

FAMILY DISTRESS, BODY IMAGE, AND EATING CONCERNS AMONG MALE AND
FEMALE COLLEGE STUDENTS

BY

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To my family, supervisors, mentors, professors, the students in the Counselor Education program, and all who have influenced my education

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Abstract of Thesis Presented to the Graduate School
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OBJECTIVE: An overall increase in eating disorders among youth in the United States has led to concern among parents and clinicians alike. Similarly, the increase in body image dissatisfaction has been a major concern, especially among females as studies have shown that it can lead to disordered eating and eating disorders. Parents may help adolescents develop a positive body image, but they may also increase adolescent's body image dissatisfaction. What association, if any, does family distress have to body image and eating concerns among male and female college students? The purpose of this research study is to examine the relationship between eating concerns and family distress in college students and assess whether there are any gender differences in regards to this relationship.

RESEARCH DESIGN AND METHODS: Archival data was used from the University of Florida Counseling and Wellness Center based on de-identified client data which was comprised of 9,903 students at the University of Florida (6359 female, 3421 male, and 16 transgender) who accessed the Counseling and Wellness Center's services and completed the Counseling Center Assessment of Psychological Symptoms (CCAPS-

62). The two subscales: *Eating Concerns* and *Family Distress* from the CCAPS-62 were used. A Pearson product correlation analysis was conducted to determine whether there is a correlation between eating concerns and family distress. An Analysis of Variance (ANOVA) was conducted to determine whether differences exist between males and females in regards to *Eating Concerns* and *Family Distress*. A Univariate ANOVA was conducted to determine the relationship between gender, family distress, and eating concerns.

RESULTS: The findings of this study report that eating concerns are significantly related to family distress in college students. Females have higher eating concerns and family distress than males. The interaction between gender and family distress had a statistically significant effect on eating concerns.

CHAPTER 1 INTRODUCTION

Overview

An overall increase in eating disorders among youth in the United States has led to concern among parents and clinicians alike. Similarly, the increase in body image dissatisfaction has been a major concern, especially among females, as studies have shown that it can lead to disordered eating and eating disorders (Cook-Cottone & Phelps, 2003). Research supports the suggestion that “sociocultural processes foster body dissatisfaction, which in turn increases the risk for eating pathology (Stice, & Shaw, 2002).” Researchers and health care professionals may benefit from focusing on body dissatisfaction and other sociocultural factors to treat and prevent eating disorders among youth.

Studies have shown that women are more at risk for body dissatisfaction, disordered eating, and its associated symptoms than men overall (Ata, Ludden, & Lally, 2007; Abebe, Lien, & Von Soest, 2012; Blackmer, Searight, & Ratwik 2011; Hughes & Gullone, 2011; Hayman et al., 2007). Nonetheless, men account for 5–15% of patients with anorexia or bulimia and an estimated 35% of those with binge-eating disorder, thus still warrant investigation (Males and Eating Disorders, 2008). For men, two distinct body image concerns are body fat and muscularity and the pressure to increase muscle mass is prevalent, even at a young age (Tylka, 2011; Ricciardelli, McCabe, & Lillis, 2006; Shomaker and Furman, 2010).

Studies have also shown that resiliency factors can prevent or reduce body image dissatisfaction such as a flexible view of beauty (Holmqvist, & Frisén, 2012), spirituality (Hayman et al., 2007; Choate, 2007), self-compassion (Wasylikiw,

MacKinnon, & MacLellan, 2012), self-esteem (Hayman et al., 2007; Udall-Weiner, 2009), and social support from family, peers, and/or the community (Blackmer, Searight, and Ratwik, 2011; Haworth-Hoeppner, 2000; Choate, 2007).

Social systems such as parents, peers, and the community can have either a positive or negative influence on body image and eating attitudes. Parents and friends may help adolescents develop a positive body image, but they may also increase adolescents' body image concerns through teasing or increasing the pressure to change their appearance (Ata, Ludden, & Lally, 2007, p.3). For example, what association, if any, does family distress have to eating concerns among male and female college students? The purpose of this research study is to examine the relationship between eating concerns and family distress in college students and assess whether there are any gender differences in regards to this relationship.

The following section is a review of relevant literature concerning body image dissatisfaction and disordered eating. The literature review also focuses on developmental factors, gender differences, and family influence on body image dissatisfaction, disordered eating and eating disorders.

Literature Review

Body image dissatisfaction is a prevalent issue as it can lead to disordered eating and a decrease in overall wellness (Mazzeo 1999; Sinclair & Meyers, 2004; Hughes & Gullone, 2011). Family influence can play a part in affecting how people feel about themselves and in turn about their body image. Family influence can either positively or negatively affect body image and eating concerns. Lastly, the relationship between gender, eating concerns, and family factors will be reviewed. These concepts will be described below.

Body Image Dissatisfaction

Mazzeo's (1999) study found that in a sample of 302 female undergraduate volunteers, disordered eating was significantly and more strongly related to body image preoccupation than to body image attitudes. Mazzeo's study shows the importance of body image attitudes and body image preoccupation and how they relate to disordered eating. Since disordered eating is a risk factor for eating disorders, this finding is relevant in showing how body image preoccupation may be a risk factor for eating disorders.

Sinclair and Myers (2004) found results on objectified body consciousness and how it affected wellness in 190 European American, heterosexual, female undergraduates age 19-21. The findings show that negative body image in women can lead to a decrease in wellness, but also shows how appearance control can increase wellness. A female may feel that since she has control over her appearance, she can change her appearance to her preference, but if she lacks appearance control, she may be limited in this perspective if she has a negative body image. The selection of participants and self-report bias are limitations to the study.

Ziegler et al.'s (2005) study focused on nutrient intakes, body image perceptions, and weight concerns of 123 female US international synchronized skaters ages 14-23. The skaters perceived themselves to be more overweight than they actually were and 84% reported that they participated in at least one or more other "lean" sport. In regards to body shape, 67 % wanted to be thinner than they were and in regards to body weight, 89% wanted to weigh less than their current weight, with 24% wanting to lose 10 or more pounds. Poor physical self-appraisal was associated with a greater discrepancy between the participants' current and ideal body image ratings. This study shows the

extra pressure that women who participate in “lean” sports feel to have a certain body image as well as the perception of viewing themselves as heavier than they are.

Hughes and Gullone (2011) studied 533 males and females ages 11-20 in Australia to assess whether emotion regulation (ER) has an effect on body image concerns and psychological symptoms (i.e. drive for thinness, bulimic symptoms, depression, and anxiety). In this study, being female predicted higher levels of all psychological symptoms and more frequent body image concerns also predicted higher levels of all psychological symptoms. Higher body mass index (BMI) significantly predicted a greater drive for thinness and bulimic symptoms. Greater internal dysfunctional ER predicted greater bulimic, depressive, and anxiety symptoms. Greater external dysfunctional ER predicted higher levels of bulimic and depressive symptoms. This article discusses the possible role of emotion regulation in regards to body image concerns and other psychological symptoms in males and females.

Development of Body Image Dissatisfaction and Eating Attitudes

Adolescence involves a time when children are growing into new bodies and beginning to develop their own identities. Abnormal eating risk usually peaks around mid-adolescence, especially in females (Abebe, Lien, & Von Soest, 2012). Around the onset of puberty, girls’ bodies receive an increase in body mass with a distribution of fat around the hips and thighs, which is developmentally appropriate, but conflicts with cultural ideals of beauty in the U.S. (Dittmar et al., 2000; Levine & Smolak, 2002). Unfortunately, girls are not aware that this body type is developmentally appropriate and begin to dislike their bodies as it is growing further away from the “thin-ideal.” “By age 15, girls reported greater dissatisfaction with their profiles, legs, hips, thighs, and faces than boys did (Dittmar et al., 2000).” Boys place a larger importance on increasing

muscle size and perceive a greater pressure to increase their muscles (Ricciardelli, McCabe, & Lillis, 2006). Looking at adolescent development for both women and men is important in understanding the beginning of body image dissatisfaction and how environmental influences affect them.

Adolescents' developmental challenges also put them at more risk than adults for severe psychological consequences if body image problems are not dealt with properly. Whetstone, Morrissey, and Cummings (2007) studied 5,174 middle school students ages 10 -16 in North Carolina to assess the relationship between perceived weight status and suicidal ideation. The Youth Risk Behavior Survey for middle school students was used and incorporated thinking, planning, and attempting suicide. More females than males reported thinking, planning, and attempting suicide. In males, being underweight was significantly associated with all three categories of suicide ideation. Perceiving oneself to be overweight was significantly related to suicidal thoughts and actions for both boys and girls when controlling for personal and family characteristics. No significant differences were seen in regards to race. A limitation of reported ethnicity was the lack of choices: African American, White, or Other. This study shows the possible risk of suicide in regards to body image in middle school, especially in females. More research is needed to assess differences in ethnicity.

Abebe, Lien, and Von Soest (2012) followed 3,150 Norwegian males and females for 11 years covering the age span from 14 to 33 years to investigate age-related trends in bulimic symptoms and associated risk factors. Females had higher levels of bulimic, depressive, and anxiety symptoms and lower levels of appearance satisfaction than males at all ages. Females had a high risk for bulimic behaviors at mid-

adolescence, yet their levels of bulimic, depressive, and anxiety symptoms decreased with age as their level of appearance satisfaction increased. For males, bulimic symptoms showed a decline from age 14 to mid-adolescence and then a slight increase, leveling off in the early 20s. Participants with a higher Body Mass Index experienced significantly more symptoms. BMI, appearance satisfaction, and symptoms of anxiety and depression are significant predictors of bulimic symptoms for both genders. This study shows differences in gender in regards to the development of bulimic symptoms and body image attitudes.

Maltby, Giles, Barber, and McCutcheon (2005) studied 229 adolescents age 14-16, 183 undergraduates age 18-23, and 289 adults age 22-60 from north England to assess whether intense personal celebrity worship is related to body image.

Adolescents had the highest scores on the Celebrity Attitude Scale. Intense-personal celebrity worship was related to poorer body image for adolescent females. Adolescent females are the most susceptible to sociocultural influences and it can negatively affect body image in regards to this study.

Ricciardelli, McCabe, and Lillis (2006) found in a sample of 237 boys ages 8-11 in Australia, that approximately 1/3 engaged in weight loss strategies, while approximately 1/2 engaged in muscle gaining strategies. The Children's Figure Drawings indicated that 47.4% of the boys desired a thinner body size and 20.7% desired a larger body size. Over Fifty eight percent rated their weight as important and 59.5% rated their muscles as important. A higher BMI was associated with higher levels of body dissatisfaction and strategies to decrease weight, whereas lower BMI predicted the greater importance placed on muscles. Lower levels of self-esteem predicted higher

weight loss thoughts and actions. Higher levels of perceived pressure were associated with greater body image concerns and body change strategies. Perceived pressure to increase muscles was a more important predictor than perceived pressure to lose weight.

Research has shown that body image dissatisfaction is prevalent in adolescence and can lead to more severe consequences such as disordered eating and suicide. Males place importance on gaining muscle even at a young age (Ricciardelli, McCabe, & Lillis, 2006). Self-esteem and certain sociocultural influences have shown to only be a weak predictor of body image concerns, thus more research is needed to assess the role of self-esteem and sociocultural factors in relation to body image and eating concerns.

Gender Differences

Though there is an emphasis on females and eating disorders, there are males who also struggle with eating disorders and body image dissatisfaction. Men and boys are bombarded with media images of muscular (mesomorphic) men without realizing that this ideal physique can only be attained with the use of anabolic steroids (Stout & Frame, 2004). Airbrushing may also be used to create this unattainable body in advertising. Unfortunately, many boys have developed an eating disorder or an image disorder such as muscle dysmorphia by the time they reach adulthood (Stout & Frame, 2004). "Muscle dysmorphia ... occurs when one has an excessive preoccupation with body size and muscularity, even if he already has a toned and muscular body (Stout & frame, 2004 c.i. Pope, Phillips, & Olivardia, 2000)." It is, therefore, important to look at gender differences in regards to body image attitudes and eating concerns.

Shomaker and Furman (2010) studied 198 male and females ages 16-19, which were ethnically representative of the U.S. population, and found that males had higher scores than females on drive for muscularity, preoccupation with muscularity, and pressure to be muscular from romantic partners. Females scored higher than males on all disordered eating symptoms. Close relationships such as those with parents, friends, and romantic partners appear to have significant influences on adolescents' attitudes and behaviors related to pursuit of muscularity. This study shows the importance of including muscularity dissatisfaction regarding body image, especially in regards to men, and how pressure from friends and family impact body image and behavior.

Looking at differences in body fat dissatisfaction, muscularity dissatisfaction, and disordered eating in regards to homosexual and heterosexual college men ages 17-23, Smith, Hawkeswood, Bodellm and Joiner (2011) found that homosexual men reported higher levels of disordered eating and more body fat dissatisfaction than heterosexual men. Heterosexual men reported more muscular ideals for themselves than the homosexual men did, but did not differ in what they believed their potential partners found attractive. Heterosexual men desired a more muscular figure than they thought a potential mate would want and homosexual men reported that a potential mate would want them to be leaner than they would ideally like to be. Body fat, but not muscularity dissatisfaction predicted increased dietary restraint, eating, and weight concerns in both groups of men. Body fat dissatisfaction also predicted disordered eating and concerns about shape in homosexual men. Limitations of this study were the convenience sample and the fact that the two groups were collected through different means. This study

shows the prevalence of body image dissatisfaction in men, how it relates to disordered eating, and differences between men depending on sexual orientation.

McFarland and Petrie (2012) found similar results in their study involving 189 male undergraduates ages 18-22 in study 1 and 188 male undergraduates ages 18-22 in study 2 to assess the psychometric properties of the 25-item Body Parts Satisfaction Scale for Men (BPSS–M), which yielded reliable and valid scores. There were small to moderate correlations with the measures of disordered eating, muscularity attitudes and behaviors, negative affect and mood, and psychological well-being. Body dissatisfaction was related to higher levels of bulimic and depressive symptoms, intention to engage in dietary restraint, hostility, and guilt. Men who were weight-satisfied had significantly higher levels of psychological wellbeing.

Udall-Weiner (2009) studied 172 homosexual men ages 18-79 to assess the relationship between self-esteem, body image and sexual identity development. In the White sample, identity stage was positively correlated with both self-esteem and body image. Self-esteem and body image were also correlated with each other, yet self-esteem did not adequately account for changes in body image for Whites. For the ethnic minority group, self-esteem was significantly related to body image. Limitations to the study included the lumping together of all minorities and the Gay Identity Questionnaire used is not appropriate for diverse populations. Though more research is needed, there is evidence of a relationship between body-image and self-esteem in homosexual men.

Wiseman and Moradi (2010) studied data from 231 participants who self-identified as men (97%) or transgendered (2%) and as exclusively gay, mostly gay or bisexual to assess the relationship of sociocultural and psychological correlates of

eating disorder symptoms. The men in the study reported having eating problems “sometimes” or “rarely.” When controlling for BMI and age, partial correlations were found among sexual objectification experiences, internalization of cultural standards of attractiveness, body surveillance, body shame, and eating disorder symptoms. Internalization of the cultural ideal had a significant positive indirect relation with body shame through body surveillance, and body surveillance had a significant positive indirect relation with eating disorder symptoms through body shame. Body surveillance mediated the link of internalization with body shame and body shame mediated the link of body surveillance with eating disorder symptoms. Harassment for gender nonconformity was linked with eating disorder symptoms through a positive set of relations involving internalization of cultural standards of attractiveness, body surveillance, and body shame. Limitations of this study include a lack of assessment for current experiences of harassment and many of the instruments that were used were originally for women.

Bottamini and Ste Marie (2004) studied 11 men age 18-25 with an average body mass index of 24.02 from Canada to explore male body image perceptions, motivations, and behaviors through semi-structured interviews. Even though most participants desired a more muscular body (8 out of 11), many expressed a level of acceptance concerning how they looked. Many of the participants described the ideal to be tall, muscular, and lean and their perceived image selections for the media ideal, peer ideal, and mate ideal were similar, though not the desired body type for the participant. A limitation of this study is the small sample size and lack of clarity seen in the results.

Tylka's (2011) study found that dissatisfaction with muscularity slightly predicted men's muscularity enhancement behaviors and dissatisfaction with body fat strongly predicted disordered eating behaviors in 473 undergraduate men ages 18 to 42. Family and media pressures to be mesomorphic predicted internalization of the mesomorphic ideal. Family pressure to be mesomorphic only contributed to men's body image and muscularity enhancement behaviors through internalization of this ideal. Perceived pressure from friends to be mesomorphic seems to be directly associated with increased muscularity dissatisfaction for men. Body fat dissatisfaction fully accounted for the relationship between internalization of the mesomorphic ideal and disordered eating behaviors. This study shows the importance of viewing both body fat and muscularity dissatisfaction in men and how pressure from friends, family, and the media impact body image and behavior. A limitation of this study was the lack of reported appearance comparison from the participants.

Research has shown that in regards to men, two distinct body image concerns are body fat and muscularity (Tylka, 2011; Smith, Hawkeswood, Bodellm & Joiner, 2011; Ricciardelli, McCabe, & Lillis, 2006). Males have a higher drive for muscularity, preoccupation with muscularity, and pressure to be muscular from romantic partners than females (Shomaker & Furman, 2010). Also, research has shown that homosexual and heterosexual men have differing body image concerns, especially in relation to their partners (Smith, Hawkeswood, Bodellm & Joiner, 2011). Pressure from family to have a mesomorphic body increased body image and muscularity enhancement behaviors in men (Tylka, 2011), yet more research is needed. Research has not been able to clearly show whether ethnicity plays a part in male body image and eating concerns nor

whether the family environment (rather than direct pressure about appearance) influences body image and eating concerns.

Family Influence

The family system, cultural differences, parenting, and the parent's relationship with their child can influence the child's behavior. "Emotional support from family—particularly in the form of positive feedback and encouragement—may serve to buffer some of the more negative sociocultural influences, and help adolescents develop and maintain a positive body image over time (Bearman et al., 2006; Ricciardelli et al., 2000; Stice & Whitenton, 2002, as cited in Ata, Ludden, & Lally, 2007, p.3)." Choate has a similar view in her Body Image Resilience Model with five protective factors for girls; one being Family and Peer Support (2007). "Family qualities such as supportive parental relationships, open communication and expressiveness, and low family stress can also protect against adolescent body image dissatisfaction (Barker & Galambos, 2003; Graber, Archibald, & Brooks-Gunn, 1999; Haworth-Hoepfner, 2000; Kearney-Cooke, 2002; Striegel-Moore & Cachelin, 1999, as cited in Choate, 2007). On the other hand, "Relationships with parents that are more conflict-ridden and less warm and supportive are predictive of increased dieting and lower body image (Archibald et al., 1999, as cited in Ata, Ludden, & Lally, 2007, p.3)", which shows how the influence of parents, if positive, can be a protective factor, but if negative it can become a risk factor.

Family system. Mei-Ru Chao (2011) studied 453 families from Taiwan with children ages 8-11 to examine eight interaction relationship types; empathy, constraint, compromise, acquiescence, conflict, camouflage, indifference, and defensiveness. Mothers were found to express more empathy than fathers in a family interaction relationship. Children show more constraint, compromise, and acquiescence than

parents, which all contribute to a harmonious family interaction relationship. This study shows the importance of maintaining harmony in the Taiwanese family relationship, even if it involves internalizing anger, which can be damaging to the person holding it in. This study also shows how the children in these families value the family system.

Edgar-Smith and Wozniak (2010) studied 72 European American, suburban, church-going, upper-middle class families and their family values system in order to assess what values are prioritized and whether value agreement changed throughout adolescent development. The families consisted of a mother and father with 1-6 children. The focus of the study was on the three adolescent groups which were 24 adolescents age 12-13, 24 adolescents age 14-16, and 24 adolescents age 17-18. The results showed high scores on Individualism and Equality Matching and family agreement was high throughout all adolescent stages. A limitation of the study was the removal of a mother because she was an outlier; because the study focuses on the family system, the entire family should have been removed. Also, the convenience sample may have included families that were cohesive. It is possible that other less cohesive families chose not to volunteer for fear of exposing their family. This study shows how family values can be stronger than peer influence in adolescents from European American, suburban, church going, upper-middle class families.

Coomber and King (2008) studied 47 Australian sister pairs ages 18-25 to assess perceived family modeling and pressure, social comparison, body image dissatisfaction (BID), and eating behaviors by both sisters. Participants perceived equally significant modeling cues from mothers and sisters, though they perceived differential degrees of modeling and pressure from each other. Sisters were a

significantly stronger modeling agent than fathers. Both sisters were more likely to use sisters and peers as social comparison targets than parents and viewed them as more influential. Sisters and peers were equally important comparison targets. Sisters were correlated on measures of BID, drive for thinness, dietary restriction, bulimic behaviors, perceived mother and father pressure, and perceived mother and father modeling. Familial modeling did not significantly predict BID. The relationship of father and sister pressure on BID was partially mediated by internalization and social comparison. The relationship of mother pressure on BID was fully mediated by internalization and social comparison. Sister modeling had a direct effect on dietary restriction and bulimic behaviors. This study shows the importance of mother and sister influence on girls. A limitation of this study is self-reported bias and the possibility that sisters worked on the questionnaires together, though they were told to work on them separately.

Parenting. Blissett, Meyer, and Haycraft (2011) focused on 77 mothers of children 3-8 years old in the UK to assess whether eating and behavior problems are partly due to parenting. Pressure to eat was associated with less enjoyment of food, slower eating, more peer problems and total behavioral problems. Restriction of food was associated with more emotional overeating, greater hyperactivity, and behavioral problems. Conduct disorder symptoms were associated with greater food fussiness. Permissive parenting was associated with greater food fussiness, conduct problems, hyperactivity and total behavior problems. Once parenting style and feeding practices were controlled for, no significant relationships between eating and behavioral problems were seen. A limitation to the study includes a lack of a follow up. This study shows how

parenting can influence eating and behavior problems even at a young age, which can lead to more problems in adolescence.

Cheng and Mallinckrodt (2009) found that mother care was associated with body image dissatisfaction in a sample of 224 females at a public university. Mother care and father care were significantly associated with anxiety attachment. Anxiety attachment was linked to media internalization, which was linked to Body Image Dissatisfaction. Limitations of this study include a sample bias based on choosing specific classes and a poor representation of diversity. This study is relevant in that parental care can lead to anxiety, which can lead to Body Image Dissatisfaction.

Lobera, Rios, and Casals (2011) focused on 70 (10 men and 60 women) Eating Disordered (ED) outpatients in the Institute of Behavioral Sciences in Spain. In regards to Perceived Neglectful Parenting, paternal parenting lead to the highest scores in bulimia and body dissatisfaction in ED patients and maternal parenting lead to more social withdrawal in ED patients. The most common parenting style for ED patients was low care, high control. In regards to Perceived Affectionless Control, both paternal and maternal parenting lead to higher scores in depression in the ED patients with paternal care leading to more trait anxiety and maternal care leading to higher scores in avoidance and problem-focused disengagement. The father's parenting style changed during treatment for some patients. Ethnicity was never mentioned and there were significantly more women than men in the study. This study shows how parenting styles can affect ED patients.

Nollen et al. (2006) studied 265 Black and White adolescents age 10-19 from an urban pediatric clinic and found that Ideal Body Size (IBS) for White girls and White

boys was significantly related to parental expectation and IBS for Black girls was significantly related to peer norm and peer ideal. For Black boys IBS was influenced by their perceptions of their appearance, peer ideal, parent perception, and depressive symptoms. Black adolescents adopted heavier body image ideals compared to White adolescents. All adolescents expressed body dissatisfaction as most girls wanted to be smaller and most boys larger than their current size. A limitation to the study was the convenience sample and the samples for each group were not balanced (i.e. 24 White boys and 116 Black girls). This study is relevant as it shows some cultural and gender differences in regards to IBS as well as the importance of parental perception and expectation, and peer influence. Similarly in regards to parental expectation, Gardner et al. (1997) found that boys' perceptions that parents are concerned about their weight is related to their level of body dissatisfaction (Ricciardelli, McCabe, & Lillis, 2006).

Family environment. Ata, Ludden, and Lally (2007) found that females age 13-19 at high risk for eating concerns reported less parental support, lower self-esteem, and lower body esteem than did lower risk females. Males age 13-19 at high risk for eating concerns reported less parental support and more pressure from family and friends to gain muscle than did lower risk males. Females reported more body dissatisfaction and negative eating attitudes and behaviors than males, though males wanted to gain more upper body weight/muscle than females. Females also reported higher peer support, teasing from family about weight, pressure from friends and family to lose weight, and media pressure. Males reported higher self-esteem and more pressure from friends and family to gain muscle than females. Adolescents reporting lower levels of peer support and more teasing from family about weight reported lower

body esteem and were more likely to report that their actual body/figure was larger than their ideal body/figure. Minority adolescents and adolescents reporting low self-esteem were more likely to report negative eating attitudes and behaviors. The most salient predictor of negative body image and eating attitudes and behaviors was perceived family pressure to lose weight, as reported by adolescents. A limitation of this study is the small sample size.

Blackmer, Searight, and Ratwik (2011) studied 103 college varsity athletes (47 males and 56 females) age 18-25 to assess the relationship between eating attitudes and behaviors and perceived family-of-origin climate. Similar to the study by Ata et al., females reported more negative eating attitudes and behaviors and body image issues than did males. However, there was no gender difference in perceptions of family climate. There was a moderate association between the perception of the family-of-origin as discouraging individual autonomy and disordered eating as well as a strong association between perceived family-of-origin climate and body image dissatisfaction. Students that rated their families as promoting open, responsible expression of emotions and ideas while respecting individual family members were less likely to report bulimic behavior and preoccupation with food, body image, and dieting. A limitation of this study is that the results are based on self-reports rather than observed family-of-origin climate and the results are mainly based on mostly White European students.

Kluck (2010) studied 268 college women age 16-24 with a mean BMI of 22.5, which had, on average, lived with their parents less than one year prior to the study to assess family influence on disordered eating. Parental comments and family focus on appearance were significantly associated with body image dissatisfaction and bulimic

symptomology. More frequent comments predicted greater difficulties in daughters even when daughters viewed parents' comments as encouragement. Body image dissatisfaction partially mediated the relationship between a family's focus on appearance and bulimic symptomology. Mothers' encouragement to control weight and/or size was a stronger predictor of daughters' difficulties than fathers' encouragement. The relationship between mothers' encouragement to control weight and/or size and body image dissatisfaction was the strongest relationship between any other type of commentary and body image dissatisfaction. This relationship was also a significantly better predictor of body image dissatisfaction than both parental criticism and parental teasing. This study shows the influence of parental comments, especially those directed from mother to daughter, about weight on body image and eating behaviors.

Sira and White's (2010) study showed that among a nonclinical sample of college students, parental control was associated with eating disturbances among males but not among females. However, the study also found that that excessive parental control has negative direct influence on females' body satisfaction leading to increased dieting behavior. Also, maternal control was a significant predictor of body satisfaction in females.

Granberg, Simons, and Simons (2009) studied 256 African American females aged 10-15 from a longitudinal data set to assess whether they have generally positive self-images when compared to other ethnic groups and how family racial socialization influences self-image. Being of large body size is not related to social self-image until ages 14-15. There is an association between parental evaluations of respondent's

social skills and their social self-image. Among girls living in neighborhoods where the percentage of African American residents is relatively high, there is little difference between the social self-image of larger versus smaller adolescent girls. However, among girls living in neighborhoods where the percentage of African Americans is lower, larger girls are more likely to report a less positive social self-image when compared to smaller girls. The results suggest that active racial socialization within the home does mitigate the influence of a large body size on social self-image. A limitation of this study was that respondent's perceptions of their own weight were not assessed.

Haworth-Hoepfner (2000) interviewed 30 White middle-class women ages 21-44 (9 without an Eating Disorder, 11 diagnosed with an Eating Disorder, and 10 self-diagnosed with an Eating Disorder) on body image and eating problems to explore how family influences cultural ideas on thinness. Four themes emerged as important factors in the production of eating disorders which were: a critical family environment, coercive parental control, an unloving a parent-child relationship, and a main discourse on weight present in the home. Among the women with eating disorders, the most common pattern (n = 9) is the presence of all four themes. The absence of those themes is the most common pattern (n = 6) found among women without eating disorders. Only women with eating disorders described family environments that were both critical and contained a main discourse on weight. This study shows how the family environment can influence cultural ideals of thinness in women and lead to the development of eating disorders.

Similar results were found in Gillett, Harper, Larson, Berrett, and Hardman's (2009) study which found that in a sample of 102 families with a young-adult female

diagnosed with and eating disorder (N=51) or without an eating disorder (N=51), eating-disordered families had more constraining family rules than non- eating-disordered families. Also, females with an eating disorder reported a lower proportion of facilitative family rules and a higher proportion of constraining family rules than did parents and siblings.

In sum, research has shown that in some families, parental or familial influence holds the same or more weight than peer influence (Edgar-Smith & Wozniak, 2010; Coomber & King, 2008; Ata, Ludden, & Lally, 2007; Nollen et al., 2006). Parenting style can affect eating problems even at a young age (Blissett, Meyer, & Haycraft, 2011). Black adolescents adopted heavier body image ideals compared to White adolescents (Nollen et al., 2006). In regards to African American females, active racial socialization within the home lessens the influence of a large body size on social self-image according to Grandberg's study (2009). Mothers and fathers have been shown to influence body image dissatisfaction and disordered eating in females, but little research has shown this effect for males (Lobera, Rios, & Casals, 2011; Cheng & Mallinckrodt, 2009; Kluck, 2010; Haworth-Hoeppner, 2000; Gillett, Harper, Larson, Berrett, & Hardman, 2009). Blackmer, Searight, and Ratwik's (2011) study showed that even though there was no gender difference in perception of family climate, females reported more negative eating attitudes and behaviors. Family pressure has also shown body image dissatisfaction in both males and females, but in regards to males there was pressure to increase muscle size (Ata, Ludden, & Lally, 2007; Tylka, 2011). It is important to note that the sample sizes in the latter two studies are small, thus more research is needed.

Summary of Relevant Literature

According to the literature, body image dissatisfaction and eating attitudes and behaviors in females is an issue not only because it can lead to eating disorders, but it can also lead to depression, suicide ideation, and suicide. Males' body dissatisfaction can also put them at risk for disordered eating and engaging in possibly dangerous muscular enhancement. The literature has shown the influence of perceived family and peer pressure for both genders, though more research is needed. Developmental and contextual factors might cause adolescent girls to be the most susceptible to family, peer and other social (e.g. media) influence. Fortunately, resiliency factors also can prevent or buffer body image issues such as having a flexible view of beauty, media literacy, self-compassion, self-esteem, social support, peer support, having supportive family values, proper parenting, and having a positive relationship with parents, especially mothers.

Aim of Study and Research Questions

Body image dissatisfaction and disordered eating has shown to be risk factors for eating disorders and a lack of wellness in both men and women. Family factors have a differential influence on body image, eating attitudes and behaviors for both men and women depending on the nature of the relationship. Also, though some studies do include gender differences in regards to family influence, more research is needed. Does family influence body image issues and eating concerns in college-aged men and women? The purpose of this study is to determine whether college students' eating concerns are related to family distress. Also, gender differences in regards to eating concerns and family distress will be examined.

Research Questions

1. Is there a relationship between family distress and eating concerns in college students?
2. Do males, females, and transgendered students differ on eating concerns?
3. Do males, females, and transgendered students differ on family distress?
4. Does the interaction between gender and family distress have a significant effect on eating concerns?

CHAPTER 2 METHOD

Sample

The data for this study was comprised of approximately 3 years (2009-2012) of de-identified client data including 9,903 undergraduate and graduate students at the University of Florida (6359 female, 3421 male, and 16 transgender) who accessed the Counseling and Wellness Center's services and completed the Counseling Center Assessment of Psychological Symptoms (CCAPS-62). Twenty six of the 9,903 students stated "prefer not to answer" on gender, thus those were left out of the data set leaving the sample set at 9,877. The original data set consisted of 71% White, 11.8% African American/Black, 18.3% Hispanic, 10.1% Asian, 1% American Indian or Alaskan Native, 0.9% Native Hawaiian or Other Pacific Islander, and 10.4% did not report ethnicity.

Procedures

After receiving approval from the Institutional Review Board 02, permission to access archival data was granted from the University of Florida Counseling and Wellness Center on the Counseling Center Assessment of Psychological Symptoms (CCAPS-62). The CCAPS instruments were developed using a balanced rational/clinical approach and are intended to meet the clinical, research, and administrative needs of the counseling center field while also contributing valuable information to the science of mental health in college students (User Manual, 2010). All students that complete the CCAPS-62 are given an informed consent which asks the students whether they agree to contribute their anonymous numeric data for research purposes. This numeric data is de-identified and there are no potential risks because the database is confidential and archival.

Measures

A secondary data set was used for the study. The CCAPS-62 “is a 62-item instrument with eight subscales that measure psychological symptoms or distress in college students (Center for Collegiate Mental Health, 2010).” The eight subscales include: (1) Depression, (2) Generalized Anxiety, (3) Social Anxiety, (4) Academic Distress, (5) Eating Concerns, (6) Family Distress, (7) Hostility, and (8) Substance Use. The CCAPS-62 takes approximately 7-10 minutes to complete and is usually used for initial and post-treatment assessments though it can also be used to monitor ongoing treatment (User Manual, 2010). For the purpose of this study, the two subscales: Eating Concerns and Family Distress will be used.

The Eating Concerns subscale consists of 9 statements, which include “I feel out of control when I eat,” “I am satisfied with my body shape (reverse scored),” and “I am dissatisfied with my weight.” The specific items on the Family Distress subscale consists of 6 items which include “I get sad or angry when I think of my family,” “I feel that my family loves me (reverse scored),” and “My family is basically a happy one (reverse scored).” See Figure 2-1 for all the items under these two subscales. These statements are scored by a Likert scale from 0-4, 0 being “not at all like me” and 4 being “extremely like me.” A single item was used to measure gender; participants identified themselves as male, female, transgendered, or could endorse ‘prefer not to answer.’ Some students chose not to answer this question at all.

Body image issues were not distinguished from eating concerns in this study. It is difficult to distinguish body image from eating concerns using the CCAPS-62 Subscale Eating Concerns. Some of the possible body image questions were: “I am satisfied with my body shape” and “I am dissatisfied with my weight.” Two items on the subscale

could have been categorized as either body image or eating concerns which were: “I purge to control my weight” and “I diet frequently.” Therefore, the eating concerns total scale was used in this study.

EATING CONCERNS	
5	I feel out of control when I eat
13	I think about food more than I would like to
19	I am satisfied with my body shape **
22	I am dissatisfied with my weight
25	I eat too much
31	When I start eating I can't stop
34	I diet frequently
48	I purge to control my weight
61	The less I eat, the better I feel about myself
FAMILY DISTRESS	
1	I get sad or angry when I think of my family
7	I feel that my family loves me **
11	My family gets on my nerves
21	My family is basically a happy one **
38	There is a history of abuse in my family
42	I wish my family got along better

Figure 2-1. CCAPS-62 Eating Concerns and Family Distress items

Data Analysis

Gender and two subscales from the CCAPS-62 (Eating Concerns and Family Distress) were used as variables in this study. A correlational analysis will be used to determine the relationship between the latter two constructs. Eating Concerns will be measured using the CCAPS-62, 9 item subscale *Eating Concerns*. Family Distress or Family Concerns will be measured using the CCAPS-62, 6 item subscale *Family Distress*.

The dataset was analyzed using the Statistical Package for the Social Sciences (SPSS). The central tendency of the Eating Concerns and Family Distress subscale

was calculated. A Pearson product correlation analysis was conducted to determine whether there is a correlation between Eating Concerns and Family Distress. A One way Analysis of Variance (ANOVA) was conducted in order to see whether male, female, and transgendered students differ in regards to family distress and eating concerns respectively. Tukey post-hoc comparisons of the three gender groups were conducted to determine where the differences lie in regards to family distress and eating concerns. A Univariate ANOVA was conducted to determine the relationship of gender, family distress and eating concerns.

Research Hypotheses

The following null hypotheses will be examined in this study:

- There is no relationship between college students' family distress and eating concerns.
- There is no difference between college students, who identify as male, female, or transgendered, and family distress.
- There is no difference between college students, who identify as male, female, or transgendered, and eating concerns.
- The interaction between gender and family distress does not have an effect on eating concerns.

CHAPTER 3 RESULTS

Initially, the sample consisted of 9,903 students. Students that did not fully complete the items of the CCAPS-62 being used for this study were removed from the sample, leaving a remainder of 9,682 students. As hypothesized, the Pearson Product correlation analysis determined that there was a significant positive correlation between eating concerns and family distress $r(9682) = .220, p < .001$. This correlation indicates that people who have increased eating concerns also tend to have increased family distress. The Pearson Product correlation analysis also determined that there was a significant positive correlation between gender and eating concerns $r(9595) = .218, p < .001$ and gender and family distress $r(9595) = .111, p < .001$. The latter correlations indicate that people of a certain gender also tend to have increased eating concerns and family distress respectively.

One way ANOVA was conducted in order to see whether male, female, and transgendered students differ in regards to family distress (see Table 3-1). Family distress scores differed significantly among the three gender categories, $F(2, 9592) = 59.42, p < .001$. Tukey post-hoc comparisons of the three groups indicated that females ($M = 2.20$) reported significantly higher family distress than males ($M = 2.08$), $p < .001$. However, there were no statistically significant differences between male and transgendered students, $p = .178$ as well as female and transgendered students, $p = .636$. It is important to consider that group sizes are unequal and hence results regarding transgendered students may not be valid.

One way ANOVA was also conducted in order to see whether male, female, and transgendered students differ in regards to eating concerns. Eating concern scores

differed significantly among the three gender categories, $F(2, 9592) = 240.26, p < .001$. Tukey post-hoc comparisons of the three groups indicated that females ($M = 1.06$) reported significantly higher eating concerns than males ($M = 0.75$), $p < .001$. Also, transgendered students ($M = 1.29$) reported significantly higher eating concerns than males ($M = 0.75$), $p = .006$. However, there were no statistically significant differences between female and transgendered students, $p = .394$. It is important to consider that group sizes are unequal and hence results regarding transgendered students may not be valid.

Univariate ANOVA was conducted to determine the interaction of gender and Family Distress on Eating Concerns (see Table 3-2). The interaction between gender and family distress was statistically significant, $F(1,29) = 2.06, p = .001$.

Table 3-1. One way ANOVA summary table

		ANOVA				
		Sum of Squares	df	Mean Square	F	Sig.
Family Distress Total	Between Groups	31.496	2	15.748	59.415	.000
	Within Groups	2542.373	9592	.265		
	Total	2573.869	9594			
Eating Concern Total	Between Groups	216.099	2	108.049	240.264	.000
	Within Groups	4313.619	9592	.450		
	Total	4529.718	9594			

Table 3-2. Univariate ANOVA summary table

Tests of Between-Subjects Effects					
Dependent Variable: Eating Concern Total					
Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Corrected Model	434.968 ^a	57	7.631	17.773	.000
Intercept	79.999	1	79.999	186.325	.000
FamilyDisTotal	84.757	26	3.260	7.592	.000
Gender	.818	2	.409	.953	.386
FamilyDisTotal * Gender	25.617	29	.883	2.057	.001
Error	4094.749	9537	.429		
Total	13203.568	9595			
Corrected Total	4529.718	9594			

CHAPTER 4 DISCUSSION

The findings of this study report that eating concerns are significantly related to family distress in college students. Though the study does not focus on clinically diagnosed eating disorders, the eating concerns subscale provides information on students who are at risk for eating disorders. Since eating disorders are on the rise, it is important for clinicians to assess risk factors and resiliency factors in order to provide preventative and early treatment interventions. According to the findings of this study, it is important to assess the family dynamic and how it affects the client when treating college students with eating concerns. The study also reported that females have higher eating concerns than males, which is consistent with previous research. Females also have higher family distress than males. Finally, the study reported that the interaction between gender and family distress was significantly related to eating concerns.

Comparison with Other Research

The results of the current study are consistent with Blackmer, Searight, and Ratwik's (2011) study that found a moderate association between the perception of the family-of-origin and disordered eating as well as a strong association between perceived family-of-origin climate and body image dissatisfaction among male and female university athletes. Students that rated their families as supportive were less likely to report bulimic behavior and preoccupation with food and body image. However, Blackmer et al. also found no gender difference in perceptions of family climate, which is inconsistent with the results of this study (females had higher family distress than males). Haworth-Hoeppner's (2000) study implies more specific yet consistent results, in which women with eating disorders were found to have a more negative family

environment than women without eating disorders. Gillett, Harper, Larson, Berrett, & Hardman's (2009) study showed that eating-disordered families have less functional family rules than do non-eating-disordered families. Kluck (2010) found that parental comments and the focus of the family on appearance were significantly associated with body image dissatisfaction and bulimic symptomology in college women. These findings are consistent with the significant correlation between family distress and eating concerns in this study.

The findings reporting that females have higher eating concerns than do males is consistent with previous research that reports that women are at more risk than men for body dissatisfaction, eating concerns, and its associated symptoms (Ata, Ludden, & Lally, 2007; Abebe, Lien, & Von Soest, 2012; Blackmer, Searight, & Ratwik 2011; Hughes & Gullone, 2011; Hayman et al., 2007).

The finding in the current study that females have higher family distress than males is less clear than the relationship between gender and eating concerns, yet is consistent with Ata et al.'s (2007) study showing that females reported higher teasing from family about weight and more pressure from friends and family to lose weight than males.

Findings of this study also determined that the interaction between gender and family distress was significantly related to eating concerns, which is consistent with Ata et al.'s (2007) finding that females in the high-risk eating attitudes and behaviors group reported less parental support, lower self-esteem, and lower body esteem than adolescents in the low-risk group. The results of the current study are also consistent with Bardy's (2008) study that shows both young men and women may develop eating

disorder symptoms in response to family violence. Sira and White's (2010) study showed that among a nonclinical sample of college students, parental control was associated with eating disturbances among males but not among females, which is inconsistent with the results of the current study (females had higher family distress than males). However, Sira and White (2010) also found that that excessive parental control has negative direct influence on females' body satisfaction leading to increased dieting behavior. Although the interaction between gender and family distress on eating concerns is significant, how gender and family distress interact to cause this significance on eating concerns is unclear.

Limitations

The limitations of this study include the lack of demographic data on age and ethnicity. Although ethnicity was reported on the overall sample, there was no data on the race or ethnicity of each student in the sample. The lack of data on age and ethnicity limits the results because they do not show whether differences in age or ethnicity would impact the results. Also, the sample size of transgender students (N=14) is very small and thus, is not as reliable as the sample size of male (N=3324) and female (N=6257) students.

Another limitation of the study is the fact that even though the correlation between eating concerns and family distress is significant, this correlation does not tell us whether family distress causes eating concerns, nor whether eating concerns causes family distress. This study is focused on the idea that family can influence the prevalence of body image issues and eating concerns. It is important to note though, that there may be other related factors that caused the body image issues and eating concerns in the person, which then caused the family distress. Since the CCAPS-62 is a

self-report instrument, it is prone to social desirability bias. Also, the CCAPS-62 does not assess muscularity enhancement behaviors or pursuit of muscularity, which is a significant difference in males and females regarding body image as seen in the study by Ata et al., 2007. Thus, the definition of eating concerns in this study might have been more consistent with women's rather than men's experience.

As stated previously, body image issues were not distinguished between eating concerns in this study. It is difficult to distinguish body image from eating concerns using the CCAPS-62 Subscale Eating Concerns. Two items on the subscale could have been categorized as either body image or eating concerns which were: "I purge to control my weight" and "I diet frequently." Due to this unclear distinguishment, the eating concerns scale remained as a whole. Unfortunately, because this distinguishment was not made, it is unclear whether body image in itself is significantly correlated with family distress.

Conclusion and Suggestions for Future Research

In summary, though the correlation between family distress and eating concerns is significant, the data do not clearly indicate a cause and effect pathway. Further research needs to be done concerning the relationship between eating concerns and family distress as well as the relationship between body image dissatisfaction and family distress. There is still little research on men and transgendered individuals with eating disorders on and how they differ. More research needs to be done on how the impact of family differs between males, females, and LGBT individuals. Also, more research needs to be done on how family impacts individuals of various gender identities with eating disorders and those at risk for eating disorders (i.e. body image dissatisfaction and disordered eating).

In regards to men, it seems that assessments looking for body image dissatisfaction are more focused on women than men, and thus may be gender biased. As seen in the studies above, males' body image and eating concerns are related not only to losing body fat, but also to increasing muscle mass. Including questions related to increasing muscle mass and associated behaviors may allow for a clearer and more wholistic picture in assessing body and eating concerns for males.

Another important area of future research is to assess differences in ethnicity in regards to eating disorders, body image dissatisfaction, and disordered eating as cultural factors may be of influence. The impact of family is another important area to look at in regards to various cultural backgrounds with eating disorders, body image dissatisfaction, and disordered eating. With a clearer understanding of these gender and cultural differences, we can better assist clients with various backgrounds as clinicians. Research in Canada has shown the benefits of family-based treatment with clients with eating disorders (Robinson, Strahan, Girz, Wilson, & Boachie, 2013; Couturier, Kimber, & Szatmari, 2013). Couturier, Kimber, and Szatmari's (2013) study showed that even though family-based treatment and individual treatment for adolescents with eating disorders showed no differences during and at the end of treatment, family-based treatment was superior to individual treatment at the 6-12 month follow-up. Incorporating the family in treating individuals with eating disorders seems paramount, especially since there is some evidence that family-based treatment is superior to individual treatment even one year after treatment. These results have implications for the prevention and early intervention of eating disorders in adolescents with body image issues and disordered eating behaviors. The negative health effects of

eating disorders can be severe, especially if not treated (Hurst, Read, & Wallis, 2012). The prevention of these possibly irreversible negative effects are our goal as clinicians.

More research on resiliency factors in college students in regards to family can also be assessed to determine whether students with a positive family environment have less severe psychological symptoms (i.e. body image dissatisfaction, anxiety, depression, and disordered eating) than students with a negative family environment. It seems that looking at parental resiliency as well as the resiliency of the individual placed at risk are important areas of study. Robinson, Strahan, Girz, Wilson, and Boachie's (2013) study on family-based treatment with adolescents with eating disorders showed that, throughout treatment, parental self-efficacy increased and adolescent's symptoms decreased. Maternal and paternal self-efficacy scores also predicted adolescent outcomes throughout treatment. These findings are important in showing that parental resiliency factors may also influence adolescents at risk for eating disorders.

In conclusion, the findings of this study suggest the importance of looking at family dynamics when treating students with eating disorders or those at risk for eating disorders. Future directions of this study include examining family distress, body dissatisfaction, and eating concerns in students with various cultural backgrounds, ages, and gender identities.

APPENDIX A
CCAPS-62 SAMPLE PROFILE REPORT

CCAPS 62 Profile Report										Ver. 62-2010
Counseling and Psychological Services at Penn State University										
Name: SAMPLE CLIENT					Date: 08/24/2009					
Student ID: 999999999					Age: 20					
Sub-Scales	10/06/2008 BASELINE	08/24/2009								
Depression	49	52								
Generalized Anxiety	74	97								
Social Anxiety	52	68								
Academic Distress	3	52 ↑ ²								
Eating Concerns	91	25 ↓ ²								
Family Distress	1	68 ↑ ²								
Hostility	82	78								
Substance Use	56	68								
DEPRESSION					EATING CONCERNS					
8	I feel disconnected from myself	0	5	I feel out of control when I eat	2					
9	I don't enjoy being around people as much as I used to	0	13	I think about food more than I would like to	0					
10	I feel isolated and alone	4	19	I am satisfied with my body shape **	4					
12	<i>I lose touch with reality</i>	0	22	I am dissatisfied with my weight	0					
20	I feel worthless	0	25	I eat too much	0					
23	I feel helpless	3	31	When I start eating I can't stop	0					
28	I am enthusiastic about life **	2	34	I diet frequently	0					
37	I have unwanted thoughts I can't control	4	48	I purge to control my weight	0					
40	I feel sad all the time	2	61	The less I eat, the better I feel about myself	0					
46	<i>I have thoughts of ending my life</i>	0		FAMILY DISTRESS						
55	I like myself **	2	1	I get sad or angry when I think of my family	2					
58	I find that I cry frequently	0	7	I feel that my family loves me **	3					
62	I feel that I have no one who understands me	4	11	My family gets on my nerves	4					
GENERALIZED ANXIETY			21	My family is basically a happy one **	3					
3	There are many things I am afraid of	1	38	There is a history of abuse in my family	0					
4	My heart races for no good reason	3	42	I wish my family got along better	2					
14	I am anxious that I might have a panic attack in public	4	HOSTILITY							
17	I have sleep difficulties	3	32	I have difficulty controlling my temper	4					
18	My thoughts are racing	4	36	I sometimes feel like breaking or smashing things	2					
27	I have spells of terror or panic	4	43	I get angry easily	4					
30	I feel tense	2	45	I feel irritable	1					
33	I am easily frightened or startled	4	52	<i>I am afraid I may lose control and act violently</i>	0					
39	I experience nightmares or flashbacks	4	57	I frequently get into arguments	0					
SOCIAL ANXIETY			60	<i>I have thoughts of hurting others</i>	0					
2	I am shy around others	2	SUBSTANCE USE							
16	I become anxious when I have to speak in front of audiences	0	24	I use drugs more than I should	0					
35	I make friends easily **	3	26	I drink alcohol frequently	2					
41	I am concerned that other people do not like me	4	29	When I drink alcohol I can't remember what happened	0					
44	I feel uncomfortable around people I don't know	4	49	I drink more than I should	0					
47	I feel self conscious around others	3	50	I enjoy getting drunk	1					
54	I feel comfortable around other people **	2	56	I have done something I have regretted because of drinking	3					
ACADEMIC DISTRESS			LEGEND:							
6	I enjoy my classes **	3	Sub-Scale scores are percentiles							
15	I feel confident I can succeed academically **	4	↑ ↓ Reliable Change Indicator (post-baseline only)							
51	I am not able to concentrate as well as usual	4	- RCI not calculated. (Insufficient data)							
53	It's hard to stay motivated for my classes	3	Score: <u>Not at all like me</u> 0 1 2 3 4 <u>Extremely like me</u>							
59	I am unable to keep up with my school work	2	** Reverse scored items							

APPENDIX B CCAPS-62 SAMPLE TEST

Name: _____ Date: _____

INSTRUCTIONS: The following statements describe thoughts, feelings, and experiences that people may have. Please indicate how well each statement describes you, during the past two weeks, from "not at all like me" (0) to "extremely like me" (4), by marking the correct number. Read each statement carefully, select only one answer per statement, and please do not skip any questions.

	Not at all like me			Extremely like me
1. I get sad or angry when I think of my family	0	1	2	3	4
2. I am shy around others	0	1	2	3	4
3. There are many things I am afraid of	0	1	2	3	4
4. My heart races for no good reason	0	1	2	3	4
5. I feel out of control when I eat	0	1	2	3	4
6. I enjoy my classes	0	1	2	3	4
7. I feel that my family loves me	0	1	2	3	4
8. I feel disconnected from myself	0	1	2	3	4
9. I don't enjoy being around people as much as I used to	0	1	2	3	4
10. I feel isolated and alone	0	1	2	3	4
11. My family gets on my nerves	0	1	2	3	4
12. I lose touch with reality	0	1	2	3	4
13. I think about food more than I would like to	0	1	2	3	4
14. I am anxious that I might have a panic attack while in public	0	1	2	3	4
15. I feel confident that I can succeed academically	0	1	2	3	4
16. I become anxious when I have to speak in front of audiences	0	1	2	3	4
17. I have sleep difficulties	0	1	2	3	4
18. My thoughts are racing	0	1	2	3	4
19. I am satisfied with my body shape	0	1	2	3	4
20. I feel worthless	0	1	2	3	4
21. My family is basically a happy one	0	1	2	3	4
22. I am dissatisfied with my weight	0	1	2	3	4
23. I feel helpless	0	1	2	3	4
24. I use drugs more than I should	0	1	2	3	4
25. I eat too much	0	1	2	3	4
26. I drink alcohol frequently	0	1	2	3	4
27. I have spells of terror or panic	0	1	2	3	4
28. I am enthusiastic about life	0	1	2	3	4
29. When I drink alcohol I can't remember what happened	0	1	2	3	4
30. I feel tense	0	1	2	3	4
31. When I start eating I can't stop	0	1	2	3	4
32. I have difficulty controlling my temper	0	1	2	3	4
33. I am easily frightened or startled	0	1	2	3	4

34. I diet frequently	0	1	2	3	4
35. I make friends easily	0	1	2	3	4
36. I sometimes feel like breaking or smashing things	0	1	2	3	4
37. I have unwanted thoughts I can't control	0	1	2	3	4
38. There is a history of abuse in my family	0	1	2	3	4
39. I experience nightmares or flashbacks	0	1	2	3	4
40. I feel sad all the time	0	1	2	3	4
41. I am concerned that other people do not like me	0	1	2	3	4
42. I wish my family got along better	0	1	2	3	4
43. I get angry easily	0	1	2	3	4
44. I feel uncomfortable around people I don't know	0	1	2	3	4
45. I feel irritable	0	1	2	3	4
46. I have thoughts of ending my life	0	1	2	3	4
47. I feel self conscious around others	0	1	2	3	4
48. I purge to control my weight	0	1	2	3	4
49. I drink more than I should	0	1	2	3	4
50. I enjoy getting drunk	0	1	2	3	4
51. I am not able to concentrate as well as usual	0	1	2	3	4
52. I am afraid I may lose control and act violently	0	1	2	3	4
53. It's hard to stay motivated for my classes	0	1	2	3	4
54. I feel comfortable around other people	0	1	2	3	4
55. I like myself	0	1	2	3	4
56. I have done something I have regretted because of drinking	0	1	2	3	4
57. I frequently get into arguments	0	1	2	3	4
58. I find that I cry frequently	0	1	2	3	4
59. I am unable to keep up with my schoolwork	0	1	2	3	4
60. I have thoughts of hurting others	0	1	2	3	4
61. The less I eat, the better I feel about myself	0	1	2	3	4
62. I feel that I have no one who understands me	0	1	2	3	4

APPENDIX C
INFORMED CONSENT

**University of Florida
Counseling and Wellness Center**

If you have any questions about this form, please call (352) 392-1575 during business hours.

Informed Consent (CCMH)

The Counseling and Wellness Center (CWC) participates in a national research project designed to improve our services and expand the knowledge about college student mental health. This research project is managed by the Center for the Study of Collegiate Mental Health (CSCMH) at Penn State University. CWC participates by contributing anonymous, numeric data provided by clients who use our services and are 18 years or older. The data will be stripped of all personally identifying information and is then combined with anonymous, numeric data from other colleges nationwide for statistical analysis. Because the data cannot be linked to specific individuals, there are virtually no risks associated with contributing data. There are no direct benefits to you for participating in this study, but the information collected will be used to improve services and expand the knowledge about college student mental health. With your permission, CWC would like to contribute anonymous, numeric data from the questionnaires you just completed. Your decision to participate in this study is voluntary and will not affect the services you receive. If you have questions or concerns, you may contact Sherry Benton, Ph.D. at (352) 392-1575 or at shbenton@ufl.edu.

Will you allow your anonymous, numeric responses to be contributed?

Yes No

IRB APPROVED: Project # 398-2010

APPENDIX D
IRB 02 APPROVAL LETTER



PO Box 112250
Gainesville, FL 32611-2250
352-392-0433 (Phone)
352-392-9234 (Fax)
irb2@ufl.edu

October 25, 2012

TO: Yanel De Miranda; Nadine Isaac
PO Box 117046
Campus

FROM: Ira S. Fischler, PhD; Chair *ISF*
University of Florida
Institutional Review Board 02

SUBJECT: **Exemption of Protocol #2012-U-1070**
How Family Distress Relates to Body Image and Eating Concerns Among Male
and Female College Students

SPONSOR: None

Your protocol submission has been reviewed by the Board. The Board has determined that your protocol is exempt based on the category listed below:

45 CFR 46.101(b)(4) Research involving the collection or study of existing data, documents, records, pathological specimens, or diagnostic specimens, if these sources are publicly available or if the information is recorded by the investigator in such a manner that subjects cannot be identified, directly or through identifiers linked to the subjects.

Should the nature of your study change or if you need to revise this protocol in any manner, please contact this office before implementing the changes.

IF:dl

LIST OF REFERENCES

- Abebe, D., Lien, L., & Von Soest, T. (2012). The development of bulimic symptoms from adolescence to young adulthood in females and males: A population-based longitudinal cohort study. *International Journal of Eating Disorders, 45*(6), 737-745.
- Ata, R., Ludden, A., & Lally, M. (2007). The Effects of Gender and Family, Friend, and Media Influences on Eating Behaviors and Body Image During Adolescence. *Journal Of Youth & Adolescence, 36*(8), 1024-1037. doi:10.1007/s10964-006-9159-x
- Bardy, S. S. (2008). Lifetime family violence exposure is associated with current symptoms of eating disorders among both young men and women. *Journal of Traumatic Stress, 21*(3), 347-351. doi:10.1002/jts.20335
- Blackmer, V., Searight, H., & Ratwik, S. H. (2011). The Relationship between Eating Attitudes, Body Image and Perceived Family -of -Origin Climate among College Athletes. *North American Journal of Psychology, 13*(3), 435-446.
- Blissett, J. M. (2011). The role of parenting in the relationship between childhood eating problems and broader behaviour problems. *Child: Care, Health & Development, 37*(5), 642-648. doi: 10.1111/j.1365-2214.2011.01229.x
- Bottamini, G., & Ste-Marie, D. M. (2006). Male Voices on Body Image. *International Journal of Men's Health, 5*(2), 109-132.
- Center for Collegiate Mental Health (2010). *CCAPS 2010 User Manual*. University Park, PA
- Chao, M. (2011). Family interaction relationship types and differences in parent-child interactions. *Social Behavior & Personality: An International Journal, 39*(7), 897-914. doi: 10.2224/sbp.2011.39.7.897
- Cheng, H., & Mallinckrodt, B. (2009). Parental bonds, anxious attachment, media internalization, and body image dissatisfaction: Exploring a mediation model. *Journal of Counseling Psychology, 56*(3), 365-375. doi: 10.1037/a0015067
- Choate, L. H. (2007). Counseling adolescent girls for body image resilience: Strategies for school counselors. *Professional School Counseling, 10*(3), 317-326. Retrieved from <https://search.ebscohost.com/login.aspx?direct=true&db=aph&AN=25435720&site=ehost-live>
- Cook-Cottone, C., & Phelps, L. (2003). Body dissatisfaction in college women: Identification of risk and protective factors to guide college counseling practices. *Journal of College Counseling, 6*(1), 80. Retrieved from <https://search.ebscohost.com/login.aspx?direct=true&db=aph&AN=9744884&site=ehost-live>

- Coomber, K., & King, R. M. (2008). The role of sisters in body image dissatisfaction and disordered eating. *Sex Roles, 59*(1), 81-93. doi: 10.1007/s11199-008-9413-7
- Couturier, J., Kimber, M., & Szatmari, P. (2013). Efficacy of family-based treatment for adolescents with eating disorders: A systematic review and meta-analysis. *International Journal Of Eating Disorders, 46*(1), 3-11. doi:10.1002/eat.22042
- Dittmar, H., & Lloyd, B. (2000). The "Body Beautiful": English Adolescents' Images of Ideal Bodies. *Sex Roles, 42*(9/10), 887-915.
- Edgar-Smith, S., & Wozniak, R. H. (2010). Family relational values in the parent-adolescent relationship. *Counseling & Values, 54*(2), 187-200. Retrieved from <https://search.ebscohost.com/login.aspx?direct=true&db=aph&AN=48854444&site=ehost-live>
- Granberg, E. M., Simons, L., & Simons, R. L. (2009). Body size and social self-image among adolescent African American girls: The moderating influence of family racial socialization. *Youth & Society, 41*(2), 256-277. doi:10.1177/0044118X09338505
- Gillett, K. S., Harper, J. M., Larson, J. H., Berrett, M. E., & Hardman, R. K. (2009). Implicit family process rules in eating-disordered and non-eating-disordered families. *Journal of Marital And Family Therapy, 35*(2), 159-174. doi:10.1111/j.1752-0606.2009.00113.x
- Haworth-Hoepfner, S. (2000). The critical shapes of body image: The role of culture and family in the production of eating disorders. *Journal of Marriage and the Family, 62*(1), 212-227. doi:10.1111/j.1741-3737.2000.00212.x
- Hayman, J. W., Kurpius, S. R., Befort, C., Nicpon, M. F., Hull-Blanks, E., Sollenberger, S., & Huser, L. (2007). Spirituality among college freshmen: Relationships to self-esteem, body image, and stress. *Counseling & Values, 52*(1), 55-70. Retrieved from <https://search.ebscohost.com/login.aspx?direct=true&db=aph&AN=27245919&site=ehost-live>
- Hughes, E. K., & Gullone, E. (2011). Emotion regulation moderates relationships between body image concerns and psychological symptomatology. *Body Image, 8*(3), 224-231. doi: 10.1016/j.bodyim.2011.04.001
- Hurst, K., Read, S., & Wallis, A. (2012). Anorexia nervosa in adolescence and Maudsley Family-Based Treatment. *Journal of Counseling & Development, 90*(3), 339-345. doi:10.1002/j.1556-6676.2012.00042.x
- Kluck, A. S. (2010). Family influence on disordered eating: The role of body image dissatisfaction. *Body Image, 7*(1), 8-14. doi:10.1016/j.bodyim.2009.09.009

- Lobera, I. J., Rios, P. B., & Casals, O. G. (2011). Parenting styles and eating disorders. *Journal of Psychiatric and Mental Health Nursing*, 18, 728–735. doi: 10.1111/j.1365.2850.2011.01723.x
- National Library of Medicine. (2008). Males and Eating Disorders. *National Institutes of Health Medline Plus*, 3(2), 18. Retrieved from <http://www.nlm.nih.gov/medlineplus/magazine/issues/spring08/articles/spring08pg18.html>
- Maltby, J., Giles, D. C., Barber, L., & McCutcheon, L. E. (2005). Intense-personal celebrity worship and body image: Evidence of a link among female adolescents. *British Journal of Health Psychology*, 10(Pt 1), 17-32. doi: 10.1348/135910704X15257
- Mazzeo, S. E. (1999). Modification of an existing measure of body image preoccupation and its relationship to disordered eating in female college students. *Journal of Counseling Psychology*, 46(1), 42-50. doi: 10.1037/0022-0167.46.1.42
- McFarland, M. B., & Petrie, T. A. (2012). Male Body Satisfaction: Factorial and Construct Validity of the Body Parts Satisfaction Scale for Men. *Journal of Counseling Psychology*, 59(2), 329-337. doi:10.1037/a0026777
- Nollen, N., Kaur, H., Pulvers, K., Choi, W., Fitzgibbon, M., Li, C., Ahluwalia, J. (2006). Correlates of ideal body size among black and white adolescents. *Journal of Youth & Adolescence*, 35(2), 276-284. doi: 10.1007/s10964-005-9024-3
- Ricciardelli, L. A., McCabe, M. P., & Lillis, J. (2006). A Longitudinal Investigation of the Development of Weight and Muscle Concerns Among Preadolescent Boys. *Journal of Youth and Adolescence*, 35(2), 177-187.
- Robinson, A., Strahan, E., Girz, L., Wilson, A., & Boachie, A. (2013). 'I Know I Can Help You': Parental Self-efficacy Predicts Adolescent Outcomes in Family-based Therapy for Eating Disorders. *European Eating Disorders Review*, 21(2), 108-114. doi:10.1002/erv.2180
- Shomaker, L. B., & Furman, W. (2010). A prospective investigation of interpersonal influences on the pursuit of muscularity in late adolescent boys and girls. *Journal of Health Psychology*, 15(3), 391-404. doi:10.1177/1359105309350514
- Sinclair, S. L., & Myers, J. E. (2004). The relationship between objectified body consciousness and wellness in a group of college women. *Journal of College Counseling*, 7(2), 150-161. Retrieved from <https://search.ebscohost.com/login.aspx?direct=true&db=aph&AN=15204104&site=ehost-live>
- Sira, N., & White, C. (2010). Individual and Familial Correlates of Body Satisfaction in Male and Female College Students. *Journal of American College Health*, 58(6), 507-514.

- Smith, A. R., Hawkeswood, S. E., Bodell, L. P., & Joiner, T. E. (2011). Muscularity versus leanness: An examination of body ideals and predictors of disordered eating in heterosexual and gay college students. *Body Image, 8*(3), 232-236. doi:10.1016/j.bodyim.2011.03.005
- Stice, E., & Shaw, H. E. (2002). Role of body dissatisfaction in the onset and maintenance of eating pathology: A synthesis of research findings. *Journal of Psychosomatic Research, 53*(5), 985.
- Stout, E. J., & Frame, M. (2004). Body Image Disorder in Adolescent Males: Strategies for School Counselors. *Professional School Counseling, 8*(2), 176-181.
- Tylka, T. L. (2011). Refinement of the tripartite influence model for men: Dual body image pathways to body change behaviors. *Body Image, 8*(3), 199-207. doi: 10.1016/j.bodyim.2011.04.008
- Udall-Weiner, D. (2009). Sexual identity development and self-esteem as predictors of body image in a racially diverse sample of gay men. *Journal of Homosexuality, 56*(8), 1011-1029. doi: 10.1080/00918360903275419
- Wasylikiw, L., MacKinnon, A. L., & MacLellan, A. M. (2012). Exploring the link between self-compassion and body image in university women. *Body Image, 9*(2), 236-245. doi: 10.1016/j.bodyim.2012.01.007
- Whetstone, L. M., Morrissey, S. L., & Cummings, D. M. (2007). Children at risk: The association between perceived weight status and suicidal thoughts and attempts in middle school youth. *Journal of School Health, 77*(2), 59-66. doi: 10.1111/j.1746-1561.2007.00168.x
- Wiseman, M. C., & Moradi, B. (2010). Body image and eating disorder symptoms in sexual minority men: A test and extension of objectification theory. *Journal of Counseling Psychology, 57*(2), 154-166. doi:10.1037/a0018937
- Ziegler, P. J., Kannan, S., Jonnalagadda, S. S., Krishnakumar, A., Taksali, S. E., & Nelson, J. A. (2005). Dietary intake, body image perceptions, and weight concerns of female US international synchronized figure skating teams. *International Journal of Sport Nutrition & Exercise Metabolism, 15*(5), 550. Retrieved from <https://search.ebscohost.com/login.aspx?direct=true&db=aph&AN=18447851&site=ehost-live>

BIOGRAPHICAL SKETCH

Yanel A. De Miranda was born in Miami, Florida. She graduated from Barbara Goleman High School in 2006 and earned her B.S. in psychology with a minor in art history at the University of Florida in 2010. Yanel began graduate school in the Counselor Education program at the University of Florida as a masters/specialist candidate in 2010.

Yanel has been trained as a phone counselor at the Alachua County Crisis Center where she volunteered from 2008-2010. She was chosen to work as a counselor at Buchholz High School for her practicum by the Shands Pals Program where she co-founded a teen support group in 2011. Yanel was also chosen to work as a counselor at the University of Florida Counseling and Wellness Center for her one year internship in 2012.

Yanel will complete her degree in Mental Health Counseling at the University of Florida in spring 2013. She looks forward to her future career as a professional counselor.