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## The relationship between perceived job pressure and self-reported bulimia symptoms among female Las Vegas production show dancers

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THE RELATIONSHIP BETWEEN PERCEIVED JOB  
PRESSURE AND SELF-REPORTED BULIMIA  
SYMPTOMS AMONG FEMALE  
LAS VEGAS PRODUCTION  
SHOW DANCERS

by

Ann Blyth Bullis

Bachelor of Arts Social Work  
University of Nevada, Las Vegas  
1996

A thesis submitted in partial fulfillment  
of the requirements for the

**Master of Social Work Degree**  
**School of Social Work**  
**Greenspun College of Urban Affairs**

**Graduate College**  
**University of Nevada, Las Vegas**  
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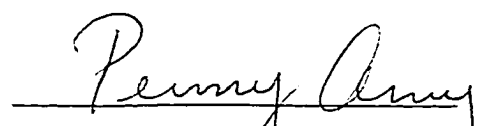
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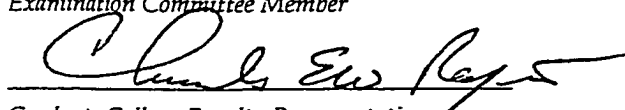
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## ABSTRACT

### The Relationship Between Perceived Job Pressure and Self-reported Bulimia Symptoms among Female Las Vegas Production Show Dancers

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Stacey Hardy-Desmond, Examination Committee Chair  
Assistant Professor of Social Work  
University of Nevada, Las Vegas

The purpose of this study was to assess the relationship between weight oriented job pressure and bulimic symptomatology among female Las Vegas production show dancers. Surveys were distributed to approximately 100 dancers at the professional level in the Las Vegas area at the professional dance and Pilates studios as well as backstage at two of the shows. The surveys measured perceived weight oriented job pressure, body dissatisfaction in response to weight oriented job pressure, and differences in self-reported attribution between symptomatic bulimic and non-bulimic dancers. This study may provide evidence for the need to implement prevention measures for this at-risk population and implications for further research.

## TABLE OF CONTENTS

ABSTRACT .....	iii
LIST OF TABLES.....	vi
LIST OF CHARTS.....	vii
ACKNOWLEDGEMENTS .....	viii
CHAPTER 1 INTRODUCTION .....	1
Explication of Problem.....	1
Elements of Problem.....	1
Purpose of the Study .....	2
Research Questions .....	2
Conceptual Rationalization .....	3
Hypotheses .....	3
Significance, Scope, Limitations .....	4
Definitions of the Terms .....	5
The Variables .....	5
CHAPTER 2 LITERATURE REVIEW .....	9
Overview of Problem .....	9
Biological Theories .....	9
Psychological Theories.....	11
Job Pressure .....	13
CHAPTER 3 METHODOLOGY AND DATA DESCRIPTION .....	15
Research Design .....	15
Population, Sample, Sampling Technique .....	15
Instruments.....	16
Data Collection.....	16



CHAPTER 4 DATA ANALYSIS.....	18
Demographic Information.....	18
Descriptive Statistics.....	18
Supplementary Information .....	21
CHAPTER 5 CONCLUSIONS AND RECOMMENDATIONS.....	31
Conclusion and Recommendations.....	31
Discussion .....	31
Implications for Social Work.....	33
Recommendations.....	34
APPENDICES.....	35
Diet and Nutrition Survey.....	38
Show and Pilates/Dance Studio Consent .....	37
Informed Consent.....	39
Attributions .....	40
REFERENCES .....	46
VITA .....	48

## LIST OF TABLES

Table 1	Descriptive Statistics.....	19
Table 2a	Ethnicity.....	20
Table 2b	Marital Status.....	20
Table 3	Meal With All Four Food Groups.....	21
Table 4	Feelings Changed.....	22
Table 5	Diet Frequency.....	22
Table 6	Currently Employed Dancer.....	23
Table 7	Body Satisfaction.....	23
Table 8	Employer Pressure.....	24
Table 9	Employer Pressure/Symptomatic Bulimic Crosstabulation.....	26
Table 10	Symptomatic Bulimic/Body Satisfactionn /Employer Pressure Crosstabulation.....	28
Table 11	Currently Employed Dancer/Symptomatic Bulimic Crosstabulation.....	30

## LIST OF CHARTS

Chart 1	Body Satisfaction.....	24
Chart 2	Employer Pressure.....	25
Chart 3	Employer Pressure/Symptomatic Bulimic.....	26
Chart 4	Symptomatic Bulimic/Body Satisfaction/Employer Pressure.....	29

## ACKNOWLEDGMENTS

My former career as a professional dancer and my special interest in the needs and well being of dancers motivated me to select this subject as an area of research.

Throughout the course of this study, I have come to appreciate this unique population and I wish to thank all those dancers who supported me, coordinated the distribution and collection of the questionnaires, and completed the surveys.

Many thanks to the University of Nevada Las Vegas, School of Social Work for affording me the opportunity of a well rounded education. I extend special thanks to my chairperson, Dr. Stacey Hardy-Desmond, for her time and guidance throughout this endeavor. I also wish to thank Dr. Satish Sharma, Dr. Margaret Oakes, and Dr. Charles Regin for serving on my committee. I would also like to thank my mother, Patricia Bullis, for her continued support and encouragement throughout my academic career.

## CHAPTER 1

### INTRODUCTION

#### Explication of Problem

Seven million girls and women in the United States suffer from serious eating disorders according to the National Association of Anorexia Nervosa and Associated Disorders (Streisand, 1997). Because of job related pressure to maintain a rigid standard of thinness, female Las Vegas production show dancers are a group that is particularly at risk of developing an eating disorder.

#### Elements of Problem

Eating disorders are characterized by severe disturbances in eating behavior. Although simple obesity and binge eating disorders are included in the domain of eating disorders, simple obesity is considered a medical condition because it has not been established that it is consistently associated with a psychological or behavioral syndrome (American Psychiatric Association, 1994). The two main eating disorders associated with a disturbance in perception of body shape and weight and the pursuit of thinness are anorexia nervosa and bulimia nervosa. Anorexia nervosa is characterized by a refusal to eat enough to maintain normal body weight, an intense fear of gaining weight, as well as

body image disturbances. Bulimia nervosa is characterized by a pattern of bingeing followed by vomiting, using laxatives, severe restrictive dieting, fasting or over exercising (Harris, 1997).

### Purpose of the Study

There are approximately 400 female production show dancers working in the Las Vegas area. These dancers are subjected to considerable job pressure to maintain the entertainment industry's standard of thinness. This study will examine bulimic symptomology among this high-risk, yet unexplored population. It will evaluate weight related job pressure as a specific risk factor in the development of bulimia.

### Research Questions

Eating disorders are considered to have biopsychosocial origins. Although biological, familial, and psychological factors raise questions about the etiology of eating disorders that need to be answered, this study concentrates on the socio-cultural factors that contribute to the development of bulimia nervosa of a specific at-risk population. The research questions for this study are:

1. Is weight oriented job pressure a factor that contributes to bulimic symptomatology among female Las Vegas production show dancers?
2. In response to weight oriented job pressure, is body dissatisfaction greater among female Las Vegas production show dancers who are affected by bulimia than those who are not?

3. In response to weight oriented job pressure, will the symptomatic bulimic female Las Vegas production show dancers report different attributions than those who do not report bulimic symptomatology.
4. Will there be a difference in self-reported bulimic symptomatology between dancers who are currently employed in a Las Vegas production show and those who are not?

### Conceptual Rationalization

Research reveals that the etiology of eating disorders is multidimensional, and also that job related stress can precipitate and exacerbate mental disorders. This is based on the hypothesis that weight related job stress is an important factor in the development of eating disorders. This study will examine the relationship between weight related job stress and the development of symptoms of bulimia nervosa.

### Hypotheses

1. Bulimic symptomatology among female Las Vegas dancers will be positively associated with weight oriented job pressure.
2. In response to weight oriented job pressure, body dissatisfaction will be greater among symptomatic bulimic female Las Vegas dancers than those who report no bulimic symptoms.
3. In response to job pressure, symptomatic bulimic female Las Vegas production show dancers will report more internal, stable, and global attributions than those who do not report bulimic symptoms.

4. In response to job pressure, bulimic symptomatology will be greater among dancers who are currently employed in a Las Vegas production show than those who are not.

### Significance, Scope, Limitations

Five to six percent of women suffering from eating disorders will eventually die from health problems related to eating disorders; thirty percent will have continuing medical problems. This study is significant because participating in production show dancing carries pressures and responsibilities that are likely to increase the risk of developing bulimia.

This study focused both on dancers in production shows in the Las Vegas area as well as dancers at the professional level who are not currently employed in shows. Anticipated difficulties with the subjects' completion of the surveys included that subjects could be fearful that completing the questionnaire would cause problems with their employers, job termination, or alienation from the prospective pool of candidates considered for employment if their responses are not kept anonymous. In addition, the possibility of biased responses could have been given by those subjects suffering from bulimia who may be in denial of having an eating disorder. Other limitations were found in the implementation of the instrument. There was no formal test of reliability for the instrument as it was developed by the researcher specifically for this study. Time and resource constraints prevented implementing a formal test for reliability.



### Definitions of the Terms

Female Las Vegas production show dancers: Trained professional dancers who are employed in production shows in the Las Vegas area. Dancers would include those female performers employed in production shows who are classified as showgirls, dancers who sing, singers who dance, and principal performers who dance. Las Vegas dancers would include those dancers who are auditioned, hired, and/or rehearsed (trained for the show) in Las Vegas to perform in surrounding areas such as Laughlin, Mesquite, and Primm. Because some production shows that employ dancers frequently vacillate between showrooms in Las Vegas and in surrounding areas, it is important to include dancers in these shows.

Body dissatisfaction: Subject reports that her ideal body image does not match her perception of her body with regard to excessive body weight and/or size indicated by verbal expressions of body dissatisfaction and a desire to be thinner.

### The Variables

Dependent variable: Bulimic symptomatology.

Definition: Bulimia nervosa is characterized by a pattern of bingeing followed by attempts to compensate for this excessive caloric intake by vomiting, using laxatives, severe restrictive dieting or fasting, or over exercising which occurs for at least three months.

Indicator #1: Fear of gaining weight.

Indicator #2: Body dissatisfaction.

Indicator #3: Binge eating followed by vomiting, laxative use, severe restrictive dieting, or over exercising at least 2 – 3 times weekly.

Dependent variable: Body dissatisfaction.

Definition: a subjective perception that an individual's ideal body image does not match her perception of her body with regard to excessive body weight and/or size.

Indicator #1: Verbal expressions of body dissatisfaction.

Indicator #2: Verbal expression of desire to be thinner.

Dependent Variable: Attributions.

Definition: Subjective perceptions about the causal explanation of uncontrollable events.

1. Internal attribution.

Definition: The subjective perception that the causal explanation of an uncontrollable event is associated with something particular about the person perceiving it.

Indicator #1: The dancer perceives that the causal explanation for job pressure is that the dancer is overweight and unattractive.

2. External attribution.

Definition: The subjective perception that the causal explanation of an uncontrollable event is attributed with something about the situation or circumstance that would affect anybody placed in it.

Indicator #1: The dancer perceives that the causal explanation for job pressure is that management has an unreasonable standard of thinness.

3. Stable attribution.

Definition: The subjective perception that the causal explanation of an uncontrollable event is associated with a cause that is stable over time.

Indicator #1: The dancer perceives that the causal explanation for job pressure is that something about her is inadequate and is likely to remain inadequate.

#### 4. Unstable attribution.

Definition: The subjective perception that the causal explanation of an uncontrollable event is associated with a cause that affects few outcomes and situations.

Indicator #1: The dancer perceives that the causal explanation for job pressure does not exist outside of the work environment and will affect few other areas of her life.

#### 5. Global attribution.

Definition : The subjective perception that the causal explanation of an uncontrollable event is associated with a cause that affects a variety of outcomes and situations.

Indicator #1: The dancer perceives that the causal explanation for job pressure exists outside of the work environment and affects other areas of her life.

#### 6. Specific Attribution.

Definition: The subjective perception that the causal explanation of an uncontrollable event is associated with a cause that affects few outcomes and situations.

Indicator #1: The dancer perceives that the causal explanation for job pressure does not exist outside of the work environment and will affect few other areas of her life.

Independent Variable: Job pressure (weight oriented).

Definition: Pressure from employer on the dancer to maintain a thin physical appearance.

Indicator #1: Verbal demands from employer to maintain a standard of thinness.

Indicator #2: Mandatory weigh-ins.

Indicator #3: Punitive action taken by employer for non-adherence to weight and thinness requirements such as verbal abuse and imposing fines.

## CHAPTER 2

### LITERATURE REVIEW

#### Overview of Problem

In the literature on eating disorders, biological, psychological, and social factors have been hypothesized to play a role in the development of anorexia nervosa and bulimia nervosa. The biopsychosocial model identifies multiple determinants in the etiology of eating disorders (Alexander-Mott & Lumsden, 1994). Consensus is emerging that points to biological, familial, sociocultural, and psychological factors as components that contribute to the onset and perpetuation of eating disorders (Brownell & Foreyt, 1988). The specific combination and relative emphasis of the different factors varies among individuals (Brownell & Fairburn, 1995). Attribution theory, which examines the inferences an observer makes about the internal state of an actor or himself on the basis of overt behavior (Freedman, Sears, & Carlsmith, 1981), appears to be a significant determinant.

#### Biological Theories

From a biological perspective, eating disordered behavior has been linked to physiological changes that occur as the body responds to stress. An individual who

attributes stressful external conditions to negative stable internal traits is at risk for developing a mood disorder. Depression, which occurs during prolonged periods of stress, may create a chemical imbalance in the brain (Hunter, 1997). Certain behaviors associated with eating disorders may temporarily correct the neuroendocrine imbalance in patients with depression. Eating large amounts of carbohydrates or chewing anything (including grinding one's teeth at night), as well as compulsive actions such as excessive dieting or exercising may serve as a form of self-medication (Hahn, 1998).

Neurotransmitters such as serotonin and norepinephrine control appetite as well as mood, alertness, and sleeping patterns. Low levels of these chemicals may explain the relationship between eating disorders and depressive illness (Hunter, 1997).

There is growing evidence that eating disorders tend to aggregate in families (Brownell & Fairburn, 1995). In family risk studies, a genetic component to anorexia nervosa has emerged. Studies have found a substantially higher lifetime prevalence of affective disorders among relatives of anorexic patients. These studies may be relevant for patients who have preexisting vulnerability for depression as well as patients growing up in a family impacted by significant depression in one or more family members (Alexander-Mott & Lumsden, 1994). It has been hypothesized that, in addition to the genetic component, emotional processes could be transmitted through modeling family members' behavior that would predispose an individual to make certain attributions (Kerr & Bowen, 1998) which lead to eating disordered behavior.

## Psychological Theories

Turning from biology to psychology, the way people perceive causality could have an effect eating disordered pathology. According to attribution theory (Freedman et al., 1981), an individual making internal, stable, and global attributions will be more likely to perceive that controlling of her weight will affect uncontrollable events in her life (Peterson, Maier, & Seligman). Studies have indicated that anorexics cling to early childhood concepts and interpret human relations that way. They continue to function with the morality and style of thinking of early childhood that Piaget has called egocentricity, of preconceptual and concrete operations. This leads to numerous cognitive distortions such as all or nothing thinking, personalization, and magical thinking. Distorted thoughts such as "If I start eating, I won't be able to stop until I am fat," are very common (Alexander-Mott & Lumsden, 1994). Egocentricity is a subjective perception that can be classified as an internal attribution which has been stable since childhood. Characteristically the patient is described as having been the perfect child, whose current obstinate refusal to eat is all the more extraordinary because of her previous compliance (Brownell & Fairburn, 1995).

There are other psychological risk factors associated with those who have eating disorders. Frequently, at an early age, children had viewed themselves with extreme disdain and they had encountered parental conflicts or criticisms. The parents themselves frequently had suffered from bouts of depression. Many of the parents demanded perfection (Hunter, 1997). Intrafamilial abuse, during which attachment mechanisms can be disrupted, has been the subject for many studies on eating psychopathology. The absence of interpersonal support and the perception of oneself as being isolated may be

associated with eating disorder symptoms (Wonderlich, Brewerton, Jolic, Dansky, & Abbott, 1997).

Research suggests that people with certain personality types are predisposed to develop eating disorders. Usually perfectionists and highly motivated people who have low self-esteem stemming from an upbringing by overly protective or controlling parents (Applegate, 1998). Depression, anxiety, loneliness, stress, anger, and troubled personal relationships may all contribute to disordered eating patterns (Hunter, 1997). Other studies indicate that bulimic patients have a strong need for acceptance and approval (Friedman & Whisman, 1998).

Further research indicates that emotional eating is practiced by bulimics (Waller & Osman, 1998), and that eating disorders are learned psychological patterns a person uses to help him or her deal with life (Bradburn, 1998). A study was conducted to examine changes in self-esteem, moods, shame and guilt experienced by women who are bulimic. They tended to have lower levels of self-esteem and positive affect, while having high levels of shame and guilt prior to their binge episodes (Sanftner & Crowler, 1998). Body image distortion is another common symptom among women with anorexia and bulimia nervosa. Women with clinical eating disorders experience greater body image dissatisfaction and perceptual body-size distortion than women free from these conditions (Cash & Deagle, 1997).

The association of thinness with desirable social status is considered one of the most significant predisposing factors to the expression of eating disorders, especially among women who have come to believe that weight control is synonymous with self-esteem and



self-control (Brownell & Fairburn, 1995). Weight control has been related to discipline, personal strength, willpower and success (Dolen & Gitzinger, 1994).

### Job Pressure

Job pressure can be hypothesized to be a specific variable that contributes to eating disorders among professional dancers. In reviewing the literature on eating disorders, few articles discussed dancers in general, and job pressure in this particular occupation was not addressed. In the literature regarding work related pressure in general, job pressure was found to be higher in response to the 'organizational structure and climate' of the occupation rather than the 'factors intrinsic to the job (Kircaldy, Cooper, & Ruffalo, 1995).' It was also reported that individuals with a high level of work related stress more often reported a greater number of depressive symptoms than do individuals experiencing lower levels of stress (Revicki, Whitley, & Gallery, 1977). One study examined an employer sponsored health and wellness program that monitored health-related behavior including the physical condition of employees. The findings reflected that if incentives were too attractive or the punishments too harsh, some people attempt to hide their unhealthy behavior (Gorman, 1996). The secrecy with which individuals attempt to hide unhealthy behavior is congruent with anecdotal information observed by the researcher regarding dancers hiding eating disordered behavior.

The majority of people with bulimia nervosa have a body weight within normal range. Nevertheless, they are highly concerned about their shape and weight (Brownell & Foreyt, 1988). Job pressure can exacerbate this concern and can be a source of distress. Some studies indicate that female athletes are prone to eating disorders. The emphasis on

weight and ideal body image in sports such as gymnastics, running, and skating exacerbate the culture's messages about thinness. Women athletes are set up for difficulties with food in ways that most women are not. Eating disorders are more common among female athletes than in the general population, as high as sixty percent in sports in which low body weight or ideal body shape are perceived to confer an advantage (Despres, 1997)

Body fat levels of endurance athletes range from five to nine percent in men and 12 percent to 20 percent in women - much lower than population average of 15 percent in men and 27 percent in women (Barr, 1998). Dancers are under pressure to maintain a percentage of body fat low enough to observe a line in the body. They are trained to arrange the body in a way that creates a linear composition that is aesthetically pleasing to the observer. When the body percentage is low enough for the muscle to be visible, the line of the body is more distinct. The dancer may feel compelled to engage in bulimic symptomatology including vomiting, laxative use, diuretic or enema use, excessive exercise, or fasting to counteract the potentially "fattening" consequences of overeating, to reduce body fat, or to promote weight loss in general.

Anecdotally, dancers are known as "Gypsies" because of the indeterminateness of employment and the need to be available to travel to various locations for work. This sense of uncertainty may contribute to the pressure the dancer feels to be compliant to the employer, especially regarding issues of appearance.

•

## CHAPTER 3

### METHODOLOGY AND DATA DESCRIPTION

#### Research Design

Survey was chosen as a research design as it is an inexpensive and effective method for collecting data that describes a population too large to observe directly. This design is particularly appropriate because specific questions, specific variables and specific indicators have been predetermined.

#### Population, Sample, Sampling Technique

The population is comprised of approximately 400 female professional dancers working in production shows in the Las Vegas area. The data for this research was obtained from a non-random, cluster sampling of female Las Vegas production show dancers as well as unemployed dancers at the professional level. The sample was drawn from two production shows, a professional dance studio and a Pilates studio that services dancers at the professional level. The researcher's initial target sample was expected to be 70 to 120. However, 100 surveys were actually distributed for completion.

### Instruments

The instrument was a self-report questionnaire developed by the researcher. The DSM – IV was used to identify symptoms of bulimia nervosa. In addition to demographic information, it also focused on body dissatisfaction and included a section that measures attribution. A pilot test of the measurement instrument was implemented to modify and improve the final data collection instrument. The survey took approximately five to ten minutes to complete.

The instrument appeared to have face validity in that it appeared to measure what it was intended to measure. The measures were drawn from the literature. The measures appeared to cover the range of meanings within each concept. An additional pilot study comparing the results of the researcher's questionnaire with an established instrument that measures eating disorders such as the Eating Disorder Inventory could have supported the validity of the instrument, but due to time and resource limitations was not implemented.

### Data Collection

Questionnaires were given to every female dancer in both of the shows by a selected individual in each show who had been instructed to distribute and collect the surveys in an unobtrusive manner. All dancers were asked to seal the completed survey in the attached envelope and place it in a sealed box through a slot in the top. Similarly, at the dance and Pilates studios, a box with a sign asking the dancers to participate was placed in a conspicuous location next to an envelope containing the surveys. An individual from each studio was instructed to coordinate the distribution and collection of the surveys. All dancers were directed to fill out the survey, seal it in the attached

unmarked envelope, and place it in the sealed box through a slot in the top. This method provided the subjects with assurance that efforts had been made to ensure that the self-report was anonymous.

## CHAPTER 4

### DATA ANALYSIS

#### Demographic Information

The data regarding descriptive statistics, ethnicity, marital status, diet, changes in feelings about self and social life in response to weight changes, current employment, body satisfaction and employer pressure are reported in this section. One hundred self-report surveys were distributed, of those 56 were returned rendering a response rate of 56 per cent.

#### Descriptive Statistics.

The age of the respondents ranged from 18 to 47 years old, with a mean age of 29.63. The years of dance training ranged from 3 to 40 years with a mean of 19 years. The current weight of the respondents ranged from 100 lbs. To 155 lbs. with a mean weight of 122.48. The current height of the respondents ranged from 62 inches to 70 inches with a mean height of 66.183 inches. The reported desired weight of the respondents ranged from 100 lbs. to 155 lbs. with a mean desired weight of 118.09 lbs. The respondents' highest adult weight ranged from 110 lbs. to 175 lbs. with a mean highest adult weight of 132.02 lbs. The ages that the highest adult weight occurred ranged from 18 years to 40

The respondents' lowest adult ranged from 91 lbs. to 150 lbs. with a mean lowest adult weight of 112.82 lbs. The ages that the lowest adult weight occurred ranged from 18 years to 40 years of age with the mean age of lowest adult weight being 23.24 years. The number of weeks a respondent stayed at her lowest adult weight ranged from 2 to 250 weeks, with the mean length of time being 44.16 weeks. The amount of time a respondent weighed herself per week ranged from 0 to 15 times per week with a mean of 2.16 times per week. All descriptive statistics are presented in Table 1.

Table 1  
Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
AGE	56	18	47	29.63	6.56
YRSTR	53	3	40	19.00	7.34
CWT	56	100	155	122.48	11.55
CHT	52	62.0	70.0	66.183	2.068
DESWT	54	100	155	118.09	9.76
HAW	56	110	175	132.02	13.83
ATAGE	53	18	40	24.89	5.95
LAW	55	91	150	112.82	12.32
AT AGE	51	18	40	23.24	4.52
WKS	51	2	250	44.16	55.76
WTSELF	56	0	15	2.16	3.04
Valid N (listwise)	43				

#### Legend

AGE.....	Age	HAW.....	Highest adult weight
YRSTR.....	Years of training	ATAGE.....	At age
CWT.....	Current weight	LAW.....	Lowest adult weight
CHT.....	Current height	WKS.....	Weeks
DESWT.....	Desired weight	WTSELF.....	Weighed self

Ethnicity and marital status. 96.4 percent of the respondents reported that they were White/Caucasian, 1.8 percent reported that they were Black/African American, and 1.8 reported that they were Latina. 48.2 percent of the respondents reported that they were single, 35.7 reported that they were married, 3.6 reported that they were separated and 10.7 reported that they were divorced. Ethnicity and marital status frequencies are presented in Table 2a and 2b.

Table 2 a  
Ethnicity

	Frequency	Percent
Black/African American	1	1.8
White/Caucasian	52	92.9
Latina	1	1.8
Total	54	96.4
Missing	2	3.6
System	56	100.0
Total		

Table 2 b  
Marital Status

	Frequency	Percent
Single	27	48.2
Married	20	35.7
Separated	2	3.6
Divorced	6	10.7
Total	55	98.2
Missing	1	1.8
System	56	100.0
Total		



### Supplementary Information

Meal with all four food groups. 44.6 percent of the respondents reported that they eat a meal containing all four food groups at least daily, 25 percent at least weekly, 16.1 percent at least monthly, 14.3 percent reported that they never eat a meal containing all four food groups as represented in Table 3.

Table 3  
Meal With All Four Food Groups

	Frequency	Percent
At Least Daily	25	44.6
At Least Weekly	14	25.0
At Least Monthly	9	16.1
Never	8	14.3
Total	56	100.0

Change in feelings about self and social life. 62.5 percent of respondents reported that their feelings about themselves or their social life improved when they lost weight, 3.6 percent of respondents reported improvement when they lost weight, 3.6 reported their feelings about themselves or their social life became worse when they lost weight, and 12.5 percent reported worse when they gained weight, and 17.5 percent reported no change as represented in Table 4.

Table 4  
Feelings Changed

	Frequency	Percent
Improved when lost weight	35	62.5
Improved when gained weight	2	3.6
Worse when lost weight	2	3.6
Worse when gained weight	7	12.5
No change	10	17.9
Total	56	100.0

Diet frequency. Table 5 shows that 28.6 percent of respondents reported that they always dieted to lose weight, 8.9 percent reported once a week, 12.5 reported once a month, 10.7 percent reported once a year, and 39.3 percent reported that they never diet to lose weight.

Table 5  
Diet Frequency

	Frequency	Percent
Always	16	28.6
Once a week	5	8.9
Once a month	7	12.5
Once a year	6	10.7
Never	22	39.3
Total	56	100.0

Current employment. Table 6 indicates that 62.5 percent of the respondents reported that they are currently employed as a dancer in a production show, while 37.5 percent reported that they are not currently employed as a dancer.

Table 6  
Currently Employed Dancer

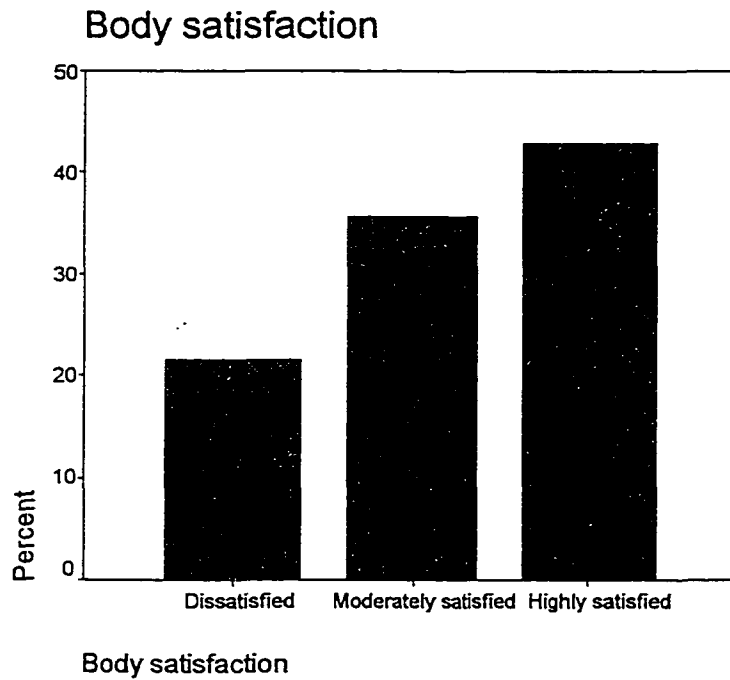
	Frequency	Percent
No	21	37.5
Yes	35	62.5
Total	56	100.0

Body satisfaction. 21.4 percent of the respondents reported that they were dissatisfied with the way their body is proportioned, 35.7 percent reported that they were moderately satisfied and 42.9 percent reported that they were highly satisfied as indicated in Table 7 and Chart 1.

Table 7  
Body Satisfaction

	Frequency	Percent
Dissatisfied	12	21.4
Moderately Satisfied	20	35.7
Highly Satisfied	24	42.9
Total	56	100.0

Chart 1

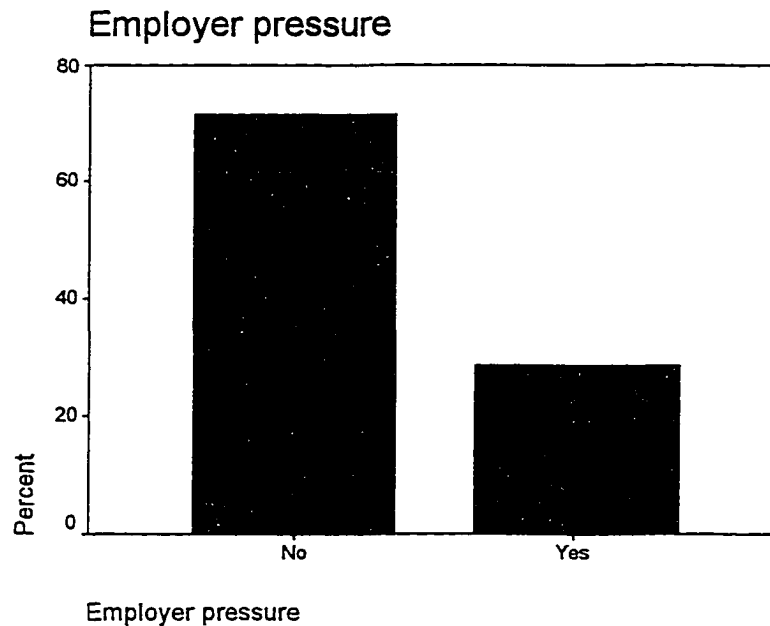


Employer pressure. Table 8 and Chart 2 present that 28.6 percent of the respondents reported that they experienced weight related job pressure exerted by their employer, 71.4 percent of the respondents reported that they did not experience weight related job pressure.

Table 8  
Employer Pressure

	Frequency	Percent
No	40	71.4
Yes	16	28.6
Total	56	100.0

Chart 2



### Question One.

Is weight oriented job pressure a factor that contributes to bulimic symptomatology among female Las Vegas production show dancers?

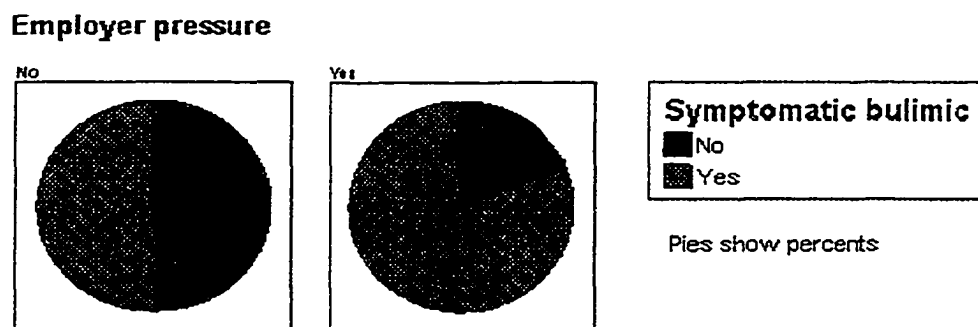
Of the respondents who reported having experienced weight oriented job pressure, 81.3 percent reported having symptoms of bulimia, while 18.8 percent reported no bulimic symptomatology. A Pearson chi square was used to test the significance of difference between the two variables, employer pressure and symptomatic bulimia. The chi square value was large enough to reject the null hypothesis and accept the research hypothesis that bulimic symptoms among Las Vegas dancers is positively associated with weight oriented job pressure as presented in Table 9 and Chart 3.

Table 9  
Employer Pressure \* Symptomatic Bulimic Cross Tabulation

Employer Pressure		<u>Symptomatic Bulimic</u>		Total
		No	Yes	
No	Count	19	20	39
	% within Employer Pressure	48.7%	51.3%	100.0%
Yes	Count	3	13	55
	% within Employer Pressure	18.8%	81.3%	100.0%
Total	Count	22	33	55
	% within Employer Pressure	40.0%	60.0%	100.0%

Pearson Chi-Square    Value = 4.25<sup>b</sup>    df = 1    Asymp. Sig.(2-sided)    = .039

Chart 3



<sup>b</sup> 0 cells (.0%) have expected counts less than 5. The minimum expected count is 8.40

Question Two.

In response to weight oriented job pressure, is body dissatisfaction greater among female Las Vegas production show dancers who are affected by bulimia than those who are not?

Of the respondents who reported having experienced weight oriented job pressure and bulimic symptomology, 92.3 percent reported body dissatisfaction. A Fisher's Exact test was used to determine statistical significance and the test value was large enough to reject the null hypothesis and accept the research hypothesis that weight oriented job pressure and bulimic symptomology is positively associated with body dissatisfaction as shown in Table 10 and Chart 4.

Table 10  
Symptomatic Bulimic \* Body Satisfaction \* Employer Pressure Cross Tabulation

Employer Pressure			<u>Body Satisfaction</u>		Total
No			Dissatisfied	Satisfied	
Symptomatic Bulimic	No	Count	5	14	20
		% within Employer Pressure	26.3%	73.7%	100.0%
	Yes	Count	13	7	20
		% within Employer Pressure	65.0%	35.0%	100.0%
Total		Count	18	21	39
		% within Employer Pressure	46.2%	53.8%	100.0%

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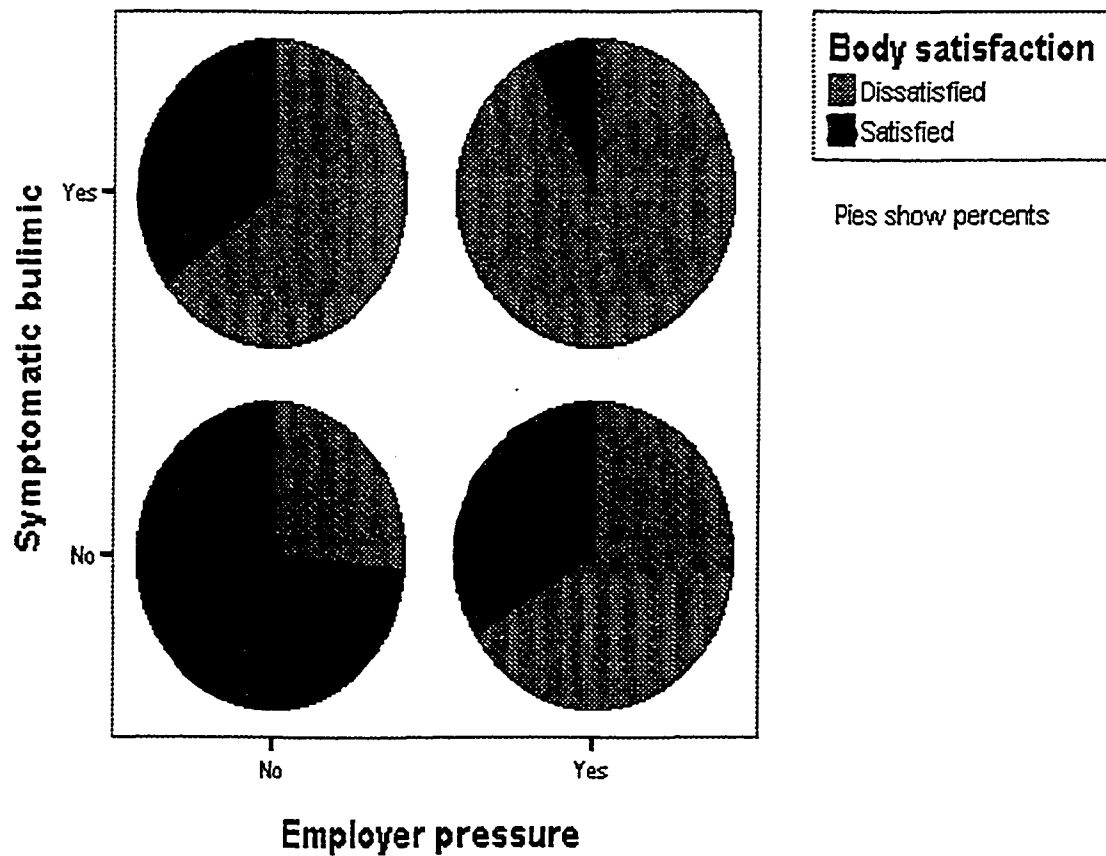
Yes					
Symptomatic Bulimic	No	Count	2	1	3
		% within Employer Pressure	66.7%	33.3%	100.0%
	Yes	Count	12	1	13
		% within Employer Pressure	92.3%	7.7%	100.0%
Total		Count	14	2	16
		% within Employer Pressure	87.5%	12.5%	100.0%

Fisher's Exact Test

Employer Pressure	Exact Sig (2-Sided)	Exact Sig. (1-sided)
No	.025	.017
Yes	.350	.350



Chart 4



### Question Three.

In response to weight related job pressure, will the symptomatic bulimic female Las Vegas production show dancers report different attributions than those who are not?

The symptomatic bulimic dancers did not report different attributions than those who had no bulimic symptomatology. A Pearson chi square was used to test the significance of difference between internal, external, stable, unstable, global, and specific attributions. The chi square values were not large enough to accept the research hypothesis suggesting that the null hypothesis was true (see Appendix D).

Question Four.

Will there be a difference in self-reported bulimic symptomatology between dancers who are currently employed in a Las Vegas production show than those who are not?

Dancers who were currently employed in a production show did not report greater bulimic symptomatology than those who were not currently employed. Again, the Pearson chi square was used to test for significance of difference in bulimic symptomatology between dancers who were currently employed and those who were not. The chi square value was not large enough to reject the null hypothesis suggesting that the research hypothesis was untrue as displayed in table 11.

Table 11  
Currently Employed Dancer \* Symptomatic Bulimic Cross Tabulation

			<u>Symptomatic Bulimic</u>		Total
			No	Yes	
Currently Employed Dancer	No	Count	7	14	21
		% within Currently Employed Dancer	33.3%	66.7%	100.0%
	Yes	Count	15	19	34
		% within Currently Employed Dancer	44.1%	55.9%	100.0%
Total		Count	22	33	55
		% within Currently Employed Dancer	40.0%	60.0%	100.0%

Pearson Chi-Square      Value = .629<sup>b</sup>      df = 1      Asymp Sig. (2-sided) = .428

<sup>b</sup> 0 cells (.0%) have expected counts less than 5. The minimum expected count is 8.

## CHAPTER 5

### CONCLUSION AND RECOMMENDATIONS

#### Discussion

There is very little research to be found regarding Las Vegas production show dancers. There was a profound obstacle that impeded efforts to gather data from the target population for this study. The obstacle was that of the entertainment industry's disapproval of the subject of the study and its efforts to regulate information about its dancers. It appears that the same pressure that impacts bulimia and body dissatisfaction among dancers also impacts the freedom of the dancer to disclose information regarding how she is being affected by employer pressure.

The results of this study suggest that there is a relationship between employer pressure and symptoms of bulimia, including body dissatisfaction, which in addition to being a symptom of bulimia, is a major component in the self-evaluation and self-esteem of the dancer. With regard to body image dissatisfaction, the descriptive statistics indicate that the range for the current weight of the dancers was exactly the same as the range for the desired weight of the dancers. This concordance would indicate that the dancers' current weight is not far off from their desired weight. A review of the responses indicated that there was an average approximate five-pound difference between current

and desired weight, yet 57.1 percent reported that they were dissatisfied or only moderately satisfied with the appearance of their body with regard to weight and proportion. The same concept of body dissatisfaction was expressed when 62.5 percent of the dancers reported that their feelings about themselves and their social lives improved when they lost weight.

The literature points out that psychological risk factors associated with developing an eating disorder include when the individual has a perfectionist personality type or had critical parents who demanded perfection. The hypercritical atmosphere of the entertainment industry may be a familiar environment to a dancer whose self-esteem has always been dependent on living up to an authority imposed standard of perfection. The high incidence of body dissatisfaction in response to the minimal difference between the dancers' current and desired weight indicates that heavy emphasis is placed on maintaining a "perfect" weight. The literature also suggests that bulimics have a strong need for acceptance and approval which, in the case of dancers, may only be attained by their adherence to the rigid weight standards demanded by the industry.

The literature proposes that individuals making internal, stable, and global attributions will be more likely to perceive that the controlling of weight will affect uncontrollable events in one's life. No difference in attribution was found between those dancers reporting bulimic symptomology and those who did not. It is possible that the method with which the attributions were assessed did not validly measure attributions. The statements on the survey may not have been presented in a format that reflects the attributions the dancer actually makes.

There was no significant difference found in the incidence of bulimic symptomatology between the currently employed production show dancers and those who were not currently employed. The explanation for this could be that the pressure to be thin is felt even when seeking employment in the field. Since the sampling was drawn from dancers at the professional level, it is not uncommon for professional dancers to frequently be seeking work as uncertainty of employment is an accepted by-product of the entertainment industry. Many of the respondents who were not currently employed responded to the survey while training at the professional dance studio which would indicate that they were in preparation to continue, or to begin, a career in the entertainment field.

#### Implications for Social Work

The information revealed in this study projects numerous implications for social work. The first implication is applied to the social worker's role in developing and implementing social policies. On the organizational level, corporations fail to provide access to specialized programs designed to address eating disorders and healthy weight reduction.

Social workers are faced with the challenge of designing programs to address eating disorders and ensuring the availability of services to at-risk populations. The social worker also has the responsibility to advance measures to prevent the development of eating disorders. Primary prevention can involve the coordination of schools and academies, organizations that employ dancers, family practices, and clinical agencies to provide education about eating disorders to the public. Primary prevention could also

involve pressuring popular media to enforce ideals of health rather than thinness. Finally, social workers need to make efforts to develop appropriate treatment plans which take into account the pressures associated with working in the entertainment industry.

### Recommendations

This study could have the long term effect of benefitting organizations that employ professional dancers as well as schools and academies that prepare dancers for a professional career by emphasizing the need to address unhealthy eating patterns and educate dancers on healthy methods of weight control. There is a need to replicate this study to ensure that it is generalizable to the target population. With replication, the results of this study have the potential to be generalized to other professionals such as athletes and other artists in the entertainment field for whom there is a heavy emphasis on appearance. The findings of this study have the potential to expand the knowledge base regarding how weight oriented job pressure affects eating pattern among dancers and could serve as a guide to further research.

## APPENDIX I

### Diet and Nutrition Survey

Age \_\_\_\_\_

Years of dance training \_\_\_\_\_

Ethnicity (Circle One)

Black/African American    Asian    White /Caucasian    Latina    Native American    Other

Marital Status (Circle One)

Single

Married

Separated

Divorced

Widowed

Current weight \_\_\_\_\_

Current Height \_\_\_\_\_

Desired weight \_\_\_\_\_

Highest Adult weight  
since age 18 \_\_\_\_\_ lbs.

At age \_\_\_\_\_

Lowest adult weight  
since age 18 \_\_\_\_\_ lbs.

At age \_\_\_\_\_

How long did you  
remain at lowest  
adult weight?

\_\_\_\_\_ days    \_\_\_\_\_ weeks    \_\_\_\_\_ months    \_\_\_\_\_ years

1. How often do you eat a meal containing all four food groups? (Circle One)

At least daily

At least weekly

At least monthly

Never

2. Has there ever been a time when your feelings about yourself or your social life changed substantially as a result of weight changes? (check one)

Yes, improved when lost weight \_\_\_\_\_

Yes, improved when gained weight \_\_\_\_\_

Yes, worse when lost weight \_\_\_\_\_

Yes, worse when gained weight \_\_\_\_\_

No change \_\_\_\_\_

3. During the past month, on the average, how many times have you weighed yourself or measured your body size? \_\_\_\_\_ number of times/per week

4. How satisfied are you with the way your body is proportioned? (circle one)

1	2	3	4	5
not at all satisfied	slightly satisfied	moderately satisfied	very satisfied	extremely satisfied

5. How often do you diet to lose weight?

Always    Once a week    Once a month    Once a year    Never

6. Do you engage in (Circle One):

Binge eating (eating a large amount in a short period of time)

Never    less than 2-3 times per week    2-3 times per week    More than 2-3 times per week

Self-induced Vomiting

Never    less than 2-3 times per week    2-3 times per week    More than 2-3 times per week

Laxative Use

Never    less than 2-3 times per week    2-3 times per week    More than 2-3 times per week

Diuretic Use

Never    less than 2-3 times per week    2-3 times per week    More than 2-3 times per week

Enema Use

Never    less than 2-3 times per week    2-3 times per week    More than 2-3 times per week

Excessive Exercise in Response to Overeating (more than 3 hours per day in addition to doing the show)

Never    less than 2-3 times per week    2-3 times per week    More than 2-3 times per week



## Fasting

Never    less than 2-3 times per week    2-3 times per week    More than 2-3 times per week

7. Do you ever feel pressure from your employer or supervisor to lose weight?

No \_\_\_\_\_ Yes \_\_\_\_\_

8. Please use the scale to rate your agreement with the following statements:

- Scale:
- 1 Total Disagreement
  - 2 Disagree Somewhat
  - 3 Agree Somewhat
  - 4 Total Agreement

Statements:

agreement rating:

I believe that, if I experience weight related job pressure,  
it is because I am overweight and unattractive

\_\_\_\_\_

I believe that, if I experience weight related job pressure,  
it is because the show's management has a strict standard of thinness.

\_\_\_\_\_

I believe that, if I experience weight related job pressure,  
it is because something about me is inadequate and is likely to  
remain inadequate.

\_\_\_\_\_

I believe that, if I experience weight related job pressure,  
it is because something about me is inadequate, but the deficit is  
short-lived and can be improved.

\_\_\_\_\_

I believe that, if I experience weight related job pressure,  
the reason for it exists outside of the work environment and affects  
other areas of my life

\_\_\_\_\_

I believe that, if I experience weight related job pressure,  
the reason for it does not exist outside of the work environment and  
will affect few other areas of my life.

\_\_\_\_\_

Are you currently employed in a Las Vegas production show?

Yes \_\_\_\_\_

No \_\_\_\_\_

## APPENDIX II

### SHOW AND PILATES/DANCE STUDIO CONSENT

My name is Ann Bullis and I am working to complete the requirements for my Master's degree in Social Work at UNLV. Because I am a former professional dancer, I have a special interest in the needs and well being of dancers. The present survey is being conducted with the approval the UNLV Office of Sponsored Programs as well as to complete the requirements of the graduate program in the School of Social Work at UNLV. This document is to obtain permission to distribute surveys to the dancers in your show.

Please be assured that all responses will be completely anonymous and confidential. The findings of this survey will be included in a thesis paper on a large group basis only. THERE WILL BE NO MENTION OF THE NAME OF ANY SHOW or the names of any individuals.

Please take a moment to look over the informed consent form and a copy of the survey. If you have questions, need assistance, would like a referral regarding the topic of this study, or if you are interested in the results of this study upon its completion, please contact myself or my chairperson,

Dr. Stacey Hardy-Desmond at 895-3313. If you would like information regarding the rights of research subjects, please contact UNLV's Office of Sponsored Programs at 895-1357.

Signing this consent form indicates that you give your permission to allow surveys to be distributed to the dancers in your show. Thank you in advance for your cooperation.

Signature\_\_\_\_\_

Date\_\_\_\_\_

APPENDIX III  
INFORMED CONSENT

Dear Dancer,

My name is Ann Bullis and I am a working to complete the requirements for my Master's degree in Social Work at UNLV. Because I am a former professional dancer, I have a special interest in the needs and well being of dancers. Enclosed is a brief questionnaire that attempts to identify eating and dieting patterns among Las Vegas production show dancers. This questionnaire has been distributed to dancers in several of the large production shows and professional dance and Pilates studios in the Las Vegas area. The present survey is being conducted with the approval the UNLV Office of Sponsored Programs as well as to complete the requirements of the graduate program in the School of Social Work at UNLV.

Although many dancers are being surveyed, your participation is critical to the success of the study. A high response rate is necessary to accurately identify your views and lend value to the study. However, please be assured that your participation is voluntary and that you may withdraw from the study at any time.

Also, your responses are completely anonymous and confidential. There is no way whatsoever for anyone, including myself, to identify who returned any given questionnaire as you will be asked to place them in a sealed envelope and then into an enclosed box. Also, there are no correct or incorrect responses in the survey. The findings of this survey will be included in a thesis paper on a large group basis only.

Therefore, in the interest of contributing to the knowledge base of your unique population, would you kindly take 10 minutes of your busy schedule to complete the enclosed questionnaire. Someone from your show or studio will collect your responses.

Please try to complete the survey as soon as possible. While care was taken to design this questionnaire to be as stress-free as possible, if there is anything about this survey that you find upsetting, if you have questions, need assistance, would like a referral regarding the topic of this study, or if you are interested in the results of this study upon its completion, please contact myself or my chairperson, Dr. Stacey Hardy-Desmond at 895-3313. If you would like information regarding the rights of research subjects, please contact UNLV's Office of Sponsored Programs at 895-1357. Thank you in advance for your cooperation.

# APPENDIX IV

## Crosstab

			<u>Internal Attribution</u>		
			No	Yes	Total
Symptomatic bulimic	No	Count	12	7	19
		% within Symptomatic bulimic	63.2%	36.8%	100.0%
	Yes	Count	17	16	33
		% within Symptomatic bulimic	51.5%	48.5%	100.0%
Total		Count	29	23	52
		% within Symptomatic bulimic	55.8%	44.2%	100.0%

## Pearson Chi-Square

Value	df	Asymp. sig. (2-sided)
.663 <sup>b</sup>	1	.416

<sup>b</sup> 0 cells (.0%) have expected counts less than 5. The minimum expected count is 8.40

## Crosstab

			External Attribution		
			No	Yes	Total
Symptomatic bulimic	No	Count	7	13	20
		% within Symptomatic bulimic	35.0%	65.0%	100.0%
	Yes	Count	8	25	33
		% within Symptomatic bulimic	24.2%	75.8%	100.0%
Total		Count	15	38	53
		% within Symptomatic bulimic	28.3%	71.7%	100.0%

## Pearson Chi-Square

Value	df	Asymp. sig. (2-sided)
.710 <sup>b</sup>	1	.399

<sup>b</sup> 0 cells (.0%) have expected counts less than 5. The minimum expected count is 5.56

## Crosstab

			<u>Stable Attribution</u>		Total
			No	Yes	
Symptomatic bulimic	No	Count % within Symptomatic bulimic	16 80.0%	4 20.0%	20 100.0%
	Yes	Count % within Symptomatic bulimic	23 69.7%	10 30.3%	33 100.0%
Total		Count	39	14	53
		% within Symptomatic bulimic	55.8%	44.2%	100.0%

## Pearson Chi-Square

Value = .680<sup>b</sup>

df = 1

Asymp. sig.(2-sided) = .410

<sup>b</sup> 0 cells (0%) have expected count less than 5. The minimum expected count is 8.56

## Crosstab

			<u>Unstable Attribution</u>		Total
			No	Yes	
Symptomatic bulimic	No	Count	9	12	21
		% within Symptomatic bulimic	42.9%	57.1%	100.0%
	Yes	Count	13	20	33
		% within Symptomatic bulimic	39.4%	60.6%	100.0%
Total		Count	22	32	54
		% within Symptomatic bulimic	40.7%	59.3%	100.0%

## Pearson Chi-Square

Value = .064 <sup>b</sup>      df = 1      Asymp. sig.(2-sided) = .801

<sup>b</sup> 0 cells (0%) have expected count less than 5. The minimum expected count is 8.56

## Crosstab

			<u>Global</u>	<u>Attribution</u>	
			No	Yes	Total
Symptomatic bulimic	No	Count	11	9	20
		% within Symptomatic bulimic	55.0%	45.0%	100.0%
	Yes	Count	17	16	33
		% within Symptomatic bulimic	51.5%	48.5%	100.0%
Total		Count	28	25	53
		% within Symptomatic bulimic	52.8%	47.2%	100.0%

## Pearson Chi-Square

Value = .061<sup>b</sup>

df = 1

Asymp. sig.(2-sided) = .805

<sup>b</sup> 0 cells (0%) have expected count less than 5. The minimum expected count is 9.43



## Crosstab

			<u>Specific Attribution</u>		
			No	Yes	Total
Symptomatic bulimic	No	Count	9	11	20
		% within Symptomatic bulimic	45.0%	55.0%	100.0%
	Yes	Count	18	14	32
		% within Symptomatic bulimic	51.5%	48.5%	100.0%
Total		Count	27	25	52
		% within Symptomatic bulimic	51.9%	48.1%	100.0%

## Pearson Chi-Square

Value = .624<sup>b</sup>

df = 1

Asymp. sig.(2-sided) = .430

<sup>b</sup> 0 cells (0%) have expected count less than 5. The minimum expected count is 9.43

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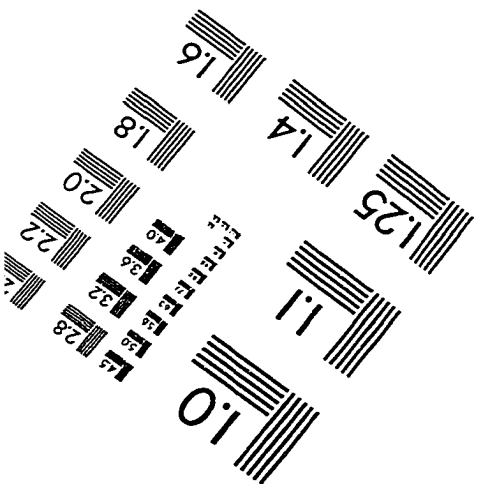
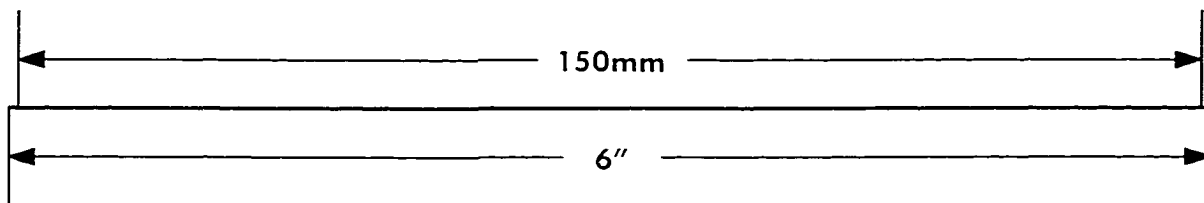
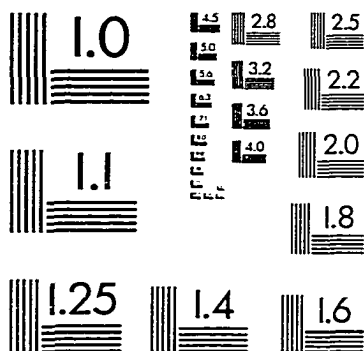
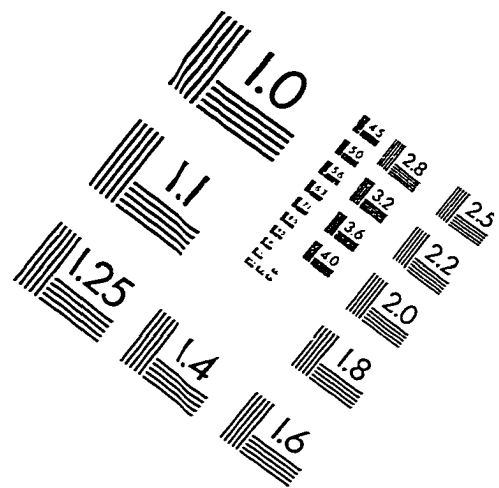
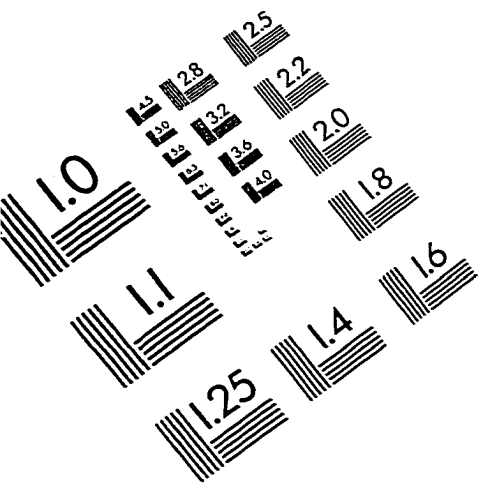
Bachelor of Arts, Social Work, 1996  
University of Nevada, Las Vegas

**Thesis Title:** The Relationship Between Perceived Job Pressure and Self-Reported  
Bulimia Symptoms Among Female Las Vegas Production Show Dancers

**Thesis Examination Committee:**

Chairperson, Dr. Stacey Hardy-Desmond  
Committee Member, Dr. Satish Sharma  
Committee Member, Dr. Margaret Oakes  
Graduate Faculty Representative, Dr. Charles Regin

# IMAGE EVALUATION TEST TARGET (QA-3)



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