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RELATIONSHIPS AMONG SHAME, PERSONALITY, AND EATING ATTITUDES AND BEHAVIORS

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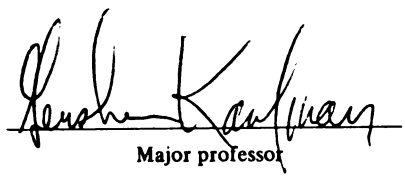

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RELATIONSHIPS AMONG SHAME, PERSONALITY, AND EATING ATTITUDES AND BEHAVIORS

By

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ABSTRACT

RELATIONSHIPS AMONG SHAME, PERSONALITY, AND EATING ATTITUDES AND BEHAVIORS

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Shame is an affect that is considered to be significantly associated with eating disorders. Consistent results have been found for eating-related shame, in which shame regarding specific eating contexts has been positively correlated with eating pathology. By contrast, results have been inconsistent for globalized shame, or shame affecting the entire self, with it being shown to be positively correlated with eating pathology in some, but not all studies. The current study addressed this issue by examining the relative importance of eating-related versus globalized shame for disordered eating using several measures of shame and eating pathology in a sample of 206 female undergraduates. Participants completed measures assessing eating pathology, eating-related and globalized shame, and personality. Results indicated that both eating-related and globalized shame were positively and significantly correlated with eating pathology. Results also showed that shame variables predicted eating pathology scores above and beyond the variance explained by personality factors. These findings suggest that globalized shame may be one of many precipitating and/or maintenance factors of eating pathology, and thus is an important factor to consider in treatment.

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CHAPTER 1

STATEMENT OF THE PROBLEM AND LITERATURE REVIEW

Shame is an affect that is considered to be significantly associated with eating disorders. Consistent results have been found for eating-related shame, in which shame regarding specific eating contexts has been positively correlated with eating pathology (Frank, 1991; Burney & Irwin, 2000). By contrast, results have been inconsistent for globalized shame, or shame affecting the entire self. Globalized shame has been shown to be positively correlated with eating pathology in some (McCreery, 1991; Sanftner, Barlow, Marschall, & Tangney, 1995), but not all studies (Burney & Irwin, 2000). Differentiating eating-related from globalized shame and determining their relative importance to eating disorder symptomatology is important for etiological and treatment considerations of eating disorders. The current study seeks to address this issue by examining the relative importance of eating-related versus globalized shame for disordered eating using several measures of shame and eating pathology.

Theories of Shame

Shame has come to be considered one of the most prominent affects over the past few decades (Kaufman, 1996). With more research suggesting that shame plays a role in psychological disorders, attention has shifted to better defining shame and distinguishing this affect from other affects and experiences. Efforts at clarifying the construct of shame have led to a general definition of shame consistent with research and clinical findings.

Erik Erikson (1950) was one of the first psychologists to highlight the importance of shame. He viewed shame as a possible consequence of the second of his eight

theoretical psychosocial stages. A child experienced shame during this stage if autonomy was denied. Erikson noted that shame had been scarcely studied because guilt had been given greater attention. Nevertheless, he stated that shame caused a person to feel completely exposed and highly self-conscious. As a result, Erikson believed that shame was expressed as rage directed toward the self and motivated a person's desire to become invisible.

Following Erikson, other authors have added their own perspectives on the experience of shame. Morrison (1989), drawing on Heinz Kohut's self psychology theory, believes that shame is central to narcissism. The narcissistic individual essentially feels unacceptable to himself and others but relies on the defenses of grandiosity and arrogance to cover the experience of shame. For Morrison, shame is akin to the emptiness that underlies narcissism.

Silvan Tomkins and Helen Block Lewis have provided the two theoretical formulations of shame which have guided most theory and research, and these authors' contributions form the basis for the types of shame examined in the current study. Tomkins argued that shame was one of the most painful and disturbing affects, which causes a person to feel inferior and humiliated. He also posited that shame was one of nine innate affects associated with a distinct set of muscle, facial, and skin responses (1962, 1963). Tomkins described the characteristic physical response of shame as the lowering of the head and eyes. Cross-cultural studies have supported Tomkins's belief that shame is an innate affect by showing that shame is associated with universal facial expressions (Ekman, 1971).

Tomkins also differentiated shame from the other affects by labeling shame as an auxiliary affect. This meant that shame could only occur if the positive affects of interest and enjoyment were first activated. Tomkins believed that whenever expressions of interest or enjoyment were interrupted, shame would be innately activated. For example, when a child expects to see a familiar caregiver, the affects of interest and excitement are activated. However, if the child is then met with an unfamiliar face, interest and enjoyment are inhibited and shame is innately activated.

Other authors have generally agreed with Tomkins's description of shame and have also emphasized that the experience of shame causes a person to feel exposed and naked, leading to a wish to disappear or hide (Izard, 1977; Lewis, 1992; Kaufman, 1996). In addition, Kaufman (1996) has described the process of shame internalization, whereby shame is repeatedly associated with affects such as anger or fear, interpersonal needs such as needs for affirmation and differentiation, and sexual and hunger drives. After these connections are established, Kaufman believes that shame binds develop. A shame bind represents a permanent connection between shame and affects, needs, or drives. Thus, whenever a person seeks to express an affect, need, or drive that has become connected to shame, the experience of shame prevents expression of the shame bound affect, need, or drive. In this way, shame becomes internalized and plays an important role in inhibiting behavior and emotion. For example, a girl who is repeatedly shamed by her parents for eating too much may develop an aversion to food. The hunger drive becomes connected with shame and then hunger itself becomes shameful, causing the girl to avoid food.

Helen Block Lewis (1971) agreed with Tomkins that shame was an important affect to examine, but she focused more on the role of the self in shame. She believed that the self came under global scrutiny during the experience of shame, whereby a person would globally feel deficient and worthless. In addition, Lewis emphasized that shame is centered on the whole self, and because of this, shame is an extremely damaging emotion that threatens the stability of the self.

Role of Shame in Eating Disorders

Despite the slight variations in the conceptualization of shame, there is consensus that shame is an important factor in psychopathology (Lewis, 1971; Kaufman, 1996; Tangney, 1995). Shame has been associated with a range of psychopathology, including anxiety, depression, sexual dysfunction, bipolar disorder, narcissistic personality disorder, and eating disorders (Cook, 1990; Morrison, 1989; Kaufman, 1996). For example, Tangney, Wagner, and Gramzow (1992) found shame to be significantly and positively associated with the nine psychopathology indices (e.g., somaticization, obsessive-compulsive, psychoticism) of the Symptom Checklist 90 (SCL-90; Derogatis, Lipman, & Covi, 1973), depression on the Beck Depression Inventory (BDI; Beck, 1972), and state and trait anxiety on the State-Trait Anxiety Inventory (STAI: Speilberger, Gorsuch, & Lushene, 1970). Although shame has been implicated in a range of psychopathology, the current study focuses on shame and eating disorders, an area that has received little attention.

The primary eating disorders are anorexia nervosa and bulimia nervosa. In anorexia nervosa, there is an intense fear of weight gain, and a refusal to maintain a normal body weight (i.e., weight less than 85% of ideal body weight; American

Psychiatric Association, 1994). In addition, anorexia nervosa is characterized by a disturbance in perception of body shape or size. Bulimia nervosa is characterized by repeated binge eating and inappropriate compensatory behaviors to counteract the weight gain from bingeing (American Psychiatric Association, 1994). Some of these behaviors include self-induced vomiting and the misuse of laxatives, diuretics, and enemas. In bulimia nervosa, like anorexia nervosa, there is also a disturbance in the perception of body shape and size, such that these factors unduly influence self-esteem.

Theories of Eating Disorders and Shame

Several authors have hypothesized links between eating disorders and shame-related constructs. Silberstein, Striegel-Moore, and Rodin (1987) believe that shame is often associated with symptoms of eating disorders for a number of reasons. First, women may feel shame when they are not able to match an almost impossible internalized ideal of beauty dictated by society. Many women with eating disorders struggle to achieve this unattainable standard and continue these efforts to the point of abnormal eating attitudes and behaviors. Second, women with eating disorders are constantly surveying their bodies and feel that others are always doing the same to them. As a result, these women often desire to hide their bodies and avoid exposure, which is characteristic of shame. Third, women with eating disorders generally feel bad about themselves globally. Thus, women do not only feel shame about their weight, but they also tend to feel that they are worthless, which contributes to an overall level of low self-esteem.

Kaufman (1996) has also discussed the centrality of shame in eating disorders by formulating his own ideas about anorexia and bulimia nervosa based on Tomkins's affect

theory. Kaufman argues that shame is an etiological factor for both of these disorders, as he believes that a shame bind between shame and the hunger drive typically precedes their development. For example, Kaufman (1996) points out that some women with eating disorders come from families in which parents have force-fed them or have particularly emphasized disordered eating behavior and attitudes. Kaufman argues that shame associated with these incidents can lead to a hunger-shame bind that eventually leads to food aversion.

In addition to hunger-shame binds, Kaufman posits that interpersonal need-shame binds typically contribute to the formation of eating disorders. In bulimia nervosa, Kaufman believes that shame is present in both bingeing and purging. A woman engages in bingeing as a substitute for interpersonal needs that have become shame bound. For example, if a woman has been repeatedly shamed for seeking affection or care from others or has been shamed for the desire to be loved or admired, she may seek these unmet needs through food. In other words, interpersonal needs such as needs for affirmation and differentiation that have been repeatedly associated with shame cannot be satisfied due to the painful, inhibiting force of shame. A woman therefore turns to food as a means of attempting to satisfy her unmet interpersonal needs.

Kaufman argues that food is never able to satisfy these unmet shame-bound interpersonal needs, and shame increases during the bingeing process. As this shame increases, the affect of disgust emerges as part of purging. Kaufman indicates that Tomkins classified disgust as a defensive response to harmful substances that serves to prevent them from entering the body. During the act of purging, a woman attempts to rid the harmful shame that has intensified during the bingeing. Disgust motivates the woman

to purge, and the purging functions to temporarily relieve shame, but the shame once again appears and the binge-purge cycle is reactivated.

In anorexia nervosa, Kaufman believes that shame causes a woman to reject food due to the affect of dissmell. This affect, similar to disgust, functions to distance a person from a noxious substance and also to reduce intense levels of shame. But, unlike disgust, in which a substance is actually expectorated, dissmell motivates avoidance of the substance altogether. Therefore, women with anorexia nervosa distance themselves from food and turn to control as a method of avoiding food. Kaufman believes that this control over food is symbolic of the need to control the overwhelming shame present in anorexia. This shame may have resulted from a hunger-shame bind in which parents emphasized disordered eating attitudes and beliefs to their children, whereby shame became linked with the hunger drive, ultimately leading to food aversion.

Empirical Studies

Although Kaufman (1996) and others have emphasized the importance of shame in eating disorders, few studies have examined this idea. The research that has been done has examined relationships between eating disorder symptoms and shame in women using eating disorder questionnaires that assess the presence and severity of symptoms characteristic of eating disorders. These studies have sought to determine whether globalized and/or eating-related shame contribute to eating pathology, with mixed results.

Globalized shame is considered to be shame that deeply penetrates the entire self of an individual, leading to a general inhibition of a variety of meaningful behaviors and emotions. A person with globalized shame experiences feelings of inferiority and humiliation at the core of their lives. By contrast, eating-related shame focuses

specifically on shame associated with the act of eating and body image. Shame associated with body image is also labeled as body-related shame and is considered to be a facet of eating-related shame. Unlike globalized shame, a person experiencing eating-related shame may feel deficient because she ate too much food, but these feelings of deficiency do not necessarily generalize to her core self beliefs.

Several studies have suggested that eating-related shame is associated with disordered eating. For example, Frank (1991) used the Eating Attitudes Test (EAT; Garner, Olmsted, Bohr, & Garfinkel, 1982) to assess eating disorder symptomatology and the Shame and Guilt Eating Scale (SGES; Frank, 1989/1990) to assess eating-related shame (e.g., shame related to normal eating and overeating situations) in 30 non-symptomatic and 30 symptomatic women. Findings suggested that women with symptoms of eating disorders had significantly higher levels of eating-related shame than control subjects. Similarly, Burney and Irwin (2000) found both eating-related (as measured by the SGES) and body-related (e.g., shame about appearance and size, as measured by the Objectified Body Consciousness Scale; McKinley & Hyde, 1996) shame to be significantly associated with EAT scores in 97 Australian women.

Findings regarding globalized shame have been less consistent. For example, McCreery (1991) found internalized shame, a form of globalized shame, to be significantly associated with symptoms of bulimia nervosa. This author used the Eating Disorders Inventory (EDI; Garner & Olmsted, 1984) to measure eating disorder symptomatology and the Internalized Shame Scale (ISS; Cook, 1990) to measure shame in 20 women with bulimic symptoms and 20 women without these symptoms. Findings

indicated that women with symptoms of bulimia nervosa had significantly higher levels of internalized shame than control subjects.

In another study of globalized shame, Sanftner et al. (1995) investigated the relationship between shame-proneness (a form of globalized shame) and eating disorder symptomatology in 171 undergraduate women. Participants were given the Eating Disorder Inventory (EDI-2; Garner, 1991) and the Test of Self-Conscious Affect (TOSCA; Tangney, Wagner, & Gramzow, 1989), a measure of shame-proneness. Findings revealed that shame-proneness was significantly and positively associated with eating disorder symptomatology.

In contrast to the studies above, Burney and Irwin (2000) did not find globalized shame to be associated with disordered eating. Using the sample of 97 Australian women briefly noted above, these authors failed to find significant associations between the TOSCA shame scale and EAT scores.

Overall, existing research has demonstrated that eating and body-related shame are associated with eating disorder symptomatology. Findings are much less consistent for globalized shame, with some studies showing significant associations while others do not. Determining the relative role of globalized shame in eating pathology is important for etiological and treatment considerations of eating disorders because globalized shame may represent one of many precipitating factors in the development of eating pathology. Additionally, if globalized shame is partially responsible for the development or maintenance of eating pathology, targeting this affect in treatment could be valuable. The current study seeks to further investigate the role of shame in eating pathology by

examining relationships between disordered eating and both globalized as well as eating-related shame.

CHAPTER 2

DESIGN OF THE CURRENT STUDY

Due to the inconsistent results noted above, additional research is needed to clarify shame and eating pathology relationships. The current study sought to examine relationships between eating pathology and both eating-related and globalized shame. In addition, it sought to improve upon past research by including a variety of shame and eating pathology measures that have been used in separate studies but never together.

It was anticipated that the current study would replicate previous work showing significant and positive correlations between eating and body-related shame and eating pathology. In addition, it was hypothesized that positive and significant relationships would be found between globalized shame and eating attitudes and behaviors. This hypothesis was based on previous studies showing significant relationships between internalized shame, low-self esteem, worthlessness, and eating pathology (McCreery, 1991; Fryer, Waller, & Kroese, 1997; Abrams, Allen, & Gray, 1993; Killen, Hayward, Wilson, Taylor, Hammer, Litt, Simmonds, & Haydel, 1994).

Additionally, the present study included a measure of personality, a dimension that had not been explored in previous studies of shame and disordered eating relationships. This component of the study would provide information regarding the relationship between shame, specific personality factors, and eating pathology. Previous studies have found that the three higher-order factors (Positive Emotionality, Negative Emotionality, and Constraint) of the Multidimensional Personality Questionnaire (MPQ; Tellegen, 1982) are significant predictors of eating pathology (Leon, Fulkerson, Perry, &

Cudeck, 1993; Leon, Fulkerson, Perry, Keel, & Klump, 1999; Pryor & Wiederman, 1996). Positive Emotionality assesses pleasurable engagement in work and social activities. Negative Emotionality assesses anger, stress, and anxiety, and Constraint assesses inhibition and caution. Several of these factors, particularly Negative Emotionality, may be related to shame such that women who tend to be dysphoric, pessimistic, and anxious may be more prone to experience shame than women who are less dysphoric and anxious. Understanding relationships between personality and shame will increase understanding of the role that shame may play in eating pathology.

The current study tested the following hypotheses:

1. Globalized and eating-related shame will be significantly and positively correlated with each other as well as with EDI, EAT, Negative Emotionality, and Constraint scores. In addition, these shame measures will be negatively correlated with Positive Emotionality.
2. Globalized and eating-related shame will be significant predictors of EAT overall scores and the EDI subscales Drive for Thinness, Bulimia, and Body Dissatisfaction. Additionally, they will predict above and beyond the variance accounted for by the personality factors Negative Emotionality and Constraint.

CHAPTER 3

METHOD

Participants

Participants included 206 female undergraduate students at Michigan State University, who were recruited from introductory psychology courses and received course credit for their participation. Participants ranged in age from 17 to 24 years. Regarding ethnicity, 80.1% of participants were Caucasian, 8.3% were African American, 3.4% were Hispanic, 3.4% were Asian, .5% were Native American, and 4.4% were "other".

To assess socioeconomic status, the highest education level of participants' mothers and fathers was examined. Two and one-half percent of mothers did not complete high school, 22.3% finished high school, 16.3% completed some college, 6.9% completed an associate's degree, 33.7% completed college, 15.8% completed a master's degree, and 2.5% finished an advanced degree (Ph.D., M.D., J.D.). Similar percentages were observed for the fathers, in that 1% of them did not complete high school, 23.6% completed high school, 11.3% finished some college, 2.6% completed an associate's degree, 37.9% completed college, 12.3% completed a master's degree, and 11.3% finished an advanced degree.

Measures

Disordered Eating Characteristics

Eating Disorder Inventory-2 (EDI-2)

The EDI-2 (Garner, 1991) is a 91-item self-report measure designed to assess psychological and behavioral traits associated with anorexia nervosa and bulimia nervosa. The EDI-2 consists of eleven subscales including Drive for Thinness, Bulimia, Body Dissatisfaction, Ineffectiveness, Perfectionism, Interpersonal Distrust, Interoceptive Awareness, Maturity Fears, Asceticism, Impulse Regulation, and Social Insecurity.

The first three of these subscales measure core disordered eating attitudes and behaviors, whereas the last eight assess personality traits believed to be associated with eating pathology. Given the current study's focus on disordered eating behaviors, only the Drive for Thinness (i.e., excessive preoccupation with dieting, weight, and weight gain), Bulimia (i.e., thoughts about binge eating and the tendency to engage in bingeing behaviors) and Body Dissatisfaction (i.e., dissatisfaction with the shape and size of one's body) subscales were used in analyses. Respondents rate each EDI-2 item on a six-point scale, ranging from "always" to "never." Higher scores indicate more disturbances in disordered eating attitudes and behaviors.

The EDI-2 shows good internal consistency within eating disordered samples with alphas ranging from .83 to .93 for the original eight subscales (Garner & Olmsted, 1984), and .70 to .80 for the remaining three (Garner, 1991). Internal consistency is also adequate within community samples (alphas = .44 to .93), albeit somewhat lower than in clinical populations. One-week (.67-.95), three-week (.65-.97), and one-year (.41-.75) test-retest reliabilities have been found to be moderate-to-high in undergraduate college and community samples (Welch, 1988; Wear & Pratz, 1987; Crowther, Lilly, Crawford, Shepherd, & Oliver, 1990). The validity of the EDI-2 has been supported by studies

indicating that items discriminate between eating disorder and non-eating disorder subjects (Garner, 1991).

Eating Attitudes Test (EAT-40)

The EAT (Garner & Garfinkel, 1979) is a 40-item self-report measure used to assess symptoms of anorexia nervosa and bulimia nervosa. This standardized measure is the most widely used instrument to assess symptoms of eating disorders (Garfinkel & Newman, 2001). Respondents rate each item on a 6-point scale ranging from "always" to "never." Higher scores on items indicate more eating pathology. The only subscale on the EAT is the total score, which is the sum of the 40 responses. The EAT differs from the EDI-2 in that the former primarily assesses behavioral symptoms of anorexia and bulimia, whereas the EDI-2 includes items measuring psychological dimensions and personality characteristics associated with anorexia and bulimia in addition to behavioral symptoms.

Psychometric studies of the EAT have been conducted using two independent samples of anorexia nervosa and non-eating disorder participants. For the anorexic sample and pooled anorexic/non-eating disorder sample, Cronbach's alpha has been shown to be .79 and .94, respectively (Garner & Garfinkel, 1979). In another study, two- to three-week test-retest reliability for the EAT has been shown to be .84 (Carter & Moss, 1984). Regarding validity, the EAT has been shown to predict membership in anorexic and non-eating disorder groups (Garner & Garfinkel, 1979). In addition, discriminant validity for the EAT has been shown by insignificant correlations for a non-eating disorder sample between the EAT and Restraint Scale (Herman & Polivy, 1975) and the Eysenck Personality Inventory (Eysenck & Eysenck, 1968).

Globalized Shame

Internalized Shame Scale (ISS)

The ISS (Cook, 1990) is a 30-item self-report questionnaire that assesses internalized levels of shame. Internalized shame is thought to be a stable and enduring negative affect that influences the entire self (Kaufman, 1996). Respondents are asked to rate each item on a 5-point scale, ranging from "never" to "almost always." Higher scores on items indicate more internalized shame. The ISS includes a basic shame scale and a self-esteem scale. Given the current study's hypotheses, only the shame scale was examined in analyses. This shame scale is comprised of 24 items that have been based on phenomenological descriptions of the experience of shame; all items are negative in valence (e.g., "I feel intensely inadequate and full of self-doubt") to reflect the negative language and feelings associated with shame (Cook, 1996). The total score for the ISS is the sum of the 24 responses on the shame scale.

The ISS Shame scale shows good internal consistency (alpha = .94) within college student samples as well as clinical samples comprised of subjects with alcohol dependence, depression, eating disorders, and other psychiatric disorders (alpha = .96; Cook, 1990). Nine-week test-retest reliability has been shown to be high (.84; Cook, 1990).

Test of Self-Conscious Affect (TOSCA)

The TOSCA (Tangney, Wagner, & Gramzow, 1989) is designed to assess proneness to shame and to guilt, externalization of blame, detachment-unconcern, alpha pride (pride in self), and beta pride (pride in behavior). The TOSCA consists of 15 items that describe scenarios experienced in daily life. Of the 15 scenarios presented, 5

describe positive outcomes (e.g., "You and a group of coworkers worked very hard on a project. Your boss singles you out for a bonus because the project was such a success"), and 10 describe negative outcomes (e.g., "You are driving down the road, and you hit a small animal"). Each scenario is followed by four or five responses, one of which is a phenomenological description characteristic of shame. The remaining three or four responses are descriptions associated with the other subscales of this measure. Participants rate the likelihood of responding to each item on a 5-point scale, ranging from "not likely" to "very likely." Higher scores on items indicate greater levels of shame.

Again, given the hypotheses of the current study, only the proneness to shame index was examined in the current study. This scale conceptualizes shame as a negative affect influencing the entire self, and this appears to be akin to internalized shame on the ISS. However, Cook (1996) argues that the scenario format of the TOSCA is not adequate for measuring shame because shame is not restricted to specific situations. Because shame affects the entire self, Cook believes that using phenomenological descriptions not bound by a specific situation, as in the case of the ISS, is a better method of assessing shame. Currently, it is unclear whether the two measures assess different forms of shame, and thus both instruments are included in the current study.

The TOSCA demonstrates good internal consistency for the shame subscale with alpha of .74 (Tangney, Wagner, Hill-Barlow, Marschall, & Gramzow, 1996). In addition, test-retest reliability has been shown to be .85 for the shame subscale (Tangney, Wagner, Fletcher, & Gramzow, 1992).

Eating-Related Shame

Shame and Guilt Eating Scale (SGES)

The SGES (Frank, 1989, 1990) is a 4-item self-report questionnaire designed to assess eating-related shame and guilt in normal eating and overeating situations. Respondents are asked to rate each item on a 5-point scale, ranging from "almost always" to "never." Higher scores on items indicate greater levels of shame and guilt. Frank (1989,1990) used a combined index score of shame and guilt for the SGES, and Burney and Irwin (2000) modified this to include separate indices of shame and guilt. The current study only examined the shame index. Frank reported that the full-scale alpha for the SGES in 94 college students was .81, but the internal consistency of the separate indices has not been examined. Furthermore, test-retest reliability and validity have not been established for this measure.

Scale of Eating Specific Shame (SESS)

The SESS is a 14-item self-report questionnaire designed to measure eating-related shame in various eating situations. Due to the limited psychometric data available on the SGES and the infrequent use of this instrument as a measure of eating-related shame, the SESS was developed for this study in order to provide an alternative measure of eating-related shame. Respondents rate each item on a 5-point scale, ranging from "never" to "almost always." Higher scores represent higher levels of eating-related shame. Example items include, "Eating makes me feel like an empty person" and "I lower my head when someone watches me eat."

Objectified Body Consciousness Scale (OBC)

The OBC (McKinley & Hyde, 1996) is a 24-item self-report questionnaire assessing objectified body consciousness, which is a woman's experience that her body is

an object and the beliefs associated with this experience. The concept of objectified body consciousness has been derived from feminist theorists who believe that culture has constructed the meaning of the feminine body to be an object that is observed (Spitzack, 1990). Respondents rate each item on a 7-point scale, ranging from "strongly agree" to "strongly disagree." The OBC consists of three subscales including body surveillance, body shame, and appearance control beliefs. Body shame measures shame associated with the failure to achieve internalized cultural standards of how the feminine body should look. Higher scores on the body shame scale represent greater levels of shame resulting from the failure to achieve cultural body standards. Only the body shame subscale was examined in the current study.

The OBC shows good internal consistency within samples of undergraduate and middle-aged women with alphas ranging from .70 to .84 for the body shame subscale (McKinley & Hyde, 1996). In addition, two-week test-retest reliability has been shown to be .79 for the body shame subscale (McKinley & Hyde, 1996). Regarding validity, items on the OBC body shame subscale have been shown to discriminate between women with more versus less eating disorder symptomatology (McKinley & Hyde, 1996).

Personality Characteristics

Multidimensional Personality Questionnaire (MPQ)

The MPQ (Tellegen, 1982) is a 300-item self-report questionnaire assessing normal range personality characteristics on eleven primary scales and three higher-order factors that are weighted linear composites of the primary scales. Given previous work with eating disordered populations (Casper, 1990; Casper, Hedeker, & McClough, 1992;

Pryor & Wiederman, 1996; Leon, Fulkerson, Perry, Keel, & Klump, 1999), only the higher-order factors were considered in the present study.

The first higher-order factor is Positive Emotionality, which is comprised of the primary scales Well Being, Social Potency, Achievement, and Social Closeness. High scores on this factor suggest active and pleasurable engagement in work and social activities. The second factor, Negative Emotionality, is comprised of the primary scales Stress Reaction, Alienation, and Aggression. High scores on this factor suggest a tendency to experience strong negative emotions such as stress, anxiety, anger, and resentment. Finally, the third factor, Constraint, is comprised of the primary scales Control, Harm Avoidance, and Traditionalism. High scores on this scale indicate a tendency toward caution, restraint, and inhibition.

The MPQ shows good internal consistency within college and community samples with alphas ranging from .76 to .90 for the eleven primary scales, with a median alpha of .85 (Tellegen, 1982). One-month test-retest reliability for a college student sample ranged from .82 to .92, with a median value of .89. Construct validity for the MPQ has been demonstrated by significant correlations between the three higher-order factors and other major personality factors from the California Personality Inventory (CPI; Gough, 1975), the Eysenck Personality Questionnaire (EPQ; Eysenck & Eysenck, 1975), the 16-PF (Cattell, Eber, & Tatsuoka, 1970), and the Personality Research Form (PRF; Jackson, 1974).

Demographics and Body Weight

Demographic Questionnaire

A general demographic questionnaire was used to collect information regarding age, ethnicity, and socioeconomic status.

Procedures

Participants were scheduled for one and a half-hour testing sessions and were tested in groups of two on separate computers. Upon arrival for the study, participants provided informed consent and were asked to complete the nine questionnaires. Participants' height and weight were then measured. Finally, participants were debriefed about the study goals and rationale after completion of these questionnaires and measurements.

CHAPTER 4

RESULTS

Statistical Analyses

Descriptive statistics were computed for eating, shame, personality, and age variables, and internal consistencies were computed for eating and shame variables. Variables with positively skewed distributions were transformed using a standard log transformation method. Four variables were transformed, including the EAT total score, EDI-2 Bulimia subscale, SGES total score, and SESS total score. Pearson Product Moment correlations between eating, shame, and personality variables were used to examine initial between-subject associations of shame and eating pathology.

Separate multiple hierarchical regression analyses were then used to examine the relative contribution of personality variables and shame to the total variance in EAT, EDI Drive for Thinness, EDI Bulimia, and EDI Body Dissatisfaction scores. Each regression included one of the four eating measures as the dependent variable, and the personality factors Positive Emotionality, Negative Emotionality, and Constraint were entered into the first block, the two globalized shame measures were entered into the second block, and the three eating-related shame measures were entered into the third block. Variables were entered into the regression in the specified order based on the hypothesis that stable, trait-like personality factors would account for the largest variance in eating scores, followed by globalized shame, another trait-like characteristic. Eating-related shame measures were entered last into the regression because it was predicted that specific shame would not account for as large of a portion of the variance in eating scores as

personality and globalized shame. A conservative p value of .01 was used to account for the relatively large number of analyses conducted.

Descriptive Statistics

Table 1 presents descriptive statistics for the eating, shame, personality, and age variables, and internal consistencies for the eating and shame variables. Internal consistencies could not be computed for the personality factors because these variables are higher-order factors comprised of weighted linear composites of the primary scales. Overall, high internal consistencies were found for the eating and shame variables, indicating that items within each measure were highly correlated with one another. These internal consistency values are similar to ones reported previously in the literature.

Relationships between Globalized and Eating-Related Shame

To examine the first part of hypothesis 1 that globalized and eating-related shame would be significantly and positively correlated with each other, correlations were conducted between these measures (see Table 2). All of the shame measures were significantly and positively correlated with each other, supporting the first part of hypothesis 1. This suggests that higher levels of globalized shame are associated with higher levels of eating-related shame.

Relationships between Shame, Eating Behaviors, and Personality Characteristics

The second part of hypothesis 1 predicted that globalized and eating-related shame would be significantly and positively correlated with EDI, EAT, Negative Emotionality, and Constraint scores. Furthermore, it was predicted that shame measures would be negatively correlated with Positive Emotionality. Table 2 presents correlations between globalized shame, eating measures, and personality factors. Consistent with

these hypotheses, globalized shame was positively correlated with EDI, EAT, Negative Emotionality, and Constraint, and globalized shame was negatively correlated with Positive Emotionality. These findings suggest that higher levels of globalized shame are associated with higher levels of eating pathology, Negative Emotionality, and Constraint. Moreover, higher levels of globalized shame are associated with lower levels of Positive Emotionality. In terms of the specific globalized shame measures, the ISS was negatively correlated with Positive Emotionality, whereas the TOSCA was not correlated with this personality factor. Additionally, the TOSCA was positively correlated with Constraint, and the ISS was not. Thus, the ISS and TOSCA appear to be differentially associated with the specific personality characteristics of Positive Emotionality and Constraint.

Table 2 also presents correlations between eating-related shame, eating measures, and personality factors. Eating-related shame was positively correlated with the eating measures, and the Negative Emotionality and Constraint personality factors, supporting hypothesis 1. This suggests that higher levels of eating-related shame are associated with similar levels of eating pathology, Negative Emotionality, and Constraint. However, eating-related shame was not significantly associated with the Positive Emotionality personality factor, providing evidence against this part of the hypothesis. This suggests that there is no association between differing levels of eating-related shame and Positive Emotionality.

Predictive Relationships between Shame, Personality, and Disordered Eating

To examine hypothesis 2, four hierarchical multiple regressions were performed. These regressions tested the prediction that globalized and eating-related shame would be

significant predictors of EAT scores and the three EDI-2 subscales above and beyond the variance accounted for by the personality factors Negative Emotionality and Constraint. Tables 3, 4, 5, and 6 present results from the regression analyses and include standardized regression coefficients (β), Multiple R ($\underline{R}$), Effect size ($\underline{R}^2$), R^2 change ($\Delta\underline{R}^2$) values, as well as significance levels for the betas for each individual predictor.

Overall, results from the four regressions indicated that personality showed predictable relationships with all eating variables except Bulimia in step 1, a finding consistent with previous studies. Results also showed the novel finding that shame variables predicted above and beyond the variance explained by these personality factors, thus supporting hypothesis 2. For each regression, there was a significant increase in variance at each step, suggesting that globalized shame accounted for variance above and beyond personality, and that eating-related shame accounted for variance above and beyond both. Regarding globalized shame specifically, ISS shame accounted for the largest amount of explained variance in each regression compared to TOSCA shame. No one measure of eating-related shame consistently accounted for the largest amount of explained variance in disordered eating.

For the first regression, it was found that globalized shame predicted EAT scores above and beyond the variance accounted for by personality. In the second step, the variables Constraint, ISS shame, and TOSCA shame all accounted for significant variance in the prediction of EAT scores. The addition of the eating-related shame measures in step 3 resulted in a significant increase in variance explained beyond step 2. SESS shame, SGES shame, and OBC shame accounted for this final model's variance.

Thus, eating-related rather than globalized shame accounted for significant variance in the prediction of EAT scores in the final model.

In the second regression, results showed that globalized shame predicted EDI-2 Body Dissatisfaction scores beyond the variance accounted for by personality factors. ISS shame was the only variable in the second step to account for significant variance in the prediction of Body Dissatisfaction scores. The inclusion of eating-related shame in the third step explained more of the total and incremental variance in Body Dissatisfaction scores. Only OBC shame accounted for significant variance in the final model. Similar to the first regression, the prediction of Body Dissatisfaction was best accounted for by eating-related rather than globalized shame in the final model.

Results from the third regression showed that globalized shame predicted EDI-2 Drive for Thinness scores beyond the variance accounted for by personality. Only ISS shame accounted for significant variance in predicting Drive for Thinness scores in this step. The addition of eating-related shame in the third step resulted in a significant increase in variance explained beyond the second step. All of the eating-related shame measures significantly accounted for the explained variance in this final model.

For the final regression, it was found that globalized shame predicted EDI-2 Bulimia scores above and beyond the variance explained by personality. Only ISS shame accounted for the explained variance in step 2. The inclusion of eating-related shame in the third step explained variance in Bulimia scores.

CHAPTER 5

DISCUSSION

Findings from the current study represent a significant contribution to the literature on shame and disordered eating behaviors and attitudes, as this was the largest study of globalized and eating-related shame to date. In terms of predictive relationships between globalized, eating-related shame, and disordered eating, results showed that both globalized and eating-related shame accounted for significant variance in disordered eating above and beyond variance explained by personality factors. Of the globalized shame measures, ISS shame accounted for the largest amount of variance in disordered eating, with TOSCA shame overall accounting for negligible variance. Finally, when eating-related shame was entered into the overall model, this type of shame accounted for the largest amount of variance in disordered eating, with globalized shame and personality generally no longer significant predictors of disordered eating.

The above findings are notable in showing the importance of eating-related and globalized shame in relation to disordered eating. Findings replicate previous research suggesting significant associations between eating-related shame and disordered eating. However, findings are unique in suggesting that globalized shame is also significantly related to eating pathology. This finding highlights the need to further examine the role of globalized shame in the etiology and maintenance of eating pathology. It is possible that specific temperaments and/or family experiences predispose individuals to higher levels of globalized shame. This shame may then interact with cultural pressures for women to be thin, which may lead to the development of an eating disorder. As an eating

disorder persists, globalized shame may serve to maintain the eating pathology and be a factor resistant to treatment.

Although globalized shame predicted disordered eating scores, this effect disappeared when eating-related shame was included in the regressions. This finding may be a direct result of the relationship between eating-related shame and disordered eating. Specifically, high correlations found between the eating-related shame measures and the disordered eating measures suggest that these different measures may be tapping into the same construct. Indeed, a number of questions from the eating-related shame measures closely resemble those from the disordered eating measures. Thus, although eating-related shame accounted for the largest amount of variance in disordered eating, this result may be misleading due to the strong relationship between eating-related shame and disordered eating. These results suggest that eating-related shame may not be a separate construct from disordered eating, and as such should not be considered as a significant factor predicting disordered eating. However, globalized shame does appear to be a separate construct from disordered eating and was shown to be a significant predictor of disordered eating. Future research should focus more on this factor.

Another important finding was that ISS shame accounted for the largest amount of variance in disordered eating, rather than TOSCA shame. Although both of these measures are thought to assess globalized shame, the difference in their formats may be responsible for the discrepant findings. As Cook (1996) pointed out, the TOSCA presents scenarios in which a person chooses how they would respond if presented with the given situation, whereas the ISS assesses current feelings of shame that are not bound by specific situations. Thus, it is possible that the scenario format of the TOSCA does

not strongly predict disordered eating because the scenarios represent mundane experiences not closely connected with the type of globalized shame experienced by women with eating pathology. In contrast, items on the ISS appear to tap more into the type of globalized shame found in women with eating pathology.

Several limitations of the current study should be noted. First, participants were undergraduate students without clinical eating disorders. Thus, it is unclear how well the study's findings generalize to clinical populations. Nevertheless, undergraduate students with subclinical eating pathology may actually exhibit less intense shame than women from clinical populations, and thus the findings may be expected to be even more pronounced in patient samples. A second limitation was that other variables such as depression and anxiety were not included in the regressions. Thus, it is unclear what effect these other variables would have on the relative importance of shame in these regressions. Moreover, the percentage of variance accounted for in disordered eating was modest for many variables in the current study, suggesting that other significant factors of disordered eating were not examined. Finally, because this study was cross-sectional, it is impossible to address issues of causation surrounding shame and eating pathology. Future longitudinal studies would help to address this question.

The overall findings from this study support the role of globalized shame in disordered eating attitudes and behaviors. Although research regarding globalized shame has been inconsistent to this point, the current study's findings should encourage further examination of this concept, as it may be one of many precipitating and/or maintenance factors of eating pathology. One immediate implication of this study is the need to specifically target globalized shame in treatment of women with eating pathology. As

globalized shame could be conceptualized as a central affect in psychodynamic work or as a core belief in cognitive-behavioral treatment, focusing on globalized shame may help decrease eating pathology.

REFERENCES

Abrams, K. K., Allen, L., & Gray, J. J. (1993). Disordered eating attitudes and behaviors, psychological adjustment, and ethnic identity: A comparison of black and white female college students. International Journal of Eating Disorders, 14, 49-57.

American Psychiatric Association (1994). Diagnostic and statistical manual of mental disorders (4th ed.). Washington, DC: Author.

Beck, A. T. (1972). Measuring depression: The Depression Inventory. In T. A. Williams, M. M. Katz, & J. A. Shields (Eds.), Recent advances in the psychobiology of the depressive illnesses (pp. 299-302). Washington, DC: U. S. Government Printing Office.

Burney, J., & Irwin, H. J. (2000). Shame and guilt in women with eating-disorder symptomatology. Journal of Clinical Psychology, 56, 51-61.

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

Casper, R. C. (1990). Personality features of women with good outcome from restricting anorexia nervosa. Psychosomatic Medicine, 52, 156-170.

Casper, R. C., Hedeker, D., & McClough, J. F. (1992). Personality dimensions in eating disorders and their relevance for subtyping. Journal of the American Academy of Child and Adolescent Psychiatry, 31, 830-839.

Cattell, R. B., Eber, H. K., & Tatsuoka, M. M. (1970). The Handbook for the Sixteen Personality Factor Questionnaire. Champaign, IL: Institute for Personality and Ability Testing.

Cook, D. R. (1990). Manual for the Internalized Shame Scale (ISS). Unpublished manuscript, University of Wisconsin-Stout.

Cook, D. R. (1996). Empirical studies of shame and guilt: The Internalized Shame Scale. In D. L. Nathanson (Ed.), Knowing feeling: Affect, script, and psychotherapy (pp. 132-165). New York: W. W. Norton.

Crowther, J. H., Lilly, R. S., Crawford, P. A., Shepherd, K. L., & Oliver, L. L. (1990). The stability of the Eating Disorder Inventory. Paper presented at the Annual Meeting of the American Psychological Association, Boston, MA.

Derogatis, L. R., Lipman, R. S., & Covi, L. (1973). SCL-90: An outpatient psychiatric rating scale-preliminary report. Psychopharmacology Bulletin, 9, 13-28.

Ekman, P. (1971). Universals and cultural differences in facial expressions of emotion. In J. K. Cole (Ed.), Nebraska symposium on motivation (Vol. 19, pp. 207-283). Lincoln: University of Nebraska Press.

Erikson, E. (1950). Childhood and society. New York: W. W. Norton.

Eysenck, H. J., & Eysenck, S. B. G. (1968). The Eysenck Personality Inventory. San Diego, CA: Educational and Industrial Testing Service.

Eysenck, H. J., & Eysenck, S. B. G. (1975). Manual of the Eysenck Personality Questionnaire. London: Hodder & Stoughton.

Frank, E. S. (1990). Shame and guilt in eating disorders (Doctoral dissertation, Harvard University, 1989). Dissertation Abstracts International, 50, A3896.

Frank, E. S. (1991). Shame and guilt in eating disorders. American Journal of Orthopsychiatry, 61, 303-306.

Fryer, S., Waller, G., & Kroese, B. S. (1997). Stress, coping, and disturbed eating attitudes in teenage girls. International Journal of Eating Disorders, 22, 427-436.

Garfinkel, P. E., & Newman, A. (2001). The Eating Attitudes Test: Twenty-five years later. Eating and Weight Disorders: Studies on Anorexia, Bulimia, and Obesity, 6, 1-24.

Garner, D. M. (1991). Eating Disorder Inventory-2 Professional Manual. Odessa, FL: Psychological Assessment Resources.

Garner, D. M., & Garfinkel, P. E. (1979). The Eating Attitudes Test: An index of the symptoms of anorexia nervosa. Psychological Medicine, 9, 273-279.

Garner, D. M., & Olmsted, M. P. (1984). The Eating Disorder Inventory Manual. Odessa, FL: Psychological Assessment Resources.

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

Gough, H. G. (1975). Manual for the California Psychological Inventory (Revised). Palo Alto, CA: Consulting Psychologists Press.

Herman, C. P., & Polivy, J. (1975). Anxiety, restraint, and eating behavior. Journal of Abnormal Psychology, 84, 666-672.

Izard, C. E. (1977). Human emotions. New York: Plenum Press.

Jackson, D. N. (1974). Personality Research Form Manual. Goshen, NY: Research Psychologists Press.

Kaufman, G. (1996). The psychology of shame: Theory and treatment of shame-based syndromes (2nd ed.). New York: Springer.

Killen, J. D., Hayward, C., Wilson, D. M., Taylor, C. B., Hammer, L. D., Litt, I., Simmonds, B., & Haydel, F. (1994). Factors associated with eating disorder symptoms in a community sample of 6th and 7th grade girls. International Journal of Eating Disorders, 15, 357-367.

Leon, G. R., Fulkerson, J. A., Perry, C. L., & Cudeck, R. (1993). Personality and behavioral vulnerabilities associated with risk status for eating disorders in adolescent girls. Journal of Abnormal Psychology, 102, 438-444.

Leon, G. R., Fulkerson, J. A., Perry, C. L., Keel, P. K., & Klump, K. L. (1999). Three to four year prospective evaluation of personality and behavioral risk factors for later disordered eating in adolescent girls and boys. Journal of Youth and Adolescence, 28, 181-196.

Lewis, H. B. (1971). Shame and guilt in neurosis. New York: International Universities Press.

Lewis, M. (1992). Shame: The exposed self. New York: The Free Press.

McCreery, M. F. (1991). The role of shame in bulimia nervosa and the female bulimic's perception of interpersonal needs. Unpublished master's thesis, Michigan State University, 1991.

McKinley, N. M., & Hyde, J. S. (1996). The Objectified Body Consciousness Scale: Development and validation. Psychology of Women Quarterly, 20, 181-215.

Morrison, A. (1989). Shame: The underside of narcissism. Hillsdale, NJ: The Analytic Press.

Pryor, T., & Wiederman, M. W. (1996). Measurement of nonclinical personality characteristics of women with anorexia nervosa or bulimia nervosa. Journal of Personality Assessment, 67, 414-421.

Sanftner, J. L., Barlow, D. H., Marschall, D. E., & Tangney, J. P. (1995). The relation of shame and guilt to eating disorder symptomatology. Journal of Social and Clinical Psychology, 14, 315-324.

Silberstein, L. R., Striegel-Moore, R. H., & Rodin, J. (1987). Feeling fat: A woman's shame. In H. B. Lewis (Ed.), The role of shame in symptom formation (pp. 89-108). Hillsdale, NJ: Lawrence Erlbaum Associates.

Spielberger, C. D., Gorsuch, R. L., & Lushene, R. E. (1970). Manual for the State-Trait Anxiety Inventory. Palo Alto, CA: Consulting Psychologists Press.

Spitzack, C. (1990). Confessing excess: Women and the politics of body reduction. Albany, NY: State University of New York Press.

Tangney, J. P. (1995). Recent advances in the empirical study of shame and guilt. American Behavioral Scientist, 38, 1132-1145.

Tangney, J. P., Wagner, P., Fletcher, C., & Gramzow, R. (1992). Shamed into anger? The relation of shame and guilt to anger and self-reported aggression. Journal of Personality and Social Psychology, 62, 669-675.

Tangney, J. P., Wagner, P. E., & Gramzow, R. (1989). The Test of Self-Conscious Affect. Fairfax, VA: George Mason University.

Tangney, J. P., Wagner, P. E., & Gramzow, R. (1992). Proneness to shame, proneness to guilt, and psychopathology. Journal of Abnormal Psychology, 103, 469-478.

Tangney, J. P., Wagner, P. E., Hill-Barlow, D., Marschall, D. E., & Gramzow, R. (1996). Relation of shame and guilt to constructive versus destructive responses to anger across the lifespan. Journal of Personality and Social Psychology, 70, 797-809.

Tellegen, A. (1982). Brief Manual for the Multidimensional Personality Questionnaire. Unpublished manuscript, University of Minnesota.

Tomkins, S. S. (1962). Affect, imagery, consciousness: Vol. 1. The positive affects. New York: Springer.

Tomkins, S. S. (1963). Affect, imagery, consciousness: Vol. 2. The negative affects. New York: Springer.

Wear, R. W., & Pratz, O. (1987). Test-retest reliability for the Eating Disorder Inventory. International Journal of Eating Disorders, 6, 767-769.

Welch, G. (1988). Selected multivariate statistical techniques and eating disorders. Unpublished doctoral dissertation, University of Otago, New Zealand.

APPENDICES

APPENDIX A

Relationships Among Shame, Personality, and Eating Attitudes and Behaviors Consent Form

This study examines relationships between shame, personality, and unhealthy eating attitudes/behaviors. We hope to learn more about the ways in which shame and personality variables may be related to different eating attitudes and behaviors.

If you decide to take part in this study today, you will be asked to complete questionnaires about your experiences of shame, your personality characteristics, and your eating attitudes and behaviors. In addition, we will weigh you and measure your height. The total participation time will be about 1 and 1/2 hours. You will receive 3 course credits for your participation.

All information that you give us will be kept strictly confidential among project staff. Your name will not be on any questionnaires; an identification number will be put on them instead. All questionnaires will be kept in locked filing cabinets in a locked office. Your identity will not be revealed in any reports written about this study. We will summarize information from all study participants and will not report information about yourself or any individuals. Your privacy will be protected to the maximum extent allowable by law.

You have the right to refuse to answer any questions or to withdraw from this study at any point with no penalty or negative consequences. Your decision about whether to participate or not will not affect your course evaluations or relationship with the Department of Psychology at Michigan State University. If you have any questions, please ask us. If you have any questions about the study later, you can contact Dr. Gershen Kaufman at (517) 355-2310 or Patrick Perkins at (517) 355-9564. If you have any questions about your rights as a participant in this research study, you may contact Dr. David Wright at (517) 355-2180.

I have read this form and agree to participate.

_____ _____

Signature of Participant Date

_____ _____

Witness Date

APPENDIX B

EDI-2

The items below ask about your attitudes, feelings, and behavior. Some of the items relate to food or eating. Other items ask about your feelings about yourself. Please respond to this questionnaire for the time when your concerns about eating and weight were strongest. For each item, decide if the item was/is true about you for that time period.

1=Never
2=Rarely
3=Sometimes
4=Often
5=Usually
6=Always

1. I eat sweets and carbohydrates without feeling nervous.	1	2	3	4	5	6
2. I think that my stomach is too big.	1	2	3	4	5	6
3. Only outstanding performance is good enough in my family.	1	2	3	4	5	6
4. I eat when I am upset.	1	2	3	4	5	6
5. I think about dieting.	1	2	3	4	5	6
6. I think that my thighs are too large.	1	2	3	4	5	6
7. I stuff myself with food.	1	2	3	4	5	6
8. I think that my stomach is just the right size.	1	2	3	4	5	6
9. As a child, I tried very hard to avoid disappointing my parents and teachers.	1	2	3	4	5	6
10. I feel extremely guilty after overeating.	1	2	3	4	5	6
11. I have gone on eating binges where I felt that I could not stop.	1	2	3	4	5	6

12. I feel satisfied with the shape of my body.	1	2	3	4	5	6
13. I hate being less than best at things.	1	2	3	4	5	6
14. I am terrified of gaining weight.	1	2	3	4	5	6
15. I think about bingeing(overeating).	1	2	3	4	5	6
16. I like the shape of my buttocks.	1	2	3	4	5	6
17. I exaggerate or magnify the importance of weight.	1	2	3	4	5	6
18. I think my hips are too big.	1	2	3	4	5	6
19. I eat moderately in front of others and stuff myself when they're gone.	1	2	3	4	5	6
20. My parents have expected excellence of me.	1	2	3	4	5	6
21. I think that my thighs are just the right size.	1	2	3	4	5	6
22. I am preoccupied with the desire to be thinner.	1	2	3	4	5	6
23. I have the thought of trying to vomit in order to lose weight.	1	2	3	4	5	6
24. I think my buttocks are too large.	1	2	3	4	5	6
25. I feel that I must do things perfectly or not do them at all.	1	2	3	4	5	6
26. If I gain a pound, I worry that I will keep gaining.	1	2	3	4	5	6
27. I eat or drink in secrecy.	1	2	3	4	5	6
28. I think that my hips are just the right size.	1	2	3	4	5	6
29. I have extremely high goals.	1	2	3	4	5	6

APPENDIX C

EAT

Please select the response which applies best to each of the numbered statements. Most of the questions directly relate to food or eating, although other types of questions have been included. Please answer each question carefully.

1=Never
2=Rarely
3=Sometimes
4=Often
5=Very Often
6=Always

1. Like eating with other people.	1	2	3	4	5	6
2. Prepare foods for others but do not eat what I cook.	1	2	3	4	5	6
3. Become anxious prior to eating.	1	2	3	4	5	6
4. Am terrified about being overweight.	1	2	3	4	5	6
5. Avoid eating when I am hungry.	1	2	3	4	5	6
6. Find myself preoccupied with food.	1	2	3	4	5	6
7. Have gone on eating binges where I feel that I may not be able to stop.	1	2	3	4	5	6
8. Cut my food into small pieces.	1	2	3	4	5	6
9. Aware of the calorie content of foods that I eat.	1	2	3	4	5	6
10. Particularly avoid foods with a high carbohydrate content (e.g., bread, potatoes, rice, etc.).	1	2	3	4	5	6
11. Feel bloated after meals.	1	2	3	4	5	6
12. Feel that others would prefer if I ate more.	1	2	3	4	5	6

13. Vomit after I have eaten.	1	2	3	4	5	6
14. Feel extremely guilty after eating.	1	2	3	4	5	6
15. Am preoccupied with a desire to be thinner.	1	2	3	4	5	6
16. Exercise strenuously to burn off calories.	1	2	3	4	5	6
17. Weigh myself several times a day.	1	2	3	4	5	6
18. Like my clothes to fit tightly.	1	2	3	4	5	6
19. Enjoy eating meat.	1	2	3	4	5	6
20. Wake up early in the morning.	1	2	3	4	5	6
21. Eat the same foods day after day.	1	2	3	4	5	6
22. Think about burning up calories when I exercise.	1	2	3	4	5	6
23. Have regular menstrual periods.	1	2	3	4	5	6
24. Other people think that I am too thin.	1	2	3	4	5	6
25. Am preoccupied with the thought of having fat on my body.	1	2	3	4	5	6
26. Take longer than others to eat my meals.	1	2	3	4	5	6
27. Enjoy eating at restaurants.	1	2	3	4	5	6
28. Take laxatives.	1	2	3	4	5	6
29. Avoid foods with sugar in them.	1	2	3	4	5	6
30. Eat diet foods.	1	2	3	4	5	6
31. Feel that food controls my life.	1	2	3	4	5	6
32. Display self control around food.	1	2	3	4	5	6
33. Feel that others pressure me to eat.	1	2	3	4	5	6

34. Give too much time and thought to food.	1	2	3	4	5	6
35. Suffer from constipation.	1	2	3	4	5	6
36. Feel uncomfortable after eating sweets.	1	2	3	4	5	6
37. Engage in dieting behavior.	1	2	3	4	5	6
38. Like my stomach to be empty.	1	2	3	4	5	6
39. Enjoy trying new rich foods.	1	2	3	4	5	6
40. Have the impulse to vomit after meals.	1	2	3	4	5	6

APPENDIX D

ISS

DIRECTIONS: Below is a list of statements describing feelings or experiences that you may have from time to time or that are familiar to you because you have had these feelings and experiences for a long time. Most of these statements describe feelings and experiences that are generally painful or negative in some way. Some people will seldom or never have had many of these feelings. Everyone has had some of these feelings at some time, but if you find that these statements describe the way you feel a good deal of the time, it can be painful just reading them. Try to be as honest as you can in responding.

Read each statement carefully and circle the number to the left of the item that indicates the frequency with which you find yourself feeling or experiencing what is described in the statement. Use the scale below.

DO NOT OMIT ANY ITEM.

SCALE

1 – NEVER 2 – SELDOM 3 – SOMETIMES 4 – FREQUENTLY 5 – ALMOST ALWAYS

SCALE						
1	2	3	4	5	1.	I feel like I am never quite good enough.
1	2	3	4	5	2.	I feel somehow left out.
1	2	3	4	5	3.	I think that people look down on me.
1	2	3	4	5	4.	All in all, I am inclined to feel that I am a success.
1	2	3	4	5	5.	I scold myself and put myself down.
1	2	3	4	5	6.	I feel insecure about others opinions of me.
1	2	3	4	5	7.	Compared to other people, I feel like I somehow never measure up.
1	2	3	4	5	8.	I see myself as being very small and insignificant.

SCALE

1 – NEVER 2 – SELDOM 3 – SOMETIMES 4 – FREQUENTLY 5 – ALMOST ALWAYS

SCALE					
1	2	3	4	5	9. I feel I have much to be proud of.
1	2	3	4	5	10. I feel intensely inadequate and full of self doubt.
1	2	3	4	5	11. I feel as if I am somehow defective as a person, like there is something basically wrong with me.
1	2	3	4	5	12. When I compare myself to others I am just not as important.
1	2	3	4	5	13. I have an overpowering fear that my faults will be revealed in front of others.
1	2	3	4	5	14. I feel I have a number of good qualities.
1	2	3	4	5	15. I see myself striving for perfection only to continually fall short.
1	2	3	4	5	16. I think others are able to see my defects.
1	2	3	4	5	17. I could beat myself over the head with a club when I make a mistake.
1	2	3	4	5	18. On the whole, I am satisfied with myself.
1	2	3	4	5	19. I would like to shrink away when I make a mistake.
1	2	3	4	5	20. I replay painful events over and over in my mind until I am overwhelmed.
1	2	3	4	5	21. I feel I am a person of worth at least on an equal plane with others.
1	2	3	4	5	22. At times I feel like I will break into a thousand pieces.
1	2	3	4	5	23. I feel as if I have lost control over my body functions and my feelings.
1	2	3	4	5	24. Sometimes I feel no bigger than a pea.

SCALE

1 – NEVER 2 – SELDOM 3 – SOMETIMES 4 – FREQUENTLY 5 – ALMOST ALWAYS

SCALE					
1	2	3	4	5	25. At times I feel so exposed that I wish the earth would open up and swallow me.
1	2	3	4	5	26. I have this painful gap within me that I have not been able to fill.
1	2	3	4	5	27. I feel empty and unfulfilled.
1	2	3	4	5	28. I take a positive attitude toward myself.
1	2	3	4	5	29. My loneliness is more like emptiness.
1	2	3	4	5	30. I always feel like there is something missing.

APPENDIX E

TOSCA

Below are situations that people are likely to encounter in day-to-day life, followed by several common reactions to those situations.

As you read each scenario, try to imagine yourself in that situation. Then indicate how likely you would be to react in each of the ways described. We ask you to rate <u>all</u> responses because people may feel or react more than one way to the same situation, or they may react different ways at different times.

For example:

A. You wake up early one Saturday morning. It is cold and rainy outside.

A) You would telephone a friend to catch up on news. 1---2---3---4---5
not likely very likely

B) You would take the extra time to read the paper. 1---2---3---4---5
not likely very likely

C) You would feel disappointed that it's raining. 1---2---3---4---5
not likely very likely

D) You would wonder why you woke up so early. 1---2---3---4---5
not likely very likely

In the above example, I've rated <u>ALL</u> of the answers by circling a number. I circled a "1" for answer (A) because I wouldn't want to wake up a friend very early on a Saturday morning – so it's not at all likely that I would do that. I circled a "5" for answer (B) because I almost always read the paper if I have time in the morning (very likely). I circled a "3" for answer (C) because for me it's about half and half. Sometimes I would be disappointed about the rain and sometimes I wouldn't – it would depend on what I had planned. And I circled a "4" for answer (D) because I would probably wonder why I had awakened so early.

Please do not skip any items – rate all responses.

1. You make plans to meet a friend for lunch. At 5 o'clock, you realize you stood him up.

   A) You would think: "I'm inconsiderate." 1---2---3---4---5
   not likely very likely

   B) You would think: "Well, they'll understand." 1---2---3---4---5
   not likely very likely

   C) You would try to make it up to him as soon as possible. 1---2---3---4---5
   not likely very likely

   D) You would think: "My boss distracted me just before lunch." 1---2---3---4---5
   not likely very likely

2. You break something at work and then hide it.

   A) You would think: "This is making me anxious. I need to either fix it or get someone else to." 1---2---3---4---5
   not likely very likely

   B) You would think about quitting. 1---2---3---4---5
   not likely very likely

   C) You would think: "A lot of things aren't made very well these days." 1---2---3---4---5
   not likely very likely

   D) You would think: "It was only an accident." 1---2---3---4---5
   not likely very likely

3. You are out with friends one evening, and you're feeling especially witty and attractive. Your best friend's spouse seems to particularly enjoy your company.

   A) You would think: "I should have been aware of what my best friend is feeling." 1---2---3---4---5
   not likely very likely

   B) You would feel happy with your appearance and personality. 1---2---3---4---5
   not likely very likely

   C) You would feel pleased to have made such a good impression. 1---2---3---4---5
   not likely very likely

   D) You would think your best friend should pay attention to his/her spouse. 1---2---3---4---5
   not likely very likely

   E) You would probably avoid eye contact for a long time. 1---2---3---4---5
   not likely very likely

4. At work, you wait until the last minute to plan a project, and it turns out badly.

   A) You would feel incompetent. 1---2---3---4---5 (not likely / very likely)

   B) You would think: "There are never enough hours in the day." 1---2---3---4---5 (not likely / very likely)

   C) You would feel: "I deserve to be reprimanded." 1---2---3---4---5 (not likely / very likely)

   D) You would think: "What's done is done." 1---2---3---4---5 (not likely / very likely)

5. You make a mistake at work and find out a co-worker is blamed for the error.

   A) You would think the company did not like the co-worker. 1---2---3---4---5 (not likely / very likely)

   B) You would think: "Life is not fair." 1---2---3---4---5 (not likely / very likely)

   C) You would keep quiet and avoid the co-worker. 1---2---3---4---5 (not likely / very likely)

   D) You would feel unhappy and eager to correct the situation. 1---2---3---4---5 (not likely / very likely)

6. For several days you put off making a difficult phone call. At the last minute you make the calland are able to manipulate the conversation so that all goes well.

   A) You would think: "I guess I'm more persuasive than I thought." 1---2---3---4---5 (not likely / very likely)

   B) You would regret that you put it off. 1---2---3---4---5 (not likely / very likely)

   C) You would feel like a coward. 1---2---3---4---5 (not likely / very likely)

   D) You would think: "I did a good job." 1---2---3---4---5 (not likely / very likely)

   E) You would think you shouldn't have to make calls you feel pressured into. 1---2---3---4---5 (not likely / very likely)

7. You make a commitment to diet, but when you pass the bakery you buy a dozen donuts.

   A) Next meal, you would eat celery to make up for it. 1---2---3---4---5 (not likely / very likely)

   B) You would think: "They looked too good to pass by." 1---2---3---4---5 (not likely / very likely)

   C) You would feel disgusted with your lack of willpower and self-control. 1---2---3---4---5 (not likely / very likely)

   D) You would think: "Once won't matter." 1---2---3---4---5 (not likely / very likely)

8. While playing around, you throw a ball and it hits your friend in the face.

   A) You would feel inadequate that you can't even throw a ball. 1---2---3---4---5 (not likely / very likely)

   B) You would think maybe your friend needs more practice at catching. 1---2---3---4---5 (not likely / very likely)

   C) You would think: "It was just an accident." 1---2---3---4---5 (not likely / very likely)

   D) You would apologize and make sure your friend feels better. 1---2---3---4---5 (not likely / very likely)

9. You have recently moved away from your family, and everyone has been very helpful. A few times you needed to borrow money, but you paid it back as soon as you could.

   A) You would feel immature. 1---2---3---4---5 (not likely / very likely)

   B) You would think: "I sure ran into some bad luck." 1---2---3---4---5 (not likely / very likely)

   C) You would return the favor as quickly as you could. 1---2---3---4---5 (not likely / very likely)

   D) You would think: "I am a trustworthy person." 1---2---3---4---5 (not likely / very likely)

   E) You would be proud that you repaid your debts. 1---2---3---4---5 (not likely / very likely)

10. You are driving down the road, and you hit a small animal.

A) You would think the animal shouldn't have been on the road. 1---2---3---4---5 not likely very likely

B) You would think: "I'm terrible." 1---2---3---4---5 not likely very likely

C) You would feel: "Well, it was an accident." 1---2---3---4---5 not likely very likely

D) You would probably think it over several times wondering if you could have avoided it. 1---2---3---4---5 not likely very likely

11. You walk out of an exam thinking you did extremely well. Then you find out you did poorly.

A) You would think: "Well, it's just a test." 1---2---3---4---5 not likely very likely

B) You would think: "The instructor doesn't like me." 1---2---3---4---5 not likely very likely

C) You would think: "I should have studied harder." 1---2---3---4---5 not likely very likely

D) You would feel stupid. 1---2---3---4---5 not likely very likely

12. You and a group of co-workers worked very hard on a project. Your boss singles you out for a bonus because the project was such a success.

A) You would feel the boss is rather short-sighted. 1---2---3---4---5 not likely very likely

B) You would feel alone and apart from your colleagues. 1---2---3---4---5 not likely very likely

C) You would feel your hard work had paid off. 1---2---3---4---5 not likely very likely

D) You would feel competent and proud of yourself. 1---2---3---4---5 not likely very likely

E) You would feel you should not accept it. 1---2---3---4---5 not likely very likely

13. While out with a group of friends, you make fun of a friend who's not there.

A) You would think: "It was all in fun; it's harmless." 1---2---3---4---5
not likely very likely

B) You would feel small . . . like a rat." 1---2---3---4---5
not likely very likely

C) You would think that perhaps that friend should have been there to defend himself/herself. 1---2---3---4---5
not likely very likely

D) You would apologize and talk about that person's good points. 1---2---3---4---5
not likely very likely

14. You make a big mistake on an important project at work. People were depending on you, and your boss criticizes you.

A) You would think your boss should have been more clear about what was expected of you. 1---2---3---4---5
not likely very likely

B) You would feel like you wanted to hide. 1---2---3---4---5
not likely very likely

C) You would think: "I should have recognized the problem and done a better job." 1---2---3---4---5
not likely very likely

D) You would think: "Well, nobody's perfect." 1---2---3---4---5
not likely very likely

15. You volunteer to help with the local Special Olympics for handicapped children. It turns out to be frustrating and time-consuming work. You think seriously about quitting, but then you see how happy the kids are.

A) You would feel selfish and you'd think you are basically lazy. 1---2---3---4---5
not likely very likely

B) You would feel you were forced into doing something you did not want to do. 1---2---3---4---5
not likely very likely

C) You would think: "I should be more concerned about people who are less fortunate." 1---2---3---4---5
not likely very likely

D) You would feel great that you had helped others. 1---2---3---4---5
not likely very likely

E) You would feel very satisfied with yourself. 1---2---3---4---5
not likely very likely

APPENDIX F

SGES

Below are four situations you may find yourself in from time to time, and feelings you may have about these situations. Please indicate how often you think you would experience the feeling in each situation by circling the appropriate number.

1. When I eat quantities that most people consider to be normal, I feel that I am doing something wrong.

Almost Always	Often	Sometimes	Rarely	Never
5	4	3	2	1

2. When I overeat, I feel I am doing something wrong.

Almost Always	Often	Sometimes	Rarely	Never
5	4	3	2	1

3. When I eat quantities that most people consider to be normal, I feel so ashamed of myself I want to hide in a corner.

Almost Always	Often	Sometimes	Rarely	Never
5	4	3	2	1

4. When I overeat, I feel so ashamed of myself I want to hide in a corner.

Almost Always	Often	Sometimes	Rarely	Never
5	4	3	2	1

APPENDIX G

SESS

Below are statements describing feelings about eating. Please think about how often you experience these feelings, and then circle the appropriate number.

1 = Never 2 = Rarely 3 = Sometimes 4 = Often 5 = Almost Always

1. After eating, I compare myself to others and feel bad.	1	2	3	4	5
2. Eating makes me feel like an empty person.	1	2	3	4	5
3. I feel content with myself no matter how much I eat.	1	2	3	4	5
4. When I first begin eating a meal, I feel stupid.	1	2	3	4	5
5. I feel worthless when I eat.	1	2	3	4	5
6. When I eat in public, I worry that others are looking at me, and I want to escape.	1	2	3	4	5
7. I feel ugly when I eat.	1	2	3	4	5
8. Eating makes me feel like a weak person.	1	2	3	4	5
9. If someone is with me or watching me when I eat, I like to keep my eyes on my food.	1	2	3	4	5
10. I feel disgusted with myself after I have just finished eating.	1	2	3	4	5
11. Eating leaves me feeling unsatisfied about myself.	1	2	3	4	5
12. Even if I eat a lot or a little, I still feel bad about myself.	1	2	3	4	5
13. I lower my head when someone watches me eat.	1	2	3	4	5

14. When I eat, I feel just as good about myself as when I don't eat.	1	2	3	4	5

APPENDIX H

OBC

Please circle a response for each of the following statements. If an item does not apply to you, circle NA.

1. I rarely think about how I look.
   1-----2-----3-----4-----5-----6-----7 NA
   Strongly Agree / Neither Agree Nor Disagree / Strongly Disagree

2. When I can't control my weight, I feel like something must be wrong with me.
   1-----2-----3-----4-----5-----6-----7 NA
   Strongly Agree / Neither Agree Nor Disagree / Strongly Disagree

3. I think a person is pretty much stuck with the looks they are born with.
   1-----2-----3-----4-----5-----6-----7 NA
   Strongly Agree / Neither Agree Nor Disagree / Strongly Disagree

4. I am more concerned with what my body can do than how it looks.
   1-----2-----3-----4-----5-----6-----7 NA
   Strongly Agree / Neither Agree Nor Disagree / Strongly Disagree

5. When I'm not the size I think I should be, I feel ashamed.
   1-----2-----3-----4-----5-----6-----7 NA
   Strongly Agree / Neither Agree Nor Disagree / Strongly Disagree

6. The shape you are in depends mostly on your genes.
   1-----2-----3-----4-----5-----6-----7 NA
   Strongly Agree / Neither Agree Nor Disagree / Strongly Disagree

7. I think it is more important that my clothes are comfortable than whether they look good on me.
   1-----2-----3-----4-----5-----6-----7 NA
   Strongly Agree / Neither Agree Nor Disagree / Strongly Disagree

8. I feel ashamed of myself when I haven't made the effort to look my best.
   1-----2-----3-----4-----5-----6-----7 NA
   Strongly Agree / Neither Agree Nor Disagree / Strongly Disagree

9. A large part of being in shape is having that kind of body in the first place.	1-----2-----3-----4-----5-----6-----7 Strongly Agree / Neither Agree Nor Disagree / Strongly Disagree	NA
10. I rarely worry about how I look to other people.	1-----2-----3-----4-----5-----6-----7 Strongly Agree / Neither Agree Nor Disagree / Strongly Disagree	NA
11. Even when I can't control my weight, I think I'm an okay person.	1-----2-----3-----4-----5-----6-----7 Strongly Agree / Neither Agree Nor Disagree / Strongly Disagree	NA
12. I can weigh what I'm supposed to when I try hard enough.	1-----2-----3-----4-----5-----6-----7 Strongly Agree / Neither Agree Nor Disagree / Strongly Disagree	NA
13. I think more about how my body feels than how my body looks.	1-----2-----3-----4-----5-----6-----7 Strongly Agree / Neither Agree Nor Disagree / Strongly Disagree	NA
14. I feel like I must be a bad person when I don't look as good as I could.	1-----2-----3-----4-----5-----6-----7 Strongly Agree / Neither Agree Nor Disagree / Strongly Disagree	NA
15. 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-----6-----7 Strongly Agree / Neither Agree Nor Disagree / Strongly Disagree	NA
16. I often worry about whether the clothes I am wearing make me look good.	1-----2-----3-----4-----5-----6-----7 Strongly Agree / Neither Agree Nor Disagree / Strongly Disagree	NA
17. When I'm not exercising enough, I question whether I am a good enough person.	1-----2-----3-----4-----5-----6-----7 Strongly Agree / Neither Agree Nor Disagree / Strongly Disagree	NA
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-----6-----7 Strongly Agree / Neither Agree Nor Disagree / Strongly Disagree	NA

19. I rarely compare how I look with how other people look.

1-----2-----3-----4-----5-----6-----7 NA

Strongly Agree | Neither Agree Nor Disagree | Strongly Disagree

20. I would be ashamed for people to know what I really weigh.

1-----2-----3-----4-----5-----6-----7 NA

Strongly Agree | Neither Agree Nor Disagree | Strongly Disagree

21. I really don't think I have much control over how my body looks.

1-----2-----3-----4-----5-----6-----7 NA

Strongly Agree | Neither Agree Nor Disagree | Strongly Disagree

22. During the day, I think about how I look many times.

1-----2-----3-----4-----5-----6-----7 NA

Strongly Agree | Neither Agree Nor Disagree | Strongly Disagree

23. I never worry that something is wrong with me when I am not exercising as much as I should.

1-----2-----3-----4-----5-----6-----7 NA

Strongly Agree | Neither Agree Nor Disagree | Strongly Disagree

24. I think a person's weight is mostly determined by the genes they are born with.

1-----2-----3-----4-----5-----6-----7 NA

Strongly Agree | Neither Agree Nor Disagree | Strongly Disagree

APPENDIX I

MPQ

Below you will find a series of statements a person might use to describe her/his attitudes, opinions, interests, and other characteristics.

Each statement is followed by two choices. Read the statement and decide which choice best describes you. Then circle your answer on the questionnaire.

Please answer every statement, even if you are not completely sure of the answer.

Read each statement carefully, but don't spend too much time deciding on the answer.

1. When I work with others I like to take charge.	T	F	(1)
2. I keep close track of where my money goes.	T	F	(2)
3. I often find myself worrying about something.	T	F	(3)
4. I usually like to spend my leisure time with friends rather than alone.	T	F	(4)
5. Sometimes I feel and experience things as I did when I was a child.	T	F	(5)
6. My table manners are not always perfect.	T	F	(6)
7. If people criticize me, I usually point out their own weaknesses.	T	F	(7)
8. I am just naturally cheerful.	T	F	(8)
9. The best way to achieve a peaceful world is to improve people's morals.	T	F	(9)
10. I often keep working on a problem even if I am very tired.	T	F	(10)
11. Of the following two situations I would like <u>least</u>: (a) Running a steam presser in a laundry for a week. (b) Being caught in a blizzard.	(a)	(b)	(11)
12. Some people go out of their way to keep me from getting ahead.	T	F	(12)
13. I often stop one activity before completing it and start another.	T	F	(13)
14. I can be greatly moved by eloquent or poetic language.	T	F	(14)
15. My feelings are hurt rather easily.	T	F	(15)
16. I don't like having to tell people what to do.	T	F	(16)
17. Smooth is most like: (a) Rough (b) Soft	(a)	(b)	(17)
18. I could be happy living by myself in a cabin in the woods or mountains.	T	F	(18)

19. My future looks very bright to me.	T	F	(19)
20. I am always disgusted with the law when a criminal goes free because of the arguments of a clever lawyer.	T	F	(20)
21. Of the following two situations I would like <u>least</u>: (a) Being in a bank when suddenly three masked men with guns come in and make everyone raise their hands. (b) Sitting through a two-hour concert of bad music.	(a)	(b)	(21)
22. When someone hurts me, I try to retaliate (get even).	T	F	(22)
23. While watching a movie, a T.V. show, or a play, I may become so involved that I forget about myself and my surroundings and experience the story as if it were real and as if I were taking part in it.	T	F	(23)
24. I see no point in sticking with a problem if success is unlikely.	T	F	(24)
25. I enjoy being in the spotlight.	T	F	(25)
26. When faced with a decision I usually take time to consider and weigh all aspects.	T	F	(26)
27. I am easily "rattled" at critical moments.	T	F	(27)
28. I have always been extremely courageous in facing difficult situations.	T	F	(28)
29. Many people try to push me around.	T	F	(29)
30. As young people grow up they ought to try to carry out some of their rebellious ideas instead of just settling down.	T	F	(30)
31. When I am unhappy about something, (a) I tend to seek the company of a friend. (b) I prefer to be alone.	(a)	(b)	(31)
32. If I stare at a picture and then look away from it, I can sometimes "see" an image of the picture, almost as if I were still looking at it.	T	F	(32)
33. It might be fun and exciting to experience an earthquake.	T	F	(33)

34. It is easy for me to become enthusiastic about things I am doing.	T	F	(34)
35. I perform for an audience whenever I can.	T	F	(35)
36. I play hard and I work hard.	T	F	(36)
37. I enjoy violent movies.	T	F	(37)
38. Often I get irritated at little annoyances.	T	F	(38)
39. Slow resembles: (a) Sluggish (b) Fast	(a)	(b)	(39)
40. Sometimes I feel as if my mind could envelop the whole world.	T	F	(40)
41. I often act without thinking.	T	F	(41)
42. Most people make friends because they expect friends to be useful.	T	F	(42)
43. Of the following two situations I would like <u>least</u>: (a) Attempting to beat a railroad train at a crossing. (b) Spraining my ankle so that I can't walk on it.	(a)	(b)	(43)
44. I would be very embarrassed to tell people that I had spent my vacation at a nudist camp.	T	F	(44)
45. I prefer not to "open up" too much, not even to friends.	T	F	(45)
46. I often feel happy and satisfied for no particular reason.	T	F	(46)
47. On most social occasions I like to have someone else take the lead.	T	F	(47)
48. I suffer from nervousness.	T	F	(48)
49. I like to watch cloud shapes change in the sky.	T	F	(49)
50. At times I have been envious of someone.	T	F	(50)
51. I like to stop and think things over before I do them.	T	F	(51)
52. When I have to stand in line I never try to get ahead of others.	T	F	(52)

53. I am very religious (more than most people are). T F (53)

54. Of the following two situations I would like least: (a) (b) (54)
    (a) Standing in line for something.
    (b) Getting an electric shock as part of a medical experiment.

55. I enjoy putting in long hours. T F (55)

56. I live a very interesting life. T F (56)

57. People often try to take advantage of me. T F (57)

58. If I wish, I can imagine (or daydream) some things so vividly that they hold my attention as a good movie or story does. T F (58)

59. I often monopolize conversations. T F (59)

60. I am a warm person rather than cool and detached. T F (60)

61. Eagle is most unlike: (a) (b) (61)
    (a) Bird
    (b) Fly

62. I often feel lonely. T F (62)

63. Higher standards of conduct are what this country needs most. T F (63)

64. I often prefer to "play things by ear" rather than to plan ahead. T F (64)

65. Of the following two situations I would like least: (a) (b) (65)
    (a) Balancing along the top rail of a picket fence.
    (b) Walking up four flights of stars.

66. I see no objection to stepping on people's toes a little if it is to my advantage. T F (66)

67. I think I really know what some people mean when they talk about mystical experiences. T F (67)

68. I don't enjoy problems that can't be solved quickly and efficiently. T F (68)

69. Every day I do some things that are fun. T F (69)

70. My opinions are always completely reasonable.	T	F	(70)
71. I am (or could be) a very effective sales person.	T	F	(71)
72. When I want to, I can usually put fears and worries out of my mind.	T	F	(72)
73. Of the following two statements I agree more with: (a) Most parents today let their children get away with too much. (b) Most parents today do a pretty good job of raising their children.	(a)	(b)	(73)
74. People often just use me instead of treating me as a person.	T	F	(74)
75. I am usually happier when I am alone.	T	F	(75)
76. I sometimes "step outside" my usual self and experience an entirely different state of being.	T	F	(76)
77. I might enjoy riding in an open elevator to the top of a tall building under construction.	T	F	(77)
78. I don't like to start a project until I know exactly how to proceed.	T	F	(78)
79. Mountain resembles least: (a) Hill (b) Lake	(a)	(b)	(79)
80. People say that I drive myself hard.	T	F	(80)
81. I would not enjoy being a politician.	T	F	(81)
82. When I get angry I am often ready to hit someone.	T	F	(82)
83. Most of the time I feel at peace with the world.	T	F	(83)
84. Textures--such as wool, sand, wood--sometimes remind me of colors or music.	T	F	(84)
85. I often find it difficult to sleep at night.	T	F	(85)
86. I prefer working with people to working with things.	T	F	(86)

87. Of the following two situations I would like least: (a) (b) (87)
    (a) Walking a mile when it's 15 degrees below zero.
    (b) Being near when a volcano erupts.

88. I am almost always treated fairly. T F (88)

89. I would prefer to see: (a) (b) (89)
    (a) Stricter observance of the Sabbath.
    (b) Greater freedom in regard to divorce.

90. I am very level-headed and always like to keep my feet on the ground. T F (90)

91. I have at times eaten too much. T F (91)

92. Sometimes I experience things as if they were doubly real. T F (92)

93. It is very easy for me to see the bright side of things. T F (93)

94. I am quite effective at talking people into things. T F (94)

95. My mood often goes up and down. T F (95)

96. I would not enjoy fighting a forest fire. T F (96)

97. I admit that I sometimes take pleasure in hurting someone physically. T F (97)

98. I often go on working on a problem long after others would have given up. T F (98)

99. I have few or no close friends. T F (99)

100. More censorship of books and movies is a violation of free speech and should be abolished. T F (100)

101. Anger is least like: (a) (b) (101)
    (a) Happy
    (b) Mad

102. When I listen to music I can get so caught up in it that I don't notice anything else. T F (102)

103. I have had a lot of bad luck. T F (103)

104. I am more likely to be fast and careless than to be slow and plodding.	T	F	(104)
105. I am very good at influencing people.	T	F	(105)
106. Of the following two situations I would like <u>least</u>: (a) Having to walk around all day on a blistered foot. (b) Sleeping out on a camping trip in an area where there are rattlesnakes.	(a)	(b)	(106)
107. I sometimes feel "just miserable" for no good reason.	T	F	(107)
108. I enjoy nearly everything I do.	T	F	(108)
109. I consider it very important to have a good reputation in my community.	T	F	(109)
110. I work just hard enough to get by without overdoing it.	T	F	(110)
111. If I wish, I can imagine that my body is so heavy that I could not move it if I wanted to.	T	F	(111)
112. I can't help but enjoy it when someone I dislike makes a fool of herself/himself.	T	F	(112)
113. I am more of a "loner" than most people.	T	F	(113)
114. I have always been completely fair to others.	T	F	(114)
115. I almost never do anything reckless.	T	F	(115)
116. I have personal enemies who would like to harm me.	T	F	(116)
117. I am not interested in obtaining positions of leadership.	T	F	(117)
118. Often I have feelings of unworthiness.	T	F	(118)
119. Of the following situations I would like <u>least</u>: (a) Having a pilot announce that the plane has engine trouble and he may have to make an emergency landing. (b) Working in the fields digging potatoes.	(a)	(b)	(119)
120. I can often somehow sense the presence of another person before I actually see or hear her/him.	T	F	(120)

121. I very much dislike it when someone breaks accepted rules of good conduct.	T	F	(121)
122. Basically I am a happy person.	T	F	(122)
123. Dark is similar to: (a) Black (b) Light	(a)	(b)	(123)
124. I like to try difficult things.	T	F	(124)
125. It is very important to me that some people are concerned about me.	T	F	(125)
126. When I need to buy something, I usually get it without thinking what more I may soon need from the same store.	T	F	(126)
127. I would rather turn the other cheek than get even when someone treats me badly.	T	F	(127)
128. It would be fun to explore an old abandoned house at night.	T	F	(128)
129. People consider me forceful.	T	F	(129)
130. The crackle and flames of a wood fire stimulate my imagination.	T	F	(130)
131. Occasionally I experience strong emotions--anxiety, anger--without really knowing what causes them.	T	F	(131)
132. People who think primarily of their own happiness are very selfish.	T	F	(132)
133. I would be more successful if people did not make things difficult for me.	T	F	(133)
134. I usually find ways to liven up my day.	T	F	(134)
135. I have at times been angry with someone.	T	F	(135)
136. I like hard work.	T	F	(136)
137. It is sometimes possible for me to be completely immersed in nature or in art and to feel as if my whole state of consciousness has somehow been temporarily altered.	T	F	(137)

138. I tend to value and follow a rational, "sensible" approach to things.	T	F	(138)
139. Of the following two situations I would like <u>least</u>: (a) Being out on a sailboat during a great storm at sea. (b) Having to stay home every night for two weeks with a sick relative.	(a)	(b)	(139)
140. Often I go a whole morning without wanting to speak to anyone.	T	F	(140)
141. I am easily startled by things that happen unexpectedly.	T	F	(141)
142. If I try I can usually "wrap people around my finger".	T	F	(142)
143. I am ready for a fight when someone tries to take advantage of me.	T	F	(143)
144. The church has outgrown its usefulness and should be radically reformed or done away with.	T	F	(144)
145. Spider is a kind of: (a) Web (b) Animal	(a)	(b)	(145)
146. Different colors have distinctive and special meanings for me.	T	F	(146)
147. People often say mean things about me.	T	F	(147)
148. I have several pastimes or hobbies that are great fun.	T	F	(148)
149. I would enjoy trying to cross the ocean in a small but seaworthy sailboat.	T	F	(149)
150. I do not like to be the center of attention on social occasions.	T	F	(150)
151. I often act on the spur of the moment.	T	F	(151)
152. For me one of the most satisfying experiences is the warm feeling of being in a group of good friends.	T	F	(152)
153. In my work I have learned not to demand perfection of myself.	T	F	(153)
154. I am often nervous for no reason.	T	F	(154)

155. My parents' ideas of right and wrong have always proved best. T F (155)

156. I am able to wander off into my own thoughts while doing a routine task and actually forget that I am doing the task, and then find a few minutes later that I have completed it. T F (156)

157. I always tell the entire truth. T F (157)

158. Sometimes I seem to enjoy hurting someone by saying something mean. T F (158)

159. I seldom feel really happy. T F (159)

160. Of the following two situations I would like <u>least</u>: (a) (b) (160)
(a) Riding a long stretch of rapids in a canoe.
(b) Waiting for someone who's late.

161. I feel that life has handed me a raw deal. T F (161)

162. I usually make up my mind through careful reasoning. T F (162)

163. I usually do not like to be a "follower". T F (163)

164. I can sometimes recollect certain past experiences in my life with such clarity and vividness that it is like living them again or almost so. T F (164)

165. I often feel fed-up. T F (165)

166. Even when I have done something very well, I usually demand that I do better next time. T F (166)

167. People should observe moral laws more strictly than they do. T F (167)

168. I prefer to work alone. T F (168)

169. Blossom differs most from: (a) (b) (169)
(a) Apple
(b) Flower

170. Most mornings the day ahead looks bright to me. T F (170)

171. It might be fun learning to walk a tightrope. T F (171)

172. I enjoy a good brawl. T F (172)

173. Things that might seem meaningless to others often make sense to me.	T	F	(173)
174. When I am with someone I make most of the decisions.	T	F	(174)
175. I sometimes get myself into a state of tension and turmoil as I think of the day's events.	T	F	(175)
176. I am often not as cautious as I should be.	T	F	(176)
177. I am disgusted by foul language.	T	F	(177)
178. I know that people have purposely spread false rumors about me.	T	F	(178)
179. Sometimes I'm a bit lazy.	T	F	(179)
180. Some people say that I put my work ahead of too many other things.	T	F	(180)
181. I would rather live: (a) in a friendly suburb. (b) alone in the woods.	(a)	(b)	(181)
182. While acting in a play I think I could really feel the emotions of the character and "become" her/him for the time being, forgetting both myself and the audience.	T	F	(182)
183. Of the following two situations I would like <u>least</u>: (a) Being at the circus when two lions suddenly get loose down in the ring. (b) Bringing my whole family to the circus and then not being able to get in because a clerk sold me tickets for the wrong night.	(a)	(b)	(183)
184. Most days I have moments of real fun or joy.	T	F	(184)
185. I get a kick out of really frightening someone.	T	F	(185)

186. Of the following two statements I agree more with: (a) (b) (186)
(a) If a boy 6 or 7 years old lies or steals, he should be punished severely.
(b) Lying and stealing aren't very serious in boys aged 6 or 7.

187. I do not like to organize other people's activities. T F (187)

188. I am often troubled by guilt feelings. T F (188)

189. Needle is least like: (a) (b) (189)
(a) Pin
(b) Thread

190. I plan and organize my work in detail. T F (190)

191. My thoughts often don't occur as words but as visual images. T F (191)

192. Most people stay friendly only as long as it is to their advantage. T F (192)

193. Of the following two situations I would like least: (a) (b) (193)
(a) Having to drive alone for a day and a half without stopping for sleep because I stayed on my vacation too long.
(b) Jumping from a third-story window into a fireman's net.

194. I often feel sort of lucky for no special reason. T F (194)

195. When I have a problem I prefer to handle it alone. T F (195)

196. I am not a terribly ambitious person. T F (196)

197. I am better at talking than listening. T F (197)

198. I would describe myself as a tense person. T F (198)

199. No decent person could ever think of hurting a close friend or relative. T F (199)

200. I often take delight in small things (like the five-pointed star shape that appears when you cut an apple across the core or the colors in soap bubbles). T F (200)

201. Never in my whole life have I taken advantage of anyone. T F (201)

202.	Sometimes I hit people who have done something to deserve it.	T	F	(202)
203.	I often start projects with only a vague idea of what the end result will be.	T	F	(203)
204.	I would not like to try skydiving.	T	F	(204)
205.	People rarely try to take advantage of me.	T	F	(205)
206.	I often liven up a dull party.	T	F	(206)
207.	When listening to organ music or other powerful music, I sometimes feel as if I am being lifted into the air.	T	F	(207)
208.	It is easy for me to feel affection for a person.	T	F	(208)
209.	Every day interesting and exciting things happen to me.	T	F	(209)
210.	Of the following two statements I agree more with: (a) Parents should ignore it when small children use naughty words. (b) Parents should punish small children when they use naughty words.	(a)	(b)	(210)
211.	City is least like: (a) Town (b) Park	(a)	(b)	(211)
212.	Minor setbacks sometimes irritate me too much.	T	F	(212)
213.	I push myself to my limits.	T	F	(213)
214.	People say that I am methodical (that I do things in a systematic manner).	T	F	(214)
215.	Of the following situations I would like <u>least</u>: (a) Finding out my car was stolen when I don't have theft insurance. (b) Riding a runaway horse.	(a)	(b)	(215)
216.	Sometimes I can change noise into music by the way I listen to it.	T	F	(216)
217.	I would not hurt others to get what I want.	T	F	(217)

218. On social occasions I usually allow others to dominate the conversation. T F (218)

219. I have sometimes felt slightly less hesitant about helping someone who asked me to. T F (219)

220. Whenever I decide anything I make it a point to refer to the basic rules of right and wrong. T F (220)

221. I am rather aloof and maintain distance between myself and others. T F (221)

222. If I have a humiliating experience, I get it over very quickly. T F (222)

223. I find it really hard to give up on a project when it proves too difficult. T F (223)

224. In my spare time I usually find something interesting to do. T F (224)

225. Of the following two situations I would like <u>least</u>: (a) (b) (225)
(a) Being chosen as the "target" for a knife-throwing act.
(b) Being sick to my stomach for 24 hours.

226. Several people would like to take away what success I have. T F (226)

227. Some of my most vivid memories are called up by scents and smells. T F (227)

228. I am a cautious person. T F (228)

229. Sweet is most like: (a) (b) (229)
(a) Gentle
(b) Sour

230. It is a pretty callous (unfeeling) person who does not feel love and gratitude toward her/his parents. T F (230)

231. I am usually light-hearted. T F (231)

232. I like to watch a good vicious fight. T F (232)

233. I am quite good at convincing others to see things my way. T F (233)

234. I often lose sleep over my worries. T F (234)

235. Some music reminds me of pictures or changing color patterns.	T	F	(235)
236. I am happiest when I see people most of the time.	T	F	(236)
237. I like (or would like) to dive off a high board.	T	F	(237)
238. My "friends" have often betrayed me.	T	F	(238)
239. I generally do not like to have detailed plans.	T	F	(239)
240. I see no point in spending time on a task that is probably too difficult.	T	F	(240)
241. I have never felt that I was better than someone else.	T	F	(241)
242. Of the following two statements I agree more with: (a) No child should be permitted to strike her/his mother. (b) A mother should not be harsh with a small child who strikes her.	(a)	(b)	(242)
243. I often know what someone is going to say before he or she says it.	T	F	(243)
244. I would enjoy being a powerful executive or politician.	T	F	(244)
245. I worry about terrible things that might happen.	T	F	(245)
246. I sometimes tease people rather mercilessly.	T	F	(246)
247. I feel pretty optimistic about my future.	T	F	(247)
248. Of the following two situations I would like <u>least</u>: (a) Tying up a truck full of newspapers for a paper sale. (b) Seeing a tornado cloud moving toward me when I'm driving in the country.	(a)	(b)	(248)
249. I tend to keep my problems to myself.	T	F	(249)
250. I have often been lied to.	T	F	(250)
251. I often have "physical memories"; for example, after I've been swimming I may still feel as if I'm in the water.	T	F	(251)
252. Striving for excellence means more to me than almost anything else.	T	F	(252)

253. I don't like to see religious authority overturned by so-called progress and logical reasoning. T F (253)

254. Whenever I go out to have fun I like to have a pretty good idea of what I'm going to do. T F (254)

255. Cottage is most unlike: (a) (b) (255)
(a) Garden
(b) House

256. For me life is a great adventure. T F (256)

257. I don't enjoy trying to convince people of something. T F (257)

258. I often feel listless and tired for no reason. T F (258)

259. Of the following two situations I would like <u>least</u>: (a) (b) (259)
(a) Being in a flood.
(b) Carrying a ton of coal from the backyard into the basement.

260. The sound of a voice can be so fascinating to me that I can just go on listening to it. T F (260)

261. When people insult me, I try to get even. T F (261)

262. Strict discipline in the home would prevent much of the crime in our society. T F (262)

263. I often prefer not to have people around me. T F (263)

264. I have occasionally felt discouraged about something. T F (264)

265. People consider me a rather freewheeling and spontaneous person. T F (265)

266. I am a pretty "strong" personality. T F (266)

267. I like the kind of work that requires my close attention. T F (267)

268. I know that certain people would enjoy it if I got hurt. T F (268)

269. I would enjoy learning to handle poisonous snakes. T F (269)

270. There are days when I'm "on edge" all of the time. T F (270)

271. At times I somehow feel the presence of someone who is not physically there. T F (271)

272. Quiet is similar to: (a) (b) (272)
(a) Loud
(b) Soft

273. Without being conceited, I feel pretty good about myself. T F (273)

274. Before I get into a new situation I like to find out what to expect from it. T F (274)

275. I am not at all sorry to see many of the traditional values change. T F (275)

276. Without close relationships with others my life would not be nearly as enjoyable. T F (276)

277. I could not feel happy about anybody's bad luck. T F (277)

278. When it is time to make decisions, others usually turn to me. T F (278)

279. Of the following two situations I would like <u>least</u>: (a) (b) (279)
(a) Realizing the ice is unsafe when I'm standing in the middle of a frozen lake.
(b) Finding that someone has slashed all four of my car tires.

280. Sometimes thoughts and images come to me without the slightest effort on my part. T F (280)

281. I am too sensitive for my own good. T F (281)

282. I don't like to do more than is really necessary in my work. T F (282)

283. When people are friendly they usually want something from me. T F (283)

284. I find it very easy to enjoy life. T F (284)

285. High moral standards are the most important thing parents can teach their children. T F (285)

286. Never in my whole life have I wished for anything that I was not entitled to. T F (286)

287. On social occasions I don't particularly care to "run the show". T F (287)

288. I find that different odors have different colors. T F (288)

289. I often like to do the first thing that comes to my mind. T F (289)

290. Of the following two situations I would like <u>least</u>: (a) (b) (290)
(a) Being seasick every day for a week while on an ocean Voyage.
(b) Having to stand on the ledge of the 25th Floor of a hotel because there's a fire in my room.

291. I could pull up my roots, leave my home, my parents, and my friends without suffering great regrets. T F (291)

292. I sometimes change from happy to sad, or vice versa, without good reason. T F (292)

293. Sometimes I just like to hit someone. T F (293)

294. I set extremely high standards for myself in my work. T F (294)

295. Carpet is most unlike: (a) (b) (295)
(a) Wool
(b) Rug

296. I always seem to have something pleasant to look forward to. T F (296)

297. I can be deeply moved by a sunset. T F (297)

298. Some people oppose me for no good reason. T F (298)

299. I admire my parents in all important respects. T F (299)

300. Of the following two situations I would like <u>least</u>: (a) (b) (300)
(a) Burning my arm badly by leaning against a hot water pipe.
(b) Swimming where sharks have been reported.

APPENDIX J

DEMOGRAPHIC QUESTIONNAIRE

1. What is your date of birth? (month/day/year) _____

2. How would you describe your ethnicity?

- ☐ White, not of Hispanic origins
- ☐ Black, not of Hispanic origins
- ☐ Hispanic
- ☐ Asian or Pacific Rim
- ☐ American Indian
- ☐ Other (specify): _____

3. What is your present religious orientation?

- ☐ Protestant
- ☐ Jewish
- ☐ Catholic
- ☐ Islamic
- ☐ No Affiliation
- ☐ Other (specify): _____

4. What is your current marital status?

- ☐ Never married
- ☐ Divorced
- ☐ Widowed
- ☐ Separated
- ☐ Married once
- ☐ Divorced, remarried
- ☐ Widowed, remarried
- ☐ Living with significant other

5. Have you had any children?

- ☐ No
- ☐ Yes How many sons have you had? ___ How many daughters? ___

6. Did your parents divorce?

- ☐ No
- ☐ Yes What was your age at the time of the divorce? _____

7. Do you have siblings?

- ☐ No
- ☐ Yes How many brothers? _____ How many sisters? _____

8. What is your current primary role?

- ☐ Wage earner
- ☐ Student
- ☐ Other (specify):
- ☐ Homemaker
- ☐ Retired

_____

9. What is the highest level job you have ever had? _____

10. What is/was your husband's occupation? _____

11. What is/was your mother's occupation? _____

12. What is/was your father's occupation? _____

13. What is the highest level of education or grade in school that you have completed?

_____

14. Your husband's highest level of education? _____

15. Your mother's highest level of education? _____

16. Your father's highest level of education? _____

APPENDIX K

Table 1

Means, Standard Deviations, and Internal Consistencies of the Eating, Shame, Personality, and Age Variables (N = 206)

Variable	M	SD	α
EAT	1.04	.36	.91
EDI-2 Drive for Thinness	5.34	5.62	.87
EDI-2 Body Dissatisfaction	8.74	7.11	.90
EDI-2 Bulimia	.23	.32	.81
ISS	29.68	18.35	.96
TOSCA	41.78	9.72	.81
SESS	1.37	.16	.94
SGES	.61	.16	.78
OBC	3.46	1.33	.88
Positive Emotionality	159.46	13.07	--
Negative Emotionality	135.69	14.42	--
Constraint	162.66	14.62	--
Age	19.04	1.18	--

Note. Dashes indicate the reliability was not calculated. EAT = Eating Attitudes Test; EDI-2 = Eating Disorders Inventory-2; ISS = Internalized Shame Scale; TOSCA = Test of Self-Conscious Affect; SESS = Scale of Eating Specific Shame; SGES = Shame and Guilt Eating Scale; OBC = Objectified Body Consciousness Scale.

Table 2

Correlations of Globalized Shame (ISS, TOSCA), Eating-Related Shame (SESS, SGES, OBC), Eating (EAT, EDI-2 subscales), and Personality (Positive and Negative Emotionality, Constraint) Measures (N = 206)

Variable	ISS	TOSCA	SESS	SGES	OBC	EAT	DT	BD	BU	PE	NE	CN
ISS	1.00	.62**	.67**	.60**	.56**	.47**	.51**	.50**	.34**	-.25**	.60**	.09
TOSCA	.70	1.00	.52**	.55**	.57**	.46**	.45**	.35**	.25**	-.13	.45**	.27**
SESS	.71	.60	1.00	.82**	.77**	.72**	.78**	.60**	.46**	-.11	.41**	.18**
SGES	.69	.69	.96	1.00	.75**	.69**	.73**	.54**	.45**	-.01	.38**	.17
OBC	.61	.68	.85	.91	1.00	.67**	.73**	.57**	.32**	.02	.42**	.20**
EAT	.50	.54	.78	.82	.75	1.00	.79**	.58**	.42**	-.05	.25**	.26**
DT	.56	.54	.86	.89	.83	.89	1.00	.65**	.43**	-.07	.29**	.22**
BD	.54	.41	.65	.64	.64	.64	.73	1.00	.35**	-.18	.24**	.05
BU	.39	.31	.53	.57	.38	.49	.51	.41	1.00	-.14	.14	.00
PE	--	--	--	--	--	--	--	--	--	1.00	-.06	.04
NE	--	--	--	--	--	--	--	--	--	--	1.00	.23**

Note. Values in higher diagonal represent correlations; Values in lower diagonal represent corrected reliabilities. ISS = Internalized Shame Scale; TOSCA = Test of Self-Conscious Affect; SESS = Scale of Eating Specific Shame; SGES = Shame and Guilt Eating Scale; OBC = Objectified Body Consciousness Scale; DT = EDI-2 Drive for Thinness; BD = EDI-2 Body Dissatisfaction; BU = EDI-2 Bulimia; PE = Positive Emotionality; NE = Negative Emotionality; CN = Constraint.

**$p < .01$

Table 3

Hierarchical Multiple Regression of Personality, Globalized, and Eating-Related Shame on EAT Scores (N = 206)

Variable	β	R	R^2	ΔR^2
Step 1	--	.34	.12	.12***
Positive Emotionality	-.06	--	--	--
Negative Emotionality	.22**	--	--	--
Constraint	.22**	--	--	--
Step 2	--	.56	.31	.19***
Positive Emotionality	.06	--	--	--
Negative Emotionality	-.12	--	--	--
Constraint	.19**	--	--	--
Internalized Shame Scale	.40***	--	--	--
Test of Self-Conscious Affect	.23**	--	--	--
Step 3	--	.76	.58	.27***
Positive Emotionality	-.02	--	--	--
Negative Emotionality	-.11	--	--	--
Constraint	.13	--	--	--
Internalized Shame Scale	.01	--	--	--
Test of Self-Conscious Affect	.04	--	--	--
Scale of Eating Specific Shame	.36***	--	--	--
Shame and Guilt Eating Scale	.23**	--	--	--
Objectified Body Consciousness Scale	.22**	--	--	--

**$p < .01$. ***$p < .001$

Table 4

Hierarchical Multiple Regression of Personality, Globalized, and Eating-Related Shame on Body Dissatisfaction Scores (N = 206)

Variable	β	R	R^2	ΔR^2
Step 1	--	.31	.09	.09***
Positive Emotionality	-.18**	--	--	--
Negative Emotionality	.24***	--	--	--
Constraint	.01	--	--	--
Step 2	--	.50	.25	.16***
Positive Emotionality	-.06	--	--	--
Negative Emotionality	-.08	--	--	--
Constraint	.01	--	--	--
Internalized Shame Scale	.48***	--	--	--
Test of Self-Conscious Affect	.07	--	--	--
Step 3	--	.66	.43	.18***
Positive Emotionality	-.13	--	--	--
Negative Emotionality	-.08	--	--	--
Constraint	-.03	--	--	--
Internalized Shame Scale	.20	--	--	--
Test of Self-Conscious Affect	-.10	--	--	--
Scale of Eating Specific Shame	.24	--	--	--
Shame and Guilt Eating Scale	.07	--	--	--
Objectified Body Consciousness Scale	.33***	--	--	--

**$p < .01$. ***$p < .001$.

Table 5

Hierarchical Multiple Regression of Personality, Globalized, and Eating-Related Shame on Drive for Thinness Scores (N = 206)

Variable	β	R	R^2	ΔR^2
Step 1	--	.35	.12	.12***
Positive Emotionality	-.07	--	--	--
Negative Emotionality	.25***	--	--	--
Constraint	.18**	--	--	--
Step 2	--	.56	.31	.19***
Positive Emotionality	.05	--	--	--
Negative Emotionality	-.09	--	--	--
Constraint	.16	--	--	--
Internalized Shame Scale	.45***	--	--	--
Test of Self-Conscious Affect	.17	--	--	--
Step 3	--	.82	.67	.36***
Positive Emotionality	-.04	--	--	--
Negative Emotionality	-.09	--	--	--
Constraint	.09	--	--	--
Internalized Shame Scale	.01	--	--	--
Test of Self-Conscious Affect	-.05	--	--	--
Scale of Eating Specific Shame	.40***	--	--	--
Shame and Guilt Eating Scale	.21***	--	--	--
Objectified Body Consciousness Scale	.32***	--	--	--

**$p < .01$. ***$p < .001$.

Table 6

Hierarchical Multiple Regression of Personality, Globalized, and Eating-Related Shame on Bulimia Scores N = 206)

Variable	β	R	R^2	ΔR^2
Step 1	--	.20	.04	.04
Positive Emotionality	-.14	--	--	--
Negative Emotionality	.14	--	--	--
Constraint	-.01	--	--	--
Step 2	--	.35	.13	.08***
Positive Emotionality	.06	--	--	--
Negative Emotionality	-.09	--	--	--
Constraint	-.02	--	--	--
Internalized Shame Scale	.32**	--	--	--
Test of Self-Conscious Affect	.09	--	--	--
Step 3	--	.50	.25	.12***
Positive Emotionality	-.09	--	--	--
Negative Emotionality	-.06	--	--	--
Constraint	-.06	--	--	--
Internalized Shame Scale	.06	--	--	--
Test of Self-Conscious Affect	.00	--	--	--
Scale of Eating Specific Shame	.28	--	--	--
Shame and Guilt Eating Scale	.30	--	--	--
Objectified Body Consciousness Scale	-.11	--	--	--

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