

**THE UNIVERSITY OF THE FREE STATE**  
**FACULTY OF THE HUMANITIES**  
**TITLE REGISTRATION: MASTER'S & DOCTORAL STUDENTS**

Particulars must be typed.

**1 STUDENT'S PARTICULARS**

- 1.1 Title (e.g. Mr/Ms): Miss  
 1.2 Surname: van Rooyen  
 1.3 Christian or given names: Marnelle  
 1.4 Student number:  
 1.5 Postal address:  
 1.6 Telephone number:

**2 PARTICULARS OF QUALIFICATIONS**

2.1 Qualification(s) currently held

Degree	University	Year
B.Soc.Sc. Human and Societal Dynamics	University of the Free State	2005
B.Soc.Sc. Honours in Psychology	University of the Free State	2006
M.Soc.Sc. Counselling Psychology	University of the Free State	2008

2.2 Degree in respect of which title is to be registered: PhD (SIL 900)

2.3 Department: Psychology

2.4 Supervisor/Promoter: Dr S.P. Walker

2.5 Co-supervisor/Co-promoter: Prof K.G.F Esterhuyse

**3 RESEARCH PARTICULARS**

3.1 Proposed title (do not type entire title in capital letters):

The applicability of the transdiagnostic theory of eating disorders to the maintenance of disordered eating amongst female adolescents

3.2 Research proposal (not more than 1000 words):

Use the given space to outline your research proposal in terms of the suggested aspects to be included on page 4. A maximum of three pages (including page 4) may accompany this page.

## 1. Background/Rationale

Literature suggests an increase in the prevalence of disordered eating attitudes and behaviours amongst females from different cultures internationally, (Chamay-Weber, Narring, & Michaud, 2005; Hudson, Hiripi, Pope, & Kessler, 2007) as well as nationally (Beukes, 2007; Le Grange, Telch, & Tibbs, 1998; Van Tonder, 2004). A large number of adolescents do not meet the full diagnostic criteria for eating disorders but still present with subclinical disordered eating (Chamay-Weber et al., 2005; Grigg, Bowman, & Redman, 1996). Disordered eating in adolescents fluctuates over time and may even persist into adulthood (Hautala et al., 2008). Female adolescents who present with disordered eating attitudes and behaviours could be considered at risk to develop full-syndrome eating disorders (Franko & Omori, 1999). It has also been suggested that severe caloric restriction during adolescence increases the risk for developing an eating disorder later in life (Patton, Selzer, Coffey, Carlin, & Wolfe, 1999).

Over the past decade the literature on disordered eating has indicated that eating pathology occurs along a continuum ranging from subclinical eating problems to full-syndrome eating disorders (Cotrufo, Gnisci, & Caputo, 2005; Dancyger & Garfinkel, 1995; Drenowski, Yee, Kurth, & Krahn, 1994; Franko & Omori, 1999; Herzog, Hopkins, & Burns, 1993). Furthermore, fifteen percent of females with lifetime subclinical disordered eating were also found by Wade, Bergin, Martin, Gillespie and Fairburn (2006) to have met the full criteria for an eating disorder at one point in their lives. A tendency for disordered eating to become more severe, as well as chronic as individuals grow older has also been reported (Herzog et al., 1993; King, 1991; Patton & Johnson-Sabine, 1990; Santonastaso, Friederici, & Favaro, 1999; Wlodarczyk-Bisaga & Dolan, 1996).

The transdiagnostic model of eating disorders (Fairburn, Cooper, & Shafran, 2003) conceptualises disordered eating and disordered attitudes towards eating as lying along a continuum with individuals moving between diagnoses. According to Fairburn (2008), the fact that eating disorders persist but might change in presentation over time suggests that transdiagnostic mechanisms are at work in maintaining the eating pathology. Fairburn and co-workers draw particular attention to the commonalities in attitudes and behaviours with regard to eating and weight control amongst individuals with differing eating disorder diagnoses. The transdiagnostic theory views disordered eating attitudes and behaviours as primarily maintained by four factors: core low self-esteem, clinical perfectionism, mood intolerance and interpersonal difficulties (Fairburn et al., 2003).

Even though eating pathology is classified in the same way amongst adolescents as in adults, the applicability of the transdiagnostic model to disordered eating amongst adolescents is still uncertain. In addition, further exploration of the factors that play a role in the development and maintenance of disordered eating attitudes and behaviours amongst adolescents is warranted. Consequently, the purpose of the current study is to determine the extent to which core low self-esteem, clinical perfectionism, mood intolerance and interpersonal difficulties can predict disordered eating attitudes and behaviours amongst female adolescents.

## 2. Research problem and objectives

The proposed study will have three primary objectives. Firstly, to determine the extent to which core low self-esteem, clinical perfectionism, mood intolerance and interpersonal difficulties are able to predict disordered eating at both the clinical and subclinical levels amongst adolescent females. Secondly, to investigate whether the relationship between these maintaining factors and disordered eating varies across adolescence. Finally, the influence of ethnicity and educational environment on the two preceding research objectives will be determined.

### 3. Research design and research methodology

#### 3.1 Research design

A non-experimental, cross-sectional prospective research design will be used.

#### 3.2 Research Participants

A purposive sample of at least 2000 female secondary school learners stratified by grade level (grade 8 – grade 12) and ethnicity (Caucasian and Black) will be drawn (200 learners per ethnic group, per grade from grade 8 to grade 12). All female learners in the three girls-only secondary schools in Bloemfontein (Eunice High School, St. Michael's School and C & N Sekondêre Meisieskool Oranje) will be invited to participate in the study. The coeducational secondary schools in Bloemfontein and Mangaung will then be divided into two groups (predominantly Black and predominantly Caucasian). Three schools will then be randomly selected from each of these groupings.

#### 3.3 Measuring Instruments

All participants will be required to complete a biographical questionnaire. Furthermore, each of the participants will be measured and weighed for the purposes of determining their Body Mass Indices (BMI;  $\text{kg}/\text{m}^2$ ).

The Eating Disorder Inventory – 3 Referral Form (EDI-3 RF; Garner, 2004) is a 25-item self-report questionnaire yielding scores for three forms of disordered eating: drive for thinness (DFT), bulimia (B) and body dissatisfaction (BD). Alpha coefficients ranged from 0.879 for the Bulimia subscale to 0.821 for the Body Dissatisfaction subscale in a multi-ethnic sample of female South African university students (Van Rooyen, 2008).

The Rosenberg Self-Esteem Scale (RSES; Rosenberg, 1979) consists of 10 items measuring global self-esteem. Items measure beliefs and attitudes regarding general self-worth. An alpha coefficient of 0.84 has been reported for a sample of adolescent females (Shaw, Stice, & Springer, 2004).

The Child and Adolescent Perfectionism Scale (CAPS; Flet, Hewitt, Boucher, Davidson, & Munro, 2000) is a 22-item measure that comprises of two scales. The two scales indicate the level of self-oriented perfectionism and socially prescribed perfectionism. A Cronbach's alpha coefficient of 0.89 has been reported for a sample of female Spanish adolescents. (Castro et al., 2004).

The Inventory of Interpersonal Problems (IIP; Horowitz, Rosenberg, Baer, Ureno, & Villasenor, 1988) contains 127 items that measure interpersonal difficulties. The authors

report alpha coefficients of between 0.82 and 0.94 for a psychiatric outpatient sample.

The Distress Tolerance Scale (DTS; Simons & Gaher, 2005) will be administered as a measure of mood intolerance. The DTS consists of 20 items assessing present and anticipated means of coping with psychological distress (anger, happiness, loneliness, anxiety and depression). A Cronbach's alpha coefficient of 0.93 has been reported for a sample of undergraduate psychology students (Buckner, Keough, & Smidt, 2007).

Unless specifically stated otherwise, all preceding reliability data are reported for samples in the United States of America.

It is assumed that participants will be proficient in either English, Afrikaans or Sesotho. Consequently, the questionnaires will be translated into Sesotho and Afrikaans via the back-translation method (Brislin, 1970). The majority of the questionnaires listed previously have traditionally only been used in adult samples. Consequently, the questionnaires will be administered to a sample of 200 learners broadly representative of the final sample. Analyses will be conducted to determine any problems with regard to the comprehensibility of the questionnaires. Any problematic items will be rewritten to improve the participants' comprehension of these items. The reliability of each questionnaire will also be determined for the total sample and per language group.

### 3.4 Statistical Analysis

Hierarchical regression analyses will be conducted to determine the extent to which each of the four predictor variables (core low self-esteem, clinical perfectionism, interpersonal difficulties and mood intolerance) are able to independently account for the variance in the criterion variable scores (drive for thinness, bulimia and body dissatisfaction) amongst female adolescents. These analyses will be conducted for the entire sample, as well as by grade, ethnicity, school type (single sex or coeducational) and by BMI category (underweight, average and overweight). Further analyses will be conducted as the data unfolds.

### 3.5 Ethical considerations

Informed consent will be obtained from all participants, as well as their parents. Privacy during the collection of personal data (such as weight and height) will be ensured. Furthermore, consent to conduct the study will be obtained from the Department of Education in the Free State, as well as the principals of the respective schools. Provision will be made for the referral of any participants who report distress during or as a result of completing the questionnaires.

## 4. Value of the Research

It is hoped that the research will shed light on the applicability of the transdiagnostic model to adolescent eating problems. It may also prove valuable in the identification of maintenance mechanisms as possible targets for programmes with the aim of preventing disordered eating amongst adolescent females.

## References

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..... Signature of student	..... Date
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4 CONFIRMATION THAT THE RESEARCH PROPOSAL WAS DISCUSSED IN THE DEPARTMENT/PROGRAMME CONTEXT:

4.1 Supervisor/Promoter..... Date: .....

4.2 Co-supervisor/Co-promoter ..... Date: .....

4.3 Head of Department/Departmental  
Chairperson/Programme Director: ..... Date: .....

5 COMMENTS/RECOMMENDATION OF THE COMMITTEE FOR TITLE REGISTRATIONS (CTR)

5.1 Ethical aspects have been considered by the CTR:  YES  NO

5.2 Ethical aspects are referred to the Committee for Research Ethics:  YES  NO

Chairperson: ..... Date: .....

6 COMMENTS/RECOMMENDATION OF THE COMMITTEE FOR RESEARCH ETHICS

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Chairperson: .....

Date: .....

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ASPECTS TO BE INCLUDED IN THE RESEARCH PROPOSAL

1. Background/rationale

This section should include the reasons for studying this particular phenomenon. Clearly indicate the relevance and scholarly contribution of the proposed research to the discipline concerned. Delimit the focus of the research by stating the relevant field/subfield within the discipline and describe the theoretical tradition/perspective within which the study fits.

2. Research problem and objectives

Provide a clear and unambiguous (what is included and what not) statement of the object of study (unit of analysis), as well as the general aim(s) and the research objectives of the study. The problem statement could take the form of specific research or investigative questions, or research hypotheses.

3. Research design and research methodology

Provide information regarding the type of study which will be undertaken to provide acceptable answers to the research problem or the research questions. Also provide details of the research method(s), which should match the stated objectives. The premises upon which the method(s) is/are based should be described clearly.

4. Value of the research

Assess the value of this research to scholarship in general, to the specific profession or discipline and/or to any other interested parties.