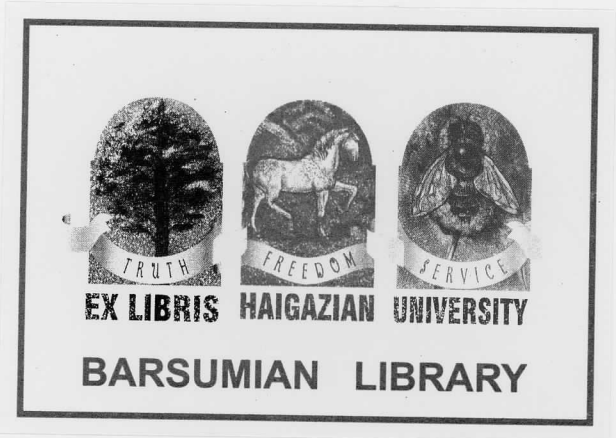

HAIGAZIAN UNIVERSITY

BODY WEIGHT, SELF-ESTEEM AND DEPRESSION IN LEBANESE MALE AND FEMALE UNIVERSITY STUDENTS

A THESIS SUBMITTED IN PARTIAL FULFILLMENT OF
THE REQUIREMENTS FOR THE DEGREE OF
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ANITA D. PAPAS

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BODY WEIGHT, SELF-ESTEEM AND DEPRESSION IN LEBANESE MALE AND FEMALE UNIVERSITY STUDENTS

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To my husband, Alexis
and my children Eddie & Christina

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ABSTRACT

The purpose of this study was to examine differences in body weight and desired body weight between males and females, also to find out if the discrepancy of actual weight and desired weight led to low self-esteem and depressive symptoms. Perception of a weight problem was studied in relation to self-esteem and depression as well. The sample consisted of 160 university students, BMI and DBMI were calculated based on self-reported weight and height. Perception of having a weight problem was evaluated by one question: "Do you see yourself as having a weight problem?" Self-esteem was measured by The Rosenberg Self-Esteem Scale, and depression was measured by using The Beck Depression Inventory. The results conveyed that more females than males were in the underweight and normal weight categories. Desired BMI was always lower for females in all weight categories whereas for males desired BMI fluctuated a lot depending on their weight category. The discrepancy between actual weight and desired weight had no relation to self-esteem and depression. Perception of a weight problem did not predict level of self-esteem however in predicting depression the relation proved to be highly significant.

Introduction

Research on gender differences surrounding body weight, dieting and body image has burgeoned in the last 10-15 years. Of all the qualities of appearance and attractiveness, body weight and shape are the aspects that men and women are most dissatisfied with. For many reasons, males and females differ substantially in both the prevalence and nature of weight problems and in their body images and the relationship of these to self-esteem and depression. A large body of literature supports the hypothesis that men experience much less body dissatisfaction than do women (Rozin & Fallon, 1988). This dissatisfaction is primarily due to an increasingly thin standard of beauty for women. "Fat can be construed as a symbol of power in men but always symbolizes weakness and inferiority in women" (Wankle, 1986, p 43).

The Problem Statement

The tremendous pressure to be thin is driven by diet, fashion, cosmetic, fitness, pharmaceutical and media industries that reap tremendous financial rewards by promoting unattainable expectations, especially for women. Men and women are bombarded with the images of " ideal bodies" which have set a very high standard of beauty almost unreachable.

Women today are almost always dissatisfied with their weight, even when they fall within the normal weight category. Most women would rather lose weight through entering diet and exercise programs with unrealistic expectations attempting to bridge the gap between expectations and reality, and when their unrealistic goals are not met, feelings of failure may contribute to drops in self-esteem, body image dissatisfaction, depression, eating disorders and many other unhealthy behaviors.

Background of the Study

A number of studies have documented a shift over recent years in societal preferences to a thinner figure for women (e.g., Garner & Garfinkel, 1980; Silverstein, Peterson, & Perdue, 1986). Many women want to be slim, since slim is regarded as beautiful (Benedict, Wertheim, & Love, 1998: Meadow & Weiss, 1992; Ross, 1994), while being overweight is viewed negatively (Ross, 1994). This has resulted in women experiencing greater dissatisfaction with their body weight and shape (Fallon & Rosin, 1985; Tiggemann & Pennington, 1990) and perceiving themselves as more overweight than men. The perceived social consequences of being overweight and the accompanying

negative stereotyping are also stronger for women than for men (Stake & Lauer, 1987; Tiggemann & Rothblum, 1988), thus putting women under greater pressure than men to lose weight (Williamson, Serdula, Anda, Levy, & Byers, 1992). These weight concerns have become so common among women that Rodin, Silberstein, and Streigel-Moore (1985) describe them "a normative discontent".

Given the centrality of body weight to women's attractiveness and the importance of attractiveness to women's self-image (Rodin et al., 1985), one would predict that a woman's body weight and her satisfaction with it would be important in her overall satisfaction with herself. In contrast, men's psychological well-being, and in particular self-esteem, could draw from many sources and thus any correlation with body dissatisfaction could be expected to be lower. A number of studies have demonstrated a stronger relationship between general concern or dissatisfaction with body weight and self-esteem for women than men (Fallon & Rosin, 1985; Tiggemann, 1992). Some have found no gender differences (Mc Caulay, Mintz, & Glenn, 1988, Tiggemann, 1992), while Silberstien, Stiegel-Moore, Timko and Rodin (1998) found self-esteem to be unrelated to body dissatisfaction in women, but related in men.

Men's concerns with their bodies have been understudied over the past several decades, especially in comparison to woman's bodily concerns. Just as the culturally approved female body is becoming thinner, the cultural ideal for masculinity demands large, muscular male bodies. In simply comparing the two genders in their desire for thinness, men's unique concerns, particularly about being underweight or under muscular, have not often been examined, nor have the potentially dangerous attitudes and behaviors associated with these concerns. When these issues are explicitly addressed, it is found that men do, in fact experience their own specific types of bodily concerns and that underweight men have some of the problems typical of overweight women.

Percentage of body fat has been recognized as a critical component a man's perception of himself. Huddy, Neiman and Johnson (1993) found an inverse relationship between percent body fat and body satisfaction, which indicates that muscularity and the degree to which one is "dense" are crucial factors in predicting body satisfaction among men.

Muscularity plays such an important role in a man's perception of himself that Pope, Kats and Hudson (1993) went so far as to suggest that some men suffer from a syndrome comparable to anorexia. They termed this syndrome "reverse anorexia", defined as a condition in

which normal to overweight men perceive themselves as too small and go to extreme lengths, such as overeating, intense body building and the use of steroids in order to " bulk up".

How an individual perceives himself or herself, that is, their self-esteem may influence their views of their own body. Self-concept theories propose that dissatisfaction in a particular domain will have an impact on self-esteem to the extent that the domain is important to the person's self-definition. Given the centrality of body weight to attractiveness and the importance of attractiveness to self-image (Rodin et al, 1985), one would predict that people's body weight and their satisfaction with it would be important in their overall satisfaction with themselves.

The Purpose of the Study

The purpose of the present study is to explore body weight and desired body weight among Lebanese male and female university students, also to examine the relation between perception of a body weight problem in relation to self-esteem and depression.

Hypotheses

1. It is expected that more women will be in the lower weight categories in comparison to men.

2. It is hypothesized that Desired BMI for women will be significantly lower than Desired BMI for men.

3. It is expected that the discrepancy between BMI and Desired BMI would be negatively correlated with self-esteem and positively correlated with depression.

4. It is hypothesized that the perception of a weight problem rather than the actual weight would be associated with lower self-esteem and higher levels of depressive symptoms for both males and females.

The Need for the Study

This study would like to address and bring to the awareness of the young the too- narrow definition of beauty and the negative impact of those definitions on their health. Excessive concerns and dissatisfaction with weight can lead to a range of unhealthy behaviors. Rather than improving health unnecessary dieting leads to problems including mild

malnutrition, lowered resistance to illness and infection, insufficient energy and decreased performance. Furthermore, certain kinds of diet regimens are hazardous to one's health, such as the use of diet pills, ampthetamines and even cigarette smoking which some people resort to control their weight. In more extreme cases, the excessive use of laxatives or purposeful vomiting to control weight can affect one's digestive system and heart. The most serious consequences of insufficient eating are life-threatening eating disorders such as anorexia nervosa, bulimia, body-image related disturbances and depression. In the case of males, the use of steroids or excessive strenuous physical exercise have their harmful effects on their health as well.

Nature of Study

BMI- Body Mass Index was calculated based on self-reported weight and height. Participants were also asked about their desired weight in order to calculate their desired BMI.

Perception of a weight problem. Self-perception of having a weight problem was evaluated by a single question: " Do you see yourself as having a weight problem? Responses were rated on a 10-point scale, ranging from not at all (1) to serious problem (10).

Self-esteem. Self-esteem was measured using the Rosenberg Self-esteem Scale. (Rosenberg, 1965).

Depression. The Beck Depression Inventory was used to obtain self-reported measures of depression (BDI; Beck Ward, Mendelson, Mock & Erbaugh, 1961).

Descriptive statistics was used to find out differences in weight categories between the genders.

A t-test allowed us to compare differences between DBMI between males and females.

For our third hypothesis two Regression Analyses were used to find out if the discrepancy between BMI and DBMI had any relation to self-esteem and depression.

Correlational analyses were used to examine the perception of having a weight problem in relation to self-esteem and depression.

Definition of Terms

Self-esteem:One of the most critical aspects of the self-concept is" self-esteem". Self-esteem refers to the individual's personal judgment of his or her own worth. Although self-esteem is sometimes discussed as

if it were a single entity, persons evaluate their functioning in different areas of life discriminatively. (Collins,1996).

Depression: Depression is associated with significant cognitive, emotional, behavioral, somatic and social impairments (American Psychiatric Association, 1994). It is characterized by either depressed mood or markedly diminished interest or pleasure in most activities. Additional symptoms listed in the DSM-IV include worthlessness or excessive guilt, suicidal ideation, attempted suicide or recurrent thoughts of death, psychomotor retardation or agitation, insomnia or hypersomnia, weight loss or weight gain, impaired concentration, indecisiveness or difficulty thinking and loss of energy or fatigue (Barlow H., & Antony M., 2002).

Scope and Limitations

There are several limitations for this study, the fact that our sample consists of university students whose age range is between 18 and 28 does not allow us to generalize our results to other age groups.

Another significant limitation is the accuracy of the responses obtained as far as height and weight is concerned, research suggests

that females sometimes tend to reduce self-reported weight because of their wish for less weight.

Another concern lies in the timing of the survey which coincides with political turmoil in Lebanon.

Chapter I

REVIEW OF LITERATURE

History of Body Weight

The current obsession with weight and slimness is a cultural aberration. Fatness is a luxury. Religion, literature and art throughout history are full of fatness as a sign of prosperity, health, and attractiveness. Psalm 92, 14 of the Old Testament states that the righteous shall flourish: "They shall still bring forth fruit in old age: they shall be fat and flourishing". The great Pharaoh promises Joseph in the time of famine: "and come to me: and I will give you the good of the land of Egypt, and ye shall eat the fat of the land" (Genesis 45:18). John Dryden's novel The Maiden Queen portrays the mindset of a young woman in the 17th century England: " I am resolved to grow fat and look young till forty and then slip out of the world with the first wrinkle and the reputation of five and twenty." Paintings by Peter Paul Rubens, Renoir, Inges and many others depict beautiful, fat humans.

Less than 100 years ago, Americans equated body fat with money, and excess fat was described as a "snug balance in the body bank and a comfortable reserve in the case of emergencies" (Hutchinson, 1926 p 23). A 1908 article in Harpes Bazaar advised readers on " how to get plump" saying "fat is force and stored up fat is stored up force". Fashion models were advised to be " far from being thin, with no

suggestion of hollows in the face or the collar-bones, for the camera seems to accentuate such defects" (Fraser, 1997, p 77). In the 1950's and 1960's, full-figured women like Jane Russel, Jayne Mansfeild and Marilyn Monroe were considered ideals of feminine beauty.

Since the 1960's, however, a preference for slenderness has taken hold in Western, industrialized nations. Current standards emphasize the thin, muscular male body as the standard for women's bodies. Real life women are constantly bombarded with messages that they are overweight, obese, heavy or too fat in relation to this standard. While men as well as women are both subject to the messages that being heavy is socially unacceptable, the failure to conform to the standards promoting these messages is more devastating for women, who are defined much more in terms of their appearance than are men.

The social obsession with thinness makes it extremely difficult for women to be socially accepted. In the reading "Obsession: the tyranny of slenderness", Kim Chernin (1981) describes how obsession with weight and appearance, especially for women is translated into eating disorders such as Anorexia nervosa, Bulimia and Compulsive eating which have been on the rise since the 1970's.

Weight and Patriarchy

The mechanistic, dualistic, patriarchal paradigm or world view that has dominated Western culture for the past several hundred years is a legacy of the great thinkers of the Scientific Revolution including Issac Newton, Francis Bacon and Rene Descartes as perhaps the most influential (Capra, 1991). Among the ideas and values that comprise this paradigm are the view of the universe as a mechanical system, the separation of matter and spirit, the view of life as a competitive struggle for existence and the belief in the natural domination of women by men. According to Sir Francis Bacon, "nature takes orders from man and works under his authority," and the purpose of science is to "torture nature's secrets from her" so she can be "forced out of her natural state and squeezed and molded" (Merchant, 1980, p.54).

It is no mere coincidence that, in a patriarchal culture, nature is described as a female to be controlled and even tortured by a "masculine" science. As attorney general to King James I, Bacon was intimately familiar with the witch prosecutions of the era which resulted in the torture and murder of millions of women. Indeed, many of the metaphors used in his scientific writings echo the terminology of these proceedings.

Given this world view, it also is no coincidence that the need to control women's body shape and size to support a particular fashion has long been promoted by medical science in the name of health. Beginning in the Victorian era women wore corsets to achieve the plump, hourglass figure deemed desirable for the leisure class. This style of dress was advocated by the medical establishment though it often resulted in constricted lungs, squeezed livers and bladders and dislocated stomachs (Bennet & Gurin 1982; Brownmiller, 1984; Rothbloom, 1994).

As the dictates of fashion began to change in the late 1800s, medical recommendations for women followed suit. For the next 100 years, medical science would promote a wide variety of potentially dangerous and sometimes lethal diets, drugs and surgeries to help people reduce their weight in the name of health (Ernsberger & Haskew, 1987). The vast majority of those participating in and suffering from these " cures" would be women, despite the fact that women's fat confers only a fraction of the health risk of men's and may actually carry with it significant health benefits (Schapira, Kumar, Lyman, & Cox, 1990). This legacy continues today, as young girls and women continue to divert significant proportions of their resources to the

pursuit of ideals of body shape and size that are, for the vast majority, neither achievable nor healthy.

Keeping women occupied by continually striving toward an unreachable ideal of perfection serves the purposes of a control-oriented, patriarchal society (Allan, 1994; Rothbloom, 1994). When women's energies are diverted by the pursuit of dieting and body improvement, they are kept from dealing effectively with the realities of existence in a man's world and from participating more fully in art, politics, literature and life in general.

Much has been written concerning the historical association of female fat particularly on the abdomen, buttocks and breasts, with the "feminine" values of nurturance, compassion, etc. (Hutchinson, 1994; Seid, 1989; Wolf, 1991).Throughout history, soft, rounded hips, thighs, and bellies have been considered ideal for women in the vast majority of cultures (Brown, 1993). As long as women were content to stay at home and bear children, these associations remained relatively intact. It has been argued convincingly that the obsessive hatred of fat began with women's equality movements, and the more powerful women become the more pressure there is to alter the aspects of their bodies that distinguish them from their male

counterparts (Bordo, 1990, Hirschmann & Maunter, 1995; Seid, 1989). The continuing trend toward and even thinner, androgynous ideal for women would seem to support this view (Shroeder, 1992).

The Role of the Media

The slim ideal is promoted vigorously through the mass media, particularly the diet, cosmetic and fashion industries. The ideal body type is displayed in magazines, on television, on billboards by models with extremely slender body type, to sell products, by pleasing the viewer's eye with this body type. Particularly damaging to body image and potentially to health, is the implicit message that this ideal can be achieved by anyone willing to work hard enough for it. This is an assertion that not only promotes frustration and guilt but flies in the face of genetic realities.

An important shaper of body image is "social comparison", people rating themselves in relation to others. Social comparison processes, particularly the tendency to make upward social comparisons with those who have more beautiful and socially admired bodies, can lead to dissatisfaction and demoralization (Collins,1996).

Although beauty magazines can provide useful tools for improving one's appearance, media exposure to unrealistically thin images has been shown to lead to dissatisfaction with appearance in both adolescent girls(Levine, Smolack, & Hayden, 1994) and adult women (Wilcox & Laird, 2000). Exposure to "ideal" female bodies via media is correlated with weight concern (Harrison & Cantor, 1997; Posavac et al., 1998), body dissatisfaction (Becker, Burwell, Gilman, Herzog, & Hamburg, 2002), reduced self-esteem (Wilcox et. Al, 2000), and disordered eating (Becker et al., Harrison & Cantor, 1997; Vaughan, Fouts, 2003) among women and girls.

Much sociological research shows the media being a direct cause of a lowered body image. "Men's self-consciousness about their appearance is greater now then ever before given the massive exposure of men's bodies in the media" (Baker, 1994, p.130).

However, research done by Tiggemann and Pennington in 1996 was grounded on the idea that correlation is not causation in this situation. They realized that weight concerns and body dissatisfaction was associated with a lot of exposure to media containing " idealized

images" but said that although there is this correlation, there may not be causation. It could be that the people who are most dissatisfied with their bodies are more likely or have more yearning to watch this type of media.

The ideal of slimness is much more forceful toward women than to men (Striegel-Moore, 1997). While the media is often accused of putting a stronger force towards women to attain the " ideal", slender body type, and thus resulting in more women having eating disorders, Polivy and Herman argue differently, saying that it is not that the media exhorts females more than it does males to be thin, but that females are more attentive to these encouragements.

By picking up messages from the media and with the belief that body weight is totally under a person's own control, men and women sometimes enter diet and exercise programs with unrealistic expectations, and when their goals are not met, feelings of failure may contribute to drops in self-esteem, body image dissatisfaction, depression, eating disorders and many other unhealthy behaviors.

The Role of Parents

Slimness in Western cultures is associated not only with success and sophistication but with character virtues. Conversely, obesity is the opposite of all these things and particularly in the case of women is associated with failure and a collapse of self-discipline.

These messages are picked up early in life and continue into adulthood. Family and peer influences play a major role in the development of weight concerns. Among the many factors that help determine how a girl feels about herself when she looks in the mirror, there is one indisputable fact: mother's opinion. Mothers matter a lot to their daughters developing sense of her body. Because women focus on their own bodies, sending positive body messages is not always easy. Almost every woman has struggled with feeling dissatisfied with her body at some point in her life. It is difficult for a mother to deal with the inherent contradictions of telling her daughter to feel good about herself while complaining about her own figure flaws, goes on fad diets, obsesses about being a size larger than she wants to be. Weight dissatisfaction, disordered eating and depression

in girls as young as eight years old have been observed (Wertheim, E.H., Mee, V., & Paxton, S.J.1999).

Weight control behaviors among young girls are modeled partially on their mother's behavior. Several studies have observed that girls whose mothers diet are more concerned with their weight and shape are more likely than their peers to developing unhealthy weight practices. Data are lacking on boys, but Smolack (1994) observed the comments by mothers had a larger impact than those by fathers and that daughters were more affected than were sons by the comments. Parents, for example, report praising, teasing, criticizing their children about weight and encouraging them to diet (Striegel-Moore & Kearney-Cooke, 1995). These parental comments, interference and encouragement is associated with greater weight concerns and dieting in daughters (Benedikt, Wertheim, & Love, 1998; Thelen & Cormier, 1995; Mee, & Paxton, 1999).

In 1994 Strigel-Moore and Kearney-Cooke looked at the relationship between parents perceptions of their own bodies and parents concern and attitude of their children's body. They found a very strong relationship between dieting parents and emphasis from parents on

their child to stay fit. Their findings also support the hypothesis that parents put more emphasis physical appearance for girls and athletic ability for boys, but also showed that they were not more lenient on obesity in their sons than they were in their daughters. A study by Thelen and Cormier in 1995 went on to ask the question if mothers encourage dieting more than fathers did and if daughters received more pressures from their mothers to lose weight than from their fathers. The study showed that daughters and sons felt they received more pressures to lose weight from their mothers than their fathers. They concluded that the reason for these could be because mothers are more concerned with their own body and dieting, their feedback was more expressive and direct. Furthermore, in 1998, Hill and Franklin showed that mothers who actually had eating disorders do have an influence on their children, and think that their daughters should lose more weight than do comparison mothers.

The Role of Peers

In addition to being affected by the comments and behaviors of their parents, preadolescents and adolescents are influenced by their peers. To gain acceptance by their peers, adolescents may resort to

adopting the perceived beliefs and behaviors practiced by members of their peer group. Friends and school acquaintances can be influential through swapping information, modeling behaviors, exerting peer pressure and teasing (Levine, Smolack, & Hayden, 1994). Boys may also be important; however, little research has specifically examined their influence (Paxton, 1996; Wertheim, Paxton, Schultz, & Muir, 1997). The size that girls think boys prefer has been found to be close to the girl's own ideals, which may indicate that boys are seen as a source of pressure to be thin (Fallon & Rozin, 1985; Tiggemann & Pennington, 1990).

The Role of Partners

If women's body weight and image concerns are in fact partially attributable to socioculturally-defined roles, it is important to examine these concerns as a result of the relationships maintained by women and the societal roles they experience (Katzman & Lee, 1997). Here comes the role of one's partner, significant other or spouse.

Although studies of weight and body satisfaction among married couples are scarce, a substantial amount of research (Singh & Young, 1995; Smith, Waldorf, & Trembath, 1990) indicates that men place a great deal of importance on women's body size and shape when they

initiate romantic relationships. This emphasis on physical appearance has implications for, and may influence, women's weight concerns (Cohn & Adler, 1992; Furnham, Dias & McClelland, 1998). Further, once in a relationship with significant other, women report being more bothered by their partners' criticisms about their weight (Murray, Touyz, & Beaumont, 1995), and they report being more likely than men to adjust their own eating behaviors and feelings about their bodies in accordance with their significant others' preferences (Tantleff- Dun & Thompson, 1995).

Among college-aged couples, individuals' satisfaction with their own bodies has been related to their perceptions of their significant other's satisfaction with their bodies (Miller, 2001; Tantleff-Dunn & Thompson, 1995). In particular, Tantleff- Dunn and Thompson (1995) found that discrepancies between women's ratings of their own bodies and their perceptions of their significant others' "ideal female figures" are associated with body image disturbances and more general appearance evaluations. They also suggested that women's perceptions of their partner's "ideal female figure" are critical in determining not only women's feelings about their bodies, but their

susceptibility to maladaptive eating behaviors and their general psychological health (i.e. depression and self-esteem; Tantleff-Dunn & Thompson, 1995).

Perhaps women's dissatisfaction of their own bodies originates from the fact that among men, the extent of media consumption is associated with higher standards of physical beauty for women (Harrison & Cantor, 1997). Kenrick and Gutiers (1980) found that men who watched an episode of the popular television show Charlie's Angels rated average women as less attractive than did men who had not watched the program. Furthermore, men who had skimmed through male directed magazines where women's bodies are overexposed had higher thinness standards for women. A component of the objectification of women is the increased demand for bodily perfection. Thus, men's media exposure may well be a problem for women, contributing to an environment in which men come to seek increasingly thin women, and women become overly concerned with their bodies because they fear losing the attention of men if they are not extremely thin.

There is some evidence to suggest that woman's concerns about their significant others' perceptions of their bodies may not be warranted. Some research indicates that women misinterpret men's

standards of bodily attractiveness. Women have been found to believe that men prefer thinner women than they actually do (Collins, 1991; Fallon & Rozin, 1985; Rozin & Fallon, 1988). In other words, women generally tend to underestimate men's preferred female figure. Miller (2001) surveyed a sample of college couples and found that husbands and wives' desired body preference indicates that husbands were generally more satisfied with their wives' bodies than wives were with their own bodies.

Social Cues

Recent studies by Wertheim, E.H., Paxton, S.J., Schutz, H.K. & Muir, 1997, have demonstrated that people's self-esteem and body concerns and dissatisfaction are influenced by social interaction processes called "reflected appraisal". Reflected appraisal refers to a theory which goes back to the turn of the century. It suggests that we see ourselves as others see us, or as we think they do, using a sort of psychological radar to pick up perceived reactions. "Perceived" is the operative word because research has demonstrated that a person's reading of others' opinion is conditioned by self-evaluation and may not be necessarily accurate.

Furthermore, some studies show gender differences in these perceptions, with females tending to attach more importance to their physical appearance than males. Both sexes use weight and body shape as the main criteria for physical attractiveness. However as one study puts it, "whereas men primarily view their bodies as tools that need to be in shape and ready for use, women primarily see their bodies as commodities, their physical appearance serving as an interpersonal currency" (Fallon, A.E. & Rozin P., 1985, P. 55).

Existing stereotypes of body ideals for women are also more distorted than the stereotypes of body image and weight that are held about men. Research studies (Fallon et al. 1985) report that women and girls participate in more appearance-related activities than men, but men resort to weight training and steroids more than women. However, women and girls diet, weigh themselves, count calories, are more concerned about being overweight and experience more guilt and anxiety than men and boys.

Weight and Self-Esteem

Self-esteem has recently been defined as "the sense of contentment and self-acceptance that stems from a person's

appraisal of their own worth, significance, attractiveness, competence and ability to satisfy their aspirations" (Silverstone, 1992).

Although it is often thought of as only an "anectodal contention that -esteem is a trait of eating disorders" (McCarthy,1990), this fact has been empirically proven time and time again. With the use of various questionnaires and inventories, researchers such as Rosen, Srebnik, Saltzberg & Wendt (1991) have found that low self-esteem occurs very commonly in patients with weight dissatisfaction and eating disorders. In some cases, evidence for this relationship is so strong that it is even thought by some researchers that chronic low self-esteem is a necessary prerequisite for disordered eating (Silverstone, 1992).

The relationship between self-esteem and body weight is not only reserved for adults, as a matter of fact it takes its roots in childhood. A study of Australian children O'Dea (1995) confirmed what many heavy children and their parents already know; overweight and obese children tended to have lower self-esteem scores than normal weight children." We do not know exactly why high BMI reduces self-esteem, Kaufman said, " However, we do know that bigger children get teased

about their weight, and this is likely to contribute to the reduced self-esteem of these children".

Body image is closely connected to a person's self-esteem. For many years it was believed that men tend to obtain their self-esteem through achievements, power status and control whereas women's self-concept and self-esteem was based on desirability and attractiveness (Fallon, A.E.,& Rozin,1985) Today, in a society which has given a very narrow definition of physical beauty and the emphasis of the importance of having that ideal beauty many women as well as men do not have a positive view of their bodies which in return affects their self-esteem (Tiggemann, M. 1992).

Weight and Depression

Clinical researchers have been intrigued by the unusually high rate of comorbidity between eating disorders and depression. Identifying the variables that link these disorders has provided an obvious challenge. Although many believe that they are linked through a common genetic or neurobiological mechanism, there is, as yet, no agreement on this issue (Ross, 1994).

Although some research suggests that affective disorders precede eating disorders (Piran, Kennedy, Garfinkel, & Owens, 1985), there is

also no clear consensus about the onset. Biological and psychological factors are likely to interact reciprocally, making it difficult to determine whether depressive symptoms lead to eating problems or problematic eating leads to depression (Garfinkel & Garner, 1982).

Recent observations regarding parallel epidemiological trends for both depression and eating disorders have focused attention on the possibility that broader sociocultural factors may play a role in the etiology of both types of disorders. More specifically cultural norms may operate as a distal contributory cause in that they influence the development of attitudes and behaviors related to self and body satisfaction. If these sociocultural factors lead to attitudes and behaviors that are negative in form, such as self, body and weight dissatisfaction, this can increase the risk for the development of more serious problems, such as self-devaluation, depressed mood and maladaptive eating patterns. These, in turn, can ultimately develop into full blown disorders for some individuals (Garner,D.M. & Garfinkel, P.E.1980).

Weight and Culture

Culture is the learned system of categories, rules and plans that people use to guide their activities. A person's culture permeates every

aspect of life, including how they think about body weight and eating behaviors. Cultural values and norms about body weight vary considerably. Cross cultural analyses suggest that most cultures in the world have valued moderate fatness and avoided extreme thinness (Brown and Konnor 1987). Culture also shapes values, attitudes and beliefs about fatness and thinness, providing a basis of how people interpret their own bodyweights and the weights of others. The dynamics of larger cultural changes and the individual acculturation and migration reveal the overwhelming importance of culture in body weight.

With the " modernization" of societies i.e. the shift of societies from "traditional" to " modern", and the understanding that weight consciousness has clearly spread to cultures other than Western, Nasser (2004) examined case reports of weight dissatisfaction among ethnic groups in the USA and UK and comparative prevalence throughout the world, including Japan, the Middle East, China, South America and Africa. She found out that the position of "modern" women in these cultures is not all that different from their Western counterparts.

The Lebanese culture is a rich blend of many influences, including Western ideologies. We have adopted many of the Western ideas and customs. This thought has manifested itself in many different areas in our lives starting with language, academic influences, medicine, technology, art, poetry, films, fashion and of course beauty.

For the young Lebanese males and females the messages that are picked up through the Western influences do have an impact, however not too many studies have been conducted to learn how strong that impact is. How much do the Lebanese university students identify themselves with those messages? Do Western ideals really matter to them on a day to day basis? Do they feel uncomfortable in their own bodies since beauty ideals in the west are too narrow definitions of beauty? All these questions are posed with no clear answers. Do Lebanese young university students have an identity of their own or merely copying what is being offered to them by the vicious media? How do young people perceive themselves vis a vis the "beauty ideal" which they are constantly bombarded with and yet is almost unachievable. If they are indeed dissatisfied with some aspect of their physical self does that contribute to their having depression or suffering low self-esteem?

This study tried to answer some of the questions posed above by aiming to find out about the prevalence of body weight concerns and its relation to self-esteem and depression among Lebanese male and female university students.

The present study investigated the following hypotheses:

1. It was expected that more women will be in the lower weight categories in comparison to men.

2. It was hypothesized that Desired BMI for women will be significantly lower than Desired BMI for men.

3. It was expected that the discrepancy between BMI and Desired BMI would be negatively correlated with self-esteem and positively correlated with depression.

4. It was hypothesized that the perception of a weight problem rather than the actual weight would be associated with lower self-esteem and higher levels of depressive symptoms for both males and females.

Chapter II

METHOD

Participants

The participants were 160 undergraduate students (81 females, 79 males) from Haigazian University and the American University of Beirut. They belonged to different religious, socioeconomic and ethnic backgrounds. The participants ranged in age from 18 to 28.

Instruments

BMI- Body Mass Index was calculated based on self-reported weight and height (weight in kilograms divided by the square of height in meters) to determine which females were underweight (18.5 and below), normal weight (anywhere between 18.5 and 24.9), overweight (anywhere between 24.9 and 30) and obese (30 and above). (Keys, Fidanza, Karvonen, Kimura, & Taylor, 1972).

Research indicates that self-reported weight and height are highly correlated with measured weight and height (Pelta, Pineas, Berman, & Hannan, 1982; Stevens, Keil, Waid, & Gazes, 1990). Subjects were also asked about their desired weight in order to calculate desired BMI.

Perception of a weight problem. Self-perception of having a weight problem was evaluated by a single question: "Do you see yourself as having a weight problem?"(Scotland & Zuroff, 1990). Responses were rated on a 10-point scale, ranging from not at all (1) to serious problem (10).

Self-esteem. Self-esteem was measured using the Rosenberg Self-esteem Scale (Rosenberg, 1965), which consists of 5 positively worded items and 5 negatively worded items. Each item is rated on a 5-point scale, and responses are summed to produce a total self-esteem score (negatively worded items are reversed scored before summing). Scores range from 10 to 50, with higher scores indicating more positive self-esteem. Rosenberg (1965) reported a reliability coefficient of .92.

Depression. Beck Depression Inventory (BDI; Beck Ward, Mendelson, Mock & Erbaugh, 1961). This is a 21-item self-report inventory that measures the affective, cognitive, motivational and physical symptoms of depression. Each item contains four responses describing varying degrees of the symptom (scores ranging from 0 to 3) and subjects are asked to pick the item that describes how they have felt during the past week. Scores range from 0 to 63; higher scores indicate greater severity of depressive symptoms but are not

synonymous with a clinical diagnosis (e.g. Major Depression, bipolar disorder, dysthymia).

The BDI is one of the most commonly employed measures for the assessment of depression in non-clinical populations and has been used successfully with normal and clinically-diagnosed adolescent and adult populations. It correlates highly with clinical assessments of depression as well as other self-report measures. High internal consistency has been reported for psychiatric patients (alpha= .86) and non-psychiatric patients (alpha= .81) with adequate test-retest reliability (see Beck, Steer and Garbin, 1988, for a review).

Procedure

Participants were asked to fill the questionnaire before attending their session, they were assured confidentiality and anonymity. They were told that by filling the questionnaire they were contributing to the success and completion of an MA thesis which was being conducted by one of the graduate psychology students.

Analysis of data was done by the following statistical tests: For hypothesis one, Pearson Chi-Square was used in order to detect differences in category between the genders. For the second hypothesis, a t-test was used to examine differences in DBMI between

males and females. The third hypothesis which was the discrepancy between actual weight and desired weight and its relation to self-esteem and depression two regression analyses were used one for discrepancy and self-esteem and the second between discrepancy and depression. For the fourth hypothesis correlational analyses were used to examine possible relations between perception of a weight problem, self-esteem and depression.

Chapter III

Results

Based on BMI 15 % of women were underweight, 67.9 % were normal weight, 13.5 % were overweight and 3.7 % were obese.

As for men 3.3 % were underweight, 58 % normal weight, 32 % overweight and 6.7 % obese. Below is a frequency summary table.

Table I : Frequency of weight categories

	Category of Weight				
	Underweight	normal	overweight	obese	total
Female	13	54	11	3	81
Male	2	42	29	6	79

Pearson Chi –square was performed to detect differences in category of weight between the genders. We found high significant evidence of the dependence of category of weight on gender, Pearson Chi-square= 18.6456, (df = 3), p=.000, it can be noticed that

more of the females are underweight and normal weight categories and more of the males are overweight and obese. The results obtained above are in agreement with our first hypothesis.

BMI values for women ranged from 16.6 to 37.4 with a mean of 21.0 (S.D.= 1.4). Desired BMI values ranged from 17 to 32 with a mean of 20.2 (S.D. =2.19).

BMI values for men ranged from 16.5 to 34.4 with a mean of 22.0 (S.D.=1.7) . Desired BMI values ranged from 18.2 to 27.9 with a mean of 23.8 (S.D.= 1.9). Mean scores are presented in table 2.

Table 2: Mean scores of BMI and DBMI for males and females in all weight categories

	Underweight	Normal weight	Overweight	Obese
Females BMI	17.6	20.9	26.3	31.2
DBMI	17.5	19.9	22.2	25.2
Males BMI	17.5	22.0	26.6	32.1
DBMI	20.5	23.1	25.1	26

A t-test was conducted in order to check for the differences in desired BMI between males and females, t= -3.15, (df = 94), p=.000 there was a significant difference between female DBMI and male DBMI, whereby female DBMI is lower than that of the male DBMI. Females in all weight categories desire a lower BMI than their actual BMI. A 2 x 4 Analysis of variance between the two genders across all four weight categories showed a significant difference for DBMI, t=-11.41, (df = 158), p=.000. Once again, the obtained results agree with our hypothesis.

To test the third hypothesis; the discrepancy between BMI and DBMI and its relation to self-esteem and depression, two regression analyses were performed one with self-esteem as the dependent variable and the other with depression being the dependent variable.

There was no significant relation for the discrepancy between BMI and DBMI and self-esteem, F= 1.167, 159, p= .282, for males as well as females.

No evidence was found for the discrepancy between the BMI and DBMI and its relation to depression, F= 2.648, 159, p= .106, for males and females. The results above were not in line with our third hypothesis.

The mean score for self-esteem for women was 21.3 (S.D.= 4.0), with observed scores ranging from 12 to 29. The mean score for self-

esteem for men was 21.0 (S.D. 3.98), with observed scores ranging from 11 to 29.

Results of simple regression analysis showed that perception of a weight problem did not contribute significantly to the prediction of level of self-esteem. F= 1.279, p=.260

The mean score for depression among women was 12.8 (S.D.= 8.5), with observed scores ranging from 2 to 20. As for men, the mean score was 12.5 (S.D.= 7.0), with scores ranging from 3 to 32.

The relation of perception of a weight problem in predicting depression proved to be highly significant F= 28.017, p=.000. Refer to table 3.

Table 3 : Regression table, the I.V. is perception, D.V. depression

	Unstandardized Coefficients		standardized Coefficients		
Model	B	Std. Error	Beta	t	Sig
1(constant)	8.070	1.040		7.761	.000
Perception	1.208	.288	.388	5.293	.000

Scores for perception of a weight problem ranged from 1 to 10 with a mean of 3.9 and S.D. = 2.4 for females, a mean of 3.6 and S.D. of 2.5 for males. A t-test for equality of means was performed and results conveyed that gender affects on perception was not significant, t= .39 p >0.05. However, when each category of weight was taken by itself there was a significant difference in the perception of a weight problem in the overweight category between males and females p=0.01 (df= 38)< 0.05 Whereby overweight females perceived themselves as having a more serious weight problem than did males in the overweight category.

Correlational analyses were conducted to determine if relations existed among BMI, DBMI, perception of a weight problem, self-esteem and depression. Refer to table 4. The results conveyed a positive relationship between BMI and DBMI (r=.779,p= 0.05), a positive relationship between BMI and perception of a weight problem(r=.388, p= 0.05), a positive relationship between perception of a weight problem and depression (r=.388, p= 0.05), not significant relationship between perception of a weight problem and self-esteem (r= .260, p > 0.05), no significance between DBMI and perception of a weight problem (r= .100, p > 0.05). In other words, higher BMI was associated with a perception of having a more serious problem and feelings of depressive symptoms but not lower self-esteem.

Table 4: Correlations between BMI, desired BMI, perception of having a weight problem, self-esteem and depression.

	BMI	Depression	Perception	Desired BMI	Self-esteem
BM Pearson correlation	----	-.006	.367**	.779	.110
Sig. (2- tailed		.936	.000	.000	.168
N		160	160	160	160
DepressionPearson correlation	.006	-------	.388**	-.049	-.508
Sig. (2- tailed)	.936		.000	.000	.168
N	160		160	160	160
PerceptionPearson correlation	.367**	.388**	------	.130	-.090
Sig. (2- tailed)	.000	.000		.100	.260
N	160	160		160	160
DesiredBMiPearson correlation	.779**	-049	.130	-------	------
Sig. (2- tailed)	.000	.536	.100		
N	160	160	160		
Self-esteemPearsoncorrelation	.110	-508**	-.090	-------	-------
Sig. (2- tailed)	.168	.000	.260		
N	160	160	160		

In order to check differences among each category of weight further examination of data was performed which revealed interesting findings. When looking at multiple comparisons we see that there are significant differences across the four weight categories for females with regard to their perception of having a weight problem. There was no significant difference noticed between underweight and normal weight p value= 0.101. Yet, there was a significant difference between underweight and overweight p value=.000, as well as underweight and obese p value= .025. For the normal weight category there was a significant difference between normal and overweight p value= .000 , but no significant difference between normal and obese p value= .111. Please refer to table 5.

Table 5 : Multiple comparison table for females of all four weight categories and their perception of having a weight problem.

(I)Category of weight	(J)Category of weight	Mean difference	Std Error	Sig.
Underweight	normal	-1.0912	.6581	.101
	overweight	-4.3706	.8727	.000**
	obese	-3.1282	1.3644	.025*
Normal	underweight	1.0912	.6581	.101
	overweight	-3.2795	.7047	.000**
	obese	-2.0370	1.2636	.111
Overweight	underweight	4.3706	.8727	.000**
	normal	3.2795	.7047	.000**
	obese	1.2424	1.3875	.373
Obese	underweight	3.1282	1.3644	0.25*
	normal	2.0370	1.2636	.111
	overweight	-1.2424	1.3875	.37

*Significant at p< .05 **Significant at p< .001

For males the only category which differed significantly from others in the perception of having a weight problem was the obese category, whereby there was a significant difference between obese and underweight p value = .019 > 0.05, a significant difference between obese and normal p value= .000 > 0.05 and a significant difference between obese and overweight p value= .002 > 0.05. Please refer to table 6.

Table 6: Multiple comparisons table for males of different weight categories and their perception of having a weight problem.

(I)Category of weight	(J)Category of weight	Mean difference	Std Error	Sig.
Underweight	normal	.6429	1.7222	.710
	overweight	-1.1897	1.7397	.496
	obese	-4.6667	11.9429	.019*
Normal	underweight	.6429	1.7222	.710
	overweight	.5468	.5745	.344
	obese	-4.0238	1.0385	.000**
Overweight	underweight	1.1897	1.7397	.496
	normal	.5468	.5745	.344
	obese	3.4770	1.0672	.002
Obese	underweight	4.6667	1.9429	.019*
	normal	4.0238	1.0385	.000**
	overweight	3.4770	1.0672	.002*

*Significant at p< .05 **Significant at p< .01

There was a significant difference between males and females in their desired BMI, in the underweight category, t= -3.42 (df 13) p= .005 the normal category, t=-11.51 (df=94) p = .000, and the overweight categories t= -488 (df= 38) p= .000, the only category where males and females had no significant difference in desired BMI was the obese, t=.654 (df = 7) p= .534

Discussion

CHAPTER IV

Body Weight and Gender Differences

This study investigated the interrelationship between body weight, perception of a weight problem, self-esteem and depression in a sample of young adults, both males and females. A number of gender differences emerged. While there was no difference between men and women in the perception of having a weight problem, there was a clear gender difference in the direction of desired weight, with women in all four weight categories desiring to have lower BMI than their actual. Confirming the results of previous studies, women wished to be thinner than their male counterparts (Striegel-Moore, 1997, Tiggemann,M. & Pennington, 1990, Fallon, A.E., & Rozin, P. 1985). This was despite the fact that they were relatively less heavy as measured by the BMI. The thin ideal for females was very obvious among our sample of young university students. Even when the underweight category was taken by itself results revealed that the desired BMI was still lower than the actual BMI for females. As for men, closer analysis revealed that the majority of those who were underweight and of normal weight desired to gain weight, whereas the majority of those who were overweight or obese desired to lose weight. It could very

well be that men equated body fat with muscularity, since cultural ideal for masculinity demands large, muscular bodies.

Most of the research currently available on weight and bodily concerns are focused on women. Men's concerns have been understudied over the past several decades. Unlike the preferred female slender shape, the ideal male body type is more ambiguous, research suggests that there is less of a societal consensus regarding the ideal physique for men (Cohen & Adler, 1992). Thus, when men fail to achieve a specific ideal body size, they might not perceive a deviation from a well-established norm that is considered acceptable by all. Women, on the other hand, are always striving towards the thin ideal direction (Mintz & Bentz, 1986). However, these statements need to be tempered because the body concerns for men and women differ as much as do their reasons for satisfaction and dissatisfaction with their bodies. Perhaps in the future parallel to weight satisfaction different aspects of the body should be taken into consideration in order to be able to come up with more precise answers.

Discrepancy Between BMI and Desired BMI

Contrary to research, the discrepancy between BMI and desired BMI was not correlated with self-esteem or depression in our sample.

Findings by Zellner, Harner, & Adler(1989), McCarthy (1990) suggested that the development of both depression and eating disordered behavior in women is a function of the discrepancy between one's actual body weight and desired body weight. Kaplan, Busner, and Pollack(1978) as well, reported that among their adolescent subjects, the relation between depressive symptoms and dissatisfaction with appearance was independent of actual weight and dependent on whether or not the subjects themselves perceived themselves as overweight or not.

Perception of a Weight Problem

Perception of a weight problem did not predict the level of self-esteem, but it predicted depression. This was a very interesting finding because the higher the perception of a problem was, the higher the depression scores were. More importantly, it was the actual BMI which allowed the subjects to perceive themselves as having a weight problem, thus the actual BMI was a very reliable measure to predict depression among our sample, both males and females. Another point worthy of mentioning is the fact that the female subjects perceived themselves as having a weight problem only when they were towards the overweight extreme. Males, on the other hand,

perceived themselves as having a weight problem when they were either in the underweight category or obese category, the two opposite ends.

Once again these results are not consistent with research findings of Reirdan and koff (1997), Gardner, R.M., Friedman, B.N., & Jackson N.A. (1999) who noted that the perception of a weight problem was more meaningful in assessing self-esteem and depression than actual BMI. In our sample the exact opposite was true; actual BMI was highly correlated with depression, but not self-esteem.

It is safe to assume that among our sample of Lebanese university students, when there was a perception of a weight problem it led to depression but not to low self-esteem, it is noteworthy to mention however that the perception of having a weight problem was actually justified by their actual weights. The actual BMI was associated with these young students in having depressive symptoms, all the while their self-esteem being intact. What we can conclude from the following is that there is much awareness among these young males and females about their true condition. The higher the BMI the more depressed females were, as for males the perception of weight problem was reserved to the two extreme ends of the weight continuum , thus either

underweight or obese categories were a good predictor of depressive symptoms among men.

It must be remembered, however, that as a correlational technique, path analysis cannot show the direction of causation, but can only assess the strength of causal connections which are assumed on the basis of prior evidence. So the observed correlation between BMI and depression cannot unambiguously determine causality.

Another interesting finding was when each weight category was taken by itself and compared to other categories as far as perception of a weight problem was concerned. Here we found out that females perceived themselves as having a weight problem starting the overweight category whereas males it is only in the obese category that they perceived having a weight problem. This observation was confirmed by Dr. Yunis, a natural doctor practicing dietotherapy in Lebanon(personal interview, may 23, 2005). He said that his female patients pertained to all weight categories wishing to lose weight, however for males it was mostly when they reached a BMI of 30 and above which falls in the obese category, that these men sought treatment. He also mentioned that men were more serene in their obesity. Another point worthy of notice is what Dr. Yunis mentioned

which was also obvious in our results the fact that underweight men were very uncomfortable almost as much as overweight women and wanted to gain weight, possibly because of the muscular, big ideal figure for men.

As far as self-esteem is concerned, the time period during which the questionnaires were distributed coincided with a lot of political turmoil in Lebanon. Young university students were participating almost daily in manifestations, these manifestations boosted the spirits of these youngsters whereby they felt they were making a difference in their lives as well as the lives of others and their country. It was a time of mixed emotions. This could be one of the factors which did not allow us to get results which were expected. Another reason for the high levels in self-esteem could be social desirability, once approached the students could have felt more important, or the simple unconscious wish to be seen as desirable could have led to these high self-esteem scores.

Future Studies

One of the most noticeable limitations of this study was the homogeneous nature and the size of the sample population. The findings of this study cannot be generalized to other age groups. In

the future, researchers in this field might want to have as a sample a wider age range in order to find out differences if any in comparing age groups. Another point worthy of attention is the sample size, it would be also more representative if we had a larger sample of participants, for example, among the female participants we had only 2 subjects in the obese category from which we had to infer results and conclusions. One of the biggest shortcomings in this research was the sample size which needs to be larger in the future.

As far as gender differences are concerned, in the future different tools might be used in order to measure dissatisfaction of body image and not just merely dissatisfaction of weight, because different aspects of body are important for one's self-image and in turn self-esteem, that is why weight could not be the only factor contributing to these results.

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APPENDIX I

THE FOLLOWING QUESTIONNAIRE IS PART OF AN M.A. THESIS CONCERNED WITH STUDENT DIFFERENCES BETWEEN SELF AND ENVIRONMENT. NAMES ARE NOT REQUIRED.

GENDER: MALE..... FEMALE .....

AGE :

PLEASE ANSWER THE FOLLOWING QUESTIONS AS CORRECTLY AS YOU CAN.

HEIGHT (In cms) :

WEIGHT (In kilograms) :

DESIRED WEIGHT :

DO YOU SEE YOURSELF AS HAVING A WEIGHT PROBLEMS PLEASE CIRCLE THE APPROPRIATE NUMBER ON THE FOLLOWING SCALE.

Not at all Serious Problem

1 2 3 4 5 6 7 8 9 10

APPENDIX II

BELOW IS A LIST OF STATEMENTS DEALING WITH YOUR GENERAL FEELINGS ABOUT YOURSELF. IF YOU **STRONGLY AGREE,** CIRCLE SA. IF YOU **AGREE** WITH THE STATEMENT, CIRCLE A. IF YOU **DISAGREE,**CIRCLE D. IF YOU STRONGLY **DISAGREE,** CIRCLE SD.

	I. STRONGLY DISAGREE	2. AGREE	3. DISAGREE	4 STRONGLY AGREE
1.1 feel that I'm a person of worth, at least on an equal plane with others.	SA	A	D	SD
2.1 feel that I have a number of good qualities	SA	A	D	SD
3.All in all, I am inclined to feel that I am a failure	SA	A	D	SD
4.1 am able to do things as well as most other people.	SA	A	D	SD
5.1 feel I do not have much to be proud of.	SA	A	D	SD
6.1 take a positive attitude toward myself	SA	A	D	SD
7.On the whole, I am satisfied with myself.	SA	A	D	SD
8.1 wish I could have more respect for myself	SA	A	D	SD
9.1 certainly feel useless at times	SA	A	D	SD
10.At times I think I am no good at all	SA	A	D	SD

Appendix III

Name:_____ Marital Status:_____ Age:_____ Sex: _____

Occupation: _____ Education: _____

Instructions: This questionnaire consists of 21 groups of statements. Please read each group of statements carefully, and then pick out the one statement in each group that best describes the way you have been feeling during the past two weeks, including today. Circle the number beside the statement you have picked. If several statements in the group seem to apply equally well, circle the highest number for that group. Be sure that you do not choose more than one statement for any group, including Item 16 (Changes in Sleeping Pattern) or Item 18 (Changes in Appetite).

Sadness

I do not feel sad.
I feel sad much of the time.
I am sad all the time.
I am so sad or unhappy that I can't stand it

Pessimism

I am not discouraged about my future.
I feel more discouraged about my future than I used to be.
I do not expect things to work out for me.
I feel my future is hopeless and will only get worse.

Past Failure

I do not feel like a failure.
I have failed more than I should have.
As I look back, I see a lot of failures.
I feel I am a total failure as a person.

Loss of Pleasure

I get as much pleasure as I ever did from the things I enjoy.
I don't enjoy things as much as I used to.
I get very little pleasure from the things I used to enjoy.
I can't get any pleasure from the things I used to enjoy.

Guilty Feelings

I don't feel particularly guilty.
I feel guilty over many things I have done or should have done.
I feel quite guilty most of the time.
I feel guilty all of the time.

6. Punishment Feelings

0 I don't feel I am being punished.
1 I feel I may be punished.
2 I expect to be punished.
3 I feel I am being punished.

7. Self-Dislike

0 I feel the same about myself as ever.
1 I have lost confidence in myself.
2 I am disappointed in myself.
3 I dislike myself.

8. Se lf-Criticalness

0 I don't criticize or blame myself more than usual.
1 I am more critical of myself than I used to be.
2 I criticize myself for all of my faults.
3 I blame myself for everything bad that Happens

9. Suicidal Thoughts or Wishes

0 I don't have any thoughts of killing mysel
1 I have thoughts of killing myself, but I would not carry them out.
2 I would like to kill myself.
3 I would kill myself if I had the chance.

10. Crying

0 I don't cry anymore than I used to.
1 I cry more than I used to.
2 I cry over every little thing.
3 I feel like crying, but I can't.

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11. Agitation

0 I am no more restless or wound up than usual.
1 I feel more restless or wound up than usual.
2 I am so restless or agitated that it's hard to stay still.
3 I am so restless or agitated that I have to keep moving or doing something.

12. Loss of Interest

0 1 have not lost interest in other people or activities.
1 I am less interested in other people or things than before.
2 I have lost most of my interest in other people or things.
3 It's hard to get interested in anything.

13. Indecisiveness

0 I make decisions about as well as ever.
1 I find it more difficult to make decisions than usual.
2 I have much greater difficulty in making decisions than I used to.
3 I have trouble making any decisions.

14. Worthlessness

0 I do not feel I am worthless.
1 I don't consider myself as worthwhile and useful as I used to.
2 I feel more worthless as compared to other people.
3 I feel utterly worthless.

15. Loss of Energy

0 I have as much energy as ever.
1 I have used to have.
2 I don't have enough energy to do very much.
3 I don't have enough energy to do anything.

16. Changes in Sleeping Pattern

0 I have not experienced any change in my sleeping pattern.

1a I sleep somewhat more than usual.
1b I sleep somewhat less than usual.

2a I sleep a lot more than usual.
2b I sleep a lot less than usual.

3a I sleep most of the day.
3 b I wake up 1-2 hours early and can't get back to sleep.

17. Irritability

0 I am no more irritable than usual.
1 I am more irritable than usual.
2 I am much more irritable than usual.
3 I am irritable all the time.

18. Changes in Appetite

0 I have not experienced any change in my appetite.

1a My appetite is somewhat less than usual.
1b My appetite is somewhat greater than usual.

2a My appetite is much less than before.
2b My appetite is much greater than usual.

3a I have no appetite at all.
3b I crave food all the time.

19. Concentration Difficulty

0 I can concentrate as well as ever.
1 I can't concentrate as well as usual.
2 It's hard to keep my mind on anything for very long.
3 I find I can't concentrate on anything.

20. Tiredness or Fatigue

0 I am no more tired or fatigued than usual.
1 I get more tired or fatigued more easily than usual.
2 I am too tired or fatigued to do a lot of the I used to do.
3 I am too tired or fatigued to do most of the things I used to do.

21. Loss of Interest in Sex

0 I have not noticed any recent change in my interest in sex.
1 I am less interested in sex than I used to be.
2 I am much less interested in sex now.
3 I have lost interest in sex completely.

_____ **Subtotal Page 2**
_____ **Subtotal Page 1**
_____