

AN INVESTIGATION OF FAMILY TEASING AS
A MEDIATOR IN THE RELATIONSHIP
BETWEEN FAMILY DIMENSIONS
AND BODY DISSATISFACTION

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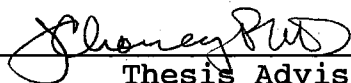
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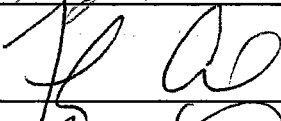
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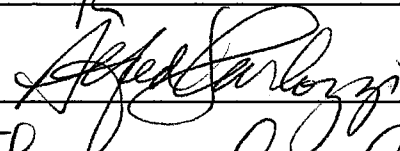
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Abstract

Body dissatisfaction is a core feature of eating disorders and is common among young adult women (Cash, 1995). Recent literature suggests that weight-related teasing experienced during childhood predicts body dissatisfaction in college women (e.g., Fabian & Thompson, 1989). Based on previous findings linking certain family dimensions (e.g., high conflict or low cohesion) with eating disorders, a study was conducted to examine teasing as a potential mediator between family factors and body dissatisfaction. Questionnaires assessing body dissatisfaction, teasing by family members, and family functioning were given to 108 college women to evaluate the relationships among these variables. Contrary to hypotheses, correlational analyses revealed that teasing was not related to body dissatisfaction after the influence of perceived childhood weight was controlled. Thus, teasing did not serve as a mediator between family dimensions and body dissatisfaction. Results of exploratory multiple regression analyses revealed, however, that perceived childhood weight was an important predictor of body dissatisfaction and functioned as both a mediator and a moderator in the relationship between family teasing and body dissatisfaction. Clinical implications of these findings and suggestions for future research areas are discussed.

CHAPTER I

INTRODUCTION

Body image disturbance is a widespread problem in our society, particularly among adolescent and adult women. Body image is defined as an evaluation of one's size, weight, or any other aspect of the body that determines physical appearance (Thompson, 1990); included in this evaluation is a perceptual component (estimation of body size), a subjective component (incorporating satisfaction and cognitive evaluation), and a behavioral component (avoiding situations that may cause physical-appearance related discomfort). The association between body image problems and eating disturbance is well documented (Garner & Garfinkel, 1981). In the 1980s, after the results of numerous studies suggested that body image disturbance was common among individuals with eating disorders, this overconcern with shape and weight came to be included as one of the primary diagnostic criteria for both anorexia nervosa and bulimia listed in the DSM-III-R (American Psychiatric Association, 1987).

Body dissatisfaction, an integral aspect of body image disturbance, also is a prevalent phenomenon among adolescent and adult women in the general population (Cash, 1990). Body dissatisfaction typically refers to the belief that specific parts of the body (e.g., hips, thighs, buttocks)

are too large (Garner, Olmstead, & Polivy, 1983).

Dissatisfaction with body image or perception of one's self as overweight is contended to be a key risk factor in the etiology of eating disorders among women (Cooper & Fairburn, 1983; Drewnowski & Yee, 1987; Striegel-Moore, Silberstein, & Rodin, 1986).

The prevalence of body image dissatisfaction increases from age 12 to young adulthood (Davies & Furnham, 1986). Although younger women typically are the most dissatisfied with their bodies, studies indicate that a majority of women report dissatisfaction with their bodies and see themselves as overweight even if they are not (Cash, Winstead, & Janda, 1986). Further, more women than men express concern about their physical appearance (Altabe & Thompson, 1993; Cash, Winstead, & Janda, 1986). Studies also show that as many as 85% of women wish to lose weight (Drewnowski & Yee, 1987); many attempt to do so by dieting, which may be a risk factor for the development of an eating disorder (Striegel-Moore, Silberstein, & Rodin, 1986).

A number of potential factors have been implicated as contributing to body image disturbance or body dissatisfaction. These factors include the tendency to compare one's physical appearance to others (Heinberg & Thompson, 1992), adaptive failure (an inability to modify perception of self subsequent to weight loss), maturational status or timing of pubertal development, a perceptual

artifact hypothesis (a general perceptual tendency to overestimate small sizes), societal standards of thinness, and a history of being teased about appearance during childhood (Thompson, 1990; Thompson, 1992). Further, although family environmental influences are thought to play a part in the development of eating disorders and perceptions of body image, to date little empirical research has been done to examine specific family factors associated with body image disturbance.

Teasing related to body size/weight is one area associated with both family functioning and body image that has been investigated. Teasing of this nature refers to negative verbal commentary directed at one's appearance (Thompson & Heinberg, 1993), and seems to be characterized by a high degree of criticalness. Although teasing related to body image disturbance can include teasing by both family members and peers, most often family members, including parents, siblings, and other relatives, are the frequent offenders (Cash, 1995).

Cash (1995) found that 72% of college women had revealed experiences of teasing/criticism related to their appearance during childhood or adolescence; of these women, 71% reported that their current body image was affected by the experience. Studies to date have found that women who were teased about their weight/size during childhood are more dissatisfied with their appearance than those who have

not been teased (Cash et al., 1986), and that teasing history is a reliable predictor of body dissatisfaction and eating disturbance in general (Thompson & Heinberg, 1993). Because teasing, particularly family teasing, has been found to be related to women's perceptions of their physical appearance and the development of eating disorders, it would be helpful to know whether both teasing about weight and the development of body image disturbance/dissatisfaction are associated with specific family dimensions.

It has been suggested that fundamental dysfunctions in the family's style of interacting may contribute to the development of eating disorders in its members, especially in female children (Reeves & Johnson, 1992). Just as teasing by family members is related to body image disturbance and eating disorders, particular family interaction patterns have also been found to be associated with eating disturbances. Eating disordered families have been reported as being emotionally uncohesive and highly conflictual (Kent & Clopton, 1992; Kog & Vandereycken, 1989). Humphrey (1986) also found families of bulimic-anorexics to be significantly more disturbed than nonproblem controls; specifically, eating disordered families reported being more isolated, nondisclosing, detached, and conflictual, and less involved and supportive compared to non-eating disordered families. Although it is evident that particular family styles are associated with eating

disorders, there is a paucity of research investigating specific mediating variables that forge the link between family functioning and the development of eating disorders. Likewise, even fewer attempts have been made to examine the association of family functioning and body image disturbance, and the potential mediators in this relationship.

Because of the demonstrated associations between teasing and body image dissatisfaction, and the importance of family variables to the development of eating disturbances, it may be argued that family teasing about body weight/size represents an essential link between family dimensions and body image dissatisfaction. The following section of the paper reviews the pertinent literature in each of these areas. First, an overview is provided that describes the established association between body image disturbance and eating disorders. Next, an overview of the literature that examines the relationship between disturbances in family interaction styles and eating problems, and the potential link between family dimensions and body image dissatisfaction will be presented. Also, an overview of the literature documenting the association between teasing and body image dissatisfaction will be reviewed. Finally, a summary and integration of this literature is introduced in which the argument is made for conceptualizing teasing as a product of particular family

interaction styles that contributes to body image disturbance.

A study is then conducted to evaluate the potential role of family teasing as a mediator in the relationship between family environment and body dissatisfaction. In general, it is predicted that family variables such as conflict, lack of cohesion, low emotional expressiveness, low independence and disorganization will be associated with both body dissatisfaction and higher levels of family teasing about weight/size during childhood or adolescence; teasing during childhood or adolescence will be associated with body dissatisfaction; and, teasing will mediate the relationship between family environment dimensions and body dissatisfaction. Findings of this nature will have important implications for future research examining family influences on body image disturbance and for the treatment of individuals with eating disorders or body image disturbances and their families.

CHAPTER II

LITERATURE REVIEW

Body Image and Eating Disorders

Weight and body image concerns and dieting in general are so prevalent among females today that they have become the norm (Rodin, Silberstein, & Striegel-Moore, 1985). A growing body of literature connects body image disturbance to eating disorders, and body dissatisfaction has been found to be a significant predictor of eating disorders (Altabe & Thompson, 1992; Attie & Brooks-Gunn, 1989; Cattarin & Thompson, 1994).

Cash et al. (1986) found that the majority of women in their study reported body dissatisfaction, 38% of the women indicated that they were currently on a weight loss diet, and 36% revealed that they sometimes went on uncontrollable eating binges. Furthermore, according to their self-reports, the more often the women dieted, binged, or purged, the more likely they were to report dissatisfaction with their appearance. Drewnowski and Yee (1987) surveyed college students and found that women who were dissatisfied with their bodies wished to lose weight; those who expressed the greatest desire to lose weight reported a greater frequency of dieting behaviors, subsequently putting themselves at risk for eating problems.

In a study investigating connections between normal

development and maladaptive eating patterns, Attie and Brooks (1989) found that body image predicted later eating problems in an inverse fashion. In other words, these authors found that pre- and early- adolescent girls who felt most negatively about their bodies in early adolescence were significantly more likely to develop eating problems two years later, after controlling for existing levels of eating disturbance.

In a recent prospective study, Cattarin and Thompson (1994) conducted an investigation that examined key etiological factors related to the development of body image disturbance and eating disorders. Among adolescent females 14-18 years old, they found that increased levels of body dissatisfaction at the initiation of the study was a significant predictor of eating problems three years later.

Given these research findings, it is apparent that body image disturbance and eating problems frequently coexist. Consistent with the observation that body image disturbance is a hallmark feature of eating disorder diagnoses, the overlap between these two phenomena among female adolescents and adults is considerable. However, the majority of studies exploring etiological routes of these processes tend to focus exclusively on eating disorders in general rather than on body image as a specific component. Nevertheless, given the robust association between eating disorders and body image disturbance, it is likely that they share common

etiological influences. It is widely believed that the development of eating disorders represents the final common pathway of a combination of biological, psychological, sociocultural, and familial factors (Reeves & Johnson, 1992), and it is probable that these factors also contribute to the development of body image disturbance.

Family Factors and Body Image/Eating Disorders

Results of numerous studies indicate that disturbed family interaction patterns may contribute to the onset and maintenance of eating disorders, typically in female members of the family (Reeves & Johnson, 1992). Researchers have suggested that the attitudes and characteristics of parents, and the type of relationship that the child has with her parents play crucial roles in precipitating or perpetuating bulimia (Kent & Clopton, 1988). The widely held opinion is that the family environments of women with eating disorders differ in meaningful and detrimental ways from that of families without eating disorders (Kog & Vandereycken, 1989; Stern et al., 1989). The results of the following studies in the area of family disturbance and eating disorders typically support this notion.

Johnson and Flach (1985) compared the perceptions of young adult women who were currently seeking treatment for bulimia to control subjects across various aspects of functioning in their families of origin. Women with bulimia viewed their families as being significantly less cohesive

(i.e., less supportive, helpful, or committed to the family) and more discouraging of independent behavior (e.g., assertive and self-reliant behaviors). Compared to control women, bulimic women also perceived their families as experiencing a high level of conflict and anger, but rated their families as low in the open expression of feelings. Although these findings provide support for differential styles of interaction in eating disorder and normal control families, the sample was limited to those individuals with a diagnosis of bulimia.

Humphrey (1986) conducted a similar study in which women with eating disorders were compared to a control sample in their perceptions of family functioning. This study examined bulimic-anorexic women (i.e., those who also binge ate and induced vomiting and/or abused laxatives) and obtained information on parents' perceptions of the family environment in order to investigate consistency across family members. Views of family functioning were congruent for the eating disordered women and their parents, and results revealed that families of bulimic-anorexics were significantly more disturbed than nonproblem controls. Specifically, families of eating disordered women were reported to be less involved and supportive, and more conflictual, isolated, understructured, and detached. Although a different subtype of eating disorders was investigated in this study, the results were consistent with

the findings of the Johnson and Flach (1985) study.

The previously mentioned studies compared women diagnosed with eating disorders to women without eating disorders. Kent and Clopton (1988) extended the comparison to include a group of women with subclinical levels of bulimic symptoms (i.e., did not meet sufficient criteria to warrant a diagnosis of bulimia), in addition to the bulimic and control groups. All subjects were college students not receiving treatment for eating problems. Family functioning measures evidenced less familial distress than earlier research has reported. Women diagnosed with bulimia reported significantly lower expressiveness (the extent to which family members are encouraged to act openly and to express their feelings directly) within the family than did symptom-free women. However, in contrast to studies utilizing samples of women in treatment for eating disorders, bulimics in this nonclinical setting did not report significantly more family conflict or less caring and family cohesion than did the other groups. A possible explanation for these findings is that among women not receiving treatment for their eating behaviors, these family problems are not as salient and may go unrecognized.

A common limitation of the previously mentioned studies is that the samples were restricted to women who were all exhibiting the same eating disorder patterns. Because it has been suggested that families of different eating

disorder subtypes show varying interactional patterns, Stern et al. (1989) compared the family dimensions of four groups of women: restricting anorexics, bulimic anorexics, normal weight bulimics, and nonproblem controls. The women with eating disorders were all receiving treatment for their disturbance. Surprisingly, few differences were found among the three eating disorder groups. On the whole there was a tendency for women with eating disorders to rate their families as experiencing less cohesion and open expression of feelings, as well as more conflictual interactions. In particular, bulimic-anorexic families rated themselves as more disturbed than any of the other groups.

A similar study conducted by Kog and Vandereycken (1989) revealed completely different interaction styles among the families of different eating disorder subtypes. Consistent with previous findings, bulimic patients rated their families as uncohesive, conflictual, and disorganized. In contrast, anorexic patients reported their families to be cohesive and nonconflictual. This is consistent with the notion that bulimic patients feel more disapproved of by mothers and fathers than anorexic patients (Schmidt et al., 1993). However, in general, eating disorder families reported a conflict-avoidant style characterized by the absence of frank discussion about disagreements. Although family patterns differed according to eating disorder symptomatology, all groups indicated some degree of

dissatisfaction with their families of origin.

Calam, Waller, Slade, and Newton (1990) investigated perceptions of two specific parenting characteristics, protectiveness (i.e., intrusion, control, and overprotection) and care (i.e., warmth, empathy, and emotional support), among women seeking treatment for eating disorders and women without histories of eating problems. Results revealed a trend towards higher perceived protection by fathers and lower perceived care by both parents of women with eating disorders. Bulimics without a history of anorexia reported parenting styles to be especially low in care. These findings are consistent with those demonstrating a lack of emotional cohesion in eating disorder families (e.g., Kog & Vandereycken, 1989; Stern et al., 1989).

Although a link between body image disturbance and eating disorders has been established, the majority of studies involving family functioning fail to examine family variables related specifically to body image problems. In one of the few studies addressing this issue, Brookings and Wilson (1994) broadened the existing literature on family environment in eating disorder populations by examining associations between multiple eating disorder variables and several family variables. Among female college students, increased family conflict was significantly correlated with the three core features of eating disorders, namely body

dissatisfaction, drive for thinness, and bulimia.

Additionally, high family conflict, low cohesion, and low emotional expressiveness were correlated significantly with aspects of eating disorders that are indicative of overall psychological maladjustment (e.g., excessive perfectionism).

In sum, studies investigating family functioning among eating disordered women reveal some consistent detrimental styles of family interaction. More specifically, there is a tendency for eating disordered women to perceive their families as exhibiting high levels of conflict and disorganization, inadequate or inconsistent open expression of emotions, low cohesion, low independence, and a lack of parental warmth and caring. It is important to note, however, that investigations concerning the potential association between family environment and body dissatisfaction is an area of research that has been largely neglected.

Teasing and Body Image/Eating Disorders

Society's attitude towards teasing in general is that it is so common as to be inevitable and children therefore have to learn to cope with it (Mooney, Creaser, & Blatchford, 1991). However, children sometimes perceive accuracy in teasing comments directed toward them (Mooney et al., 1991), and this might increase the chances of teasing having harmful effects on individuals. The idea of teasing in childhood as it relates to body dissatisfaction during

adulthood was first brought to the public's attention in an early study on body image (e.g., Berscheid, Walster, & Bohrnstedt, 1973). In this study, female and male respondents who recounted that they had been made fun of or rejected at earlier ages by their peers for some aspect of their appearance reported being less satisfied with their bodies as adults. Until the late 1980s, however, little data existed on the harmful effects of weight-relevant teasing on body image (Thompson & Psaltis, 1988).

Recent years have seen an increase in attention to the role of teasing as an etiological factor in the development of body image and eating disturbances. Among potential influences on body image dissatisfaction are experiences of appearance-related teasing and criticism during childhood or adolescence (Cash, 1995). Thompson and Psaltis (1988) have posed the possibility that these types of teasing experiences may result in negative feelings about one's body that are carried through adolescence and into adulthood and contribute to later eating disorders. Thus far, current literature points to the destructive effects of body/weight-related teasing during childhood on body image disturbance and eating disorder symptomatology.

In a preliminary study, Thompson and Psaltis (1988) examined the relationships among several adjustment and developmental variables (i.e., figure size ratings, general physical appearance satisfaction, depression, eating

disturbance, teasing, and age of menarche) using a group of female undergraduates. Measures of both frequency and effect of past teasing were obtained (i.e., how often teasing occurred and how upsetting the teasing was). Findings revealed that both aspects of teasing were significantly related to eating problems and global body satisfaction, although effect of teasing appeared to demonstrate more reliable associations than the absolute frequency of teasing. Furthermore, effect of teasing was inversely correlated with ideal weight; the more damaging the teasing was reported to be, the lower was the suitable weight reported by subjects. Results suggest that teasing, especially teasing perceived negatively by the individual, can have harmful persistent effects that can be associated with subsequent eating disorder symptomatology.

Fabian and Thompson (1989) examined the relationship between eating disturbance and body image, depression, self-esteem, and teasing among female adolescents (ages 10-15 years) who were at different stages of physical development. The perceptual component of body image disturbance was also assessed by measuring body size estimation accuracy. As expected, body dissatisfaction was correlated significantly with both the frequency and effect of teasing, eating disturbance, and depression. Moreover, for postmenarcheal subjects, there was a significant relationship between greater reported teasing effect and body size

overestimation. Teasing appears to have harmful effects beginning at least as early as young adolescence and emerges as a risk factor for the later development of disturbances in both body image and eating disorders.

More recently, Thompson and Heinberg (1993) examined the potential effects of two sociocultural influences, teasing and self/social comparisons, on the development of eating and body image problems. Among female college students, they found that being teased about weight/size at an early age and the importance of social comparison targets (e.g., family, friends, the average U.S. citizen) were significant predictors of both body image and eating disturbances. These data are consistent with previous findings pointing to the importance of early influences in the individual's developmental history on long-term body image and eating disturbances.

Levine, Smolak, and Hayden (1994) also investigated the influence of various sociocultural factors on eating behavior, body satisfaction, and concern with being slender. A majority of 10-14 year old females reported receiving clear messages from family members that thinness is valued and attainable through dieting and other methods. Consistent with previous findings, the experience of weight/body size related teasing and criticism by family members contributed to variation in body dissatisfaction.

In another current study, Stormer and Thompson (in

press) investigated the possible influence of four variables on the development of body image disturbance among college women. These included a history of being teased about physical appearance, maturational status, behavioral social comparison, and awareness/internalization of sociocultural pressures. Consistent with previous studies (e.g., Fabian & Thompson, 1989; Thompson & Heinberg, 1993; Thompson & Psaltis, 1988), teasing history, social comparisons, and sociocultural influences were found to predict both body dissatisfaction and eating problems.

Most studies to date have been retrospective in nature, relying on memory and current perceptions of past experiences, which limits important conclusions about causal effects. To address the role of teasing and its potential impact on later dysfunction, Cattarin and Thompson (1994) conducted a longitudinal study with 14-18 year-old adolescents. Results indicated that teasing about weight/size and general appearance reported at the time of the initial assessment predicted body dissatisfaction at a three year follow-up.

To date, the primary mode of assessing teasing has been to evaluate its frequency of occurrence and its effect on the individual (i.e., how upsetting it was). Cash (1995) extended the teasing paradigm to examine the impact of teasing on current appearance-related feelings and the frequency of any current recollections of previous teasing

episodes. Among the sample of female undergraduates, 72% had experienced appearance-related teasing or criticism. The majority of women (71%) reported the teasing to be at least moderately upsetting, and 71% reported that their current body image had been affected (in most cases at least somewhat negatively) by the experiences. Further, 70% reported that they, at least sometimes, think about these past teasing incidents. An important note to this study is that severity of teasing (i.e., prevalence and emotional impact) was found to be associated with more negative body image evaluations. Results indicate that appearance-related teasing is prevalent, and that it can significantly influence certain aspects of an individual's future adjustment.

Summary

Body image problems are currently widespread among women, and body dissatisfaction is understood to be a fundamental disturbance associated with eating disorders. Although studies examining predictors of body dissatisfaction have begun to accumulate, family dimensions related to this disturbance have been the focus of little research. Family factors associated with the onset and maintenance of eating disorders have received much attention of late, but only one study has investigated the relationship between these family variables and body dissatisfaction per se. Results of this study indicated

that high family conflict, often associated with eating disorders, is also associated with body dissatisfaction (Brookings & Wilson, 1994). This finding lends support to the notion that family dimensions commonly linked to eating disorders might also be related to body image concerns.

Family variables typically associated with eating disorders include high conflict, low cohesion, low emotional expressiveness, low independence, and disorganization. However, the patterns of family dysfunction reported by eating disordered families vary to some degree across studies. Furthermore, some eating disordered families do not perceive their families differently than do non-eating disordered families. These inconsistencies suggest that other variables may mediate the relationship between these family dimensions and eating disorders or body image problems, rather than supposing a direct connection between these variables. It is argued here that familial teasing represents a potential mediator between family environment variables and body dissatisfaction.

In recent years, researchers have begun to investigate teasing as a specific component of family interaction that is related to body image dissatisfaction. Teasing refers to "negative verbal commentary" (Thompson & Heinberg, 1993) by others (e.g., parents, peers, acquaintances) regarding one's body weight or size, or general appearance. Family members, including parents, siblings, and other relatives, are

frequent perpetrators of teasing (Cash, 1995). Teasing experiences have been hypothesized to be risk factors for the development of body image disturbance and eating disorders. Evidence has been gathered delineating a history of teasing as a predictor of eating and body image problems among adolescent and adult women (Thompson & Psaltis, 1988; Fabian & Thompson, 1989; Thompson & Heinberg, 1993; Stormer & Thompson, in press). Both frequency of teasing and how upsetting the teasing was to the individual have been found to be associated with these problems. Most studies examining the effects of teasing do not focus solely on teasing by family members, but include teasing by others as well. Other characteristics of family interactions have not been evaluated in studies that concentrate on teasing exclusively as a predictor of eating-related problems.

It is certainly possible that a connection exists between the family factors found in eating disordered families (e.g., high conflict, lack of cohesion, and low emotional expressiveness) and the teasing that occurs in families of women with body image disturbance or eating problems. To illustrate, eating disordered families generally fall into what Constantine (1986) has labeled the synchronous family system. Interactions within these families are guided by rules that value agreement and harmony. As such, family members do not engage in the genuine expression of negative feelings, and conflict is

often not voiced directly or overtly towards family members. However, conflict is often reported to be high in these families; it is likely that conflict is manifested through indirect means, such as teasing about a family member's weight/size, in order to avoid directly communicating negative opinions. In this sense teasing is viewed as a "backhanded", or indirect way of expressing genuine opinions and avoiding core issues within the family, to maintain the appearance of little or no conflict.

Similarly, teasing about one's body may also be a way to draw attention away from genuine conflict between family members and create a sense of unity between other family members as they join in criticizing one person. Families in which members express a lack of caring for each other by curbing any emotional expressiveness may manifest insensitivity to each others feelings through critical or teasing comments.

In families where thinness is highly valued, parents or siblings may pressure the daughter through direct and persuasive comments designed to convey the importance of dieting restraints and concern about becoming fat. These messages are often accompanied by rewards for weight loss, along with teasing, shaming, and other punishments for weight gain and overeating (Levine, Smolak, & Hayden, 1994). These kinds of messages are likely to be associated with family conflict in a subtle manner when the daughter has

difficulty maintaining the acceptable standard for weight/body size valued by her family. Also, it is probable that in highly conflictual families, conflicts over issues as salient as weight and appearance are likely to occur. This relationship between family dimensions and teasing is an important one to examine with regards to the treatment of the individual and the family in body image disturbance and eating disorder cases.

CHAPTER III

STATEMENT OF THE PROBLEM

It is apparent from the review of the literature that a well-established relationship exists between family environment variables and eating disorders, and likely between these same family variables and body image dissatisfaction as well. However, the mechanism by which these phenomena are related has yet to be examined. According to Hodes and LeGrange (1993), further investigations are needed to understand the interactions between family members rather than focusing solely on parents and the eating disordered child. Attention should also be directed towards interactions between siblings, as sibling relationships constitute a large part of one's social environment.

Rodin, Silberstein, and Striegel-Moore (1985) have postulated that daughters are at an increased risk for the development of eating disturbances if they are evaluated critically by family members with regard to their weight and if family members emphasize weight and appearance. Evidence gathered thus far does support the notion that teasing may be a central factor in the development of body image dissatisfaction. However, most studies to date have neglected to focus specifically on both parents and siblings as the perpetrators to see whether teasing from these

sources in particular is harmful. Striegel-Moore (1992) suggests that two of the ways that body image dissatisfaction and eating disorders can be transmitted across family members are through instruction in how to lose weight and reinforcement or punishment for maintaining a certain weight. It is possible that instruction from family members regarding body size or weight loss is manifested as criticalness or teasing about the daughter's current size. Consequently, daughters who are told that they should maintain a certain ideal weight or who are rewarded for doing so may be more likely to develop eating and body image problems.

What has been established thus far is that particular family environments are associated with eating disorders and most likely with body dissatisfaction also. Furthermore, teasing has been found to be connected to body image disturbances, including body dissatisfaction, among young women. What is not yet understood is how these three variables, family functioning, weight-related teasing, and body image problems are associated. Based on the preceding review of the literature, it seems reasonable to argue that what may be occurring in the families of eating disordered and body image disturbed daughters, where increased conflict and lack of open expression are prominent, is a communication style in which conflict is expressed in a critical, but indirect, manner like teasing. Thus, one

possibility is that family teasing is a function of certain family dynamics, and serves to mediate the relationship between family interaction style and body image dissatisfaction.

Baron and Kenny (1986) define the mediator function of a variable as representing the mechanism through which the main independent variable is able to influence the dependent variable of interest. In other words, a variable is a mediator to the extent that it accounts for the relationship between the predictor and the criterion. Certain conditions between variables must hold in order to establish mediation. First, the mediator (e.g., teasing) must affect the dependent/criterion variable (e.g., body dissatisfaction). Second, the independent or predictor variable (e.g., family conflict) must be shown to affect the dependent or criterion variable. Lastly, the independent variable must affect the mediator (e.g., family conflict must be correlated with teasing). If these conditions all hold in the predicted directions, then the effect of the independent variable on the dependent variable must be less when the mediator is controlled.

It seems likely that what may be occurring in the families of eating disordered and body image disturbed daughters, where conflict and uncohesiveness are two of the prominent features, is an overall criticalness. The way that these family variables might be associated with body

image problems is through the act of teasing. Therefore, it is hypothesized that 1)teasing will be a predictor of body image dissatisfaction, 2)family environment will significantly predict teasing by parents and siblings, and 3)the relationship between family variables and body image dissatisfaction will be less strong when teasing is controlled for. Thus far, teasing from both parents and siblings has not been investigated in its capacity to function as a mediator in the relationship between family variables and body image disturbance, and that will be the focus of the present study.

As Thompson et al. (1995) have suggested, in studying historical factors that may play a part in the development of body image and eating disturbances, it is necessary to remove concurrent influences that might color one's recall of past events. Studies have revealed that depressed individuals consistently report negative perceptions of family functioning (Bluoin et al., 1990) and report more dissatisfaction with their bodies than do nondepressed individuals (Hadigan & Walsh, 1991; Noles, Cash, & Winstead, 1985). Therefore, level of depression was assessed and controlled for in this study.

CHAPTER IV

METHOD

Participants

Participants were 108 female undergraduate college students recruited from psychology classes for a study examining the effects of childhood experiences on current adjustment and functioning. Subjects ranged in age from 18 to 52 ($M = 20$ years) and reported the average annual income for their families during childhood to be in the \$31,000-40,000 range (see Table 1). The majority of women in this sample were White (89.8%), while 4.6% were Native American, 1.9% were African American, 1.9% were Asian, and 1.9% were Hispanic.

Procedures

Five groups of approximately twenty subjects each filled out questionnaires at one time in a classroom setting. In addition to the following measures, demographic information (i.e., age, race, socioeconomic status during childhood, and perceived weight during childhood and adolescence) was collected for each individual. Questionnaires were administered in an invariant order. Class credit was given for participation in the study.

Measures

Family Environment Scale (FES). The FES (Moos & Moos, 1986) is a standardized measure of individuals' perceptions

of their family social environment. It consists of 90 True-False items scored on 10 subscales: Cohesion, Expressiveness, Conflict, Independence, Achievement Orientation, Intellectual-Cultural Orientation, Active-Recreational Orientation, Moral-Religious Emphasis, Organization, and Control. Five of these subscales that have been found to be associated with eating disorders, namely Cohesion, Conflict, Independence, Expressiveness, and Organization (e.g., Kog & Vandereycken, 1989; Stern et al., 1989; Johnson & Flach, 1985) were included in this study. Moos and Moos (1986) reported internal consistency reliabilities for the subscales ranging from .61 to .78 and 2-month test-retest reliabilities ranging from .73 to .86. In the present sample, the internal consistency reliabilities [Cronbach's alpha (1951)] for the subscales ranged from .67 to .81, with the exception of .43 found for the Independence scale.

Eating Disorder Inventory (EDI). The EDI, developed by Garner, Olmstead, and Polivy (1983) is a 64-item self-report multiscale measure designed for the assessment of psychological and behavioral traits common in anorexia nervosa and bulimia. It is regarded as one of the most psychometrically-sound measures available for the assessment of eating disorder characteristics (Garner, 1991). The nine-item Body Dissatisfaction subscale of the EDI that assesses satisfaction with specific weight-relevant body

sites (waist, hips, thighs, etc.) was used in the present study.

Items are rated on a six-point Likert scale ranging from "Never" (0) to "Always" (5). Multiple methods for scoring the EDI have been used in previous research. Studies have both maintained the continuous nature of the Likert scales and have collapsed certain responses into fewer categories. For the purposes here, the 0-5 continuous scaling was retained (see also Thompson, Johnson, & Altabe, 1993). Total Body Dissatisfaction was the sum of the nine items on this subscale.

Good internal consistency for the subscale ($\alpha = .92$) has been demonstrated previously in a combined sample of eating disordered individuals and in four nonpatient female comparison groups (alphas range from .91-.93) (Garner, 1991). The internal consistency of the Body Dissatisfaction subscale in the present sample was comparable ($\alpha = .92$).

Perception of Teasing Scale (POTS). The POTS (Thompson, Cattarin, Fowler, & Fisher, 1995) is a self-report questionnaire which is a revision and extension of the Physical Appearance Related Teasing Scale (Thompson et al., 1991). Individuals rate how often they have been the object of various teasing behaviors, using a five-point Likert scale from "Never" (1) to "Very Often" (5). The 11-item measure has two subscales: Weight-related teasing and

Competency teasing. Of relevance to this study is the six-item weight scale. Internal consistency was .88 for this scale. As suggested by the authors (Thompson et al., 1995), the wording of the items was modified slightly in order to capture teasing from specific perpetrators and obtain information regarding the importance of a particular source of teasing. For all items, the nonspecific word "people" was replaced with "parents", "siblings", and then "peers". The internal consistency reliabilities found for each of these three sets of items in the present sample were high, ranging from .81 to .92.

Inventory for Diagnosing Depression (IDD). The IDD (Zimmerman, Coryell, Corenthal, & Wilson, 1986) is a self-report questionnaire designed to diagnose major depression and to assess the severity of depressive symptoms. The advantage of using the IDD is that its design allows a diagnosis of depression to be made based specifically on the criteria delineated by the DSM-III-R (APA, 1987). This instrument is a stable and internally consistent measure of symptoms related to depression. Internal consistency for the IDD in the present sample was high ($\alpha = .89$). The IDD also correlates significantly with other commonly-used depression inventories and with diagnoses based on clinical judgement (Goldston, O'Hara, & Schartz, 1992).

CHAPTER V

RESULTS

Primary Analyses

Teasing as a Mediator. In order to establish teasing as a mediator between family environment dimensions and body dissatisfaction, several conditions had to be satisfied. First, as mentioned previously (see page 27), teasing and body dissatisfaction must be significantly correlated. Next, each of the family dimensions must predict body dissatisfaction. Third, family dimensions must be associated with teasing. Lastly, if these requirements are satisfied, then the relationship between family dimensions and body dissatisfaction must be nonsignificant when teasing is controlled; conversely, the relationship between teasing and body dissatisfaction must be significant when family dimensions are controlled (e.g., Baron & Kenny, 1986).

To determine whether teasing met the necessary criteria for a mediating variable, partial correlations were conducted to examine the relationships among variables (see Table 2). Upon examination of the relationship between teasing and body dissatisfaction, the partial correlation between family teasing and body dissatisfaction indicated that family teasing and body dissatisfaction were not significantly correlated after controlling for the influence of depression, perception of childhood weight, age, and

income. Contrary to prediction, the required significant correlation between the mediator and the criterion needed to establish mediation was not satisfied. Thus, subsequent steps evaluating the relationships between family dimensions and body dissatisfaction and the associations between family dimensions and teasing became unnecessary in investigating teasing as a mediator.

The hypothesis concerning the relationship between family teasing and body dissatisfaction was not supported. Consequently, the prediction that teasing would mediate the relationship between family dimensions and body dissatisfaction was not upheld. It was determined that family weight-related teasing did not play a mediating role in the relationship between family environment variables and body dissatisfaction. However, subsequent exploratory analyses were performed to further investigate the relationships among family dimensions, teasing, and body dissatisfaction.

Exploratory Analyses

Teasing as a Moderator. Because family weight-related teasing did not appear to be influential as a mediator, its effects as a moderator in the relationship between family dimensions and body dissatisfaction were examined. Baron and Kenny (1986) describe a moderator as a third variable that affects the zero-order correlation between two other variables. In a typical moderator model, the predictor, the

moderator, and the interaction between the two variables all predict the outcome variable. In order to establish a variable as a moderator it is necessary to demonstrate that the interaction between the predictor and the third variable is significant. Therefore, the interactions between each of the five family factors and family teasing were investigated as possible predictors of body dissatisfaction.

To examine the moderating effects of teasing, five separate hierarchical multiple regression equations were constructed. In each of the five regression equations, depression, age, weight during childhood, and family income were entered as covariates in a block on the first step (e.g., Cohen & Cohen, 1983). For each equation, one family dimension and teasing were entered on the next step. Finally the interaction between the relevant family dimension and teasing was entered on the last step. Thus, only step one was the same in all five regression equations (see Table 3). To minimize potential problems with multicollinearity, deviation scores were created for the predictor (family dimensions) and moderator (teasing) variables in the multiple regression analyses; these scores were calculated by subtracting the group mean values on these variables from the subjects' original raw values (e.g., Aiken & West, 1991).

Results of the hierarchical regression analyses revealed that none of the five family dimension x teasing

interactions accounted for significant incremental variance in body dissatisfaction beyond that predicted by the covariates and the main effects of family dimensions and teasing. The variance predicted by each family dimension and teasing, and the interaction, was nonsignificant in each equation. However, in all five regression equations weight during childhood was a significant predictor of body dissatisfaction even after the family dimension and teasing variables were entered into the equation.

The Influence of Weight on Body Dissatisfaction.

Because childhood/adolescent weight appeared to be an important variable strongly predictive of body dissatisfaction, additional analyses were conducted to determine the influence of weight in the relationships between teasing and body dissatisfaction, and between family dimensions and teasing. Because predictors of body dissatisfaction were the main focus of the study, the first set of exploratory analyses were performed to examine weight as a mediator and then as a moderator in the relationship between teasing and body dissatisfaction.

Results of correlational analyses testing a mediation model revealed that all criteria for mediation were met. First, weight and body dissatisfaction were correlated ($r = .50$, $p < .01$), controlling for age, income, and depression. Next, teasing and body dissatisfaction were significantly related ($r = .24$, $p < .05$), again controlling for the

influence of age, income, and depression. Third, there was a significant association between teasing and weight ($\beta = .28, p < .01$) after controlling for age and income.

Finally, when weight was controlled for, the relationship between teasing and body dissatisfaction was no longer significant ($\beta = .06, p > .05$); weight remained significant after teasing was controlled ($\beta = .42, p < .01$).

Therefore, weight satisfied all criteria necessary for mediation in the relationship between teasing and body dissatisfaction.

Next, weight was evaluated as a moderator in the association between teasing and body dissatisfaction. To investigate this relationship, a multiple hierarchical regression analysis was performed. As before, age, income, and depression were entered in step one, followed by teasing, weight, and the teasing x weight interaction entered sequentially in steps two through four (see Table 4).

Results of the hierarchical regression analyses, shown in Table 4, revealed that the interaction of family teasing and weight accounted for significant incremental variance in body dissatisfaction beyond the influence of the covariates and the main effects of teasing and weight (R^2 change = .04, F change = 4.87, $p < .03$). Weight satisfied the requirements necessary to be a moderator in the relationship between teasing and body dissatisfaction.

In essence, the effect that teasing had on women's body dissatisfaction was modified by their childhood weight. For women who reported being above the median weight for this sample, there was little difference in body dissatisfaction between those who were teased and those who were not. However, for women reporting weight below the median for this sample, there was a significant difference in body dissatisfaction for those who were teased compared to those who were not. Stated differently, variations in family teasing were associated with body dissatisfaction only for subjects who endorsed low body weight; for subjects reporting higher body weights, family teasing was unrelated to body dissatisfaction (see Figure 1).

The Influence of Weight on Teasing. Because several family dimensions were correlated with teasing, mediator and moderator effects of weight on these relationships also were examined. First, analyses were conducted to determine whether weight met the criteria as a mediator between family dimensions and teasing.

Results of partial correlations revealed that the first criterion was met, as weight and teasing were significantly related ($r = .28$, $p < .01$) after controlling for age and income. Next, it was found that three of the family dimensions, Cohesion ($r = -.28$, $p < .01$), Conflict ($r = .44$, $p < .01$), and Organization ($r = -.21$, $p < .05$) were significantly correlated with teasing after controlling for

age and income. However, the third criterion necessary to establish mediation was not met. As noted in Table 2, the correlations between these three family dimensions and weight failed to reach required levels of significance. Therefore, it was determined that weight did not mediate the relationship between family dimensions and family teasing.

Lastly, analyses were conducted to determine whether weight served as a moderator between family dimensions and teasing. Five multiple regression analyses were conducted to investigate the relative influence of family dimensions, weight, and the interaction between these two variables on family teasing. Age and income were entered into the equation in the first step, followed by the relevant family dimension on the second step; weight was entered on the third step, followed by family dimension x weight interactions entered on the final step (see Table 5).

None of the weight x family dimension interactions predicted significant portions of the variance in body dissatisfaction. Therefore, weight also failed to meet criteria necessary to be a moderator between family dimensions and teasing. It is interesting to note, however, that both Cohesion [$F(3,92) = 2.96, p < .05$] and Conflict [$F(3,93) = 7.97, p < .01$] contributed unique variance when entered on step two. However, when weight was entered into the equation, only Conflict remained a significant predictor of family teasing. Thus, higher family conflict exerted a

significant main effect on family teasing independent of the influence of perceived childhood weight.

Summary

The primary hypothesis examining weight as a mediator in the relationships between family dimensions and body dissatisfaction were not supported. Further investigation revealed that teasing also was not a moderator in these relationships. It became apparent in the analyses, however, that perception of childhood weight was strongly related to both body dissatisfaction and teasing. Subsequent micro-analyses focusing on the specific contribution of childhood weight revealed that weight served as both a mediator and a moderator in the relationship between teasing and body dissatisfaction. Finally, weight did not play a significant mediating or moderating role in the relationships between family dimensions and teasing. However, both weight and family conflict were found to exert independent main effects on family teasing.

CHAPTER VI

DISCUSSION

The purpose of the present study was to examine predictors of body dissatisfaction in young adult women. The study focused on such predictors as family environment variables and family weight-related teasing. More specifically, the study was aimed at examining family teasing as a mediator in the relationships between certain family variables and body dissatisfaction.

Previous literature has revealed that weight-related teasing during childhood is a significant predictor of body dissatisfaction among women (Cash, 1995; Thompson & Heinberg, 1993). Furthermore, research has consistently shown that certain family dimensions (e.g., low cohesion and high conflict) are related to eating disorders in young women (Calam et al., 1990; Kog & Vandereycken, 1989). Based on these findings, it was hypothesized that teasing by parents and siblings would be positively associated with body dissatisfaction among college women. It was also anticipated that those family dimensions commonly associated with eating disorders would be significantly correlated with body dissatisfaction, a core feature of eating disorders. Moreover, it was hypothesized that family weight-related teasing would account for relationships between family dimensions and body dissatisfaction.

Contrary to hypotheses, increased family teasing was not significantly associated with greater body dissatisfaction after controlling for the influence of demographic and psychological variables (age, income, depression, childhood weight). Therefore, the requirements necessary to examine a mediator model were not satisfied.

One possible explanation for the lack of an association between teasing and body dissatisfaction may be the fact that only teasing by parents and siblings was included in subjects' reported teasing histories. Although examination of teasing by specific perpetrators, including family members, has been suggested (Thompson, Cattarin, Fowler, & Fisher, 1995), it may be that teasing incurred by peers, strangers, or others outside of the immediate family is more highly associated with greater body dissatisfaction. However, the present study was focused on intra-family dynamics associated with teasing and body dissatisfaction. Consistent with the idea that teasing by those outside of the family may be more salient than teasing by family members, a majority of women (68%) reported having never been teased by parents or siblings.

A second reason that family teasing and body dissatisfaction were not associated may be the fact that other variables, namely current perceptions of body weight during childhood and adolescence and depression, accounted for such substantial portions of the variance in body

dissatisfaction. Perceptions of weight accounted for about 33% of the variance in body dissatisfaction, and subsequently, little additional variance was available to other key variables. Previous studies of predictors of body dissatisfaction have controlled for actual levels of weight/obesity (e.g., Stormer & Thompson, in press) when evaluating the importance of teasing. However, it has been suggested that perceived weight may also be positively related to body dissatisfaction (Thompson, 1990); results of the present study support this notion and suggest that perhaps perceived weight rather than actual weight plays an influential role in determining levels of body dissatisfaction.

A final reason for the lack of a significant relationship between teasing and body dissatisfaction may be the fact that only experiences of direct forms of teasing (e.g., name calling) were assessed. It is possible that more subtle forms of teasing or criticisms regarding weight (e.g., disapproving facial expressions) are more common from family members and more highly related to body dissatisfaction.

In light of the fact that childhood/adolescent weight seemed to be an important variable related to body dissatisfaction, examination of the influence of weight on family teasing and body dissatisfaction appeared warranted. Additional analyses revealed that weight served as both a

mediator and a moderator in the relationship between family teasing and body dissatisfaction. First, when the influence of childhood weight was controlled for, teasing was no longer a significant predictor of body dissatisfaction. Rather than a direct relationship between teasing and body dissatisfaction, it is posited that high levels of teasing are directly related to perceptions of higher weight, which in turn are related to body dissatisfaction in adulthood. Second, women who reported being above average weight during childhood/adolescence were generally more dissatisfied with their bodies than were women who reported being at or below average weight. Further, teasing did not seem to influence body dissatisfaction among those reporting above average weight. However, among women reporting lower weight body dissatisfaction varied significantly as a function of reported levels of teasing by family members. Level of body dissatisfaction was significantly higher among lower weight women who were teased as compared to those who were not.

This suggests that not only is weight-related teasing experienced by children and adolescents of normal or lower than average weight, but that this teasing may contribute detrimentally to one's body dissatisfaction during adulthood. Although society tends to view normal or below normal weight status positively, those who fit this weight pattern are not immune to being dissatisfied with their bodies if they were the targets of weight-related teasing by

family members before reaching adulthood. Teasing may have such strong negative consequences on women that the intrinsic rewards for being fit are not enough to overcome the negative body image that results from teasing. Furthermore, teasing by family members may be particularly salient and damaging for children as they are dependent on their families for support and nurturance.

Additional hierarchical regression analyses examining the role of weight in the relationship between family dimensions and family teasing indicated that weight accounted for a large portion of the variance in teasing. Only Conflict was a significant predictor of teasing when the influence of weight was also taken into account; family conflict was associated with greater teasing, independent of weight. Moreover, none of the interactions between weight and family dimensions were significant, thereby indicating that weight did not serve as a moderator in the relationship between family variables and teasing.

These results suggest that women who perceive themselves as having been above average weight during childhood/adolescence were more likely to have been teased by family members than those who perceived themselves to be lower in weight. Likewise, regardless of reported weight, women who perceived their families to be high in conflict were more likely to have been teased than those reporting lower levels of conflict. Having a generally conflictual or

argumentative family may set the stage for teasing to occur, or create an atmosphere where teasing about weight is acceptable. Because weight issues are particularly salient for young girls, a conflictual family environment may utilize, rather than avoid, such sensitive topics as a means of normal family interaction.

The results of this study regarding the relationships among family dimensions, weight-related teasing, perceived weight throughout childhood, and body dissatisfaction are noteworthy for a couple of reasons. First, the present study contained several unique aspects ignored in previous research. Whereas previous studies of teasing have taken into account teasing by unspecified perpetrators, this study included teasing only by particular perpetrators in order to investigate the importance of family teasing to body dissatisfaction. Although the importance of family environment to eating disorders has been well documented, the significance of family teasing to body image disturbance was still unclear. The current findings suggest that after controlling for other extraneous factors, particularly perceived body weight, higher levels of teasing by parents and siblings are nonsignificant predictors of increased body dissatisfaction. Also, in previous studies investigating predictors of body dissatisfaction, current perceptions of childhood weight were not considered. The present results suggest that perceived childhood weight is an important

factor that serves to modify the association between family teasing and body dissatisfaction.

Some limitations of this study, however, warrant mention and should provide direction for future research. First, the sample was restricted to college women, which may limit the generalization of the findings to other samples of women. However, because the prevalence of body dissatisfaction is extremely high in this population (e.g., Cash, 1995), less caution may be needed when generalizing the present results to other samples of college women. Future studies may want to include a comparison group of age-matched non-college women to see if findings are consistent with those reported with the present sample.

A second limitation of the study is that all data were obtained through self-report methods. This can result in method variance problems such as high correlations among items simply because all data are acquired using the same method (Kazdin, 1992). However, the presence of nonsignificant findings demonstrates selected relationships. To clarify these relationships, future studies may want to employ other methods of data collection such as diagnostic interviews, or use more objective measures of weight.

Third, only direct types of teasing, rather than more subtle forms of feedback or negative messages regarding weight, were measured in this study. In the future, it may be useful to assess the occurrence of more subtle pressures

to lose weight in order to evaluate their frequency and their relationship to body dissatisfaction.

Finally, inaccuracies in the information obtained from subjects regarding teasing and family environment factors are possible due to the fact that retrospective reporting was employed here. Because subjects reported present recollections of the past, their responses were susceptible to the influence of such things as current mood states. However, it is most likely these perceptions rather than objective views of past events that dictate their daily behaviors. Also, current mood was evaluated and utilized as a covariate in the analyses in an attempt to minimize the influence of current functioning on the outcome variable. Future studies could utilize multiple perspectives from other family members regarding teasing and family environment in order to assess agreement of subjects' perceptions.

The results of the present study also have a number of treatment and prevention implications. Clinical implications include helping families become aware of the destructive consequences of weight-related teasing, rather than viewing teasing as a harmless form of interaction or a means of encouraging weight control (Cattarin & Thompson, 1994). Thus, it is also important to educate families about the particular damage and lasting effects that can result from teasing girls who are not overweight. Lastly,

clinicians should be aware of possible risk factors that influence later body dissatisfaction, particularly accurate perceptions of weight throughout childhood and into young adulthood.

In general, the present findings seem to suggest that although teasing experienced by family members may contribute to body dissatisfaction, perceptions of childhood weight also need to be taken into account when evaluating determinants of body dissatisfaction. Teasing may be particularly relevant to body dissatisfaction and the development of specific types of eating disorders in women who report being average or below average weight during childhood. Therefore, in future studies, it may be crucial to employ a teasing measure that investigates teasing related to all body types, not just teasing typically directed at those who are overweight. Additionally, it may be useful to include college males in studies of teasing and body dissatisfaction to shed light on their experiences with these phenomena.

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Table 1

Means and Standard Deviations for Study Variables

Variables	<u>M</u>	<u>SD</u>
Age (yrs.)	20.4	4.91
Income	5.4	1.62
Childhood Weight	2.7	.87
IDD Depression	2.3	3.18
POTS Family Teasing	15.0	6.62
EDI Body Dissatisfaction	29.8	10.38
FES Cohesion	6.6	2.48
FES Conflict	3.1	2.52
FES Organization	5.5	2.47
FES Expressiveness	5.7	2.24
FES Independence	6.9	1.56

Note. The mean income of 5.4 indicates an average household income of \$31,000-\$40,000. Ratings of childhood weight were made on a 5-point scale (1 = very thin, 5 = very overweight). Scores on the POTS can range from 12 to 60; higher scores indicate greater teasing. EDI scores can range from 0 to 45; higher scores indicate greater body dissatisfaction. IDD scores can range from 0 to 72; higher scores indicate greater depression. Scores on each of the FES subscales can range from 0 to 9; higher scores indicate a higher level of that specific family dimension.

Table 2

Zero-order and Partial Correlations Among Study Variables

Variables	1	2	3	4	5	6	7	8	9
1. EDI	--	.07		-.10	.14	-.18	.11	-.07	
2. POTS	.29 ^b	--		-.28 ^b	.44 ^b	-.12	-.14	-.21 ^a	
3. IDD	.23 ^b	.38 ^b	--						
4. Coh	-.09	-.24 ^b	-.39 ^b	--					
5. Con	.14	.41 ^b	.39 ^b	-.68 ^b	--				
6. Exp	-.17 ^a	-.09	-.24 ^b	.37 ^b	-.30 ^b	--			
7. Ind	.03	-.13	-.26 ^b	.09	-.28 ^b	.12	--		
8. Org	-.06	-.20 ^a	-.10	.35 ^b	-.31 ^b	-.05	-.03	--	
9. Weight	.44 ^b	.28 ^b	-.06	.09	-.09	.05	.04	-.02	--

Note. Zero-order correlations appear under the diagonal. The first row of partial correlations (above the diagonal) control for depression, age, income, and childhood weight. The second row of partial correlations control for age and income. EDI = Body Dissatisfaction; POTS = Family Teasing; IDD = Depression; Coh = Cohesion; Con = Conflict; Exp = Expressiveness; Ind = Independence; Org = Organization; Weight = Perceived childhood weight.

^ap < .05. ^bp < .01.

Table 3

Hierarchical Regression Analysis Examining Teasing as a Moderator Between Family Dimensions and Body Dissatisfaction

Step	Predictor Variable	Beta	t	R ² Change	F Change
Equation 1					
1	IDD	.25	2.82 ^a	.34	10.96 ^a
	Age	.01	.12		
	Weight	.48	5.43 ^a		
	Income	.16	1.64		
2	Teasing	.06	.59	.01	.60
	Coh	-.09	-.84		
3	Teasing x Coh	.13	.47	.00	.22
Equation 2					
2	Exp	-.16	-1.73	.03	1.71
	Teasing	.06	.63		
3	Exp x Teasing	-.21	-.67	.00	.45
Equation 3					
2	Ind	.10	1.12	.01	.86
	Teasing	.08	.77		
3	Ind x Teasing	.15	.40	.00	.16

(table continues)

Step	Predictor Variable	Beta	t	R ² Change	F Change
Equation 4					
2	Con	.12	1.13	.01	.87
	Teasing	.02	.21		
3	Con x Teasing	.05	.11	.00	.01
Equation 5					
2	Org	-.05	-.59	.00	.29
	Teasing	.04	.38		
3	Org x Teasing	-.23	-.82	.01	.68

Note. Step 1 was the same in all five regression equations and appears only once. IDD = Depression; Coh = Cohesion; Exp = Expressiveness; Ind = Independence; Con = Conflict; Org = Organization.

^ap < .05

Table 4

Hierarchical Regression Analysis Examining Moderator Effects
of Weight on Body Dissatisfaction

Step	Predictor Variable	Beta	t	R ² Change	F Change
1	IDD	.21	2.07 ^a	.11	3.63 ^a
	Age	.04	.39		
	Income	.23	2.02 ^a		
2	Teasing	.24		.05	5.15 ^a
3	Wt	.46		.18	23.29 ^b
4	Teasing x Wt	-1.61		.04	4.87 ^a

Note. Wt = Perceived childhood weight.

^ap < .05. ^bp < .01.

Table 5
Hierarchical Regression Analysis Examining Moderator Effects
of Weight on Teasing

Step	Predictor Variable	Beta	t	R ² Change	F Change
Equation 1					
1	Age	-.02	-.22	.01	.46
	Income	.09	.78		
2	Coh	-.30		.08	7.89 ^b
3	Weight	.28		.08	8.51 ^b
4	Coh x Weight	-.90		.03	3.75
Equation 2					
2	Exp	-.12		.01	1.29
3	Weight	.28		.08	7.88 ^b
4	Exp x Weight	.29		.00	.22
Equation 3					
2	Ind	-.14		.02	1.75
3	Weight	.28		.08	7.99 ^b
4	Ind x Weight	-.73		.01	1.29
Equation 4					
2	Con	.46		.19	22.77 ^b
3	Weight	.30		.09	11.46 ^b
4	Con x Weight	1.21		.11	3.68

(table continues)

Step	Predictor Variable	Beta	t	R ² Change	F Change
Equation 5					
2	Org	-.22		.05	4.36 ^a
3	Weight	.26		.07	7.01 ^b
4	Org x Weight	-.54		.02	1.80

Note. Step 1 was the same in all five regression equations and appears only once. Coh = Cohesion;

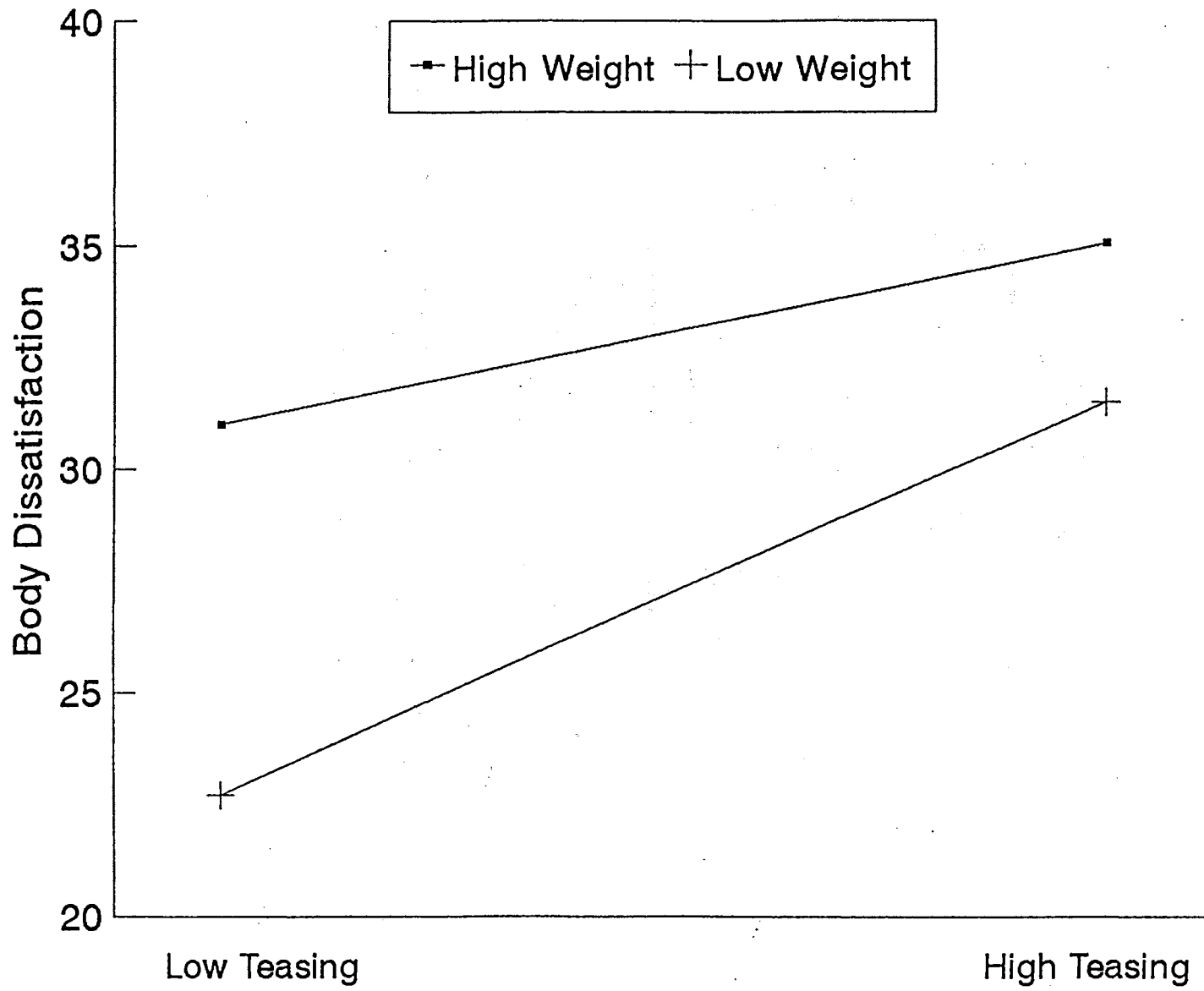
Exp = Expressiveness; Ind = Independence; Con = Conflict;

Org = Organization.

^ap < .05. ^bp < .01.

Figure Caption

Figure 1. Mean levels of body dissatisfaction by Perceived Childhood Weight across Family Teasing.



Appendix A
Family Environment Scale

Instructions: There are 90 statements on this questionnaire. They are statements about families. You are to decide which of these statements are true of your family and which are false. Please mark your answers in the space provided. If you think the statement is "True" or "mostly True" of your family, make an X in the column labeled True. If you think the statement is "False" or "Mostly False" of you family, make an X in the column labeled False.

You may feel that some of the statements are true for some family members and false for others. Write "true" if the statement is true for most members. Write "False" if the statement is false for most members. If the members are evenly divided, decide what is the stronger overall impression and answer accordingly.

Remember, we would like to know what you family seems like to you. So do not try to figure out how other members see your family, but do give us your general impression of your family for each statement.

	<u>TRUE</u>	<u>FALSE</u>
1. Family members really help and support one another.	---	---
2. Family members often keep their feelings to themselves.	---	---
3. We fight a lot in our family.	---	---
4. We don't do things on our own very often in our family.	---	---
5. We feel it is important to be the best at whatever you do.	---	---
6. We often talk about political and social problems.	---	---
7. We spend most weekends and evenings at home.	---	---
8. Family members attend church, synagogue, or Sunday School fairly often.	---	---
9. Activities in our family are pretty carefully planned.	---	---
10. Family members are rarely ordered around.	---	---
11. We often seem to be killing time at home.	---	---
12. We say anything we want to around home.	---	---
13. Family members rarely become openly angry.	---	---
14. In our family, we are strongly encouraged to be independent.	---	---
15. Getting ahead in life is very important in our family.	---	---

	<u>TRUE</u>	<u>FALSE</u>
16. We rarely go to lectures, plays, or concerts.	_____	_____
17. Friends often come over for dinner or to visit.	_____	_____
18. We don't say prayers in our family.	_____	_____
19. We are generally very neat and orderly.	_____	_____
20. There are very few rules to follow in our family.	_____	_____
21. We put a lot of energy into what we do at home.	_____	_____
22. It's hard to "blow off steam" at home without upsetting somebody.	_____	_____
23. Family members sometimes get so angry they throw things.	_____	_____
24. We think things out for ourselves in our family.	_____	_____
25. How much money a person makes is not very important to us.	_____	_____
26. Learning about new and different things is very important in our family.	_____	_____
27. Nobody in our family is active in sports, Little League, bowling, etc.	_____	_____
28. We often talk about the religious meaning of Christmas, Passover, or other holidays.	_____	_____
29. It's often hard to find things when you need them in our household.	_____	_____
30. There is one family member who makes most of the decisions.	_____	_____
31. There is a feeling of togetherness in our family.	_____	_____
32. We tell each other about our personal problems.	_____	_____
33. Family members hardly ever lose their tempers.	_____	_____
34. We come and go as we want to in our family.	_____	_____
35. We believe in competition and "may the best man win."	_____	_____
36. We are not that interested in cultural activities.	_____	_____
37. We often go to movies, sports events, camping, etc.	_____	_____
38. We don't believe in heaven or hell.	_____	_____
39. Being on time is very important in our family.	_____	_____
40. There are set ways of doing things at home.	_____	_____
41. We rarely volunteer when something has to be done at home.	_____	_____

	<u>TRUE</u>	<u>FALSE</u>
42. If we feel like doing something on the spur of the moment often just pick up and go.	—	—
43. Family members often criticize each other.	—	—
44. There is very little privacy in our family.	—	—
45. We always strive to do things just a little better the next time.	—	—
46. We rarely have intellectual discussions.	—	—
47. Everyone in our family has a hobby or two.	—	—
48. Family members have strict ideas about what is right and wrong.	—	—
49. People change their minds often in our family.	—	—
50. There is a strong emphasis on following rules in our family.	—	—
51. Family members really back each other up.	—	—
52. Someone usually gets upset if you complain in our family.	—	—
53. Family members sometimes hit each other.	—	—
54. Family members almost always rely on themselves when a problem comes up.	—	—
55. Family members rarely worry about job promotions, school grades, etc.	—	—
56. Someone in our family plays a musical instrument.	—	—
57. Family members are not very involved in recreational activities, outside of work or school.	—	—
58. We believe there are some things you just have to take on faith.	—	—
59. Family members make sure their rooms are neat.	—	—
60. Everyone has an equal say in family decisions.	—	—
61. There is very little group spirit in our family.	—	—
62. Money and paying bills is openly talked about in our family.	—	—
63. If there's a disagreement in our family, we try hard to smooth things over and keep the peace.	—	—
64. Family members strongly encourage each other to stand up for their rights.	—	—
65. In our family, we don't try that hard to succeed.	—	—
66. Family members often go to the library.	—	—

	<u>TRUE</u>	<u>FALSE</u>
67. Family members sometimes attend courses or take lessons for some hobby or interest (outside of school).	_____	_____
68. In our family each person has different ideas about what is right and wrong.	_____	_____
69. Each person's duties are clearly defined in our family.	_____	_____
70. We can do whatever we want to do in our family.	_____	_____
71. We really get along well with each other.	_____	_____
72. We are usually careful about what we say to each other.	_____	_____
73. Family members often try to one-up or out do each other.	_____	_____
74. It's hard to be by yourself without hurting someone's feelings in our house.	_____	_____
75. "Work before play" is the rule in our family.	_____	_____
76. Watching T.V. is more important than reading in our family.	_____	_____
77. Family members go out a lot.	_____	_____
78. The Bible is a very important book in our home.	_____	_____
79. Money is not handled very carefully in our family.	_____	_____
80. Rules are pretty inflexible in our household.	_____	_____
81. There is plenty of time and attention for everyone in our family.	_____	_____
82. There are a lot of spontaneous discussions in our family.	_____	_____
83. In our family, we believe you don't ever get anywhere by raising your voice.	_____	_____
84. We are not really encouraged to speak up for ourselves in our family.	_____	_____
85. Family members are often compared with others as to how well they are doing at work or school.	_____	_____
86. Family members really like music, art and literature.	_____	_____
87. Our main form of entertainment is watching T.V. or listening to the radio.	_____	_____
88. Family members believe that if you sin you will be punished.	_____	_____
89. Dishes are usually done immediately after eating.	_____	_____
90. You can't get away with much in our family.	_____	_____

Appendix B
 Eating Disorder Inventory--Body Dissatisfaction Subscale

Instructions: This is a scale which measures a variety of attitudes, feelings, and behaviors. Some of the items are related to food and eating. Others ask you about your feelings about yourself. THERE ARE NO RIGHT OR WRONG ANSWERS, SO TRY VERY HARD TO BE COMPLETELY HONEST IN YOUR ANSWERS. RESULTS ARE COMPLETELY CONFIDENTIAL. Read each question and circle the number under the column which applies best for you. Please answer each question very carefully. Thank you.

Always Usually Often Sometimes Rarely Never

5	4	3	2	1	0	
						1. I think that my stomach is too big.
						2. I think that my thighs are too large.
						3. I think that my stomach is just the right size.
						4. I feel satisfied with the shape of my body.
						5. I like the shape of my buttocks.
						6. I think that my hips are too big.
						7. I think that my thighs are just the right size.
						8. I think that my buttocks are too large.
						9. I think that my hips are just the right size.

Appendix C
Perception of Teasing Scale

The following questions should be answered with respect to the period of time when you were growing up (ages 5-16). First, rate how often you think you have been the object of such behavior using the following scale (never to very often).

NEVER		SOMETIMES		VERY OFTEN
1	2	3	4	5

Second, unless you responded never to a particular question, rate how upset you were by the teasing using the following scale (not upset to very upset).

NOT UPSET		SOMEWHAT UPSET		VERY UPSET
1	2	3	4	5

- | | | | | | |
|--|---|---|---|---|---|
| 1. Your <u>parents</u> made fun of you because you were heavy. | 1 | 2 | 3 | 4 | 5 |
| 1a. How upset were you? | 1 | 2 | 3 | 4 | 5 |
| 2. Your <u>parents</u> made jokes about you being too heavy. | 1 | 2 | 3 | 4 | 5 |
| 2a. How upset were you? | 1 | 2 | 3 | 4 | 5 |
| 3. Your <u>parents</u> laughed at you for trying out for sports. | 1 | 2 | 3 | 4 | 5 |
| 3a. How upset were you? | 1 | 2 | 3 | 4 | 5 |
| 4. Your <u>parents</u> call you names like "fatso". | 1 | 2 | 3 | 4 | 5 |
| 4a. How upset were you? | 1 | 2 | 3 | 4 | 5 |
| 5. Your <u>parents</u> pointed at you because you were overweight. | 1 | 2 | 3 | 4 | 5 |
| 5a. How upset were you? | 1 | 2 | 3 | 4 | 5 |
| 6. Your <u>parents</u> snickered about your heaviness when you walked into a room alone. | 1 | 2 | 3 | 4 | 5 |
| 6a. How upset were you? | 1 | 2 | 3 | 4 | 5 |

IF YOU DO NOT HAVE ANY SIBLINGS, MOVE ON TO QUESTION 13.

- | | | | | | |
|--|---|---|---|---|---|
| 7. Your <u>siblings</u> made fun of you because you were heavy. | 1 | 2 | 3 | 4 | 5 |
| 7a. How upset were you? | 1 | 2 | 3 | 4 | 5 |
| 8. Your <u>siblings</u> made jokes about you being too heavy. | 1 | 2 | 3 | 4 | 5 |
| 8a. How upset were you? | 1 | 2 | 3 | 4 | 5 |
| 9. Your <u>siblings</u> laughed at you for trying out for sports because you were heavy. | 1 | 2 | 3 | 4 | 5 |
| 9a. How upset were you? | 1 | 2 | 3 | 4 | 5 |
| 10. Your <u>siblings</u> called you names like "fatso". | 1 | 2 | 3 | 4 | 5 |
| 10a. How upset were you? | 1 | 2 | 3 | 4 | 5 |

11. Your <u>siblings</u> pointed at you because you were overweight.	1	2	3	4	5
11a. How upset were you?	1	2	3	4	5
12. Your <u>siblings</u> snickered about your heaviness when you walked into a room alone.	1	2	3	4	5
12a. How upset were you?	1	2	3	4	5
13. Your <u>peers</u> made fun of you because you were heavy.	1	2	3	4	5
13a. How upset were you?	1	2	3	4	5
14. Your <u>peers</u> made jokes about you being too heavy.	1	2	3	4	5
14a. How upset were you?	1	2	3	4	5
15. Your <u>peers</u> laughed at you for trying out for sports because you were heavy.	1	2	3	4	5
15a. How upset were you?	1	2	3	4	5
16. Your <u>peers</u> called you names like "fatso".	1	2	3	4	5
16a. How upset were you?	1	2	3	4	5
17. Your <u>peers</u> pointed at you because you were overweight.	1	2	3	4	5
17a. How upset were you?	1	2	3	4	5
18. Your <u>peers</u> snickered about your heaviness when you walked into a room alone.	1	2	3	4	5
18a. How upset were you?	1	2	3	4	5

Appendix D
Inventory for Diagnosing Depression

Instructions: Read each group of 5 statements carefully. Then pick out the one statement in each group that best describes the way you have been feeling the PAST TWO WEEKS. Circle the number next to the statement you picked.

1. 0 I do not feel sad or depressed.
1 I occasionally feel sad or down.
2 I feel sad most of the time, but I can snap out of it.
3 I feel sad all the time, and I can't snap out of it.
4 I am so sad or unhappy that I can't stand it.
2. 0 My energy level is normal.
1 My energy level is occasionally a little lower than normal.
2 I get tired more easily or have less energy than usual.
3 I get tired from doing almost anything.
4 I feel tired or exhausted almost all of the time.
3. 0 I have not been feeling more restless and fidgety than usual.
1 I feel a little more restless or fidgety than usual.
2 I have been very fidgety, and I have some difficulty sitting still in a chair.
3 I have been extremely fidgety, and I have been pacing a little bit almost every day.
4 I have been pacing more than an hour per day, and I can't sit still.
4. 0 I have not been talking or moving more slowly than usual.
1 I am talking a little slower than usual.
2 I am speaking slower than usual, and it takes me longer to respond to questions, but I can still carry on a normal conversation.
3 Normal conversations are difficult because it is hard to start talking.
4 I feel extremely slowed down physically, like I am stuck in mud.

5. 0 I have not lost interest in my usual activities.
1 I am a little less interested in 1 or 2 of my usual activities.
2 I am less interested in several of my usual activities.
3 I have lost most of my interest in almost all of my activities.
4 I get no pleasure from any of the activities which I usually enjoy.
6. 0 I get as much pleasure out of my usual activities as usual.
1 I get a little less pleasure from 1 or 2 of my usual activities.
2 I get less pleasure from several of my usual activities.
3 I get almost no pleasure from most of the activities which I enjoy.
4 I get no pleasure from any of the activities which I usually enjoy.
7. 0 I have not been feeling guilty.
1 I occasionally feel a little guilty.
2 I often feel guilty.
3 I feel quite guilty most of the time.
4 I feel extremely guilty most of the time.
8. 0 I do not feel like a failure.
1 My opinion of myself is occasionally a little low.
2 I feel I am inferior to most people.
3 I feel like a failure.
4 I feel I am a totally worthless person.
9. 0 I haven't had any thought of death or suicide.
1 I occasionally think life is not worth living.
2 I frequently think of dying in passive ways (such as going to sleep and not waking up) or that I'd be better off dead.
3 I have frequent thought of killing myself, but I would not carry them out.
4 I would kill myself if I had the chance.
10. 0 I can concentrate as well as usual.
1 My ability to concentrate is slightly worse than usual.
2 My attention span is not as good as usual, and I am having difficulty collecting my thought, but this hasn't caused any problems.
3 My ability to read or hold a conversation is not as good as it usually is.
4 I cannot have a conversation without difficulty.

11. 0 I make decisions as well as I usually do.
1 Decision making is slightly more difficult than usual.
2 It is harder and takes longer to make decisions, but I do make them.
3 I am unable to make some decisions.
4 I can't make any decisions at all.
12. 0 My appetite is not less than normal.
1 My appetite is slightly worse than usual.
2 My appetite is clearly not as good as usual, but I still eat.
3 My appetite is much worse now.
4 I have no appetite at all, and I have to force myself to eat even a little.
13. 0 I haven't lost any weight.
1 I've lost less than 5 pounds.
2 I've lost between 5-10 pounds.
3 I've lost between 11-25 pounds.
4 I've lost more than 25 pounds.
14. 0 My appetite is not greater than normal.
1 My appetite is slightly greater than usual.
2 My appetite is clearly greater than usual.
3 My appetite is much greater than usual.
4 I feel hungry all the time.
15. 0 I haven't gained any weight.
1 I've gained less than 5 pounds.
2 I've gained between 5-10 pounds.
3 I've gained between 10-25 pounds.
4 I've gained more than 25 pounds.
16. 0 I am not sleeping less than normal.
1 I occasionally have slight difficulty sleeping.
2 I clearly don't sleep as well as usual.
3 I sleep about half my normal amount of time.
4 I sleep less than 2 hours per night.
17. 0 I am not sleeping more than normal.
1 I occasionally sleep more than normal.
2 I frequently sleep at least 1 hour more than usual.
3 I frequently sleep at least 2 hours more than usual.
4 I frequently sleep at least 3 hours more than usual.

18. 0 I do not feel discouraged about the future.
- 1 I occasionally feel a little discouraged about the future.
- 2 I often feel discouraged about the future.
- 3 I feel very discouraged about the future most of the time.
- 4 I feel that the future is hopeless and that things will never improve.

Appendix E
Demographic Information

1. Female or Male (circle one)
2. Age: _____
3. Race: (circle one)
 - (1) Caucasian
 - (2) African-American
 - (3) Native-American
 - (4) Hispanic
 - (5) Asian
 - (6) Other: _____ (please specify)
4. Please estimate the yearly income in your household during your childhood: (circle one)
 - (1) under \$5000
 - (2) \$6000-\$10,000
 - (3) \$11,000-\$20,000
 - (4) \$21,000-\$30,000
 - (5) \$31,000-\$40,000
 - (6) \$41,000-\$50,000
 - (7) \$51,000 and above
5. Please circle the number that best describes your body size/weight during childhood and adolescence.

Very thin		Average		Very Overweight
1	2	3	4	5

VITA ²

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Thesis: AN INVESTIGATION OF TEASING AS A MEDIATOR IN THE
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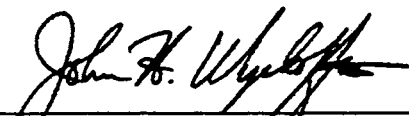
ALL APPROVALS MAY BE SUBJECT TO REVIEW BY FULL INSTITUTIONAL REVIEW BOARD AT NEXT MEETING.

APPROVAL STATUS PERIOD VALID FOR ONE CALENDAR YEAR AFTER WHICH A CONTINUATION OR RENEWAL REQUEST IS REQUIRED TO BE SUBMITTED FOR BOARD APPROVAL.

ANY MODIFICATIONS TO APPROVED PROJECT MUST ALSO BE SUBMITTED FOR APPROVAL.

Comments, Modifications/Conditions for Approval or Reasons for Deferral or Disapproval are as follows:

Signature:



Chair of Institutional Review Board

Date: February 28, 1996