (1) 'strongly disagree', (2) 'disagree', (3) 'not sure', (4) 'agree', and (5) 'strongly agree'. Scores can range between 8 and 40 with higher scores indicating a higher level of body surveillance.

(b) *Body shame*. The body shame subscale assesses the extent to which a respondent feels shame if they do not fulfil cultural expectations for their body. This subscale consists of 8 items (e.g. 'I feel like I must be a bad person when I don't look as good as I could'). Responses are scored on a 5-point scale ranging from (1) 'strongly disagree', (2) 'disagree', (3) 'not sure', (4) 'agree', and (5) 'strongly agree'. Scores can range between 8 and 40 with higher scores indicating a higher level of body shame.

(c) *Control*. The control subscale measures an individual's sense of control that they have over their weight and appearance. A high scorer would believe that they could control their weight and appearance if they work hard enough, whereas a low scorer would believe that weight and appearance is controlled by factors such as genes or heredity. This subscale consists of 8 items (e.g. 'I can weigh what I'm supposed to when I try hard enough'). Responses are scored on a 5-point scale ranging from (1) 'strongly disagree', (2) 'disagree', (3) 'not sure', (4) 'agree', and (5) 'strongly agree'. Scores can range between 8 and 40 with higher scores indicating a higher sense of control over weight and appearance.

2. The second measure that was used in this research is the eating disorder Questionnaire on Eating And Weight Patterns-Revised (Qewp-R) By (Spitzer et al. 1994), this questionnaire measures eating disorder among young adults, the responses are scored on a 1- YES, 2- NO. (e.g. 'During the past six months, did you often eat within two hour period what most people would regard as an unusually large amount of food?' 1. Yes 2. No), also another question includes answers ranging from 1 to 5 e.g. (In general, during the past six months, how upset were you by overeating (eating more than you think is best for you)? (1) 'Not at all', (2) 'Slightly', (3) 'Moderately', (4) 'Greatly', (5) 'Extremely'.

4. RESULTS

DESCRIPTIVE STATISTICS

HYPOTHESIS 1 proposed that there would be gender differences in binge eating. As shown on the bar chart below, there are the differences between the vomit behaviour of both male and female. Therefore hypothesis one was only partially supported.

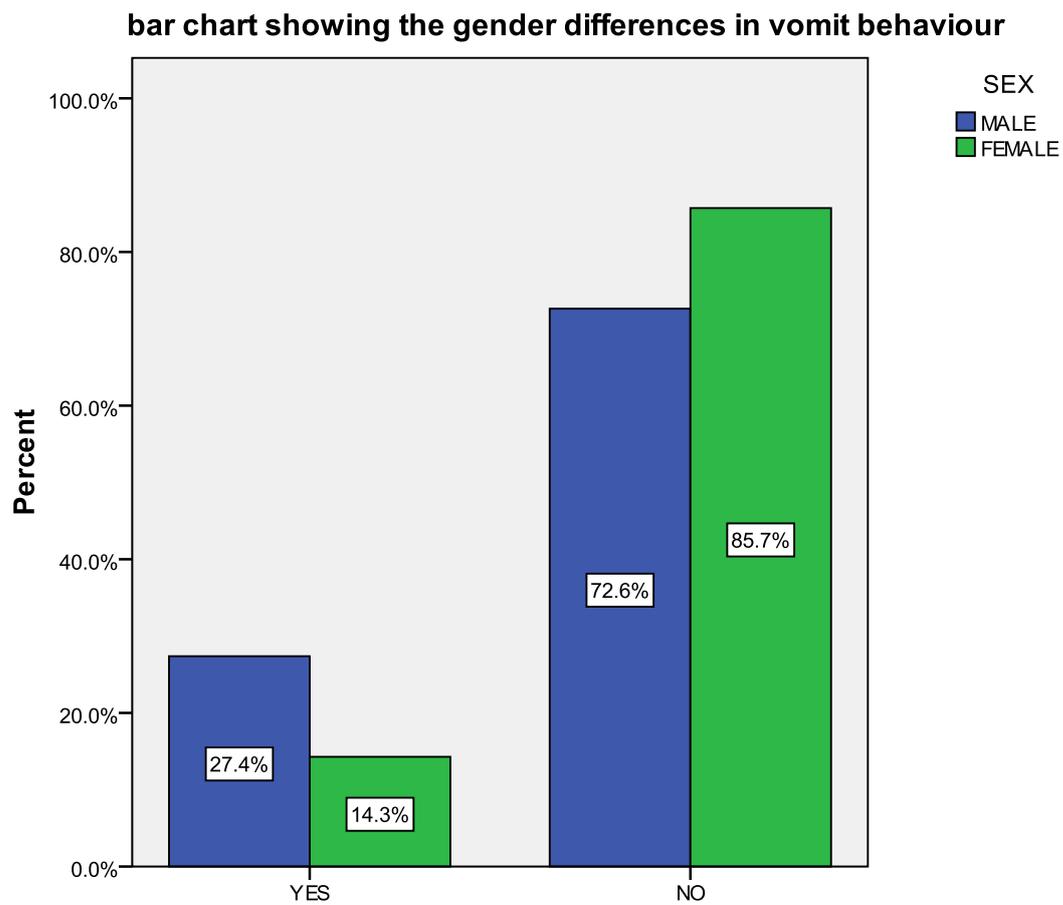
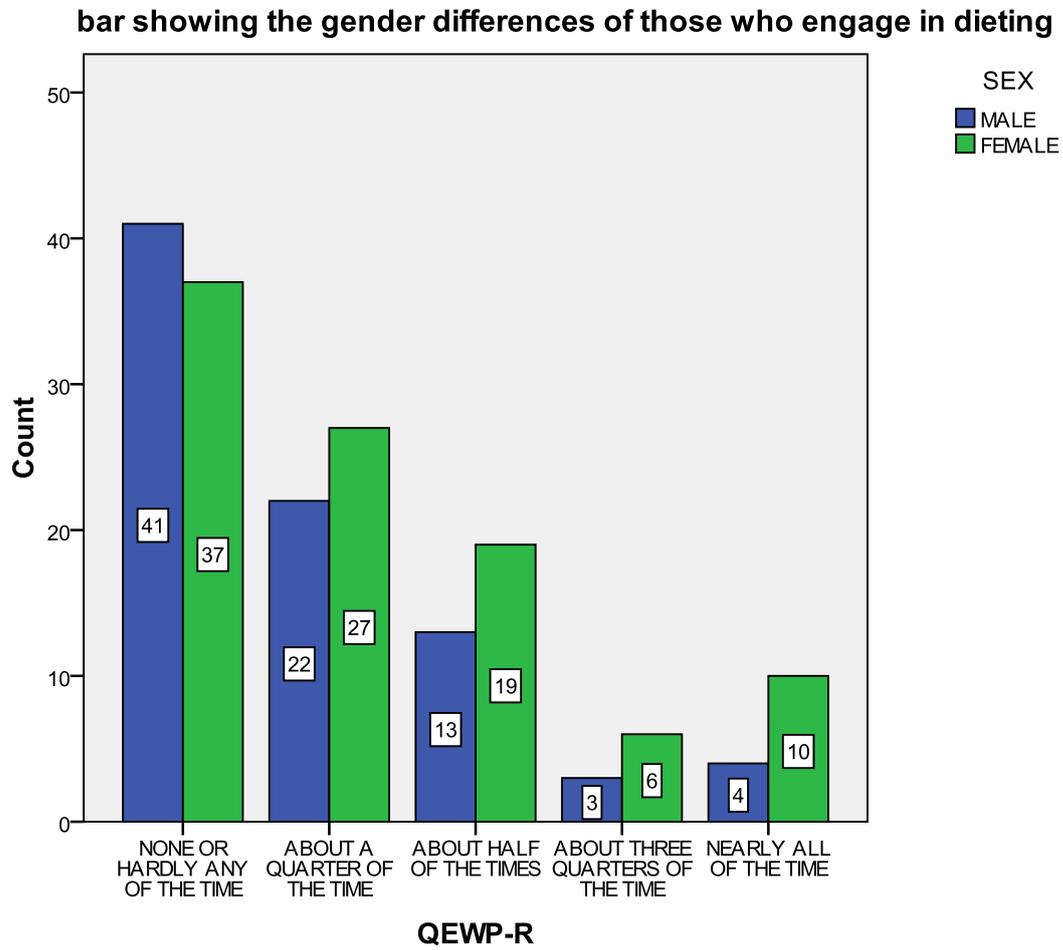


FIG.1 SHOWING THE VOMIT BEHAVIOUR IN BOTH GENDERS.

FIG. 2 SHOWING THE GENDER DIFFERENCES OF THOSE WHO ENGAGE IN DIETING.



BAR CHART SHOWING THE GENDER DIFFERENCES OF THOSE WHO AVOID FATTY FOODS

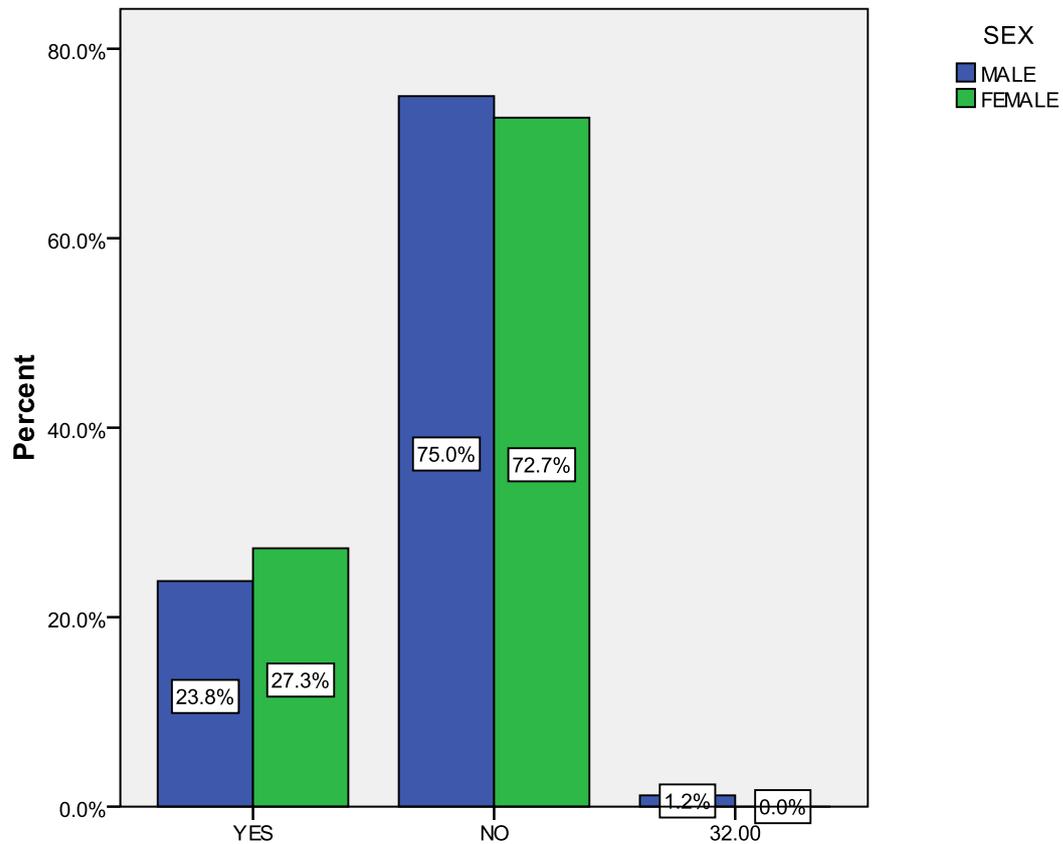


FIG.3 SHOWING THE GENDER DIFFERENCES OF THOSE WHO AVAOID FATTY FOODS.

HYPOTHESIS 2 proposed that there would be gender difference in body surveillance. Descriptive statistics indicated that males scored higher (mean= 24.48, SD= 3.76) .

TABLE 1 - Showing means and standard deviation for the three subscales (body shame, surveillance and control) of the revised objectified body conscious scale.

SEX	N	Mean	Std. Deviation
surveillance MALE	88	24.4773	3.79648
FEMALE	97	22.9381	5.14946
Shame scale MALE	89	26.3483	4.43924
FEMALE	100	25.1000	5.15517

As can be seen from table 1 above, males scored higher on surveillance and body shame and female scored higher on the control scale.

Inferential statistics

T-test analysis

An independent samples t-test was carried out to test the difference in mean body surveillance scores for males and female (males – 24.4 and females – 22.9) and indicated that there was a significant difference in mean scores of body surveillance, Independent T- test analysis indicated that these differences was significant $t(175.844)= 2.328, p<.05$. Therefore, hypothesis 2 was accepted.

Hypothesis 3 proposed that there would be gender differences in body shame. Descriptive statistics indicated that males scored higher (mean= 26.34, SD= 4.43) than females who scored (mean= 25.1, SD= 5.15).

T- Test analysis

An independent samples t-test was carried out to test the difference in mean body shame scores for males (26.3) and females (25.1) and indicated that there was a significant difference in mean scores of body shame, Independent T- test analysis indicated that these differences was significant $t(187)= 1.773, p<.05$. Therefore, hypothesis 3 was accepted.

5. DISCUSSION

The literature review chapter discussed body image and how females view their body and also the great concern about their looks. Back to yesteryears, being fat is very acceptable and it was regarded as a sign of being wealthy, affluent and prudent but over the last 40 years this behaviour or trend changed as most western countries now have become more slender orientated.

Furthermore, eating disorder is highly linked with body image has people tend to starve themselves, this is mostly common in women while men are more likely to engage in the use of steroids and other drugs. Also, there are many contributory factors to body image, this includes, age, culture and gender. In respect of culture, this greatly varies because African people tend to be more positive about their body shape and weight even if they are fat than western people who are generally more inclined to the looks of their body. However, men are now concerned about their looks than before when they were non- chalant about it and when the attention was more focused on females.

In terms of the survey carried out, below is the hypothesis that was tested. The present result partially support the hypothesis 1 which proposed that there would be gender differences in binge eating. There are little differences between the binge eating behaviour of both male and female. Therefore hypothesis one was only partially supported.

Also, hypothesis 2 proposed that there would be gender difference in body surveillance. Descriptive statistics indicated that males scored higher (mean= 24.48, SD= 3.76) than females who scored (mean= 22.94, SD= 5.15).

An independent samples t-test was carried out and indicated that there was a significant difference in mean scores of body surveillance, Independent T- test analysis indicated that these differences was significant, therefore, hypothesis 2 was accepted.

Furthermore, hypothesis 3 proposes that there will be gender differences in body shame. Descriptive statistics indicated that males scored higher (mean= 26.34, SD= 4.43) than females who scored (mean= 25.1, SD= 5.15).

An independent samples t-test was carried out and indicated that there was a significant difference in mean scores of body shame, Independent T- test analysis indicated that these differences was significant. Therefore, hypothesis 2 was accepted.

This survey was carried out using 92 males and 100 females with age ranging from 18- 25 respectively. The questionnaire used includes The Revised Objectified Body Consciousness Scale (Quinn & Lewis, 2005) and the Questionnaire on Eating And Weight Patterns-Revised (Spitzer, Yanovski, & Marcus,). During this survey, some people left blank spaces as they were too ashamed or scared to answer the questions asked. However, the QEWP-R questionnaire is more of a clinical measure which made it difficult for the participants to comprehend what was being asked.

Negative body satisfaction in males tend to give rise to many psychological issues such as, depression, low self-esteem, body shame, eating disorder and even excessive form of exercise and even lead to use of drugs to improve their muscles (Cafri et al., 2002).

For hypothesis 1 which proposed that there would be gender differences in binge eating, as Andersen (1999) proposed, men now suffer more by 10% when the issue of body image and eating disorder arises, even though it is believed that females suffer than men when it comes to eating disorder. Self-objectification deals with the observation of how the body looks rather than how it feels, this result into body shame to most people that believe they do not have great body looks. In western communities, there tend to be more males who are suffering from eating disorder as a result of being appealing to others such as being muscular and big (McCreary and Sasse, 2000).

However, studies carried out in 1990's showed that eating disorder is rampant in males and statistics result found that 1% of male are anorexic and 0.8% are suffering from bulimic behaviour but this was also compared in terms of opposite sex, females anorexia rate is 0.3% and bulimia rate is 1%, the difference is therefore clearly stated (Hoek and Van Hoeken, 2003).

Furthermore, hypothesis 2 proposed that there will be gender difference in body surveillance, the researched carried out produced results that opposed the literature about men being non-chalant about their looks, according to the survey result (mean= 24.48, SD= 3.76) which made it significant that males scored higher than females who scored (MEAN= 22.94, SD= 5.15). However, this result attest to (McCabe, et al., 2001) as he says that there is increase in the level at which males are concern about their body image either positive or negative.

According to the research carried out by (Mishkind et al., 1986), this research discovered that men want to be thinner than they currently are and also be fatter than they are, this shows that they suffer from body dissatisfaction but this not shown in males as they have the perception of males being strong and powerful in order to live up to the idea of how they are being seen. However, discovered that almost 95% of males in American college are dissatisfied with their own body, also this study he carried out shows that males are very much aware of what shape and figure they are expected to have, their muscular look and desirability and finally that they mostly go on diet.

Hypothesis 3 proposes that there will be gender differences in body shame. Stice and Agras, (1998) discussed that eating disorders occurs as a result of dissatisfaction in one's own body. However, the most common perspective of media and body image is that media tend to portray unreal bodies of female through various channels of media and therefore making people that are not up that standard feel bad. Also the environment that we find ourselves in tends to have effect on what we perceive as 'internal ideal' and 'societal ideal' (Silverstein et al., 1988).

Also, it can be suggested that our body image varies according to our gender, the significance of this shows in the eating disorder behaviours of both males and females. Females mostly have the perception that they are overweight even when they are not which makes them starve themselves and on the other end, males tend to get involve in using steroids and other pills to build them to the ideal man figure which has to be well built and muscular (Andersen et al., 2007).

Furthermore, this survey carried out showed the changes in the usual trend of females more concerned about their body image than males, this survey is supported by previous research carried out, the research showed that men are now very much interested in their looks and being ideally thin but yet with muscular figure, as much as this has a positive perspective of being concerned about their looks, yet it still emphasise on the negative impact it can have on men most especially the young adults which might be as a result of bullying in school (Esnaola et al., 2010).

In females, the major concern they have about their look is mostly their lower waist and they see this in terms of the dress sizes and shape while men are mainly concern about their upper region which comprises of the chest and arms, they tend to work towards being muscular at all times as they believe that muscular men tend to be more appealing and

masculine than non-muscular men (Greenberg and Schoen, 2008). Males who are mainly troubled about being muscular are believed to be suffering from muscle dysmorphia (Olivardia, 2007).

These negative effects can be involvement in the use of steroids, diet pills and other types of drugs which are used as muscle enhancer and which can result as a threat to their well-being. As discussed in the result section, 26.5% of males said they were involved in dieting about quarter of the time and 27.3% of females said they were involved in dieting about quarter of the time. This is very interesting as normally males tend to be secretive about the issues they go through in terms of eating disorder and their body image due to the fact that they are men. They also have the cultural notion of men being strong, powerful, hardworking and emotionless, in terms of body image, it has been embedded in them that “men do not get eating disorder”, and also that “real men do not cry”. In this society, the problem of men body image and eating disorder is always unrepresented and disregarded. Men with eating disorder and body image problems can feel shamed by their illness, the perceptions that women suffer eating disorder leaves males at a disadvantage (Morgan, 2008).

However, people’s body image can mostly be hypothesised in many ways in the manner that it affects how we feel and think about ourselves goes a long way and even scientific studies have shown that there is high correlation between our body image and health issues such as depression, social anxiety, eating disorder and also most importantly our individual self-confidence and esteem (Esnaola et al., 2010). Also in the survey carried out, it shows that males are more ashamed about their looks (26.3%) and females with the result of (25.1%), there is little significance but it is interesting to see now that the previous literature is being opposed and males are now more conscious and aware of their physical appearance.

It can also be discussed that even though there are new trends about gender differences in body image and eating disorder, hence the age period must not be underestimated as people are more into their looks in their adolescence period than adulthood (Esnaola et al., 2010).

Halliwell and Ditmar (2003) discussed that the issue of males physical look tend to be of more importance to young adults males than males in their adulthood, even though this said physical appearance and looks is very much important to both gender but they tend to be more concern in their young adult stage and in their old age stage as they want to look more

graceful and young, this view is a major contributory factor towards cosmetic surgery, anti-wrinkles drug use and extreme dieting in both gender but however these is more common in females than males (cited in Esnaola et al., 2010).

Furthermore, as research reported, many research focused more and deeply about the negative body image and the eating disordered behaviour in females but it should however be made clear and obscene that these issues is not gender orientated (Paxton et al., 2006 cited in Rodgers & Chabrol, 2009). The idea that circulates in the society about what an ideal male or female should look like bring about a lot of pressure onto young adults that mostly leave them in vulnerable state. However, the pressures generated from the ideas of body ideals tend to be a huge driving force to major body dissatisfaction (Cafri et al, 2005: Rodgers, 2009).

The first hypothesis is partially supported with this survey as it has little significance. The other two hypotheses on gender difference in body surveillance have shown significance between males and females in the t-test done. However, gender differences in body shame has shown little significance between males and females

5.1 LIMITATIONS OF THIS RESEARCH

As it occurs in many researches, limitations are inevitable because it provides us with what we could have done differently to standardise our research. For this survey, limitations that occurred include the participants used, they are mainly college students and they are based in Dublin which might have effect on the answers they gave due to the environment they are living. Also another limitation include the age range of the participants used, the age range of the participants are between 19 – 25 years which are mostly young adults.

Furthermore, the survey consist of various ethnic backgrounds which might have effect on the result but for the future reasons focus on white Irish will be of great value. Also there are some missing data in the data input which shows that many participants were being reluctant and afraid to disclose their personal issues.

Another limitation encountered was that the questionnaires used on the eating disorder (Questionnaire on Eating And Weight Patterns-Revised (Qewp-R) (Spitzer et al., 1994) was more clinical and the participants found it hard to relate with as they are not medically suffering from eating disorder.

With all these limitations, if this research was to be repeated, changes will be made in terms of the participants, participants will be chosen from all over Ireland and it will not be focused on Dublin people alone. Also it will include many people in employment and even non-employed and not college students only.

However, it will include both adults and young adults so as to get a good comparison of how they see themselves and their eating habits. Also, in order to get more in-depth information and understanding of this research, both quantitative and qualitative methods will be used in future research.

In terms of the future, there will be two more questionnaires used such as. Self-esteem was assessed by 'The Self-Esteem Scale' (Rosenberg, 1965), which measures global feelings of self-worth or self-acceptance and also the Media Influence Scale was adapted from the Perceived Socio cultural Pressure Scale (Stice, Nemeroff, & Shaw, 1996).

6. CONCLUSION

In conclusion, the factors that influence body image are vast and some includes media, age, and even gender. In relation to body image, the way people perceive themselves to be goes a long way in their self-actualisation, some people believe that they cannot be successful if they are fat, so they do not bother to pursue their dreams and hence eating disorder is worsened.

However, the dissatisfaction that goes on in our bodies does not only occur in young females only but it does exist in both genders throughout our lives. Females are more concerned about their bodies but they tend to focus more on their low body regions such as waist, thighs and hips while males are mainly concerned about their upper region look (being muscular).

Previous research show that eating disorder in males are being disregarded but nowadays there has been many research carried out to prove that males do have concern with their body image and that they also suffer from eating disorders. This has therefore changed the traditional trend and perception around the world that only females suffer from this behaviour. This can be seen in the result section, has there are differences in the body surveillance, shame and binge eating of both males and females.

Furthermore, objectification theory explained the way females are seen and used as objects of no value that is meant for fun and pleasure for males. This theory also highlights the various differences in the experiences female have due to their ethnicity, age or group.

In relation to objectification theory, it has been debated that females learn to view their own body has a product. This idea was verified in the western societies through the use of media and how they portray females as a product or even the means of selling their goods and services. This however results into big body image issues for females in our societies.

As mentioned earlier in the literature review, cosmetics companies can also be said to be large contributory factor towards negative body image because the image they portray to the society through media have huge effect and consequences on the viewers or people of the societies has they go extremely deep into attaining the perceived ideal body shape by involving in extreme dieting, extreme exercising and even cosmetic surgeries. This occurs in males and females and this can lead to other mental related problems such as depression, low self-esteem and even lack of confidence.

Finally, this research has established that gender differences that occurred in the eating behaviour of young males and females, and also it made it clear that males are more concerned about their physical looks than the traditional idea that females are more concerned about their body image.

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APPENDIX



Body Image And Eating Disorder Among Young People

This study is concerned about the eating disorder and the body image of young adults.

Please answer each section as honestly as you can, do not spend too long thinking about each question as there are no right or wrong answers.

Any information that you give will remain strictly confidential, you are not required to write your name anywhere on this survey. I hope you find this interesting, and I would like to thank you in advance for your time and Co-operation.

If you require any further information concerning this research, please contact me at the address below.

DOLAPO ONAFUWA
Department of Social Science
DBS School of Arts
13-14 Aungier Street
Dublin 2
Ireland
Tel: 0877708108

I would like you to complete some demographic information so that I can keep track of students who have completed the questionnaires.

Age _____

Gender: Male: _____

Female: _____

INSTRUCTIONS: Please read each statement below and circle number that best describes how much you agree or disagree with each one:

- 1 = strongly agree
- 2 = agree
- 3 = neither agree nor disagree
- 4 = disagree
- 5 = strongly disagree

1. I rarely think about how I look.....1 2 3 4 5
2. When I can't control my weight, I feel like something must be wrong with me.....1 2 3 4 5
3. I think a person is pretty much stuck with the looks they are born with.....1 2 3 4 5
4. I think it is more important that my clothes are comfortable than whether they look good on me.....1 2 3 4 5
5. I feel ashamed of myself when I haven't made the effort to look my best.....1 2 3 4 5
6. A large part of being in shape is having that kind of body in the first place.....1 2 3 4 5
7. I think more about how my body feels than how my body looks.....1 2 3 4 5
8. I feel like I must be a bad person when I don't look as good as I could.....1 2 3 4 5
9. I think a person can look pretty much how they want to if they are willing to work at it.....1 2 3 4 5
10. I rarely compare how I look with how other people look.....1 2 3 4 5
11. I would be ashamed for people to know what I really weigh.....1 2 3 4 5
12. I really don't think I have much control over how my body looks.....1 2 3 4 5
13. During the day, I think about how I look many times.....1 2 3 4 5
14. I never worry that something is wrong with me when

I am not exercising as much as I should.....	1	2	3	4	5
15. I think a person's weight is mostly determined by the genes they are born with.....	1	2	3	4	5
16. I often worry about whether the clothes I am wearing make me look good.....	1	2	3	4	5
17. When I'm not exercising enough, I question whether I am a good enough person.....	1	2	3	4	5
18. It doesn't matter how hard I try to change my weight it's probably always going to be about the same.....	1	2	3	4	5
19. I rarely worry about how I look to other people.....	1	2	3	4	5
20. Even when I can't control my weight, I think I'm an okay person.....	1	2	3	4	5
21. I can weigh what I'm supposed to when I try hard enough.....	1	2	3	4	5
22. I am more concerned with what my body can do than how it looks.....	1	2	3	4	5
23. When I'm not the size I think I should be, I feel ashamed.....	1	2	3	4	5
24. The shape you are in depends mostly on your genes.....	1	2	3	4	5

**QUESTIONNAIRE ON EATING AND WEIGHT PATTERNS-REVISED(QEWP-R) BY
ROBERT L. SPITZER, SUSAN Z. YANOVSKI, MARSHA D. MARCUS (1994).
PLEASE CIRCLE THE APPROPRIATE NUMBER OR RESPONSE, OR WRITE IN THE
INFORMATION WHERE ASKED. YOU MAY SKIP ANY QUESTION YOU DO NOT
UNDERSTAND OR DO NOT WISH TO ANSWER.**

1. What is your ethnic/racial background?
 1. Black(not Hispanic)
 2. Hispanic
 3. White(not Hispanic)
 4. Asian
 5. Other (please specify).....
2. How far did you get in school?
 1. Grammar school, junior high school or less
 2. Some high school
 3. High school graduate or equivalency
 4. Some college or associate degree
 5. Completed college
3. How tall are you?
.....feet.....in
4. How much do you weigh now?
.....lbs.
5. What has been your highest weight ever (when not pregnant)?
.....lbs.
6. Have you ever been overweight by at least 10lbs as a child or 15lbs as an adult (when not pregnant)?
 1. Yes 2. No or not sureIf yes: how old were you when you were first overweight (at least 10lbs as a child or 15lbs as an adult?) if you are not sure, what is your best guess? years
7. How many times (approximately) have you lost 20lbs or more – when you weren't sick- and gained it back?
 1. Never

2. Once or twice
 3. Three or four times
 4. Five times or more
8. During the past six months, did you often eat within two hour period what most people would regard as an unusually large amount of food?
1. Yes 2. No

If No: SKIP TO QUESTION 13

9. During the times when you ate this way, did you often feel you could not stop eating or control what and how much you were eating?
1. Yes 2. No

IF NO: SKIP TO QUESTION 13

10. DURING THE PAST SIX MONTHS, HOW OFTEN, ON AVERAGE, DID YOU HAVE TIMES WHEN YOU ATE THIS WAY – THAT IS LARGE AMOUNTS OF FOOD PLUS THE FEELING THAT YOUR EATING WAS OUT OF CONTROL? (THERE MAY HAVE BEEN SOME WEEKS WHEN IT WAS NOT PRESENT – JUST AVERAGE THOSE IN).

1. Less than one day a week
2. One day a week
3. Two or three days a week
4. Four or five times a week
5. Nearly every day

11. Did you usually have any of the following experiences during these occasions?

- A. Eating much more rapidly than usual? Yes No
- B. Eating until you felt uncomfortably full? Yes No
- C. Eating large amounts of food when you didn't feel physically hungry? Yes No
- D. Eating alone because you were embarrassed by how much you were eating? Yes No
- E. Feeling disgusted with yourself, depressed or feeling very guilty after overeating? Yes No

12. Think about a typical time when you ate this way- that is large amounts of food plus the feeling that your eating was out of control.

- A. What time of day did the episode start?

1. Morning (8am to 12noon)
 2. Early afternoon (12noon to 4pm)
 3. Late afternoon (4pm to 7pm)
 4. Evening (7pm – 10pm)
 5. Night (after 10pm)
- B. Approximately how long did this episode of eating last, from the time you started to eat to when you stopped and didn't eat again for at least two hours?hours
.....minutes
- C. As best you can remember, please list everything you might have eaten or drunk during that episode, if you ate for more than two hours, describe the foods eaten and liquids drunk during the two hours that you ate most. Be specific, include brand names where possible, and amounts as best you can estimate. (for example: 7 ounces ruffles potato chips: 1 cup breyer's chocolate ice cream with 2 teaspoons hot fudge: 2 8-ounce glasses of Coca-Cola. 1 & ½ ham and cheese sandwiches with mustard).
- D. At the time this episode started, how long had it been since you had previously finished a meal or snack?hoursminutes
13. In general, during the past six months, how upset were you by overeating (eating more than you think is best for you)?
1. Not at all
 2. Slightly
 3. Moderately
 4. Greatly
 5. Extremely
14. In general, during the past six months, how upset were you by the feeling that you couldn't stop eating or control what or how much you were eating?
1. Not at all
 2. Slightly
 3. Moderately
 4. Greatly
 5. Extremely

15. During the past six months, how important has your shape or weight been in how you feel about or evaluate yourself as a person- as compared to other aspects of your life, such as how you do at work, as a parent, or how you get along with other people?

1. Weight and shape were not very important
2. Weight and shape played a part in how you felt about yourself
3. Weight and shape were among the main things that affected how you felt about yourself
4. Weight and shape were the most important things that affected how you felt about yourself.

16. During the past three months, did you ever make yourself vomit in order to avoid gaining weight after binge eating?

1. Yes
2. No

If YES: How often, on average, was that?

1. Less than once a week
2. Once a week
3. Two or three times a week
4. Four or five times a week
5. More than five times a week

17. During the past three months, did you ever take more than twice the recommended dose of laxatives in order to avoid gaining weight after binge eating?

1. Yes
2. No

If YES: How often, on average, was that?

1. Less than once a week
2. Once a week
3. Two or three times a week
4. Four or five times a week
5. More than five times a week

18. During the past three months, did you ever take more than twice the recommended dose of diuretics (water pills) in order to avoid gaining weight after binge eating?

1. Yes
2. No

If YES: how often, on average, was that?

1. Less than once a week
2. Once a week
3. Two or three times a week
4. Four or five times a week
5. More than five times a week

19. During the past three months, did you ever fast-not eat anything at all for at least 24 hours- in order to avoid gaining weight after binge eating?

1. Yes
2. No

If YES: How often, on average, was that?

1. Less than one day a week
2. One day a week
3. Two or three days a week
4. Four or five days a week
5. Nearly every day

20. During the past three months, did you ever exercise for more than an hour specifically in order to avoid gaining weight after binge eating?

1. Yes
2. No

If YES: How often on average, was that?

1. Less than once a week
2. Once a week
3. Two or three times a week
4. Four or five times a week
5. More than five times a week

21. During the past three months, did you ever take more than twice the recommended dose of a diet pill in order to avoid gaining weight after binge eating?

1. Yes
2. No

If YES: How often on average, was that?

1. Less than once a week
2. Once a week

- 3. Two or three times a week
- 4. Four or five times a week
- 5. More than five times a week

22. During the past six months, did you go to any meetings of an organised weight control program? (e.g. weight watchers, optifast, nutrisystem) or a self-help group(e.g. TOPS, Overeaters Anonymous)?

- 1. Yes 2. No

If YES: Name the program.....

23. Since you have been an adult- 18 years old- how much of the time have you been on a diet, been trying to follow a diet, or in some way been limiting how much you were eating in order to lost weight you had lost? Would you say...?

- 1. None or hardly any of the time
- 2. About a quarter of the time
- 3. About half of the times
- 4. About three-quarters of the time
- 5. Nearly all of the time

24. SKIP THIS QUESTION IF YOU NEVER LOST AT LEAST 10 LBS BY DIETING:

How old were you the first time you lost at least 10lbs by dieting, or in some way limiting how much you ate? If you are not sure, what is your best guess?.....years

25. SKIP THIS QUESTION IF YOU'VE NEVER HAD EPISODES OF EATING

UNUSUALLY LARGE AMOUNTS OF FOOD ALONG WITH THE SENSE OF LOSS OF CONTROL: How old were you when you first had times when you ate large amounts of food and felt that your eating was out of control? If you are not sure, what is your best guess?
.....years

If you are concerned with or affected by any of the raised issues please do not hesitate to contact the following organisations.

BODYWHYS IRELAND- Helpline - LoCall 1890 200 444

EATING DISORDER IRELAND - Tel: 01 – 4953577, Mobile: 087-2056560

CHILDLINE - Phone: 1800 66 66 66

I would once again like to thank you for taking part in this study and would remind you that all information given here will remain strictly confidential. If you would like to know more about this study, please do not hesitate in contacting me at the address printed on the front of this booklet.

DOLAPO ONAFUWA