EXAMINING THE RELATIONSHIP BETWEEN EATING DISORDERS AND PERSONALITY TRAITS
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Abstract

This study aimed to investigate the relationship between eating disorders and personality in female university students participating in gymnastics and athletics (runners) (N=25). All of the participants were non-clinical samples. Participants were approached during training sessions at the National Indoor Athletic Centre (NIAC). Participants completed the NEO-FFI (Costa and McCrae, 1985) and the Eating Attitudes Test (EAT-26; Garner and Garfinkel, 1982). The NEO-FFI is a useful instrument to use as it measures five different personality traits, also the EAT-26 measures 3 subscales of anorexia and bulimia nervosa. Correlation and multiple regression analysis were carried out for each of the EAT-26 subscales these included, Bulimia and Food Pre-occupation, Dieting and Oral Control and the personality traits. It was found that conscientiousness made the largest unique contribution to the EAT-26 subscale of dieting. The results indicate that only conscientiousness plays a role in determining an eating disorder no other personality trait was found to have an effect. Further results that are discussed are that of other research and how this compares and contrasts with the present study and any practical implications that come from the research. Future research should give consideration to clinical and non-clinical samples and comparing the results of these two, also the difference between lean and non-lean sports and non-sporting samples.
CHAPTER I

INTRODUCTION
Introduction 1.1

Over the past 20 years there has been a significant increase in the interest surrounding the area of eating behaviours and attitudes of athletes (Fulkerson, Keel, Leon and Dorr, 1999). This increase could be resultant of an increase in female participation in sport over the last two decades (Weiss and Barber, 1995). This increase in participation has raised interest in the physical and psychological well-being of female athletes, including issues regarding body image and eating attitudes (DiBartolo and Shaffer, 2002). Although exercise is associated with numerous health related benefits such as weight management, recent research suggests that it also can be linked with dysfunctional attitudes and behaviors (Szabo, 2000).

It has been suggested that athletes especially those who compete in judged, weight-dependent and endurance sports maybe at risk of eating pathologies, this may be due to task and social pressures which are specific to their sporting environment. Social pressures come from the media, coaches, peers, family, where as task pressures come from having to maintain the ideal weight for competition to be able to perform optimally (Hausenblaus and Carron, 1999).

Anorexia nervosa (AN) and bulimia nervosa (BN) are severe psychiatric disorders of unknown etiology that most commonly begin during adolescence in women (Wagner et al., 2006). The potential for eating disorders in female athletes is slowly being acknowledged although recognition of this potential has only surfaced in the last 5-7years (Hilmore, 1991).
Criteria for Anorexia Nervosa – 1.2

According to the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV; American Psychiatric Association, 1994, pp.544-545), anorexia nervosa has the following characteristics:

a) Refusal to maintain a minimal body weight normal for a particular age and height (typically defined as weight 15% below normal);

b) Intense fear of gaining weight or becoming fat, despite being underweight;

c) Disturbance in how one experiences one’s body’s weight, size, or shape.

Anorexia is a multidimensional disorder with psychological, cognitive, perceptual and biological factors (Bordo, 1993). Anorexia can become potentially fatal, it may lead to starvation and many other medical complications (Weinberg & Gould, 2003).

Criteria for Bulimia Nervosa – 1.3

The criteria for bulimia include the following (DSM-IV; American Psychiatric Association, 1994, pp.549-550):

a) Recurrent episodes of binge eating;

b) A feeling of lacking control over eating behaviour during the eating binges;

c) Engaging in regular, self-induced, vomiting, use of laxatives or diuretics, strict dieting or fasting, or vigorous exercise in order to prevent weight gain;

d) An average minimum of two binge-eating episodes a week for at least three months.

Many people who experience bulimia often become depressed, due to low self-esteem. Bulimia is often regarded as less serious than anorexia due to the fact that people with
bulimia often realise that they have an eating issue whereas anorexics do not believe they have a problem (Weinberg & Gould., 2003)

Personality characteristics such as perfectionism and need for high achievement are found in both eating disorder patients (Bastiani., Rao., Weltzin., & Kaye., 1995; Bruch., 1978) and athletes (Brownell., Rodin., & Wilmore., 1992). These characteristics maybe beneficial in terms of athletic performance and success but may, on the other hand, predispose athletes to eating disorders (Davis, 1992).

Research into the development of eating disorders is very important, being able to identify the risk factors associated with the development, such as certain personality types, may help determine which athletes are the most vulnerable for the development of the eating disorder (Sundgot-Borgen, 1993). The issues surrounding the area of eating disorders should be taken very seriously, due to the consequences associated with the development of the disease. The personal costs to the athlete are very high, it will also affect the sport in which it is associated with. This will be due to the fact that if there is a high incidence rate of reported eating disorders then people will be reluctant to participate in that specific sport (Sundgot-Borgen, 1993).

Many reports have suggested how athletes often display extraordinary and extreme methods in reducing body fat, it has been suggested they do this to improve on speed, strength and aesthetic appeal (Davis, 1992). The media plays a detrimental role in the development of eating disorders. It is widely published through the media the cultural ideal of female sexual attractiveness and how extreme slenderness can optimize
upon this, therefore leads to creating strong aversions to fatness among female athletes and equally as strong incentives to reduce body fat to very low levels.

This type of research is important and relevant because finding a link between character traits and anorexic attitudes and behaviours may facilitate counselling practice with un-diagnosable eating disturbances. It will also help counsellors when addressing patients with anorexia. If certain personality traits are found to have a pre-disposition to anorexia, these certain personality traits can be addressed during counselling sessions such as reducing obsessivness (Rogers & Petrie, 1996). Furthermore there is a high percentile of college women who have yet not been diagnosed as having an eating problem (Johnson and Holloway, 1988; Mintz and Betz, 1988; and Striegel-Moore., 1986) so it seems necessary to extend the current knowledge and level of inquiry of personality characteristics in relation to anorexic symptoms in a college environment.

The purpose of the this study is to ascertain whether there is a relationship between eating disorders and specific personality types in female gymnasts and athletes. The author reviewed the literature surrounding the subject to establish explanations, findings and practical implications of any relationships found
CHAPTER III

METHODOLOGY
Methodology 3.1

The aim of this study is to investigate the relationship between eating disorders and personality in competitive female athletes and gymnasts.

Participants 3.2

For the purpose of this study female gymnasts and female athletes completed the Eating Attitudes Test 26 (EAT-26) (Garner and Garfinkel, 1985) and the NEO Five-Factor Inventory (NEO-FFI) (Costa and McCrae, 1985). The participant’s mean age was 20 (these ranged from 17-27 years). This age range was selected because it was found from the literature that the main age range for developing an eating disorder is around this year group age, this maybe due to an improved level of competition at university and psychological and physiological changes. There were two different groups of subjects used, these being gymnasts (n=9) and athletes (n=16). Only females were used due to the fact that eating disorders is primarily a female phenomenon, so the study focused on female’s as it was thought that more significant results would be produced from female sports-persons.

Both the gymnasts and athletes were approached during one of their training sessions, and completed the questionnaires before they started their session. All of the participants were university students and studied at University of Wales Institute Cardiff (UWIC). The athletes were also approached at there training sessions, and also filled out their questionnaires before there session started, these athletes were also all university students but not all studied at UWIC. All of the participants were currently competing at university, county or national level in their specific sports.
Measures

Questionnaires

Due to the seriousness and sensitive issue of eating disorders, all participants were informed that their answers would remain completely confidential.

The two questionnaires that will be used are the EAT-26 (Garner and Garfinkel, 1979) (appendix A) and the NEO Five-Factor Inventory (NEO-FFI), (Costa and McCrae, 1985) (appendix B).

These two questionnaires were chosen because from reviewing the literature these two questionnaires were most commonly used and produced the most reliable and useful results.

The Eating Attitudes Test (EAT-26) 3.3

The EAT-26 (Garner and Garfinkel, 1979) is a self-report measure designed to evaluate a range of attitudes and behaviours associated with anorexia nervosa (Allison, 1995). The measure consists of three main sections, Dieting, Bulimia and Food Preoccupation, and Oral Control. The EAT-26 does not alone yield a specific diagnosis for an eating disorder, however it is very useful as a screening tool to assess “eating disorder risk” in high school, college and other risk samples such as athletes (Garner, Rosen and Barry, 1998). The EAT-26 (Garner et al., 1982) is a 26-item questionnaire designed to identify abnormal eating habits and concerns about weight derived from a 40-item original inventory (Garner and Garfinkel, 1979).
The EAT-26 is scored on a 0-3 scale, never, rarely and sometimes = 0, often = 1, usually = 2, and always = 3. This scoring applies to questions 1-25 for question 26 the scores are reversed. The dieting subscale items are 1,6,7,10,11,12,14,16,17,22,23,24,25. The Bulimia and Food Preoccupation subscale items are 3, 4, 9,18,21,26. Lastly the oral control subscale items are, 2, 5, 8, 13,15,19,20. If the overall EAT score is above 20 then it is possible that the participant may have an eating disorder (Garner and Garfinkel 1979).

Garner and Garfinkel (1979, p.276) carried out a study to examine the reliability of the EAT-26 they reported that anorexia nervosa subjects and for student athletes scored on an alpha scale of 0.79, but for the pooled sample of anorexia nervosa patients and the normal control subjects the coefficient was 0.94, these results suggest that the EAT-26 measure displays high degree of internal reliability.

The EAT-26 (Garner et al., 1982) has been used extensively in clinical psychology (Boyadjieva and Steinhausen, 1996), general psychology (Rosen et al., Gross, 1998) and more recently, sport psychology (Terry et al., 1999a; Hasse and Prapavessis, 2001; Lane, 2003). In the original validation study, Garner et al (1982) reported three highly correlated factors: (1) Dieting, (2) bulimia and food preoccupation, and (3) oral control. Although to analyze the data, the sum of responses to all items tends to be the approach used by researchers and practitioners.
The NEO-FFI (Costa and McCrae, 1991) is a 60 item self-report inventory that measures five domains of personality. It contains five 12-item scales that measure each domain. These five domains are Neuroticism (N), Extraversion (E), Openness (O), Agreeableness (A) and Conscientiousness (C). Each five factors include:

- **Neuroticism** = anxiety, hostility, depression, self-consciousness, impulsiveness and vulnerability
- **Extraversion** = warmth, assertiveness, activity, excitement-seeking, positive emotions
- **Openness** = fantasy, aesthetics, feelings, actions, ideas and values
- **Agreeableness** = trust, modesty, compliance, altruism, straightforwardness, tender-mindedness
- **Conscientiousness** = competence, self-discipline, achievement-striving, order, and deliberation.

Costa and McCrae (1988b) report internal consistency coefficients for the NEO-FFI, of .86, .77, .73, .68 and .81 for N, E, O, A and C respectively. The NEO-FFI was produced as a shortened version of the NEO Personality Inventory (NEO-PI-R).

**Procedures**

The participants were approached during one of their training sessions in the National Indoor Athletic Centre (NIAC) at UWIC and advised of the purpose of the study. All participants provided informed consent (see appendix C) and completed the EAT-26 (Garner and Garfinkel, 1979) and the NEO Five-Factor Inventory (NEO-FFI),
(Costa and McCrae, 1991) which were administered by the researcher. The questionnaires were collected and the participants were assured of confidentiality and once again thanked for their co-operation.

**Data Analysis – 3.6**

Data will be analysed using SPSS version 12.0. Multiple regression analysis allows you to predict values of the dependent variable (DV) from one or more independent variable (IV). Here the DV will be the score for eating disorders and the IV will be the personality subscales for example neuroticism, extroversion, openness, agreeableness or conscientiousness. Each subscale from the EAT-26 questionnaire (Food Preoccupation, Oral Control, and Dieting) and the overall EAT-26 score will be tested against the personality predictors. For a significant correlation the score should be P<.05.
CHAPTER III

RESULTS
Results 4.0

Multiple regression was chosen as the most appropriate statistical measure for this study as it allows to test a dependent variable, in this case the EAT-26 against one or more independent variables, in this case the personality subscales the NEO-FFI. It allows to look at the data when the personality subscales are grouped together to see weather there is a significance and also looks at the data for each personality separately. More specifically it allows to predict an outcome variable from many predictor variables. It allows the author to have a deeper broader knowledge of the statistics they are dealing with.

The data analysis began with transforming all of the data to produce overall scores for each sub facet (see appendix E). Once this had been produced, various different multiple regressions were carried out for each different sub scale of the EAT-26, these subscales were compared to the five different personality scales and an overall score was produced. The different multiple regressions that were carried out were 1) Eating disorders vs. Personality Factors 2) Bulimia and Food Preoccupation vs. Personality Factors 3) Dieting vs. Personality Factors and 4) Oral Control vs. Personality Factors. Each of these tests were carried out through the means of multiple regressions and are reported below. Each of the EAT-26 subscales were examined separately, as Lane et al (2004) discussed the importance., due to the fact that in a study they carried out they found that exercisers reported higher on the dieting behaviours than oral control, these results would not have been found if the author just looked at the overall EAT-26 subscale. So a more in-depth analysis all of the subscales were examined separately. Although using two different groups of participants (athletes and
gymnasts) due to the relatively small sample size it was decided to group the two different participants together.

The results tables have been split up into four different tables, each representing the different subscales of the EAT-26.

**Table 1 - Eating Disorder overall score vs. NEO-FII (personality traits)**

<table>
<thead>
<tr>
<th></th>
<th>R</th>
<th>R²</th>
<th>B</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Summary</strong></td>
<td>.430</td>
<td>.185</td>
<td></td>
<td>.524</td>
</tr>
<tr>
<td>Neuroticism</td>
<td>.228</td>
<td>.399</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Extraversion</td>
<td>-.096</td>
<td>.772</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Openness</td>
<td>-.067</td>
<td>.810</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Agreeableness</td>
<td>-.678</td>
<td>.506</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Conscientiousness</td>
<td>.395</td>
<td>.114</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 1 shows a summary of testing the overall eating disorder score (criterion variable) against the five personality features and also the personality scores (predictor variables) when tested individually against the eating disorder score. The table shows there to be no significance as the p=0.524, for the relationship to be proven significant a p<0.05 should be produced. This shows us that collectively personality traits did not predict overall eating disorder score.

Being able to see the statistical results for each of the individual personality scores gives us a more finite and detailed explanation of which personality trait plays a larger role in the development of an eating disorder. None of the personality traits are statistically significant (p<.05), although an interesting finding is that conscientiousness has a P value a lot lower than all of the other personality features. Conscientiousness has a value of p=.114 whereas the highest p value being openness was p=.810. The higher the beta score the more influential the independent variable is.
on the dependent variable, again conscientiousness beta score is .395 also as the beta score is not negative this suggests that the independent and dependent variable are moving together whereas if the beat score shows a negative sign in front of the score this suggests that the IV and DV are moving in opposite directions, this is such for extraversion, agreeableness and openness. Neuroticism beta score being .228. As a result the hypothesized effects of hypotheses one are rejected, as there is no significant relationship.

**Table 2 - Bulimia and Food preoccupation score vs. NEO-FII (personality traits)**

<table>
<thead>
<tr>
<th></th>
<th>R</th>
<th>R²</th>
<th>B</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Summary</td>
<td>.307</td>
<td>.094</td>
<td>.847</td>
<td></td>
</tr>
<tr>
<td>Neuroticism</td>
<td></td>
<td></td>
<td>.140</td>
<td>.621</td>
</tr>
<tr>
<td>Extraversion</td>
<td></td>
<td></td>
<td>.068</td>
<td>.845</td>
</tr>
<tr>
<td>Openness</td>
<td></td>
<td></td>
<td>-.165</td>
<td>.576</td>
</tr>
<tr>
<td>Agreeableness</td>
<td></td>
<td></td>
<td>-.119</td>
<td>.643</td>
</tr>
<tr>
<td>Conscientiousness</td>
<td></td>
<td></td>
<td>.246</td>
<td>.339</td>
</tr>
</tbody>
</table>

Table 2 shows bulimia and food preoccupation being tested against all of the combined personality features, also showing the predictor variables being tested individually against the criterion variable. The table shows there to be no significance (P=.847, R² = 0.94). Overall it shows that bulimia is not predicted by the group of personality factors. All of the predictor variables also produced no significance. So individually there is not a personality trait that could predict bulimia.
Table 3 - Dieting score vs. NEO-FII (personality traits)

<table>
<thead>
<tr>
<th></th>
<th>R</th>
<th>R²</th>
<th>B</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Summary</td>
<td>.462</td>
<td>.213</td>
<td>.428</td>
<td></td>
</tr>
<tr>
<td>Neuroticism</td>
<td>.193</td>
<td></td>
<td>.467</td>
<td></td>
</tr>
<tr>
<td>Extraversion</td>
<td>-.199</td>
<td></td>
<td>.544</td>
<td></td>
</tr>
<tr>
<td>Openness</td>
<td>.065</td>
<td></td>
<td>.812</td>
<td></td>
</tr>
<tr>
<td>Agreeableness</td>
<td>-.142</td>
<td></td>
<td>.554</td>
<td></td>
</tr>
<tr>
<td>Conscientiousness</td>
<td>.485</td>
<td></td>
<td>.05 *</td>
<td></td>
</tr>
</tbody>
</table>

* = significant relationship

No significant relationship was found between the EAT-26 subscale of dieting and the five personality traits (p=.428) (table 3). This suggests that collectively that dieting is not predicted by the group of personality factors. A significant relationship was found between conscientiousness and dieting, this suggests that conscientiousness is a predictor of dieting (p=0.05).

Conscientiousness also has a high positive beta score of .485 which suggests how influential the IV is and that the IV and DV are moving together. Hypotheses three was partially supported, as a significant relationship was found between conscientiousness and dieting, but this was not supported by any other of the personality factors.
<table>
<thead>
<tr>
<th></th>
<th>R</th>
<th>R²</th>
<th>B</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Summary</td>
<td>.471</td>
<td>.222</td>
<td></td>
<td>.400</td>
</tr>
<tr>
<td>Neuroticism</td>
<td></td>
<td></td>
<td>.325</td>
<td>.223</td>
</tr>
<tr>
<td>Extraversion</td>
<td></td>
<td></td>
<td>.005</td>
<td>.987</td>
</tr>
<tr>
<td>Openness</td>
<td></td>
<td></td>
<td>-.282</td>
<td>.307</td>
</tr>
<tr>
<td>Agreeableness</td>
<td></td>
<td></td>
<td>-.082</td>
<td>.729</td>
</tr>
<tr>
<td>Conscientiousness</td>
<td></td>
<td></td>
<td>.295</td>
<td>.219</td>
</tr>
</tbody>
</table>

Table 4 - Oral Control score vs. NEO-FII (personality traits)

No significant relationship was found between oral control and the grouped personality scores result \( (p = .400, R^2 = .222) \) (table 4). This shows that overall personality factors did not predict oral control.

Table 4 does not show any significant relationships for oral control tested against each individual personality score. Despite no significant relationships being found, other results can be drawn from table 4. Neuroticism and conscientiousness both have positive high beta scores of .325 and .295 respectively. Whereas openness and agreeableness both have low negative beta scores of -.282 and -.082 respectively.
Table 5 presents Pearson’s correlations and the alpha reliabilities of the predictor and criterion variables. When the correlations among the predictor variables were examined, none exceeded .7, this suggests that multicollinearity would not be a major concern in the multiple regression analysis that were performed (Tabachnick and Fidell, 1989).

The overall conclusions that can be drawn from the results is that for the overall scores for each separate subscale for the EAT-26 and for the overall scores for the EAT-26 no significant relationship has been found. This suggests that none of the

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Neuroticism</td>
<td>0.38</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Openness</td>
<td>0.00</td>
<td>0.41</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Extraversion</td>
<td>0.45*</td>
<td>0.55**</td>
<td>0.35</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Agreeableness</td>
<td>0.86</td>
<td>0.35</td>
<td>0.39</td>
<td>0.49</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Conscientiousness</td>
<td>-0.39</td>
<td>-0.09</td>
<td>0.31</td>
<td>0.11</td>
<td>0.53</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Oral Control</td>
<td>0.20</td>
<td>-0.33</td>
<td>-0.24</td>
<td>-0.12</td>
<td>0.19</td>
<td>0.57</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Dieting</td>
<td>0.08</td>
<td>-0.14</td>
<td>-0.15</td>
<td>-0.13</td>
<td>0.33</td>
<td>0.54**</td>
<td>0.57</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. BFP</td>
<td>0.00</td>
<td>-0.19</td>
<td>-0.06</td>
<td>-0.11</td>
<td>0.22</td>
<td>0.57**</td>
<td>0.82**</td>
<td>0.57</td>
<td></td>
</tr>
<tr>
<td>9. Eating Disorder</td>
<td>0.10</td>
<td>-0.21</td>
<td>-0.18</td>
<td>-0.16</td>
<td>0.26</td>
<td>0.67**</td>
<td>0.97**</td>
<td>0.90**</td>
<td>0.64</td>
</tr>
</tbody>
</table>

* P<0.05 ; ** P<0.01
grouped personality factors predicted any of the EAT-26 subscales. Although when the multiple regression explored each personality trait individually more interesting results can be drawn upon. When dieting was tested against conscientiousness a significant relationship was found, there seemed to be a pattern with this, no more significant relationships were found although conscientiousness scored low p values on the overall eating disorder score (p=.114) and oral control (p=.219). The hypotheses that extraversion and neuroticism will be a predictor of an eating disorder were rejected as no significant results were proven (hypotheses 2).
CHAPTER VI

CONCLUSION
**Conclusion – 6.0**

This study looked at whether specific personality traits are associated with developing an eating disorder. The gymnasts and athletes are both described as participants in lean sports. There are a lot of studies suggesting that both of these groups have practiced unhealthy eating habits, to try and maintain a specific weight (Davis, 1992). Many people have an influence over why these athletes feel they have to reach a specific weight. These influences may be coaches, parents, peers, and the largest influence being the societal pressures of the so called ‘ideal women’ (Davis, 1992). Bastiani., Rao., Weltzin., & Kaye., (1995); Bruch., (1978) suggest that specific personality traits are predictors of developing an eating disorder. This was partially supported in the present study and can be seen in the data collected. The most influential characteristic found in this piece of research being conscientiousness predicting dieting on the EAT-26 subscale score. Whereas other research has found neuroticism and extraversion to be the most influential personality characteristics in predicting the development of an eating disorder.

To further develop upon this piece of research, more participants could be introduced and two groups, consisting of clinical and non-clinical samples. This would allow for further analysis between the two different groups and to analyse whether there is a difference between the personality traits of the clinical and non-clinical samples.

The prevention of eating disorders in specific sports such as gymnastic and athletics (lean sports) could and should be rectified by educating everyone including
coaches, parents and the athlete’s themselves about good eating habits and healthy weight loss methods. The main reason that many governing bodies may ignore the issue of eating disorders in sport maybe due to the fact that they do not want the sport to be associated with bad practice, as then this may acts as deterrent for new participants if they discover that eating disorders are a prevalent problem in the sport. Education could be one way of reducing the incidence rates of eating disorders in gymnastics and athletics but more could still be done to combat the problem further.
References


APPENDICES
APPENDIX A
APPENDIX B
APPENDIX D
APPENDIX E