

The Relationship between Personality Traits,  
Body Image, and Eating Behaviors in College Females

Approved:

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Heather C. Galloway, Ph.D  
Director, Mitte Honors Program

Approved:

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Catherine A. Hawkins, Ph.D  
School of Social Work  
Supervising Professor

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HONORS THESIS

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Stella Elizabeth Cruickshank

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**Abstract**

Much clinical research has been conducted regarding the connection between personality disorders and eating disorders, but few studies have focused on the

relationship between normal personality characteristics and eating behavior. This preliminary research project examined the relationship between personality type and eating behaviors with the moderating variable of body image. To conduct this study, the researchers surveyed female students in social work classes at a southwestern university and used a statistical analysis computer program to determine the preliminary results. The results indicated negative correlations between certain personality characteristics and negative body and self image, positive correlations between negative body image and problematic eating behaviors, and negative correlations between certain personality characteristics and problematic eating behaviors. Further data analysis will be conducted to examine possible causal relationships, including the conceptual model that negative body image operates as a moderating variable between personality characteristics and eating behaviors.

### **Literature Review**

A great deal of research has been conducted concerning Eating Disorders (ED).

ED is an umbrella term for several specific diagnoses including Anorexia Nervosa (AN), Bulimia Nervosa (BN), and Eating Disorder Not Otherwise Specified (EDNOS). Each of these disorders is discussed in the Diagnostic and Statistical Manual of Mental Disorders Fourth Edition (DSM-IV).

The crucial characteristics of AN as specified in the DSM-IV are refusal to maintain at least 85% of an individual's normal body weight, intense fear of gaining weight, and a significant disturbance in the perception of the shape or size of the body. There are two subtypes of AN, restricting type and binge-eating/purging type. The restricting subtype is defined by weight loss primarily accomplished through dieting, fasting, or excessive exercise. The binge-eating/purging subtype is characterized by regular bingeing and/or purging.

The crucial characteristics of BN according to the DSM-IV are binge eating and inappropriate compensatory methods to prevent weight gain. The two subtypes of BN are purging type and nonpurging type. The purging type includes individuals who regularly engage in self-induced vomiting or the misuse of laxatives, diuretics, or enemas. The nonpurging subtype consists of individuals who use other inappropriate compensatory behaviors, such as fasting or excessive exercise, but do not regularly engage in self-induced vomiting or the misuse of laxatives, diuretics, or enemas.

The DSM-IV's third category of eating disordered behavior is known as Eating Disorder Not Otherwise Specified (EDNOS). The EDNOS category includes disordered eating that does not meet the criteria for any specific eating disorder. Some examples of an EDNOS include: females who meet all the criteria for AN except that the individual has regular menses or is still above 85 percent of normal weight; females who meet all

the criteria for BN except using inappropriate compensatory behavior at a frequency of twice a week for a duration of three months or more; individuals who repeatedly chew and spit out, but do not swallow, large amounts of food; and individuals who engage in recurrent episodes of binge eating in the absence of the regular use of inappropriate compensatory behaviors characteristic of BN called binge eating disorder.

Much research has been and is currently being conducted concerning many variables involved with ED. Researchers have looked at cultural influences on body image and body type. Findings seem to indicate that the more “Westernized” and industrialized a country is, the more prevalent the existence of ED (Littlewood, 2004). Others have researched how family dynamics influences eating patterns and behaviors. Individuals coming from enmeshed, or overly close families, tend to feel they lack control and sometimes seek to regain power through choosing what they put into their body (Haworth-Hoepfner, 2000). Individuals coming from disengaged, or overly distant families, tend to search for attention through their eating habits (Haworth-Hoepfner, 2000). Other researchers have explored ED as a way to cope with previous sexual abuse. In these studies, those reporting Anorexia Nervosa often describe starving as a way to suppress a normal womanly appearance and sexual drive in order to avoid the stress of a potential relationship (Costin, 1999). Those suffering from Bulimia Nervosa describe that in purging their food they purge their perpetrator, express their rage, and in effect cleanse themselves (Costin, 1999).

One area of ED research that seems to have gained recent momentum is the link between an individual’s personality type and their eating behaviors. Because many psychological issues are involved in ED, dual diagnosis, or two co-existing mental

disorders, is relatively common. Much of the research on ED and personality has been on the comorbidity of an ED and a personality disorder (PD). The DSM-IV describes personality disorders as an enduring pattern of inner experience and behavior that deviates markedly from the expectations of the individual's culture, is pervasive and inflexible, has an onset in adolescence or early adulthood, is stable over time, and leads to distress or impairment. There are ten subtypes of personality disorders which are grouped together in three clusters. Cluster A personality disorders include paranoid, schizoid, and schizotypal personality disorder. Cluster B personality disorders consist of antisocial, borderline, histrionic, and narcissistic personality disorder. Cluster C personality disorders include avoidant, dependent, obsessive-compulsive personality disorder, and personality disorder not otherwise specified (American Psychiatric Association, 2000).

Much of the research on personality disorders and ED has shown that people with certain types of PD are more likely to develop certain types of ED. Research has linked the restricting type AN with obsessive-compulsive personality traits, while EDs characterized by impulsivity, such as AN binge eating/purging type and BN, have been linked to impulsive PDs, like borderline personality disorder (Sansone, Levitt, and Sansone, 2005). Research has also shown that certain traits in PDs affect the onset, symptomatic expression, and maintenance of EDs. These traits include perfectionism, obsessive-compulsive traits, impulsivity, sensation seeking, narcissism, and sociotropy-autonomy (Cassin and von Ranson, 2005). A recent study found Cluster C PDs in about 45% of individuals with AN and 44% of individuals with BN, while cluster B PDs were found in 44% of individuals with BN (Bruce and Steiger, 2005). Research has raised

questions about what kind of a relationship exists between EDs and PDs (Sansone and Levitt, 2005). Several models exist that theorize about the connection between ED and borderline personality disorder (BPD) specifically. Two of the more intriguing models include the Spectrum/Subclinical Model, which states that ED and BPD share similar etiologies and mechanisms of action and therefore are not separate disorders, and the Predisposition/Vulnerability Model, which assumes that the PD occurs before the ED and increases the chances that the second disorder will develop (Sansone and Levitt, 2005).

Comorbidity of ED and PD has also been shown to impair recovery for individuals with AN and BN. Many studies have indicated that Cluster B and C type PDs and/or the traits associated with them impair the response of ED symptoms to treatment. The traits that mainly influence poor recovery seem to be impulsivity, interpersonal problems, and perfectionism, characteristics that are common in these types of PD (Bruce and Steiger, 2005).

Even though a great amount of research has been conducted about the dual diagnosis of ED and PD, many questions still remain unanswered. Researchers have difficulties defining and measuring personality dysfunction, and encounter problems in defining the relationship between PDs and EDs. They also do not know how EDs and PDs influence each other (Sansone and Levitt, 2005). Further research is still necessary to answer these questions.

### **The Research Study**

Although much research has focused on the connection between EDs and PDs, it appears that no research has been conducted to look at the relationship between non-

clinical personality traits and EDs. This research study examined the relationship between personality characteristics and eating behaviors with the moderating effect of body image. This study aimed to discover if normal personality traits affect body image, which in turn affects eating behaviors. The eating behaviors examined in the study included bingeing, purging, and restraining. The researchers hypothesized that even in a normal sample, correlations would exist between specific personality traits, body image, and eating behaviors. In order to measure these relationships, the study used six previously developed and widely used scales to examine personality traits, body image, and eating behaviors. These scales were the Keirsey Temperament Sorter (KTS), the Ten-Item Personality Inventory (TIPI), the Negative Self-Image Scale (NSI), the Body Dissatisfaction Scale (BDS), the Dieting Restraint Scale (DRS), and the Binge Scale (BS). These scales along with an informed consent letter, demographic data sheet, and a height-weight questionnaire made up the survey that was distributed to social work classes at a large public southwestern university. The researchers used a statistical package to analyze the data. Preliminary results support the hypothesized correlations between the three main concepts examined in the study.

### **Methods**

This study used six surveys to examine the relationship between personality type and eating behavior with the moderating variable of body image. After reviewing the literature, developing a research plan, and receiving approval from the Institutional Review Board, the researchers implemented the study in the fall 2006 semester. The researchers selected introductory social work classes, social work electives, and one

higher level social work class at the university and contacted the respective professors to get approval to collect data from these classes. On the agreed upon days, the researchers came into the classes and briefly explained the survey to the students. The researchers also explained that the surveys were completely anonymous, all data would be kept confidential and secure, and that participation was completely voluntary. The researchers then handed out the survey packets, which contained an informed consent letter and the questionnaires to all the females in the class. The researchers then left the classroom and returned after thirty minutes to retrieve the survey packets.

The researchers distributed the surveys to nine classes in total. Two hundred and fifteen students were available to complete the survey and the researchers received 201 surveys back from participants, making the response rate 93%. Although there was a high response rate, 17 of the 201 surveys were only partially completed.

The researchers converted the answers on the surveys into numerical codes and then entered the data into a Microsoft Excel spreadsheet. After the data was coded, the researchers used the Statistical Package for the Social Sciences (SPSS) to analyze the data.

## **Measures**

KEIRSEY TEMPERAMENT SORTER (KTS)

The KTS was developed as an abbreviated version of the Myers-Briggs Type Indicator (MBTI). Both questionnaires are based upon Jung's psychological types and has sixteen possible personality outcomes (Keirsey and Bates, 1978). This questionnaire consists of seventy questions that relate to four main aspects of personality. Participants chose between two answers to each question, choosing which best described their personality.

#### TEN-ITEM PERSONALITY INVENTORY (TIPI)

The TIPI is a ten item measure of the Big-Five (or Factor Five Model) personality dimensions. Developed at the University of Texas at Austin, this scale is a brief measure of personality, usually used when time is limited. Although it is not as effective as many multi-item instruments, it is valid and reliable (Gosling, Rentfrow, & Swann, 2003). The scale itself consists of ten statements of traits that participants then rate from one to seven where one is "disagree strongly," and seven is "agree strongly."

#### NEGATIVE SELF-IMAGE SCALE (NSI)

The NSI rates the severity of a person's negative feelings about their self image. This questionnaire consists of twelve personal statements which participants answer based on their level of agreement. The survey is answered on a scale of zero to three where zero is "never," and three is "always."

#### BODY DISSATISFACTION SCALE (BDS)

The BDS surveys a participant's severity of dissatisfaction with various body parts. This scale asks participants to rate their satisfaction with fifteen body parts. This survey is also answered using a scale of one to five where one is "extremely satisfied," and five is "extremely dissatisfied."

#### DIETING RESTRAINT SCALE (DRS)

The DRS assesses the severity of an individual's behavioral and attitudinal concern about dieting and keeping their weight down (Herman and Polivy, 1975). This scale contains eleven questions that ask about weight and restrictions placed on eating. Participants answered seven questions by choosing which answer fit them the best and four by writing in answers.

#### BINGE SCALE (BS)

The BS consisted of nineteen questions, of which the researchers eventually used ten. This scale is designed to measure behavioral and attitudinal parameters of bulimia and the severity of binge eating (Hawkins and Clement, 1980). Participants were asked to choose the answer that most applied to them on the questionnaire. Each answer was awarded a certain amount of points to yield a Binge Scale total score that was then used in the data analysis.

### **Findings**

The researchers converted the data to numerical codes and conducted data analysis using SPSS. Pearson Correlation coefficients were completed to examine the survey results, and the researchers found several significant relationships through this

preliminary analysis of the data. Correlations between personality traits and body image showed a slight negative correlation between the personality characteristics of openness and emotional stability and body dissatisfaction of  $-.234$  and  $-.219$  respectively, and the personality characteristic of emotional stability and negative self image of  $-.291$ .

Correlations between body image and eating behaviors indicated a high positive correlation between dieting restraint and binge eating of  $.643$ , negative self image and body dissatisfaction and dieting restraint of  $.745$  and  $.719$  respectively, negative self image and binge eating of  $.530$ , and a slight positive correlation between body dissatisfaction and binge eating of  $.385$ . The correlations between personality traits and eating behavior demonstrated a slight negative correlation between the personality characteristic of emotional stability and dieting restraint of  $-.230$ , and the personality characteristics of extraversion, emotional stability, and openness and binge eating of  $-.187$ ,  $-.223$ , and  $-.159$  respectively.

### **Discussion**

The researchers began this study with the hypothesis that personality affects body image, which in turn affects eating behavior. The data analysis showed slight negative correlations between some personality traits and body image, indicating that if the personality traits of openness and emotional stability are present in a person, they are less likely to be dissatisfied with their body and have a negative self image. This data established a slight link between personality traits and body image. The information from the surveys also showed a high correlation between body dissatisfaction and negative self image and the eating behaviors of binge eating and dieting restraint. This

piece of the data established a fairly strong link between body image and eating behavior. Lastly, the data also indicated a slight direct negative correlation between certain personality traits, such as emotional stability and extraversion, and eating behaviors such as binge eating and dieting restraint. This correlation indicated a slight link between personality types and eating behaviors. The preliminary results of this data analysis, while not causal, suggest that there is a significant relationship between personality traits and body image, body image and eating behaviors, and personality and eating behaviors.

This research study has provided evidence that begins to support the researchers' theory that personality characteristics affects body image which affects eating behaviors. It has uncovered exciting and useful information about the relationship between these variables in a normal sample of college females. Further data analysis to determine a causal relationship between these three variables will be necessary. These findings will help to build the clinical knowledge base on the etiology and treatment of eating disorders.

## **Appendix A: Informed Consent Letter**

## RESEARCH STUDY INFORMED CONSENT FORM

You are asked to participate in a research study investigating personality type, body image, and eating behavior. Below you will find some information about the study so that you can make an informed decision as to whether you agree to participate.

**Voluntary participation:** You are free to decide whether or not to participate in the study and you are free to stop at any time. You will not incur any penalty in this class or the School of Social Work if you choose not to participate or to discontinue participation. Since this survey is anonymous, your responses cannot be attached to you personally. The researchers are not requesting your signature on a consent form. Your completion of the questionnaire signifies informed consent. Please read the information below to ensure that you are informed about the study. You may keep this consent form for your own information if you wish (otherwise, you may return it with the questionnaire).

**Purpose of research:** The purpose of this study is to examine the relationship between personality type and eating behaviors and the mediating effect of body image.

**Selection of subjects:** You have been selected to participate because you are an undergraduate female student enrolled in an introductory social work course.

**General experimental procedures:** You are being asked to complete eight short scales which should take no more than thirty minutes. Please respond by marking your answer directly on the survey. When you are finished, please return the questionnaires to the box marked “questionnaires.” If you choose not to participate, you may return the survey packet to the same box.

**Risks:** The scales ask for some potentially sensitive personal information. These are standardized scales that have been developed for broad use in research. However, if you are concerned about any feelings that these questions might generate in you, please feel free to contact the Counseling Center or the faculty researcher (see below).

**Benefits:** There is a potential clinical benefit to the diagnosis and treatment of eating disorders and possibly early prevention of the development of these disorders. As a social work student, you may also benefit from the opportunity to learn more about the research process from the vantage point of a participant.

**Confidentiality:** You will complete these surveys anonymously. Your responses will not be traceable to you. All questionnaires will be kept secure by the researcher.

**Questions:** Please contact Dr. Catherine Hawkins at 245-2622 or [ch11@txstate.edu](mailto:ch11@txstate.edu) if you have any questions about this study. Please contact the Texas State Counseling Center at 245-2208 if you have any emotional concerns.

### Appendix B: Study Surveys

**DIRECTIONS:** Please read the consent form provided before responding to the questionnaire. Please answer directly on the questionnaire as indicated. Please try to answer all questions. It should take about 30 minutes to complete the questionnaire. Remember that this survey is anonymous so you can feel free to be completely honest in your responses. Thank you for participating in this study.

**SCALE #1**

**Instructions:** The following information is requested in order to describe the sample. Since these descriptors are categorical, no personal identifying information will be linked to you. Please circle the appropriate response that applies to you in each category below.

**AGE**

18-23  
24-30  
31-35  
36-40  
41-45  
46-45  
Over 50

**RACE/ETHNICITY**

Anglo/White  
Hispanic  
African-American  
Asian-American  
Other

**ACADEMIC LEVEL**

Freshman  
Sophomore  
Junior  
Senior

**MAJOR**

Social Work  
Other

**SCALE #2**

**Instructions:** Please answer the following questions in the space provided.

1. Marital status: Single\_\_\_\_\_ Married\_\_\_\_\_
2. Do you have any children? Yes\_\_\_\_\_ No\_\_\_\_\_ How many?\_\_\_\_\_
3. What is your present height and weight (lightly clothed, without shoes)?  
Height\_\_\_\_\_ Weight\_\_\_\_\_
4. Do you generally feel: concerned\_\_\_\_\_, unconcerned\_\_\_\_\_ about your present weight (check one). (“Concerned”: dieting recently, watching what you eat, thinking you are too fat or too thin, etc.?)
5. What is your “ideal” weight? \_\_\_\_\_pounds.
6. Do you think of yourself as \_\_\_\_\_very underweight, \_\_\_\_\_slightly underweight, \_\_\_\_\_normal weight, \_\_\_\_\_slightly overweight, \_\_\_\_\_very overweight (check one).
7. During which of the following periods have you been overweight?  

_____Never	_____As an adolescent (13-19 years)
_____Birth	_____Age 20-29
_____Infant	_____Age 30-39
_____As a child (2-6 years)	_____Age 40-49
_____As a child (7-13 years)	_____Age 50+
8. During which of the following periods have you been underweight?  

_____Never	_____As an adolescent (13-19 years)
_____Birth	_____Age 20-29
_____Infant	_____Age 30-39
_____As a child (2-6 years)	_____Age 40-49
_____As a child (7-13 years)	_____Age 50+
9. What is the heaviest you have been? Weight\_\_\_\_\_ at age\_\_\_\_\_.
10. What is the lightest you have been since puberty? Weight\_\_\_\_\_ at age\_\_\_\_\_.
11. In the past three months my weight has ranged from \_\_\_\_\_pounds to \_\_\_\_\_pounds.
12. In the past six months my weight has ranged from \_\_\_\_\_pounds to \_\_\_\_\_pounds.
13. In the past year my weight has ranged from \_\_\_\_\_pounds to \_\_\_\_\_pounds.
14. In the past five years my weight has ranged from \_\_\_\_\_pounds to \_\_\_\_\_pounds.
15. Estimate parents’ height and weight:

	Height	Weight
Mother	_____	_____

Father \_\_\_\_\_

**SCALE #3**

**Instructions:** Circle the answer that best describes you.

1. At a party do you
  - a. interact with many, including strangers
  - b. interact with a few, known to you
2. Are you more
  - a. realistic
  - b. philosophically inclined
3. Are you more intrigued by
  - a. facts
  - b. similes
4. Are you usually more
  - a. fair minded
  - b. kind hearted
5. Do you tend to be more
  - a. dispassionate
  - b. sympathetic
6. Do you prefer to work
  - a. to deadlines
  - b. just "whenever"
7. Do you tend to choose
  - a. rather carefully
  - b. somewhat impulsively
8. At parties do you
  - a. stay late, with increasing energy
  - b. leave early, with decreased energy
9. Are you a more
  - a. sensible person
  - b. reflective person
10. Are you more drawn to
  - a. hard data
  - b. abstruse ideas
11. Is it more natural for you to be
  - a. fair to others
  - b. nice to others
12. In first approaching others are you more
  - a. impersonal and detached
  - b. personal and engaging
13. Are you usually more
  - a. punctual
  - b. leisurely
14. Does it bother you more having things
  - a. incomplete
  - b. completed
15. In your social groups do you
  - a. keep abreast of others' happenings
  - b. get behind on the news
16. Are you usually more interested in
  - a. specifics
  - b. concepts
17. Do you prefer writers who
  - a. say what they mean
  - b. use lots of analogies
18. Are you more naturally
  - a. impartial
  - b. compassionate
19. In judging are you more likely to be
  - a. impersonal
  - b. sentimental
20. Do you usually
  - a. settle things
  - b. keep options open

21. Are you usually rather
  - a. quick to agree to a time
  - b. reluctant to agree to a time
22. In phoning do you
  - a. just start talking
  - b. rehearse what you'll say
23. Facts
  - a. speak for themselves
  - b. usually require interpretation
24. Do you prefer to work with
  - a. practical information
  - b. abstract ideas
25. Are you inclined to be more
  - a. cool headed
  - b. warm hearted
26. Would you rather be
  - a. more just than merciful
  - b. more merciful than just
27. Are you more comfortable
  - a. setting a schedule
  - b. putting things off
28. Are you more comfortable with
  - a. written agreements
  - b. handshake agreements
29. In company do you
  - a. start conversations
  - b. wait to be approached
30. Traditional common sense is
  - a. usually trustworthy
  - b. often misleading
31. Children often do not
  - a. make themselves useful enough
  - b. daydream enough
32. Are you usually more
  - a. tough minded
  - b. tender hearted
33. Are you more
  - a. firm than gentle
  - b. gentle than firm
34. Are you more prone to keep things
  - a. well organized
  - b. open-ended
35. Do you put more value on the
  - a. definite
  - b. variable
36. Does new interaction with others
  - a. stimulate and energize you
  - b. tax your reserves
37. Are you more frequently
  - a. a practical sort of person
  - b. an abstract sort of person
38. Which are you drawn to
  - a. accurate perception
  - b. concept formation
39. Which is more satisfying
  - a. to discuss an issue thoroughly
  - b. to arrive at agreement on an issue
40. Which rules you more
  - a. your head
  - b. your heart
41. Are you more comfortable with work
  - a. contracted
  - b. done on a casual basis
42. Do you prefer things to be
  - a. neat and orderly
  - b. optional
43. Do you prefer
  - a. many friends with brief contact
  - b. a few friends with longer contact

44. Are you more drawn to
  - a. substantial information
  - b. credible assumptions
45. Are you more interested in
  - a. production
  - b. research
46. Are you more comfortable when you are
  - a. objective
  - b. personal
47. Do you value in yourself more that you are
  - a. unwavering
  - b. devoted
48. Are you more comfortable with
  - a. final statements
  - b. tentative statements
49. Are you more comfortable
  - a. after a decision
  - b. before a decision
50. Do you
  - a. speak easily and at length with strangers
  - b. find little to say to strangers
51. Are you usually more interested in the
  - a. particular instance
  - b. general case
52. Do you feel
  - a. more practical than ingenious
  - b. more ingenious than practical
53. Are you typically more a person of
  - a. clear reason
  - b. strong feeling
54. Are you inclined more to be
  - a. fair-minded
  - b. sympathetic
55. Is it preferable mostly to
  - a. make sure things are arranged
  - b. just let things happen
56. Is it your way more to
  - a. get things settled
  - b. put off settlement
57. When the phone rings do you
  - a. hasten to get it first
  - b. hope someone else will answer
58. Do you prize more in yourself a
  - a. good sense of reality
  - b. good imagination
59. Are you drawn more to
  - a. fundamentals
  - b. overtones
60. In judging are you usually more
  - a. neutral
  - b. charitable
61. Do you consider yourself more
  - a. clear headed
  - b. good willed
62. Are you more prone to
  - a. schedule events
  - b. take things as they come
63. Are you a person that is more
  - a. routinized
  - b. whimsical
64. Are you more inclined to be
  - a. easy to approach
  - b. somewhat reserved
65. Do you have more fun with
  - a. hands-on experience
  - b. blue-sky fantasy
66. In writings do you prefer
  - a. the more literal
  - b. the more figurative

67. Are you usually more  
a. unbiased      b. compassionate
68. Are you typically more  
a. just than lenient      b. lenient than just
69. Is it more like you to  
a. make snap judgments      b. delay making judgments
70. Do you tend to be more  
a. deliberate than spontaneous      b. spontaneous than deliberate

#### SCALE #4

**Instructions:** Please write a number next to each statement to indicate the extent to which you agree or disagree with that statement. You should rate the extent to which the pair of traits applies to you, even if one characteristic applies more strongly than the other.

Disagree Strongly	Disagree moderately	Disagree a little	Neither agree nor disagree	Agree a little	Agree moderately	Agree Strongly
1	2	3	4	5	6	7

I see myself as:

1. \_\_\_\_\_ Extraverted, enthusiastic.
2. \_\_\_\_\_ Critical, quarrelsome.
3. \_\_\_\_\_ Dependable, self-disciplined.
4. \_\_\_\_\_ Anxious, easily upset.
5. \_\_\_\_\_ Open to new experiences, complex.
6. \_\_\_\_\_ Reserved, quiet.
7. \_\_\_\_\_ Sympathetic, warm.
8. \_\_\_\_\_ Disorganized, careless.
9. \_\_\_\_\_ Calm, emotionally stable.
10. \_\_\_\_\_ Conventional, uncreative.

#### SCALE #5

**Instructions:** Please write a number next to each statement to indicate the extent to which you agree with that statement.

Never	Sometimes	Often	Always
0	1	2	3

1. \_\_\_\_\_ I dislike seeing myself in mirrors.
2. \_\_\_\_\_ When shopping for clothes I am more aware of my weight problem and consequently I find shopping for clothes somewhat unpleasant.
3. \_\_\_\_\_ I'm ashamed to be seen in public.
4. \_\_\_\_\_ I prefer to avoid engaging in sports or outside activities because of my appearance.
5. \_\_\_\_\_ I feel somewhat embarrassed about my body in the presence of someone of the opposite sex.
6. \_\_\_\_\_ I think my body is ugly.
7. \_\_\_\_\_ I feel that other people must think my body is unattractive.
8. \_\_\_\_\_ I feel that my family or friends may be embarrassed to be seen with me.
9. \_\_\_\_\_ I find myself comparing myself to other people to see if they are heavier than I am.
10. \_\_\_\_\_ I find it difficult to enjoy activities because I am conscious about my physical appearance.
11. \_\_\_\_\_ My weight problem preoccupies most of my thinking.
12. \_\_\_\_\_ My thoughts about my body and physical appearance are negative or self-critical.

**SCALE #6**

**Instructions:** Please indicate your satisfaction with the following by circling the answer:

	extremely satisfied	moderately satisfied	neutral	moderately dissatisfied	extmely dissatisfied
1. Weight.....	1	2	3	4	5
2. Figure or physique.....	1	2	3	4	5
3. Appearance of stomach.....	1	2	3	4	5
4. Body build.....	1	2	3	4	5
5. Waist.....	1	2	3	4	5
6. Thighs.....	1	2	3	4	5
7. Buttocks.....	1	2	3	4	5
8. Hips.....	1	2	3	4	5
9. Legs.....	1	2	3	4	5
10. Shoulders.....	1	2	3	4	5
11. Arms.....	1	2	3	4	5
12. Size of stomach.....	1	2	3	4	5
13. Height.....	1	2	3	4	5
14. Upper thighs.....	1	2	3	4	5
15. Bottom.....	1	2	3	4	5

**SCALE #7**

**Instructions:** Please answer all questions by writing your answers or circling the choices provided.

1. How many pounds over your desired weight were you at your maximum weight?  
\_\_\_\_\_
2. How often are you dieting? Rarely sometimes usually always
3. Which best describes your behavior after you have eaten a “not allowed” food while on a diet? Return to diet Stop eating for an extended period of time in order to compensate Continue on a splurge, eating other “not allowed” foods.
4. What is the maximum weight that you have ever lost within one month? \_\_\_\_\_
5. What is your maximum weight gain within a week? \_\_\_\_\_
6. In a typical week, how much does your weight fluctuate (maximum-minimum)?  
\_\_\_\_\_
7. Would a weight fluctuation of 5 pounds affect the way you live your life?  
Not at all slightly moderately very much
8. Do you eat sensibly before others and make up for it alone?  
Never rarely often always
9. Do you give too much time and thought to food?  
Never rarely often always
10. Do you have feelings of guilt after overeating?  
Never rarely often always
11. How conscious are you of what you’re eating?  
Never rarely often always

### **SCALE #8**

**Instructions:** Binge eating involves periods of uncontrolled, excessive eating. If you respond “no” to the first item (“Do you ever binge eat?”), please do not answer any other questions. If you respond “yes” to the first item, please answer all questions. For each item, circle only one answer unless otherwise specified.

1. Do you ever binge eat?
  - a. yes
  - b. no
2. How often do you binge eat?
  - a. seldom

- b. once or twice a month
  - c. once a week
  - d. almost every day
3. What is the average length of a binge eating episode?
    - a. less than 15 minutes
    - b. 15 minutes to one hour
    - c. one hour to four hours
    - d. more than four hours
  4. Which of the following statements best applies to your binge eating?
    - a. I eat until I have had enough to satisfy me.
    - b. I eat until my stomach feels full.
    - c. I eat until my stomach feels painfully full.
    - d. I eat until I can't eat anymore.
  5. Do you ever vomit after a binge?
    - a. never
    - b. sometimes
    - c. usually
    - d. always
  6. Which one of the following best applies to your eating behavior when bingeing?
    - a. I eat more slowly than usual
    - b. I eat about the same as I normally do
    - c. I eat very rapidly
  7. How much are you concerned about your binge eating?
    - a. not bothered at all
    - b. bothers me a little
    - c. moderately concerned
    - d. a major concern
  8. Which best describes your feelings during a binge?
    - a. I feel that I could control the eating if I chose.
    - b. I feel that I have at least some control.
    - c. I feel completely out of control.
  9. Which of the following best describes your feelings after a binge?
    - a. I feel fairly neutral, not too concerned
    - b. I am moderately upset
    - c. I just hate myself
  10. Which most accurately describes your feelings after a binge?
    - a. not depressed at all
    - b. mildly depressed
    - c. moderately depressed
    - d. very depressed

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