

6-2020

THE EFFECTS OF EATING DISORDERS AND BODY DISSATISFACTION ON SCHOOL ACHIEVEMENT

Briana Ribota

Follow this and additional works at: <https://scholarworks.lib.csusb.edu/etd>



Part of the [Psychology Commons](#), and the [Social Work Commons](#)

Recommended Citation

Ribota, Briana, "THE EFFECTS OF EATING DISORDERS AND BODY DISSATISFACTION ON SCHOOL ACHIEVEMENT" (2020). *Electronic Theses, Projects, and Dissertations*. 1094.
<https://scholarworks.lib.csusb.edu/etd/1094>

This Project is brought to you for free and open access by the Office of Graduate Studies at CSUSB ScholarWorks. It has been accepted for inclusion in Electronic Theses, Projects, and Dissertations by an authorized administrator of CSUSB ScholarWorks. For more information, please contact scholarworks@csusb.edu.

THE EFFECTS OF EATING DISORDERS AND BODY DISSATISFACTION ON
SCHOOL ACHIEVEMENT

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Social Work

by
Briana Ribota
June 2020

THE EFFECTS OF EATING DISORDERS AND BODY DISSATISFACTION ON
SCHOOL ACHIEVEMENT

A Project
Presented to the
Faculty of
California State University,
San Bernardino

by
Briana Ribota
June 2020

Approved by:

Gretchen Heidemann-Whitt, Faculty Supervisor, Social Work

Carolyn McAllister, PhD, M.S.W. Research Coordinator

© 2020 Briana Ribota

ABSTRACT

Eating disorders are no longer an invisible phenomenon. Eating disorders are caused by a multitude of factors which include a combination of biological, environmental abnormalities, and/or psychological, such as: nutritional deficiencies, sexual abuse, poor self-esteem, trauma, and/or social pressure (Strother et al., 2012). These food related issues can cause embarrassment and pain, along with severely jeopardizing one's health if not recognized and treated (Strother et al., 2012). As a result of the complexities of eating disorders, young adults are annihilated with managing life impediments rather than focusing on academic achievement. A qualitative post positivist study will be conducted by interviewing self-identified adults within the researcher's personal and social circles who live in Southern California, are eighteen and older, and have suffered from an eating disorder in the past. This paradigm is most suitable for this study because the problem focus is best researched through the perspective of the people. The research findings showed the need for early interventions to better manage the symptomology of eating disorders so that continued education is pursued. The following themes and subthemes emerged from the data collected: feelings of unworthiness, powerlessness, and isolation; inability to concentrate; daily thoughts consumed by weight, image, and food; interventions and treatment which assisted to regain control of life and/or aid in self-discovery; and prioritization of eating disorders over other aspects of life. The research findings can bring awareness and understanding to educators, social workers, and school

counselors with regard to the consequences that eating disorders may have on academic achievement. As a result of this increase awareness, teachers and instructors will be able to practice a proactive role in which they could seek and provide early interventions, as well as exhibit empathy when interacting with a young adult with an eating disorder.

ACKNOWLEDGEMENTS

I would like to express my sincere gratitude to those individuals who have been a part of my journey and have assisted and supported me when I needed guidance, encouragement, and support. Thank you Shyra Harris and Dr. Heidemann-Whitt. You are true leaders who I hold in high esteem. Thank you to my daughter, Eriannah, and boyfriend, Erick. I could not have done this without your unconditional support and love. Most importantly, thank you to my mother, Martha. Though you are no longer physically with us, I know you are still rooting me on.

DEDICATION

This is dedicated to my mother, Martha. If it wasn't for you, I wouldn't be the woman I am.

TABLE OF CONTENTS

ABSTRACT	iii
ACKNOWLEDGEMENTS.....	v
CHAPTER ONE: ASSESSMENT	1
Introduction.....	1
Research Focus and/or Question	1
Paradigm and Rationale for Chosen Paradigm.....	4
Literature Review.....	5
Theoretical Orientation.....	11
Summary	13
CHAPTER TWO: ENGAGEMENT.....	14
Introduction.....	14
Research Site and Study Participants	14
Engagement Strategies	15
Self-Preparation.....	16
Diversity Issues.....	17
Ethical Issue	17
Political Issues	18
The Role of Technology in Engagement.....	19
Summary	19
CHAPTER THREE: IMPLEMENTATION	20
Introduction.....	20
Study Participants.....	20

Selection of Participants	21
Data Gathering	22
Phases of Data Collection.....	25
Data Recording.....	26
Data Analysis Procedures.....	27
Summary	29
CHAPTER FOUR: EVALUATION.....	30
Introduction	30
Data Analysis.....	30
Data Interpretation	37
Potential Contribution of the Study to Micro and/or Macro Social Work Practice.....	40
Summary	41
CHAPTER FIVE: TERMINATION AND FOLLOW UP	42
Introduction	42
Termination of study	42
Communication of Findings to Study Participants	43
Ongoing Relationship with Study Participants	43
Dissemination Plan	43
Summary	44
APPENDIX A: INFORMED CONSENT	45
APPENDIX B: INTERVIEW QUESTIONS	47
APPENDIX C: IRB APPROVAL LETTER.....	49
APPENDIX D: DEBRIEFING STATEMENT	51
APPENDIX E: INFORMATIONAL FLYER	53

REFERENCES..... 55

CHAPTER ONE: ASSESSMENT

Introduction

Chapter one introduces and addresses the research question for the intended study. The research question for this study is: Do body dissatisfaction and eating disorders have an adverse effect on young adult's GPA and/or school achievement? Subsequently, this chapter discusses and provides a rationale for the chosen paradigm for the study, which is post-positivism. Next, a literature review provides further information on the topic and presents contextual data to further explain its relation to the study. The chapter concludes by discussing the theoretical orientation of the study, along with considering the contributions that the research will make to micro and/or macro social work practice.

Research Focus and/or Question

Eating disorders are psychological disorders that affect one's general well-being, which leads to the development of low self-esteem, along with the increased belief of inability to perform and incapability for educational achievement. There is a misconception that eating disorders are a choice; on the contrary, they are life-threatening and severe eating disturbances that are associated with symptoms that negatively affect functioning and wellbeing. These

symptoms are characterized by severe torment about one's negative body image and/or irregular eating habits (Strother, Lemberg, Standford, & Tuberville, 2012).

Two common eating disorders are Bulimia Nervosa (BN) and Anorexia Nervosa (AN). Anorexia Nervosa is a compulsive self-malnutrition illness characterized by a distorted body image (NIMH, 2015). Individuals who suffer from this illness have an extreme fear of gaining weight and deny any dangerous effects caused by the life-threatening weight loss. As a result, they are famished, emaciated, and refuse to maintain a healthy weight (NIMH, 2015). In their pursuit of thinness, they sustain an extremely rigid and restrictive diet, which they consume specific foods in exceedingly small amounts (NIMH, 2015).

On the other hand, people who suffer from Bulimia Nervosa have repeated and recurring occurrences of eating considerable amounts of food in which they feel a lack of control (NIMH, 2015). Soon after the binge eating, behavior that compensates for the gorging takes place. Examples of such behavior are fasting, unnatural and forced vomiting, excessive exercise, and dangerous use of diuretics or laxatives (NIMH, 2015). Consequently, these individuals experience worn tooth enamel and decaying teeth due to stomach acid exposure, along with gastrointestinal problems and intestinal distress from laxative abuse (NIMH, 2015).

These bio-psycho-social diseases are prevalent across all walks of life and can affect individuals from an array of cultures, genders, sexual orientations, and age groups; however, the peak onset is during young adulthood and/or

adolescence due to the influence of sociocultural context and developmental stage (Downey, 2014). This occurrence may be a result of numerous sociocultural influences, stressors, and traumatic life experiences that they deal with on a regular basis, such as: family fragmentation, emotional irregularity, untreated health problems, and peer pressure. Unmanageable and disruptive life challenges and stressors that require intrapersonal and interpersonal resources often leave girls and boys more concentrated on dealing with life rather than achieving in school (Overby, Ludemann, & Hoigaard, 2013).

The purpose of this study is to examine the association between self-reported eating disorders and academic achievement. Academic achievement is a construct that measures a student's learning accomplishments and performance outcomes such as attainment of short- and long-term educational goals and completion of educational benchmarks (Kaur & Kaur, 2015). Research suggests that mental health issues such as emotional/behavioral difficulties and/or low self-esteem, along with nutritional issues such as malnutrition and/or micronutrient deficiency can negatively impact academic achievement (Overby, Ludemann, & Hoigaard, 2013). Needless to say, good health is greater than the absence of sickness; good health is a holistic approach that addresses psychological and physical states which are both needed for balanced wellbeing and academic success (Ruthig, Marrone, Hladkyj, & Robinson-Epp, 2011). The complex nature of eating disorders can have a negative impact on one's wellbeing which consists of mental health and physical complications (Ruthig et

al, 2011). Physical health repercussions can surface when an individual does not intake adequate food, along with exercising excessively daily (Ruthig et al, 2011). Physical symptoms can initially manifest as fainting spells, muscle weakness, and dizziness (Ruthig et al, 2011). If a low-calorie intake diet persists, this will result in continued vitamin deficiencies which will worsen physical symptoms and cause lasting damage to internal organs (Ruthig et al, 2011). In addition, worsening physical symptoms can also decrease self-confidences and reinforce disordered thought patterns/behaviors resulting in degradation of self-esteem (Ruthig et al, 2011). According to Ruthig et al (2011), research findings indicate that academic achievement is compromised by an unbalanced psychological well-being and unhealthy behaviors. Therefore, an increase in unhealthy behaviors, along with an unbalanced psychological well-being are associated with negative effects on academic performance and success (Ruthig et al, 2011).

Paradigm and Rationale for Chosen Paradigm

The paradigm that will be utilized for this study is post-positivism. The post-positivist paradigm is a qualitative, inductive, exploratory approach that proposes an objective reality can be observed, but its meaning is discovered by the exploration of experience which is derived from talking to people (Morris, 2006). Though an objective reality exists, one cannot fully understand the 'immutable laws and mechanisms' driving the reality (Morris, 2006). The post-positivist paradigm assumes that an objective reality exists outside of individual

experience; however, one cannot completely step outside the human experience to research it because a lot transpires that we are not conscious of (Morris, 2006).

The post-positivist researcher conducts the study by collecting qualitative data in its naturalistic setting. The data relies heavily on language, because it is gathered from observations and interviews. In the search for acquiring meaning, when interpreting data, the qualitative researcher identifies and defines concepts used to analyze language and also rationalizes for concept identification (Morris, 2006). The ability to gather and analyze personal accounts assists the researcher to acquire a deeper understanding of the problem. In addition, the post-positivist perspective is open to change as data is gathered because there are no variables or hypothesis to test (Morris, 2014). Therefore, as data is collected, the researcher analyzes and evaluates the information to develop themes, narrow the focus, and, eventually, develop a theory (Morris, 2014). This paradigm is suitable for this research because its aim is to identify if there is a link between eating disorders and school achievement by analyzing individual experiences from the perspective of persons who suffer from such disorders.

Literature Review

This literature review discusses the following about eating disorders: prevalence and incidence rates, psychological impacts, effects on neglected nutritional health and mental health wellness, and its developmental stages. At

the end of the literature review, a concluding paragraph discusses the linkage of the review and research question.

Incidence and Prevalence

Anorexia Nervosa. Studies report that the overall incidence rate has been constant over the past few years, however, there has been a growth within the high-risk group of adolescents between the ages of 15 to 19 (Smink, Van Hoeken & Hoek 2012). One study, in which 496 adolescents were recruited from schools in a large U.S. city and completed an annual diagnostic interview over the span of eight years, reports that there is a “lifetime prevalence by age of 20 of 0.8%” and an incidence rate of “104 per 100 000 person-year” for Anorexia Nervosa (Stice, Marti, & Rohde, 2012). According to this study, the “peak age for onset was between 19 and 20” (Stice et al., 2012). The eight-year lifetime prevalence rate signifies the number of participants who exhibited an onset of these eating disorders and met standards at baseline (Stice et al, 2012).

Bulimia Nervosa. In the same study noted above, where hundreds of participants completed an annual diagnostic interview over a span of eight years, a lifetime prevalence by age of 20 of 2.6% and an incidence rate of 289 per 100 000 person-year for Bulimia Nervosa was reported. As mentioned before, the incidence rate for Bulimia Nervosa indicates the number of participants who exhibited onset throughout the eight-year follow-up, in which data of annual incidence suggests that the “peak ages for onset was between 16 and 20” (Stice et al, 2012). In addition, the eight-year lifetime prevalence rate

signifies the number of participants who exhibited an onset of these eating disorders and met standards at baseline (Stice et al, 2012).

The prevalence and incidence rate of Anorexia Nervosa and Bulimia Nervosa in the U.S. gives us an idea of how common and widespread eating disorders are within young adults.

Psychological Impacts

An array of research studies identify the causes of eating disorders. Such studies propose that anxiety and depression are some causes of this phenomenon (Mann, 2013). Anxiety and depression are rooted in traumatic life experiences that disrupt a healthy development; such life experiences can be sexual, emotional, physical abuse, separation from a nurturing adult via death or divorce, or severe health problems (Mann, 2013). Unfortunately, past and current accounts of trauma are typical amongst adolescent girls who are not achieving in school, along with demonstrating delinquent conduct and/or exhibiting problem behaviors (Mann, 2013). Consequently, adolescents who engage in problem behaviors, such as eating disorders, as a coping mechanism to fulfill their feeling of emptiness, avoid the underlying issue (Yudkovitz, 1983). Examples of underline issues that adolescents or young adults may experience are depression, low self-esteem, sense of inadequacy, and/or loss of self-control (Yudkovitz, 1983).

The high occurrence of such issues within individuals that suffer from eating disorders results in impairment of social-emotional development and

deficiencies in social ability, which in turn can lead to social isolation and poor social adjustment (Yudkovitz, 1983). Traumatic events and painful life experiences pose considerable challenges which make it difficult to cultivate responsible and wholesome ways to cope with adversity, succeed in school, and fulfill emotional needs (Mann, 2013). Consequently, the effects of trauma experienced in adolescence can continue into adulthood if there is an absence of intervention (Mann, 2013).

Effects on Neglected Nutritional Health and Mental Health Wellness

Proper nutrition is essential during developmental years because the brain is susceptible to malnutrition. Studies in both adult and child populations have supported a correlation between the consumption of a wholesome diet and higher academic achievement (Burrows, Whatnall, Patterson, & Hutchesson, 2017). A wholesome diet consists of eating nutrient rich foods that are dense in micronutrients such as omega 3, iron, and folate; these foods are critical for nutrient delivery and energy production to fuel cognitive functioning and support healthy brain development (Burrows et al, 2017). According to Smilkstein (2011), the brain consumes 20% of the body's fuel because it burns energy ten times the rate of other tissues; thus, making it essential to consume enough nutrients and water to augment brain functions (Smilkstein, 2011). Conversely, nutrient intake deficiencies and poor diet can cause great damage, which can affect an adolescent's cognition and aptitude to focus, which in turn can result in poor retention, increased absenteeism, and school dropout (Livingston & Sammons,

2006; Burrows et al., 2017). Congruently to poor diet impacting academic achievement for adolescents and young adults, poor mental health can also be detrimental to academic achievement. If mental wellbeing is not maintained, an adolescent can experience behavioral and emotional difficulties, which can be debilitating in their academic and social realms. In a 2006 survey of 1,000 clinically diagnosed eating disorder participants, it was concluded that people who suffered from AN reported spending 90 to 100 percent and participants with BN spent approximately 70 to 90 percent of their waking time thinking about hunger, food, and weight (Livingston & Sammons, 2006). As a result of this fixation, students with eating disorders suffered from lack of energy, inability to think, headaches, and irritability, all of which can cause lower academic performance, truancy, and lack of motivation (Livingston & Sammons, 2006). Consequently, it is imperative that adolescents and young adults maintain and manage their mental and nutritional health so that they can continue to foster higher educational achievement.

Developmental Stages and Consequences

Attachment plays a critical role in the development of a secure adult (Hertz, Addad, Ronel, 2012). Consequently, a failed childhood attachment with caregivers can lead to detrimental consequences. Research proposes that there is a correlation between eating disorders and experiencing an insecure attachment pattern as a child (Hertz et al, 2012). Caregivers who were disdainful, unresponsive, and neglectful to their child's needs resulted in effecting their

identity development and mattering in adolescence and adulthood (Mann, 2013). Consequently, these children avoided situations that resulted in nurturing or receiving pleasure as adults because of acquired mistrust and low self-worth (Yudkovitz, 1983).

As aforementioned, adolescence is the period in which individuals develop eating disorders. During this period, there is an excessive exposure to thin-ideal media which leads to identity confusion. The lack of secure attachment, emotional support, and warm parental guidance affect cognitive and emotional well-being in adolescents and contributes to them having a difficult time expressing their needs and self-regulating (Yudkovitz, 1983). As a result, adolescents believe that controlling their appearance and pursuing thinness will help them regain satisfaction and satiate the void within themselves (Yudkovitz, 1983). Consequently, the feeling of adequacy is unattainable because it is contingent upon an “ideal” that strips them from their value and self-determining power (Yudkovitz, 1983). Eventually, this feeling of insufficiency results in an increased feeling of despondency, which can lead to suicidal ideation. Individuals with eating disorders who do not seek medical and psychological intervention can experience life-threatening outcomes. For instance, the initial affects, also known as the first stage, consist of subclinical symptoms such as electrolyte irregularities and anemia. The second stage consists of the advancement of the disorder, which develops into a chronic state. The last stage of the disorder consists of death; this is due to health complications or suicide (Fursland et al,

2012). Research claims that individuals who suffer from eating disorders have a 15 to 40 percent risk of suicide, whereas individuals who do not have a 6.5 to 7 percent risk (Brausch & Decker, 2014).

Conclusion

This literature review provided prevalence and incidence rates of eating disorders, along with its psychological impacts, effects on neglected nutritional and mental health wellness, and its developmental stages and consequences. This array of information is necessary, and essential, in order to understand the linkage between eating disorders and academic achievement. All these factors confirm and fortify the need for this research study.

Theoretical Orientation

The theoretical orientation for this study is Psychosocial Developmental theory, which emphasizes how people change and develop over a lifespan (Turner, 2017). Erik Erikson proposed that personalities are developed throughout a lifespan as a person continues to face and overcome challenges. Erickson divided a lifespan into eight stages of development from infancy through death (Turner, 2017). Growth and change are transpired via social interactions, experiences, and successfully managing conflicts surfaced throughout the various stages (Turner, 2017). A person must accomplish a psychosocial task or overcome a crisis in each stage in order to move on to the next stage (Turner,

2017). If this is not accomplished, further growth and functioning may be impacted.

Guided reflection and acquired insight may assist to regain development growth. If a person describes and explains a situation that is affecting them, such as a traumatic childhood experience they have attempted to omit from memory, they have the opportunity to bring the experience into consciousness to ponder and reflect (Turner, 2017). Talking about the experience and putting it into words allows the individual to consciously experience feelings and thoughts correlated with the experience (Turner, 2017). The aim is to gain self-awareness and to understand oneself through guided reflection of these experiences by giving the person the opportunity to “see other truths and other possible interpretations of events;” or, to construct meaning between the person and experience by deconstructing the narrative (Turner, 2017).

This theory is essential for this vulnerable population because most eating disorders are derived from trauma. However, through “development” learning, which is education built on experiences, reflection of these life experiences, and gaining insight, one can deal with, heal from, and regain developmental growth lost to suffering and distressing life experiences (Turner, 2017). As a result of increased insight and change in cognitive abilities and identity, individuals can reclaim self-power and confidence, which are two factors needed for higher academic achievement (Mann, 2013).

Summary

This chapter introduced the assessment phase of the study by discussing the research question and discussing the paradigm of choice, which is post-positivism. Subsequently, the literature review discussed the linkage between eating disorders and school achievement by providing information on prevalence and incidence rates, causes and developmental stages, and consequences of eating disorders. Finally, the theoretical orientation was provided for the study, which was Psychosocial Developmental theory.

CHAPTER TWO: ENGAGEMENT

Introduction

Chapter two consists of the engagement phase. It discusses how participants were engaged and how the researcher prepared to conduct the study. Next, this chapter addresses the diversity, ethical, and political issues that were involved in the study. Lastly, the chapter discusses the use of technology during the engagement phase.

Research Site and Study Participants

Due to the COVID-19 pandemic and to adhere to the Centers for Disease Control and Prevention guidelines of social distancing, interviews were conducted via the online platform Zoom. If the participant did not have access to the internet and/or the Zoom application, interviews were conducted via phone. Study participants consisted of individuals within the researcher's personal and social circles who have overcome an eating disorder (e.g. bulimia nervosa and/or anorexia nervosa). The demographics of participants consisted of ages eighteen and older, an array of socioeconomic status, both female and male, from diverse educational backgrounds, and various ethnicities.

Engagement Strategies

To initiate the study, the research proposal was reviewed and approved by the Institutional Review Board at California State University, San Bernardino. Once approval was received and permission was granted to start gathering data, the researcher contacted potential study participants within her personal and social circles via email. It is important to note that this study did not require gatekeeper engagement because study participants are not from a particular organization or entity. All participants were recruited from the researcher's personal and social circles. Initial contact consisted of an email to potential study participants, which included a flyer notifying him/her of the study proposal and information about it, along with noting that a \$10 gift card would be given for participating in the study. Participants who responded to the email expressing interest in the study were contacted to further explain the benefits and risks of the study and provide further details, if needed. For example, the researcher explained how this study will serve as a proactive approach to bring awareness to the phenomenon to potentially assist to meet the needs of adult learners who suffer from eating disorders by providing more research/data to the community. In addition, further details of the research were reported to participants such as expected duration of the interview and any research materials/tools that will be used in the study. Lastly, the researcher utilized her micro practice skills, such as active listening and interviewing skills, to engage the study participants (Morris,

2006). After participants were selected, a time and date was arranged to meet via an online platform or by phone. At the time of the scheduled interview, the researcher provided informed consent and details/purpose of the study, along with discussing anonymity and confidentiality, and, most importantly, built rapport.

The post positivist approach allowed the researcher time to establish rapport and trust with stakeholders. The researcher was empathetic, open-minded, genuine, respectful, and ethical. These qualities were important to develop trust and establish rapport with stakeholders.

Self-Preparation

To best prepare for the research study, the researcher reviewed and analyzed literature to have an extensive understanding of research topic, problem, and population. In addition, an information flyer was created to explain the project, discuss its purpose/focus, provide updated contact information to answer questions/concerns, and give information on incentives (e.g. a \$10 gift card). Furthermore, surfacing concerns, such as not having access to an online platform, was addressed, and alternatives were provided. In addition, the researcher was sensitive to the reactions of the participants when asking reflective and profound questions. Discussing sensitive topics can awaken an emotional response in which intense emotions and strong feelings may surface. Therefore, the researcher had a debriefing statement on hand which included

resources, such as local counseling services, if the study participant requested them.

Diversity Issues

Diversity issues arose throughout the study because participants varied in age, ethnicity, education levels, and socioeconomic status. Therefore, to avoid any diversity issues which could impede study participants from being transparent and vulnerable, the researcher was honest and respectful throughout the research project. A potential example of a diversity issue was that the study participants could stereotype the researcher as an “outsider” who has education and privilege due to the researcher’s education level (Morris, 2014). As a result, it was critical for the researcher to build rapport with the study participant before asking in-depth questions during the interview, along with remaining professional and courteous at all times. In order to build rapport and ease feelings of anxiety that the study participant were feeling, the researcher did the following: smiled and delivered a sincere greeting, used the person’s name when addressing the study participant, established and maintained eye contact, asked “throw away questions” to build rapport, and did more listening than talking.

Ethical Issues

The possibility of ethical issues surfacing during the study was plausible. As a result, it was important that the researcher developed a procedure to

provide informed consent to all study participants and protect confidentiality, along with addressing ethical concerns and discussing the stages of the research study (Morris, 2014). To protect confidentiality, the researcher was cognizant of her surroundings when working or discussing participant's information. The researcher worked behind closed doors when handling paperwork and/or data because working in an open area could result in confidential information being exposed to others. The researcher took additional precautions to protect confidentiality, such as storing physical documents in a secure/locked location and electronic files in password-protected folders. In addition, when storing sensitive information in a portable device (i.e. iPad or laptop), the researcher created files with distinct names and used strong passwords to lock such devices. Lastly, all personal data attained during the interview phase of the study, which includes the participant's responses, were destroyed after the research study was finalized.

The researcher practiced self-awareness to be aware of her own biases and beliefs so that she could ensure that they were not imposed onto the study participants (Morris, 2014).

Political Issues

No political issues were identified in this study.

The Role of Technology in Engagement

The role of technology was vital for all phases of the research project, specifically during the engagement phase. Email was utilized to communicate, schedule interviews, and/or confirm receipt of information. In addition, interviews were conducted via Zoom whenever possible, and by phone if not possible.

Summary

Chapter two discusses the engagement phase, which includes engagement strategies and self-preparation for the study. In addition, this chapter discusses the demographics of the study participants. Lastly, this chapter concludes by discussing the role of technology in the engagement phase, as well as examining diversity, ethical, and political issues.

CHAPTER THREE: IMPLEMENTATION

Introduction

Chapter three consists of the implementation phase which discusses the characteristics and selection of study participants, the phases of data collection, and how data was recorded and analyzed. Also, it explains how findings were communicated to study participants. In addition, Chapter three discusses how the researcher terminated the study and disseminated the findings of the study. Lastly, the chapter concludes by discussing the ongoing relationships between the study participants and researcher.

Study Participants

For this study, participants consisted of adults who were eighteen years and older and from different cultural and ethnic backgrounds. In addition, the study participants were from an array of socioeconomic groups and self-identified to have suffered from eating disorders and body dissatisfaction. All participants reported to be in remission and were not actively receiving treatment at the time of the study.

Selection of Participants

The selection of participants was through purposive sampling methods. This sampling method chooses the group of people who have experienced the social phenomena being studied who can give comprehensive and complete data (Morris, 2014). The purposive sampling method that will be practiced is critical case sampling. Critical case sampling selects participants who are “markers” of the phenomenon being studied (Morris, 2014). This method is essential to identify and select targeted participants who will contribute significant information to the study within a short period of time (Morris, 2014). This was the best way to select study participants because this approach utilized limited resources and the study was conducted in a short period of time (Morris, 2014). In order to recruit volunteers who have suffered from eating disorders, a flyer was drafted which specified details and requirements to participate in the study. The details and requirements included in the flyer were the following: must be eighteen years or older, treatment for eating disorders will not be offered or provided, study is strictly volunteer basis, participants must have a history of an eating disorder but not actively be receiving/seeking treatment. If study individuals were interested in participating in the study and met criteria, they were instructed to contact the researcher using the contact information provided on the flyer. Once the flyer was approved by the California State University San Bernardino Institutional Review Board, it was distributed to the potential study participants within the researcher’s personal and social circles via email.

Furthermore, participants who had additional questions/concerns or were interested in participating in the study were encouraged to contact the researcher via email. This email address was created strictly for research project matters and inquiries. Once the potential study participants reached out to the researcher, a prescreening process was initiated. During this time, the researcher ensured that the participants understood the purpose of the project and its requirements. After the participants fully understood the purpose of the study and agreed to meet, a date/time for the interview was established.

Data Gathering

Due to the COVID-19 pandemic and to adhere to the Centers for Disease Control and Prevention guidelines of social distancing, data gathering was not conducted in person, but rather through virtual, telephonic, and electronic communication. Specifically, one participant interview was conducted entirely via Zoom. Another was done through a combination of Zoom and electronic correspondence, and the third was done primarily via electronic correspondence with a follow-up Zoom meeting to confirm the participant's responses and review the Debriefing statement.

In all three cases, the researcher reviewed the informed consent form with the participant via phone or Zoom, then sent the informed consent via email, and participants signed and emailed the consent form back to the researcher.

For interviews conducted entirely or partially via Zoom, the interview was recorded and transcribed using the Zoom transcription feature. To ensure accuracy of documented responses, the researcher briefly recapped what was recorded via typed notes before moving on to the next question. Electronic correspondence, in which participants answered the structured interview questions via email, obviously did not require transcription.

The researcher first asked questions about information and data (see Appendix B). There are three categories of questions the researcher used to explore the participants' understanding of the research focus (Morris, 2014). These categories are descriptive, structural, and contrast questions (Morris, 2014). Descriptive questions are overarching questions (Morris, 2014). Some examples of descriptive questions are: Did you participate in extracurricular activities when you suffered from eating disorders? Did you earn good grades while you suffered from eating disorders? What was your outlook of life when you suffered from eating disorders?

Structural questions consist of three types of questions, which are: inclusion, verification, or substitution frame questions (Morris, 2014). These questions assist to expand (inclusion) and assess one's understanding (verification) on a specific topic (Morris, 2014). An example of an inclusion question is: Before developing an eating disorder, did you experience depression, low self-esteem, or anxiety? An example of a verification question is: When you suffered from the eating disorder, did you still experience the same

feelings prior to the eating disorder (e.g. depression, sense of inadequacy, and/or loss of self-control)? In addition, the substitution frame questions “invite the respondent to replace the piece of information with his/her understanding or reaction” (Morris, 2014). An example of a substitution frame questions is: When I suffered from eating disorders I felt _____and now that I’ve overcome my eating disorder I feel _____.

Contrast questions assist to develop patterns for exclusion and inclusion in order to gather a group of facts (Morris, 2014). For instance, the interviewer can ask questions referencing the eating disorder Some examples include: How does having an eating disorder make you feel? Did you feel worse or better before suffering from the eating disorder? Did your outlook of life change after developing the eating disorder? After developing an eating disorder, did you feel more motivated to do well in school?

The researcher asked questions most associated to the study’s objective. With the post positivist approach the researcher was able to expand on the questions asked as the interview was conducted. However, the researcher understands that qualitative research requires one to be receptive to the data as it is arising, which may require for flexibility and openness to change. The researcher provided brief words throughout the interview, which provided smooth transitions between topic areas.

During the interviews that occurred entirely or partially via Zoom, the researcher asked follow-up questions when research related data was being

disclosed via participant experiences. Though follow up questions surfaced on the spot, these types of questions assisted in eliciting a more in depth understanding and greater detail of participant experiences. This assisted the researcher to consider the perspective of the participant and carefully lightly questions needed to be probed and asked.

Phases of Data Collection

There are various stages in the interviewing process for the post-positivist approach. The first stage consisted of preparing for the interview. In order to prepare for the interview, the post positivist interviewer gathered data for the literature review during the engagement phase to be knowledgeable about the topic, along with drafting a set of formulated questions (Morris, 2014). In addition, the post positivist interviewer practiced self-awareness and self-control, in which the researcher controlled the influences of her own biases and values when conducting the interview. To prepare the interviewee for the study, the researcher put the interviewee at ease by offering extra explanations about the research project via phone or email (Morris, 2014). Furthermore, the researcher secured the participant's informed consent (see Appendix A) and discussed ways he/she will maintain privacy and confidentiality throughout the research project (Morris, 2014).

The second stage consisted of choosing a recording mode. The aim was to choose a recording mode that would document an accurate account of what

was said during the interview while establishing a comfort level with the interviewee. The selected recording method was discussed and established with the interviewee either beforehand or at the time of the interview.

The third stage was conducting the interview. The interview was divided into four phases: engagement, development of focus, maintaining focus, and termination (Morris, 2014). The interview process concluded by reflecting about the interview (Morris, 2014). It was critical that the researcher documented reactions to the interview experience in the research journal once each interview ended. In addition, the researcher determined if the data gathered was relevant and important to the study, or if it was irrelevant and insignificant (Morris, 2014).

Data Recording

The researcher recorded interviews via the Zoom platform (in two of three cases) with the approval of the study participants, and the Zoom transcription feature was used to record and preserve the transaction. In the third case, data was recorded by saving electronic files of the emailed answers to the structured interview questions.

The following steps were taken in order to document an accurate account of the interviews: notes were taken immediately after the interview; conversations were recorded in the order that they happened; the researcher's reaction and insight was also be documented; facts were only recorded, no added

commentary was added; and an extra copy of the record was stored in case of an emergency (Morris, 2014).

Additionally, the post positivist approach required the researcher to keep two journals. In these two journals the researcher recorded data on the human experience, such as subjective and descriptive information (Morris, 2014). The first journal was a concrete journal, which kept record of what the researcher was doing, and the data collected, such as: participant attributes, people interactions, and observed behaviors (Morris, 2014). Typical data included race, gender, age, and level of education. The second journal was a reflective journal, which kept record of questions that came up or things that changed the orientation of the study (Morris, 2014). The researcher documented questions that appeared to be vague and/or confusing when collecting data, and later reviewed and revised those questions.

Data Analysis Procedures

Microsoft Word was used to analyze transcribed data from the Zoom interviews and the data from the email correspondence. Data was analyzed from a qualitative approach using the “bottom up” analysis. The researcher looked at data in an inductive way to find patterns and groupings (Morris, 2014).

Subsequently, the researcher coded/named patterns and groupings. There are four stages to the bottom up analysis, which are: axial coding, conditional matrix, selective coding, and open coding (Morris, 2014). The first

stage is open coding which consisted of the researcher going through the written account/narrative to look for different phrases and sections and gave them a name/code. These names/codes summarized what was being said in the section, phrases, or paragraphs. This stage was essential to identify themes and categories, which was guided to enhance and modify future questions and observations (Morris,2014). From the data collected and the knowledge acquired from readings, the open codes that emerged in this study included, *health, absence of interventions and social support, feelings of hopelessness and inadequacy, lack of motivation, and low self-esteem.*

The next stage is Axial Coding, which consisted of the researcher finding a connection between open codes (Morris, 2014). Examples of axial codes in this study were *feelings of hopelessness and inadequacy caused by lack of motivation and low self- esteem; and absence of interventions associated with lack of social support.* The third stage is selective coding, which consisted of the researcher building a theory by summarizing the story of codes and making connections (Morris, 2014). At this stage, the researcher developed a theoretical statement. The last stage is the Conditional Matrix (Morris, 2014). This is when the researcher put the theoretical statement into perspective with the knowledge acquired from individual accounts and interactions. This stage consisted of five levels – individual, family, group, organization, and community – which the researcher analyzed and reviewed throughout the study (Morris, 2014).

Summary

In Chapter three, the implementation phase was discussed in which it included how the study participants were selected, explained the data gathering methods and the phases of data collection, as well as discussing how data gathered was recorded.

CHAPTER FOUR: EVALUATION

Introduction

This chapter analyzes the qualitative data gathered and interprets the findings of that data. A total of three study participants answered the interview questions. The ages of the participants were 19, 23, and 27. One participant identified as nonbinary, and the two other participants identified as female. Two participants were White, and one participant was Filipinx. In terms of their educational level, one participant completed high school, another had some college, and the last participant had a bachelor's degree.

Data Analysis

An array of themes and subthemes emerged from the responses of participants. The subthemes are presented below within the two overarching themes that were identified: *Experiences with eating disorders* and *Impacts on academic achievement*.

Experiences with Eating Disorders

Participants shared that an eating disorder dominated their life. All three participants reported *always* thinking about food. Participant #1 shared, "I thought about what I was going to eat constantly, worrying about what I would be intaking, and how I was going to be able to hide it." Participant #2 reported,

“Most of my time, thoughts, feelings, energy, is dominated by my preoccupation, obsession, fears, worries regarding food, weight, body image, etc.” Participant #3 mentioned, “I always was thinking about food, because I was depriving myself of all different kinds of foods; so, food was always on my mind.” These quotes highlight the connection between thinking about food and their inability to focus on other aspects of life.

Participants further shared that an eating disorder made them feel unworthy, isolated, or powerless.

Unworthy/Not Good Enough. Participant #1 shared,

I felt really low, unlovable, unworthy, isolated. I never thought I could get past the mindset I was in. Even though my outside self showed someone who was confident, loud, and carefree. I truly believed because I was not thin or beautiful that I was less than other girls.

Participant #2 reported, “I felt so isolated and alone. anxious, fearful, worried, frustrated, angry, upset, helpless, hopeless, worthless, guilty, ashamed, exhausted, disappointed in myself, like a piece of shit. I felt as if I would never be good enough.” Participant #3 mentioned, “...my weight that made me not good enough.” These quotes depict a connection between negative thought patterns and not feeling worthy and/or not good enough.

Isolated. Participant #1 shared, “I felt really low, unlovable, unworthy, isolated.” Participant #2 mentioned, “95% of people in my life or that I’ve met will never understand me. So, I constantly felt alone.” Participant #3 reported,

You do not act like yourself when you have an eating disorder. You become distant from others, you stop doing the things you love because you don't want to stray from your routine...Now that I am out of treatment and in school, I have made a lot more friends in school because I am not worried about what they are thinking about me in terms of body image.

These quotes emphasize a connection between feelings of self-disgust, unworthiness, hopelessness, and disconnection from others.

Powerless. Participant #1 mentioned,

I had convinced myself that I had not lost control. It was not until I ended up in treatment that I realized I had truly lost control. The core of the disorder was my need for control, but I had let it get so far that the rest of my life was hanging on by a thread.

Participant #2 shared, "I know I lost control over my life with my ED... I was in control but also out of control..." Participant #3 reported,

When you have an eating disorder you are so out of control when the main reason you are acting on behaviors is to stay in control...The sad part is the whole time you don't even realize how sick you are getting because in your mind you are fine but in reality you are slowly dying...

These quotes are noteworthy because they highlight the feeling of powerlessness and the struggles to regain control.

Absence of interventions associated with lack of social support. Participant #2 shared,

I feel so isolated and alone. anxious, fearful, worried...95% of people in my life or that I've meet will NEVER understand... like it was hard and mostly impossible to be completely honest to anyone and ask for help. Participant #3 reported, "...the only person to pull you out of it is you in the end..." These quotes are significant because they stress the lack of support and interventions to help better manage the symptoms of their eating disorder.

Lack of motivation and Low Self-Esteem. Participant #1 shared, "When I had an eating disorder, I felt really low, unlovable, unworthy, isolated." Participant #2 reported,

I felt isolated and alone. anxious, fearful, worried, frustrated, angry, upset, helpless, hopeless, worthless, guilty, ashamed, exhausted, and disappointed in myself. Like a piece of shit... I would think about what's easy to cook or prepare. However, even if I had energy to cook, which usually I wouldn't, I would just buy something from a drive thru or take out...

These quotes are noteworthy because they highlight a connection between eating disorders and low self-esteem/lack of motivation.

Unhealthy behaviors. Participants shared that they exhibited unhealthy behaviors when having an eating disorder. Participant #1 reported,

I never have been thin, but I always have seen myself much larger than I am, especially when I was in the midst of it. I could never see that I was

just an average size...When I was 20, I went to treatment because I ended up in the ER for not eating all day.

Participant #2 shared,

I would feel proud of myself when I make it the whole day only eating 500 calories or less a day... then for 2 or 3 days I would *binge* which I would consume around 1000 calories more or less... even when I was at my lowest weight 88 lbs. I would think I was fat, now I am 168 lbs.”

Participant # 3 mentioned, “I used to always think I was fat even when I got to my most unhealthy weight.” These quotes are significant because they highlight distorted thinking and poor diet when having an eating disorder.

Impacts on Academic Achievement

Participants shared that an eating disorder affected their academic achievement. Participants reported that they have needed to take breaks from school due to their eating disorder. Participant #1 shared,

My eating disorder took a big toll on my college career, causing me to have to take breaks and late withdrawal from a whole semester...I hit some bumps while having the eating disorder, then withdrew so I could finish treatment. When I returned, I realized how poor I had done in my GE classes, and started to slack in my major courses.

Participant #2 reported,

My eating disorder had priority over my academic success...I've dropped out of several different semesters of school because I needed to be

admitted to inpatient psych hospitals for suicide attempts that my eating disorder definitely contributed greatly to. I had been on academic probation for a number of semesters and gradually work through the process to climb out of it.

Participant #3 mentioned,

My eating disorder did have priority over my academic achievement...I did not believe that I could accomplish academic success when I suffered from my eating disorder because every day, I felt like quitting... I had to take a semester off school when I was in treatment because I really had to focus on myself.

These quotes are significant because they emphasize how their eating disorder affected their academic achievement/success at one point in their academic journey.

Difficulty Concentrating. Participants shared that an eating disorder made it difficult to concentrate on their studies. Participant #1 mentioned, "It was a constant stress and I thought about what I was going to eat constantly, worrying about what I would be intaking and how I was going to be able to hide it." Participant #2 reported, "Most of my time, thoughts, feelings, energy, was dominated by my preoccupation, obsession, fears, worries regarding food, weight, body image, etc. I even often dreamt about food and eating food, foods I was craving, and wanted to eat." Participant #3 shared, "When suffering with an eating disorder then my main focus would be my weight and food and I wouldn't

be able to put my all into my schoolwork.” These quotes are important because they highlight the participant’s inability to focus due to their daily thoughts being consumed by food, weight, and/or body image.

School Achievement Not a Priority. Participants shared that school achievement was not a priority when suffering from an eating disorder. All three participants reported that the eating disorder consumed their life. Participant #1 mentioned, “My eating disorder consumed my thoughts and distracted me from being able to focus on academics. I filled my time with fun things to distract me from having to sit and be alone with my thoughts or accomplish schoolwork.” Participant #2 reported, “I intended and tried to make my academic progress and achievement my goal and priority. but everything, like simple basic tasks such as showering or getting groceries was daunting for me.” Participant #3 shared, “Even though I'm still recovering my focus and my outlook on school is crazy different. Before I could barely manage a few classes; however, now I am doing classes and working full time with better results.” These quotes are significant because they emphasize that academic achievement was not their main concern.

Regaining Control. Participants shared that after receiving treatment they felt more stable and aware of their identity and could better balance different roles in their life. Participant #1 shared,

Now I am able to balance work, school and a good social life while still maintaining a 4.0 in school. When I was suffering from my eating disorder,

I was only going to school. During that time. I would cut people out of my life because I was worried that they would convince me to get better in which, at that time, I did not want to get better.\

Participant #2 shared,

It gives me hope. and inspiration/motivation to keep working at it. As I continue to heal, grow, and progress with my mental and physical health recovery, I become more stable and successful in many aspects in my life, such as: academics, interpersonal relationships, balancing everything, etc.

Participant #3 shared, “After suffering from an eating disorder, I have a greater sense of who I am, even if I did not know the plan for my life. I am able to take in more information and learn with a purpose...”

Data Interpretation

This section will discuss findings along with relevant research on eating disorders. An array of themes and subthemes emerged from the responses of participants. The following subthemes were identified within the overarching themes of *Experiences with eating disorders*: feeling unworthy, isolated, or powerless; absence of interventions associated with lack of social support; lack of motivation and low self-esteem; and unhealthy behaviors. The following subthemes were identified within the overarching themes of *Impacts on academic achievement*: time out from school; difficulty concentrating; school achievement not a priority; and regaining control.

Experiences with Eating Disorders

Participants reported that an eating disorder took priority over their academic achievement. Consequently, the eating disorder affected their academic achievement as well as other aspects of their life. This finding is consistent with research that reported an unbalanced psychological well-being as well as an unhealthy diet is correlated with negative effects to an individual's academic achievement (Ruthig et al, 2011). In addition, participants reported feeling unworthy, isolated, and/or powerless when they had their eating disorder. This is congruent with research notes, young adults/adolescents have eating disorders in order to fulfill their feeling of emptiness and avoid underline issues such as loss of self-control, feelings of inadequacy, and low self-esteem (Yudkovitz, 1983). Furthermore, participants reported feeling alone and lack of support; therefore, early intervention and treatment was nonexistent. This is parallel to what research reports. According to Yudkovitz (1983), individuals who suffer from an eating disorder may experience a deficiency of social ability which can result in the individual experiencing social isolation. The lack of social and emotional support can affect emotional and cognitive well-being which can cause young adults not to express their needs, such as requesting for help (Yudkovitz, 1983). Lastly, participants reported unhealthy behaviors such as distorted thinking, restricted diets, and overconsumption of foods. Research notes that poor diet and nutrient intake deficiencies can affect an adolescent's aptitude to

focus and cognition resulting in school dropout and poor retention (Livingston & Sammons, 2006; Burrows, Whatnall, Patterson, & Hutchesson, 2017).

Impacts on Academic Achievement

Participants reported that their eating disorder impacted their academic achievement by delaying their pursuit to educational attainment. According to Livingston & Sammons (2006), adolescents/young adults who don't maintain mental health wellness, can experience emotional and behavioral difficulties which can be debilitating to their academic achievement. In addition, all participants reported inability to focus and concentrate due to their daily thoughts being consumed by food. Moreover, all participants reported that academic achievement was not their main concern while trying to cope with their eating disorder. These findings are parallel to the results in a 2006 survey. Per this survey, clinically diagnosed eating disorder participants who suffered from bulimia spent approximately 70 to 90 percent thinking about hunger, food, and weight, whereas participants who suffered from anorexia spent 90 to 100 percent (Livingston & Sammons, 2006). Consequently, young adults who suffered from this fixation suffered from inability to think, irritability, headaches which can result in lack of motivation and/or lower academic performance (Livingston & Sammons, 2006). Nevertheless, participants reported improving and continuing with their education after receiving treatment and acquiring the necessary coping skills to better manage the symptoms of their eating disorder. Therefore, findings indicate that eating disorders affect academic achievement. It is necessary that

teachers and school counselors provide young adults with early intervention and treatment so that they are able to pursue academic achievement and success.

Potential Contribution of the Study to Micro and/or Macro Social Work Practice

Eating disorders and body dissatisfaction are phenomena that are no longer invisible. At the micro level, this study helps us understand the specific experiences of individuals with eating disorders and how – when untreated – an eating disorder can result in poor academic outcomes. The findings of this study will assist teachers and educators to better understand the daily battle that students face when combating an eating disorder. Having a better understanding of the emotional and physical toll that an eating disorder has on an individual will assist to increase empathy and flexibility with teachers and school counselors. This is necessary to reduce barriers and set realistic academic goals for students with eating disorders

At the macro level, this study sheds light on the implications of eating disorders on academic achievement and brings awareness that can lead to early detection and intervention from social workers, teachers, and school counselors. The findings from this study will assist to increase awareness and overcome the negative stigma attached to eating disorders within schools and other learning environments, along with decreasing the number of adolescents/young adults who experience poor academic outcomes due to the impacts of an eating disorder. Providing training about eating disorders based on the findings of this

and related studies could assist to educate school personnel who are not fully aware of the effects an eating disorder has on an individual academically. In addition, active efforts to promote mental health awareness by providing school trainings to teachers/counselors, as well as establishing clear strategies/policies with regard to management, prevention, and early intervention of eating disorders could assist in enhancing mental health literacy and deepening the levels of understanding about eating disorders within school settings. Utilizing this whole school approach, which is a collaborative action to improve student learning and wellbeing, will aid in supporting student recovery and encouraging young adults to seek help.

Summary

This chapter analyzed the responses of three study participants. The study participants' ages ranged from 19 to 27. Two participants identified as White and female and one as Filipinx and nonbinary. Their education levels ranged from high school to bachelor's degree. Participants reported that their eating disorder affected their educational achievement. In addition, participants reported a decrease in symptomology and continuing their education after receiving treatment for their eating disorder. Lastly, this chapter discusses micro and macro implications of the research findings, which include establishing early interventions, diminishing misconceptions, and bringing awareness to the community.

CHAPTER FIVE: TERMINATION AND FOLLOW UP

Introduction

This chapter discusses termination with study participants, along with addressing how the researcher will communicate and disseminate study findings.

Termination of Study

The researcher closed each interview by expressing appreciation and intentions to follow up and stay connected. At the end of the study, the researcher asked study participants if they wanted to add anything or if they had any questions. Questions at the end of interview are introspective and provided participants a chance to part with closing comments. Lastly, a recognition for closure was formally initiated which a debriefing statement was provided to each participant, along with the researcher sending a thank you email expressing gratitude for their participation and transparency in the study. In addition, the research mailed a \$10 gift card to each participant in appreciation for their time (Morris, 2014). However, one participant declined the gift card; she was appreciative that the researcher was conducting the study to bring awareness to eating disorders.

Communication of Findings to Study Participants

A comprehensive report discussing findings was completed and submitted to Cal State San Bernardino, which will be posted on the Cal State San Bernardino ScholarWorks website. A link to the ScholarWorks website will be shared with all study participants via email so that they can review study findings online, if interested.

Ongoing Relationship with Study Participants

Once the research has been completed, an ongoing relationship with the study participants will not be required. The researcher went over the Debriefing statement in which the termination of the study was clearly communicated to all participants. This formal termination will assist to maintain confidentiality as no future interaction is anticipated with all participants because they are remote acquaintances.

Dissemination Plan

Findings will be shared in electronic form through a report published by California State University San Bernardino's Social Work Department. This comprehensive report will be accessible on the California State University San Bernardino ScholarWorks website, and an electronic link will be emailed to all participants. In addition, findings will be transferred to a PowerPoint presentation in which tables and diagrams will be used to summarize the findings from the

research. This PowerPoint will be shared over a virtual meeting with participants who are interested in further discussing findings with the researcher.

Summary

This chapter discussed the details to the termination process with the study participants. In addition, this chapter explained how research findings were communicated, as well as addressing any ongoing relationship with the study participants and discussing the dissemination plan.

APPENDIX A:
INFORMED CONSENT



California State University, San Bernardino
Social Work Institutional Review Board Sub-Committee
APPROVED 5/5/20 VOID AFTER 5/4/21
IRB# SW1961 CHAIR [Signature]

College of Social and Behavioral Sciences
School of Social Work

INFORMED CONSENT

The study in which you are asked to participate is designed to examine the effects of eating disorders and/or body dissatisfaction on school achievement among adults living in the San Bernardino County. The study is being conducted by Briana Ribota, a MSW student under the supervision of Dr. Gretchen Heidemann, professor in the school of Social Work, California State University, San Bernardino. The study has been approved by the Institutional Review Board of Social Work Sub-Committee, California State University, San Bernardino.

PURPOSE: The purpose of the study is to examine the effects of eating disorders and/or body dissatisfaction on school achievement among adults.

DESCRIPTION: Participants will be asked a few questions about their eating disorder history, educational attainment, and outlook on academic achievement while being symptom free and suffering from an eating disorder(s).

PARTICIPATION: Your participation in the study is completely voluntary. You can refuse to participate in the study or discontinue your participation at any time without any consequences.

CONFIDENTIALITY OR ANONYMITY: Your responses will remain anonymous and data will be reported in group form only. No personal identifiable information will be collected during the course of the study. Participants will be assigned a random number, which is how they will be referred to in any reports that emerge from the study. Participants' responses to the interview questions will remain confidential. Recordings of the Zoom interviews, as well as the auto-generated transcripts, will be stored in a password encrypted folder on the researcher's personal computer, which is also password protected. The researcher and research advisor will be the only people who have access to the data. All audio recording data, as well as transcripts, will be destroyed (deleted) immediately upon completion of the study.

DURATION: Interviews will take approximately 30 to 40 minutes to complete.

RISKS: Due to the sensitivity of the questions being asked, participants may feel uncomfortable in answering question(s). However, you may opt out of answering any question(s) and/or decide to stop the interview at any time without any consequence.

BENEFITS: You will receive a \$10 gift card before starting the interview.

CONTACT: If you have any questions about this study, you may contact Dr. Gretchen Heidemann at Gretchen.Heidemann@csusb.edu or at 909-537-5501.

RESULTS: Results of the study can be obtained from the Pfau Library ScholarWorks (<http://scholarworks.lib.csusb.edu/>) at California State University, San Bernardino after July 2020.

I agree to be audio recorded: _____ Yes _____ No

This is to certify that I read the above and I am 18 years or older.

_____ Place an X mark here

_____ Date

909.537.5501

5500 UNIVERSITY PARKWAY, SAN BERNARDINO, CA 92407-2393

The California State University - Bakersfield - Channel Islands - Chico - Dominguez Hills - Fullerton - Fresno - Humboldt - Long Beach - Los Angeles Maritime Academy - Monterey Bay - Northridge - Pomona - Sacramento - San Bernardino - San Diego - San Francisco - San Jose - San Luis Obispo - San Marcos - Sonoma - Stanislaus

APPENDIX B:
INTERVIEW QUESTIONS

INTERVIEW QUESTIONS

Age:____ **Gender:**____ **Ethnicity:**_____ **Level of Education:**_____

Descriptive Questions:

1. Do you currently suffer with an eating disorder? Have you ever suffered in the past with an eating disorder?
2. What type of eating disorder did you suffer from? How many years did you suffer from the eating disorder?
3. Has an eating disorder affected your academic achievement?
4. Did your weight affect the way you felt about yourself and prevented you from accomplishing more in life?
5. Did food dominate your life?
6. Was academic achievement a priority when you suffered from eating disorder?
7. Did you believe that you are incapable of doing well in school when you suffered from eating disorders?
8. Is there a difference in how you feel now that you are attending school compared to before?

Structural Questions:

1. Tell me more about a day in the life of having an eating disorder
2. Explain to me how you felt when having an eating disorder?
3. Tell me about your progress in academic achievement while having an eating disorder?

Contrast Questions:

1. Did you believe yourself to be fat when others say you are thin?
2. What was the age that you started to have the eating disorder? What age did you overcome it?
3. Did you worry that you lost control over your life due to an eating disorder?
4. Did the eating disorder have priority over academic achievement?
5. Did you believe that you could accomplish academic success when you suffered from the eating disorder?
6. Did food make you feel less than or not good enough?
7. What is different now that you are going to school compared to the time you attended school while you suffered from an eating disorder?

Developed by Briana Ribota

APPENDIX C:
IRB APPROVAL LETTER

CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO
DEPARTMENT OF SOCIAL WORK
Institutional Review Board Sub-Committee

Faculty Reviewer: Armando Barragán Due Date:

Student(s): Briana Ribota Return To:

Proposal Title: Effects of Eating Disorders and Body Dissatisfaction on School Achievement

Please review the attached IRB application for compliance with standards for protection of human subjects. A copy of the full proposal is in the "Students' Proposals" folder for reference, if necessary. If you will be supervising the project, please read it closely and return to the student with your comments.

.....
Proposal Should Be:

- Approved
- Resubmitted With Revisions Listed Below
- Forwarded To The Campus IRB For Review

Revisions That Must Be Made Before Proposal Can Be Approved:

- Faculty Signature Missing
- Missing Informed Consent
- Revisions Needed In Informed Consent
- Data Collection Instruments Missing
- Agency Approval Letter Missing
- CITI Missing
- Revisions In Design Needed (Specify Below)
- Debriefing Statement
- Debriefing

Reviewer Signature:  Date: 5/5/20

APPENDIX D:
DEBRIEFING STATEMENT



College of Social and Behavioral Sciences
School of Social Work

DEBRIEFING STATEMENT

This study you have just completed was designed to examine the effects of eating disorders and/or body dissatisfaction on school achievement among adults living in the San Bernardino County. We are interested in assessing the correlation between eating disorders and/or body dissatisfaction and school achievement.

Thank you for your participation. If you have any questions about this study, please feel free to contact Dr. Gretchen Heidemann at Gretchen.Heidemann@csusb.edu or at 909-537-5501. If you would like to obtain a copy of the group results of this study, please contact the ScholarWorks database (<http://scholarworks.lib.csusb.edu>) after July, 2020. In addition, below you will find local mental health agencies for your convenience:

1. Crisis Intervention Team (CIT)

1950 S. Sunwest Lane, Suite 200
San Bernardino, CA 92415
Ph: (909) 252-4065

2. Crisis Walk-In Clinic

850 E. Foothill Boulevard
Rialto, CA 92376
Ph: (909) 421-9495 • 7-1-1 for TTY for Users
Fax: (909) 421-9494
Hours of Operation:
Monday-Friday 8:00 a.m. – 10:00 p.m.
Saturdays 8:00 a.m. – 5:00 p.m.

3. Valley Star Behavioral Health, Inc.

12240 Hesperia Road
Victorville, CA 92395
Ph: (760) 245-8837 • 7-1-1 for TTY Users
Hours of Operation: 24 hours a day, 7 days a week

909.537.5501

5500 UNIVERSITY PARKWAY, SAN BERNARDINO, CA 92407-2393

The California State University • Bakersfield • Channel Islands • Chico • Dominguez Hills • East Bay • Fresno • Fullerton • Humboldt • Long Beach • Los Angeles
Maritime Academy • Monterey Bay • Northridge • Pomona • Sacramento • San Bernardino • San Diego • San Francisco • San Jose • San Luis Obispo • San Marcos • Sonoma • Stanislaus

APPENDIX E:
INFORMATIONAL FLYER

ALL QUALIFIED
PARTICIPANTS will
receive a \$10 GIFT
CARD

volunteers

Needed

For Study investigating linkage between Eating
Disorders and academic achievement



Who do we need?

- VOLUNTEERS WHO ARE 18 AND OVER
- HISTORY OF AN EATING DISORDER(S) OR BODY DISSATISFACTION
- NOT ACTIVELY SEEKING OR RECEIVING TREATMENT FOR EATING DISORDER(S)
- BE IN GOOD GENERAL HEALTH
- WOMEN AND MEN OF ALL ETHNICITIES/RACES WELCOMED TO PARTICIPATE

IF YOU MEET ALL ABOVE REQUIREMENTS AND YOU ARE INTERESTED IN PARTICIPATING IN THE STUDY, PLEASE CONTACT BRIANA RIBOTA VIA EMAIL.
EMAIL: EATINGDISORDERSTUDY1@GMAIL.COM

REFERENCES

- Brausch, A., Decker, K. (2014). Self-esteem and social support as moderators of depression, body image, and disordered eating for suicidal ideation in adolescents. *Journal of Abnormal Child Psychology*, 42 (5): 779-789
- Burrows, T. L., Whatnall, M. C., Patterson, A. J., & Hutchesson, M. J. (2017). Associations between dietary intake and academic achievement in college students: A systematic review, *Multidisciplinary Digital Publishing Institute*, 5(4), 1-13. Retrieved from <https://doi.org/10.3390/healthcare5040060>
- Downey, J. (2014). Group therapy for adolescents living with an eating disorder: A scoping review. *SAGE*, 4(3). Retrieved from <https://journals.sagepub.com/doi/full/10.1177/2158244014550618>
- Ferreiro, F., Seoane, S., & Senra, S. (2014). Toward understanding the role of body dissatisfaction in the gender difference depressive symptoms and disorder eating: A longitudinal studies through adolescent. *Journal of Adolescents*. 73-84. Retrieved from https://ac-els-cdn-com.libproxy.lib.csusb.edu/S0140197113001619/1-s2.0-S0140197113001619-main.pdf?_tid=c17e6d86-b785-11e7-b068-00000aacb35f&acdnat=1508717256_9396c24810210f27515af1569e41df
- 27
- Ferreiro F, Wichstrøm L, Seoane G, Senra C. (2014). Reciprocal associations between depressive symptoms and disordered eating among adolescent

girls and boys: A multiwave, prospective study. *Journal of Abnormal Child Psychology*, 42(5): 803-812. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4076849/>

Fursland, A, Byrne, S, Watson, H, La Puma, M, Allen, K, Byrne, S. (2012).

Enhanced cognitive behavior therapy: A single treatment for all eating disorders. *Journal of Counseling and Development*, 90 (3): 319-329.

Retrieved from

<http://content.ebscohost.com/ContentServer.asp?T=P&P=AN&K=76575696&S=R&D=ssf&EbscoContent=dGJyMNHr7ESep7A4zOX0OLCmr0%2Be p7ZSrq64SrOWxWXS&ContentCustomer=dGJyMOHp84vgset55%2BS5fe bl8YwA>

Hertz, P., Addad, M., Ronel, N. (2012). Attachment styles and changes among women members of overeaters anonymous who have recovered from binge-eating disorder. *Health & Social Work*, 37 (2): 110-122. Retrieved from

<https://doi.org/10.1093/hsw/hls019>

Kaur, B. & Kaur, M. (2015). Academic achievement of adolescents in relation to parental encouragement. *IOSR Journal of Research & Method in Education*, 5 (3), 30-36. Retrieved from

<https://pdfs.semanticscholar.org/c5fb/517b78da4938a6c1c16d9680fd9f51303a5a.pdf>

- Livingston, D., & Sammons, L. (2006). The effects of eating disorders on student academic achievement and the school counselor's role. *Perspectives in Learning, 7* (1). Retrieved from <https://csuepress.columbusstate.edu/pil/vol7/iss1/11>
- Mann, Michael J. (2013). Helping middle school girls at risk for school failure recover their confidence and achieve school success: An experimental study. *Research in Middle Level Education, 36* (9).
- Morris, T (2006) Social work research methods: Four alternative paradigms. Thousand Oaks: Sage
- Morris, T. (2014). Practice informed research methods for social workers. Thousand Oaks: Sage
- Overby, N. C., Ludemann, E., & Hoigaard, R. (2013). Self-reported learning difficulties and dietary intake Norwegian adolescents. *Scandinavian Journal of Public Health, 41* (7), 754-760. Retrieved from <https://doi.org/10.1177/1403494813487449>
- Ruthig, J.C., Marrone, S., Hladkyj, S., & Robinson-Epp, N. (2011). Changes in college student health: Implications for academic performance. *Journal of College Student Development 52*(3), 307-320. Retrieved from https://www.researchgate.net/publication/236751516_Changes_in_College_Student_Health_Implications_for_Academic_Performance

- Smilkstein, R. (2011). *We're born to learn: Using the brain's natural learning process to create today's curriculum*. Thousand Oaks, CA: Corwin Press
doi: 10.4135/9781452275062
- Smink, F., Van Hoeken, D. & Hoek, H. (2012) Epidemiology of Eating Disorders: Incidence, Prevalence and Mortality Rates. *Curr Psychiatry Rep*, 14:406–414. Retrieved from:
<https://link.springer.com/content/pdf/10.1007%2Fs11920-012-0282-y.pdf>
- Stice E, Marti CN, Rohde P (2012) Prevalence, incidence, impairment, and course of the proposed DSM-5 eating disorder diagnoses in an 8-year prospective community study of young women. *Journal of Abnormal Child Psychology*. Retrieved from
<https://pubmed.ncbi.nlm.nih.gov/23148784/>
- Strother, E, Lemberg, R, Stanford, S, & Turberville, D. (2012). Eating disorders in men: Underdiagnosed, undertreated, and misunderstood. *Eating Disorders*, 20, 346-355.
- Turner, F. J. (Ed.). (2017). *Social work treatment: Interlocking theoretical approaches* (6th ed.). New York, NY: Oxford University Press. ISBN: 978-0-19-023959-6.
- U.S. Department of Health and Human Services, National Institutes of Health, National Institute of Mental Health. (2015). *NIMH Strategic Plan for Research* (NIH Publication No. 02-2650). Retrieved from
<http://www.nimh.nih.gov/about/strategic-planning-reports/index.shtml>

Yudkovitz, Elaine. (1983). Bulimia: Growing awareness of an eating disorder.

Social Work, 28 (6): 472–478.