REFERENCES


CHARACTERISTICS OF ADOLESCENTS AT RISK FOR COMPULSIVE OVEREATING ON A BRIEF SCREENING TEST

Albert R. Marston, Durand F. Jacobs, Robert D. Singer, Keith F. Widaman and Todd D. Little

ABSTRACT

As part of a large survey of addictive behavior in high school students, 43% of a sample of 278 (26% of the males, 57% of the females) scored above the cutoff point set by Overeaters Anonymous on their scale for assessing compulsive overeating. While this at-risk group did not report poorer general adjustment, health, or school achievement than did the students not at risk, they did significantly more often perceive their life quality and relationship with the person closest to them as less positive. The at-risk subsample indicated the defensive effectiveness of overeating in their significantly more frequent report of dissociative experiences while eating; and less severe ratings of insecurity, worrying, and daydreaming. One of the most salient findings was the at-risk students' more frequent report of addictive problems in their parents (overeating, alcohol and drug use, and gambling).

While there have been a number of studies of the prevalence of obesity and bulimia in children, adolescents, and adults (e.g., Forbes, 1975: Fairburn, 1984), there seems to have been little if any attempt to assess adolescents at risk for compulsive overeating problems. That obesity is associated with psychological pain has long been clinically evident (Stunkard, 1976) and demonstrated in a research context (Baum & Forehand, 1984). It is not clear whether compulsive overeating per se, especially at the subclinical level, produces or is associated with psychological or social disturbance or whether compulsive overeating can provide a defensive function to reduce other signs of dysphoria. Further, while many treatment strategies rely on cognitive

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interventions, and cognitive distortions are considered integral to compulsive overeating patterns (e.g., Polivy et al., 1983), relatively little study of conscious experience of overeating has been undertaken.

As part of a large survey of addictive behaviors in high school students, the present study included a 15-item series of true-false questions developed by Overeaters Anonymous (OA) to assess compulsive overeating. Using the cutoff score set by OA, a sample of adolescents at risk for compulsive overeating was identified and then compared to the rest of the sample on the remaining items of the survey. These comparisons included items on demographics, health, social adjustment, family background, attitudes toward treatment, and reports of other addictive behavior (alcohol, drugs, gambling, nicotine use).

Jacobs, Marston, and Singer (1985), in a study of clinical samples of adult alcoholics, compulsive gamblers, and compulsive overeaters, posited a common cognitive pattern of dissociative response during the addictive behavior sequence. These dissociative responses included blackouts, depersonalization (“feeling like another person”), trancelike experience, and “spectatoring” (“feeling like you were outside yourself watching yourself”). The present questionnaire included these same items in order to assess whether the at-risk adolescent reports similar cognitive distortions.

METHOD

Sample

In 1984, 843 students (379 boys, 464 girls) in the 9th through 12th grades of high schools in two large southern California counties completed an anonymous survey questionnaire on family background, use of drugs, and attitudes towards treatment of related abuse problems. The questionnaires were distributed in a large auditorium setting with one of the authors in attendance to explain their purpose and answer questions.

Questionnaire

The instrument consisted of 70 items, the first 11 asking for demographic data such as age, sex, religion, nationality, education, employment, and 4 items indicating life stress (loss of parent, suicide attempt, imprisonment, and pending legal problems). The next section asked about health, quality of life (social, school, financial), and psychological comfort (e.g., amount of worrying). A major segment of the questionnaire sought information on obesity, use of nicotine, alcohol, and other drugs. In addition, a series of questions inquired about their overeating, drug or alcohol experience (e.g., especially blackouts and other dissociative experiences, and methods of self-control), and about attitudes toward treatment. Finally, each subject received one of three scales developed by Alcoholics Anonymous, Gamblers Anonymous, and Overeaters Anonymous to assess degree of compulsivity in these areas. This yielded a subsample for the present study of 278 respondents (150 females and 128 males) who took the Overeaters Anonymous scale.

RESULTS

At-Risk Incidence

Overeaters Anonymous (OA) defines a cutoff score of three or higher on their 15-item scale as indicative of a problem with compulsive overeating. Setting aside the difficult issue of defining a diagnosable symptom level in a nonclinical population, the present study used the OA cutoff score of three to define an at-risk segment of the high school population sampled. Using a relatively low cutoff score seemed appropriate for such a young sample. At this level, 43% of the sample (n = 119) was designated as at risk. Males scored significantly lower than did females on the scale (X = 2.58 vs. 5.22, F = 6.65, p < .01). Only 26% of the males were defined as at risk as compared with 57% of the females. The males also responded affirmatively less frequently to the question, "Are you presently overweight?" (F = 5.92, p < .02), and reported less frequently that a parent had an overeating problem (F = 5.95, p < .02). The students at risk were somewhat younger than those not at risk (X = 16.21 vs. 16.77 years, F = 6.59, p = .01).

Comparison of Subsamples

A series of three-way analyses of variance were used to examine the responses of the two subsamples on the various questionnaire items: at risk versus not at risk, sex, and age (younger = 11–16, older = 17–19). Table 1 summarizes the significant (p < .05) findings from these analyses concerning the main effects of being at risk. In hypotheses-developing research of this type, it appears appropriate to report significant findings without alpha-level adjustment. It should be noted that frequency of significant F's varies across categories of items. For example, self-perception of life quality, items related to overeating, and addictive behavior history in parents all showed high frequencies of item significance. Interactions with sex and age are presented below (three-way interactions were rare and based on relatively small subsamples, and are therefore omitted). Main effects for sex and age are also summarized separately.
Table 1

<table>
<thead>
<tr>
<th>Significant Differences in Mean Item Scores*</th>
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<tbody>
<tr>
<td>At Risk</td>
</tr>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>1. Getting away (closest person)</td>
</tr>
<tr>
<td>2. Daydream time</td>
</tr>
<tr>
<td>3. Worrying time</td>
</tr>
<tr>
<td>4. Quality life</td>
</tr>
<tr>
<td>5. Negative attitude, money</td>
</tr>
<tr>
<td>6. Different person alcohol</td>
</tr>
<tr>
<td>7. Different person overeating</td>
</tr>
<tr>
<td>8. Trance eating</td>
</tr>
<tr>
<td>9. Outside self eating</td>
</tr>
<tr>
<td>10. Parent problem (alcohol)</td>
</tr>
<tr>
<td>11. Parent problem (drugs)</td>
</tr>
<tr>
<td>12. Parent problem (overeat)</td>
</tr>
<tr>
<td>13. Parent problem (gamble)</td>
</tr>
<tr>
<td>14. Uppers use</td>
</tr>
<tr>
<td>15. Fat now</td>
</tr>
<tr>
<td>16. Overeating (5 years)</td>
</tr>
<tr>
<td>17. Overeating (last year)</td>
</tr>
</tbody>
</table>

*More than 10% of F’s significant at p < .05. Except for the items concerning dissociative responses (lines 6-9) related to gambling and overeating where almost half the respondents left the items blank or checked “Does not apply,” the remaining n’s hover close to the total taking the compulsive eating form of the questionnaire (278).

Self-perception of childhood and present life quality. The at-risk students rated their present life quality more poorly than did the not-at-risk students. They also reported themselves as getting along less well with the person they felt closest to, though not less well with people in general. There were also no significant differences in feelings about their general state of mind, emotional state, or school progress, nor were the at-risk students more negative about their childhood happiness. Despite some negative self-perceptions, the at-risk students reported less time daydreaming and less time worrying. In addition, the female at-risk students judged themselves less insecure. The at-risk students reported more concern with money, though the older at-risk group evidenced a somewhat more carefree attitude.

Specific perceptions about weight and overeating. More of the at-risk students reported themselves as overweight, admitted that eating was a problem, and as having overeaten more, both in the last year and over the last five years. They reported greater frequency of taking some action to control their overeating, such as joining an organized program. The definition of at risk was broad enough so that the group did not report significantly more gorging or vomiting.

One set of questions was designed to assess the theoretically important issue of the dissociative experience connected with addictive behavior. At-risk students were significantly more likely to experience themselves as “a different person” while overeating, as in a trance, and as being “outside of themselves.” Both of the depersonalizing responses showed an interaction with age, the older at-risk students showing the effect more strongly. The at-risk students reported the “different person” feeling connected to drinking alcohol significantly more than those not at risk; but the two groups did not differ significantly on any of the other dissociative responses with regard to any of the other addictive behaviors examined (drinking, other drugs, gambling).

Other addictive behavior. Only the male students at risk reported a higher frequency of gambling. The other reported difference in addictive behavior was in the use of “uppers” (amphetamines, caffeine) by the at-risk students. Since diet pills often contain amphetamine-related drugs and coffee is commonly a part of eating/dieting strategies, the difference fits the overeating syndrome.

Addictive behavior history in parents. The at-risk students reported a significantly higher frequency of problems in their parents for all of the addictive behaviors listed: alcohol, drugs (other than uppers or downers), gambling, and overeating.

Willingness to seek help. There was the expected shift toward a more positive attitude about seeking help for legal and school/job problems
in the older at-risk students. Surprisingly, there were no significant differences with regard to seeking help for the other problem categories, including overeating.

Sex and Age Differences
Aside from examining the variables characterizing students at risk for the overeating syndrome, the design permitted more general sex and age comparisons within the high school samples. The sex differences in addictive behavior other than overeating were in the overall use of tobacco, alcohol, antidepressants, "downers," and gambling. Older males reported greater consumption of tobacco ($F = 5.45, p = .02$), apparently due to more use of snuff and pipe smoking ($F = 13.11, p < .01$) rather than any difference in cigarette smoking. Males indicated greater alcohol consumption over the past five years ($F = 7.29, p < .01$), less antidepressant use ($F = 7.47, p < .01$), and less use of downers in the last year ($F = 4.56, p < .05$). Finally, males reported more gambling, both in the last year ($F = 6.33, p < .02$) and in the preceding five years ($F = 7.84, p < .01$). In general, there were very few significant age effects. Younger students reported greater use of tranquilizers during the preceding year ($F = 6.99, p < .01$), but less use of cocaine over the preceding five years ($F = 4.58, p < .05$). Older students indicated more worrying ($F = 6.01, p = .01$), but more positive responses about money ($F = 6.93, p < .01$). On the other hand, younger males indicated fewer of the negative responses concerning money ($F = 5.22, p = .02$).

**REFERENCES**


