APPEARANCE RELATED CONCERNS ACROSS THE GENERAL AND CLINICAL POPULATIONS

Christina Liossi

Submitted in fulfillment of the requirements for the DPsych degree

City University

Department of Psychology

London

March 2003

Appendix 1

PRIFYSGOL CYMRU ABERTAWE
Yr Adran Seicoleg
Parc Singleton, Abertawe SA2 8PP

UNIVERSITY OF WALES SWANSEA
Department of Psychology
Singleton Park, Swansea SA2 8PP

Dear Sir/Madam

Re: Satisfaction with Personal Appearance in the General Population

As part of my studies for my Doctoral degree in Psychology I am conducting research to find out more about satisfaction with personal appearance in the general population. If you are between the ages of 18 to 30 and you have not been diagnosed with an eating disorder and do not consider yourself disfigured (disfigurement being defined as a visible and negative alteration in appearance caused by disruption of skin, soft tissue, or bony structures) please complete the enclosed material. If you do not satisfy those criteria I would be grateful if you could kindly pass the material to another person in your household that does satisfy them.

Thank you very much for your collaboration.

With kind regards

Christina Liossi, CPsychol
Lecturer in Health Psychology

Pennaeth yr Adran · Professor Rodger Ll. Wood · Head of Department
Tel 01792 295278 Fax 01792 295679 Email psychology@swansea.ac.uk

Satisfaction with Personal Appearance in the General Population

You have been invited to take part in a study to learn more about appearance satisfaction in the general population. This study will be contacted by Christina Liossi, City University, London, UK, as part of her doctoral dissertation. Her supervisor is Prof. David Marks, who can be contacted at Department of Psychology, City University, Northampton Square, London EC1V OHB.

If you agree to be in this study, you will be asked to do the following:
1. Complete five questionnaires regarding your: satisfaction with your appearance, psychological status, social support, self-esteem and investment in your appearance.
2. Depending on your score on these questionnaires you may be requested to take part in an interview and talk about yourself and your appearance to Christina Liossi.

Participation in this study will involve approximately 35minutes of your time and an additional 1hour if you take part in the interview.

There are no risks associated with your participation in this research beyond those of everyday life. In the unlike case that you find some of the questions upsetting please contact your GP and/or the researcher.

Although you will receive no direct benefits, this research may help us understand appearance better.

Thank you very much for your collaboration.

Consent form

The investigator has explained this study to you and answered your questions. If you have additional questions or wish to report a research-related problem, you may contact the researcher at 295714, or c.liossi@swansea.ac.uk., or Department of Psychology, University of Wales, Swansea, Singleton Park, Swansea SA2 8PP.

Participation in this study is voluntary. You may refuse to participate or withdraw at any time without penalty.

Confidentiality of your research records will be strictly maintained throughout the study and the publication of results.

Your interviews will be tape-recorded. You may review these tapes and request that all or any portion of the tapes be destroyed.

You have received a copy of this consent document to keep.

Agreement to participate

_____ _____

Participant's signature Date

The Beliefs about Appearance Questionnaire (ASI)

The statements below are beliefs that people may or may not have about their physical appearance and the influence of appearance on life. Decide the extent to which you personally **disagree or agree** with each statement and enter a number from 1 to 5. There are no right or wrong answers. Just be truthful about your personal beliefs.

1	2	3	4	5
Strongly Disagree	**Mostly Disagree**	**Neither Agree or Disagree**	**Mostly Agree**	**Strongly Agree**

_____ 1. What I look like is an important part of who I am.

_____ 2. What's wrong with my appearance is one of the first things that people will notice about me.

_____ 3. One's outward physical appearance is a sign of the character of the inner person.

_____ 4. If I could look just as I wish, my life would be much happier.

_____ 5. If people knew how I really look, they would like me less.

_____ 6. By controlling my appearance, I can control many of the social and emotional events in my life.

_____ 7. My appearance is responsible for much of what's happened to me in my life.

_____ 8. I should do whatever I can to always look my best.

_____ 9. Aging will make me less attractive.

_____10. For women: To be feminine, a woman must be as pretty as possible.
For men: To be masculine, a man must be as handsome as possible.

_____ 11. The media's messages in our society make it impossible for me to be satisfied with my appearance.

_____ 12. The only way I could ever like my looks would be to change what I look like.

_____ 13. Attractive people have it all.

_____ 14. Homely people have a hard time finding happiness.

BSI®

Brief Symptom Inventory

Leonard R. Derogatis, PhD

Last Name First MI

ID Number

Age Gender Test Date

DIRECTIONS:

1. Print your name, identification number, age, gender, and test date in the area to the left.
2. Use a lead pencil only and make a dark mark when responding to the items on page 3.
3. If you want to change an answer, erase it carefully and then fill in your new choice.
4. Do not make any marks outside the circles.

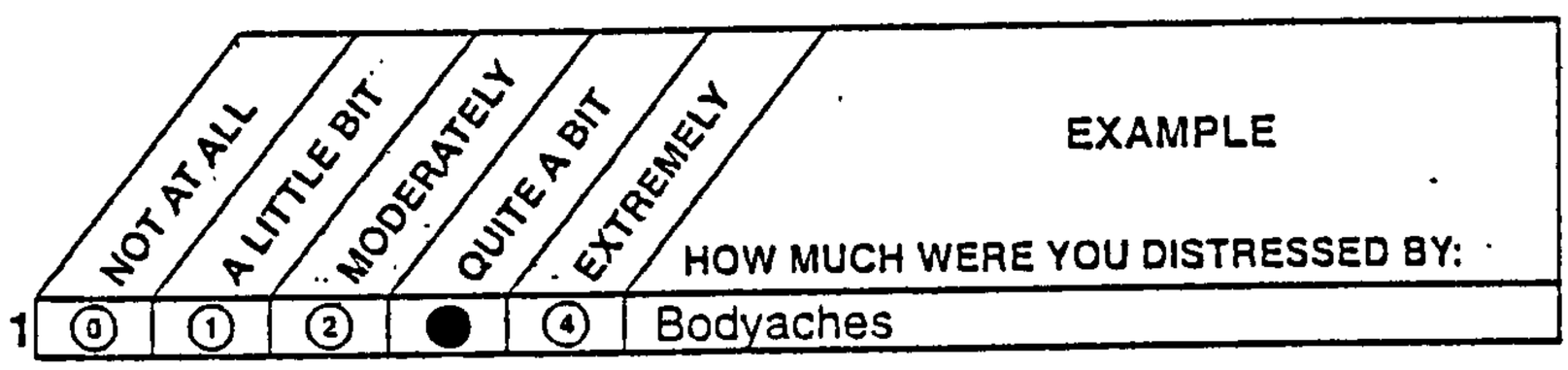
DO NOT SEND TO NCS ASSESSMENTS.
USE ONLY FOR HAND SCORING.

NCS Assessments™

NCS Assessments P. O. Box 1416 Minneapolis MN 55440
800-627-7271 http://assessments.ncspearson.com

Product Number
05627

INSTRUCTIONS:
On the next page is a list of problems people sometimes have. Please read each one carefully, and blacken the circle that best describes HOW MUCH THAT PROBLEM HAS DISTRESSED OR BOTHERED YOU DURING THE PAST 7 DAYS INCLUDING TODAY. Blacken the circle for only one number for each problem and do not skip any items. If you change your mind, erase your first mark carefully. Read the example before beginning, and if you have any questions please ask them now.



	NOT AT ALL	A LITTLE BIT	MODERATELY	QUITE A BIT	EXTREMELY	HOW MUCH WERE YOU DISTRESSED BY:
1	0	1	2	3	4	Nervousness or shakiness inside
2	0	1	2	3	4	Faintness or dizziness
3	0	1	2	3	4	The idea that someone else can control your thoughts
4	0	1	2	3	4	Feeling others are to blame for most of your troubles
5	0	1	2	3	4	Trouble remembering things
6	0	1	2	3	4	Feeling easily annoyed or irritated
7	0	1	2	3	4	Pains in heart or chest
8	0	1	2	3	4	Feeling afraid in open spaces or on the streets
9	0	1	2	3	4	Thoughts of ending your life
10	0	1	2	3	4	Feeling that most people cannot be trusted
11	0	1	2	3	4	Poor appetite
12	0	1	2	3	4	Suddenly scared for no reason
13	0	1	2	3	4	Temper outbursts that you could not control
14	0	1	2	3	4	Feeling lonely even when you are with people
15	0	1	2	3	4	Feeling blocked in getting things done
16	0	1	2	3	4	Feeling lonely
17	0	1	2	3	4	Feeling blue
18	0	1	2	3	4	Feeling no interest in things
19	0	1	2	3	4	Feeling fearful
20	0	1	2	3	4	Your feelings being easily hurt
21	0	1	2	3	4	Feeling that people are unfriendly or dislike you
22	0	1	2	3	4	Feeling inferior to others
23	0	1	2	3	4	Nausea or upset stomach
24	0	1	2	3	4	Feeling that you are watched or talked about by others
25	0	1	2	3	4	Trouble falling asleep
26	0	1	2	3	4	Having to check and double-check what you do
27	0	1	2	3	4	Difficulty making decisions
28	0	1	2	3	4	Feeling afraid to travel on buses, subways, or trains
29	0	1	2	3	4	Trouble getting your breath
30	0	1	2	3	4	Hot or cold spells
31	0	1	2	3	4	Having to avoid certain things, places, or activities because they frighten you
32	0	1	2	3	4	Your mind going blank
33	0	1	2	3	4	Numbness or tingling in parts of your body
34	0	1	2	3	4	The idea that you should be punished for your sins
35	0	1	2	3	4	Feeling hopeless about the future
36	0	1	2	3	4	Trouble concentrating
37	0	1	2	3	4	Feeling weak in parts of your body
38	0	1	2	3	4	Feeling tense or keyed up
39	0	1	2	3	4	Thoughts of death or dying
40	0	1	2	3	4	Having urges to beat, injure, or harm someone
41	0	1	2	3	4	Having urges to break or smash things
42	0	1	2	3	4	Feeling very self-conscious with others
43	0	1	2	3	4	Feeling uneasy in crowds, such as shopping or at a movie
44	0	1	2	3	4	Never feeling close to another person
45	0	1	2	3	4	Spells of terror or panic
46	0	1	2	3	4	Getting into frequent arguments
47	0	1	2	3	4	Feeling nervous when you are left alone
48	0	1	2	3	4	Others not giving you proper credit for your achievements
49	0	1	2	3	4	Feeling so restless you couldn't sit still
50	0	1	2	3	4	Feelings of worthlessness
51	0	1	2	3	4	Feeling that people will take advantage of you if you let them
52	0	1	2	3	4	Feelings of guilt
53	0	1	2	3	4	The idea that something is wrong with your mind

Adult Nonpatient Norms – Norm B Females ($N = 341$)

Raw	SOM	O-C	I-S	DEP	ANX	HOS	PHOB	PAR	PSY	GSI	PSDI	Raw	PST
0.02	41	38	41	42	38	39	45	43	46	33	—	1	30
0.06	46	43	47	48	43	45	53	49	54	39	—	2	36
0.10	46	43	47	48	43	45	53	49	54	43	—	3	39
0.14	49	43	47	48	43	45	53	49	54	45	—	4	41
0.18	51	46	47	50	46	49	55	51	56	48	—	5	43
0.22	51	49	47	52	49	53	57	53	59	49	—	6	45
0.26	51	49	50	52	49	53	57	53	59	51	—	7	46
0.30	53	49	54	52	49	53	57	53	59	52	—	8	48
0.34	54	50	54	54	52	53	57	53	59	54	—	9	49
0.38	54	52	54	56	54	54	59	54	61	55	—	10	50
0.42	56	52	54	56	54	56	61	56	63	56	—	11	51
0.46	57	52	54	56	54	56	61	56	63	57	—	12	51
0.50	57	53	55	57	55	56	61	56	63	58	—	13	52
0.54	57	55	57	59	57	56	61	56	63	59	—	14	53
0.58	58	55	57	59	57	58	62	58	63	59	—	15	54
0.62	59	55	57	59	57	60	64	59	64	60	—	16	55
0.66	59	56	57	60	58	60	64	59	64	61	—	17	56
0.70	60	58	57	61	59	60	64	59	64	61	—	18	57
0.74	61	58	59	61	59	60	64	59	64	62	—	19	57
0.78	61	58	61	61	59	61	64	61	65	63	—	20	58
0.83	61	58	61	61	60	63	65	62	66	63	—	21	59
0.87	62	59	61	62	61	63	65	62	66	63	—	22	60
0.91	63	59	61	62	61	63	65	62	66	64	—	23	60
0.95	63	59	61	62	61	63	65	62	66	64	—	24	61
0.99	63	61	62	62	62	64	65	63	67	65	41	25	62
1.03	64	62	64	63	63	66	66	64	68	66	47	26	62
1.07	64	62	64	63	63	66	66	64	68	66	47	27	63
1.11	64	62	64	63	63	66	66	64	68	66	49	28	63
1.15	65	63	64	64	63	66	66	64	68	66	50	29	64
1.19	65	64	64	64	64	67	67	65	70	67	51	30	64
1.23	65	64	64	64	64	67	67	66	72	68	52	31	65
1.27	66	64	64	64	64	67	67	66	72	69	52	32	65
1.31	66	64	65	64	64	67	67	66	72	69	53	33	65
1.35	66	65	65	65	65	67	67	66	72	69	54	34	65
1.39	66	65	65	66	66	68	68	67	73	70	54	35	66
1.43	67	65	65	66	66	69	68	68	75	71	55	36	68
1.47	67	65	65	66	66	69	68	68	75	71	56	37	68
1.51	67	66	66	67	66	69	68	68	75	71	57	38	69
1.55	67	66	67	68	67	69	68	68	75	71	58	39	70
1.59	68	66	67	68	67	70	69	70	75	71	58	40	71
1.63	68	66	67	68	67	71	69	71	75	71	59	41	73
1.67	68	67	67	68	68	71	69	71	75	71	60	42	74
1.71	69	68	67	68	68	71	69	71	75	71	60	43	76
1.75	69	68	68	68	68	71	69	71	75	71	61	44	78
1.79	69	68	69	68	68	71	70	71	75	71	62	45	78

Adult Nonpatient Norms – Norm B Females (continued)

Raw	SOM	O-C	I-S	DEP	ANX	HOS	PHOB	PAR	PSY	GSI	PSDI	Raw	PST
1.83	69	68	69	69	69	72	71	71	75	71	63	46	78
1.87	70	69	69	69	69	72	71	71	75	72	63	47	78
1.91	70	69	69	69	69	72	71	71	75	73	64	48	78
1.95	70	69	69	69	69	72	71	71	75	74	64	49	80
1.99	72	69	69	70	70	72	71	71	76	74	65	—	—
2.03	74	70	69	70	70	73	72	72	78	74	65	—	—
2.07	74	70	69	70	70	73	72	72	78	74	65	—	—
2.11	74	70	69	70	70	73	72	72	78	75	66	—	—
2.15	74	70	69	70	70	73	72	72	78	75	66	—	—
2.19	75	70	69	70	70	73	73	73	78	76	67	—	—
2.23	75	70	70	70	70	74	74	74	78	78	67	—	—
2.27	78	70	70	70	70	74	74	74	78	78	67	—	—
2.31	—	71	70	71	70	74	74	74	78	78	67	—	—
2.35	—	73	70	71	71	74	74	74	78	78	67	—	—
2.39	—	73	70	71	71	74	74	74	78	80	68	—	—
2.44	—	73	70	71	71	74	75	75	78	—	69	—	—
2.48	—	73	70	71	71	74	75	75	78	—	69	—	—
2.52	—	74	71	71	71	74	75	75	78	—	69	—	—
2.56	—	75	73	72	72	74	75	75	78	—	70	—	—
2.60	—	75	73	72	72	75	76	75	80	—	70	—	—
2.64	—	75	73	72	72	78	78	75	—	—	70	—	—
2.68	—	76	73	72	72	78	78	75	—	—	70	—	—
2.72	—	78	73	72	73	78	78	75	—	—	70	—	—
2.76	—	78	73	72	73	78	78	75	—	—	70	—	—
2.80	—	78	74	72	73	78	80	76	—	—	70	—	—
2.84	—	78	74	73	73	78	—	78	—	—	71	—	—
2.88	—	78	74	74	73	78	—	78	—	—	71	—	—
2.92	—	78	74	74	73	78	—	78	—	—	72	—	—
2.96	—	78	74	74	73	78	—	78	—	—	73	—	—
3.00	—	78	76	74	75	78	—	80	—	—	75	—	—
3.04	—	78	—	75	—	78	—	—	—	—	78	—	—
3.08	—	78	—	75	—	78	—	—	—	—	78	—	—
3.12	—	78	—	75	—	78	—	—	—	—	78	—	—
3.16	—	78	—	75	—	78	—	—	—	—	78	—	—
3.20	—	78	—	75	—	80	—	—	—	—	78	—	—
3.24	—	78	—	75	—	—	—	—	—	—	78	—	—
3.28	—	78	—	75	—	—	—	—	—	—	78	—	—
3.32	—	80	—	75	—	—	—	—	—	—	78	—	—
3.36	—	—	—	75	—	—	—	—	—	—	78	—	—
3.40	—	—	—	75	—	—	—	—	—	—	78	—	—
3.44	—	—	—	75	—	—	—	—	—	—	78	—	—
3.48	—	—	—	78	—	—	—	—	—	—	80	—	—
3.52	—	—	—	—	—	—	—	—	—	—	—	—	—
3.56	—	—	—	—	—	—	—	—	—	—	—	—	—
3.60	—	—	—	—	—	—	—	—	—	—	—	—	—

Adult Nonpatient Norms – Norm B Females (continued)

Raw	SOM	O-C	I-S	DEP	ANX	HOS	PHOB	PAR	PSY	GSI	PSDI	Raw	PST
3.64	—	—	—	—	—	—	—	—	—	—	—	—	—
3.68	—	—	—	—	—	—	—	—	—	—	—	—	—
3.72	—	—	—	—	—	—	—	—	—	—	—	—	—
3.76	—	—	—	—	—	—	—	—	—	—	—	—	—
3.80	—	—	—	—	—	—	—	—	—	—	—	—	—
3.84	—	—	—	—	—	—	—	—	—	—	—	—	—
3.88	—	—	—	—	—	—	—	—	—	—	—	—	—
3.92	—	—	—	—	—	—	—	—	—	—	—	—	—
3.96	—	—	—	—	—	—	—	—	—	—	—	—	—
4.00	—	—	—	—	—	—	—	—	—	—	—	—	—

Adult Nonpatient Norms – Norm B Males ($N = 344$)

Raw	SOM	O-C	I-S	DEP	ANX	HOS	PHOB	PAR	PSY	GSI	PSDI	Raw	PST
0.02	42	39	44	44	41	40	47	42	46	35		1	34
0.06	49	44	52	51	47	45	56	47	54	42		2	39
0.10	49	44	52	51	47	45	56	47	54	45		3	42
0.14	51	44	52	51	47	45	56	47	54	48		4	44
0.18	54	48	52	53	50	49	59	50	56	50		5	46
0.22	54	51	52	55	53	53	62	52	59	52		6	48
0.26	54	51	54	55	53	53	62	52	59	53		7	49
0.30	56	51	57	55	53	53	62	52	59	55		8	50
0.34	58	53	57	57	55	53	62	52	59	57		9	51
0.38	58	54	57	59	57	55	63	54	61	58		10	52
0.42	59	54	57	59	57	58	65	57	63	59		11	53
0.46	60	54	57	59	57	58	65	57	63	60		12	54
0.50	60	55	59	60	59	58	65	57	63	61		13	55
0.54	60	57	61	62	61	58	65	57	63	62		14	56
0.58	61	57	61	62	61	59	66	58	64	63		15	57
0.62	62	57	61	62	61	61	69	60	67	64		16	58
0.66	62	58	61	63	62	61	69	60	67	65		17	59
0.70	63	60	61	65	64	61	69	60	67	65		18	60
0.74	65	60	62	65	64	61	69	60	67	66		19	61
0.78	65	60	64	65	64	62	70	62	68	67		20	61
0.83	65	61	64	65	65	63	71	64	69	68		21	62
0.87	65	62	64	67	67	63	71	64	69	70		22	63
0.91	66	62	64	67	67	63	71	64	69	71		23	64
0.95	66	62	64	67	67	63	71	64	69	72		24	64
0.99	67	64	66	67	68	64	71	64	70	72	42	25	65
1.03	68	65	67	69	69	65	72	65	71	72	48	26	66
1.07	68	65	67	69	69	65	72	65	71	72	49	27	67
1.11	68	65	67	69	69	65	72	65	71	72	50	28	67
1.15	69	67	67	70	71	65	72	65	71	72	51	29	68
1.19	70	69	67	71	74	66	72	66	73	74	52	30	69
1.23	70	69	67	71	74	67	73	68	75	76	53	31	70
1.27	72	69	69	71	74	67	73	68	75	78	54	32	70
1.31	75	69	70	71	74	67	73	68	75	78	55	33	71
1.35	75	69	70	71	74	67	73	68	75	80	56	34	72
1.39	75	69	70	71	75	69	73	69	76	—	56	35	73
1.43	76	69	70	71	75	71	74	70	78	—	57	36	74
1.47	78	69	70	71	75	71	74	70	78	—	58	37	74
1.51	78	70	71	73	76	71	74	70	78	—	59	38	74
1.55	78	71	73	75	78	71	74	70	78	—	59	39	74
1.59	78	71	73	75	78	71	74	72	78	—	60	40	75
1.63	78	71	73	75	78	72	75	74	78	—	61	41	75
1.67	78	71	73	76	78	72	75	74	78	—	61	42	75
1.71	78	71	73	78	78	72	75	74	78	—	61	43	75
1.75	78	71	74	78	78	72	75	74	78	—	62	44	76
1.79	78	71	78	78	78	73	75	74	80	—	63	45	80

Adult Nonpatient Norms – Norm B Males (continued)

Raw	SOM	O-C	I-S	DEP	ANX	HOS	PHOB	PAR	PSY	GSI	PSDI	Raw	PST
1.83	78	72	78	78	80	74	—	75	—	—	64	—	—
1.87	78	74	78	78	—	74	—	75	—	—	64	—	—
1.91	78	74	78	78	—	74	—	75	—	—	64	—	—
1.95	78	74	78	78	—	74	—	75	—	—	65	—	—
1.99	78	74	80	80	—	75	—	75	—	—	65	—	—
2.03	78	75	—	—	—	78	—	75	—	—	66	—	—
2.07	78	75	—	—	—	78	—	75	—	—	66	—	—
2.11	78	75	—	—	—	78	—	75	—	—	67	—	—
2.15	80	76	—	—	—	78	—	75	—	—	67	—	—
2.19	—	78	—	—	—	80	—	76	—	—	67	—	—
2.23	—	78	—	—	—	—	—	78	—	—	68	—	—
2.27	—	78	—	—	—	—	—	78	—	—	68	—	—
2.31	—	80	—	—	—	—	—	78	—	—	69	—	—
2.35	—	—	—	—	—	—	—	78	—	—	69	—	—
2.39	—	—	—	—	—	—	—	80	—	—	70	—	—
2.44	—	—	—	—	—	—	—	—	—	—	70	—	—
2.48	—	—	—	—	—	—	—	—	—	—	70	—	—
2.52	—	—	—	—	—	—	—	—	—	—	72	—	—
2.56	—	—	—	—	—	—	—	—	—	—	74	—	—
2.60	—	—	—	—	—	—	—	—	—	—	74	—	—
2.64	—	—	—	—	—	—	—	—	—	—	74	—	—
2.68	—	—	—	—	—	—	—	—	—	—	74	—	—
2.72	—	—	—	—	—	—	—	—	—	—	74	—	—
2.76	—	—	—	—	—	—	—	—	—	—	74	—	—
2.80	—	—	—	—	—	—	—	—	—	—	75	—	—
2.84	—	—	—	—	—	—	—	—	—	—	75	—	—
2.88	—	—	—	—	—	—	—	—	—	—	76	—	—
2.92	—	—	—	—	—	—	—	—	—	—	78	—	—
2.96	—	—	—	—	—	—	—	—	—	—	78	—	—
3.00	—	—	—	—	—	—	—	—	—	—	80	—	—
3.04	—	—	—	—	—	—	—	—	—	—	—	—	—
3.08	—	—	—	—	—	—	—	—	—	—	—	—	—
3.12	—	—	—	—	—	—	—	—	—	—	—	—	—
3.16	—	—	—	—	—	—	—	—	—	—	—	—	—
3.20	—	—	—	—	—	—	—	—	—	—	—	—	—
3.24	—	—	—	—	—	—	—	—	—	—	—	—	—
3.28	—	—	—	—	—	—	—	—	—	—	—	—	—
3.32	—	—	—	—	—	—	—	—	—	—	—	—	—
3.36	—	—	—	—	—	—	—	—	—	—	—	—	—
3.40	—	—	—	—	—	—	—	—	—	—	—	—	—
3.44	—	—	—	—	—	—	—	—	—	—	—	—	—
3.48	—	—	—	—	—	—	—	—	—	—	—	—	—
3.52	—	—	—	—	—	—	—	—	—	—	—	—	—
3.56	—	—	—	—	—	—	—	—	—	—	—	—	—
3.60	—	—	—	—	—	—	—	—	—	—	—	—	—

Adult Nonpatient Norms – Norm B Males (continued)

Raw	SOM	O-C	I-S	DEP	ANX	HOS	PHOB	PAR	PSY	GSI	PSDI	Raw	PST
3.64	—	—	—	—	—	—	—	—	—	—	—	—	—
3.68	—	—	—	—	—	—	—	—	—	—	—	—	—
3.72	—	—	—	—	—	—	—	—	—	—	—	—	—
3.76	—	—	—	—	—	—	—	—	—	—	—	—	—
3.80	—	—	—	—	—	—	—	—	—	—	—	—	—
3.84	—	—	—	—	—	—	—	—	—	—	—	—	—
3.88	—	—	—	—	—	—	—	—	—	—	—	—	—
3.92	—	—	—	—	—	—	—	—	—	—	—	—	—
3.96	—	—	—	—	—	—	—	—	—	—	—	—	—
4.00	—	—	—	—	—	—	—	—	—	—	—	—	—

BSI®
Brief Symptom Inventory

Leonard R. Derogatis, PhD

Name _____

ID Number _____ Date Tested _____

Gender _____ Age _____

Scored By _____

If the respondent endorsed all items with the same value (i.e., all 0's, all 1's, etc.), do not score the test. This is considered an invalid administration.

If the respondent's age is less than 13, do not score the test. Adolescent norms are not appropriate for individuals younger than 13.

1. Using the directions on the scoring keys, fill in Item Resp. Sum and # Responses on the Worksheet for each of the first nine scales and the Additional Items. (If more than 40% of the items on a scale are omitted, that scale is considered invalid. Do not calculate a score for invalid scales.) For the first nine scales, divide Item Resp. Sum by # Responses. Add .005 to the result. Drop all numbers beyond two decimal places (for example, 2.049 would become 2.04). Enter the result on the Raw Score line for the appropriate scale.
2. Add up the Item Resp. Sums for the first nine scales and the Additional Items. Enter the result on both Total Sum lines on the Worksheet. Add up the # Responses for the first nine scales and the Additional Items. Enter the result on the Total # Responses line. Divide Total Sum by Total # Responses. Add .005 to the result and drop all numbers beyond two decimal places. Enter the result on the Global Severity Index (GSI) Raw Score line.
3. Count the number of nonzero responses on the answer sheet and enter the result on the Positive Symptom Total (PST) Raw Score line and on the Total Nonzero line on the Worksheet.
4. Divide Total Sum by Total Nonzero. Add .005 to the result and drop all numbers beyond two decimal places. Enter the result on the Positive Symptom Distress Index (PSDI) Raw Score line.
5. Find the appropriate profile for the client's gender and norm group. On the profile, record all the raw scores that appear in the shaded column of the Worksheet. Plot the raw scores on the profile. For each raw score, find the corresponding T score along the side of the profile. Record the T score on the appropriate line under the profile.

WORKSHEET

1. (_____ / _____) =	Item Resp. Sum / # Responses	Raw Score	Somatization (SOM) Scale
(_____ / _____) =	Item Resp. Sum / # Responses	Raw Score	Obsessive-Compulsive (O-C) Scale
(_____ / _____) =	Item Resp. Sum / # Responses	Raw Score	Interpersonal Sensitivity (I-S) Scale
(_____ / _____) =	Item Resp. Sum / # Responses	Raw Score	Depression (DEP) Scale
(_____ / _____) =	Item Resp. Sum / # Responses	Raw Score	Anxiety (ANX) Scale
(_____ / _____) =	Item Resp. Sum / # Responses	Raw Score	Hostility (HOS) Scale
(_____ / _____) =	Item Resp. Sum / # Responses	Raw Score	Phobic Anxiety (PHOB) Scale
(_____ / _____) =	Item Resp. Sum / # Responses	Raw Score	Paranoid Ideation (PAR) Scale
(_____ / _____) =	Item Resp. Sum / # Responses	Raw Score	Psychoticism (PSY) Scale
_____ _____	Item Resp. Sum # Responses		Additional Items
2. (_____ / _____) =	Total Sum / Total # Responses	Raw Score	Global Severity Index (GSI)
3.		Raw Score	Positive Symptom Total (PST)
4. (_____ / _____) =	Total Sum / Total Nonzero	Raw Score	Positive Symptom Distress Index (PSDI)

NOTE: This worksheet is a part of the BSI test. Because separate copies of this worksheet are not available from NCS, permission is granted to the qualified purchaser of these hand-scoring materials to photocopy this worksheet. No rights to resell or to distribute this worksheet are granted. Photocopying permission is granted for the worksheet only and NOT for any other BSI materials.

THE DERRIFORD APPEARANCE SCALE (DAS 59)

YOUR NAME: ..... DATE: .....

YOUR DATE OF BIRTH: ..... SEX: Male / Female

OCCUPATION: Yours ..... Partners/Spouse's .....

YOUR FAMILY STATUS (please tick the option closest to your situation)

Married/Living with partner	[ ]
Living alone	[ ]
Living with relatives/friends	[ ]

YOUR NATIONALITY: .....

YOUR ETHNIC BACKGROUND (please tick)

Bangladeshi	[ ]	Black - African	[ ]	Black - Caribbean	[ ]	Chinese	[ ]
Indian	[ ]	Pakistani	[ ]	White	[ ]		

Other (please specify) ..... Black - other (please specify) .....

This questionnaire is concerned with how you feel about your appearance

The first part of the scale is designed to find out if you are sensitive or self-conscious about any aspect of your appearanc (even if this is not usually visible to others).

(a) Is there any aspect of your appearance (however small) that concerns you at all?

Yes / No

If No, please turn to the next page
If Yes, please continue:

(b) The aspect of my appearance about which I am most sensitive or self-conscious is

.....

From now on, we will refer to this aspect of your appearance as your 'feature'

(c) The thing I don't like about my feature is

.....

(d) If you are sensitive or concerned about any other features of your body or your appearance, please say what they are

.....

.....

Please turn

PART 2

Please read each statement carefully and then circle the appropriate number on the right hand side. If a statement does not apply to you, circle N/A. Please be sure to answer the whole scale: do not miss out any items.

		Almost Never	Sometimes	Often	Almost Always	
1	I am self-conscious of my 'feature'	1	2	3	4	N/A
2	I avoid children in the street	1	2	3	4	N/A
3	I find it difficult to make friends	1	2	3	4	N/A
4	I avoid undressing in front of my spouse/partner	1	2	3	4	N/A
5	At present I try to avoid going to my school/college/work	1	2	3	4	N/A
6	I avoid going to pubs/restaurants	1	2	3	4	N/A
7	I avoid going to parties/discos	1	2	3	4	N/A
8	I take a special interest in what other people's 'feature' look like	1	2	3	4	N/A
9	I avoid communal changing rooms	1	2	3	4	N/A
10	I avoid having my photograph taken	1	2	3	4	N/A
11	I avoid getting my hair wet	1	2	3	4	N/A
12	I have been hurt by other people saying things about my 'feature'	1	2	3	4	N/A
13	I avoid shopping in department stores	1	2	3	4	N/A
14	I avoid going out of the house	1	2	3	4	N/A
15	I raise the subject of my 'feature' in conversation before other people do	1	2	3	4	N/A
16	I close into my shell	1	2	3	4	N/A
17	My self-consciousness makes me irritable at home	1	2	3	4	N/A
18	Other people misjudge me because of my 'feature'	1	2	3	4	N/A
19	In the past I have tried to avoid going to my school/college/work	1	2	3	4	N/A
20	I feel an embarrassment to my friends	1	2	3	4	N/A
21	I feel a freak	1	2	3	4	N/A
22	I worry about my sanity	1	2	3	4	N/A
23	My self-consciousness has an adverse effect on my sex life	1	2	3	4	N/A
24	My self-consciousness has an adverse effect on my marriage	1	2	3	4	N/A
25	My 'feature' causes me pain/discomfort	1	2	3	4	N/A
26	My 'feature' physically limits my ability to do the things I want to do	1	2	3	4	N/A
27	My 'feature' makes me feel unattractive	1	2	3	4	N/A
28	My 'feature' makes me feel unlovable	1	2	3	4	N/A
29	My 'feature' makes me feel isolated	1	2	3	4	N/A
30	My 'feature' makes me feel embarrassed	1	2	3	4	N/A
31	My 'feature' makes me feel inferior	1	2	3	4	N/A
32	My 'feature' makes me feel rejected	1	2	3	4	N/A
33	My 'feature' makes me feel useless	1	2	3	4	N/A

		Not At All Distressed		Moderately Distressed		Extremely Distressed	
HOW DISTRESSED DO YOU GET WHEN:							
34	Other people stare at your 'feature'	1	2	3	4	5	N/A
35	Other people make remarks about your 'feature'	1	2	3	4	5	N/A
36	Other people ask about your 'feature'	1	2	3	4	5	N/A
37	You go to the beach	1	2	3	4	5	N/A
38	Others see you in a particular view (eg. front, side)	1	2	3	4	5	N/A
39	You go to your school/college/work	1	2	3	4	5	N/A
40	You travel on public transport	1	2	3	4	5	N/A
41	You see yourself in a mirror/window	1	2	3	4	5	N/A
42	You meet strangers	1	2	3	4	5	N/A
HOW DISTRESSED ARE YOU BY:							
43	Being unable to wear your favourite clothes	1	2	3	4	5	N/A
44	Being unable to change your hairstyle	1	2	3	4	5	N/A
45	Not being able to go swimming	1	2	3	4	5	N/A
46	Not being able to play games	1	2	3	4	5	N/A
47	Not being able to go to social events	1	2	3	4	5	N/A
48	Being unable to answer the front door at home	1	2	3	4	5	N/A
49	Being unable to look at yourself in the mirror	1	2	3	4	5	N/A
50	Being unable to go to pubs/restaurants	1	2	3	4	5	N/A
51	Not being able to go out in windy weather	1	2	3	4	5	N/A

		Not At All	Slightly	Moderately	Greatly	Extremely
IN GENERAL:						
52	How confident do you feel?	1	2	3	4	5
53	How irritable do you feel?	1	2	3	4	5
54	How secure do you feel?	1	2	3	4	5
55	How cheerful do you feel?	1	2	3	4	5
56	How normal do you feel?	1	2	3	4	5
57	How feminine/masculine do you feel?	1	2	3	4	5
58	How hurt do you feel?	1	2	3	4	5
59	How hostile do you feel?	1	2	3	4	5

RS:52,54,55,56 & 57

GT ..... F1 ..... F2 ..... F3 ..... F4 .....

Rosenberg Self Esteem Scale

Circle the appropriate number for each statement depending on whether you strongly agree, agree, disagree, or strongly disagree with it.

	Strongly agree	Agree	Disagree	Strongly disagree
On the whole, I am satisfied with myself.	1	2	3	4
At times I think I am no good at all.	1	2	3	4
I feel that I have a number of good qualities.	1	2	3	4
I am able to do things as well as most other people.	1	2	3	4
I feel I do not have much to be proud of.	1	2	3	4
I certainly feel useless at times.	1	2	3	4
I feel that I'm a person of worth, at least on an equal plane with others.	1	2	3	4
I wish I could have more respect for myself.	1	2	3	4
All in all, I am inclined to feel that I am a failure.	1	2	3	4
I take a positive attitude toward myself.	1	2	3	4

SHORT FORM SOCIAL SUPPORT QUESTIONNAIRE (SSQ6)

NFER-NELSON
Health & Social Care

Name:.....

Date:..... Age:..... Sex: M F

Instructions

The following questions ask about people in your environment who provide you with help or support. Each question has two parts. For the first part, list all the people you know, excluding yourself, whom you can count on for help or support in the manner described. Give each person's initials and their relationship to you (see example). Do not list more than one person next to each of the numbers beneath each question. Do not list more than nine people per question.

For the second part, using the scale below, circle how satisfied you are with the overall support you have.

6	5	4	3	2	1
Very satisfied	*Fairly satisfied*	*A little satisfied*	*A little dissatisfied*	*Fairly dissatisfied*	*Very dissatisfied*

If you have no support for a question, tick the words 'No one', but still rate your level of satisfaction. The example below has been completed to help you. All your responses will be kept confidential.

Example

Who do you know whom you can trust with information that could get you in trouble?

(a) No one
1) TEN (Brother)
2) LM (Friend)
3) ASS (Friend)
4) PEN (Father)
5) LM (Employer)
6)
7)
8)
9)

(b) How satisfied? 6 5 (4) 3 2 1

(1) Whom can you really count on to distract you from your worries when you feel under stress?

(a) No one 3) 6) 9)

1) 4) 7)

2) 5) 8)

(b) How satisfied? 6 5 4 3 2 1

(2) Whom can you really count on to help you feel more relaxed when you are under pressure or tense?

(a) No one 3) 6) 9)

1) 4) 7)

2) 5) 8)

(b) How satisfied? 6 5 4 3 2 1

(3) Who accepts you totally, including both your worst and best points?

(a) No one 3) 6) 9)

1) 4) 7)

2) 5) 8)

(b) How satisfied? 6 5 4 3 2 1

(4) Whom can you really count on to care about you, regardless of what is happening to you?

(a) No one 3) 6) 9)

1) 4) 7)

2) 5) 8)

(b) How satisfied? 6 5 4 3 2 1

(5) Whom can you really count on to help you feel better when you are feeling generally down-in-the-dumps?

(a) No one 3) 6) 9)

1) 4) 7)

2) 5) 8)

(b) How satisfied? 6 5 4 3 2 1

(6) Whom can you count on to console you when you are very upset?

(a) No one 3) 6) 9)

1) 4) 7)

2) 5) 8)

(b) How satisfied? 6 5 4 3 2 1

Subject Interview Schedule I (SIS-I)

Please tell me a bit about yourself

When did you first start to feel conscious about your appearance?

How did you deal with it then?

To what extent has your appearance affected your lifestyle?

In what way has your appearance affected your lifestyle?

Is there anything you avoid doing as a result of your appearance?

Do you worry about your appearance?

How noticeable do you feel your appearance is to other people?

Have you tried to alter your appearance in any way?

What have been the most difficult things to cope with as a result of your appearance?

How have you dealt with the above?

In relation to the above, how successful do you feel these coping strategies have been?

Have your coping strategies changed over time?

Overall how well you feel you have coped so far?

Is there anything else that you would like to add?

Subject Interview Schedule II (SIS-II)

Please tell me a bit about yourself

How do you feel about your appearance?

Have you ever felt conscious about your appearance?

How did you cope with it then?

To what extent your appearance affects your lifestyle?

In what way your appearance affects your lifestyle?

Is there anything you avoid doing as a result of your appearance?

Do you worry about your appearance?

How noticeable do you feel your appearance is to other people?

Have you tried to alter your appearance in any way?

Is there anything else that you would like to add?

Appendix 2

Model A1

ASISE is the interaction between ASI and SE.

Regression
CONCERN = .00

Variables Entered/Removed[b,c]

Model	Variables Entered	Variables Removed	Method
1	ASISE, SELFEST, ASI[a]	.	Enter

a. All requested variables entered.

b. Dependent Variable: GSI

c. CONCERN = .00

Model Summary[b]

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.865[a]	.748	.734	6.11882

a. Predictors: (Constant), ASISE, SELFEST, ASI

b. CONCERN = .00

ANOVA[b,c]

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	6004.398	3	2001.466	53.458	.000[a]
	Residual	2021.757	54	37.440		
	Total	8026.155	57			

a. Predictors: (Constant), ASISE, SELFEST, ASI

b. Dependent Variable: GSI

c. CONCERN = .00

Coefficients[a,b]

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	8.834	21.845		.404	.688
	ASI	35.492	7.189	3.033	4.937	.000
	SELFEST	.809	.644	.282	1.256	.214
	ASISE	-.876	.213	-2.624	-4.121	.000

a. Dependent Variable: GSI

b. CONCERN = .00

Model A2

ASISE is the interaction between ASI and SE.

CONCERN = 1.00

Variables Entered/Removed[b,c]

Model	Variables Entered	Variables Removed	Method
1	ASISE, SELFEST, ASI[a]		Enter

a. All requested variables entered.

b. Dependent Variable: GSI

c. CONCERN = 1.00

Model Summary[b]

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.662[a]	.438	.431	7.46163

a. Predictors: (Constant), ASISE, SELFEST, ASI

b. CONCERN = 1.00

ANOVA[b,c]

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	10312.141	3	3437.380	61.739	.000[a]
	Residual	13250.855	238	55.676		
	Total	23562.996	241			

a. Predictors: (Constant), ASISE, SELFEST, ASI

b. Dependent Variable: GSI

c. CONCERN = 1.00

Coefficients[a,b]

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	12.926	21.020		.615	.539
	ASI	18.300	4.759	1.343	3.845	.000
	SELFEST	1.128	.600	.644	1.878	.062
	ASISE	-.498	.138	-1.169	-3.613	.000

a. Dependent Variable: GSI

b. CONCERN = 1.00

Model A3

ASISE is the interaction between ASI and SE.
SS2SE is the interaction between SS2 and SE.

CONCERN = 1.00

Variables Entered/Removed[b,c]

Model	Variables Entered	Variables Removed	Method
1	SS2SE, ASISE, SOCSUP1, SOCSUP2, ASI, SELFEST[a]		Enter

a. All requested variables entered.

b. Dependent Variable: GSI

c. CONCERN = 1.00

Model Summary[b]

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.716[a]	.512	.500	6.99199

a. Predictors: (Constant), SS2SE, ASISE, SOCSUP1, SOCSUP2, ASI, SELFEST

b. CONCERN = 1.00

ANOVA[b,c]

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	12074.346	6	2012.391	41.163	.000[a]
	Residual	11488.650	235	48.888		
	Total	23562.996	241			

a. Predictors: (Constant), SS2SE, ASISE, SOCSUP1, SOCSUP2, ASI, SELFEST

b. Dependent Variable: GSI

c. CONCERN = 1.00

Coefficients[a,b]

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	-69.710	33.618		-2.074	.039
	ASI	22.547	5.487	1.654	4.109	.000
	SELFEST	4.450	1.052	2.542	4.232	.000
	SOCSUP1	-.169	.053	-.173	-3.192	.002
	SOCSUP2	2.214	.505	1.204	4.380	.000
	ASISE	-.644	.159	-1.510	-4.055	.000
	SS2SE	-8.57E-02	.018	-2.405	-4.679	.000

a. Dependent Variable: GSI

b. CONCERN = 1.00

Model B1

Regression
CONCERN = .00

Variables Entered/Removed[b,c]

Model	Variables Entered	Variables Removed	Method
1	ASI[a]	.	Enter

a. All requested variables entered.

b. Dependent Variable: DASGT

c. CONCERN = .00

Model Summary[b]

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.888[a]	.789	.785	11.25259

a. Predictors: (Constant), ASI

b. CONCERN = .00

ANOVA[b,c]

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	26494.824	1	26494.824	209.246	.000[a]
	Residual	7090.762	56	126.621		
	Total	33585.586	57			

a. Predictors: (Constant), ASI

b. Dependent Variable: DASGT

c. CONCERN = .00

Coefficients[a,b]

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	-.319	4.247		-.075	.940
	ASI	21.258	1.470	.888	14.465	.000

a. Dependent Variable: DASGT

b. CONCERN = .00

Model B2

CONCERN = 1.00

Variables Entered/Removed[b,c]

Model	Variables Entered	Variables Removed	Method
1	GSI, SOCSUP1, ASI, SOCSUP2[a]	.	Enter

a. All requested variables entered.

b. Dependent Variable: DASGT

c. CONCERN = 1.00

Model Summary[b]

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.919[a]	.845	.842	10.49386

a. Predictors: (Constant), GSI, SOCSUP1, ASI, SOCSUP2

b. CONCERN = 1.00

ANOVA[b,c]

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	142234.7	4	35558.671	322.905	.000[a]
	Residual	26098.677	237	110.121		
	Total	168333.4	241			

a. Predictors: (Constant), GSI, SOCSUP1, ASI, SOCSUP2

b. Dependent Variable: DASGT

c. CONCERN = 1.00

Coefficients[a,b]

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	-6.498	8.990		-.723	.471
	ASI	28.722	1.072	.789	26.804	.000
	SOCSUP1	-.266	.079	-.102	-3.364	.001
	SOCSUP2	-.591	.158	-.120	-3.735	.000
	GSI	.174	.083	.065	2.103	.037

a. Dependent Variable: DASGT

b. CONCERN = 1.00

Model C1

ASi = ASI

ASI2 = ASI*ASI

ASI3 = ASI*ASI*ASI

Regression
CONCERN = .00

Variables Entered/Removed[b,c]

Model	Variables Entered	Variables Removed	Method
1	ASI3[a], ASI, ASI2	.	Enter

a. All requested variables entered.

b. Dependent Variable: DASGT

c. CONCERN = .00

Model Summary[b]

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.931[a]	.867	.860	9.09271

a. Predictors: (Constant), ASI3, ASI, ASI2

b. CONCERN = .00

ANOVA[b,c]

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	29121.006	3	9707.002	117.408	.000[a]
	Residual	4464.580	54	82.677		
	Total	33585.586	57			

a. Predictors: (Constant), ASI3, ASI, ASI2

b. Dependent Variable: DASGT

c. CONCERN = .00

Coefficients[a,b]

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	-132.120	24.932		-5.299	.000
	ASI	196.749	31.794	8.221	6.188	.000
	ASI2	-70.326	12.500	-15.650	-5.626	.000
	ASI3	8.715	1.550	8.449	5.622	.000

a. Dependent Variable: DASGT

b. CONCERN = .00

Model C2

ASi = ASI

ASI2 = ASI*ASI

ASI3 = ASI*ASI*ASI

CONCERN = 1.00

Variables Entered/Removed[b,c]

Model	Variables Entered	Variables Removed	Method
1	ASI3[a], ASI, ASI2	.	Enter

a. All requested variables entered.

b. Dependent Variable: DASGT

c. CONCERN = 1.00

Model Summary[b]

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.961[a]	.923	.922	7.39014

a. Predictors: (Constant), ASI3, ASI, ASI2

b. CONCERN = 1.00

ANOVA[b,c]

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	155335.2	3	51778.397	948.077	.000[a]
	Residual	12998.168	238	54.614		
	Total	168333.4	241			

a. Predictors: (Constant), ASI3, ASI, ASI2

b. Dependent Variable: DASGT

c. CONCERN = 1.00

Coefficients[a,b]

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	-169.744	15.813		-10.734	.000
	ASI	225.563	17.044	6.192	13.234	.000
	ASI2	-73.277	5.589	-14.138	-13.111	.000
	ASI3	8.209	.571	9.048	14.371	.000

a. Dependent Variable: DASGT

b. CONCERN = 1.00

	group	age	gender	famstat	ethnback	selfest
1	1.00	20.00	.00	3.00	.00	39.00
2	1.00	21.00	.00	3.00	,00	30.00
3	1.00	19.00	.00	3.00	.00	29.00
4	1.00	19.00	1.00	3.00	.00	28.00
5	1.00	19.00	1.00	3.00	.00	37.00
6	1.00	19.00	.00	1.00	1.00	36.00
7	1.00	19.00	1.00	3.00	1.00	30.00
8	1.00	29.00	.00	2.00	.00	37.00
9	1.00	21.00	1.00	3.00	.00	33.00
10	1.00	20.00	1.00	3.00	.00	27.00
11	1.00	20.00	1.00	2.00	.00	23.00
12	1.00	22.00	.00	2.00	.00	27.00
13	1.00	20.00	1.00	3.00	.00	23.00
14	1.00	21.00	1.00	3.00	.00	27.00
15	1.00	22.00	1.00	3.00	.00	21.00
16	1.00	23.00	.00	3.00	2.00	38.00
17	1.00	20.00	1.00	3.00	.00	36.00
18	1.00	21.00	1.00	3.00	.00	28.00
19	1.00	22.00	.00	3.00	.00	37.00
20	1.00	22.00	.00	3.00	.00	28.00
21	1.00	22.00	.00	3.00	.00	23.00
22	1.00	20.00	1.00	3.00	.00	27.00
23	1.00	21.00	1.00	3.00	.00	34.00
24	1.00	21.00	1.00	2.00	.00	30.00
25	1.00	20.00	1.00	3.00	.00	23.00
26	1.00	21.00	1.00	3.00	.00	37.00
27	1.00	20.00	1.00	3.00	.00	33.00
28	1.00	21.00	1.00	3.00	.00	20.00
29	1.00	20.00	1.00	3.00	1.00	35.00
30	1.00	20.00	1.00	3.00	.00	25.00
31	1.00	30.00	1.00	1.00	.00	26.00
32	1.00	21.00	1.00	3.00	1.00	29.00
33	1.00	23.00	.00	3.00	.00	28.00
34	1.00	22.00	.00	3.00	.00	37.00
35	1.00	22.00	1.00	3.00	.00	38.00
36	1.00	21.00	1.00	3.00	.00	32.00
37	1.00	23.00	1.00	3.00	.00	28.00
38	1.00	22.00	1.00	3.00	.00	22.00
39	1.00	21.00	1.00	3.00	.00	20.00

	socsup1	socsup2	som	oc	is	dep
1	19.00	36.00	56.00	39.00	44.00	44.00
2	44.00	33.00	42.00	43.00	44.00	57.00
3	33.00	25.00	61.00	74.00	44.00	64.00
4	19.00	23.00	53.00	58.00	73.00	67.00
5	34.00	30.00	56.00	57.00	55.00	42.00
6	18.00	33.00	41.00	45.00	41.00	42.00
7	21.00	36.00	49.00	53.00	41.00	42.00
8	36.00	32.00	41.00	64.00	41.00	60.00
9	23.00	31.00	49.00	53.00	55.00	61.00
10	17.00	29.00	60.00	78.00	70.00	67.00
11	34.00	33.00	60.00	58.00	56.00	62.00
12	45.00	36.00	51.00	61.00	66.00	64.00
13	27.00	26.00	58.00	67.00	71.00	69.00
14	19.00	36.00	74.00	78.00	60.00	54.00
15	13.00	24.00	78.00	68.00	76.00	78.00
16	26.00	33.00	42.00	53.00	44.00	57.00
17	25.00	30.00	49.00	53.00	41.00	42.00
18	35.00	32.00	60.00	64.00	71.00	68.00
19	31.00	29.00	42.00	53.00	44.00	57.00
20	8.00	16.00	61.00	80.00	71.00	80.00
21	21.00	36.00	65.00	80.00	71.00	80.00
22	54.00	34.00	41.00	59.00	64.00	57.00
23	44.00	34.00	41.00	45.00	41.00	50.00
24	42.00	31.00	60.00	66.00	54.00	60.00
25	29.00	25.00	63.00	65.00	64.00	68.00
26	32.00	36.00	49.00	57.00	55.00	50.00
27	31.00	32.00	58.00	66.00	41.00	60.00
28	12.00	14.00	62.00	78.00	80.00	75.00
29	28.00	32.00	56.00	50.00	41.00	50.00
30	19.00	31.00	51.00	74.00	66.00	65.00
31	29.00	30.00	56.00	61.00	64.00	57.00
32	28.00	31.00	41.00	58.00	49.00	62.00
33	41.00	30.00	61.00	59.00	44.00	60.00
34	29.00	28.00	56.00	39.00	50.00	57.00
35	35.00	33.00	41.00	53.00	55.00	50.00
36	24.00	28.00	49.00	58.00	64.00	57.00
37	37.00	36.00	41.00	66.00	68.00	68.00
38	21.00	26.00	66.00	53.00	69.00	64.00
39	11.00	18.00	63.00	61.00	69.00	70.00

	anx	hos	phob	par	psy	gsi
1	41.00	40.00	47.00	42.00	46.00	53.00
2	49.00	40.00	47.00	55.00	45,00	51.00
3	63.00	76.00	62.00	63.00	74.00	73.00
4	70.00	68.00	64.00	71.00	65.00	71.00
5	51.00	39.00	60.00	52.00	46.00	52.00
6	38.00	39.00	45.00	52.00	46.00	36.00
7	38.00	39.00	45.00	43.00	46.00	41.00
8	38.00	55.00	45.00	55.00	62.00	55.00
9	62.00	51.00	45.00	65.00	78.00	65.00
10	78.00	75.00	70.00	71.00	71.00	74.00
11	55.00	65.00	45.00	65.00	64.00	63.00
12	63.00	62.00	47.00	63.00	77.00	72.00
13	66.00	68.00	64.00	65.00	65.00	71.00
14	65.00	67.00	56.00	70.00	67.00	69.00
15	73.00	71.00	56.00	57.00	60.00	80.00
16	41.00	51.00	47.00	51.00	58.00	47.00
17	45.00	39.00	45.00	43.00	46.00	42.00
18	68.00	70.00	68.00	74.00	65.00	69.00
19	41.00	40.00	47.00	51.00	62.00	49.00
20	80.00	66.00	72.00	63.00	80.00	80.00
21	80.00	80.00	80.00	59.00	80.00	80.00
22	62.00	62.00	56.00	65.00	64.00	62.00
23	45.00	52.00	46.00	44.00	46.00	42.00
24	62.00	63.00	63.00	52.00	62.00	61.00
25	65.00	65.00	64.00	65.00	71.00	66.00
26	58.00	65.00	45.00	71.00	74.00	61.00
27	45.00	51.00	45.00	43.00	63.00	57.00
28	62.00	55.00	65.00	63.00	77.00	71.00
29	51.00	39.00	56.00	59.00	62.00	53.00
30	78.00	64.00	47.00	73.00	68.00	72.00
31	58.00	59.00	45.00	55.00	57.00	59.00
32	63.00	65.00	65.00	63.00	58.00	61.00
33	63.00	62.00	47.00	64.00	62.00	64.00
34	55.00	60.00	47.00	42.00	58.00	53.00
35	51.00	62.00	65.00	59.00	65.00	60.00
36	51.00	67.00	45.00	65.00	65.00	62.00
37	65.00	45.00	52.00	46.00	56.00	56.00
38	66.00	67.00	64.00	52.00	64.00	67.00
39	69.00	62.00	65.00	62.00	64.00	69.00

	psdi	pst	asi	dasgt	concern	f1
1	75.00	46.00	3.00	63.00	1.00	18.00
2	50.00	51.00	3.64	71.00	1.00	23.00
3	65.00	67.00	3.93	75.00	.00	16.00
4	64.00	73.00	3.79	74.00	1.00	31.00
5	52.00	52.00	4.64	106.00	1.00	35.00
6	43.00	36.00	3.36	68.00	.00	21.00
7	30.00	45.00	1.50	23.00	.00	5.00
8	54.00	54.00	1.79	30.00	1.00	18.00
9	64.00	63.00	3.57	80.00	1.00	30.00
10	67.00	78.00	4.71	113.00	1.00	49.00
11	55.00	65.00	4.14	88.00	1.00	34.00
12	60.00	72.00	3.71	81.00	.00	13.00
13	64.00	73.00	4.21	88.00	1.00	40.00
14	65.00	65.00	3.93	86.00	1.00	24.00
15	79.00	74.00	4.71	124.00	1.00	52.00
16	44.00	49.00	3.57	80.00	1.00	30.00
17	60.00	39.00	4.00	85.00	1.00	32.00
18	68.00	65.00	3.71	71.00	.00	16.00
19	44.00	50.00	2.14	48.00	.00	10.00
20	76.00	74.00	4.79	127.00	1.00	44.00
21	74.00	75.00	4.64	114.00	1.00	35.00
22	54.00	67.00	4.50	94.00	1.00	36.00
23	43.00	43.00	2.00	41.00	.00	10.00
24	54.00	62.00	4.43	101.00	1.00	42.00
25	59.00	68.00	4.36	94.00	1.00	28.00
26	58.00	60.00	4.29	95.00	1.00	21.00
27	57.00	55.00	3.79	81.00	1.00	36.00
28	70.00	68.00	4.93	136.00	1.00	59.00
29	43.00	56.00	4.86	136.00	1.00	49.00
30	66.00	67.00	4.64	121.00	1.00	50.00
31	52.00	60.00	4.57	102.00	1.00	41.00
32	54.00	61.00	3.93	84.00	1.00	36.00
33	60.00	62.00	3.43	78.00	1.00	24.00
34	64.00	55.00	4.29	98.00	.00	30.00
35	58.00	58.00	3.36	76.00	1.00	29.00
36	56.00	63.00	4.21	97.00	1.00	35.00
37	56.00	53.00	3.43	86.00	1.00	47.00
38	65.00	65.00	4.57	119.00	1.00	40.00
39	65.00	66.00	5.00	154.00	1.00	60.00

	f2	f3	f4	f5	pdd
1	20.00	9.00	12.00	4.00	2.00
2	20.00	9.00	11.00	4.00	2.00
3	26.00	11.00	13.00	3.00	2.00
4	18.00	10.00	14.00	1.00	.00
5	29.00	17.00	9.00	14.00	2.00
6	21.00	6.00	11.00	5.00	.00
7	4.00	1.00	11.00	.00	.00
8	.00	1.00	15.00	1.00	.00
9	24.00	6.00	14.00	1.00	2.00
10	24.00	12.00	17.00	3.00	2.00
11	22.00	11.00	14.00	2.00	3.00
12	25.00	15.00	14.00	7.00	.00
13	11.00	13.00	17.00	2.00	5.00
14	25.00	13.00	15.00	6.00	2.00
15	37.00	23.00	19.00	9.00	5.00
16	21.00	11.00	10.00	6.00	2.00
17	20.00	14.00	13.00	4.00	2.00
18	23.00	11.00	12.00	5.00	.00
19	16.00	5.00	11.00	1.00	.00
20	47.00	5.00	21.00	1.00	8.00
21	36.00	13.00	23.00	4.00	2.00
22	22.00	15.00	13.00	4.00	3.00
23	4.00	9.00	9.00	6.00	.00
24	22.00	17.00	15.00	3.00	3.00
25	27.00	11.00	17.00	6.00	2.00
26	27.00	24.00	8.00	13.00	2.00
27	18.00	9.00	13.00	2.00	2.00
28	33.00	19.00	21.00	1.00	1.00
29	32.00	25.00	13.00	13.00	3.00
30	37.00	26.00	13.00	9.00	2.00
31	25.00	17.00	17.00	1.00	3.00
32	18.00	.00	15.00	4.00	2.00
33	26.00	8.00	12.00	4.00	2.00
34	25.00	19.00	9.00	9.00	2.00
35	21.00	12.00	7.00	4.00	2.00
36	23.00	14.00	16.00	4.00	3.00
37	3.00	23.00	9.00	1.00	2.00
38	31.00	17.00	16.00	8.00	2.00
39	43.00	22.00	22.00	4.00	6.00

	group	age	gender	famstat	ethnback	selfest
40	1.00	22.00	1.00	3.00	.00	35.00
41	1.00	21.00	1.00	3.00	2.00	30.00
42	1.00	22.00	1.00	3.00	.00	36.00
43	1.00	26.00	.00	3.00	.00	34.00
44	1.00	22.00	.00	3.00	.00	37.00
45	1.00	21.00	1.00	3.00	.00	27.00
46	1.00	21.00	1.00	3.00	.00	24.00
47	1.00	23.00	1.00	3.00	.00	36.00
48	1.00	22.00	1.00	3.00	.00	39.00
49	1.00	21.00	1.00	3.00	.00	36.00
50	1.00	21.00	1.00	3.00	.00	33.00
51	1.00	21.00	1.00	3.00	.00	28.00
52	1.00	21.00	1.00	3.00	.00	31.00
53	1.00	23.00	1.00	3.00	.00	31.00
54	1.00	23.00	1.00	1.00	.00	32.00
55	1.00	22.00	.00	3.00	.00	40.00
56	1.00	21.00	1.00	3.00	.00	26.00
57	1.00	21.00	1.00	3.00	.00	34.00
58	1.00	22.00	1.00	3.00	1.00	21.00
59	1.00	21.00	1.00	3.00	.00	26.00
60	1.00	22.00	1.00	3.00	.00	23.00
61	1.00	21.00	1.00	3.00	.00	29.00
62	1.00	21.00	1.00	3.00	1.00	36.00
63	1.00	21.00	1.00	3.00	.00	27.00
64	1.00	21.00	1.00	3.00	.00	35.00
65	1.00	24.00	1.00	3.00	.00	27.00
66	1.00	22.00	1.00	3.00	.00	36.00
67	1.00	22.00	1.00	3.00	.00	38.00
68	1.00	21.00	1.00	3.00	.00	22.00
69	1.00	26.00	1.00	2.00	.00	27.00
70	1.00	30.00	1.00	1.00	.00	25.00
71	1.00	23.00	1.00	1.00	.00	36.00
72	1.00	22.00	1.00	3.00	.00	32.00
73	1.00	21.00	1.00	1.00	.00	37.00
74	1.00	22.00	1.00	3.00	.00	31.00
75	1.00	21.00	1.00	1.00	.00	36.00
76	1.00	22.00	1.00	3.00	.00	35.00
77	1.00	21.00	1.00	3.00	.00	37.00
78	1.00	23.00	1.00	3.00	.00	32.00

	socsup1	socsup2	som	oc	is	dep
40	23.00	33.00	49.00	45.00	63.00	64.00
41	37.00	34.00	53.00	67.00	68.00	64.00
42	37.00	36.00	41.00	45.00	55.00	42.00
43	21.00	30.00	42.00	39.00	44.00	44.00
44	19.00	25.00	64.00	55.00	44.00	53.00
45	38.00	30.00	56.00	64.00	68.00	54.00
46	33.00	21.00	60.00	67.00	64.00	57.00
47	30.00	34.00	68.00	70.00	49.00	57.00
48	31.00	36.00	41.00	45.00	51.00	50.00
49	35.00	34.00	41.00	45.00	46.00	42.00
50	54.00	36.00	49.00	57.00	49.00	50.00
51	19.00	35.00	49.00	53.00	69.00	50.00
52	28.00	36.00	49.00	63.00	60.00	50.00
53	46.00	33.00	65.00	67.00	64.00	61.00
54	32.00	35.00	53.00	61.00	60.00	54.00
55	19.00	29.00	56.00	39.00	44.00	44.00
56	33.00	36.00	60.00	57.00	63.00	54.00
57	32.00	29.00	56.00	61.00	66.00	64.00
58	15.00	17.00	62.00	67.00	76.00	71.00
59	23.00	35.00	58.00	70.00	69.00	69.00
60	10.00	24.00	41.00	61.00	63.00	67.00
61	20.00	32.00	62.00	61.00	60.00	60.00
62	34.00	34.00	41.00	64.00	41.00	60.00
63	18.00	29.00	67.00	74.00	76.00	71.00
64	32.00	33.00	58.00	50.00	41.00	64.00
65	33.00	27.00	56.00	64.00	71.00	64.00
66	24.00	30.00	62.00	58.00	49.00	57.00
67	24.00	34.00	53.00	69.00	64.00	68.00
68	23.00	28.00	69.00	78.00	76.00	70.00
69	21.00	24.00	56.00	66.00	71.00	69.00
70	20.00	26.00	60.00	74.00	69.00	68.00
71	34.00	33.00	41.00	57.00	55.00	42.00
72	28.00	36.00	53.00	57.00	60.00	54.00
73	54.00	36.00	41.00	61.00	49.00	50.00
74	45.00	20.00	67.00	64.00	63.00	50.00
75	30.00	36.00	41.00	45.00	41.00	42.00
76	30.00	34.00	58.00	64.00	70.00	65.00
77	31.00	34.00	53.00	58.00	55.00	65.00
78	20.00	32.00	69.00	70.00	69.00	71.00

	anx	hos	phob	par	psy	gsi
40	38.00	51.00	45.00	67.00	46.00	52.00
41	60.00	71.00	45.00	51.00	54.00	44.00
42	45.00	39.00	45.00	43.00	46.00	44.00
43	41.00	40.00	47.00	42.00	46.00	39.00
44	63.00	51.00	47.00	75.00	57.00	63.00
45	45.00	51.00	45.00	52.00	62.00	56.00
46	58.00	39.00	44.00	54.00	64.00	64.00
47	51.00	55.00	45.00	43.00	46.00	58.00
48	38.00	59.00	45.00	55.00	46.00	46.00
49	38.00	51.00	45.00	55.00	46.00	41.00
50	51.00	39.00	45.00	43.00	46.00	48.00
51	51.00	55.00	56.00	63.00	62.00	58.00
52	51.00	51.00	45.00	52.00	52.00	56.00
53	68.00	59.00	64.00	63.00	62.00	66.00
54	51.00	55.00	45.00	52.00	46.00	54.00
55	41.00	40.00	47.00	42.00	58.00	42.00
56	45.00	59.00	45.00	55.00	58.00	57.00
57	51.00	51.00	45.00	59.00	64.00	58.00
58	65.00	62.00	45.00	71.00	71.00	70.00
59	64.00	55.00	45.00	60.00	74.00	67.00
60	60.00	51.00	63.00	52.00	65.00	61.00
61	59.00	70.00	45.00	65.00	58.00	64.00
62	38.00	55.00	45.00	55.00	62.00	55.00
63	70.00	78.00	70.00	75.00	78.00	78.00
64	55.00	55.00	45.00	43.00	62.00	57.00
65	66.00	75.00	56.00	55.00	79.00	71.00
66	51.00	51.00	56.00	52.00	64.00	59.00
67	69.00	65.00	56.00	52.00	58.00	61.00
68	72.00	73.00	76.00	80.00	77.00	80.00
69	66.00	65.00	60.00	61.00	62.00	66.00
70	70.00	65.00	65.00	65.00	67.00	57.00
71	45.00	51.00	45.00	43.00	46.00	46.00
72	55.00	62.00	45.00	52.00	64.00	66.00
73	51.00	51.00	56.00	55.00	46.00	51.00
74	62.00	39.00	45.00	52.00	46.00	61.00
75	38.00	51.00	45.00	59.00	46.00	42.00
76	60.00	78.00	60.00	67.00	74.00	52.00
77	65.00	68.00	45.00	59.00	67.00	63.00
78	69.00	70.00	69.00	80.00	77.00	74.00

	psdi	pst	asi	dasgt	concern	f1
40	50.00	52.00	3.29	79.00	1.00	28.00
41	51.00	65.00	4.43	93.00	1.00	31.00
42	43.00	45.00	1.07	.00	1.00	.00
43	44.00	39.00	3.21	78.00	1.00	25.00
44	56.00	63.00	3.21	72.00	1.00	26.00
45	50.00	58.00	2.00	47.00	.00	6.00
46	63.00	63.00	4.50	104.00	1.00	37.00
47	64.00	53.00	4.29	92.00	1.00	30.00
48	43.00	48.00	3.64	73.00	1.00	26.00
49	43.00	45.00	3.14	64.00	1.00	18.00
50	43.00	50.00	3.36	68.00	1.00	20.00
51	53.00	59.00	4.36	97.00	1.00	34.00
52	56.00	54.00	3.14	65.00	1.00	31.00
53	57.00	68.00	4.00	93.00	1.00	34.00
54	51.00	54.00	3.29	47.00	.00	10.00
55	44.00	42.00	3.21	45.00	.00	6.00
56	50.00	59.00	3.14	78.00	1.00	28.00
57	53.00	59.00	4.43	111.00	1.00	43.00
58	67.00	65.00	5.00	155.00	1.00	56.00
59	64.00	65.00	4.64	114.00	1.00	44.00
60	60.00	59.00	3.57	71.00	1.00	36.00
61	55.00	66.00	3.79	90.00	1.00	30.00
62	54.00	54.00	3.93	79.00	1.00	28.00
63	69.00	78.00	4.64	122.00	1.00	52.00
64	52.00	56.00	3.64	82.00	1.00	30.00
65	65.00	78.00	4.36	94.00	1.00	35.00
66	54.00	60.00	3.36	76.00	1.00	32.00
67	57.00	61.00	3.71	80.00	1.00	26.00
68	70.00	80.00	4.93	159.00	1.00	55.00
69	60.00	66.00	4.43	108.00	1.00	40.00
70	61.00	76.00	4.64	121.00	1.00	37.00
71	64.00	49.00	3.43	74.00	1.00	30.00
72	47.00	59.00	2.64	68.00	.00	21.00
73	52.00	51.00	2.86	61.00	.00	10.00
74	62.00	58.00	4.07	98.00	1.00	38.00
75	43.00	43.00	3.21	47.00	.00	10.00
76	60.00	73.00	4.50	114.00	1.00	36.00
77	63.00	60.00	1.93	40.00	1.00	12.00
78	67.00	80.00	3.93	98.00	1.00	34.00

	f2	f3	f4	f5	pdd
40	23.00	10.00	11.00	5.00	2.00
41	23.00	17.00	12.00	5.00	4.00
42	.00	.00	.00	.00	.00
43	23.00	9.00	14.00	4.00	4.00
44	20.00	16.00	12.00	4.00	2.00
45	14.00	5.00	15.00	1.00	.00
46	20.00	21.00	18.00	4.00	2.00
47	20.00	14.00	15.00	10.00	2.00
48	20.00	10.00	10.00	4.00	3.00
49	20.00	13.00	7.00	4.00	2.00
50	20.00	9.00	11.00	5.00	2.00
51	20.00	17.00	19.00	4.00	2.00
52	19.00	5.00	8.00	1.00	2.00
53	22.00	16.00	15.00	3.00	4.00
54	14.00	6.00	12.00	2.00	.00
55	14.00	6.00	15.00	2.00	.00
56	19.00	9.00	17.00	1.00	2.00
57	29.00	20.00	11.00	4.00	2.00
58	36.00	33.00	20.00	3.00	6.00
59	22.00	21.00	17.00	7.00	2.00
60	9.00	6.00	16.00	.00	.00
61	21.00	16.00	15.00	5.00	4.00
62	19.00	12.00	11.00	4.00	4.00
63	31.00	14.00	13.00	3.00	6.00
64	23.00	10.00	12.00	5.00	3.00
65	23.00	13.00	14.00	5.00	.00
66	20.00	6.00	13.00	1.00	2.00
67	20.00	13.00	11.00	4.00	1.00
68	38.00	27.00	15.00	18.00	3.00
69	29.00	13.00	20.00	1.00	3.00
70	33.00	21.00	16.00	6.00	4.00
71	18.00	10.00	9.00	4.00	2.00
72	20.00	10.00	6.00	8.00	.00
73	21.00	11.00	9.00	5.00	.00
74	21.00	14.00	18.00	4.00	2.00
75	16.00	3.00	13.00	1.00	2.00
76	28.00	19.00	14.00	12.00	2.00
77	.00	7.00	13.00	3.00	.00
78	15.00	24.00	14.00	6.00	1.00

	group	age	gender	famstat	ethnback	selfest
79	1.00	24.00	.00	3.00	.00	38.00
80	1.00	.	1.00	3.00	.00	37.00
81	1.00	21.00	1.00	3.00	.00	33.00
82	1.00	20.00	1.00	1.00	1.00	36.00
83	1.00	21.00	1.00	3.00	.00	30.00
84	1.00	19.00	1.00	3.00	.00	37.00
85	1.00	19.00	1.00	3.00	.00	27.00
86	1.00	19.00	1.00	3.00	.00	27.00
87	1.00	19.00	1.00	2.00	.00	23.00
88	1.00	19.00	.00	3.00	.00	27.00
89	1.00	30.00	.00	3.00	.00	21.00
90	1.00	21.00	.00	3.00	.00	38.00
91	1.00	20.00	1.00	3.00	1.00	36.00
92	1.00	20.00	1.00	3.00	1.00	28.00
93	1.00	22.00	.00	3.00	.00	37.00
94	1.00	20.00	1.00	2.00	1.00	28.00
95	1.00	21.00	.00	2.00	1.00	34.00
96	1.00	22.00	1.00	3.00	1.00	23.00
97	1.00	23.00	1.00	3.00	.00	23.00
98	1.00	20.00	1.00	3.00	.00	37.00
99	1.00	18.00	1.00	1.00	.00	33.00
100	1.00	18.00	1.00	1.00	.00	20.00
101	1.00	22.00	.00	3.00	.00	35.00
102	1.00	18.00	.00	3.00	.00	23.00
103	1.00	20.00	.00	3.00	.00	26.00
104	1.00	18.00	.00	3.00	.00	29.00
105	1.00	18.00	1.00	3.00	.00	28.00
106	1.00	20.00	.00	3.00	.00	37.00
107	1.00	21.00	1.00	3.00	2.00	38.00
108	1.00	20.00	.00	2.00	.00	32.00
109	1.00	21.00	1.00	3.00	2.00	22.00
110	1.00	20.00	.00	1.00	2.00	20.00
111	1.00	19.00	1.00	1.00	.00	35.00
112	1.00	29.00	1.00	2.00	.00	30.00
113	1.00	21.00	1.00	3.00	.00	34.00
114	1.00	28.00	1.00	3.00	.00	37.00
115	1.00	22.00	1.00	3.00	.00	27.00
.116	1.00	22.00	1.00	3.00	.00	24.00
117	1.00	21.00	1.00	3.00	.00	36.00

	socsup1	socsup2	som	oc	is	dep
79	36.00	34.00	59.00	55.00	63.00	60.00
80	34.00	36.00	68.00	74.00	41.00	54.00
81	53.00	35.00	57.00	64.00	64.00	61.00
82	18.00	33.00	41.00	45.00	41.00	42.00
83	21.00	36.00	49.00	53.00	41.00	42.00
84	36.00	32.00	49.00	53.00	55.00	61.00
85	17.00	29.00	60.00	78.00	70.00	67.00
86	45.00	36.00	51.00	61.00	66.00	64.00
87	27.00	26.00	58.00	67.00	71.00	69.00
88	19.00	36.00	74.00	78.00	60.00	54.00
89	13.00	24.00	78.00	68.00	76.00	78.00
90	26.00	33.00	42.00	53.00	44.00	57.00
91	25.00	30.00	49.00	53.00	41.00	42.00
92	35.00	32.00	60.00	64.00	71.00	68.00
93	31.00	29.00	42.00	53.00	44.00	57.00
94	8.00	16.00	61.00	80.00	71.00	80.00
95	44.00	34.00	41.00	45.00	41.00	50.00
96	34.00	33.00	60.00	58.00	56.00	62.00
97	29.00	25.00	63.00	65.00	64.00	68.00
98	32.00	36.00	49.00	57.00	55.00	50.00
99	31.00	32.00	58.00	66.00	41.00	60.00
100	12.00	14.00	62.00	78.00	80.00	75.00
101	28.00	32.00	56.00	50.00	41.00	50.00
102	21.00	36.00	65.00	80.00	71.00	80.00
103	29.00	30.00	56.00	61.00	64.00	57.00
104	28.00	31.00	41.00	58.00	49.00	62.00
105	41.00	30.00	61.00	59.00	44.00	60.00
106	29.00	28.00	56.00	39.00	50.00	57.00
107	35.00	33.00	41.00	53.00	55.00	50.00
108	24.00	28.00	49.00	58.00	64.00	57.00
109	21.00	26.00	66.00	53.00	69.00	64.00
110	11.00	18.00	63.00	61.00	69.00	70.00
111	23.00	33.00	49.00	45.00	63.00	64.00
112	37.00	34.00	53.00	67.00	68.00	64.00
113	21.00	30.00	42.00	39.00	44.00	44.00
114	19.00	25.00	64.00	55.00	44.00	53.00
115	38.00	30.00	56.00	64.00	68.00	54.00
116	33.00	21.00	60.00	67.00	64.00	57.00
117	30.00	34.00	68.00	70.00	49.00	57.00

	anx	hos	phob	par	psy	gsi
79	41.00	40.00	68.00	63.00	57.00	58.00
80	60.00	55.00	45.00	43.00	58.00	61.00
81	55.00	51.00	45.00	61.00	62.00	60.00
82	38.00	39.00	45.00	52.00	46.00	36.00
83	38.00	39.00	45.00	43.00	46.00	41.00
84	62.00	51.00	45.00	65.00	78.00	65.00
85	78.00	75.00	70.00	71.00	71.00	74.00
86	63.00	62.00	47.00	63.00	77.00	72.00
87	66.00	68.00	64.00	65.00	65.00	71.00
88	65.00	67.00	56.00	70.00	67.00	69.00
89	73.00	71.00	56.00	57.00	60.00	80.00
90	41.00	51.00	47.00	51.00	58.00	47.00
91	45.00	39.00	45.00	43.00	46.00	42.00
92	68.00	70.00	68.00	74.00	65.00	69.00
93	41.00	40.00	47.00	51.00	62.00	49.00
94	80.00	66.00	72.00	63.00	80.00	80.00
95	45.00	52.00	46.00	44.00	46.00	42.00
96	55.00	65.00	45.00	65.00	64.00	63.00
97	65.00	65.00	64.00	65.00	71.00	66.00
98	58.00	65.00	45.00	71.00	74.00	61.00
99	45.00	51.00	45.00	43.00	63.00	57.00
100	62.00	55.00	65.00	63.00	77.00	71.00
101	51.00	39.00	56.00	59.00	62.00	53.00
102	80.00	80.00	80.00	59.00	80.00	80.00
103	58.00	59.00	45.00	55.00	57.00	59.00
104	63.00	65.00	65.00	63.00	58.00	61.00
105	63.00	62.00	47.00	64.00	62.00	64.00
106	55.00	60.00	47.00	42.00	58.00	53.00
107	51.00	62.00	65.00	59.00	65.00	60.00
108	51.00	67.00	45.00	65.00	65.00	62.00
109	66.00	67.00	64.00	52.00	64.00	67.00
110	69.00	62.00	65.00	62.00	64.00	69.00
111	38.00	51.00	45.00	67.00	46.00	52.00
112	60.00	71.00	45.00	51.00	54.00	44.00
113	41.00	40.00	47.00	42.00	46.00	39.00
114	63.00	51.00	47.00	75.00	57.00	63.00
115	45.00	51.00	45.00	52.00	62.00	56.00
116	58.00	39.00	44.00	54.00	64.00	64.00
117	51.00	55.00	45.00	43.00	46.00	58.00

	psdi	pst	asi	dasgt	concern	f1
79	51.00	61.00	4.79	136.00	1.00	44.00
80	56.00	54.00	3.21	66.00	1.00	28.00
81	51.00	63.00	3.57	70.00	1.00	22.00
82	43.00	36.00	3.36	68.00	.00	21.00
83	30.00	45.00	1.07	23.00	.00	5.00
84	64.00	63.00	1.43	30.00	1.00	18.00
85	67.00	78.00	4.71	113.00	1.00	49.00
86	60.00	72.00	3.71	81.00	.00	13.00
87	64.00	73.00	3.93	88.00	1.00	40.00
88	65.00	65.00	4.21	86.00	1.00	24.00
89	79.00	74.00	4.64	124.00	1.00	52.00
90	44.00	49.00	3.50	80.00	1.00	30.00
91	60.00	39.00	4.07	85.00	1.00	32.00
92	68.00	65.00	3.36	71.00	.00	16.00
93	44.00	50.00	1.57	48.00	.00	10.00
94	76.00	74.00	4.71	127.00	1.00	44.00
95	43.00	43.00	1.50	41.00	.00	10.00
96	55.00	65.00	4.07	88.00	1.00	34.00
97	59.00	68.00	4.29	94.00	1.00	28.00
98	58.00	60.00	4.14	95.00	.00	21.00
99	57.00	55.00	4.43	81.00	1.00	36.00
100	70.00	68.00	4.79	136.00	1.00	59.00
101	43.00	56.00	4.86	136.00	1.00	49.00
102	74.00	75.00	4.64	114.00	1.00	35.00
103	52.00	60.00	4.50	102.00	1.00	41.00
104	54.00	61.00	3.79	84.00	1.00	36.00
105	60.00	62.00	3.43	78.00	1.00	24.00
106	64.00	55.00	4.00	98.00	.00	30.00
107	58.00	58.00	3.21	76.00	1.00	29.00
108	56.00	63.00	4.21	97.00	1.00	35.00
109	65.00	65.00	4.71	119.00	1.00	40.00
110	65.00	66.00	5.00	154.00	1.00	60.00
111	50.00	52.00	3.43	79.00	1.00	28.00
112	51.00	65.00	4.29	93.00	1.00	31.00
113	44.00	39.00	4.07	78.00	1.00	25.00
114	56.00	63.00	3.57	72.00	1.00	26.00
115	50.00	58.00	1.79	47.00	.00	6.00
116	63.00	63.00	4.36	104.00	1.00	37.00
117	64.00	53.00	4.29	92.00	1.00	30.00

	f2	f3	f4	f5	pdd
79	40.00	21.00	11.00	11.00	3.00
80	22.00	8.00	7.00	1.00	5.00
81	20.00	10.00	11.00	4.00	2.00
82	21.00	6.00	11.00	5.00	.00
83	4.00	1.00	11.00	.00	.00
84	.00	1.00	15.00	1.00	.00
85	24.00	12.00	17.00	3.00	2.00
86	25.00	15.00	14.00	7.00	.00
87	11.00	13.00	17.00	2.00	5.00
88	25.00	13.00	15.00	6.00	2.00
89	37.00	23.00	19.00	9.00	5.00
90	21.00	11.00	10.00	6.00	2.00
91	20.00	14.00	13.00	4.00	2.00
92	23.00	11.00	12.00	5.00	.00
93	16.00	5.00	11.00	1.00	.00
94	47.00	5.00	21.00	1.00	8.00
95	4.00	9.00	9.00	6.00	.00
96	22.00	11.00	14.00	2.00	3.00
97	27.00	11.00	17.00	6.00	2.00
98	27.00	24.00	8.00	13.00	2.00
99	18.00	9.00	13.00	2.00	2.00
100	33.00	19.00	21.00	1.00	1.00
101	32.00	25.00	13.00	13.00	3.00
102	36.00	13.00	23.00	4.00	2.00
103	25.00	17.00	17.00	1.00	3.00
104	18.00	.00	15.00	4.00	2.00
105	26.00	8.00	12.00	4.00	2.00
106	25.00	19.00	9.00	9.00	2.00
107	21.00	12.00	7.00	4.00	2.00
108	23.00	14.00	16.00	4.00	3.00
109	31.00	17.00	16.00	8.00	2.00
110	43.00	22.00	22.00	4.00	6.00
111	23.00	10.00	11.00	5.00	2.00
112	23.00	17.00	12.00	5.00	4.00
113	23.00	9.00	14.00	4.00	4.00
114	20.00	16.00	12.00	4.00	2.00
115	14.00	5.00	15.00	1.00	.00
116	20.00	21.00	18.00	4.00	2.00
117	20.00	14.00	15.00	10.00	2.00

	group	age	gender	famstat	ethnback	selfest
118	1.00	23.00	.00	3.00	.00	39.00
119	1.00	22.00	.00	3.00	1.00	36.00
120	1.00	21.00	.00	3.00	.00	33.00
121	1.00	22.00	1.00	2.00	1.00	28.00
122	1.00	21.00	1.00	1.00	1.00	39.00
123	1.00	22.00	.00	3.00	1.00	31.00
124	1.00	26.00	1.00	2.00	.00	40.00
125	1.00	22.00	.00	1.00	.00	26.00
126	.00	19.00	.00	1.00	.00	34.00
127	.00	21.00	1.00	1.00	.00	21.00
128	.00	28.00	1.00	1.00	.00	26.00
129	.00	27.00	1.00	1.00	.00	23.00
130	.00	28.00	1.00	1.00	.00	29.00
131	.00	30.00	1.00	1.00	.00	36.00
132	.00	26.00	.00	1.00	.00	27.00
133	.00	25.00	1.00	1.00	.00	27.00
134	.00	25.00	1.00	1.00	.00	36.00
135	.00	27.00	1.00	1.00	.00	38.00
136	.00	28,00	1.00	1.00	.00	22.00
137	.00	29.00	1.00	1.00	.00	27.00
138	.00	21.00	1.00	3.00	.00	25.00
139	.00	22.00	1.00	3.00	.00	36.00
140	.00	21.00	.00	1.00	1.00	37.00
141	.00	22.00	.00	1.00	.00	36.00
142	.00	21.00	.00	1.00	.00	35.00
143	.00	30.00	.00	1.00	.00	37.00
144	.00	30.00	.00	1.00	.00	30.00
145	.00	30.00	1.00	1.00	.00	37.00
146	.00	27.00	1.00	1.00	.00	38.00
147	.00	26.00	.00	1.00	.00	39.00
148	.00	24.00	.00	3.00	.00	29.00
149	.00	26.00	.00	2.00	.00	28.00
150	.00	21.00	.00	3.00	.00	37.00
151	.00	30.00	.00	1.00	.00	36.00
152	.00	23.00	.00	3.00	2.00	37.00
153	.00	22.00	1.00	1.00	.00	38.00
154	.00	24.00	1.00	1.00	2.00	27.00
155	.00	25.00	.00	3.00	2.00	23.00
156	.00	27.00	.00	2.00	.00	21.00

	socsup1	socsup2	som	oc	is	dep
118	31.00	36.00	41.00	45.00	51.00	50.00
119	35.00	34.00	41.00	45.00	46.00	42.00
120	54.00	36.00	49.00	57.00	49.00	50.00
121	19.00	35.00	49.00	53.00	69.00	50.00
122	19.00	36.00	56.00	39.00	44.00	44.00
123	46.00	33.00	65.00	67.00	64.00	61.00
124	19.00	29.00	56.00	39.00	44.00	44.00
125	33.00	36.00	60.00	57.00	63.00	54.00
126	32.00	29.00	56.00	61.00	66.00	64.00
127	15.00	17.00	62.00	67.00	76.00	71.00
128	23.00	35.00	58.00	70.00	69.00	69.00
129	10.00	24.00	41.00	61.00	63.00	67.00
130	20.00	32.00	62.00	61.00	60.00	60.00
131	34.00	34.00	41.00	64.00	41.00	60.00
132	18.00	29.00	67.00	74.00	76.00	71.00
133	33.00	27.00	56.00	64.00	71.00	64.00
134	24.00	30.00	62.00	58.00	49.00	57.00
135	24.00	34.00	53.00	69.00	64.00	68.00
136	23.00	28.00	69.00	78.00	76.00	70.00
137	21.00	24.00	56.00	66.00	71.00	69.00
138	20.00	26.00	60.00	74.00	69.00	68.00
139	34.00	33.00	41.00	57.00	55.00	42.00
140	54.00	36.00	41.00	61.00	49.00	50.00
141	30.00	36.00	41.00	45.00	41.00	42.00
142	30.00	34.00	58.00	64.00	70.00	65.00
143	31.00	34.00	53.00	58.00	55.00	65.00
144	21.00	36.00	49.00	53.00	41.00	42.00
145	34.00	36.00	68.00	74.00	41.00	54.00
146	36.00	34.00	59.00	55.00	63.00	60.00
147	19.00	36.00	56.00	39.00	44.00	44.00
148	33.00	25.00	61.00	74.00	44.00	64.00
149	19.00	23.00	53.00	58.00	73.00	67.00
150	34.00	30.00	56.00	57.00	55.00	42.00
151	18.00	33.00	41.00	45.00	41.00	42.00
152	36.00	32.00	49.00	53.00	55.00	61.00
153	35.00	33.00	41.00	53.00	55.00	50.00
154	45.00	36.00	51.00	61.00	66.00	64.00
155	27.00	26.00	58.00	67.00	71.00	69.00
156	13.00	24.00	78.00	68.00	76.00	78.00

	anx	hos	phob	par	psy	gsi
118	38.00	59.00	45.00	55.00	46.00	46.00
119	38.00	51.00	45.00	55.00	46.00	41.00
120	51.00	39.00	45.00	43.00	46.00	48.00
121	51.00	55.00	56.00	63.00	62.00	58.00
122	41.00	40.00	47.00	42.00	46.00	53.00
123	68.00	59.00	64.00	63.00	62.00	66.00
124	41.00	40.00	47.00	42.00	58.00	42.00
125	45.00	59.00	45.00	55.00	58.00	57.00
126	51.00	51.00	45.00	59.00	64.00	58.00
127	65.00	62.00	45.00	71.00	71.00	70.00
128	64.00	55.00	45.00	60.00	74.00	67.00
129	60.00	51.00	63.00	52.00	65.00	61.00
130	59.00	70.00	45.00	65.00	58.00	64.00
131	38.00	55.00	45.00	55.00	62.00	55.00
132	70.00	78.00	70.00	75.00	78.00	78.00
133	66.00	75.00	56.00	55.00	79.00	71.00
134	51.00	51.00	56.00	52.00	64.00	59.00
135	69.00	65.00	56.00	52.00	58.00	61.00
136	72.00	73.00	76.00	80.00	77.00	80.00
137	66.00	65.00	60.00	61.00	62.00	66.00
138	70.00	65.00	65.00	65.00	67.00	57.00
139	45.00	51.00	45.00	43.00	46.00	46.00
140	51.00	51.00	56.00	55.00	46.00	51.00
141	38.00	51.00	45.00	59.00	46.00	42.00
142	60.00	78.00	60.00	67.00	74.00	52.00
143	65.00	68.00	45.00	59.00	67.00	63.00
144	38.00	39.00	45.00	43.00	46.00	41.00
145	60.00	55.00	45.00	43.00	58.00	61.00
146	41.00	40.00	68.00	63.00	57.00	58.00
147	41.00	40.00	47.00	42.00	46.00	53.00
148	63.00	76.00	62.00	63.00	74.00	73.00
149	70.00	68.00	64.00	71.00	65.00	71.00
150	51.00	39.00	60.00	52.00	46.00	52.00
151	38.00	39.00	45.00	52.00	46.00	36.00
152	62.00	51.00	45.00	65.00	78.00	65.00
153	51.00	62.00	65.00	59.00	65.00	60.00
154	63.00	62.00	47.00	63.00	77.00	72.00
155	66.00	68.00	64.00	65.00	65.00	71.00
156	73.00	71.00	56.00	57.00	60.00	80.00

	psdi	pst	asi	dasgt	concern	f1
118	43.00	48.00	3.36	73.00	1.00	26.00
119	43.00	45.00	3.14	64.00	1.00	18.00
120	43.00	50.00	3.36	68.00	1.00	20.00
121	53.00	59.00	4.29	97.00	1.00	34.00
122	75.00	46.00	3.07	63.00	1.00	18.00
123	57.00	68.00	3.86	93.00	1.00	34.00
124	44.00	42.00	1.93	45.00	.00	6.00
125	50.00	59.00	4.07	78.00	1.00	28.00
126	53.00	59.00	4.64	111.00	1.00	43.00
127	67.00	65.00	5.00	155.00	1.00	56.00
128	64.00	65.00	4.64	114.00	1.00	44.00
129	60.00	59.00	3.57	71.00	1.00	36.00
130	55.00	66.00	4.29	90.00	1.00	30.00
131	54.00	54.00	3.36	79.00	1.00	28.00
132	69.00	78.00	4.71	122.00	1.00	52.00
133	65.00	78.00	4.21	94.00	1.00	35.00
134	54.00	60.00	3.36	76.00	1.00	32.00
135	57.00	61.00	3.50	80.00	1.00	26.00
136	70.00	80.00	5.00	159.00	1.00	55.00
137	60.00	66.00	4.29	108.00	1.00	40.00
138	61.00	76.00	4.57	121.00	1.00	37.00
139	64.00	49.00	3.64	74.00	1.00	30.00
140	52.00	51.00	3.00	61.00	.00	10.00
141	43.00	43.00	1.79	47.00	.00	10.00
142	60.00	73.00	4.50	114.00	1.00	36.00
143	63.00	60.00	1.36	40.00	1.00	12.00
144	30.00	45.00	1.29	23.00	.00	5.00
145	56.00	54.00	3.29	66.00	1.00	28.00
146	51.00	61.00	4.79	136.00	1.00	44.00
147	75.00	46.00	3.14	63.00	1.00	18.00
148	65.00	67.00	3.64	75.00	.00	16.00
149	64.00	73.00	3.71	74.00	1.00	31.00
150	52.00	52.00	4.43	106.00	1.00	35.00
151	43.00	36.00	3.43	68.00	.00	21.00
152	64.00	63.00	1.86	30.00	1.00	18.00
153	58.00	58.00	3.71	76.00	1.00	29.00
154	60.00	72.00	3.57	81.00	.00	13.00
155	64.00	73.00	4.07	88.00	1.00	40.00
156	79.00	74.00	4.36	124.00	1.00	52.00

	f2	f3	f4	f5	pdd
118	20.00	10.00	10.00	4.00	3.00
119	20.00	13.00	7.00	4.00	2.00
120	20.00	9.00	11.00	5.00	2.00
121	20.00	17.00	19.00	4.00	2.00
122	20.00	9.00	12.00	4.00	2.00
123	22.00	16.00	15.00	3.00	4.00
124	14.00	6.00	15.00	2.00	.00
125	19.00	9.00	17.00	1.00	2.00
126	29.00	20.00	11.00	4.00	2.00
127	36.00	33.00	20.00	3.00	6.00
128	22.00	21.00	17.00	7.00	2.00
129	9.00	6.00	16.00	.00	.00
130	21.00	16.00	15.00	5.00	4.00
131	19.00	12.00	11.00	4.00	4.00
132	31.00	14.00	13.00	3.00	6.00
133	23.00	13.00	14.00	5.00	.00
134	20.00	6.00	13.00	1.00	2.00
135	20.00	13.00	11.00	4.00	1.00
136	38.00	27.00	15.00	18.00	3.00
137	29.00	13.00	20.00	1.00	3.00
138	33.00	21.00	16.00	6.00	4.00
139	18.00	10.00	9.00	4.00	2.00
140	21.00	11.00	9.00	5.00	.00
141	16.00	3.00	13.00	1.00	2.00
142	28.00	19.00	14.00	12.00	2.00
143	.00	7.00	13.00	3.00	.00
144	4.00	1.00	11.00	.00	.00
145	22.00	8.00	7.00	1.00	5.00
146	40.00	21.00	11.00	11.00	3.00
147	20.00	9.00	12.00	4.00	2.00
148	26.00	11.00	13.00	3.00	2.00
149	18.00	10.00	14.00	1.00	.00
150	29.00	17.00	9.00	14.00	2.00
151	21.00	6.00	11.00	5.00	.00
152	.00	1.00	15.00	1.00	.00
153	21.00	12.00	7.00	4.00	2.00
154	25.00	15.00	14.00	7.00	.00
155	11.00	13.00	17.00	2.00	5.00
156	37.00	23.00	19.00	9.00	5.00

	group	age	gender	famstat	ethnback	selfest
157	.00	28.00	.00	1.00	.00	38.00
158	.00	30.00	1.00	1.00	.00	36.00
159	.00	24.00	1.00	1.00	.00	28.00
160	.00	26.00	.00	1.00	.00	37.00
161	.00	28.00	.00	1.00	.00	23.00
162	.00	27.00	.00	1.00	1.00	34.00
163	.00	29.00	.00	1.00	1.00	30.00
164	.00	26.00	.00	1.00	1.00	23.00
165	.00	28.00	1.00	1.00	1.00	33.00
166	.00	26.00	1.00	2.00	.00	33.00
167	.00	28.00	.00	1.00	.00	20.00
168	.00	18.00	1.00	3.00	.00	35.00
169	.00	18.00	.00	3.00	.00	25.00
170	.00	29.00	1.00	1.00	.00	26.00
171	.00	21.00	.00	2.00	.00	29.00
172	.00	20.00	.00	3.00	1.00	28.00
173	.00	20.00	1.00	1.00	1.00	38.00
174	.00	25.00	.00	1.00	.00	28.00
175	.00	28.00	1.00	1.00	1.00	22.00
176	.00	29.00	.00	1.00	.00	20.00
177	.00	30.00	1.00	1.00	1.00	35.00
178	.00	24.00	1.00	1.00	.00	36.00
179	.00	25.00	1.00	1.00	.00	40.00
180	.00	27.00	1.00	1.00	.00	34.00
181	.00	28.00	1.00	1.00	.00	33.00
182	.00	22.00	.00	1.00	.00	28.00
183	.00	22.00	.00	3.00	1.00	31.00
184	.00	20.00	.00	3.00	1.00	31.00
185	.00	26.00	1.00	1.00	.00	32.00
186	.00	28.00	1.00	1.00	1.00	26.00
187	.00	29.00	.00	1.00	.00	34.00
188	.00	25.00	.00	1.00	.00	21.00
189	.00	20.00	.00	3.00	.00	26.00
190	.00	21.00	1.00	3.00	.00	29.00
191	.00	24.00	1.00	2.00	.00	36.00
192	.00	27.00	.00	1.00	1.00	35.00
193	.00	28.00	.00	1.00	1.00	27.00
194	.00	29.00	1.00	1.00	1.00	36.00
195	.00	30.00	1.00	1.00	.00	38.00

	socsup1	socsup2	som	oc	is	dep
157	26.00	33.00	42.00	53.00	44.00	57.00
158	25.00	30.00	49.00	53.00	41.00	42.00
159	35.00	32.00	60.00	64.00	71.00	68.00
160	31.00	29.00	42.00	53.00	44.00	57.00
161	21.00	36.00	65.00	80.00	71.00	80.00
162	44.00	34.00	41.00	45.00	41.00	50.00
163	42.00	31.00	60.00	66.00	54.00	60.00
164	29.00	25.00	63.00	65.00	64.00	68.00
165	23.00	31.00	49.00	53.00	55.00	61.00
166	31.00	32.00	58.00	66.00	41.00	60.00
167	12.00	14.00	62.00	78.00	80.00	75.00
168	28.00	32.00	56.00	50.00	41.00	50.00
169	19.00	31.00	51.00	74.00	66.00	65.00
170	29.00	30.00	56.00	61,00	64.00	57.00
171	28.00	31.00	41.00	58.00	49.00	62.00
172	41.00	30.00	61.00	59.00	44.00	60.00
173	35.00	33.00	41.00	53.00	55.00	50.00
174	37.00	36.00	41.00	66.00	68.00	68.00
175	21.00	26.00	66.00	53.00	69.00	64.00
176	11.00	18.00	63.00	61.00	69.00	70.00
177	23.00	33.00	49.00	45.00	63.00	64.00
178	37.00	36.00	41.00	45.00	55.00	42.00
179	19.00	29.00	56.00	39.00	44.00	44.00
180	32.00	29.00	56.00	61.00	66.00	64.00
181	54.00	36.00	49.00	57.00	49.00	50.00
182	19.00	35.00	49.00	53.00	69.00	50.00
183	28.00	36.00	49.00	63.00	60.00	50.00
184	46.00	33.00	65.00	67.00	64.00	61.00
185	32.00	35.00	53.00	61.00	60.00	54.00
186	33.00	36.00	60.00	57.00	63.00	54.00
187	32.00	29.00	56.00	61.00	66.00	64.00
188	15.00	17.00	62.00	67.00	76.00	71.00
189	23.00	35.00	58.00	70.00	69.00	69.00
190	20.00	32.00	62.00	61.00	60.00	60.00
191	34.00	34.00	41.00	64.00	41.00	60.00
192	32.00	33.00	58.00	50.00	41.00	64.00
193	33.00	27.00	56.00	64.00	71.00	64.00
194	24.00	30.00	62.00	58.00	49.00	57.00
195	24.00	34.00	53.00	69.00	64.00	68.00

	anx	hos	phob	par	psy	gsi
157	41.00	51.00	47.00	51.00	58.00	47.00
158	45.00	39.00	45.00	43.00	46.00	42.00
159	68.00	70.00	68.00	74.00	65.00	69.00
160	41.00	40.00	47.00	51.00	62.00	49.00
161	80.00	80.00	80.00	59.00	80.00	80.00
162	45.00	52.00	46.00	44.00	46.00	42.00
163	62.00	63.00	63.00	52.00	62.00	61.00
164	65.00	65.00	64.00	65.00	71.00	66.00
165	62.00	51.00	45.00	65.00	78.00	65.00
166	45.00	51.00	45.00	43.00	63.00	57.00
167	62.00	55.00	65.00	63.00	77.00	71.00
168	51.00	39.00	56.00	59.00	62.00	53.00
169	78.00	64.00	47.00	73.00	68.00	72.00
170	58.00	59.00	45.00	55.00	57.00	59.00
171	63.00	65.00	65.00	63.00	58.00	61.00
172	63.00	62.00	47.00	64.00	62.00	64.00
173	51.00	62.00	65.00	59.00	65.00	60.00
174	65.00	45.00	52.00	46.00	56.00	56.00
175	66.00	67.00	64.00	52.00	64.00	67.00
176	69.00	62.00	65.00	62.00	64.00	69.00
177	38.00	51.00	45.00	67.00	46.00	52.00
178	45.00	39.00	45.00	43.00	46.00	44.00
179	41.00	40.00	47.00	42.00	58.00	42.00
180	51.00	51.00	45.00	59.00	64.00	58.00
181	51.00	39.00	45.00	43.00	46.00	48.00
182	51.00	55.00	56.00	63.00	62.00	58.00
183	51.00	51.00	45.00	52.00	52.00	56.00
184	68.00	59.00	64.00	63.00	62.00	66.00
185	51.00	55.00	45.00	52.00	46.00	54.00
186	45.00	59.00	45.00	55.00	58.00	57.00
187	51.00	51.00	45.00	59.00	64.00	58.00
188	65.00	62.00	45.00	71.00	71.00	70.00
189	64.00	55.00	45.00	60.00	74.00	67.00
190	59.00	70.00	45.00	65.00	58.00	64.00
191	38.00	55.00	45.00	55.00	62.00	55.00
192	55.00	55.00	45.00	43.00	62.00	57.00
193	66.00	75.00	56.00	55.00	79.00	71.00
194	51.00	51.00	56.00	52.00	64.00	59.00
195	69.00	65.00	56.00	52.00	58.00	61.00

	psdi	pst	asi	dasgt	concern	f1
157	44.00	49.00	3.50	80.00	1.00	30.00
158	60.00	39.00	3.86	85.00	1.00	32.00
159	68.00	65.00	3.64	71.00	.00	16.00
160	44.00	50.00	1.93	48.00	.00	10.00
161	74.00	75.00	4.43	114.00	1.00	35.00
162	43.00	43.00	1.43	41.00	.00	10.00
163	54.00	62.00	4.21	101.00	1.00	42.00
164	59.00	68.00	4.29	94.00	1.00	28.00
165	64.00	63.00	3.50	80.00	1.00	30.00
166	57.00	55.00	3.71	81.00	1.00	36.00
167	70.00	68.00	4.79	136.00	1.00	59.00
168	43.00	56.00	4.86	136.00	1.00	49.00
169	66.00	67.00	4.57	121.00	1.00	50.00
170	52.00	60.00	4.29	102.00	1.00	41.00
171	54.00	61.00	3.86	84.00	1.00	36.00
172	60.00	62.00	3.57	78.00	1.00	24.00
173	58.00	58.00	3.64	76.00	1.00	29.00
174	56.00	53.00	4.07	86.00	1.00	47.00
175	65.00	65.00	4.43	119.00	1.00	40.00
176	65.00	66.00	5.00	154.00	1.00	60.00
177	50.00	52.00	3.86	79.00	1.00	28.00
178	43.00	45.00	1.14	.00	.00	.00
179	44.00	42.00	1.79	45.00	.00	6.00
180	53.00	59.00	4.14	111.00	1.00	43.00
181	43.00	50.00	3.43	68.00	1.00	20.00
182	53.00	59.00	3.21	97.00	1.00	34.00
183	56.00	54.00	3.21	65.00	1.00	31.00
184	57.00	68.00	4.14	93.00	1.00	34.00
185	51.00	54.00	1.93	47.00	.00	10.00
186	50.00	59.00	4.07	78.00	1.00	28.00
187	53.00	59.00	4.43	111.00	1.00	43.00
188	67.00	65.00	5.00	155.00	1.00	56.00
189	64.00	65.00	4.57	114.00	1.00	44.00
190	55.00	66.00	4.21	90.00	1.00	30.00
191	54.00	54.00	4.00	79.00	1.00	28.00
192	52.00	56.00	3.86	82.00	1.00	30.00
193	65.00	78.00	4.36	94.00	1.00	35.00
194	54.00	60.00	3.57	76.00	1.00	32.00
195	57.00	61.00	3.57	80.00	1.00	26.00

	f2	f3	f4	f5	pdd
157	21.00	11.00	10.00	6.00	2.00
158	20.00	14.00	13.00	4.00	2.00
159	23.00	11.00	12.00	5.00	.00
160	16.00	5.00	11.00	1.00	.00
161	36.00	13.00	23.00	4.00	2.00
162	4.00	9.00	9.00	6.00	.00
163	22.00	17.00	15.00	3.00	3.00
164	27.00	11.00	17.00	6.00	2.00
165	24.00	6.00	14.00	1.00	2.00
166	18.00	9.00	13.00	2.00	2.00
167	33.00	19.00	21.00	1.00	1.00
168	32.00	25.00	13.00	13.00	3.00
169	37.00	26.00	13.00	9.00	2.00
170	25.00	17.00	17.00	1.00	3.00
171	18.00	.00	15.00	4.00	2.00
172	26.00	8.00	12.00	4.00	2.00
173	21.00	12.00	7.00	4.00	2.00
174	3.00	23.00	9.00	1.00	2.00
175	31.00	17.00	16.00	8.00	2.00
176	43.00	22.00	22.00	4.00	6.00
177	23.00	10.00	11.00	5.00	2.00
178	.00	.00	.00	.00	.00
179	14.00	6.00	15.00	2.00	.00
180	29.00	20.00	11.00	4.00	2.00
181	20.00	9.00	11.00	5.00	2.00
182	20.00	17.00	19.00	4.00	2.00
183	19.00	5.00	8.00	1.00	2.00
184	22.00	16.00	15.00	3.00	4.00
185	14.00	6.00	12.00	2.00	.00
186	19.00	9.00	17.00	1.00	2.00
187	29.00	20.00	11.00	4.00	2.00
188	36.00	33.00	20.00	3.00	6.00
189	22.00	21.00	17.00	7.00	2.00
190	21.00	16.00	15.00	5.00	4.00
191	19.00	12.00	11.00	4.00	4.00
192	23.00	10.00	12.00	5.00	3.00
193	23.00	13.00	14.00	5.00	.00
194	20.00	6.00	13.00	1.00	2.00
195	20.00	13.00	11.00	4.00	1.00

	group	age	gender	famstat	ethnback	selfest
196	.00	30.00	.00	1.00	.00	22.00
197	.00	24.00	.00	2.00	.00	27.00
198	.00	27.00	.00	1.00	1.00	25.00
199	.00	28.00	1.00	1.00	1.00	36.00
200	.00	29.00	1.00	1.00	1.00	32.00
201	.00	21.00	1.00	3.00	.00	37.00
202	.00	22.00	.00	2.00	.00	31.00
203	.00	23.00	.00	3.00	.00	36.00
204	.00	26.00	.00	2.00	.00	35.00
205	.00	28.00	.00	1.00	.00	37.00
206	.00	29.00	.00	1.00	.00	37.00
207	.00	25.00	1.00	2.00	.00	33.00
208	.00	27.00	1.00	1.00	.00	39.00
209	.00	28.00	1.00	1.00	2.00	30.00
210	.00	30.00	1.00	2.00	.00	29.00
211	.00	30.00	.00	1.00	.00	28.00
212	.00	21.00	.00	3.00	.00	37.00
213	.00	21.00	.00	3.00	2.00	36.00
214	.00	21.00	.00	3.00	.00	37.00
215	.00	30.00	1.00	1.00	.00	37.00
216	.00	30.00	1.00	1.00	.00	27.00
217	.00	30.00	.00	2.00	.00	27.00
218	.00	29.00	.00	1.00	2.00	23.00
219	.00	27.00	.00	1.00	1.00	27.00
220	.00	29.00	1.00	1.00	1.00	21.00
221	.00	27.00	1.00	2.00	.00	38.00
222	.00	26.00	1.00	3.00	.00	36.00
223	.00	23.00	1.00	2.00	.00	28.00
224	.00	26.00	.00	1.00	1.00	37.00
225	.00	28.00	.00	1.00	.00	28.00
226	.00	29.00	.00	1.00	.00	27.00
227	.00	30.00	.00	1.00	.00	30.00
228	.00	25.00	1.00	2.00	1.00	23.00
229	.00	27.00	1.00	1.00	.00	37.00
230	.00	28.00	1.00	1.00	.00	33.00
231	.00	24.00	.00	3.00	.00	20.00
232	.00	29.00	.00	1.00	.00	35.00
233	.00	30.00	.00	1.00	.00	25.00
234	.00	27.00	1.00	1.00	.00	26.00

	socsup1	socsup2	som	oc	is	dep
196	23.00	28.00	69.00	78.00	76.00	70.00
197	21.00	24.00	56.00	66.00	71.00	69.00
198	20.00	26.00	60.00	74.00	69.00	68.00
199	34.00	33.00	41.00	57.00	55.00	42.00
200	28.00	36.00	53.00	57.00	60.00	54.00
201	54.00	36.00	41.00	61.00	49.00	50.00
202	45.00	20.00	67.00	64.00	63.00	50.00
203	30.00	36.00	41.00	45.00	41.00	42.00
204	30.00	34.00	58.00	64.00	70.00	65.00
205	31.00	34.00	53.00	58.00	55.00	65.00
206	34.00	36.00	68.00	74.00	41.00	54.00
207	53.00	35.00	57.00	64.00	64.00	61.00
208	19.00	36.00	56.00	39.00	44.00	44.00
209	44.00	33.00	42.00	43.00	44.00	57.00
210	33.00	25.00	61.00	74.00	44.00	64.00
211	19.00	23.00	53.00	58.00	73.00	67.00
212	34.00	30.00	56.00	57.00	55.00	42.00
213	18.00	33.00	41.00	45.00	41.00	42.00
214	36.00	32.00	49.00	53.00	55.00	61.00
215	19.00	25.00	64.00	55.00	44.00	53.00
216	17.00	29.00	60.00	78.00	70.00	67.00
217	45.00	36.00	51.00	61.00	66.00	64.00
218	27.00	26.00	58.00	67.00	71.00	69.00
219	19.00	36.00	74.00	78.00	60.00	54.00
220	13.00	24.00	78.00	68.00	76.00	78.00
221	26.00	33.00	42.00	53.00	44.00	57.00
222	25.00	30.00	49.00	53.00	41.00	42.00
223	35.00	32.00	60.00	64.00	71.00	68.00
224	31.00	29.00	42.00	53.00	44.00	57.00
225	8.00	16.00	61.00	80.00	71.00	80.00
226	54.00	34.00	41.00	59.00	64.00	57.00
227	42.00	31.00	60.00	66.00	54.00	60.00
228	29.00	25.00	63.00	65.00	64.00	68.00
229	32.00	36.00	49.00	57.00	55.00	50.00
230	31.00	32.00	58.00	66.00	41.00	60.00
231	12.00	14.00	62.00	78.00	80.00	75.00
232	28.00	32.00	56.00	50.00	41.00	50.00
233	19.00	31.00	51.00	74.00	66.00	65.00
234	29.00	30.00	56.00	61.00	64.00	57.00

	anx	hos	phob	par	psy	gsi
196	72.00	73.00	76.00	80.00	77.00	80.00
197	66.00	65.00	60.00	61.00	62.00	66.00
198	70.00	65.00	65.00	65.00	67.00	57.00
199	45.00	51.00	45.00	43.00	46.00	46.00
200	55.00	62.00	45.00	52.00	64.00	66.00
201	51.00	51.00	56.00	55.00	46.00	51.00
202	62.00	39.00	45.00	52.00	46.00	61.00
203	38.00	51.00	45.00	59.00	46.00	42.00
204	60.00	78.00	60.00	67.00	74.00	52.00
205	65.00	68.00	45.00	59.00	67.00	63.00
206	60.00	55.00	45.00	43.00	58.00	61.00
207	55.00	51.00	45.00	61.00	62.00	60.00
208	41.00	40.00	47.00	42.00	46.00	53.00
209	49.00	40.00	47.00	55.00	45.00	51.00
210	63.00	76.00	62.00	63.00	74.00	73.00
211	70.00	68.00	64.00	71.00	65.00	71.00
212	51.00	39.00	60.00	52.00	46.00	52.00
213	38.00	39.00	45.00	52.00	46.00	36.00
214	62.00	51.00	45.00	65.00	78.00	65.00
215	63.00	51.00	47.00	75.00	57.00	63.00
216	78.00	75.00	70.00	71.00	71.00	74.00
217	63.00	62.00	47.00	63.00	77.00	72.00
218	66.00	68.00	64.00	65.00	65.00	71.00
219	65.00	67.00	56.00	70.00	67.00	69.00
220	73.00	71.00	56.00	57.00	60.00	80.00
221	41.00	51.00	47.00	51.00	58.00	47.00
222	45.00	39.00	45.00	43.00	46.00	42.00
223	68.00	70.00	68.00	74.00	65.00	69.00
224	41.00	40.00	47.00	51.00	62.00	49.00
225	80.00	66.00	72.00	63.00	80.00	80.00
226	62.00	62.00	56.00	65.00	64.00	62.00
227	62.00	63.00	63.00	52.00	62.00	61.00
228	65.00	65.00	64.00	65.00	71.00	66.00
229	58.00	65.00	45.00	71.00	74.00	61.00
230	45.00	51.00	45.00	43.00	63.00	57.00
231	62.00	55.00	65.00	63.00	77.00	71.00
232	51.00	39.00	56.00	59.00	62.00	53.00
233	78.00	64.00	47.00	73.00	68.00	72.00
234	58.00	59.00	45.00	55.00	57.00	59.00

	psdi	pst	asi	dasgt	concern	f1
196	70.00	80.00	4.93	159.00	1.00	55.00
197	60.00	66.00	4.36	108.00	1.00	40.00
198	61.00	76.00	4.57	121.00	1.00	37.00
199	64.00	49.00	3.64	74.00	1.00	30.00
200	47.00	59.00	3.50	68.00	.00	21.00
201	52.00	51.00	2.93	61.00	.00	10.00
202	62.00	58.00	4.29	98.00	1.00	38.00
203	43.00	43.00	1.79	47.00	.00	10.00
204	60.00	73.00	4.50	114.00	1.00	36.00
205	63.00	60.00	1.64	40.00	1.00	12.00
206	56.00	54.00	3.21	66.00	1.00	28.00
207	51.00	63.00	3.50	70.00	1.00	22.00
208	75.00	46.00	3.14	63.00	1.00	18.00
209	50.00	51.00	3.64	71.00	1.00	23.00
210	65.00	67.00	3.50	75.00	.00	16.00
211	64.00	73.00	3.86	74.00	1.00	31.00
212	52.00	52.00	4.43	106.00	1.00	35.00
213	43.00	36.00	3.43	68.00	.00	21.00
214	64.00	63.00	1.57	30.00	1.00	18.00
215	56.00	63.00	3.79	72.00	1.00	26.00
216	67.00	78.00	4.43	113.00	1.00	49.00
217	60.00	72.00	3.57	81.00	.00	13.00
218	64.00	73.00	4.07	88.00	1.00	40.00
219	65.00	65.00	4.07	86.00	1.00	24.00
220	79.00	74.00	4.64	124.00	1.00	52.00
221	44.00	49.00	3.43	80.00	1.00	30.00
222	60.00	39.00	3.93	85.00	1.00	32.00
223	68.00	65.00	2.79	71.00	.00	16.00
224	44.00	50.00	1.86	48.00	.00	10.00
225	76.00	74.00	4.71	127.00	1.00	44.00
226	54.00	67.00	4.21	94.00	1.00	36.00
227	54.00	62.00	4.57	101.00	1.00	42.00
228	59.00	68.00	4.14	94.00	1.00	28.00
229	58.00	60.00	4.00	95.00	.00	21.00
230	57.00	55.00	3.57	81.00	1.00	36.00
231	70.00	68.00	4.79	136.00	1.00	59.00
232	43.00	56.00	4.57	136.00	1.00	49.00
233	66.00	67.00	4.86	121.00	1.00	50.00
234	52.00	60.00	4.29	102.00	1.00	41.00

	f2	f3	f4	f5	pdd
196	38.00	27.00	15.00	18.00	3.00
197	29.00	13.00	20.00	1.00	3.00
198	33.00	21.00	16.00	6.00	4.00
199	18.00	10.00	9.00	4.00	2.00
200	20.00	10.00	6.00	8.00	.00
201	21.00	11.00	9.00	5.00	.00
202	21.00	14.00	18.00	4.00	2.00
203	16.00	3.00	13.00	1.00	2.00
204	28.00	19.00	14.00	12.00	2.00
205	.00	7.00	13.00	3.00	.00
206	22.00	8.00	7.00	1.00	5.00
207	20.00	10.00	11.00	4.00	2.00
208	20.00	9.00	12.00	4.00	2.00
209	20.00	9.00	11.00	4.00	2.00
210	26.00	11.00	13.00	3.00	2.00
211	18.00	10.00	14.00	1.00	.00
212	29.00	17.00	9.00	14.00	2.00
213	21.00	6.00	11.00	5.00	.00
214	.00	1.00	15.00	1.00	.00
215	20.00	16.00	12.00	4.00	2.00
216	24.00	12.00	17.00	3.00	2.00
217	25.00	15.00	14.00	7.00	.00
218	11.00	13.00	17.00	2.00	5.00
219	25.00	13.00	15.00	6.00	2.00
220	37.00	23.00	19.00	9.00	5.00
221	21.00	11.00	10.00	6.00	2.00
222	20.00	14.00	13.00	4.00	2.00
223	23.00	11.00	12.00	5.00	.00
224	16.00	5.00	11.00	1.00	.00
225	47.00	5.00	21.00	1.00	8.00
226	22.00	15.00	13.00	4.00	3.00
227	22.00	17.00	15.00	3.00	3.00
228	27.00	11.00	17.00	6.00	2.00
229	27.00	24.00	8.00	13.00	2.00
230	18.00	9.00	13.00	2.00	2.00
231	33.00	19.00	21.00	1.00	1.00
232	32.00	25.00	13.00	13.00	3.00
233	37.00	26.00	13.00	9.00	2.00
234	25.00	17.00	17.00	1.00	3.00

	group	age	gender	famstat	ethnback	selfest
235	.00	28.00	1.00	1.00	.00	29.00
236	.00	25.00	.00	2.00	.00	28.00
237	.00	29.00	1.00	1.00	.00	20.00
238	.00	28.00	1.00	1.00	1.00	35.00
239	.00	30.00	.00	1.00	1.00	30.00
240	.00	18.00	.00	3.00	.00	36.00
241	.00	25.00	.00	2.00	.00	34.00
242	.00	23.00	1.00	2.00	.00	37.00
243	.00	22.00	.00	2.00	2.00	24.00
244	.00	28.00	1.00	1.00	.00	36.00
245	.00	21.00	.00	3.00	.00	39.00
246	.00	19.00	.00	3.00	.00	36.00
247	.00	19.00	1.00	3.00	1.00	33.00
248	.00	19.00	1.00	3.00	1.00	28.00
249	.00	24.00	.00	3.00	.00	31.00
250	.00	28.00	.00	1.00	.00	31.00
251	.00	30.00	1.00	1.00	.00	32.00
252	.00	21.00	.00	3.00	1.00	40.00
253	.00	20.00	1.00	3.00	1.00	26.00
254	.00	20.00	.00	3.00	.00	38.00
255	.00	22.00	.00	3.00	.00	29.00
256	.00	28.00	.00	1.00	.00	34.00
257	.00	27.00	1.00	1.00	.00	27.00
258	.00	22.00	1.00	3.00	.00	23.00
259	.00	23.00	1.00	3.00	1.00	33.00
260	.00	20.00	.00	3.00	1.00	37.00
261	.00	21.00	.00	3.00	2.00	32.00
262	.00	22.00	1.00	3.00	.00	39.00
263	.00	22.00	.00	3.00	2.00	23.00
264	.00	30.00	1.00	1.00	.00	20.00
265	.00	20.00	.00	3.00	.00	29.00
266	.00	21.00	1.00	3.00	.00	37.00
267	.00	21.00	.00	3.00	.00	23.00
268	.00	23.00	1.00	2.00	1.00	29.00
269	.00	27.00	.00	3.00	2.00	36.00
270	.00	20.00	1.00	3.00	.00	23.00
271	.00	21.00	1.00	3.00	.00	33.00
272	.00	24.00	1.00	3.00	1.00	32.00
273	.00	26.00	1.00	3.00	1.00	31.00

	socsup1	socsup2	som	oc	is	dep
235	28.00	31.00	41.00	58.00	49.00	62.00
236	41.00	30.00	61.00	59.00	44.00	60.00
237	11.00	18.00	63.00	61.00	69.00	70.00
238	23.00	33.00	49.00	45.00	63.00	64.00
239	37.00	34.00	53.00	67.00	68.00	64.00
240	37.00	36.00	41.00	45.00	55.00	42.00
241	21.00	30.00	42.00	39.00	44.00	44.00
242	19.00	25.00	64.00	55.00	44.00	53.00
243	33.00	21.00	60.00	67.00	64.00	57.00
244	30.00	34.00	68.00	70.00	49.00	57.00
245	31.00	36.00	41.00	45.00	51.00	50.00
246	35.00	34.00	41.00	45.00	46.00	42.00
247	54.00	36.00	49.00	57.00	49.00	50.00
248	19.00	35.00	49.00	53.00	69.00	50.00
249	28.00	36.00	49.00	63.00	60.00	50.00
250	46.00	33.00	65.00	67.00	64.00	61.00
251	32.00	35.00	53.00	61.00	60.00	54.00
252	19.00	29.00	56.00	39.00	44.00	44.00
253	33.00	36.00	60.00	57.00	63.00	54.00
254	35.00	33.00	41.00	53.00	55.00	50.00
255	28.00	31.00	41.00	58.00	49.00	62.00
256	21.00	30.00	42.00	39.00	44.00	44.00
257	18.00	29.00	67.00	74.00	76.00	71.00
258	29.00	25.00	63.00	65.00	64.00	68.00
259	23.00	31.00	49.00	53.00	55.00	61.00
260	31.00	29.00	42.00	53.00	44.00	57.00
261	24.00	28.00	49.00	58.00	64.00	57.00
262	19.00	36.00	56.00	39.00	44.00	44.00
263	29.00	25.00	63.00	65.00	64.00	68.00
264	11.00	18.00	63.00	61.00	69.00	70.00
265	33.00	25.00	61.00	74.00	44.00	64.00
266	32.00	36.00	49.00	57.00	55.00	50.00
267	34.00	33.00	60.00	58.00	56.00	62.00
268	20.00	32.00	62.00	61.00	60.00	60.00
269	35.00	34.00	41.00	45.00	46.00	42.00
270	27.00	26.00	58.00	67.00	71.00	69.00
271	21.00	32.00	70.00	69.00	68.00	71.00
272	20.00	31.00	69.00	71.00	68.00	70.00
273	23.00	32.00	68.00	70.00	69.00	71.00

	anx	hos	phob	par	psy	gsi
235	63.00	65.00	65.00	63.00	58.00	61.00
236	63.00	62.00	47.00	64.00	62.00	64.00
237	69.00	62.00	65.00	62.00	64.00	69.00
238	38.00	51.00	45.00	67.00	46.00	52.00
239	60.00	71.00	45.00	51.00	54.00	44.00
240	45.00	39.00	45.00	43.00	46.00	44.00
241	41.00	40.00	47.00	42.00	46.00	39.00
242	63.00	51.00	47.00	75.00	57.00	63.00
243	58.00	39.00	44.00	54.00	64.00	64.00
244	51.00	55.00	45.00	43.00	46.00	58.00
245	38.00	59.00	45.00	55.00	46.00	46.00
246	38.00	51.00	45.00	55.00	46.00	41.00
247	51.00	39.00	45.00	43.00	46.00	48.00
248	51.00	55.00	56.00	63.00	62.00	58.00
249	51.00	51.00	45.00	52.00	52.00	56.00
250	68.00	59.00	64.00	63.00	62.00	66.00
251	51.00	55.00	45.00	52.00	46.00	54.00
252	41.00	40.00	47.00	42.00	58.00	42.00
253	45.00	59.00	45.00	55.00	58.00	57.00
254	51.00	62.00	65.00	59.00	65.00	60.00
255	63.00	65.00	65.00	63.00	58.00	61.00
256	41.00	40.00	47.00	42.00	46.00	39.00
257	70.00	78.00	70.00	75.00	78.00	78.00
258	65.00	65.00	64.00	65.00	71.00	66.00
259	62.00	51.00	45.00	65.00	78.00	65.00
260	41.00	40.00	47.00	51.00	62.00	49.00
261	51.00	67.00	45.00	65.00	65.00	62.00
262	41.00	40.00	47.00	42.00	46.00	53.00
263	65.00	65.00	64.00	65.00	71.00	66.00
264	69.00	62.00	65.00	62.00	64.00	69.00
265	63.00	76.00	62.00	63.00	74.00	73.00
266	58.00	65.00	45.00	71.00	74.00	61.00
267	55.00	65.00	45.00	65.00	64.00	63.00
268	59.00	70.00	45.00	65.00	58.00	64.00
269	38.00	51.00	45.00	55.00	46.00	41.00
270	66.00	68.00	64.00	65.00	65.00	71.00
271	69.00	67.00	69.00	80.00	75.00	73.00
272	70.00	70.00	68.00	82.00	77.00	74.00
273	69.00	68.00	69.00	83.00	74.00	72.00

	psdi	pst	asi	dasgt	concern	f1
235	54.00	61.00	3.86	84.00	1.00	36.00
236	60.00	62.00	2.71	78.00	1.00	24.00
237	65.00	66.00	5.00	154.00	1.00	60.00
238	50.00	52.00	2.79	79.00	1.00	28.00
239	51.00	65.00	4.29	93.00	1.00	31.00
240	43.00	45.00	1.14	.00	.00	.00
241	44.00	39.00	2.71	78.00	1.00	25.00
242	56.00	63.00	2.57	72.00	1.00	26.00
243	63.00	63.00	4.29	104.00	1.00	37.00
244	64.00	53.00	4.29	92.00	1.00	30.00
245	43.00	48.00	3.86	73.00	1.00	26.00
246	43.00	45.00	3.14	64.00	1.00	18.00
247	43.00	50.00	3.50	68.00	1.00	20.00
248	53.00	59.00	4.14	97.00	1.00	34.00
249	56.00	54.00	3.29	65.00	1.00	31.00
250	57.00	68.00	4.36	93.00	1.00	34.00
251	51.00	54.00	3.29	47.00	.00	10.00
252	44.00	42.00	3.21	45.00	.00	6.00
253	50.00	59.00	3.79	78.00	1.00	28.00
254	58.00	58.00	3.86	76.00	1.00	29.00
255	54.00	61.00	4.29	84.00	1.00	36.00
256	44.00	39.00	3.93	78.00	1.00	25.00
257	69.00	78.00	4.43	122.00	1.00	52.00
258	59.00	68.00	4.14	94.00	1.00	28.00
259	64.00	63.00	3.57	80.00	1.00	30.00
260	44.00	50.00	1.86	48.00	.00	10.00
261	56.00	63.00	4.21	97.00	1.00	35.00
262	75.00	46.00	3.07	63.00	1.00	18.00
263	59.00	68.00	4.36	94.00	1.00	28.00
264	65.00	66.00	5.00	154.00	1.00	60.00
265	65.00	67.00	3.86	75.00	.00	16.00
266	58.00	60.00	4.21	95.00	.00	21.00
267	55.00	65.00	4.14	88.00	1.00	34.00
268	55.00	66.00	4.29	90.00	1.00	30.00
269	43.00	45.00	3.21	64.00	1.00	18.00
270	64.00	73.00	4.36	88.00	1.00	40.00
271	66.00	81.00	4.29	98.00	1.00	33.00
272	68.00	81.00	4.36	100.00	1.00	34.00
273	67.00	80.00	4.21	98.00	1.00	34.00

	f2	f3	f4	f5	pdd
235	18.00	.00	15.00	4.00	2.00
236	26.00	8.00	12.00	4.00	2.00
237	43.00	22.00	22.00	4.00	6.00
238	23.00	10.00	11.00	5.00	2.00
239	23.00	17.00	12.00	5.00	4.00
240	.00	.00	.00	.00	.00
241	23.00	9.00	14.00	4.00	4.00
242	20.00	16.00	12.00	4.00	2.00
243	20.00	21.00	18.00	4.00	2.00
244	20.00	14.00	15.00	10.00	2.00
245	20.00	10.00	10.00	4.00	3.00
246	20.00	13.00	7.00	4.00	2.00
247	20.00	9.00	11.00	5.00	2.00
248	20.00	17.00	19.00	4.00	2.00
249	19.00	5.00	8.00	1.00	2.00
250	22.00	16.00	15.00	3.00	4.00
251	14.00	6.00	12.00	2.00	.00
252	14.00	6.00	15.00	2.00	.00
253	19.00	9.00	17.00	1.00	2.00
254	21.00	12.00	7.00	4.00	2.00
255	18.00	.00	15.00	4.00	2.00
256	23.00	9.00	14.00	4.00	4.00
257	31.00	14.00	13.00	3.00	6.00
258	27.00	11.00	17.00	6.00	2.00
259	24.00	6.00	14.00	1.00	2.00
260	16.00	5.00	11.00	1.00	.00
261	23.00	14.00	16.00	4.00	3.00
262	20.00	9.00	12.00	4.00	2.00
263	27.00	11.00	17.00	6.00	2.00
264	43.00	22.00	22.00	4.00	6.00
265	26.00	11.00	13.00	3.00	2.00
266	27.00	24.00	8.00	13.00	2.00
267	22.00	11.00	14.00	2.00	3.00
268	21.00	16.00	15.00	5.00	4.00
269	20.00	13.00	7.00	4.00	2.00
270	11.00	13.00	17.00	2.00	5.00
271	15.00	24.00	14.00	5.00	1.00
272	15.00	26.00	15.00	6.00	1.00
273	14.00	24.00	14.00	6.00	1.00

	group	age	gender	famstat	ethnback	selfest
274	.00	28.00	.00	1.00	.00	23.00
275	.00	29.00	.00	3.00	.00	27.00
276	.00	23.00	1.00	3.00	.00	27.00
277	.00	24.00	.00	3.00	.00	28.00
278	.00	27.00	.00	1.00	.00	36.00
279	.00	28.00	1.00	1.00	2.00	32.00
280	.00	30.00	1.00	1.00	1.00	35.00
281	.00	24.00	.00	2.00	.00	27.00
282	.00	28.00	1.00	1.00	.00	31.00
283	.00	30.00	1.00	1.00	.00	30.00
284	.00	27.00	.00	1.00	1.00	33.00
285	.00	30.00	.00	1.00	.00	28.00
286	.00	26.00	1.00	2.00	.00	37.00
287	.00	22.00	.00	3.00	2.00	27.00
288	.00	21.00	.00	3.00	1.00	36.00
289	.00	21.00	1.00	3.00	1.00	30.00
290	.00	26.00	.00	2.00	.00	23.00
291	.00	28.00	1.00	1.00	.00	38.00
292	.00	27.00	1.00	1.00	1.00	30.00
293	.00	29.00	.00	1.00	.00	34.00
294	.00	21.00	1.00	3.00	1.00	23.00
295	.00	21.00	.00	3.00	2.00	23.00
296	.00	30.00	1.00	1.00	.00	37.00
297	.00	30.00	.00	1.00	.00	27.00
298	.00	22.00	1.00	3.00	.00	23.00
299	.00	21.00	.00	3.00	2.00	27.00
300	.00	30.00	1.00	1.00	2.00	36.00

	socsup1	socsup2	som	oc	is	dep
274	34.00	33.00	60.00	58.00	56.00	62.00
275	33.00	27.00	56.00	64.00	71.00	64.00
276	54.00	34.00	41.00	59.00	64.00	57.00
277	37.00	36.00	41.00	66.00	68.00	68.00
278	37.00	36.00	41.00	45.00	55.00	42.00
279	32.00	35.00	53.00	61.00	60.00	54.00
280	32.00	33.00	58.00	50.00	41.00	64.00
281	54.00	34.00	41.00	59.00	64.00	57.00
282	45.00	20.00	67.00	64.00	63.00	50.00
283	44.00	33.00	42.00	43.00	44.00	57.00
284	23.00	31.00	49.00	53.00	55.00	61.00
285	8.00	16.00	61.00	80.00	71.00	80.00
286	29.00	28.00	56.00	39.00	50.00	57.00
287	19.00	36.00	74.00	78.00	60.00	54.00
288	35.00	34.00	41.00	45.00	46.00	42.00
289	37.00	34.00	53.00	67.00	68.00	64.00
290	10.00	24.00	41.00	61.00	63.00	67.00
291	36.00	34.00	59.00	55.00	63.00	60.00
292	21.00	36.00	49.00	53.00	41.00	42.00
293	44.00	34.00	41.00	45.00	41.00	50.00
294	34.00	33.00	60.00	58.00	56.00	62.00
295	21.00	36.00	65.00	80.00	71.00	80.00
296	29.00	28.00	56.00	39.00	50.00	57.00
297	38.00	30.00	56.00	64.00	68.00	54.00
298	34.00	33.00	60.00	58.00	56.00	62.00
299	18.00	29.00	67.00	74.00	76.00	71.00
300	37.00	36.00	41.00	45.00	55.00	42.00

	anx	hos	phob	par	psy	gsi
274	55.00	65.00	45.00	65.00	64.00	63.00
275	66.00	75.00	56.00	55.00	79.00	71.00
276	62.00	62.00	56.00	65.00	64.00	62.00
277	65.00	45.00	52.00	46.00	56.00	56.00
278	45.00	39.00	45.00	43.00	46.00	44.00
279	51.00	55.00	45.00	52.00	46.00	54.00
280	55.00	55.00	45.00	43.00	62.00	57.00
281	62.00	62.00	56.00	65.00	64.00	62.00
282	62.00	39.00	45.00	52.00	46.00	61.00
283	49.00	40.00	47.00	55.00	45.00	51.00
284	62.00	51.00	45.00	65.00	78.00	65.00
285	80.00	66.00	72.00	63.00	80.00	80.00
286	55.00	60.00	47.00	42.00	58.00	53.00
287	65.00	67.00	56.00	70.00	67.00	69.00
288	38.00	51.00	45.00	55.00	46.00	41.00
289	60.00	71.00	45.00	51.00	54.00	44.00
290	60.00	51.00	63.00	52.00	65.00	61.00
291	41.00	40.00	68.00	63.00	57.00	58.00
292	38.00	39.00	45.00	43.00	46.00	41.00
293	45.00	52.00	46.00	44.00	46.00	42.00
294	55.00	65.00	45.00	65.00	64.00	63.00
295	80.00	80.00	80.00	59.00	80.00	80.00
296	55.00	60.00	47.00	42.00	58.00	53.00
297	45.00	51.00	45.00	52.00	62.00	56.00
298	55.00	65.00	45.00	65.00	64.00	63.00
299	70.00	78.00	70.00	75.00	78.00	78.00
300	45.00	39.00	45.00	43.00	46.00	44.00

	psdi	pst	asi	dasgt	concern	f1
274	55.00	65.00	4.14	88.00	1.00	34.00
275	65.00	78.00	4.29	94.00	1.00	35.00
276	54.00	67.00	4.14	94.00	1.00	36.00
277	56.00	53.00	4.21	86.00	1.00	47.00
278	43.00	45.00	1.07	.00	1.00	.00
279	51.00	54.00	1.86	47.00	.00	10.00
280	52.00	56.00	3.79	82.00	1.00	30.00
281	54.00	67.00	4.36	94.00	1.00	36.00
282	62.00	58.00	4.43	98.00	1.00	38.00
283	50.00	51.00	3.64	71.00	1.00	23.00
284	64.00	63.00	3.71	80.00	1.00	30.00
285	76.00	74.00	4.50	127.00	1.00	44.00
286	64.00	55.00	3.57	98.00	.00	30.00
287	65.00	65.00	4.00	86.00	1.00	24.00
288	43.00	45.00	3.21	64.00	1.00	18.00
289	51.00	65.00	4.29	93.00	1.00	31.00
290	60.00	59.00	3.57	71.00	1.00	36.00
291	51.00	61.00	4.86	136.00	1.00	44.00
292	30.00	45.00	1.21	23.00	.00	5.00
293	43.00	43.00	1.57	41.00	.00	10.00
294	55.00	65.00	4.07	88.00	1.00	34.00
295	74.00	75.00	4.64	114.00	1.00	35.00
296	64.00	55.00	4.21	98.00	.00	30.00
297	50.00	58.00	1.93	47.00	.00	6.00
298	55.00	65.00	4.07	88.00	1.00	34.00
299	69.00	78.00	4.57	122.00	1.00	52.00
300	43.00	45.00	1.00	.00	.00	.00

	f2	f3	f4	f5	pdd
274	22.00	11.00	14.00	2.00	3.00
275	23.00	13.00	14.00	5.00	.00
276	22.00	15.00	13.00	4.00	3.00
277	3.00	23.00	9.00	1.00	2.00
278	.00	.00	.00	.00	.00
279	14.00	6.00	12.00	2.00	.00
280	23.00	10.00	12.00	5.00	3.00
281	22.00	15.00	13.00	4.00	3.00
282	21.00	14.00	18.00	4.00	2.00
283	20.00	9.00	11.00	4.00	2.00
284	24.00	6.00	14.00	1.00	2.00
285	47.00	5.00	21.00	1.00	8.00
286	25.00	19.00	9.00	9.00	2.00
287	25.00	13.00	15.00	6.00	2.00
288	20.00	13.00	7.00	4.00	2.00
289	23.00	17.00	12.00	5.00	4.00
290	9.00	6.00	16.00	.00	.00
291	40.00	21.00	11.00	11.00	3.00
292	4.00	1.00	11.00	.00	.00
293	4.00	9.00	9.00	6.00	.00
294	22.00	11.00	14.00	2.00	3.00
295	36.00	13.00	23.00	4.00	2.00
296	25.00	19.00	9.00	9.00	2.00
297	14.00	5.00	15.00	1.00	.00
298	22.00	11.00	14.00	2.00	3.00
299	31.00	14.00	13.00	3.00	6.00
300	.00	.00	.00	.00	.00

Appendix 3

C: **Jonathan**, would you like to tell me a few things about yourself?

J: I am Jonathan, I am XX years old and I work in construction. I lay bricks.

C: Would you like to tell me a few things about the aspect of your appearance that you are dissatisfied with at the moment?

J: The lack of muscles in my body.

C: Would you like to tell me more about it? How you became interested in muscles? Are you doing any bodybuilding or something at the moment? You look quite big to me!

J: Thank you! Well, yes, I do bodybuilding to try and get my muscles bigger.

C: When did you first start to feel conscious about your appearance?

J: As a child I was never really strong or fast, and I was most of the time the last in all sports in my class, but it really hit me in high school, all my friends developed muscles and I didn't. Before I started being interested in lifting weights, when I saw a competitive bodybuilder, when I saw the Gladiators on television, you know, it made you think, you know, it made you want to be like them. I was quite young at the time but they made an impression on me. When I was bodybuilding and I saw really muscled men, like competitive bodybuilders, it made me feel sad, jealous, fed up, depressed, angry with myself because I didn't look like them. It made me want to go on and get even bigger. But for some reason, I can't ... I just can't.

C: Have you tried anything else apart from exercising ... steroids?

J: Yeah, I do.

C: How did you decide that exercise is not enough?

J: I was training, let's say, 2 years, and you know, I'd seen people looking bigger than me, and we got talking, and then I decided, you know, after a long time to take steroids. Really I needed ... I felt I needed to be bigger, and basically I thought steroids would do it. Literally I decided to take them because other people were kind of getting bigger than me and they were taking them, so it was just like a knock-on effect. They do it so, like, you do it.

C: Are there any risks associated with the use of steroids?

J: Well, in theory all sorts of things can happen to you. Become aggressive, even violent towards others. This stuff is toxic to the liver; ah, and you can get teats! I was lucky I just got acne. Although this is bad enough ... you can see the spots ... if it's not one thing it's another.

C: Would you like to talk to me a bit more about acne and we will come back to muscles later?

J: Well, I've never had that many problems. I had a few spots when I was properly teenage. I guess during the last year it got really bad with the steroids and everything.

C: Whereabouts on your body is it?

J: Mainly on my face, but also on the tops of my shoulders.

C: How do you feel about it?

J: Disgusting.

C: Do you think that having acne has affected your social life in any way? And your social relationships?

J: Erm, I guess it affects your confidence and that has a knock-on effect. You are less inclined to go out, especially when you are meeting new people. It makes you more shy when you are meeting new people, I think. Chatting to girls. It's all about looks, isn't it, so you feel that it's all they see.

C: Especially being on your face?

J: Yeah.

C: Do you have a girlfriend?

J: I do actually, yeah.

C: Did it have an effect when you met her?

J: Well, I was with her before, but I feel more self-conscious in front of her. And of course she keeps saying, "Why on earth are you doing this to yourself?" and she keeps calling me spotty. She thinks it is funny ... but one of the reasons that I started the steroids and I wanted to be more muscular was to attract her actually.

C: Do you think that your appearance has affected the way you are with your peers? And your friends?

J: Erm, I think it makes you less likely to make new friends, but I guess you know that the friends you have got like you for what you are, not what you look like. And they are not judging you, I suppose.

C: Do any of your friends have the same problems?

J: Not quite as bad ... as far as it comes to acne ... You get a few spots when you're a teenager, but not to the extent of actually having acne.

C: What about muscles?

J: All of them are much more muscular than I am.

C: Has having acne actually stopped you from doing anything that you want to do?

J: Erm, sometimes you don't want to go swimming 'cause it's on your shoulders and in the gym when you are getting changed it makes you more like you want to hide away. You are more likely to get looked at.

C: How do you feel about yourself and your appearance, with acne?

J: I don't like it at all. I find it repulsive.

C: How do you feel when you look in the mirror?

J: I don't know. You feel repulsion, and I guess you start picking and end up getting quite anxious about it. I guess worried as well. You just worry about it all the time.

C: You are worried that it might get worse?

J: Yes. And then the stress does make it get worse. You are worrying about worrying.

C: How do you cope with it? Do you use special wash?

J: Yeah, I use quite strong face wash every day. I do wash quite a lot.

C: Do you have any thoughts about your condition that you could tell me?

J: What do you mean? How I feel about it?

C: Yeah. Do you think about having it quite a lot?

J: Yeah. I think it's always at the back of your mind. Even when you are just shopping for T-shirts, you think, "Will this show off all the spots on my back?"

C: And you wouldn't want to show them?

J: No. Definitely not.

C: So, what emotions do you feel about your skin?

J: I guess what I said earlier. Repulsion ... I don't know if that's too strong. No, I think that is how I feel. Anxiety. Sometimes just hopelessness. Whatever you do, it's not going to go. Or go quickly either. It feels that it's so long away.

C: You feel that it's not going to be instantly cleared?

J: No. I know it's not.

C: Does acne affect your diet in any way?

J: I guess you try not to eat certain things. It's nothing that the doctor has said. You just read magazines and stuff. I guess I try not to eat too much fat. That's

also just general health-conscious stuff, but I think I do, do it more since having acne. It doesn't limit eating out in a restaurant ...

C: But it is on your mind?

J: Yeah, I wouldn't go to Burger King or McDonald's.

C: Does acne have any impact on your life with your family? Do you have any feelings towards your parents regarding your acne, or do they have any feelings towards you, do you think?

J: I think if I'm feeling upset and stressed about it then they feel the same. I get angry and take it out on my parents. So it does have a detrimental effect. But my sister also has it, so we can support each other.

C: How do you think your parents feel about it? Do you think they have any opinions about acne?

J: I guess they feel sorry. I don't know really.

C: So, overall, has anything negative come from having acne?

J: Erm, yeah. I suppose a lack of confidence means that you don't see your friends so much. You have a much lower body image. Generally because you look in the mirror and just see spots.

C: You said earlier that you don't have the confidence to meet new people?

J: No, definitely.

C: Because of first impressions?

J: Yeah. I think it's even worse talking to girls. If you are out then it's all about looks.

C: Do you think that anything positive has come from having acne at all?

J: Not really. I guess the people who see through the acne help you to forget.

C: Is there anything else you would like to tell me about your skin condition?

J: Erm, I can't think of anything. I think depression may be linked to it.

C: Do you feel depressed at all then?

J: Yeah. I do. I am actually on St John's Wort though...[incoherent] I don't know whether that is related to just the acne.

C: Do you think that could make it worse?

J: I don't think so. I think what triggered it was being on the steroids as well. I'm not sure really. There was one thing [incoherent]. You asked if I use face washes and things. People seem to think that you have it because you are dirty and unhygienic which is really hard to deal with. I know there are a lot of

myths about what causes acne. People often don't appreciate that it is generally hormonal or hereditary to a certain extent. It's not to do with not washing. That's hard to deal with.

C: Yeah, I can imagine. When people are judging you it's horrible.

J: Yeah it is. But I think I do it too to some extent. I don't like acne myself and I don't like it on other people so I guess that makes it harder.

C: So when you see someone with bad acne you think that possibly they didn't wash, even though you know at the back of your mind they do?

J: Yeah. It's the fact that I don't like it and people look at me and think the same thing. I'm sure they are not thinking about it.

C: Do you think that acne was a big or a small price to pay in your attempt to get bigger muscles?

J: Don't.ask me ... I keep thinking of that and ... maybe it would be if I had actually got the bigger muscles, but I didn't ... I just got the spots.

C: Do you think that beautiful people are better off?

J: They must be ... physically attractive people have it all ... women, money ... the whole world is at their feet.

C: Has the lack of muscles affected your life?

J: I certainly do not feel as confident as other people.

C: Do you think that other people mind about what you look like...I mean in relation to muscles?

J: People deliberately stare to embarrass you. They say: look at him, not one muscle in his body, he is so weak, worse than a girl.

C: Back to muscles again. What do your friends and family feel about bodybuilding and your looks?

J: My friends and family ... my friends in bodybuilding, you know, in that you meet a lot of ... that's the good thing about going to a gym, you meet a lot of friends, so a lot of my friends do also train, you know, and some of the friends who don't train have respect in, you know, the way that I've done what I've done, you know, in the short period of time I've achieved it. The family are 100% behind me. I have noticed it on holiday in that people kind of look and nudge each other. I've not really had nasty comments. I've just had good comments ... You get the odd comment like "Do you weight train?" or "Do you do weights?"

C: And women?

J: Women react the same really. They feel threatened. They avoid me and just generally assume that because I am big I am nasty. I am using steroids so therefore I am nasty and aggressive.

C: Hold on a moment ... that doesn't make sense. You keep saying to me that you have no muscles and now you tell me that everybody else thinks you are big.

J: I know ... they think I am big ... but I don't ... The more I train, the more magazines I look at, the bigger I want to be ... and there are TV programmes and when I watch these people it makes me feel really depressed, I didn't look as good as them. And when I see somebody, you know, who looks fantastic on television it does cross my mind about an extra course of steroids. That sort of thing makes make me look better for a while and it makes me feel better ... but not for long.

C: Do you do anything else apart from bodybuilding and steroids to try and get bigger?

J: I wear clothes in the street to make me look bigger, you know like a big baggy jumper just to make me look bigger. It started to bother me after a bit, everybody staring at me. People in the street are staring at me. It started to bother me after a bit that I look so slim.

C: How would your life be different if it wasn't for the lack of muscles in your body?

J: I would look how I want to look which is a lot more muscular ... I would feel a lot more confident. I would be stronger, you know. In the way with me being only quite short it would give me a lot more confidence, you know, in public, it would make me feel better in myself ... but I guess I have to accept the fact that I will never have really big muscles like others.

C: How would you describe yourself? What type of person would you say you are?

J: I strive for perfection in everything I do, university, family, sports ... I have to be perfect, there is no room for second best in my vocabulary ...

C: Is there anything else that you would like to add?

J: No, not really.

C: Thank you very much for your help.

J: Cheers.

C: **Kate**, would you like to tell me a few things about yourself?

K: I am XX years old and I am a singer. I sing with XX. Have you ever heard of us? We are not that famous yet, but one day we may make it ... you never know ... and you will be saying to your friends, "A few years ago I had an interview with XX" ... cool, eh?

C: Ok, but make sure that you remember me when you're famous and give me backstage passes for your concerts.

K: Deal.

C: As you know, I have asked you to take part in this interview because in the questionnaires that you have completed you said that you do not like anything about your appearance.

K: That is true.

C: Can you tell me what is that you do not like about yourself?

K: Everything, as simple as that, everything ...

C: Hmm

K: I am not happy with my looks ... I keep getting heat boils and patches on my face all the time. Once I am ready to go out, I keep looking at myself in front of the mirror. But still I am not satisfied with my appearance and that really bugs me. I don't have a good figure. I have a bulged out stomach. I try everything, but nothing works. My friends say that I look beautiful, but actually they look more beautiful than I do. I love wearing tight clothes, but I hate the bulge. I keep telling my mum, but she shouts at me saying that I am not fat and that I am more beautiful than anyone else. I've got more stretch marks than I don't know what. I've got millions of them. And of course wrinkles. I'd like to get rid of my flabby belly. I'd like my bust to be firm again and sit up instead of drooping down.

C: How do you think other people see you?

K: They hate me ...

C: Why is that?

K: I suspect people's negative attitude to my physical presence comes from a combination of my looks, my yellow crooked teeth, how skinny I am, body odours, body language, choice of clothes, and the less than perfect way I string words together in spontaneous speech. I often feel as if people think I am ugly, but I suppose the object truth is more neutral and I simply don't physically

attract people. When I think of all the deformities and handicaps that are possible, I know I have much to be grateful for and my psychological suffering is rather senseless.

C: But?

K: Well, nevertheless, the pain refuses to budge. Moreover, it explodes into a bigger problem than need be, whenever I am so foolish as to focus on myself instead of on others or what I am doing at the time.

C: Does that happen often?

K: Quite a lot ... more than it should really ... especially because I am a singer.

C: When did you first start to feel conscious about your appearance?

K: What are you talking about? I cannot remember myself not being dissatisfied! For as long as I can remember, I felt ugly and unwanted ... but I am very ugly ... If I am feeling so ugly, I must be ugly ... It is not just in my head ... I am very ugly. But I do not think it's just me; society and the media also send the message that being thin and beautiful is important and necessary. You just have to turn on the TV Saturday mornings and see just how commercials give them [children] that message. Children are not only told that they need to be wearing the newest in designer clothing, but they must also look perfect in them. Children at a very young age are already striving to attain society's unattainable "ideal" body image. It also doesn't help that their favourite toy is probably Barbie. Barbie herself sets a very bad example to children. They look at her and feel that all women should look like her. I personally feel it's time for Barbie to retire and clear the way for a new era of Barbie dolls that would come in all different shapes, sizes and colours.

C: How did you deal with your dissatisfaction as a child?

K: I didn't ... I had a miserable childhood, hiding, crying and trying to avoid getting out of my bedroom.

C: What about school?

K: Well, I had to go, didn't I? My mother would murder me if I did not ... both my parents expected all sorts of things from me and good grades was one of them.

C: What else were your parents expecting from you?

K: Everything, being good, clever, polite, quite, sporty, beautiful ... well, that was a good one ... wasn't it? They dreamed of a beautiful little girl and they got me ... but maybe they deserved me ... ha.

C: And as you were getting older?

K: Things got worse. I did not believe that this could happen, but it did ... I was the ugliest in my classroom and even now I am the ugliest of all the girls I know of. I don't exaggerate, I am the ugliest. And of course I had no dates; who would like to go out with me, anyway? ... That means I was lonely ... I was a very lonely teenager.

C: After that?

K: Things got much worse when I went to university. It takes time for people to adjust to college life. I left behind the things that were most familiar to me ... my family, friends, home, my own room and many other things that were helping me to feel secure. All of a sudden I entered into a world full of new responsibilities, new people and it can be a very frightening, confusing and lonely time. I was one of the lucky ones [laughs] who started feeling all the pressures from the minute I arrived. I had many courses, many late night study sessions, the stress of assignments that are due, and of course exams. I was also working part time at the local McDonald's. I was not used to doing my own laundry, going shopping and cooking for myself. On top of all that, I was also worried about making new friends and finding a boyfriend.

C: What about now?

K: I feel lonely, sad, tired, overwhelmed, depressed, scared, confused ... the list is endless.

C: Do you do anything about it?

K: I drink like a fish and smoke like a chimney ... and St John's Wort ... that keeps me sane ... I take tons of the stuff.

C: Does your appearance affect your lifestyle?

K: Now, it depends, it's not constant as it used to be ... How desperate I am about my appearance depends a lot on my mood, if you know what I mean. If I feel down then I feel ugly. Other times when I am happy I do not even think of it for days. So on a good day I do everything I am supposed to do, on a bad day I go to work and that's it, then I stay in and I do not get out no matter what ... I will give you an example: the other day I was feeling so bad that I called my

mother and told her that I was ill and I could not make it to her 60th birthday party ... sad, eh ... but that is how it is ...

C: Have you tried to alter your appearance in any way?

K: How can you change everything? ... To be honest in the past I have tried, dieting, exercise, thought of going under the knife, but nothing worked, so I now ... I have accepted that I look terrible, and I will look so for the rest of my life ... it will get worse I suppose, because I am not getting any younger ... face wrinkles, saggy arms, the full works. If I could look just as I wish, my life would be much happier ... but I can't, can I?

C: What about your weight, how do you feel about it?

K: That is another sore point. I know I should be doing healthy eating, cutting down on fatty foods, generally eating less, counting calories and not "fad" diets but I just can't help it. I go from extreme to the other, from stuffing my face with all sorts of rubbish to starvation, eating only fruit juice for a week. Well, I can't cut down. I have to go to extremes. I have to...once I manage it. I keep trying and trying and once I start a diet I can keep it going for six weeks as long as I don't cheat at all. If I have any cheats that's it. I have to keep to a steady routine, so I'd have branflakes for breakfast, and soup for lunch, and a diet meal for tea, and at weekends I'd probably allow myself to binge. But if I broke that pattern during the week that's it. I'd start eating excessively then. From one extreme to another. When I do it I go over the top really. So I can lose it quick, but that is probably why it goes on so quick.

C: I am sure that can't be good for your health?

K: I know ... sometimes I spend the entire "fruit juice week" in the toilet ... [laughs] But then I am a singer; I can't be fat, can I?

C: What makes you decide to go on one of these diets?

K: The fact that clothes get uncomfortable really. That's basically what it is, 'cause I don't look in the mirror to see how fat I am. I haven't looked in the mirror for years ... I hate the look of my face and body ... Anyway, it's when I put on clothes that are tight around the waist. And the clothes that I've got that are nice but that I can't get into. That's what motivates me to get my weight down. It's clothes.

C: What about exercise? Do you do any and why?

K: I exercise entirely for weight. To try to firm up and try to use some calories and I'm always thinking I'm not doing enough. Afterwards, like after I've been doing aerobics for a couple of hours, I feel great. I actually feel slimmer.

C: How would you describe yourself as a person?

K: I am outgoing, jolly, sometimes too much in your face ... loud ... I can't think of anything else, you'd have to ask my friends for that.

C: Is there anything else that you would like to add?

K: No, not really.

C: Thank you very much for your help.

C: Hi, **Maggie**. Would you like to tell me a few things about yourself?

M: Well, I am Maggie, I am XX years old and I study psychology here at the Psychology Department in Swansea. I originally come from London; this is my first time away from home.

C: When did you first start to feel conscious about your appearance?

M: As a child, probably. Unfortunately, kids can be cruel; I was whispered about and teased about my ears. My ears were a point of ridicule. If you think you have big ears, you are sort of opening yourself up to it. Having comments made about you ... and I was ... and they picked on me, all the time.

C: Do you remember how it felt then?

M: I was really devastated at the time ... but I could not afford the money for cosmetic surgery ... My parents did not have enough money to take me for surgery. I may do it now, but I am afraid I am too old for such a thing.

C: Do you know much about ear surgery? Have you researched it?

M: Otoplasty, it is called; it is surgery designed to pin the ears closer to the head or lessen the appearance of larger than average ears. It is most commonly performed on children and teens. However, many young adults, like myself, seek otoplasty later in their life after earning enough to pay for the surgery themselves. Some otoplasties involve removing a sliver of cartilage from the ear and suturing the cartilage back together allowing it to fuse together either closer to the head or of a smaller size.

C: How did you deal with the teasing etc as a child?

M: Children were calling me names, like big ears, dumbo, you know, that sort of thing. In the winter I was wearing woolly hats and things; in the summer it was more difficult to disguise my ears. And of course I was not allowed to wear anything in the classroom.

C: And as you were getting older, things turned better, worse, remained the same?

M: It got worse really, boys were laughing at me and none of them wanted to go out with "big ears". It hurt so much ... I was the last one of my girlfriends to do it, you know what I mean ... and I think it happened because the bloke was desperate, he couldn't pull any of the divas in the class and ended up with me ... he was a virgin himself ... and dyslexic ... well, probably that has nothing to do with it ... it is not so bad ... but, anyway, at the time it felt bad ...

C: What about now? Do you still worry a lot about your appearance? And what about men?

M: I do worry, and I always wear my hair long ... men ... I am still looking for Mr Right ... and I think I have accepted the fact that I will never find him.

C: Is that because of your ears or because Mr Right does not exist?

M: [Laughs] ... both ... maybe my ears do not make much difference now ... but I don't have much experience with men, I did not have as much training as a teenager as my girlfriends had ... I feel really self-conscious, even uncomfortable around men, I do not know what to say, what to do, where to put my arms and many times I keep thinking of my ears and how to cover them.

C: Apart from your relationship to men to what extent has your appearance affected your lifestyle?

M: I am not sure to be honest; now, apart from wearing hats as much as I can and not liking my ears when I look in the mirror, I do not think it has any other effect ... and of course the men thing.

C: Do you worry about your appearance?

M: Sometimes, and the same times I am thinking of having surgery and all that sort of thing. Other times, I cannot really be bothered ... life is too short to spend it worrying about your ears or anything else for that matter.

C: How noticeable do you feel your appearance is to other people?

M: There are a lot of pretty people about ... it's just that I am not one of them. Many times I can see people looking at me and taking the mickey out of my big ears.

C: What sort of person are you?

M: A perfectionist. I guess I want things to be perfect at all times ... including my appearance.

C: Why do you think people care so much about their appearance?

M: I do not know, they just do. That is how we all have been brought up, isn't it? I do not know ... I haven't thought much about it.

C: Is there any other aspect of your appearance that you are not satisfied with?

M: I have not been happy with my figure for a couple of years now ... not as much as about the ears ... I wonder if I will ever be able to learn to love my body ... I am size 10 to 12 but my belly sticks out like a football and I'm

carrying more fat around my hips and lower back than I used to ... when I saw my reflection in a shop window recently, I just couldn't believe how my shape had changed. I wish I could shave off five kilos of flab so I could get back down to nine stone, which was my weight when I was a skinny beanpole. Then I think I'd feel better about myself. The trouble is, my weight has evened out and I'm finding it hard to slim down, even though I go running regularly.

C: Do you think that other people care about the size of your ears? Do you think they notice first of all?

M: They definitely do, the minute anyone looks at me, they make up a whole host of assumptions about my character, which are then nearly impossible to dislodge. I generalise, of course, but to many people, I am immediately "big ears" ... "lookism" is rife in today's society and it's not just about the colour of your skin, but also the size of your waistband or the crookedness of your nose, or the size of your ears. I think it's incredibly sad people make assumptions about you in one nanosecond that could make or break your career or even your life. Assumptions that have nothing to do with your talent, or personality, but whether your face fits. Beauty is a particular issue for women and there are a lot of "beauty-ists" out there.

C: What do you feel about our society in relation to "lookism"?

M: Breaking the mould of stereotypes on TV and in the media will help encourage more people to abandon those stereotypes in real life. And the more people who do have the nerve to do what's not expected of them, the better, whether they're bankers, actors, scientists or TV chefs. It's all about working hard to achieve what you want, no matter what you look like or what obstacles others try to put in your way.

C: What about exercise?

M: I am going to the gym and I run because I want to be healthier and fitter and feel good about myself. It's not because I feel under pressure to conform to the thin and beautiful stereotype. It's a very deeply rooted prejudice and one that each and every one of us faces all through our lives.

C: Is the weight problem as big as the ears problem?

M: No, not really ... definitely not ... but then again the last couple of years I don't often make excursions to the mall, but on the rare day you can catch me browsing, it inevitably causes problems for me. After my trip, I am again

reminded of one of the many reasons that I hate malls. Despite the fact that I am a bit of a shopaholic, I despise shopping for clothes. I can't stand going into trendy clothes stores marketed at "juniors". Is it the in-your-face capitalist goods packaged in the summer's pastels and Hawaiian prints that I hate so much? Well, that too. What I hate the most, however, is not being able to fit into clothes that I think are cute. It makes me insecure and resentful that my deviating body won't fit into the cute red leopard halter-top or the sparkly black pants that I want so desperately. It is almost always true that the cute, fun, stylish clothes I like to wear are made only in tiny sizes, and it's pretty obvious that these clothing designers don't want to see my body in their clothes. I leave bitter, but I forget my anger within the next few months when I will again go to the mall for a repeat experience ... [laughs].

C: What about your family?

M: Most of my family is overweight. I have seen my mom, aunts and uncles all struggle with their weight and the issues it brings. Often I have heard how lucky I am to be thin. At school, friends were the same, telling me that they wished they were skinny like me. I felt an unspoken obligation to remain thin for them, my friends and family. I had a gift that many people would love to have, and I couldn't ruin it. But then ... I have big ears ... and the last couple of years I've put on weight ... nobody is perfect ... eh?

C: Is there anything that you would like to add?

M: No, not really.

C: Thank you very much for your time.

M: Thank you.

C: Thank you.

C: Would you like to tell me a few things about yourself?

R: I am **Rebecca**, I am XX years old and as you can tell I have a huge nose, no need to tell you of course, you have eyes. The first thing that people notice about me is my nose.

C: Would you like to tell me more about your nose?

R: I am extremely unhappy with the appearance of my nose; it is too large and quite ugly with a bump on the bridge and enormous nostrils, disgusting really.

C: Have you tried to alter your appearance in any way?

R: I have undergone an initial surgical reconstruction of my nose with three subsequent revisions, one resulting from a postoperative wound infection.

C: That many? Why is that?

R: I am not sure really, it's just that they have not got it right yet. My nose still sticks out forward too far from my face (too projecting, as my surgeon says) and it's too long ... and of course don't forget the bump on the bridge and the huge nostrils.

C: Does that mean that you are planning more surgery?

R: I have discussed it with a surgeon ... I have been to a few so far ... Would you like me to tell you or I will bore to death with my problems?

C: No, please go on, I am interested.

R: Well, correction of projecting and long noses, like mine, requires detailed work on the nose's tip cartilages, something most plastic surgeons just don't know how to handle. If those tip cartilages were not severely altered during the first operation, which hopefully has happened in my case, a good surgeon can often shorten and "deproject" the nose a great deal during a revision. Similarly, if a hump is still present, again as in my case, the hump can be taken down more. Also, if a hump was over-resected, leaving the patient with a "scooped out" appearance, the height of the nasal bridge can be built up again. Thank God, this did not happen to me ... If the upper half of the nose is still too wide, again my case, the nasal bones weren't narrowed during the first operation, and that can be accomplished. If the lower half of the nose is too wide, work on the tip cartilages can narrow the tip, or perhaps the nose is wide because there is a large amount of scar tissue under the skin; scar tissue can be removed during the revision operation. I also suspect that the nose was not moved enough towards the centre of my face ... although the surgeon says it

was and if he moves it more, my face will be asymmetrical ... I don't know, we are still discussing the details.

C: Can you afford all that surgery? It must cost you a lot of money.

R: Tell me about it; all my savings are gone. Now I am thinking of getting a loan but it is difficult to get a bank to give you a loan for cosmetic surgery. I cannot understand why ... why is it more legitimate to get a loan to go on a holiday and not to change your face ...

C: What about fear? Are you scared at all?

R: I am ... but then again I cannot let myself look like that ... to be honest maybe I could ... I am not a freak ... or am I ? I do not know. What do you think? Am I?

C: Obviously, you are not a freak but what matters is not what I believe but what you feel.

R: You are right there; people are always telling me my nose is nice and I've had two boyfriends who raved about it. I just think they're weirdos with a nose fetish.

C: When did you first start to feel conscious about your appearance?

R: It must have been high school. I was a bit conscious of my nose before and my father and brother used to tease me a bit about my nose but when I started being interested in boys it suddenly became a big problem. And the worst thing is I could not do anything about it. Nose surgery should generally be delayed until after age 13 for girls, and 15 for boys (since boys have their growth spurt later than girls). By this time, the nose is 90% of its adult size. However, not every teenager who dislikes his or her appearance is a good candidate for rhinoplasty ... nose job ... many of them will outgrow their dissatisfaction with their nose. That makes surgeons reluctant to operate on teenagers ... and my parents were not keen on paying anyway.

C: How did you deal with it then?

R: I kept putting make up on ... I still do, I keep powdering my nose until it feels just right! That I think helps, makes it less shiny, because I sweat as well, when I get anxious ... but I still remember today ... one of my teachers in high school said, "Hello Pinocchio, how are you today?" ... though meant lightheartedly, that moment sticks in my mind to this day. I had a big nose and they were laughing at me.

C: Did he/she say that just out of the blue or had you lied about something, or what?

R: I can't really remember, I think I had said something ... no, I don't know ... it doesn't matter anyway ... the thing is they were laughing at my nose ...

C: To what extent has your appearance affected your lifestyle?

R: I am broke because of it, I spend hours in front of the mirror that I wouldn't otherwise have ... and I feel useless.

C: Have your coping strategies changed over time?

R: Not really, I do the same things I've done since I was a young girl.

C: Overall, how well you feel you are coping so far?

R: I am doing all right, and I hope that after one more surgery I will be pretty and happy, no need to worry about my nose any longer ... but until then my life will be as miserable as it always has been.

C: In what way has your appearance affected your lifestyle?

R: Looking back on my life, I have to admit that I ruined a great relationship with someone I really loved by paying more attention to my nose than him ... pathetic, isn't it? So many fights arose because I would refuse to stop powdering my nose or keep asking him what I look like. I always felt bad but yet I would not stop focusing on my nose ... it was the only thing that would make me feel physically and mentally better. It hurt all those close to me to see me in so much pain but refusing to help myself. All these operations, the tears, everything has just been too much.

C: Do you think that other people worry about their appearance in general and maybe their nose in particular?

R: I do not know ... I can't tell you really. When I'm on the bus, I search for people who have the same nose as me; I want to prove to myself I'm not the only person in the world with such a disgusting nose. But I've never found anyone else.

C: How noticeable do you feel your appearance is to other people?

R: A lot ... I'll often hide my nose with my hands and, if I find a man attractive, I'll change position so he sees me head-on rather than in profile. People are always telling me my nose is OK ... it's just that I cannot see it for myself ... I know my insecurities stem from my childhood; my mother had a big nose and

would go on and on about it and tell me I took after her. Now, when I look at her, I think her nose is quite normal; it's mine that is deformed.

C: Is that right?

R: I do not know really ... maybe I am making it all up as I go along. I am overwhelmed, that's the point, and fed up ...

C: What do you mean?

R: Surgery after surgery and I still feel a freak. I am sad and anxious and disgusted with myself ... I do not know how long I can go on like that.

C: What do think you can do to improve things?

R: I am not sure ... that's the point ... before every operation I am thinking, that's it, this is the end of my problems ... but the day after I am back at square one again.

C: Have you thought of talking to someone, a counsellor or something?

R: Funny you should say that, my surgeon suggested that the other day ... but I am not sure whether to go or not ... I do not want a stranger messing with my soul [laughs].

C: But maybe they will help you to put your thoughts in order ... and you can stop if you do not like it ... I know it's not my business but I would give it a try ...

R: Perhaps you are right, I should take the offer ... and judging from you ... you are not that bad, or are you? You observe everything I do and say?

C: Well, I definitely record what you and I say, and you know that [I point at the recorder] but otherwise I think we have a normal, everyday conversation. What do you think?

R: I guess you are right ... it doesn't bother me anyway.

C: Is there any other aspect of your appearance that you are dissatisfied with?

R: I mean, sure, I have body image issues. I have a great deal of discomfort with ... Like many other people, I want to lose weight. And the honest answer, simply put, is because I think it would help me pass better than I do currently. But I now know that my worth is not determined by my weight. I know that I deserve to be happy, to feel good in my body. If it wasn't for that nose of mine ... I would be so much happier.

C: How would you describe yourself as a person, overall?

R: I am a control freak, I want everything the way I want it ... I won't accept second best ... in anything I do, myself, my friends, my family.

C: Is there anything that you would like to add?

R: Sometimes it feels as if Rebecca is nothing else but a big ugly nose. How is that for an end?

C: Thank you very much.

R: Thank you.

C: Hi, Sam. Please tell me a few things about yourself..

S: I am XX years old and I work as a real estate agent. I am single, I live on my own and ... I don't know what else you want me to say ... is that enough?

C: It's OK. Do you worry about any aspect of your appearance?

S: I do, you know about what ... I cannot even say it, especially on tape ... it's embarrassing.

C: Would you like us to stop the interview? Are you OK with it?

S: No, no, you came all the way here for me to talk to you ... it's OK, I will be all right ... it's just embarrassing ... but anyway ... I do not like my genitals ... there, I said it.

C: Do you mind telling me exactly what it is that you do not like about your genitals?

S: Well, my penis is small and my bollocks, sorry, testicles, are uneven; the left one is much bigger and lower down than the right one.

C: Is there anything else that you do not like about yourself?

S: Well, various bits and pieces could be better but overall that is the thing that really bugs me.

C: How often do you think about it?

S: Almost every day, especially if I feel down for whatever reason, or when I meet a girl and I am sort of interested in getting to know her better, you know what I mean, I keeping thinking here we go again...

C: How do you feel about it?

S: What do you mean? If it hurts and things?

C: Yeah.

S: Yeah, it does a lot. It's not the best thing that can happen to a man, is it? I keep thinking: why me? I am tall, I have long feet, size 12, long arms and fingers, even a good size nose ... why did my penis have to be so small? There are days that I keep thinking about it all day, I cannot take the thought out of my mind ... and it makes me angry ... and maybe sad ... I don't know, sometimes I am desperate.

C: Have you tried to alter your appearance in any way?

S: Oh yeah ... pills and potions, oils and lotions, vacuum devices ... name it ... I have tried them all. No luck so far.

C: *Vacuum devices*. What's that?

S: If you must know ... these devices are usually recommended for treatment of impotence. They work by putting a plastic tube over your dick, sorry, penis. Sucking out the air from the tube creates pressure and blood is forced into the penis (as happens in an erection), then you put a ring temporarily to the base of the penis, to stop the blood draining away too quickly. It works for about 24 hours. But there are side effects, of course, like with everything else; once a blood vessel ruptured ... I cannot describe the pain and discomfort I felt ... and it got huge like an aubergine [laughs]. Now, I am thinking of going under the knife, but it is expensive and I am scared ...

C: I am curious how surgery works; would you like to tell me, if you do not mind?

S: No, not at all; it's good really that I can talk to someone, and after all you are a psychologist, you may even help me, you are not a pervert ... you know what I mean. And to be honest there are only a couple of people in my life that I can talk freely with about this without being afraid that they will laugh or say get on with it, get a grip. Anyway, surgery ... I am an expert now; I can tell you all the medical mumbo jumbo. The penis is enlarged, usually just over an inch, by releasing the ligaments of the penis that extend into the body. The procedure involves severing the ligaments that hold the penis in its usual position and this allows the penis to come down. Weights or stretching devices are then used for a few months postoperatively to give a permanent increase in size. The erection will point down following this procedure and the base of the penis will be hairy [laughs]. *Or* you could have a dermal implant. Girth and length can be increased by transplanting fat cells from other parts of the body to the penis. As the size of head of the penis cannot be increased the results can be odd and you can end up with a funny looking penis [laughs]. Sometimes the distribution of the grafted cells results in clumping and that gives a far from smooth result. Now you know everything ... take your pick [laughs loudly].

C: Well, it seems as if you have a quite serious decision to take. When did you first start to feel conscious about your appearance?

S: Since I was quite young. I was looking at my brother's willy and it was longer ... that bothered me but my father kept saying ... "You will be all right" ... Things got worse in adolescence. I'm quite a shy person and as a child I was

even worse. I much preferred to be part of a group and not stick out in any way positive or negative. I was just afraid that the first thing my football mates were going to notice about me in the showers was my genitals. I had to stop football practice altogether although I loved football.

C: To what extent has your appearance affected your lifestyle? Is there anything you avoid doing as a result of your appearance?

S: I think it restricts you from doing things ... I don't play football any more ... and I love football. Generally, I would say, anything that would involve me exposing myself in the showers or the changing rooms or whatever ... and, yes, I could never have become a flasher, could I ... [laughs].

C: What about personal relationships? Has this problem affected them at all?

S: I am afraid it has ... I probably won't get a steady girlfriend in my life. Who wants to be with me anyway? ... They are shocked when they see me; they think I am inadequate.

C: Has something like that actually happened to you? If you do not mind me asking you?

S: Well, it has and it hasn't ... maybe it was me that took it wrong ... I was with a girl and we were kissing and cuddling, just wearing only pants at some point ... and you know she got hold of me ... and ... the girl actually said, "I don't think I am ready for sex yet ..." That was it ... I keep thinking of that and it kills me ... After that for six months almost I wasn't even looking at women ...

C: Now?

S: Now I look, but I don't touch ... I keep my distance ... I can't go through the same humiliation again ...

C: How does your appearance make you feel as a man?

S: Inadequate ... I am not as much of a man as my brother ... it is a pity really but I am not ... [a tear comes in his eye]. Not only that but every man I have seen in magazines or the TV is bigger than me. I don't know; sometimes I think it can't be that a man's worth is judged by the size of his penis ... but it seems that it does.

C: What about mates? Have you got many or ...?

S: I have a few ... I am not really confident ... this thing has affected my whole life ... and how can I have many mates when I don't do sports, I don't pull ... you know ... these things make a man stand out from the crowd, be popular ...

C: If it wasn't for your genitals how do you think you would be as a person?

S: I would be a different man altogether ... confident, outgoing, with many girlfriends ... I could have even had a career as a footballer ... you never know, do you ... but here I am now, nine-to-five job, few mates, no girl and feeling like shit.

C: Is there anything else that you would like to add?

S: No, not really, I have told you everything ... too much actually.

C: Thank you very much for your time.

S: Thank you.

C: **Claire**, please tell me a few things about yourself.

Cl: I am Claire, I am XX years old and I am married with two daughters. I work at Debenhams as a shop assistant.

C: What aspect of your appearance are you not happy with?

Cl: I know it is silly, but my thighs ... they are huge.

C: Why do you say it is silly?

Cl: Isn't it? People have so many serious problems and I make a big deal out of thighs ... silly, isn't it?

C: But if it bothers you ...

Cl: Well, it does, it definitely does ... even though I say now it is silly, I can't stop myself from worrying ... sometimes I even cry about my thighs ... anyway.

C: To what extent does your appearance affect your lifestyle?

Cl: A great deal I would say.

C: In what way?

Cl: I could talk to you for hours ... just to give you an example every morning I stand in front of the mirror wondering if my thighs look any thinner. I stare into the mirror for ages while slapping my thighs with my hands to make them smaller, to make the fat I see disappear. How sad a woman can get ... eh?

C: When did you first start to feel conscious about your appearance?

Cl: For as long as I can remember I was unhappy with my looks and especially my thighs. I blame my mother for everything. My mother gave the message that the only way I will be happy and find a man is if I am thin ... silly woman, she destroyed my life. But I suppose that I first became really aware that my thighs were an abnormal size when I was a teenager and I couldn't fit into the same size trousers as my friends. You'd think I'd be used to it by now. But I hate the thought that everyone's looking at them and I always try to draw less attention to the area by wearing black. Sometimes, I have to try on several different outfits before I go out. The stupid thing is my husband really, really loves them.

C: Are you constantly dissatisfied?

Cl: On a good day, I try to remember they [thighs] look OK in jeans, but if I'm feeling a bit low, I hate them.

C: Is there anything you avoid doing as a result of your appearance?

Cl: I can't wear shorts ... I go to the beach late in the evening when not so many people are there. I suppose I could really, but because you don't want people looking at you, you don't, and things like that, because people stare ... I ask my friends if my thighs are fat. Often, I do not go out unless I am wearing loose trousers or long skirts that cover up my thighs. I don't know how but every pound I gain shows up on my thighs. I keep telling my GP that I need liposuction; it's just that I cannot afford it at the moment.

C: What have been the most difficult things to cope with as a result of your appearance?

Cl: The fact that other people judge me by it and even their feelings towards me are determined by it. I have recently found out that my husband has been having an affair for two years now ... and you know what, it is my fault. He strayed because he no longer finds me attractive. If only I had been thin, Tom would not have been unfaithful.

C: How does that make you feel?

Cl: I am feeling lonely, sad, tired, overwhelmed, depressed, scared, confused ... food I think brings me a false sense of security and I get comfort from eating.

C: Do you think that things would be different if it wasn't for your thighs?

Cl: Yes, I'd be confident as hell. Oh, I'd wear stuff that was shorter and tighter ... I'd completely change. My clothes, my friends, my whole attitude towards life, everything. I'd be a different person.

C: What do you think makes all of us so conscious of our appearance?

Cl: It could be that, like so many other women, I am a victim of the fashion to be slim. All fashionable clothes only come in small sizes, so that to dress fashionably you have to be slim. Fashion dictates really what size you are, because none of them go over a size 14 anyway, so you couldn't be fat and fashionable. It is the way fashion is at the moment. You couldn't go out in what's fashionable if you were fat.

C: Would you like to look like a model?

Cl: I don't like "thin thin" at all. I mean I would hate to be like that. But the shapely slim models, I might look at them and think it would be nice to look like that.

C: Would you like to tell me how things were when you were pregnant? How you felt about your thighs and your body then?

Cl: Yeah ... it was great both times. I think it was nice to have the changes. The first time at the very beginning before I even knew I was pregnant I was a few days overdue and I was thinking, "Am I or aren't I?", um, my nipples were really swollen, and I thought, "God, this is strange", and that surprised me because I didn't realise you'd get physical change as quickly as that. And they say things like you need the toilet more because of the hormones and stuff like that, so that was funny, 'cause I just thought the first few months you just wouldn't have anything, so instantly there was a sort of "This is weird, and quite exciting". And then it all died back down, and when you start getting the little bump you're really proud of it. I've got a series of photos; I look back at the first photo now and I think, "What was that tiny little bump?!", but at the time I'm like, "Ooh, look!", so, um, I've always enjoyed it, but I think you go through stages, 'cause the first stage I could accept I was pregnant, and I was, sort of, quite excited about that, but I couldn't really accept that I was going to have a baby, you know, and I was going to be a mum. But I could accept that something was happening to me, and something was happening to my body, and it was all exciting reading up, sort of, you know, then you read she's like that big at the moment, and it's the size of a broad bean, and things like that, so that's all a bit fun. Um, but then as you get into the pregnancy, I suppose, you know, most people would say it's the scan really that makes you think, "God, this is really happening", 'cause you see it on the screen, and you see this little thing, it looked more like a cat at the time than a baby! But it was something alive, in there, and obviously once you start getting the kicking and the movements and the little flutterings and stuff, you can feel, you feel them moving around, that's like really, sort of, that makes it real. My husband, "She's moving, she's moving!", and then she stops! So, he's staring like "I can't see it", so he's felt like movements and stuff, but he doesn't like get the same buzz off it obviously 'cause it's not inside him. So, um, it was like a little special time for me really, like this is inclusive, inclusive, just, well, exclusive, just to me and her, and like our time, sort of thing, before she becomes sort of public property, for everyone to see, sort of thing. So, in that respect, I suppose it was really good because it was a bit of fun as well, like,

you know when you're at work, and then everyone else is just sitting in training or something and I'm thinking, "Oh, oh, oh", it's like an extra little thing running alongside your everyday life, you know, and a reminder that ... yeah, it was quite exciting.

C: Hmm, what about your husband?

Cl: He was very good, especially the first time. And, like, I haven't felt that he wasn't being interested in the pregnancy or whatever. I mean, he was really positive about it and stuff. And trying to get involved. I think it is difficult for the men, because it's not in you, you know, it's not part of your everyday life. It's quite strange to think for nine months I've just had someone with me the whole time. I mean, I haven't been on my own if you think about it, which is quite a funny sensation. You know it became just such a part of my life, that's it's just like, "Oh, I'm pregnant". A couple of months ago Tom said something about doing something in sort of May/June, and it was to do with body-boarding, 'cause we've got wetsuits and we don't do proper surfing, but body-boarding and I've had to stop that. And he said, "When do you think the weather will be good enough to go body-boarding?", and I was thinking, "Well, I can't body-board any more". And then I was like, "Well, hang on. I'll just be a normal person again!" I won't be special any more! I'll just be back to normal, and I'll be able to do these things! So in one respect it's good 'cause I'll be able to do the things I took for granted before, but you do get quite used to being, sort of, it's sort of like you're a little bit different, you know? People in town now, they were noticing. And my friend said, we went to town on Saturday, and she said, "Oh, I'm going to shove a pillow up my top!", she said, the treatment that we got! When we were sitting down in a café, and I think we'd sort of jumped the seats or something, someone was waiting for the seat and this woman came over and she said [annoyed tone of voice], "Excuse me, we were wait ... oh, never mind", like this! "You sit there." I had a couple of people on that same day sort of like standing by, letting me go through, opening the door for me, and whatever and, um, it's quite nice really! But you just think, well, it does sort of reassure you that human nature isn't all bad, you know, that people are, you know, quite nice. But, um, I think it does become like, like you say, like crossing that line to invalid, you know, that you're a bit, sort of, ill or something. You know. You

got to be ... you're a bit fragile and you've got to be looked after, and whatever.

C: How does it make you feel then, when people talk about pregnant women being beautiful and blooming?

Cl: I think it's, um, I think it's really positive. What I really hate is when people say, men say, "Oh, you're really fat", they've never said it to me, but when you watch, like, Kilroy and whatever and I think that is just atrocious. You know, their partners are pregnant anyway, carrying their baby, and then, they're so "Oh I had an affair with someone else because I was turned off my wife, because she was fat". And Tom was saying to me, like, you know if, um, if we're downstairs and like if I squeezed past him and I forgot how big my bump was and he's like, "Eh, fatty!", you know, like this. But I knew 100% that he was supportive and he didn't think that. Um, but I can imagine that people could get quite sensitive about it. Because there's such a negative cultural feeling about fatness and I think that's one reason why I was probably feeling really positive because I hadn't put weight on. And, um, I was trying to imagine, well, if I had piled on a load of weight, and just felt frumpy, would it have made a difference? And I think it would've done. You know I think I would've felt more negative because I just thought of being really un-trendy and big and just the whole weight issue that you're carrying around and I think I need ... I've felt more tired and, you know, backache and all that so, you know, I think in some respects I've been lucky because I hadn't put weight on. And it's, like, easy for me to breeze through saying, "Oh, I think it's fantastic, you know, little bump", and whatever. But, saying that, Tom's sister, who was pregnant, she's skinny as a rake and she was the same as me, just put this belly on, and she was saying, "Oh, do you think I look fat, do I look fat in this?", and she was really preoccupied. And I was "You don't look fat, you look pregnant, Catherine". So in that respect I've always had quite a bad body image, so I suppose if you did when you weren't pregnant, when you get pregnant I suppose it's going to be less of a ... a thing for you. Yeah.

C: So when you were pregnant your appearance didn't matter to you as much as it does now, is that right?

Cl: Yeah, I don't know how it happened but it did, strange eh?

C: Is there anything else that you would like to add?

Cl: No, not really.

C: Thank you very much for your time.

Cl: It's all right.

C: Would you like to tell me a few things about yourself?

A: I am **Alex**, I am XX years old and I work at Tesco's as a cashier ... I am a trainee manager really, but at the moment I do the till ... I live in a semi-detached house ... I am single ... there are a couple of women around ... but nothing serious ... I don't know what else you want me to say ... I am here talking to you because I am dissatisfied with my appearance, as your questionnaire has shown, not that I did not know that anyway [laughs] ... You do not have to spend half an hour completing a stupid questionnaire – sorry, no offence to you – to know that you are not happy with your body.

C: Would you like to tell me what aspect of your appearance you do not like?

A: My weight really ... and all my body ... the shape and size of it. I look like a sack of spuds [laughs].

C: Do you worry about your appearance? Do you think about it?

A: Are you joking? How couldn't I? Don't you see me? I am like a spud, round. Of course, I think about it every day ... and, yes, I worry about it ... especially when people are looking or when I go out and I am sober ...

C: What do you mean?

A: You know what, I don't stay sober for long ... I drink and after a few pints I don't really care what I look like, or how I feel, or how other people feel about me ... you know.

C: What about the next morning?

A: Well, that's a different story ... the day after I am shattered ... both physically and emotionally ... I have a hangover ... a fry up to feel better and then guilt for having drunk and eaten so much ...

C: How often do you do that?

A: Friday and Saturday nights, sometimes Sunday as well ... it depends.

C: When did you first start to feel conscious about your appearance?

A: All my life I remember myself as being plump; when I look at old family albums I can see it ... since I was a baby. People then thought I was cute, with rosy cheeks and little chubby legs and that when I grew older I would be tall and the fat would disappear ... well, it did not really ... I did not grow tall and I am still fat ... and as far as can tell I will always be like that ... never mind.

C: Why do you say that?

A: With my lifestyle ... no exercise, booze, bad diet, a stupid job ...

C: Can you tell when it actually started bothering you? Your weight I mean ...

A: Well ... it must have been when I was ten or eleven. Everyone in physical education used to say, "Go on fatty", "What size bra do you take?" and children calling me names like "hippo". It definitely did hurt me. There were days that I wanted to cry like hell ... but then again big boys don't cry, that is what my father always used to say. I used to bite my lip and keep going or finding an excuse that I had a stomach ache or whatever ...

C: Is this how you dealt with it?

A: Well, yes, at the beginning I used to get very upset and I was thinking of all sorts of excuses not to go to PE class, I wanted to cry but I could not ... I do not know why ... big boys do not cry, I suppose, but I was burning inside.

C: What about your parents?

A: I believe that children learn not to like their body if the parents themselves are preoccupied with appearance and weight and do not teach them that each one of us has a value as a human being no matter what size, shape or colour they are.

C: But what about you and your parents?

A: I suppose that is how they were with me. They made me feel bad about myself because they were not happy with themselves.

C: How did this make you feel? At the time.

A: I guess I was eating, partly, as a way of dealing with the many emotions that I was feeling, especially because I was raised in a home that does not allow feelings to be expressed. I was using food to help deal with feelings of anger, sadness, hurt, loneliness, abandonment, fear, pain ... If children are not allowed to express their emotions, they may become emotional eaters. Also, if parents are too involved in their own problems, the child may turn to food for comfort. It's a shame that children so young are being robbed of their childhoods. Why is it that so many young children are becoming obsessed with dieting and their weight? I feel the family environment has a lot to do with it, along with the fact that children are constantly being exposed to the message society gives about the importance of being thin.

C: What about when you went to college?

A: When I was applying to universities and the months before actually going I experienced so many different feelings. I was feeling excited about finally

being able to start studying towards the career of my choice and feel hopeful about my future. I was looking forward to my freedom and a chance to experience independence. I was excited about having a chance to meet people and develop new friendships. But when I was actually there things were different. The thought of being on my own and having to be independent was frightening. I was uncertain about the future and fearful about becoming an adult and taking on the extra responsibilities. Having to meet people and develop new friendships scared me to death. I was afraid I would not be accepted or fit in. At some point I did not even want to be in college. I was pressured to stay and not to go back by my parents. Although college can be a wonderful experience for people, for some, it can be one of the worst. That is how it was for me, I am afraid ... at least for the first year.

C: Have you tried to alter your appearance in any way?

A: I have tried every diet on earth; now I am on the Atkins diet. Take my word for it: nothing works, you starve, you lose a few stones and the moment you stop the diet you put all that and much more back on.

C: And what about Saturday nights; are you still on a diet then?

A: You've got me there [laughs] ... I am on the Atkins diet during the week and I let my hair down during the weekend ... and then again on a diet from Monday ...

C: How noticeable do you feel your appearance is to other people?

A: Come on now, you have to be blind not to see the tons of fat on me. I can only conclude from the way people seem to treat me that there must be things about my physical presence that either repel people or at least fail to attract or appeal to them. And recently I have come to realise that I strongly deserve the way people seem to treat me because I, myself, have been guilty of the most ungodly attitude of judging people by their physical appearance.

C: And women?

A: You know women [laughs]... they care about looks and money ... I have neither ... draw your own conclusions ...

C: Overall, how well do you cope?

A: I am not sure, not very well I would say. I don't talk to anybody really about my worries. It must be a couple of people, including you, who know how I really feel about myself. I think it is more difficult for blokes. Women can talk

easier about these things... diets, liposuction, bums and tums classes; it is not that easy for blokes. I cannot really talk about things like that to my mates in the pub or the rugby match, can I? They would laugh for ages at me – that is, if they don't think that I am a poof, you know what I mean?

C: Is there anything you avoid doing as a result of your appearance?

A: I am not sure ... sport, going for fish and chips at the takeaway shop, I always send my friends ... travelling, you know how embarrassing it can be to overflow on your seat? I do not allow anybody to take pictures of me ...

C: Would you be different in any way if it wasn't for your weight?

A: I wouldn't hate myself as much as I do, I wouldn't feel worthless, have low self-esteem, I would be a happy man, live the perfect life.

C: Is there anything else that you would like to add?

A: No, that's it.

C: Thank you very much.

C: **Rhiannon**, would you like to talk to me about yourself a little?

R: I am XX years old and I am a waitress. I have had a steady boyfriend for three years now and we have a little girl.

C: How old is she?

R: One, she had her first birthday just a couple of days ago. I am so proud of her ... you should see her, she is so cute ... and clever ... but I am biased, aren't I?

C: When did you first start to feel conscious about your appearance?

R: Very early on, since I was a child I would say ... maybe a baby, people were saying what a chubby little girl. I am not sure if I could understand or cared then, probably not, but later as a child it hurt ... especially when my parents were comparing me to my brother.

C: How did you deal with it then?

R: I am not sure; I don't think I did. I clearly remember that I was a painfully shy child but I do not think my parents or teachers did anything about it. Everybody thought that I was a very shy, even thoughtful, child. My parents themselves were preoccupied with appearance and weight. They were constantly dieting, exercising and expressing dislike towards their own bodies. I was forced to be on diet as a child. Not only is that not right, it's cruel. In my family there was a double standard when it came to boys and girls. My parents were encouraging my brother to eat so that he can become big and strong, but discouraged me from having seconds or having dessert so that I will have a petite and slim figure.

C: What happened later? In adolescence?

R: I don't think I was too bothered, not initially. I was focusing on school and sports; I was very good in English so I do not think I was thinking about my weight and appearance too much but once I started being interested in boys I sort of got upset by my weight and I was really self-conscious. I was trying to cover up by wearing baggy clothes.

C: Later on?

R: It became a big part of my life ... it still is ... the centre of my life, I would say ... everything revolves around it ... the way I feel, I eat, the clothes I buy, everything ...

C: What about during pregnancy? How were you feeling then about your body?

R: That was a nightmare ... I don't want to remember those days.

C: Would you like to tell me a bit more?

R: Well, my partner is very much a fitness addict, and the pressure was really on me after the birth to get back in shape and to stay in shape as well ... [incoherent].

C: Did you feel pressured to not put on too much weight during the pregnancy?

R: Um, yeah, pretty much actually, yeah, I think it's been more or less like that for most of our relationship. I mean afterwards I was exercising like mad by the time she was six weeks old and I was constantly watching what I was eating, and the odd time where I would indulge in quite a lot of alcohol, I would be told that "You know, that's quite a lot there, think of the calories" and he was always going out cycling and everything, which made me feel guilty, 'cause I'm not that sort of person, you know, I don't like exercise, I have put on two stone since we've been together ... [long pause] during the pregnancy he was calling me a whale ...

C: To what extent do you think your appearance has affected your lifestyle?

R: A lot, I would say. I would be different if it wasn't for the fact that I am so fat.

C: Do you think your life would be different if you were not fat?

R: I'd completely change. My clothes, everything. I'd be a different person.

C: Have you tried to alter your appearance in any way?

R: I have tried every diet that there is in every magazine, newspaper, book, TV show, everything ...

C: Have you been successful in losing weight?

R: Not really. I starve myself for a few weeks and then the moment I start eating normally again I put on as much weight as I had lost and more and then I start all over again ... not much of a life, is it?

C: Do you dress differently at all?

R: Um, only for practical reasons, I mean, clothes are obviously not that easy, but I go to all the same stores my friends go in and just buy bigger sizes and most of my tops are ... they'll fit or I'll just stick my [laughter] belly out but, no, the main difference is I cannot have cleavage, it's absolutely physically impossible, so ... and I'm the sort of person who likes cleavage and does wear low-cleavage tops whenever she can, so I suppose that has changed because I

wear more T-shirts and things with high necks, so that one was weird [laughter].

C: Do you feel a bit restricted by that, if you can't wear more sexy stuff?

R: Yes, because I still feel sexy, and want to dress as sexily as possible and, no, it's not easy any more.

C: Do you, um, do you still go out with your mates?

R: Not as ... I don't know, we never went out, we weren't big clubbers anyway.

C: It wasn't sort of getting dressed up to go out?

R: No, I mean the big weekly night out is to go and sit in the Bryn-y-Mor [pub next door] and do the pub quiz, which is all that happens. But things like the smoky atmosphere ... when I come back, my lungs are tight, so the idea of sitting in a pub all night is not attractive [whispered] 'cause I can't drink [laughter].

C: How did you feel about little things like that, like giving up alcohol?

R: They, they are not easy, I gave up smoking straight away, which was easy 'cause he didn't want it, and luckily my body just rejected it, and didn't want it ... but drinking ... it's another story ...

C: How do you think things will be in the future for you?

R: My whole life I think is going to be dieting and then non-dieting, then dieting, and I know it's not good for your health.

C: Do you worry about your appearance?

R: In one sentence: it makes me feel like I shouldn't be on this earth.

C: Is there anything you avoid doing as a result of your appearance?

R: If I am on a diet, which is most of the time, I do not go out for dinner or drinks. If I am not on a diet I feel fat so I end up staying at home or generally trying to avoid situations in which it will be obvious that I am as fat as I am.

C: Such as? Can you give me an example?

R: Holidays ... I do not go to the beach until late in the afternoon when nobody is there but then it is too cold to swim or sunbathe .... and John [husband] gets upset and says to me, "I am fed up with this nonsense".

C: Anything else?

R: I do not go to all these trendy clubs ... with the 16 and 18 year olds half naked and with beautiful bodies and all the male attention on them. Even my

aerobics class can be a difficult one. Others are fat there but not as much as myself.

C: How noticeable do you feel your appearance is to other people?

R: Judging from their reactions to me very noticeable. But maybe they are right. So many children at school laughed at me. There must have been something wrong with me. It can't be that all of them were wrong ...

C: Why do you think people in general and you in particular pay so much attention to appearance?

R: We're all supposed to love our bodies unconditionally, and ignore all the images that the media shoves down our throats. Having been in various support groups and therapy for the last couple of years, I can tell you that changing our internalised beauty standards is not an easy task. I think the worst part about this problem and my own insecurities is not being able to freely talk about it. Luckily, I have a strong network of close friends who support me in every way, but I would feel uncomfortable bringing up the issues of body image and fat oppression with most other people. There's still a lot of deep denial going on among women, and it's about time we addressed it. Not only do we need to start discussing how body image affects our lives, but we also need to address fat oppression ... but all that is good in theory ... it sounds good when you are in the support group ... but the moment you step out of the circle and get back in the real world nobody cares about all that, they just look at your figure.

C: Do you think that being in a support group has helped you at all?

R: No, not really; as I said, I have learned all the big words but didn't make a single difference in my everyday life or the way I feel about my body and my weight ... never mind ... um and I have spent a fortune ...

C: How would you describe yourself as a person?

R: Um, oh, I don't know, I get stressed about little things, I'm a fairly neurotic human being in general, and I do get stressed at the slightest things, and I haven't so much [incoherent]. Bearing in mind how everything keeps falling apart and things go wrong I think it's normal [incoherent] ... it could be hormonal. But, yeah, I get bouts of depression on the way, I get highs and lows and all the rest of it, but in general I am not completely mad.

C: Is there anything else that you would like to add?

R: I am tired of my body and myself. But, anyway, that's a whole new interview for you ...

C: Thank you very much for your time and for sharing parts of your life with me.

R: Thank you.

Appendix 4

C: Hi, **Claire**. Please tell me a few things about yourself.

Cl: I am XX years old, and I work in Sainsbury's at Swansea marina. I was born in XXX and as a teenager growing up in the valleys I used to dream of meeting and marrying a kind and educated man who would be loving and caring, someone who would want to have children. My father was unfaithful and my mother was very unhappy in her marriage. They ended up getting a divorce and my father married again and I was brought up by my stepmother. My stepmother was very cruel ... even now she tells me that I am a bad person, just like my mother ... but all that is in the past now. Two years ago I met Tony and we got married six months ago ... so yes I am happy now. I live a different life.

C: How much do you care about what you look like?

Cl: Not a lot really, I am not the kind of woman that goes, "Mirror, mirror, on the wall, who's the fairest one of all?" I look in the mirror everyday and most of the time I like what I see. Sometimes I have to admit I look terrible ... especially if Joe, my son, kept me up all night crying ... or if I am tired or whatever ... and I have black bags under my eyes and I haven't washed my hair or something. But I don't live in a fairy tale. Fairy tales are not real.

C: Have you always been like that? Not caring too much about your appearance, I mean?

Cl: I was really "thin thin" all my life. Things changed around seven years ago, when I gave up smoking. I'd always had quite a healthy appetite, but without the cigarettes, I seemed to be constantly eating ... and it was all stuff that was absolutely guaranteed to increase my waistline. I love my chocolate ... I could easily demolish an entire family-sized bar by myself ... and my favourite meal was egg and chips. Almost before I realised what was happening, I'd piled on an extra stone and a half. It might not sound like much, but when you're not very tall, every ounce shows and I hated being big, I really did. I refused to buy new clothes in a bigger size ... instead, I stubbornly carried on squeezing into my old wardrobe. That meant not only did I look terrible ... or, at least, I thought I did, but I was extremely uncomfortable too ... [laughs] ... It got to the point where I just didn't want to go out, so when I wasn't at work, I'd be sitting in front of the telly. And of course, that led to even more snacking on chips and chocolates ...

C: How did you get out of this and be where you are today?

Cl: My sister had lost weight with Weight Watchers ... and has kept it off for a couple of years now ... so when I decided that I'd had enough of being overweight it was natural for me to give it a try. I turned up for my first meeting determined to get back to where I was and that was it! The changes that I made to my eating habits weren't exactly drastic. It was really a case of doing what I already knew to be sensible ... giving up my excessive snacking on crisps and chocolate and adding plenty of fresh fruit and vegetables. Two things that I do now, which had never been part of my life before, are eating fruit and drinking plenty of water.

C: Does it take a lot of your energy to maintain the weight loss?

Cl: No, it took me a couple of months to shed the stone and a half that I wanted to lose. Everybody was very supportive, particularly my husband. After I'd lost the first stone, people started commenting on how much better I was looking and that was a great help. Now, I may have the odd day when I eat something and then wish that I hadn't, but I don't let it drive me back into my old ways. I just remind myself that tomorrow is another day and that there is no need to repeat the same mistake again.

C: Would you like to tell me a few things about your relationship with your husband?

Cl: My husband said the other day, "OK, I may look at Jennifer Lopez but she is not the one I love, you are. And at the end of the day I wouldn't like you to be like her, spoiled and vain ... spending every waking minute trying to be beautiful." I liked that a lot; it was a sweet thing to say, wasn't it?

C: How do you feel about the pressure that society puts on all of us to be beautiful?

Cl: It is our fault really, we choose to spend time and money to become more beautiful or whatever, but society also puts women under a lot of pressure to be thin. Women are constantly being told that we must have a perfect marriage, be a perfect mother, and have the perfect career. We are given the message that in order to obtain all that, we must have the perfect body. Growing older in today's society is much different for women than it is for men. If a man's body changes or his hair starts to turn grey, he is considered to be "distinguished". If a woman's body changes and her hair starts to turn grey,

she is considered to be "letting herself go". That's why I believe the number of women that suffer from eating disorders is much higher than men because men are not under the same pressure to be thin. It is more common for men to try and cope with their problems by becoming workaholics or turning to alcohol and drugs.

C: Do you think that men care as much about their appearance as women?

Cl: I think they do; it's just more difficult to tell with men. Some people may feel the person is just staying in shape, even though the man may be exercising compulsively because he feels he has to rid himself of the calories he consumed. Many men, like a lot of women who have been overweight and started losing weight, were praised for the weight loss. They enjoyed the attention they received from losing weight and they may decide that they need to keep losing. They believe that losing weight will help them to be accepted and it will make them happy.

C: How would you describe yourself as a person?

Cl: Easy going, laid back ... my main ambition now is to take life more lightly. I believe that whatever happens can be an opportunity to appreciate life. Of course I still get wound up and irritable. One of my role models is my mother. She is 73 now; she suffered when she was married to my father but five years ago she got together with a new man and she is enjoying every minute of the romance. But I am quite a tough cookie. Partly that's down to being an athlete. I play netball in XXX; it gives you the mental strength to view difficult times as obstacles to be tackled. But things never seem to happen by halves; if something bad hits me, it really does hit me. My stepmother bullied me when I was 15, which was devastating, but it made me even more determined not to give up in life.

C: Is there anything that you would like to add?

Cl: No, thank you.

C: Thank you very much.

C: Hi, **Fay**. Would you like to tell me a few things about yourself?

F: I am 35 and I live in XXX with my husband. We don't have any children yet, but we are planning to start a family soon.

C: How do you feel about your appearance? Would you like to tell me?

F: During the past few years I've realised that happiness is a state of mind. Of real importance is what's in your head, not what's on your hips. It's not about having a perfect body; it's about being happy about and proud of what you have. It's about being confident with who you are and what choices you're making. I've got a clear idea of the path I want to take and success is about being able to stay on this path. I doubt I am whipping every man I meet into a frenzy of desire ... but there's something about knowing that I at least like myself that makes me feel incredibly powerful.

C: Do you feel a beautiful woman?

F: Not really, but I prefer to look at the bright side of life. Even being 5 foot 2 inches to me is a plus; people see me as less of a threat. By nature I am competitive and optimistic ... no matter what.

C: Have you always been like that?

F: No, I haven't always been this clear about my goals; my trigger was hitting 30. I sat down and looked at where I was going and realised that it wasn't what I wanted, professionally or personally. I made up my mind then to change my life and my attitude towards life. I believe now that success is not material achievement, or fame or beauty, but personal happiness.

C: What about your parents?

F: I was always encouraged by my mum to do what makes me happy. I was never pressured to succeed or to be on a diet or to look beautiful or whatever. My mum is a really strong woman, and I picked up a lot of her confidence. I

was an only child and around adults from a young age, so I've always known my own mind.

C: And your relationship with your husband?

F: I never ask my husband whether he thinks I am beautiful or not. I am who I am.

C: Why do you think people care so much about their appearance?

F: I am not sure; I guess it's really easy to blow it [appearance] out of proportion, and there is always somebody worse off. I mean you only have to look at the news, all these children dying of starvation in Angola.

C: And women seem to suffer a lot from eating disorders.

F: They only talk about women and it is estimated that approximately 10% of eating disorder sufferers are men. I personally feel that figure would be higher if more men came forward with their problem and if compulsive eaters were included in that figure. It is very difficult for men to reach out and ask for help because eating disorders are still very much considered a "women's disease". They may also not want to come forward for fear that people will think they are gay. Many people automatically assume if a man has an eating disorder, then he must be gay.

C: Is there any particular reason why you know so many things about eating disorders in men? You seem quite interested?

F: My father had an eating disorder when he was young. He was a weight lifter and you know that from time to time before competitions they have to lose weight fast. I think that is what triggered it. He got over it, although even now when he gets depressed he stops eating. That scares my mother to death ... the whole family really ... we get really worried and try to help him get out of it as soon as possible ...

C: Does this happen often?

F: Quite a lot. I believe that the reasons men develop eating disorders are really no different than why a woman, child, or anyone else would. They may have been victims of abuse, come from dysfunctional families, were subjected to teasing from their peers, etc. They also experience the same feelings as anyone else. They have low self-esteem, are perfectionists, over-achievers, do not know how to express emotions, avoid conflict, put others' needs ahead of their own, feel unworthy and hate almost everything about themselves. Many hate themselves so much, they feel they deserve to die. When someone feels that way, they usually start to avoid the very thing that keeps them alive, which is food.

C: What is success to you?

F: Many people see success and happiness in terms of wealth, qualifications or beauty, but to me it means doing something worthwhile – seeing things that are wrong in the world and being able to do something about them. I think success today is also about balance. I like the fact that I have to balance the different roles in my life – worker, wife, mother – it is a continuous challenge. My life isn't neat, but it's exciting and I am never bored.

C: Do you do anything to keep fit?

F: I keep fit by swimming, running and going to the gym but can take or leave those activities ... it is only my dance classes that I wouldn't miss for the world. I've always enjoyed clubbing so when my gym started hip-hop classes, I jumped at the chance. The first session was horrific; everyone else was better than me, but I kept on and I've now been going once a week for more than two years. We warm up, then do 45 minutes of dancing, spending several months working on specific routines, getting them to professional standards. I love the music and my teacher is really enthusiastic! I always leave feeling upbeat and happy. It's also definitely toned my legs and bottom – lots of the moves are low to the ground so there's quite a lot of squatting!

C: How would you describe yourself as a person?

F: I was lucky. I came out of the womb smiling and positive. And I take things as they come. I never ask, "Why me?" Life throws things at you ... and you have to deal with them as best as you can.

C: Is there anything that you would like to add?

F: In our society, it's essential to keep your own values of success. We are surrounded by so many glamorous people. It is incredibly nerve-racking ... especially for me because I am not 6 foot tall and glorious looking. But my advice to everyone out there is never lose sight of the destination that you've chosen and that you are happy with.

C: Thanks for your time, Fay.

F: Thank you.

C: **George**, would you like to tell me a few things about yourself?

G: Yep. I am George, I am XX years old and I live with my girlfriend and our five-month-old son.

C: Would you like to tell me how you feel about your appearance?

G: I am not sure what to say really. I've completed your questionnaire where you asked me about all sorts of weird and wonderful things about my appearance and how I feel about it but none of that really applies to me. I do not care that much about things like that. I just get on with life, I go to work, come home, and make myself dinner and then sometimes I go out with friends, other times I crash in the sofa and watch sports or whatever is on the box. The next day I start all over again.

C: So how you look is not that important to you?

G: No, not really ... no number on a scale and fitting into a smaller dress size will make you happy or worthy. Happiness and worthiness can only come from within.

C: But there are many people out there who care a lot about their appearance, aren't there?

G: Hmmm.

C: Why do you think that is?

G: You mean people who go under the knife to get bigger boobs or whatever? Hmm ... I am not sure really, probably they have nothing better to do with their money or their lives for that matter. I don't know about that ... but I can tell you about eating disorders ... they are not a vanity issue and people do not do this so that they can fit into a smaller dress size. Many people also find this hard to believe, but eating disorders really have nothing at all to do with food. Whether you are anorexic, bulimic or a compulsive eater, those are just the symptoms of deeper emotional issues. Just like some people turn to alcohol as

a way to cope, numb themselves and block out painful feelings and emotions, food is also used in the same way. Anorexics can become so obsessed with counting calories, and wanting to be thin, that they spend their whole day thinking about it, which leaves them no time to think about the real problems in their lives. For them, it is easier to think about calories than it is to face the issues that they may not know how to handle. Many bulimics and compulsive eaters will tell you that when they binge, all the negative feelings – whether they are anger, sadness, stress, loneliness, inner pain – will disappear. When bulimics purge, they usually feel relieved. They say it is almost like they are releasing all the negative feelings they have kept inside. As you can see, they do not binge because they are hungry or have no willpower. They do it because it is the only way they know how to find some relief from the pain that they feel inside. There are many reasons why a person can develop an eating disorder. They may have been a victim of emotional, physical or sexual abuse. They may have been raised in a dysfunctional family where alcohol and drugs were abused or in a family that did not allow emotions to be expressed. Some may have been overweight as a child and were subjected to constant harassing from their peers which could cause them to continue to turn to food for comfort or cause them to start to restrict their food intake. Whatever the reason may be, it is important for people to know that eating disorders are not a vanity issue and people usually develop them as a way to cope with very intense negative feelings and emotions. Having said this, it should not surprise anyone that men too can develop eating disorders.

C: You have surprised me now; you seem to know a lot of things about eating disorders ... how come?

G: It's a sad story really, but one of my classmates in the sixth form was suffering from anorexia. I saw, we all saw, her wasting away in front of our own eyes ... getting thinner and thinner. Teachers talked to us about eating disorders and ... that's how I know all that ... I wish I didn't.

C: Why, what has happened to the girl?

G: She was hospitalised many times; she missed school a lot, I remember. Eventually she died. I still remember the day the headmaster told us all in the assembly ... I didn't know her that well, but it hit me hard ... she was so young and beautiful ... a couple of years older than my sister ... and what a way to die ... she starved herself to death ... and her parents or anyone else for that matter could do nothing about it.

C: That is sad.

G: It is. That's why I still get angry with people who make fun of others and the way they look. But then again, you usually find that those that persistently take the mickey out of others are the ones that are insecure and need to have someone to put down to try and make themselves bigger. They have their own problems ... but still they shouldn't take them out on others.

C: That death obviously had a big effect on you.

G: It did. After that I became much more relaxed about life, because you realise that it doesn't matter how hard you work or how much experience you've got, you can still drop dead any minute. I realised that other things in life than beauty, money, success are infinitely more important than work, such as fatherhood. Now the health and happiness of the people I love overrides everything.

C: What type of women do you like?

G: I like a woman who looks like a woman. I like curves: buttocks, breasts, shoulders. I hate stick insects.

C: Would you like to tell me, do you exercise at all?

G: I do mountain biking. I have always enjoyed exercising outdoors but never quite considered mountain biking until a colleague from work took it up and raved about it. The freedom cycling gives you really appealed to me so I bought myself a bike and started cycling around Swansea. But the roads were so busy I could never really relax, so instead I joined an off-road cycling club.

It wasn't easy at first ... the long rides along the Gower tired me out ... but getting out of town into the fresh country air was pure bliss and it was so much fun riding as a group. In just a couple of months, my stamina has really improved and I've noticed my legs are stronger. Now I go almost every weekend. There's a real gang of us ... we chuck our bikes on the train and head out to a different spot every time.

C: Is there anything else that you would like to add?

G: It's good that psychologists care about those issues and they try to do something about them. Not that you can change the British or any society with one study but still something is better than nothing.

C: George, thank you very much for your time. You have been very helpful.

G: Thank you for listening to me.

C: Thank you.

C: Hi, **Gerry**. Would you like to tell me a few things about yourself?

G: I am 25; I live with my partner and three-year-old daughter.

C: How do you feel about your appearance?

G: I guess I am a handsome man, but that's not the point. It's unfortunate, but in today's society, people have forgotten that it's what's inside a person that counts, not what's on the outside. We need to start loving and accepting each other for who we are, not what we look like. If we learn to love and accept ourselves, we will also begin to love our bodies, no matter what size, shape or colour we are.

C: Thank you ... you must obviously feel passionate about this topic.

G: I do ... we are all different ... and we should celebrate our differences.

C: Do you look after yourself? Do you dress up?

G: I go to the gym three times a week ... I like to put tidy clothes on when I go out ... I shave ... polish my shoes ... but I do not spend hours looking in the mirror or dressing up.

C: Who do you think is to blame for people's obsession with appearance?

G: The diet and fashion industries are not totally to blame for society's obsession with thinness. We are the ones keeping them in business. We buy into the idea that we can attain the "ideal" body image. We allow ourselves to believe the lies being thrown at us constantly. We buy their magazines, diet books and gym equipment.

C: But don't tell me you don't look at beautiful, sexy women?

G: Of course I do ... I never said I don't ... but most of those types of women are attractive in a plastic kind of way ... all heels and hair spray. That's not to say that I don't fantasise about getting it on with them, but to me they are glitzy

Barbie dolls you leave on stage. They are not the real-life partners you take home.

C: Why do you think more people have cosmetic surgery nowadays?

G: Insecurity ... more people now ask for cosmetic surgery even if they have slight imperfections because they are insecure. They see cosmetic surgery as the quick fix ... but it's a vicious circle that doesn't magic away insecurities ... people need to wake up and see that this is major surgery ... it's not like buying a new lipstick.

C: Have you always been like that?

G: No ... in my early twenties, I was dreaming of finding an exotic, beautiful woman who spoke little English ... a foxy foreign chick who murmurs "Ciao" or "Ola" and had a great deal of sex. A woman that doesn't demand any complex emotional communication, that I wouldn't have to tell her that I loved her, or listen to her worries about her cellulite ... If a man says he's never wondered what it's like to date a beautiful bimbo, he's lying. We've all pondered it at some point. Personally, I thought it would be a great idea.

C: Why do you think you see things the way you see them now?

G: I guess it was my parents ... If children are going to grow up to love and accept their bodies, they must be raised to love and accept themselves. My parents provided me with unconditional love. They were very encouraging and supportive and helped to build my self-esteem. Children need to know that you are proud of them and they need to know that you love them for who they are, not what they look like. My parents, particularly my mother, encouraged me to express my feelings and emotions, and most importantly, they listened to what I was telling them. They were involved in my life and were spending time with me to provide me with the special attention that I needed. However, being overly involved in a child's life and not allowing them privacy could lead a child to become anorexic as a way to gain a sense of control over their life. Not being involved enough could lead a child to feel lonely and

abandoned, which could cause a child to turn to food for comfort. You see I know all these things, even though I am not a psychologist like you ... I like to read.

C: You had a good relationship with your parents.

G: Yes, I remember being brought up in a small town ... everyone knew what everyone else was doing. My parents took us to church and I remember going to Sunday school with friends. I loved Sunday school and I was looking forward to it all week. Now I always try to do good and give to charity ... and I believe that what you get in this life is directly related to what you give. It's never been intention to give to get, but I can see it happening.

C: What about your daughter?

G: It's a great responsibility to be a parent nowadays. As parents we all need to teach our children to be proud of who they are. We need to remind them that people come in all shapes and sizes, and we need to teach them to accept everyone for who they are. Parents need also to teach their children the value of healthy eating and not send the message that being thin is important. Many children, under the age of 10, are becoming obsessed with dieting and their bodies. They are afraid of becoming fat. They don't just learn this from the media; they also learn this from their parents. If their mothers are constantly dieting and expressing their desire to be thin, or their fathers keep exercising, these young children will start to believe they also need to be thin. We need to encourage and support our children, especially teenagers. They need to feel good about themselves and their accomplishments, they need your approval and they need to know that you are proud of them. If a child is raised to love and accept who they are and what they look like, they will be less likely to strive to fit into society's unattainable standards. I really feel passionate about this nonsense.

C: Do you think that your faith has had any influence on the way you see things?

G: I am sure it did. God does not discriminate or judge. Why should we? We live in such a society of judgement. I help at my church as much as I can ... I give money, help with the homeless ... do everything I can.

C: Is there anything that you would like to add?

G: You can't argue with life. You can't change what you look like or what has happened to you. All you can do is try to find the hidden opportunity for good that is buried somewhere in even the worst events.

C: Thank you very much for your help.

G: Not at all.

C: Cheers.

C: Hi, **Janet**. Would you like to tell me a few things about yourself?

J: I am Janet, I am 26 and I am a solicitor, in training that is. I am not a solicitor yet.

C: Would you like to tell me how you feel about your appearance?

J: I like myself ... the way I look is part of me. Everyone has something that they do not like about themselves ... but such is life ... nobody is perfect. I want a bottom like Kylie's ... well, don't we all? Sticking to reality, however, I am not likely to ever have it. Am I?

C: Do you do anything to try and get it?

J: Well, I cheat ... sometimes ... if I have to go somewhere I wear shaping shorts ... I don't agree with everything that Trinny and Susannah, the What Not to Wear pair – you know them, don't you? – say ... but when it comes to Magic Shorts they know what they're on about. Instead of shifting your flab from one spot to another, these pants use clever variations in elastic strength to put you in shape and hold you there ... lifting every lump and bump.

C: Do you believe that beauty is subjective?

J: It is often postulated that beauty is in the eye of the beholder. Similarly, ugliness is in the eye of everyone else. To a mother, her children – no matter how ugly – are beautiful. When emotion is considered in the beautiful/ugly equation, the results are biased and inaccurate.

C: How was your relationship with your parents?

J: My parents taught me it's what's on the inside of a person that counts, not what's on the outside. I was raised to accept people for who they are and not what they look like, and I knew that my parents were proud of who I was. If a child can love and accept who they are, they will be less likely to strive to attain society's definition of the "ideal" body image and they will love and accept their own bodies, no matter what size they are.

C: But most people are preoccupied with their appearance, aren't they? And eating disorders are on the increase.

J: It is not surprising that eating disorders are on the increase because of the value society places on being thin. In the Western World, women are given the message at a very young age that in order to be happy and successful, they must be thin. Every time you walk into a store you are surrounded by the images of emaciated models that appear on the front cover of all fashion magazines. Thousands of teenage girls are starving themselves this very minute trying to attain what the fashion industry considers to be the "ideal" figure. The average model weighs 23% less than the average woman. Maintaining a weight that is 15% below your expected body weight fits the criteria for anorexia, so most models, according to medical standards, fit into the category of being anorexic. Teenagers striving to attain society's unattainable ideal image will just end up increasing their feelings of inadequacy.

C: Hmm. But you are not like that?

J: No, not really ... I see so many horrendous things on the news, refugees in the pouring rain fighting over a piece of bread, and I think, "Every night I go home to a warm house and I have a loving family around me". Things like that make you grateful for what you have and more compassionate. At least, they do me.

C: And what about TV stars?

J: When you see celebs on TV and in films looking gorgeous, it's easy to believe they're perfect. But I am sure that even the likes of Cameron Diaz and Britney Spears have spots, cellulite and all sorts of other imperfections. Of course, they're human beings like you and me, so why shouldn't they have similar health problems – but we tend to put them on a pedestal, don't we? A lot of this is our fault, isn't it?

C: Do you exercise? Do you try diets?

J: I'm an all-or-nothing person, so have always tended to exercise erratically, either three times a week or not at all. And because I find the gym monotonous and I am not very co-ordinated, I'd always stuck to activities such as swimming instead of aerobics classes. But, a few months ago, I realised I needed to take a bit more of a balanced approach and look after myself more. I decided to try a legs, bums and tums class as it seemed like a really good mix of aerobics, free weights and floor work ... I was surprised because my co-ordination seemed to improve. I found the mix of different moves keeps me motivated and keen to go back, and best of all I can really see results – when I went snowboarding this winter, my legs and stomach muscles were noticeably stronger than before.

C: And diet?

J: I don't do diets. They are far too stressful and they don't work in the long run. I drink eight glasses of water every day, I eat fruit and vegetables, brown bread, plenty of fish but I also drink wine when I go out and have a dessert more times than enough when I am dining out. It seems to work OK so far, I have never been really fat ... I have my ups and downs but overall my weight is stable ... and low, I am glad to say.

C: How would you describe yourself overall as a person?

J: Down to earth ... there are times when I think my life is difficult, but when I see the burdens other people have to bear I realise I've had it easy.

C: Is there anything else that you would like to add?

J: No, thank you very much.

C: Thank you.

C: Hi, **Jennifer**. Would you like to tell me a few things about yourself?

J: I am XX and I am a student, studying psychology. Well ... a mature student, as you can tell.

C: How do you feel about your appearance? Do you feel beautiful, ugly ...?

J: In our modern, superficial society, nearly all of us ask the question, "Am I ugly?" at one time or another. While we seek to know "how ugly am I", and hope that the answer makes us feel good about ourselves, the honest truth is that we all are ugly in one sense or another.

C: So ...

J: I guess I am OK, not very ugly, not very beautiful ... just an ordinary woman, like millions.

C: Do you go to the gym? Do you do any exercise at all?

J: I am going to the gym and I eat healthily because I want to be healthy and fit and feel good about myself. It's not because I feel under pressure to conform to the thin and beautiful stereotype.

C: What sort of exercise do you do?

J: I've belonged to a gym for ages, but had got into bad habits and spent more time chatting than exercising, so I wasn't really achieving anything. I decided to try a Spinning class because it looked like just the kind of good, hard workout I needed. The first 45-minute class was hell on earth – I sweated about five pints and really struggled. My legs felt like jelly afterwards, but it dawned on me this was actually a good thing – I felt convinced Spinning was going to whip my thighs and bum into shape in no time! I've now been going to the class once a week for three months and my legs look slimmer and more toned. It's always tough, especially as you're constantly increasing and decreasing the tension on the bike, as if you're going up and down hills. What I love is that I always feel like I've really worked hard in every class and made

the most of my time, unlike when I used to wander round the gym, chatting, not sweating!

C: Have you always been not so bothered about your appearance? How were you as a teenager?

J: Teenagers are under a lot of pressure to be thin. They are led to believe that the only way they can be accepted and fit in is if they are thin. They resort to starving, vomiting and eating only diet foods to try and be thin. Television is a big influence on them. They watch shows like *Beverly Hills 90210* and *Melrose Place* and feel they need to look as thin as the actresses on these shows. Many actresses we see on TV have endured hours of exercise and have deprived themselves of the proper nutrition in order to maintain a thin figure. Some even resort to plastic surgery, liposuction and breast implants. You just have to watch an episode of *Baywatch* to know that statement is true. Society is brainwashing young people into believing that being thin is important and necessary.

C: Did all that affect you personally as a teenager?

J: No, not really ... somehow I always believed that success is about investing time where it matters – relationships. Now, for me, it's about enjoying your children. When I look back to what I've achieved, I am so proud. Mostly about my daughter, Rhiannon, an outstanding young woman. I value her integrity over her beauty and cleverness. And I am more impressed that she is following her dream to be a prison officer. After the adolescent years when we didn't get on, I am so happy in our adult relationship of non-stop talking about ideas and laughing ourselves silly.

C: What about now, at this age – what do you think makes older women conscious of their appearance, to such an extent?

J: Every time you walk into a store you are surrounded by the images of emaciated models that appear on the front cover of all fashion magazines. Teenagers need to realise that society's ideal body image is not achievable.

The photos we see in magazines are not real either. Many people don't realise that those photos have gone through many touch ups and have been airbrushed to make the models look perfect.

C: How do you feel when you go out?

J: I go everywhere I want to go without thinking whether anybody else will be thinner or more beautiful than I am.

C: Do you think there is a way out for us as women? Can we do anything to start loving our body and stop constantly worrying over our appearance?

J: We need to stop trying to live up to the standards that society has set for us. We need to stop buying those fashion magazines and diet products. We need to get off the diet rollercoasters. We spend too much time and money focusing on losing weight and trying to attain the "ideal" body. Diets just don't work. We need to be proud of ourselves for who we are and for our accomplishments. Don't allow a scale to rule our life any more.

C: Easier said than done.

J: I know ... people today need to realise that someone's appearance has nothing to do with their ability to function in their career. Weight has no effect on someone's intelligence, abilities and job performance. It's time the world started respecting women for their accomplishments and stopped judging us by our appearance.

C: Is there anything that you would like to add?

J: I'm confident and gorgeous! I focus on how successful I've been in many areas of life and that has boosted my self-esteem.

C: Thank you for your time and for sharing your thoughts with me.

J: Thank you.

C: Hi, **Robert**. Would you like to talk to me a bit about yourself?

R: I am Robert, I am XX years old and I work in Swansea City Council at the XXX Department.

C: Has your appearance ever been an issue for you?

R: Oh, absolutely! There are certain parts of my body that I'm not keen to display, anyway; I feel OK, generally, but as soon as you come under scrutiny it's easy to get a little paranoid. I try not to worry about anything that I can't do something about naturally, or with a bit of effort.

C: So which part of your body would you say you like most?

R: I don't know ... maybe the fact that I am tall with broad shoulders.

C: And least?

R: Ohhh, I cannot answer this question, especially to a woman ... but you are married, aren't you?

C: Do you exercise at all?

R: I force myself to go to the gym now and again but I don't enjoy it. I did judo for a while ... but my wife convinced me to go yoga with her ... needless to say, I am the only bloke in the class ... and the amount of laughs that I got ... anyway ... it took me a long time to pluck up the courage to follow my wife. But now, I do Hatha yoga twice a week ... it doesn't necessarily get your heart going as much as something more aerobic or weight training, but I like it because it's not just physical, it's about calming the mind as well. It's difficult to try and fit exercise into a busy life but now I am a great believer in a little being better than nothing at all!

C: So yoga has been good for you?

R: Unexpectedly so ... physically I'm much more supple and flexible ... and I can feel my body getting stronger all the time. It's a gradual thing ... I really

enjoy holding the poses now ... it's not about forcing ... it's a good sensation! As for the mind benefits, it's about creating space for yourself. It helps you beat stress and declutter the mind. Not that you go around in a continual state of bliss ... I am not a particularly laid-back person ... yoga gives me some balance and the ability to shut down for a couple of minutes when things are hectic, close my eyes and relax. Yoga has also given me a great deal more energy. It's relaxing yet invigorating ... and of course I shouldn't forget the laughs with the ladies at the class [laughs]!

C: How was your relationship with your parents?

R: My parents provided me with unconditional love. They were very encouraging and supportive and helped to build my self-esteem. As a child and even now I know that they are proud of me and they love me for who I am, not what I look like. I strongly believe that if children are going to grow up to love and accept their bodies, they must be raised to love and accept themselves.

C: Do you think that there are different standards for men and women when it comes to appearance?

R: A while back I read a quote by Pauline Frederick. It went: "When a man gets up to speak, people listen then look. When a woman gets up, people look, then, if they like what they see, they listen." Unfortunately that statement is very true. Women aren't yet taken seriously enough in the business industry and in their careers. A woman trying to advance in her career may feel that in order to be taken seriously and have her ideas listened to, she must be thin and beautiful.

C: You must be thinking differently than most of your friends; is that right?

R: It is ... sometimes I fight with my friends when they say, "Hey, look at this fat girl." It is disgusting but most men are out there checking out babes. They don't give a toss about brains or personality; as long as they see a good figure, that's enough for them. I am definitely not like that ... at all. There is more to a woman than big boobs and a tight bum. I've always felt passionately about

injustice and have been an independent spirit since childhood. My mother died when I was 10 and I was sent to boarding school, which I loved. It made me self-sufficient and I made some strong friendships there. At school I was always questioning rules and the status quo.

C: How do you manage to think so differently?

R: Turning down the volume of your negative inner voice takes time and work, but the results are worth the effort ... overcoming a poor body image frees up a lot of energy that you can put somewhere else ... in your work, your relationships, other people less privileged than yourself.

C: Have you got any children?

R: Yes, a daughter, she is four.

C: Do you think there is a way for you and your wife to protect her from the media pressure to be thin and beautiful?

R: Well, funny that you mention this; we have thought about it. It's very difficult for a child to grow up with a strong self-esteem in today's society, which is why it's so important that the parents raise their child to believe in themselves. They need to know that they are important and valuable to you. We need to teach children it's what's on the inside of a person that counts, not what's on the outside. They need to be raised to accept people for who they are and not what they look like, and they need to be proud of who they are. If a child can love and accept who they are, they will accept other people for who they are as well and they will live better, more fulfilling lives. Children need to be praised for their accomplishments, they need special attention, and they especially need their parents' love and affection. So if you haven't done it yet today, be sure to hug your child and tell them that you love them. They really do need to hear and know that.

C: Is there anything that you would like to add, Robert?

R: I am not sure, there are so many things that I feel passionate about ... but I have probably covered most of the things that matter.

C: Thank you very much for your time, Robert. You have been really helpful.

R: Thank you ... any time ... feel free to call me again if you want someone to talk [incoherent].

C: Thank you.

C: Hi, **Ruth**. Would you like to tell me a few things about yourself?

R: I am XX years old, and I work in XXX. I have been in a relationship for two years now with an engineer.

C: Have you ever worried about your appearance?

R: I do not think so, not really. Maybe like everybody else I have moments that I think, "Oh my God, I look shit." But I quickly forget about it and I get on with my life as usual.

C: Do you exercise, go on a diet?

R: I started doing yoga two years ago and I am now totally hooked. Before that, I didn't exercise at all. I am a hectic person so the relaxation aspect really appealed but I also wanted to get fit and yoga seemed the easy way to start. My first class was surreal, what with the animal postures and salutations, but also very relaxing. The day after, I felt really achy and was amazed something so soothing could be so demanding. My body hasn't changed drastically – instead, yoga has given me a healthy glow and made me feel fit and flexible. It's also pushed me to get fit in other ways – yoga is quite competitive ... in a relaxed sort of way ... and I've been going to the gym to built up my strength so I can do the more demanding poses!

C: What about diets?

R: My figure has always been something that I've had to think about, to one extent or another ... not to worry about it ... just be aware of it. For as long as I can remember, I've done things like taking artificial sweetener in my tea instead of sugar, and choosing "diet" versions of soft drinks ... just like my mother did before me. When I feel my trousers getting a little too tight, I'd cut back on the biscuits or avoid the chips for a week or so until I am comfortable in my clothes again. That seems to be enough to keep the scales hovering around the nine stone mark.

C: What about as a child? Did you worry then about your appearance?

R: No, not really ... I had a happy childhood. Not any real worries about anything.

C: How was your relationship with your parents?

R: My parents have taught me to be proud of who I am. They made it clear that people come in all shapes and sizes, and we need to accept everyone for who they are ... Some of my friends at school were afraid of becoming fat. They

didn't just learn this from the media; they also learned this from their parents. Their mothers were constantly dieting and expressing a desire to be thin; these young children started to believe they also needed to be thin.

C: What about as a teenager? Did things change at all then, or did you continue being happy with your appearance?

R: Hmmm ... [long pause] now that you mention it ... you are right ... I used to hate my body. I still have some insecurities that I'm working through, but for the most part, I can say now that I appreciate all the curves and bulges of my body. My husband has helped me to appreciate my body unconditionally. I have also begun to embrace and reclaim the word "fat". I believe reclaiming this powerful word can help to dispel some of the deep-seated fear we have of fat. I also believe that it's time we stopped desexualizing fat people, and started recognising all of our beauty and worth as people.

C: What made you change?

R: I am not sure; I now know that my worth is not determined by my weight. I know that I deserve to be happy, to feel good in my body. Starvation does not allow happiness; it only brings pain – for my family, my friends and me.

C: You know what? Listening to you ... makes me wonder ... you think differently than the majority of women of your age.

R: I am an established professional ... a good mother and wife ... I refuse to put any energy into worrying about my appearance ... but do not get me wrong, I look after myself.

C: Do you think our society as a whole is appearance conscious?

R: We are all obsessed with appearance, especially women ... I don't know where this is going to get us. I was reading in a woman's magazine the other day that there are people out there that even though they are not disfigured they are asking for a face transplant. Imagine putting a dead person's face on you ... I was terrified; where are we going as a society? And of course you have all these girls that ask for breast enlargement, they break their legs to get taller ... everything you can imagine, they do it to be more beautiful.

C: Do you think that this is why there are so many stereotypes against ugly or fat people?

R: Hmm ... it could be ... people pick on everything; it's just human nature. I mean, it's part of life. I do accept that. It doesn't make me feel better but I

accept that no matter whether you are tall, short, fat or thin, blonde or brunette, people will make negative comments about if they wish to.

C: Is there a way out for us as women?

R: Women need to take a stand and stop trying to live up to the standards that society has set for us ... We need to constantly remind ourselves that we are a person of great value and our weight should not play a part in how we feel about ourselves. We spend too much time and money focusing on losing weight and trying to attain the "ideal" body. Instead, we need to focus on ourselves. We need to get off the diet rollercoasters. Diets just don't work and losing weight will never bring you true happiness. You don't have to let your shape – or your appraisal of it – run your life. "Would you let someone else criticise you the way you criticise yourself? No!"

C: Is there anything that you would like to add?

R: No.

C: Thank you very much for your time and help.

R: It's OK.

Section C

Audit of cleft lip and palate services in the UK

Psychosocial needs assessment

This document reports the consultation undertaken by Christina Liossi on behalf of the Craniofacial Society of Great Britain and Ireland regarding the audit/assessment of the psychosocial needs of patients with cleft lip and/or palate and their families. The paper begins with a description of the consultation process, it continues with a brief review of cleft lip and/or palate condition and its psychosocial consequences, and concludes with the recommendations that Christina Liossi made to the Society and were included in the consultation document that she has prepared for the Society.

1. Background to the Present Project

During the early 1990s concerns emerged about variations in the standards of treatment of patients who have cleft lip and/or palate malformations, both within the NHS and between the UK and Europe. In response to those concerns the Clinical Standards Advisory Group (CSAG) appointed a Committee, the CSAG Cleft Lip and Palate Committee with objectives to: review the health needs of people born with cleft lip and/or palate malformations, review existing clinical standards, investigate how the care currently provided to NHS patients compares with these standards, compare the effectiveness of care provided by high and low volume provider units, report on current levels of access to units expected to achieve good outcomes and to suggest changes to existing clinical standards if necessary (CSAG, 1998).

The CSAG Cleft Lip and Palate Committee on completion of its task made a number of recommendations for the improvement of clinical standards and outcomes, including that the UK Health Department should ensure that the present arrangements involving 57 cleft units are changed so that expertise and resources are concentrated in 8-15 centres taking into account population needs and accessibility. Moreover, it was suggested that clinicians should agree on a common database for all cleft patients, specifying information requirements and timing of collection and ensure that all cleft patients are included. Information on all cleft patients should be made available for comparative audit studies. The CSAG advised on audit at 0-6 months; 5, 10, 15 and 20

years (CSAG, 1998). HSC 1998/238 outlined the requirements for cleft lip and palate services from April 2000 including the requirement for "an appropriately trained psychologist" as a full-time member of the "hub" team. The responsibilities of the psychologist in the team include assessment/audit, prevention and intervention of the patient and his/her family (The psychological care of cleft affected children and adults: guidelines for good practice, Draft, March 2001).

In order to facilitate the audit of the psychosocial needs assessment the Craniofacial Society of Great Britain and Ireland has formed a working group, which has constructed a number of questionnaires. Dr Nichola Rumsey, Director of the Centre for Appearance and Disfigurement Research (CADR)[1] at the University of the West of England, Bristol and governor of the working group has asked[2] Christina Liossi on behalf of the Society to evaluate them and make suggestions for their improvement.

2. Cleft Lip and Palate

Cleft lip/cleft palate is a congenital anomaly in the craniofacial region that occurs in approximately 1 in 750-800 live births in Caucasians (Jensen *et al*, 1998). Normally, in the embryo at about the 5th week, the medial nasal process, which forms the end of the nose, the philtrum (center) of the upper lip and the primary (anterior) palate, fuses with the lateral maxillary processes, which contribute to the sides of the upper lip and mouth, to form the complete upper lip and front of mouth. This process mostly occurs by mesodermal migration (formation of the future palatal muscle and bone), the timing of which is crucial. Failure of this process may result in a cleft of the lip and front of palate of varying severity. The hard and soft palate, which together make the roof of the mouth, form by "swinging up" of the embryonic palatal selves, as the tongue descends into the expanding oral cavity. This process occurs at around the 8th week. As these selves contact each other and also the front of the palate (primary palate), the tissues fuse to form the roof of the mouth and floor of the nose. This happens rapidly, usually between the 8th and 12th weeks in utero. The timing of these events is critical, and a failure of proper contact,

---

[1] Information about CADR is attached in Appendix A.
[2] The relevant correspondence is included in Appendix A. A number of meetings were also held to discuss the specific requirements of the Society.

or inadequate fusion, leads to a cleft of the secondary palate (see Figures 1,2 and 3) (Clinical Standards Advisory Group, 1998).

Several possible causes of clefting have been suggested, including drugs such as phenytoin (Sulik *et al.*, 1979) and corticosteroids (Pratt and Salomon, 1981), maternal hypoxia (Bronsky *et al.*, 1986) and genetic predisposition. However, more often the occurrence is sporadic, which suggests that as yet unidentified environmental factors may have an important role in the aetiology of the condition.

Many patients suffer from impaired facial growth, dental anomalies, speech disorders, poor hearing, and difficulties in psychological well-being and in social relationships. Care starts with neonatal nursing and primary surgery, usually followed by further surgery, speech and language therapy, orthodontics, preventive and restorative dental care, otolaryngology for hearing problems and genetic and psychological counselling.

Research to date suggests that children with cleft lip and/or palate are not necessarily at significant risk for poor self-concept, psychopathology, or poor social competence merely on the basis of their facial disfigurement (Perry *et al.*, 1998). It does suggest, however, that the impact of having a congenital facial anomaly, likely varies depending on factors specific to the child and his or her family, as well as the child's developmental level. Twenty to 30% of cleft lip and/or palate patients experience cognitive, behavioural, and/or emotional difficulties of a sufficient severity to cause significant family distress and be of clinical concern. There is now a consensus in the research literature (see for example, Lansdown et al., 1997) that aesthetics and function (e.g. facial appearance, dentition, speech) are not good predictors of psychological adjustment and well-being. Certainly, traditional risk and protective factors, such as socioeconomic status, intelligence, and family social support, continue to play an important role in the psychosocial development of children with craniofacial anomalies; however, other factors may interact with a child's medical status to create a different or more significant risk factor for this group of children. For example, the increased teasing from peers experienced by children with facial anomalies (Jones, 1984) may lead to increased levels of social anxiety or inhibition.

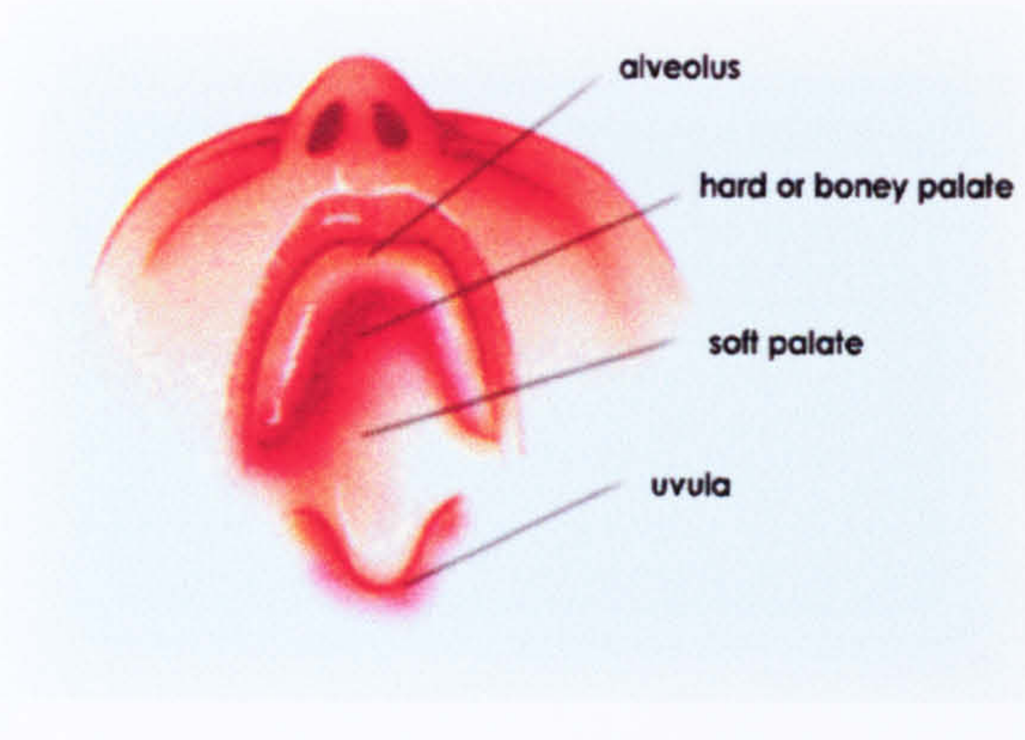


Figure 1. Normal palate: Frontal view.

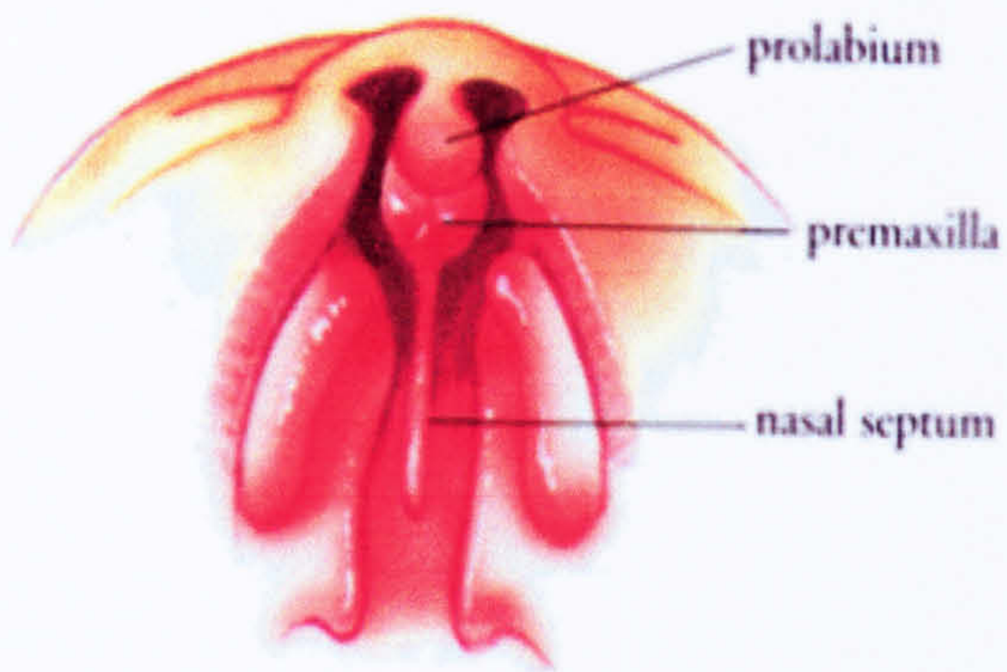


Figure 2. Bilateral Complete Cleft of the Lip, Alveolus and Palate. This is the most severe form of cleft in which the lip, alveolus and palate are split on both sides, causing an additional severe nasal deformity. The middle portion of the lip, called the prolabium, and the middle portion of the bone, called the premaxilla, are separated on both sides and may protrude forward.

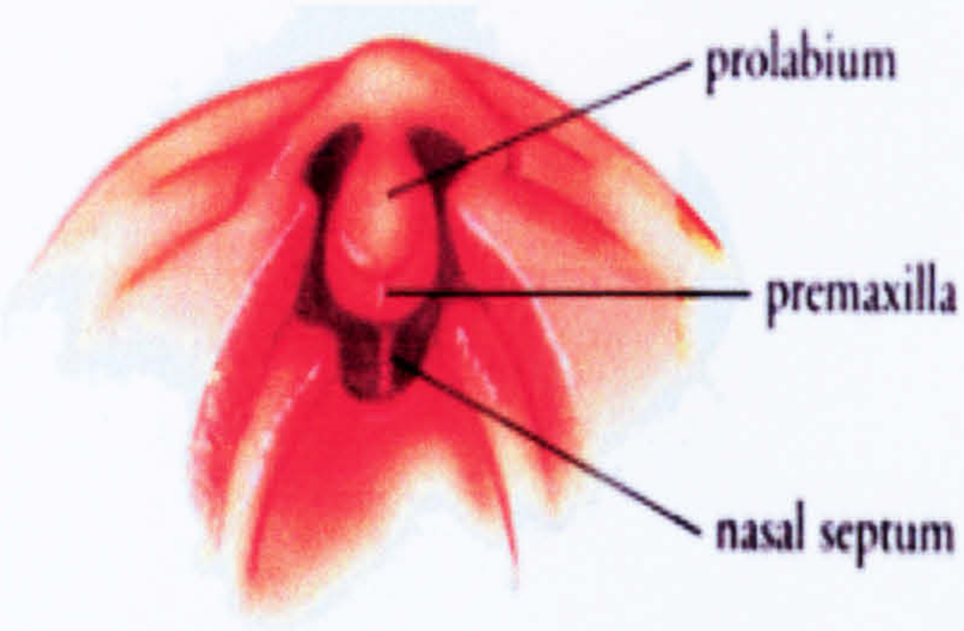


Figure 3. Bilateral Cleft of the Lip and Alveolus. There is a cleft on both sides of the lip which extends into each nostril and through the alveolus on each side. The prolabium is isolated in the middle and contains no muscle or vermilion. Since the defect follows the philtral columns, the philtral columns are absent as is the Cupid's bow.

3.1. The Recommendations

The questionnaires[3] that were provided by the Society to Christina Liossi for evaluation included:

1. Cleft Outcome Questionnaire-professionals,
2. Parent Interview,
3. Satisfaction with appearance-parents,
4. Questionnaire for 5 year old patients,
5. Questionnaire for 10 year old patients,
6. Satisfaction with appearance-10 years,
7. Questionnaire for 15 year old patients,
8. Questionnaire for 20 year old patients,
9. Satisfaction with Appearance-15 and 20 year olds.

These questionnaires will be administered to patients and their parents during 1.5 to 2 hour long interviews.

After a thorough study of the various questionnaires several general and specific suggestions were made. They cover format, content and psychometrics of the instruments. Before elaborating on the recommendations made, a brief description of the audit process and the criteria for choosing audit measures is provided. Similarly, because many of the recommendations made are related to the different methods appropriate for measuring the intended constructs a brief summary follows of the available in the literature self-report measures, their psychometric[4] properties and their possible treatment in statistical analyses[5].

---

[3] The relevant questionnaires provided are attached in Appendix A.

[4] The term psychometric properties in this context is not used in its conventional sense because no formal reliability and validity data are available for any of the measures described (apart from the VAS) when used in the context of appearance related satisfaction/dissatisfaction/distress. Here the term refers to an overall description of the measures and the best way of presenting them based on experience of their use in other measurement situations.

[5] These two were the areas about which the Society has specifically asked for information in addition to any recommendations for the improvement of the measures.

3.2. The Audit Process

The Audit process involves the audit or improvement cycle. Because evaluation in itself does not produce improvement audit is frequently described as a cyclical activity involving:

- Definitions of aims or standards
- Observation of practice
- Evaluation of practice against the agreed criteria
- Feedback and introduction of changes to improve performance

This can be described in general terms by the Plan-Do-Study-Act (PDSA) cycle (Figure 6) which applies basic experimental method to service development (NCCA, 1996).

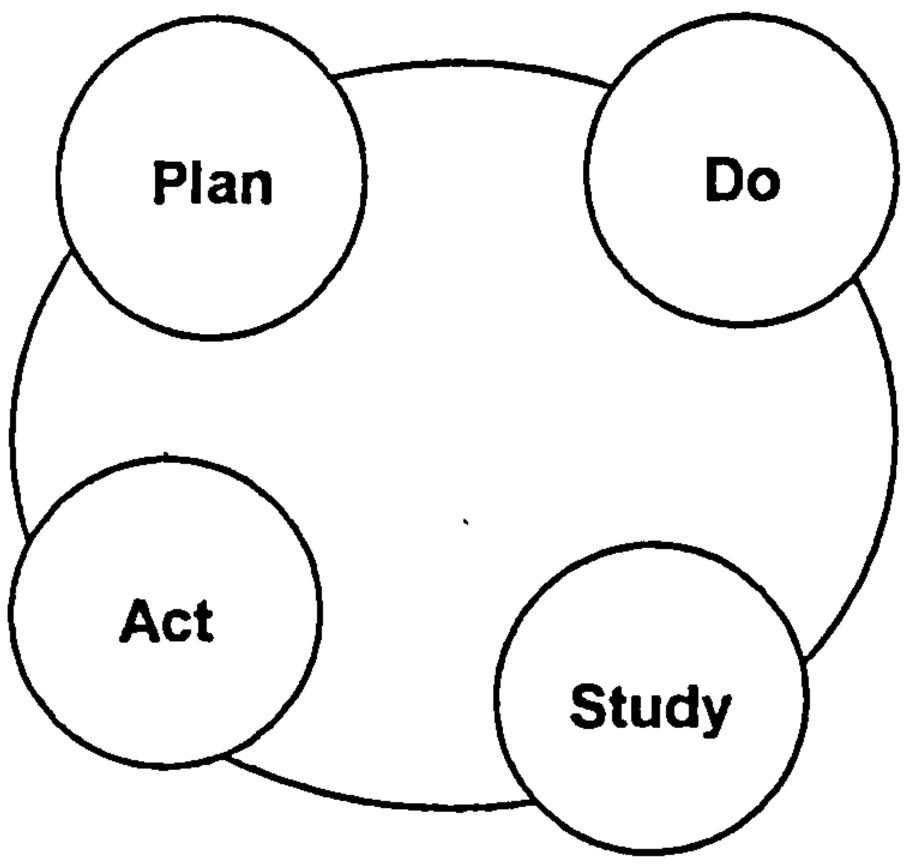


Figure 4. The PDSA cycle.

An essential part of planning an audit is choosing appropriate measures. According to the National Centre for Clinical Audit (NCCA, 1996) for the audit to be most useful, these should be:

- Relevant to the quality of care the patient and their family/carers receive and recognized by those involved as being worth studying.
- Capable of valid and reliable measurement. It is generally preferable to use a well-established existing measure if one is available.
- Practical: simple enough to be understood by all those involved and for the data to be collected consistently and without undue trouble.

3.3. Self-Report Measures

Self-report measures depend on the individual's report of their experience of living with cleft lip and/or palate condition, and their appearance, speech, hearing, and other aspects of their physical and psychological self. This report can include descriptions of relevant feelings, thoughts, and images, and information about the degree of their satisfaction/distress with their appearance/care they receive. Self-report measures are regarded as the '*gold standard*' in any measurement situation. However, they have two major limitations. First, they require the person to have a level of cognitive and linguistic development, which excludes all preverbal children and may exclude many young children. Even with articulate children, measurement by self-report may be compromised by several factors. Young children have relatively limited cognitive ability to understand what is being asked of them in measurement, and they may have difficulty in articulating descriptions of their thoughts and feelings. Furthermore, the limited understanding of the developmental psychology of appearance-related concepts in children may prevent health professionals from asking questions in a developmentally appropriate way. Finally, all self-report measures are open to bias because of the demand characteristics of the specific situation. For example, if children are asked to describe their feelings about their appearance to their mothers they may give different answers than if they are asked to describe them to a doctor. In addition, the type of question and the response options (for example, open-ended versus a checklist) may also substantially alter an individual's answers. Clearly, demand characteristics cannot be eliminated from the assessment of people with cleft lip and/or palate or indeed of any person. Clinicians and researchers must be aware, however, that a change in context can substantially influence a person's response.

The methods used to measure self-report include: self-rating scales, and non-verbal methods.

Self-Rating Scales

These are single-item rating scales for assessing the subjective intensity of a construct such as anxiety or satisfaction with one's appearance. They vary in their structure, complexity, and according to the type and number of anchor points provided

and may be categorized into four types: visual analogue scales, category rating scales, numerical rating scales and Likert scales.

Visual Analogue Scales

Visual analogue scales (VAS) consist of either a vertical or horizontal line with verbal or pictorial anchors indicating a continuum from, for example, no distress to severe distress. It is a simple, robust, sensitive, and reproducible instrument that enables an individual to express the intensity of their feelings in such a way that it can be given a numerical value. The most common VAS asks the person to make a mark somewhere along a 100mm line to indicate, for example, the amount of distress that he/she is experiencing. The distance of the mark from the end of the scale is then taken to represent his/her distress severity. The unit of measurement can either be in centimeters, giving a range from 0 to 10 or in millimeters, giving a range from 0 to 100. Figure 5 provides an example of a visual analogue scale.

Please mark a cross on the line below at the point, which you think best represents your satisfaction with your appearance

Not at all satisfied _____ Very satisfied

Figure 5. Visual analogue scale.

It is difficult to measure the sensitivity of distress about appearance measurements especially since there is no absolute standard. But the visual analogue scale has a greater capacity to change in response to a stimulus such as treatment than the simple verbal descriptive scale. In the later there are not enough descriptors that can reliably be placed in ascending order of severity of distress. The VAS has been found to be quite sensitive to fluctuations in body dissatisfaction in experimental studies (Heinberg and Thompson, 1995) (see Appendix B).

Some authors have suggested that a vertical scale is more appropriate than a horizontal one especially with children because children may find it easier to conceptualize the notion of greater or lesser intensity with up and down rather than left

and right. In any case, in order to use the VAS the child must have the cognitive ability necessary to translate the emotional experience into an analogue format and to understand proportionality. Care must be taken when repeated photocopying the scale to ensure that the process does not alter the length of the line (photocopying makes the line longer) and thus confound scoring.

Category Rating Scales

Category scales consist of a series of words along a continuum of increasing value (e.g. no distress, mild distress, medium distress, severe distress). Category rating scales may have different meanings for different individuals.

Face scales, another form of category scale, used predominantly with children, show a series of faces with faces graded in increasing intensity between "no distress" and "worst distress possible". When presented with a faces scale, children are asked to point to the face that best shows how much distress/anxiety they are currently experiencing. Faces scales, unlike other self-report measures, are thought to be easily understood by children in that they do not require the child to translate their emotional experience into a numerical value. Several studies have shown that faces scales are preferred by children, parents, and nurses, when compared with other assessment tools, including visual analogue scales and word descriptor scales for *pain* assessment (Wong and Baker, 1988). Acceptance of faces scales has also likely been facilitated by the importance of facial expression in the social communication of emotion. However, it is emphasized that faces scales have not been used in appearance research so far and what follows is taken from the relevant pain assessment literature.

Several variants of face scales have been developed to measure children's level of *pain*[6]. Despite a similar underlying conceptual basis, there are considerable differences between the various faces scales. The scales differ in format, ranging from simple line drawings, through cartoon-like representations, to more detailed depictions of facial expressions and actual photographs of children's faces. Further the scales vary with respect to the number of faces included in the array. Some include only five faces while others include six or seven faces. The scales also vary depending on whether tears are

[6] For a comprehensive review of the existing pain measurement faces scales see Liossi (2002).

present in the "worst pain" face or not and whether the "no pain" face is a neutral face or a smiling face. For the present audit the Faces Pain Scale-Revised (Hicks *et al.*, 2001) or the Wong and Baker Faces Scale (Wong and Baker, 1998) (Figure 7) are recommended depending on whether there is a need for a neutral first face or a happy one respectively. The Faces Pain Scale-Revised (Figure 8) is preferred, as it will most probably not confound happiness with satisfaction with appearance. Someone can feel neutral (0 satisfaction) about his or her appearance but not necessarily happy[7].

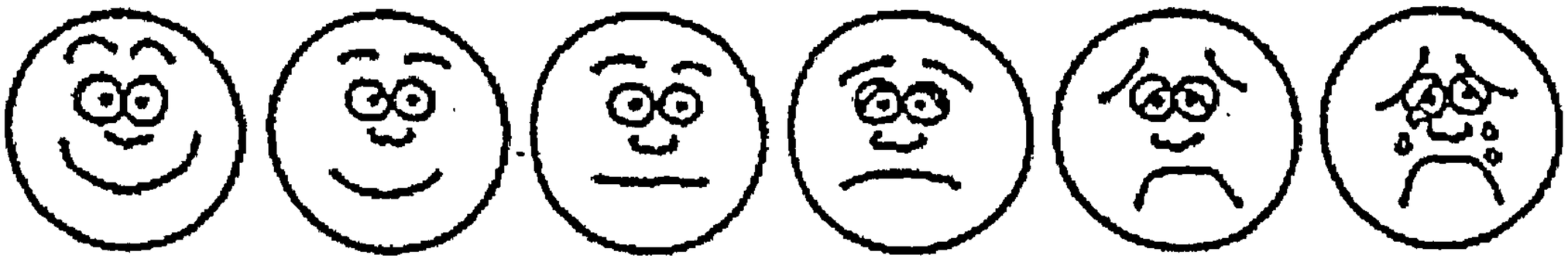


Figure 7. Wong and Baker Faces Rating Scale.

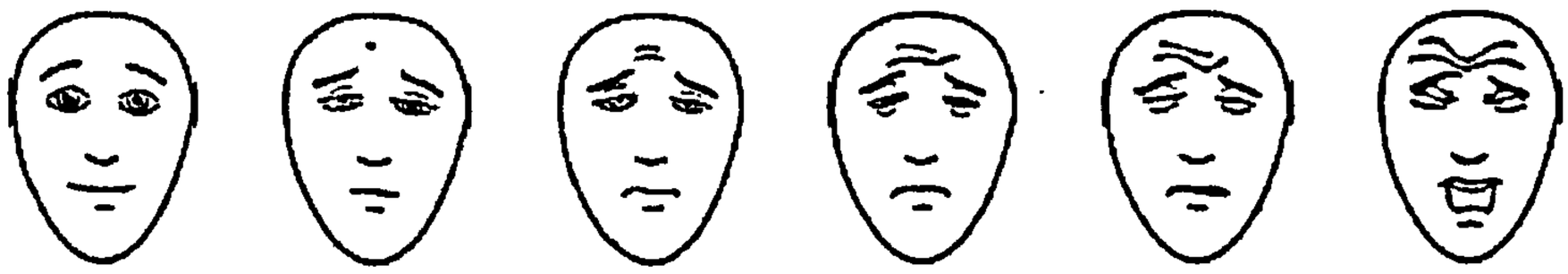


Figure 8. The Faces Pain Scale- Revised.

Numerical Rating Scales

These scales use numbers (i.e. 0-5, 0-10 or 0-100) to represent increasing degrees of distress (Figure 9). Individuals must understand number concepts in order to use this type of scale. The intervals along the scale cannot be assumed to be equal and a change between 0 and 3 is not necessarily the same as a change between 6 and 9. Although there has not been careful work on the psychometric properties of numerical rating scales, they

[7] In Appendix B, the Faces Pain Scale-Revised (Hicks *et al.*, 2001) and the Wong and Baker Faces Scale (Wong and Baker, 1998) are included, and information is provided on how these scales can be administered and scored along with information on how they can be obtained.

have a place in the clinical setting, since they require no materials, are readily understood by health care professionals, and are easy to chart.

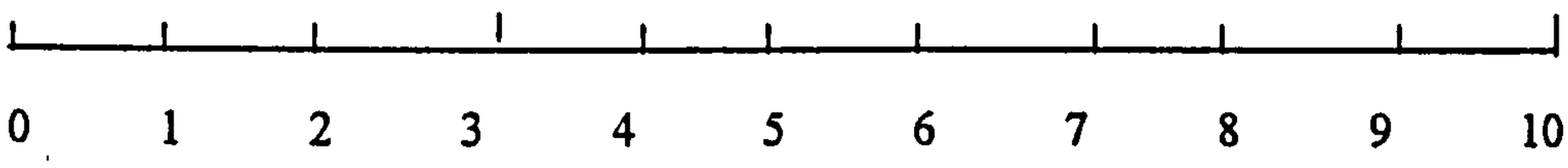


Figure 9. Numerical Rating Scale.

The Likert scale

A Likert scale is usually a five-point scale (although more or less points can be used), used to express agreement or disagreement with a particular statement. Likert scales have the advantage that they can cope with different strengths of opinion, or even if someone has no opinion at all about a topic (if there is such a point in the scale). It has to be noted that the construction of a Likert scale involves much more than just writing down a sentence and drawing up a five-point scale. Technically, a five-point item does not really qualify as a Likert scale unless it gives results, which are normally distributed.

In summary, there is much evidence supporting the clinical utility and validity of visual analogue and numeric rating scales for measuring distress intensity. These measures are intuitively simple to use, easy for most patients to comprehend, and easy to score. However, the visual and numeric rating scales and their derivatives assume that the individual has the ability to reflect accurately their concept of distress onto a second dimension. To make a judgment of distress using the visual analogue scale, the individual must interpret the severity of their experience to a point on a line where they feel that the distance between either end-point corresponds. Developmental psychology suggests that this metaphorical ability follows a developmental sequence and is not acquired until the stage of concrete operations beginning at about 7 or 8 years of age. Face interval scales measuring distress are considered preferable for younger (preoperational) children than more abstract scales. A scale of faces presents little cognitive complexity and metaphoric difficulty and is relatively free of adult influences of explanation and interpretations. Overall, the NRSs and VRSs are very easy to administer and score and can be presented in written or spoken form. However, they have not good sensitivity and restricted ability

to detect change. The VAS involves the tester having to measure the line to obtain the score, which may give rise to error. A second problem with the VAS can arise if it is photocopied and change its length as a result, making comparisons more difficult. **Finally, it should be emphasized that no formal reliability and validity data are available for any of these measures (apart from the VAS) when used in the context of appearance related satisfaction/dissatisfaction/distress and obviously none of the previous psychometric data obtained in different contexts applies.**

Nonverbal Methods

Nonverbal methods are used, especially with children, to measure the subjective component of an experience and include asking children to draw pictures of themselves or their family members. Drawing analysis is a valuable supplementary clinical method in the assessment and treatment of children.

3.4. Level of Measurement and Scales

The role of measurement scales in research, is a complicated one, and obviously is impossible to be covered in depth in the present document. Measurement *does* affect the statistical analysis and the interpretation of the data one obtains in research. There are four scales that are used to describe the measures that we can take:

- Nominal
- Ordinal
- Interval, and
- Ratio

Nominal scales are not really scales; they do not scale items along any dimension, but rather label them. Variables such as religious preference, race, gender, football team affiliation and the set of numbers assigned to basketball players are examples of nominal scales. The only mathematical operation that can be performed on nominal scales is a frequency count.

The simplest true scale is an *ordinal scale*, which orders people, objects, or events along a continuum. An example of such a scale is the classification of university degrees in 1st, 2(i), 2(ii) and 3rd. The properties of an ordinal scale are not isomorphic to the

numerical system known as arithmetic. Consequently when only the rank order of scores is known, means and standard deviations found on the scores themselves are in error or misleading to the extent that the successive intervals (distances between classes) on a scale are not equal and do not have substantive meaning. The majority of existing faces scales treat the faces as ordinal data. The intervals between faces are generally not equal (that is, the perceived change in severity between faces 0 and 1, or 2 and 3, should be the same as between faces 5 and 6). An important point about equal intervals is that they help to ensure discriminality i.e. that two or more faces are not measuring roughly the same quantity. With equal intervals and the first face measuring zero quantity, we would have the desirable properties of a ratio scale, enabling meaningful arithmetic operations on the differences, the use of geometric mean and coefficient of variation, and the application of all the common parametric statistics[8].

The *interval scale* includes data which represents more than simply an order; it also provides information about the degree of difference between two scores. For example, if you are told the temperature in degrees Celsius, of two different rooms, you know not only that one is warmer than the other but by how much. Simple numerical scales (e.g. 0-5) only give information about whether the pain has reduced or increased but not about percent reduction or increase.

The *ratio scale*, like the interval scale, provides information about the magnitude of differences between the entities that are measured. However, it has the additional property that the data should have a true zero i.e. the property being measured has no quantity. For example, weight in kilograms, height in centimeters is on a ratio scale. Visual analogue scales have ratio properties.

In conclusion, there are a number of different measurement/question styles, which provide a range of different types of information as data. It is crucial for the investigator to be clear about the type of analysis that will be conducted, and how it will be presented. It must be ensured that the questions give the right kind of information for use in that analysis. Some issues that can be considered before finalizing the format of each question include: How each question will be analyzed? How precise does the information each

---

[8] Statistics for data, which conform to three parameters: equal-interval data, equal variance, and normal distribution.

questions provides have to be? Is category data sufficient or the degree of satisfaction for example has to be measured? The final analysis will consist of numbers or verbal descriptors? What form the final report of the findings will take?

3.5. General Recommendations

The questionnaires provided were evaluated against the aims of the audit/assessment of psychological needs of patients with cleft lip and/or palate and found to fully cover and reflect the aims of the assessment.

Overall, because many professionals from different institutions will be involved in the audit, the measures used should be as concise and succinct as possible so that the differences obtained will reflect real differences and not misunderstandings due to insufficient information on the questionnaire. Many of the professionals may not have had prior experience and training in qualitative research interviewing. Towards this aim and despite the fact that the semi-structured interviews will be administered by health care professionals there is scope for a brief document on administration and data analysis to be included in the pack. This document should include a brief section on how the psychologist should explain the purpose of the interview to the patients and their families and how the results will be used, whether the participants' responses will remain confidential or not, and how they will affect the clinical care of the individual. If individuals in different centers are given different information, then their answers may reflect the demand characteristics created by the psychologist and not their true answers. Moreover, in the administration document, information should be provided on whether the patients are going to be provided with an information sheet and consent form and clear instructions as to what to do if the patient becomes distressed during the interview and how to report that. In terms of data analysis, there should be some advice as to how to analyze the data so that, if not done centrally, there is uniform treatment of the data.

The qualitative interviews will provide rich and clinically relevant data but will make data analysis and synthesis time consuming and difficult to compare with the normal population. Maybe some of the information collected by the interview could be collected with standardized measures that will make comparisons easier. For example the psychological distress of the individual (ages 15 and 20) could be assessed with the Brief

Symptom Inventory (Derogatis, 1993) and satisfaction with appearance with the Derriford Scale Appearance (Carr and Harris, 2000).

There is scope for pilot testing each instrument to 20 members of the relevant population and then evaluate it via semi-structured interviews. Pilot testing will fine tune the instruments. All instruments have to be tried out on a set of respondents, to make sure that individuals can understand them easily, and that there are no accidental ambiguities or problems with the phrasing. Patients should be timed when using the questionnaires. Another possibility is the distribution of the instruments to clinicians that will be using them and a focus group discussion can follow where professionals will give feedback to the investigators. Moreover, national organizations in Europe and the USA could be contacted and asked to provide the instruments they are currently using.

3.6. Specific Recommendations

Fist, given that the form of something can be as important as its substance in determining what is measured, appeal to the layperson of the questionnaires was considered. How worthwhile the questionnaire-based interviews would appear to the patients and their parents and to others who will see the results was examined. Overall, the measures appear interesting and "sensible", so taking them is likely to be a pleasant experience. This not only tends to make the information collected valid but also helps to establish good rapport between the interviewer and the interviewee.

Following, all of the questionnaires' items were evaluated against the following criteria regarding content:

1. Is the content of the item closely matched to the aim of the treatment that the individual has received and the aim of the interview?
2. Are the answer choices free of irrelevant material?
3. Is the readability level of the item stem and answer choices suitable for the age of the individuals being tested?
4. Are the self-report measures chosen the most appropriate ones in terms of their psychometric properties and the developmental level of the individual being tested?
5. Does the item stem describe a single problem for an individual?

6. Is the item stem free from ambiguities and/or irrelevant material?
7. Do the item stem and answer choices follow standard rules of punctuation, capitalization, and grammar?
8. Have words that give verbal clues as to the required answer been avoided?

Below follow the recommendations made for each of the questionnaires provided based on their evaluation against the above stated criteria.

1. <u>Cleft Outcome Questionnaire-Professionals</u>

a. Name: specify whether the patient's or health professional's name is required or both.
b. Specify the specialty of the professional/s who should complete the questionnaire e.g. surgeon, nurse. Different professionals will probably have different criteria for judging appearance.
c. At the beginning the questionnaire asks for the professional's opinion on the "*current appearance/speech of this person*". Subsequently, however, all items are related to appearance. Either an item about speech should be added or speech should be deleted from the initial instructions.
d. Standard instructions for the completion of the VASs should be included at the beginning of the questionnaire.
e. All of the lines in the VASs should be 10cm long. Some of them are 10.2 cm.
f. The items asking for the professional's opinion about "*Profile of face*" and the item "*Side view/profile*" seem to be asking the same thing. Maybe they should be made more specific to avoid confusion.
g. The anchors "Very dissimilar" vs. "very similar" are sufficient. There is no need for the first anchor to be "*not very dissimilar to other people of his age*" as this is already included in the introductory to the item statement.
h. Maybe some space could be included for any other comments that the health professional would like to add.
i. The items should be numbered.

2. Parent Interview

a. Q1 could have "yes" or "no" as response possibilities and boxes for the investigator to tick. If it is of interest to the investigators where the patient was treated before, a relevant question can be added.

b. Q2. There is no need for space to be provided in this question.
Boxes should be provided for the investigator to tick the answers.
Maybe it is sufficient for the question to read, "How do you feel about attending the clinic?" and then offer the response possibilities. Moreover as there are most probably variations in the parents' feelings towards attending the clinic the question could be made more specific, for example "On average how do you feel about attending the clinic?"

c. Q3. There is no need for space to be provided in this question.
Boxes should be provided for the investigator to tick the answers.
Maybe it is sufficient for the question to read "how do you think your son/daughter (name) feels when attending the clinic?" and then offer the response possibilities. Moreover as there are most probably variations in the patients' feelings towards attending the clinic the question could be made more specific, for example "On average how do you think your son/daughter (name) feels when attending the clinic?"
The third response option should read, "he/she feels OK".

d. Q4, Q5. Boxes should be provided for the investigator to tick the answers.

e. Q5. Maybe different response options should be provided for this question. Most probably sometimes members of the team understand parents' concerns and sometimes they don't. Therefore response options should be able to discriminate frequency. They could, for example, be "never", "occasionally", "I am not sure", "most of the time", "always".

f. Q6. There is no need for extra space to be provided for this question especially because there are no instructions as to what to do with it.

g. Q7. Boxes should be provided for the investigator to tick the answers.
The question could become more specific, for example "On average, how do you find the explanations that are given by members of the team?". Most probably

sometimes the explanations are more difficult to understand than others. Another possibility is to make the question even more specific and inquire for the explanations given in the current or previous visit.

h. Maybe the information provided at the end of Part 1 could have been provided at the beginning of the interview as well so that the parents know what to expect.

i. Q8. Boxes should be provided for the investigator to tick the answers.
The question could be made more specific and read "How does your son/daughter get on with other children of his/her age?"

j. Q9. Boxes should be provided for the investigator to tick the answers.
Maybe there should be a response option "I do not know". It is difficult to attribute any effect on self-confidence on a single cause such as cleft lip and/or palate.

k. Q10. Maybe the question should read, "Compared to other people of his/her age, how easily does your son/daughter make friends?"

l. Q11. Boxes should be provided for the investigator to tick the answers Yes/No. Immediately after the yes/no there should be something like: "If no go to question 12, if yes, what has s/he been teased about?

"Not at all" vs. "a great deal" are sufficient as anchors for the VAS. The relevant information has been provided at the statement before and there is no need to be repeated.

m. Q13. This question requires information about how the child deals with questions and/or teasing. It can probably be broken into two questions. Maybe the child has different ways of coping with questions and teasing. In any case, being asked questions is different than being teased.

n. Q15. Boxes should be provided for the investigator to tick the answers and maybe a response category "I do not know" could be added.

o. Q17. Boxes should be provided for the investigator to tick the answers. There should be instructions as to what to report on the space available.

p. Q18. Maybe this question can be made more specific and ask for the support the parent receives from their spouse. Another question can ask about the support the parent receives from their extended family.

q. Q19. Maybe this question can be broken into 2 questions so as not to confuse the respondent. One "What kinds of things make you feel life is going well for you at the moment?" and two "What kinds of things make you feel life is going badly for you at the moment?"

3. Satisfaction with appearance-parents

a. Name: specify whether the patient's or parent's name is required. Many times parents get confused as to whether to put down the patient's name or their own.
b. Instructions on how to complete the VASs should be provided.
c. The item "*How happy are you with your child's speech*?" should be before the item "*How happy do you feel your child is with his/her facial appearance at the moment*?"
d. Items should be numbered to facilitate communication and data collection.
e. Anchors and numbers of the VASs could be reversed and be 0-10 not 10-0.

4. Questionnaire for 5 year old patients

a. Boxes should be provided for the investigator to tick the answers.
b. Q2. A standard faces scale should be shown to the child.
c. Q3. Boxes should be provided for the investigator to tick the answers.
d. Q4. Children at this age do not understand proportionality therefore the use of a VAS is not recommended. An alternative is for the question to be rephrased to ask about the child's anxiety regarding teasing and provide them with a faces rating scale to complete.
e. Q5. Boxes should be provided for the investigator to tick the answers.
f. Q8. Boxes should be provided for the investigator to tick the answers and also it should be specified what to report on the space available.
g. Children of this age group can be asked to draw a picture of themselves or their family. This is a non-threatening way of exploring their feelings about themselves and their appearance.

5. Questionnaire for 10 year old patients

a. Every question should be in black not only some of them. Questions 1,2,3,4,5 are not in black)
b. Q5. Boxes should be provided for the investigator to tick the answers.
   It could be acknowledged in some way that other members of staff such as nurses talk to the patients about their treatment.
c. Q7. The question should specify by whom the patient is being teased or called names. It could be siblings, at school or by strangers.
d. The VAS is 10.2 cm. It should be 10cm
e. Q8. Maybe the second part of the question should read "how often does this happen?" so that all of question 8 refers to the present.
f. Q10. Boxes should be provided for the investigator to tick the answers. Also the response options can start from never to sometimes to often to always.
g. Q12. If a yes or no answer is required why additional space is being provided? Maybe Q12 could precede Q11.
h. Q15. There is space available without instructions as to what to do with it.
i. Q16. Q16 maybe should be changed to a different response style. It is not clear what the VAS will measure in this specific situation and what a score of 3 for example means.
j. Q18. There is space available without instructions as to what to do with it
k. Q20. "*Compared to other people*" could be changed to "compared to your peers, or children of the same age as you".
l. Q21. "*Compared to other people*" could be changed to "compared to your peers, or children of the same age as you".
m. Q22. Boxes should be provided for the interviewer to tick the answers.
n. The response options for Q20,21, 22 can change to "below average", "average", "above average".

6. Satisfaction with appearance-10 years

In the light of the fact that there must be 0 of the quantity measured in a VAS it should be considered whether very unhappy reflects 0 happiness or an anchor such as

"not at all happy" is more appropriate. This comment applies to most of the items in this list.

a. All VASs are 10.2 cm and they should be 10cm.
b. The items should be numbered and instructions should be provided at the beginning on how to complete the VASs.

7. <u>Questionnaire for 15 year old patients</u>

a. Q1. Boxes for "yes" and "no" responses should be provided.
b. Q2. Boxes should be provided for the investigator to tick the answers. There is no need for additional space.
c. Q3. Boxes should be provided for the investigator to tick the answers. It should be specified by whom i.e. health professionals, parents
d. Q4. Boxes should be provided for the investigator to tick the answers. Maybe the response options should be reversed and read "Not at all involved", "not very involved", "quite involved", "very involved".
e. Q5. Yes and no boxes should be provided.
   There is no need for additional space to be provided unless there are instructions for the interviewer on how to inquire further.
f. Q6. The VAS anchors can be "Not at all… a great deal".
g. Q7. Boxes should be provided for the investigator to tick the answers.
h. Q9. Boxes should be provided for the investigator to tick the answers. Maybe the response options should be reversed and read "Never, sometimes, often, always".
i. Q11. Boxes should be provided for the investigator to tick the answers. There is no need for additional space to be provided unless there are instructions for the interviewer on how to inquire further.
j. Q14. Same as above.
k. Q17. Same as above.
l. Q20. The question should read "Compared to other people of your age, how good are you at these activities?"
m. Q24. Maybe this question can be broken into 2 questions so as not to confuse the respondent. One "What kinds of things make you feel life is going well for you at

the moment?" and two "What kinds of things make you feel life is going badly for you at the moment?"

8. Questionnaire for 20 year old patients

a. Q1. Boxes for yes and no responses should be provided.
b. Q3. Boxes should be provided for the investigator to tick the answers. It should be specified by whom e.g. parents, health professionals.
c. Q4. Maybe the response options should be reversed and read "Not at all involved, not very involved, quite involved, very involved"
d. Q6 confuses past with present and the patient may have difficulty answering correctly. Different items should refer to the past and different to the present.
e. Q7. Boxes should be provided for the investigator to tick the answers.
f. Q9. Boxes should be provided for the investigator to tick the answers.
g. Q11. Boxes should be provided for the investigator to tick the answers.
h. Q12. There is no need for additional space to be provided unless the interviewer has instruction on what to inquire about.
i. Q13. Boxes should be provided for the investigator to tick the answers.
j. Q15. Boxes should be provided for the investigator to tick the answers. There is no need for additional space.
k. Q16. There is no need for additional space.
l. Q19. Should be in bold.
m. Q18, Q19, Q20 should read "Compared to other people of your age, ..."
n. Q20. A question could be added "Compared to other people of your age, how good are you at your studies?"
o. A couple of questions regarding sexuality and relationship with the other sex can be added.

In general, this questionnaire includes many open-ended questions. It will generate very rich data but will make the collection and interpretation difficult.

9. Satisfaction with Appearance-15 and 20 year olds

a. Anchors and numbers of the VASs should be reversed and be 0-10.

b. The question "*Is there any other feature you like/don't like*" can be broken into two questions: "Is there any other feature you like", "Is there any other feature you don't like".

c. Items should be numbered to facilitate communication and data collection.

4. Conclusion

In conclusion the measures developed are relevant, have good psychometric properties and capture the information required. They can be improved by following the specific suggestions elaborated above and also by following some of the general suggestions for further validation and refinement.

A key aspect of quality improvement in health care is measuring the outcomes achieved for patients. Various tools are available for this purpose, some specific to facial appearance and others more broadly based. The limitations of outcome measures, some general and some specific to facial appearance, should, however, be recognized. The true "outcome" of any particular healthcare intervention is represented by the change in the patient's health status that can be attributed to the intervention. Since many other physiological, psychological, social and environmental factors influence the patient's health, the relationship between care given and outcome measure is an imperfect one.

Acknowledgement

Figures 1, 2, and 3 have been reproduced from the Web site of the American Society for Craniofacial Anomalies.

5. References

Bronsky P.T., Johnston M.C. and Sulik K.K. (1986). Morphogenesis of hypoxia induced cleft lip in CL/Fr mice. *Journal of Craniofacial Genetic Developmental Biology*, Supplement 2, 113-128.

Carr A.T., Harris D.L. and James C. (2000). The Derriford Appearance Scale: A new scale to measure individual responses to living with problems of appearance. *British Journal of Health Psychology*, 5, 201-215.

Clinical Standards Advisory Group (1998). Cleft lip and/or palate. Report of a CSAG Committee. London: The Stationery Office.

Derogatis L.R. (1993). Brief Symptom Inventory. Administration, scoring and procedures manual. National Computer Systems INC.

Heinberg L.J. and Thompson J.K. (1995). Body image and televised images of thinness and attractiveness: a controlled laboratory investigation. *Journal of Social and Clinical Psychology*, 7, 335-344.

Hicks C.L., von Baeyer C.L., Spafford P., van Korlaar I., Goodenough B. (2001). The Faces Pain Scale-Revised: Toward a common metric in pediatric pain measurement. *Pain*, 93, 173-183.

Jensen B. L. *et al.*, (1998). Cleft lip and palate in Denmark, 1976-1981. Epidemiology, variability, and early somatic development. *Cleft Palate Journal*, 25:258-269.

Jones J.E. (1984). Self-concept and parental evaluation of peer relationships in clef lip and palate children. *Pediatric Dentistry*, 6, 132-138.

Lansdown R., Rumsey N., Bradbury E., Carr T., Partridge J. (1997). Visibly different: Coping with disfigurement. Oxford: Butterworth-Heinemann.

Liossi C. (2002). Procedure-related cancer pain in children. Radcliffe Medical Press.

National Centre for Clinical Audit (1996). NCCA Clinical Audit Action Pack. NCCA, London.

Perry B.D., Czyzewski D., Lopez M., Spiller L., Treadwell-Deering D. (1998). Neuropsychologic Impact of Facial Deformities in Children-Neurodevelopmental Role of the Face in Communication and Bonding. *Clinics in Plastic Surgery*, 25, 587-597.

Pratt R.M. and Salomom D. (1981). Biochemical basis for the tetragenic effects of glucosteroids. In: Chemical Teratogenesis pp 171-193. Ed: Jachau M. Elsevier, Amsterdam.

Sulik K.K., Johnston M.C., Ambrose L.J.H. *et al.* (1979). Phenytoin (Dilatin) induced cleft lip and palate in A/J mice: A scanning and transmission electron microscopic study. *Anatomy Record*, 195, 243-256.

Wong D. and Baker C. (1998). Pain in children: comparison of assessment scales. *Pediatric Nursing*, 14, 9-17.

Working group on the psychological care of cleft-affected children and adults (March 2001). The psychological care of the cleft-affected children and adults: guidelines for good practice. *Draft.*

Appendix A

UWE BRISTOL

Faculty of
Applied Sciences

Department of Psychology

The Centre for Appearance and Disfigurement Research
Research Director Dr Nichola Rumsey BA PhD MSc

St Matthias Campus
Oldbury Court Road, Fishponds
Bristol BS16 2JP

Telephone 0117 344 4356
Facsimile 0117 344 4356
email: nichola.rumsey@uwe.ac.uk

Dr. Christina Liossi,
Lecturer in Health Psychology,
Department of Psychology,
Singleton Park,
Swansea. SA2 8PP

15.9.01

Dear Christina,

I wonder if you would be interested in undertaking a piece of consultancy. As you know, I am the convenor of the Psychology Special Interest Group of The Craniofacial Society of Great Britain & Ireland (CSGBI). In the aftermath of the Government's CSAG report on the care of patients with clefts, the Department of Health's Cleft Implementation Group has recommended that all new cleft teams should include a full time psychologist.

The CSGBI responded to this recommendation by asking me to convene a working group to develop The U.K. Standards of Psychological Care for Cleft Affected Patients and Families. As part of this exercise, the working group has recently developed a series of age-appropriate semi-structured interviews and visual analogue scales. In view of your expertise in working with children in health care settings, and because of your experience in scaling items for children, we wondered if you would be interested in working on these interviews with a view to giving us some recommendations about how they should be formatted.

I look forward to discussing this with you further.
With best wishes,

Nichola

N. Rumsey PhD
Research Director CADR/Convenor CSGBI Psychology SIG

UWE BRISTOL

Faculty of
Applied Sciences

Department of Psychology

The Centre for Appearance and
Disfigurement Research
Research Director Dr Nichola Rumsey BA PhD MSc

St Matthias Campus
Oldbury Court Road, Fishponds
Bristol BS16 2JP

Telephone 0117 344 4356
Facsimile 0117 344 4356
email: nichola.rumsey@uwe.ac.uk

Dr. Christina Liossi,
Lecturer in Health Psychology,
Department of Psychology,
Singleton Park,
Swansea. SA2 8PP

30.1.02

Dear Christina,

Many thanks for the report you have prepared with recommendations for the formatting of the semi-structured interviews to be used by psychologists working with cleft affected patients and families in the U.K.. Your observations are pertinent and well researched. You have captured the essence of the interviews most effectively, and have clearly increased the age-appropriateness of the questions and response formats. We have already begun to incorporate the suggestions into the final versions of the interviews.

The newly appointed psychologists will be meeting together for the first time in April, and we will be distributing the interviews then. We are grateful for your contribution to this important development in cleft care, and wish you well in your future research efforts.

With best wishes,

Nichola

N. Rumsey PhD
Research Director, CADR/Convenor CSGBI Psychology SIG

UWE BRISTOL

University of the West of England

SEARCH. INNOVATION AND INDUSTRY AT UW

The Centre for Appearance and Disfigurement Research

UOW

The Centre for Appearance and Disfigurement Research

The Centre for Appearance and Disfigurement Research promotes greater understanding of the psychological and social needs of people who have facial and other disfigurements. The first of its kind in the world, the Centre attracts international interest, and its senior staff have addressed conferences and advised colleagues worldwide.

The Centre was established from a link between psychologists in Bristol UWE's Faculty of Applied Sciences and the charity, Changing Faces. Research focuses on establishing the psycho-social needs of patients with appearance related concerns; developing more effective ways of delivering healthcare to children and adults and examining how society perceives those whose appearance is 'unusual'.

Although independent of the Changing Faces charity, the Centre for Appearance and Disfigurement Research underpins and informs its work with the aim of boosting knowledge about disfigurement, and appearance needs and problems, so that appropriate services can be developed to meet them. Through deepening understanding of how disfigurement is perceived by society in general, it also aims to remove the uncertainties, fears and stigmas attached to disfigurement in the public mind.

Recent projects include:

...help for clinic staff nationally...

Although NHS staff are well equipped to deal with the immediate physical needs of patients who are disfigured through injury, illness or abnormality, they do not always have the time or training to deal with their longer term emotional and social needs. To provide guidance in this essential field, staff in the Centre for Appearance and Disfigurement Research collected and analysed the views of some 600 patients who were attending 14 clinics in London and the South West. The project, funded in the South West by the Nuffield Trust and in London by the King's Fund, identified patient needs and suggested ways in which these might be met - within budgetary constraints.

The Centre's staff found that both patients and medical staff felt that more support should be available to help those with a disfigurement to come to terms, psychologically, with their appearance and to overcome any effects it might have on their social lives. As a result, a portfolio has been prepared of ways in which help can be given by clinic staff. Suggestions range from the provision of informative leaflets to referral to Outlook. This is a disfigurement support unit set up in a collaboration between Changing Faces and Frenchay Hospital and evaluated by the Centre. The training of specialist nurses, as well as ongoing support within the community are other proposals.

...and internationally...

The Centre's staff also provide guidance and advice to healthcare professionals throughout the world who work in a wide variety of contexts. For instance, senior staff were invited to a clinic in Cape Town, South Africa, which deals with hundreds of children of colour who are injured each year in shanty town fires. Although the clinic has considerable expertise in dealing with the physical effects of burn injuries, its staff were concerned about how the children they treat could be helped to cope with life once they had been discharged. A high suicide rate among the children affected was causing particular concern. The Centre's staff were able to offer advice about how the clinic could help the children to deal with the psychological and social effects of their injuries. A similar request for help was received from the Shriners Burns Institute in Texas. Although considerably wealthier than its South African counterpart, that clinic, too, has valued the help of the Centre's staff in establishing social-interaction skills workshops for adolescents with burn injuries.

...in many contexts

In seeking to influence policy and practice in many relevant fields the Centre for Appearance and Disfigurement Research has established links with professionals in the NHS and in education. For example, as a result of the Centre's representations, the NHS has, for the first time, included a psychologist in the multi-disciplinary team assembled to review the care of people with cleft lips and palates. The Centre is assisting Changing Faces in developing a teacher's guide for supporting a child with a disfigurement. And a training package for nurses who wish to specialise in dealing with the psychological and social needs of patients with disfigurements, has also been evaluated.

Centre staff and collaborators

The Centre's management team includes Research Director, Dr Nichola Rumsey - an academic who is internationally renowned for her work in this field - and James Partridge, who founded Changing Faces in 1992. James Partridge has personal experience of the problems facial disfigurement can cause - and of the way in which these can be overcome - since 1970 when, at the age of 18, he was badly burnt in a car fire. The Centre's steering committee is led by Dr Richard Lansdown, a Trustee of Changing Faces, who was previously a Consultant Psychologist at Great Ormond Street Hospital.

In pursuing research projects, the Centre has linked with many hospitals throughout the world, but particularly with North Bristol Healthcare Trust (formally Frenchay NHS Trust) in Bristol. It also collaborates with many academic institutions - especially the Universities of Bristol and Manchester - and, within Bristol UWE, has liaised with colleagues from the Faculties of Health and Social Care, Economics and Social Science, and Education. Among its most major sources of external funding are the Nuffield Trust, the King's Fund and Marks and Spencer plc. The Centre's research team members have written books, contributed to academic journals and national television documentaries, and have received accolades from the Japanese Film Festival and the British Medical Association Film Awards for an educational video promoting their aims.

Dr Nichola Rumsey

KEY CONTACT:

Dr Nichola Rumsey
Centre for Appearance and Disfigurement Research
Department of Psychology
St Matthias Campus, UWE Bristol
Oldbury Court Road, Fishponds,
Bristol BS16 2JP

tel · +44 (0) 117 344 4356
fax +44 (0) 117 976 2526
e-mail Nichola.Rumsey @uwe.ac.uk

Bristol UWE

Bristol UWE is one of the UK's largest and most popular universities. We have an undergraduate and postgraduate population of around 23,000, supported by an academic team numbering in excess of 1,000.

We offer a wealth of study opportunities across a wide range of disciplines. But what makes UWE stand out from other universities is not its size per se but the strengths that this brings. The breadth and depth of our expertise in so many different spheres gives us a rich pool of knowledge from which to draw. UWE's Research Centres provide a focus for this expertise by bringing together an international network of academic specialists at the forefront of their subjects.

Make tomorrow's world today

telephone +44 (0) 117 344 2808

visit our web page www.uwe.ac.uk/research

contact Linda Skinner, Director

Centre for Research, Innovation and Industry
Bristol UWE, Frenchay Campus, Coldharbour Lane, Bristol BS16 1QY
Fax +44 (0) 117 344 2688, e-mail crii@uwe.ac.uk

Name : _____

CLEFT OUTCOME QUESTIONNAIRE - PROFESSIONALS

Please could you give your opinion on the current appearance/speech of this person.

Overall facial appearance

Very unsatisfactory — Very satisfactory

0 ——————————————— 10

Profile of face

Very unsatisfactory — Very satisfactory

0 ——————————————— 10

Nose:

Very Unsatisfactory — Very satisfactory

0 ——————————————— 10

Teeth:

Very unsatisfactory — Very satisfactory

0 ——————————————— 10

Chin:

Very Unsatisfactory — Very satisfactory

0 ——————————————— 10

Side view/profile:

Very unsatisfactory — Very satisfactory

0 ——————————————— 10

How similar/dissimilar in appearance is this person to his/her peers.

Very dissimilar to other people of this age — very similar

0 ——————————————— 10

PARENT INTERVIEW

What we're doing today is talking to parents and children who have been seen at the clinic here. The aim is to improve the provision of care - I want to ask you about the parts that you have found helpful and those aspects that you feel could have been done better. These answers are confidential. We won't be passing them on to your son/daughter or passing individual comments to the team members.

Name of the child _____

Age of the child _____

Name: *Mother* _____

Father _____

CLINIC VISITS

1 Have you always come to this clinic for treatment?

_____

_____

2 How do you feel about attending the clinic, do you feel relaxed or do you get nervous?

_____

_____

I feel relaxed

I feel OK

I feel nervous

3 How do you think your (son/daughter - name) feels when attending the clinic, does he or she feel relaxed or nervous?

_____

_____

he/she feels relaxed

he/she OK

he/she feels nervous

4 Have you been given enough information about your son/daughter's treatment?

Yes

No

Don't know

5 Do you feel that your concerns are understood by members of the team?

Yes

No

Not sure

6 How involved do you feel you have been in decisions made about your son/daughter's treatment?

Not at all Involved 0 ——— very involved 10

7 How do you find the explanations that are given by members of the team?

Very easy to understand

Reasonably easy to understand

A bit difficult to understand

Difficult to understand

The last section was about treatment. Now I want to talk to you about your day to day experiences and the kinds of effects the cleft may have had on your son/daughter and upon yourselves.

8 How does your son/daughter get on with other children?

Very well

Quite well

Not very well

Not at all well

9 Do you feel you son/daughter's self confidence has been affected by the cleft?

Very much affected

Quite affected

Affected a little

Not affected at all

10 Compared to other people, how easily does your son/daughter make friends?

S/he finds it very difficult 0 _____ S/he finds it very easy 10

11 Has your son/daughter ever been teased by other children?

Yes/No

What has s/he been teased about?

If yes, at what age(s)?

Is she/he still being teased?

If yes:

How much do you think this worries him/her?

Does not Worry my son/ daughter at all — 0 ——— 10 — *Worries my son/daughter a great deal*

12 Do people ask your son/daughter questions about their nose/scar/lip?

If yes: what do they ask?

13 How does (name) deal with questions and/or teasing?

_____

_____

14 Does (name) avoid any activities because of the cleft (eg socialising; meeting new people; having photos taken)?

_____

_____

15 Do you think it would be helpful for your son/daughter to talk to somebody who could help them to deal with these problems?

Yes

No

Perhaps at a later date

16 Do you have any anxieties about your son/daughter's future?

_____

_____

17 Would you like the chance to discuss these concerns with someone who may be able to help?

Yes/No

18 In relation to the cleft and treatment, how much support do you feel you have from your family?

I feel:

Not at all supported 0 _____ Extremely well supported 10

19 What kinds of things make you feel life is going well or badly for you at the moment?

20 How do you feel things are for you in each of these areas at the moment ?

21 How would you like things in these areas to be?

Name: _____

Satisfaction with Appearance—Parents

It would be helpful to know how you feel about your child's appearance.

His/her overall appearance:

Very happy — 10 ——— 0 — Very unhappy

His/her facial appearance:

Very happy — 10 ——— 0 — Very unhappy

How do you feel about the parts of the face?

Nose:

Very Happy — 10 ——— 0 — Very Unhappy

Teeth:

Very Happy — 10 ——— 0 — Very Unhappy

Chin:

Very Happy — 10 ——— 0 — Very Unhappy

Side view/profile:

Very Happy — 10 ——— 0 — Very Unhappy

Is there any other feature you like/don't like:

_____

_____

How happy do you feel your child is with his/her facial appearance at the moment.

Very happy _____ Very unhappy

10 0

How happy are you with your child's speech.

Very happy _____ Very unhappy

10 0

Questionnaire for 5 year old patients

Name _____

How old are you?

1 Have you started school yet?

What school do you go to? _____

What class are you in? _____

Who is your teacher? _____

2 How much do you like coming here?

☹ Don't like it
😐 Okay
☺ Like it

If you don't like it - why not?

_____

_____

_____

3 When you come here do the doctors:

Always talk to me
Sometimes talk to me
Never talk to me

4 Have you ever been teased or called names by other children?

If yes - What do they say?

What do they do?

What do you do when this happens?

Does it happen every day or not very often?

Is teasing:

No problem — Really big problem

0 — 10

5 Does anybody ask you questions about your nose/scar/lip/speech?

Yes / No

If yes:

Who asks these questions? _____

_____

What do you say? _____

_____

_____

Do you tell anybody about this?

_____

_____

6 Tell me who your friends are:

_____

_____

_____

7 Have you got friends who are nice/kind to you if you are upset?

Yes: _____

_____

No: _____

_____

8 Would you like more friends?

Yes _____

No _____

9 What games do you like to play at break time?

_____

_____

Are you good at these games?

_____

_____

Now let's talk about the things that make you happy and the things that make you sad or unhappy.

10 Sometimes you feel sad. Why is this?

_____

_____

_____

11 Sometimes you feel happy. Why is this?

_____

_____

Questionnaire for 10 year old patients

Name _____

1 How old are you? _____

2 What school do you go to? _____

3 Who lives at home? _____

4 How do you find coming to these clinics?

I like coming
It's OK
I don't like coming

If you don't like coming - why not?

_____

_____

5 Do the doctors ever talk to you about your treatment or do they just talk to your parent?

the doctors always talk to me
the doctors sometimes talk to me
the doctors never talk to me

6 Do you get to say what you want about your treatment?

_____

_____

7 Are you being teased or called names?

If yes:

- How often does this happen?

_____

_____

- What do you do when it happens?

_____

_____

- How much does it worry you?

Does not worry me at all — Worries me a great deal

0 _____ 10

_____

_____

If no:

- Have you been teased in the past?

_____

_____

- What did you do when this happened?

_____

- How often did this happen?

Every day
Every few days
Once a week
Occasionally

- How much did it worry you?

Did not worry me at all — Worried me a great deal

0 ——————————————— 10

8 Do people ask you questions about your nose/scar/lip/speech?

Yes / No

If yes:

- What do they ask?

_____

_____

- How often did this happen?

Every day
Every few days
Once a week
Occasionally

- How do you feel when they ask?

_____

_____

- What do you say/do?

_____

_____

9 Are there any things that you avoid because of your scar/nose/lip/speech?

Yes / No

If yes, what do you avoid? (eg going to parties; going to the park; having photos taken)

_____

_____

_____

_____

10 How often do you worry about things?

Always
Often
Sometimes
Never

If yes, what sort of things do you worry about?

_____

_____

11 How much of the time does your family understand how you feel?

They never understand how I feel — They always understand how I feel

Mum 0 ——— 10

Dad 0 ——— 10

Siblings 0 ——— 10

12 Can you talk to your family when you have a problem?

Yes / No

13 How often do your parents allow you to choose things for yourself (eg choosing clothes, what you like to eat)?

Never — Very often

0 ——— 10

14 What about friends - some kids would like to have more friends, others have as many as they want. How about you?

I would like to have a lot more friends
I would like to have a few more friends
I have enough friends
I have too many friends (if yes, is this a problem?)

15 How well supported do you feel by your friends?

Not at all supported — Very well supported

0 — 10

16 What about after school? Some kids spend a lot of time doing things with friends, others tend to do things by themselves. How about you?

I spend most of my time with friends — I spend most of my time on my own

0 — 10

17 Compared to other people, how easily do you make friends?

I find it very difficult — I find it very easy

0 — 10

18 Can you talk to your friends when you have a problem?

Yes / No

19 Do you belong to any clubs?

Yes / No

If yes, what clubs do you belong to?

_____

_____

20 What do you like doing in your spare time?

1 _____

2 _____

3 _____

4 _____

Compared to other people, how good are you at these?

Activity	1	2	3	4
Above average				
Average				
Below average				
Don't know				

21 Do you play any sports?

If yes, what sport(s) do you play?

1 _____

2 _____

3 _____

4 _____

Compared to other people, how good are you?

Activity	1	2	3	4
Above average				
Average				
Below average				
Don't know				

22 Compared to other kids, how good are you at schoolwork?

Above average
Average
Below average
Don't know

23 Some kids are happy being the way they are, others wish they could be different in some way. How do you feel?

I am very happy the way I am
I am quite happy
I am not particularly happy or unhappy
I am unhappy the way I am
I am very unhappy the way I am

If unhappy, what would you like to be different?

Now let's talk about the things that make you happy and the things that make you feel sad or unhappy.

24 Sometimes we all feel a little bit sad. What things make you feel a bit sad?

25 Sometimes you feel very sad. Why is this?

26 What makes you really happy?

Name: _____

Satisfaction with Appearance—10 years

Some kids are happy with their appearance, others would like to look different in some way. How do you feel about the way you look?

Your overall appearance:

Very unhappy 0 ——— 10 Very happy

How your face looks:

Very unhappy 0 ——— 10 Very happy

How do you feel about these parts of your face?

Nose:

Very unhappy 0 ——— 10 Very happy

Teeth:

Very unhappy 0 ——— 10 Very happy

Chin:

Very unhappy 0 ——— 10 Very happy

Side view/profile:

Very unhappy 0 ——— 10 Very happy

Is there any other feature you like/don't like?

_____

_____

How happy are you with your speech?

Very unhappy 0 _____ Very happy 10

How happy are you with your hearing?

Very unhappy 0 _____ Very happy 10

January 2001

Questionnaire for 15 year old patients

Name _____

How old are you? _____

Which school do you go to? _____

Who lives at home? _____

1 Have you always come to this clinic for treatment? _____

2 How do you feel about attending, the clinic - do you feel relaxed or do you get nervous?

I feel relaxed
I feel OK
I feel nervous

3 Do you feel you have been given enough information about your treatment?

Yes
No
Too young up until now
Don't know

If not, what further information would you have liked?

4 How involved do you feel you have been in decisions made about your treatment?

Very involved
Quite involved
Not very involved
Not at all involved

Now let's move on to talk about some of the ways in which having a cleft may have affected you.

5 Have people ever commented on things related to your cleft, such as appearance or speech? Yes / No

6 Have you ever been teased or called names by people? Yes / No

If yes:

- What have you been teased about?

- At what ages(s)?

- Are you still being teased or called names?

- How often does this happen?

Every day
Every few days
Once a week
Occasionally

- What do you do when this happens?

- How much does it (did it) worry you?

Does not worry me at all — Worries me a great deal

0 ——————————— 10

7 Do people ask you questions about your nose/scar/lip/speech?

If yes:

- What sort of things do they ask?

- How often does this happen?

Every day
Every few days
Once a week
Occasionally

- How do you feel when they ask?

- What do you say/do?

8 Are there any things that you avoid because of your scar/nose/lip/speech?

If yes, what do you avoid? (eg going out in the evenings, having photos taken)

9 How often do you worry about things?

Always
Often
Sometimes
Never

If yes, what sort of things do you worry about?

10 How much of the time does your family understand how you feel?

They never understand how I feel — They always understand how I feel

Mother: 0 ——— 10

Father: 0 ——— 10

Siblings: 0 ——— 10

11 Can you talk to your family when you have a problem?

Yes / No

12 How often do your parents allow you to decide things for yourself (e.g. when to do homework vs going out with friends)?

Never 0 ——— 10 Very often

13 In general, how much support do you feel you have from your family?

I feel:

Not at all supported — Extremely well supported

0 _____ 10

14 What about friends - some people would like to have more friends, others have as many as they want. How about you?

I would like to have a lot more friends
I would like to have a few more friends
I have enough friends
I have too many friends (if yes, is this a problem?)

15 Some people spend a lot of time doing things with friends, others tend to do things by themselves. How about you?

I spend most of my time with friends — I spend most of my time on my own

0 _____ 10

16 Compared to other people, how easily do you make friends?

I find it Very difficult — I find it very easy

0 ——— 10

17 Can you talk to your friends when you have a problem?

Yes / No

18 In general, how much support do you feel you have from friends?

I feel:

Not at all supported — Extremely well supported

0 ——— 10

19 Do you belong to any clubs?

Yes / No

If yes, what clubs do you belong to?

20 What do you do in your spare time?

1 _____

2 _____

3 _____

4 _____

Compared to other people, how good are you at these activities?

Activity	1	2	3	4
Above average				
Average				
Below average				
Don't know				

21 Do you play any sports?

If yes, what sport(s) do you play?

1 _____

2 _____

3 _____

4 _____

Compared to other people, how good are you?

Sport	1	2	3	4
Above average				
Average				
Below average				
Don't know				

22 Compared to other people, how good are you at schoolwork/work?

Above average
Average
Below average
Don't know

23 Some people are happy being the way they are, others wish they could be different in some way. How do you feel?

I am very happy the way I am
I am quite happy
I am not particularly happy or unhappy
I am unhappy the way I am
I am very unhappy the way I am

If unhappy, what would you like to be different?

_____

_____

24 What kinds of things make you feel life is going well or badly for you at the moment?

_____

25 How do you feel things are for you in each of these areas at the moment?

_____

_____

26 How would you like things in these areas to be?

_____

_____

Name: _____

Satisfaction with Appearance - 15 and 20 year olds

Some people are happy with their appearance, others would like to look different in some way. How do you feel about the way you look?

How good looking do you think you are?

Very (attractive) good looking — 10 ——— 0 — Not at all (attractive) good looking

Your overall appearance:

Very Happy — 10 ——— 0 — Very Unhappy

How your face looks:

Very Happy — 10 ——— 0 — Very Unhappy

How do you feel about these parts of your face?

Nose:

Very Happy — 10 ——— 0 — Very Unhappy

Teeth:

Very Happy — 10 ——— 0 — Very Unhappy

Chin:

Very Happy — 10 ——— 0 — Very Unhappy

Side view/profile:

Very Happy 10 ——— 0 Very Unhappy

Is there any other feature you like/don't like?

_____

_____

How happy are you with your speech?

Very Happy 10 ——— 0 Very Unhappy

Questionnaire for 20 year old patients

Name_____

How old are you now? _____

Are you at college or working? _____

Are you living with your parents/friends? _____

1 Have you always come to this clinic for treatment? _____

2 How do you feel about attending, the clinic - do you feel relaxed or do you get nervous?

I feel relaxed
I feel OK
I feel nervous

3 Do you feel you have been given enough information about your treatment?

Yes
No
Too young up until now
Don't know

If not, what further information would you have liked?

4 How involved do you feel you have been in decisions made about your treatment?

Very involved
Quite involved
Not very involved
Not at all involved

Now let's move on to talk about some of the ways in which having a cleft may have affected you.

5 Have people ever commented on things related to your cleft, such as appearance or speech? Yes / No

6 Have you ever been teased by people? Yes / No

If yes:

- What have you been teased about?

- At what ages(s)?

- Are you still being teased?

- How often does (did) this happen?

Every day
Every few days
Once a week
Occasionally

- What do (did) you do when this happens?

- How much does (did) it worry you?

Does not worry me at all — Worries me a great deal

0 ——— 10

7 Do people ask you questions about your nose/scar/lip/speech?

If yes:

- What sort of things do they ask?

- How often does this happen?

Every day
Every few days
Once a week
Occasionally

- How do you feel when they ask?

_____

_____

- What do you say/do?

_____

_____

8 Are there any things that you avoid because of your scar/nose/lip/speech?

If yes, what do you avoid? (eg going out in the evenings, having photos taken)

_____

_____

9 How often do you worry about things?

Always
Often
Sometimes
Never

If yes, what sort of things do you worry about?

_____

_____

10 How much of the time does your family understand how you feel?

	They never understand how I feel		They always understand how I feel
Mother:	0	_____	10
Father:	0	_____	10
Siblings:	0	_____	10

11 Can you talk to your family when you have a problem?

Yes / No

12 In general, how much support do you feel you have from your family?

I feel:

Not at all supported — Extremely well supported

0 — 10

13 What about friends - some people would like to have more friends, others have as many as they want. How about you?

I would like to have a lot more friends
I would like to have a few more friends
I have enough friends
I have too many friends (if yes, is this a problem?)

14 Some people spend a lot of time doing things with friends, others tend to do things by themselves. How about you?

I spend most of my time with friends — I spend most of my time on my own

0 — 10

15 Compared to other people, how easily do you make friends?

I find it Very difficult — I find it very easy

0 — 10

16 Can you talk to your friends when you have a problem?

Yes / No

17 In general, how much support do you feel you have from friends?

I feel:

Not at all supported — Extremely well supported

0 — 10

18 What do you do in your spare time?

Activity:

1

2

3

4

Compared to other people, how good are you at these activities?

Activity	1	2	3	4
Above average				
Average				
Below average				
Don't know				

19 Do you play any sports?

If yes, what sport(s) do you play?

Activity:

1 _____

2 _____

3 _____

4 _____

Compared to other people, how good are you?

Sport	1	2	3	4
Above average				
Average				
Below average				
Don't know				

20 Compared to other people, how good are you at work?

Above average
Average
Below average
Don't know

21 Some people are happy being the way they are, others wish they could be different in some way. How do you feel?

I am very happy the way I am
I am quite happy
I am not particularly happy or unhappy
I am unhappy the way I am
I am very unhappy the way I am

If unhappy, what would you like to be different?

22 What kinds of things make you feel life is going well or badly for you at the moment?

23 How do you feel things are for you in each of these areas at the moment?

24 How would you like things in these areas to be?

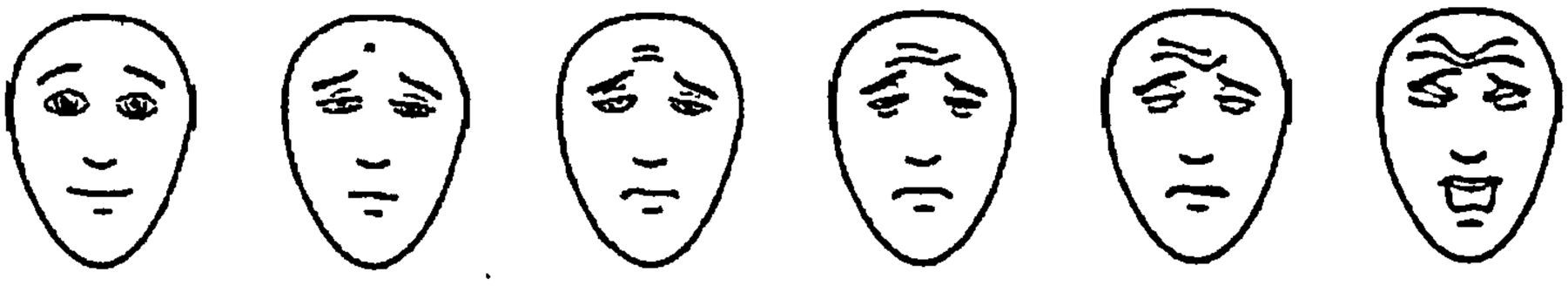
Appendix B

Faces Pain Scale-Revised (FPS-R)

In the following instructions, say "hurt" or "pain", whichever seems right for a particular child.

"These faces show how much something can hurt. This face [point to left-most face] **shows no pain. The faces show more and more pain** [point to each from left to right] **up to this one** [point to right-most face]**-it shows very much pain. Point to the face that shows how much you hurt** [right now]**."**

Score the chosen face **0, 2, 4, 6, 8,** or **10,** counting left to right, so **"0"= "no pain"** and **"10" = "very much pain".** Do not use words like "happy" and "sad". This scale is intended to measure how children feel inside, not how their face looks.



Faces Scale

1. Explain to the child that each face is for a person who feels happy because they have no pain (hurt, or whatever word the child uses) or feels sad because they have some or a lot of pain.

2. Point to the appropriate face and state, "*This face is ...*":

0- "*very happy because he doesn't hurt at all*".

1- "*hurts just a little bit*".

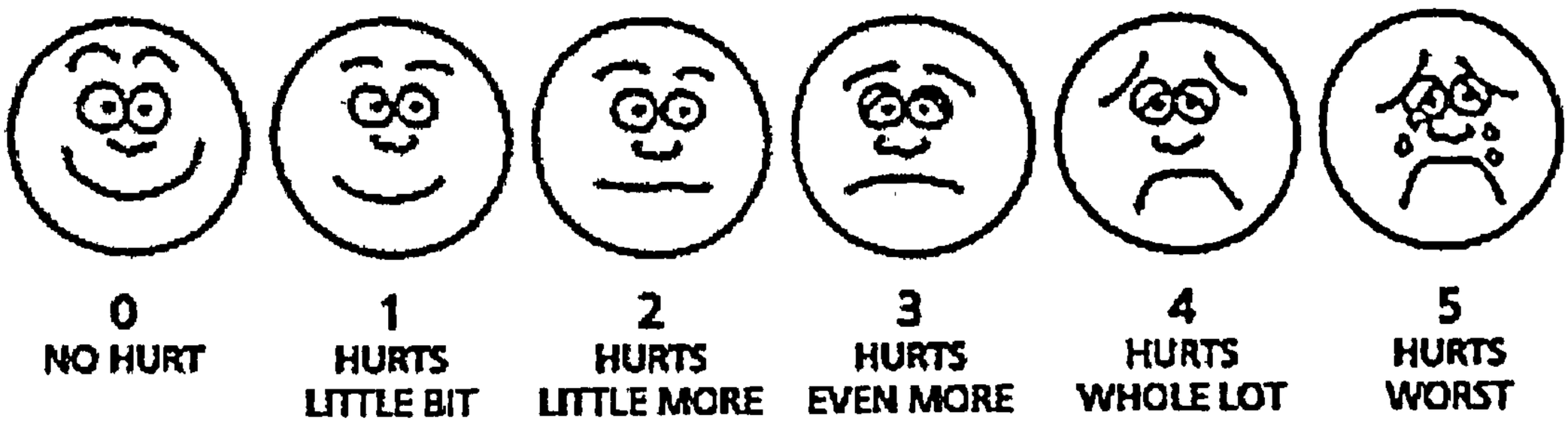
2- "*hurts a little more*".

3- "*hurts even more*".

4- "*hurts a whole lot*".

5- "*hurts as much as you can imagine although you don' t have to be crying to feel this bad*".

3. Ask the child to choose the face that best describes how they feel. Be specific about which pain (e.g. "*lumbar puncture*") and what time (e.g. now? earlier before the procedure?).



Complete a form online, then print. Sign and fax the completed from to:

Julie Lawley-Permissions Editor
The Curtis Center
Independence Square West
Philladelphia, PA 19106
Fax: 215-238-8483

Visual Analogue Scale

No Weight/Size Dissatisfaction ——————————— Extreme Weight/Size Dissatisfaction

No Overall Appearance Dissatisfaction ——————————— Extreme Overall Appearance Dissatisfaction

From Thompson JK. (1996). Assessing Body Image Disturbance: Measures, Methodology, and Implementation (p.81). In J.K. Thompson (Ed.), *Body Image, Eating Disorders, and Obesity: An integrative guide for assessment and treatment.* Washington, DC: American Psychological Association.

Section D

Search strategy

A search was conducted for published articles of body image and quality of life in patients with head and neck cancer. *A priory* decisions were made to search only for papers reported in full, in peer-reviewed journals, and to search electronically across databases. In order to maximise the number of papers a two-stage search strategy was adopted. First, Medline from 1966 to 2002, PsychInfo from 1967 to 2002 and CINAHL from 1982 to 2002 were all electronically searched. Key words used included combinations of body image, quality of life, and head and neck cancer. The search yielded 1496 papers of which 45 were identified as possible trials and 1 was identified as a relevant review article. The overwhelming majority of those papers were medical trials that had included quality of life as one of their endpoints or they were making a passing reference to body image issues primarily in the context of sexuality. 30 of 45 papers examined were relevant. Second, reference lists of the recovered 30 articles and 1 review paper were searched yielding a further 5 papers. Finally, 36 papers were considered relevant and included in the review.

1. Introduction

Cancer is a major cause of morbidity in the UK with more than 262,000 new cases (excluding non-melanoma skin cancer) registered in 1998. The lifetime risk of developing cancer is more than one in three. There are more than 200 different types of cancer and head and neck cancer is quite common, with a recorded 7,460 (3%) new cases each year (Cancer Research UK, 2002). It is anticipated that 60,600 new cases of head and neck cancer will occur in the United States this year, accounting for 4500 deaths (Landis, 1998). Head and neck cancer refers to a malignancy in the area that lies above the clavicle, but excludes the brain, spinal cord, axial skeleton, and vertebrae.

Head and neck cancer and its treatment present multiple adaptive demands to afflicted patients. These include the challenge of coping with uncertainty about survival, altering such lifestyle behaviours as smoking and drinking, and dealing with dysfunction in the facial region, including altered speech, swallowing, and chewing

(Koster and Bergsma, 1990; Moadel *et al.*, 1998). Facial disfigurement[1], arising from the cancer itself or as a result of surgical treatment, has been considered the most stressful aspect of head and neck cancer (Koster and Bergsma, 1990; van Doorne *et al.*, 1994). It has been regarded as an enormous threat to self-esteem and may contribute to the high rates of depression and anxiety documented in head and neck cancer patients (Olson and Shedd, 1978; Morton *et al.*, 1984; Davies *et al.*, 1986; Espie *et al.*, 1989; Baile *et al.*, 1992). The potentially distressing impact of facial disfigurement has been attributed to the importance of the facial region to a person's identity, body image, ability to communicate and achieve success in interpersonal relationships, and to the fact that such disfigurement is often highly visible and not easily hidden from view (Dropkin, 1989; West, 1977; Bronheim *et al.*, 1991; Shapiro and Kornfeld, 1987). Additionally, cancer may result in pallor or postural changes associated with fatigue, patients may experience weight gain because of treatments, overall activity level, and/or overeating. Appearance-related side-effects such as hair loss are often ranked by patients as being more severe than side-effects such as nausea, insomnia, breathlessness, and fatigue (Coates *et al.*, 1983). Furthermore, it has been suggested that changes in psychological variables, such as self-confidence, may not return to pre-chemotherapy levels following an episode of chemotherapy-induced hair loss (Munstedt *et al.*, 1997).

Medical advancements are now making it possible to cure people who at one time would have died from their cancer. This increase in survival rates has now created a large population of survivors who were treated successfully and who are now faced with the challenge of finding meaning in their cancer experience and incorporating the long term effects of the treatment into their sense of self. Head and neck cancer simultaneously threatens a person's life and disrupts their physical integrity, often in starkly visible ways. The person is faced with the challenge of integrating these physical changes into their self-image. How a person views their body plays a key role in determining psychological adjustment and quality of life after treatment for cancer. Patients are grieving not solely for the physical changes that have occurred to their bodies, but also to a change of self-perception both in body image and identity. For some people the distress associated with cancer centres on

[1] Disfigurement is defined as a visible and negative alteration in appearance caused by disruption of skin, soft tissue, or bony structures.

appearance-related changes and can trigger pre-existing vulnerabilities to psychological disorders.

Learning to cope with physical disfigurement can be particularly difficult for patients who are part of a culture that considers the face a critical feature in interpersonal relationships (Macgregor, 1990), values physical attractiveness, and associates positive qualities and traits to individuals who are considered beautiful or handsome (Eagley, 1991). Research studies are remarkably consistent in describing the problems that people with disfigurement face. The predominant difficulties lie within the area of social interaction, with people being subjected to unwanted intrusions such as starring or comments. Macgregor (1974), working with people who have experienced disfiguring burns has highlighted these issues and described the increased attention that people with disfigurement received as visual and verbal assaults. This perceived hostility from other people has lead McGrouther to describe facial disfigurement as the "last bastion of discrimination" in the UK (McGrouther, 1997) although Partridge (1998) suggests that there is more evidence to support uncertainty rather than hostility on the part of the observer.

The last 10 years have seen a great increase of interest in quality of life (QOL) research in head and neck cancer. The expanding literature on QOL in cancer patients reflects the understanding that "cure" is only one parameter in the effective management of the survivor. Many other issues become as important as or even more important than the early trauma as the diagnosis and treatment of the cancer is replaced by the need to cope with the effects of the treatment. However, relatively little systematic attention has been given to the measurement of disfigurement and its impact on head and neck cancer patients and even less to perceived disfigurement and appearance (dis)satisfaction, body image, and quality of life. In the recent Delphi survey of the SOHN membership (Rudy, Wilkinson, Dropkin, and Stevens, 1998), one of the priority topics was "quality of life after disfiguring surgery."

The purpose of this paper is to review the body image literature as it relates to quality of life in the head and neck cancer patient population. Much of the, albeit, limited literature on body image and cancer is observational, atheoretical, and anecdotal. First, this paper will outline the main research work in cancer body image research. Recent developments in this area will be outlined, as will future directions, which integrate mainstream psychology research with psychosocial oncology research. Secondly, the measurement and impact of disfigurement will be discussed

and finally literature on quality of life will be reviewed and recommendations will be made on the integration of body image in quality of life conceptualisation, assessment and management.

2. Body Image

The term body image has been associated with a multitude of definitions in psychology in general and within psychosocial oncology in particular (Sewell and Edwards, 1979; Wagner and Bye, 1979; Moyer, 1997). The term has been used to refer to different components of the same construct by different researchers and clinicians. The absence of clear definitions of body image in psychosocial oncology research creates confusion and acts as an obstacle to the conduct of conceptually driven research and theoretically informed psychological assessments and treatments (White, 2000). Although body image is often used as what Thompson *et al.* (1990) describe as an umbrella term, the broad distinction between perceptual and subjective elements of the construct usually features in most definitions. Slade (1994) defines body image as:

> "the picture we have in our minds of the size, shape and form of our bodies; and to our feelings concerning these characteristics and our constituent parts".

A recent qualitative study by Cohen *et al.* (1998) has enhanced this definition to include the body as a social expression and as a way of existing in the world.

In their majority prevailing models of body image in cancer have been oversimplistic (i.e. focusing on negative/positive or secure/insecure dimensions) and limiting. However, a heuristic, multidimensional model of body image in oncology was developed and recently proposed by White (2000) (see Figure 1). The model reflects the fact there may or may not be congruence between objective reality regarding appearance, and the subjective perception of the extent and nature of cancer-related appearance change (1). Perceived appearance change will be processed in terms of an individual's beliefs about themselves and their appearance. Self-schemas (Markus, 1977) refer to cognitive representations of organized information about the self as a domain of importance (2). They represent a central depot of information related to the self in the long-term memory, which can be stored in the form of episodic memories of the self (e.g. I looked ugly yesterday) or general abstractions of one's experiences in a specific domain in an organized manner (e.g. I

am adequate). These forms of declarative knowledge about the self may include physical characteristics, attitudes and preferences and behavioural regularities (Alexander, 1997). It is proposed by White (2000) that the most important interrelated construct is the body image schema (3), and that the content of this will determine both the degree to which a person has an investment in the changed body feature or features (4) and the presence of an actual self/ideal self-discrepancy (5). The investment in discrete physical attributes is important in determining the nature of the relationship between these components of the model and subsequent information processing. It is assumed that these components (2, 3, 4 and 5) will determine the precise nature of the cross-situational assumptions (6) which are important in determining situation-specific automatic thoughts and images (7), which in turn determine the predominant emotional consequences (8) and compensatory behaviours (9). In summary, White (2000) suggests cancer patients with a perceived or actual appearance change, accompanied by the presence of a threat to their ideal selves (resulting from the content of their self and body image schemata), will experience negative appearance-related assumptions, thoughts, images, emotions, and behaviours if this self/ideal self-discrepancy relates to a physical attribute in which they have significant personal investment.

Obviously, the head and neck region is extremely significant within the schema of body image. Physically, it is the most prominent and visible part of the body, is uncovered by clothing in most individuals, and provides identity. Cognitively, it is how the environment is perceived through the senses of vision, hearing, taste, and smell. Emotionally, it is the means by which individuals express and communicate to others their feelings. Consequently, given the importance of the face in the body image schema it is expected that head and neck cancer patients will experience significant body image distress.

3. Assessment of body image in head and neck cancer

Assessment of body image dimensions has often been characterised by problems in oncology (Hopwood, 2001). Assessment methods have included open-ended questions, semistructured interviews, self-report measures. Some assessments consist of single-item evaluations, and most questionnaires lack adequate standardization, have poor psychometric properties, and/or are insufficiently validated. Some measurement strategies may have variable sensitivity to assessing

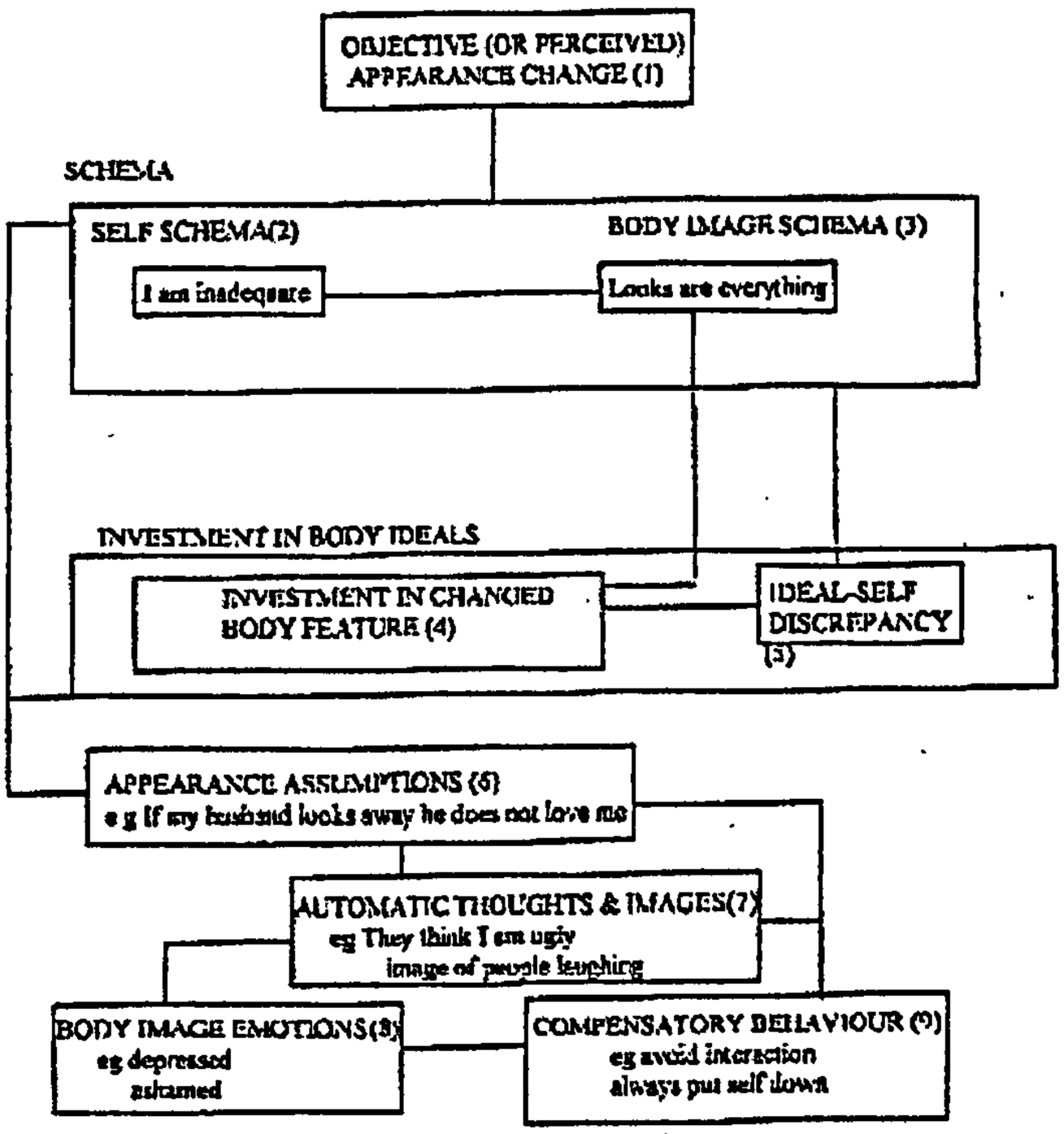


Figure 1. A heuristic model of important body image dimensions. From White (2000). Copyright 2000 by John Wiley & Sons Limited.

body image (e.g., when comparing results from a semistructured interview with results from questionnaires) (White, 2002). The content of many currently available and well-validated body image measures is not suitable for use in oncology because the focus is on weight related appearance. However, some measures, such as the Appearance Schemas Inventory (Cash and Labarge, 1996) and the Situational Inventory of Body-Image Dysphoria (Cash, 1994) are readily applicable to the head and neck cancer setting with little or no modification.

Most recent work in this area has focused on the development of cancer specific body image measures. The Body Image Scale (BIS; Hopwood, 1998), Body Image Instrument (BII; Kopel *et al.*, 1998) and Measure of Body Apperception (MBA; Carver *et al.*, 1998) are among those recently devised. The BIS has been developed as a brief self-report measure for use in clinical trials, and is being developed as a supplementary module for the European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire (Sprangers *et al.*, 1998). Affective, behavioural and satisfaction dimensions are represented and the item

coverage includes concepts such as self-consciousness, attractiveness, and physical integrity. This measure would be useful as an outcome indicator in a clinical trial, or as a screening measure for body image problems. The BII was developed with adolescent cancer patients. As such, it is developmentally sensitive, and includes items on general appearance, body competence, others' reaction to appearance, value of appearance and body parts. The MBA is a measure of the investment in, or dependence on one's body image as a source of the sense of self-worth. It has two scales, which reflect reliance on physical appearance, and reliance on a sense of body intactness or integrity. Until today, none of these well-validated measures has been used in the assessment of body image in head and neck cancer patients.

4. Measuring disfigurement in head and neck cancer

Disfigurement may be evaluated by the patient (subjective disfigurement) or by another person (observer-rated disfigurement). Patient-rated disfigurement can be evaluated in three ways, asking the patients to rate: the extent to which their appearance has been altered; their feelings about the alteration; or the extent to which they engage in maladaptive coping strategies, such as social isolation or avoidance of the mirror as a result of their changed appearance (Katz *et al.*, 2000).

One "objective" approach that avoids observer-rated bias is to assign a rating based on the type of surgical procedure the patient received. This approach has become popular in head and neck cancer studies because of the Dropkin Disfigurement and Dysfunction (D/D) Scale (Dropkin *et al.*, 1983). This scale was originally developed in the early 1980s based on the ratings by registered nurses of photographs of subjects with simulated defects representative of 11 specific surgical procedures, painted on acetate, and superimposed on faces. The scale was originally developed as an 11-point interval ranking system (Dropkin *et al.*, 1983) but was later reported with an expanded, different list of procedures and categorical ratings (no disfigurement, minor, moderate, and severe). Although noteworthy as the first standardized scale to measure disfigurement using a standardized approach, it has several shortcomings: using the surgical procedure as a proxy for the degree of disfigurement does not take into account individual differences in the cosmetic result (Boyd *et al.*, 1993); the original scale was constructed before newer surgical procedures were commonly employed; and although the more recent version of the scale (Dropkin, 1989) seems to take this into account, no evidence is provided for the validity of the categorical rat-

ings assigned in the later version of the scale; rating disfigurement on the basis of photographs may fail to account for disfigurement that becomes more pronounced when the muscles of facial expression are in use; and finally, comparability between studies is limited, because multiple rating methods have been employed, ranging from an 11-point ranking system (Dropkin and Scott, 1983; Baker, 1992) to diverse categorical rating systems (Gamba *et al.*, 1992; Long *et al.*, 1996; Monga *et al.*, 1997)

Recently, Katz *et al.* (2000) provided preliminary evidence for the validity and inter-rater reliability of a novel nine-point observer-rated disfigurement likert scale that may be useful in evaluating the impact of disfigurement on quality of life in head and neck cancer. Disfigurement is defined for raters on the rating sheet, and the rater is then asked to rate the patient's disfigurement taking into account the size of the disfigured area, the degree of face/neck shape distortion, the extent of impairment in facial expression, and the visibility of the disfigured area.

5. Existing studies of disfigurement in head and neck cancer

A number of studies have attempted to investigate the impact of disfigurement on quality of life with conflicting findings. This may be attributable in part to methodological constraints on the measurement of disfigurement in these studies and/or because dimensions of body experience are highly subjective, and do not necessarily reflect objective reality.

Dropkin and Scott (1983) found in a sample of 51 acute, post surgical, mixed head and neck cancer patients that greater disfigurement related to reduced self-care, ambulation, and social interaction with staff within the first postoperative week. Furthermore, these results implied that severe disfigurement, as measured by the D/D Scale, is not as readily accepted by the patient as is dysfunction. This was attributed to the fact that dysfunction is less visually dramatic, often temporary, and may be improved through rehabilitative efforts. Baker (1992) later disputed these conclusions, they ranked the degree of disfigurement in 51 mixed head and neck cancer patients using the same approach and found no relationship between disfigurement and quality of life. Gamba *et al.* (1992) stratified 66 patients treated for a range of head and neck cancers into "extensive" vs. "minor" disfigurement based loosely on the D/D scale. These authors found significant differences in the psychosocial functioning of the two groups, with the extensive disfigurement group demonstrating impaired self-esteem

and increased social and sexual dysfunction as compared to the minor disfigurement group.

Long *et al.* (1996) measured disfigurement using yet another categorical method for scoring the D/D scale (minor, moderate, or severe) in a group of 50 head and neck cancer patients and they found that the relationship of disfigurement to quality of life depended upon the quality of life measure used. Similarly, Monga *et al.* (1997) in a sample of 55 unspecified head and neck cancer patients found that the degree of disfigurement was unrelated to several domains of sexual functioning including sexual interest, quality of sexual functioning, and satisfaction with partner. However, subjects with extensive disfigurement felt older and significantly less attractive. The only study to use direct observer ratings of disfigurement was carried out by Rapaport *et al.* (1993). They classified 55 head and neck cancer patients as "none," "a little," or "moderately" disfigured, according to a nurse rater. They found no relationship between disfigurement and psychosocial adjustment. It is evident from these results that it cannot be assumed that all patients are affected the same way by facial disfigurement, and it is of clinical relevance to identify what factors predict adaptation to major negative changes in physical appearance and subgroups of head and neck cancer patients who cope well or poorly with disfigurement.

6. Quality of life in head and neck cancer patients

Quality of life (QOL) is a complex, abstract, and multidimensional concept that is difficult to define and measure (Bergner, 1989; Cella, 1994; Mast, 1995). There is substantial controversy over the conceptualisations, definitions, and measures of quality of life. This controversy has reinforced the perception, among some investigators, that the concept of QOL although probably important, is too difficult to define and maybe impossible to measure in any meaningful way. Consequently, various conceptual and operational definitions have been used in quality of life studies (Bergner, 1989; Gill, 1994; Jones, 1991). One source of both the controversy and confusion surrounding QOL stems from the limited number of explicit definitions which is probably due to the concept's high face validity and the fact that QOL is an integral part of our lives which adds to the perception that it is ephemeral, making modelling and assessment more challenging. Definitions of QOL range from the very narrow ones inferred primarily from the ways in which the construct is operationalised within a given study, to broad definitions that include almost every

aspect that can possibly influence what we refer as to one's life quality. Narrow definitions of QOL have included simple indices of work status and return to work, single items assessing QOL or life satisfaction, and single aspects or dimensions of QOL (e.g., physical functioning or emotional well-being). Once we move beyond the simple definitions of QOL toward the more explicit conceptual models in the literature, the complexity of the construct becomes apparent and recurring themes (and controversies) emerge. Schumaker and Naughton (1995) suggest that the primary sources of the debate over definitions of QOL revolve around distinguishing between: quality of life versus *health-related* quality of life; what *determines* (or predicts) QOL versus what *comprises* QOL; *conceptual models* versus *measures* of QOL; and the *subjective* versus the *objective* nature of QOL. In addition, although most researchers agree that QOL is a multi-dimensional construct, its "key" dimensions remain in dispute. Schumaker and Naughton (1995) have proposed the following definition:

> Health-related quality of life refers to the people's subjective evaluations of the influences of their current health status, health care, and health promoting activities on their ability to achieve and maintain a level of overall functioning that allows them to pursue valued life goals and that is reflected in their general well-being. The domains of functioning that are critical to HRQOL incude: social, physical, and cognitive functioning; mobility and self-care; and emotional well-being.

The QOL literature is beginning to incorporate "patient preferences regarding domain functioning". There is growing awareness of the utility of asking patients to define which dimensions are important to them which increases discriminative ability.

Although considerable developments have been made in surgical techniques designed to minimize disfigurement/dysfunction in head and neck cancer patients, the results of treatment may nevertheless be devastating due to the highly subjective nature of body image and quality of life.

Several head and neck cancer-specific QOL scales have been validated and published over the years. These include the University of Washington Quality of Life (UWQOL) scale (Deleylannis *et al.*, 1997; Hassan and Weymuller, 1993), the Performance Status Scale for Head and Neck Cancer (PSS-HN) (List *et al.*, 1990), the Functional Assessment of Cancer Therapy (FACT) scale (Cella, *et al.* 1993) and the FACT Head and Neck (FACT-HN) (List *et al.* 1996). In addition, DAntonio *et al.* (1996) had successfully administered a combination of the UWQOL, PSS-BN, FACT, and FACT-HN scales to a cohort of head and neck cancer patients. The use of a combination of scales has proven relatively effortless for patients, and the interscale

reliability has been good (DAntonio *et al.*, 1996). Other validated scales include the University of Michigan HNQ01 questionnaire (Terrell *et al.*, 1998), and the Head and Neck Survey (HNS) (Gliklich *et al.*, 1997). Surprisingly, body image assessment has not been well integrated into the QOL literature, despite consistent observations that changes in physical appearance, function, and body integrity are central to the experience of illness and medical treatment. An exception is Cash and Fleming (2002) who recently developed and validated the Body Image Quality of Life Inventory (BIQLI), a questionnaire in which respondents rate the extent to which body image has negative-to-positive effects on 19 aspects of their lives, such as day-to-day emotions, eating, self-esteem, sexuality, and social relations. Thus, the BIQLI does not assess body image *per se*; rather, it assesses the impact of one's body image experiences on various psychosocial domains of life.

Several important survivor studies have demonstrated the lasting effects of cancer and its treatment. Bjordal *et al.* (1994) measured QOL in more than 200 of the trial's survivors between 7 and 11 years after treatment. Measures of emotional function and social function were both adversely affected if bone resection and reconstruction were required as part of the cancer treatment. In another study, Bjordal *et al.* (1995) showed that cancer survivors report decreased life satisfaction and decreased subjective sense of physical health when compared with normal controls, Only 64% of patients reported that they were satisfied with life compared with 82% of the controls. Another study (Bjordal and Kaasa, 1995) described 30% of the survivors as reporting psychological distress. Distress was more pronounced in those with impaired cognitive function, impaired social function, and continued pain. Surgical resection was also seen to affect perceived QOL in a follow-up of the Veterans Affairs Laryngeal Preservation Protocol (CSP 268). Terrell *et al.* (1998) studied 46 of the 65 surviving patients. Using the Short Form 36 (SF-36), the University of Michigan Head and Neck Quality of Life (HNQOL), and the Beck Depression Inventory (BDI) questionnaires, the authors found that the patients who were in the laryngeal preservation arm had significantly better QOL scores on the SF-36 mental health and HNQOL pain domains than those in the laryngectomy arm. Patients who retained their larynx had better scores on the pain, SF-36 mental health, and HNQOL emotion domains. The laryngectomy group had a higher incidence of depression (28% vs. 15%). The authors concluded that the patients' QOL related more to their freedom from pain, sense of well-being, and freedom from depression than to

communication issues. These studies demonstrate continued symptoms and measurable QOL effects lasting well after completion of treatment.

Malignancies of the head and neck have been observed to be associated with high rates of depression and/or suicide (Farberow *et al.*, 1971; Davies *et al.*, 1986; Breitbart and Holland, 1988). Morton *et al.* (1984) reported that about 40% of head and neck cancer patients suffered from depression as defined by DSM-III criteria after their initial treatments. Additionally, an increased risk of suicide among patients with head and neck cancer has been described (Davies *et al.*, 1986). Rapaport *et al.* (1993) have suggested that psychological problems in head and neck cancer survivors continue despite decreasing medical problems. The enormous threat to self-image, confidence and identity can be a cause of depression or suicidal thoughts. However, psychosocial factors that predict depressed mood in this population have not been well elucidated. Kugaya *et al.* (1999) found that advanced disease, being unmarried, and helpless/hopeless coping were significantly associated with depressed mood. In head and neck cancer patients, social support is critical to adaptation and has been shown to be correlated to the success of rehabilitation (Pruyn *et al.*, 1986). Several studies have indicated that social support can affect patients' quality of life (Pruyn *et al.*, 1986), psychological distress (Baile *et al.*, 1992), and possibly survival (Maunsell *et al.*, 1995). These results suggest that we should identify risk and protective factors and target psychosocial intervention for those patients most at risk.

Despite the fact that quality of life outcomes following treatment for head and neck cancer are intimately related to body image little integration of body image measurement into the head and neck outcome literature has occurred. Similarly, the relationship of disease-related physical changes to appearance self-esteem has received relatively little empirical study. Appearance self-esteem may be especially important to consider within the context of head and neck, because physical illness may increase the importance of body and appearance-related issues in one's overall self-representation (Vamos, 1993). Global self-esteem[2] has been shown to be related to adjustment outcomes in chronic illness, with lower levels of self-esteem generally associated with higher levels of distress, especially depression (Druley and Townsend, 1998). Similarly, the acceptance of treatment-related compromise through body image reintegration is clearly necessary to the enhancement of quality of life after head and

[2] Self-esteem has been defined as the self-appraisal of one's significance, worth, competence, and success, as compared to others (Coopersmith, 1968).

neck cancer surgery and has received limited attention in the research literature. In general, body image reintegration is influenced by the memory of one's appearance and function before surgery, the notion of ideal appearance and function, as well as actual appearance and function after surgery. A descriptive investigation (Dropkin and Scott, 1983) revealed that reintegration begins to occur during the early postoperative period, with postoperative day 5 representing the pivotal point.

7. Conclusion

In summary, research findings to date reveal that cancer surgery which entails facial disfigurement/dysfunction can have a devastating physical, emotional, and social impact. Patients may experience severe long-term anxiety, which can hamper their coping ability and overall quality of life to the point of social isolation, diminished self worth, and inability to perform basic self care functions.

Delivery of psychological care for people with head and neck cancer would be greatly enhanced if all clinical staff were knowledgeable and competent in body image variables such as body satisfaction, level of investment in appearance, and recognition of problems requiring assessment by specialists in psychosocial oncology. Given their intensive patient contact, oncology nurses may be in a particularly advantageous position to apply an improved understanding of body image variables in cancer assessment and treatment. Clarke and Cooper (2001) found that although head and neck cancer nurses do not feel as skilled in delivering psychosocial support to patients as they do in delivering more traditional aspects of physical nursing care, they can very easily take on this role when given simple training and access to appropriate resources.

In the future, protocols should be developed that clearly outline how body image variables will be considered in treatment decision-making. There is also an urgent need for consensus on what constitutes clinically significant body image disturbance in cancer survivors. Additionally, psychological interventions that have demonstrated effectiveness for body image problems in other patient groups should be evaluated in the head and neck cancer settings. Similarly, more work is needed to apply mainstream body image research to cancer. Recent publication of cancer-specific body image assessment tools will likely assist in establishing validated models that can be used to guide assessment, psychological and medical treatment, and outcome evaluation. The further development of models should also improve

problems with definition of what body image is and what constitutes a clinically significant body image problem. A model that can play this role, after empirical testing and validation, is the one proposed by White (2002). Assessments can proceed more efficiently if they are grounded in, and driven by, a conceptual model. Having a poorly defined operational definition of a psychological construct, such as body image, not only impacts upon research activity but also negatively influences clinical practice.

Overall, improved understanding of body image adaptation in the head and neck cancer context can undoubtedly inform our understanding of general body image functioning. For example, improved explanations of why only some individuals experience body image distress when confronted with illness-related changes can inform us about body image resilience.

References

Alexander P.A. (1997). Knowledge seeking and self-schema: A case for the motivational dimensions of exposition. *Educational Psychologist*, 32(2), 83-94.

Baile W.F., Gibertini M., Scott L., Endicott J. (1992). Depression and tumor stage in cancer of the head and neck. *Psycho-Oncology*, 1, 15-24.

Baker C.A. (1992). Factors associated with rehabilitation in head and neck cancer. *Cancer Nursing*, 15, 395-400.

Bergner M. (1989). Quality of life, health status, and clinical research. *Medical Care*, 27, S148-S156.

Bjordal K., Kassa S., Mastekaaaa A. (1994). Quality of life in patients treated for head and neck cancer: a follow-up study 7 to 11 years after radiotherapy. *Int J Radiat Oncol Biol Phys*, 28, 847-856.

Bjordal K., Mastekazaa, A., Kaaaa S. (1995). Self-reported satisfaction with life and physical health in long-term cancer survivors and a matched control group. *Eur J Cancer B Oral Oncol*, 31B, 340-345.

Bjordal K. and Kaasa S. (1995). Psychological distress in head and neck cancer patients 7-11 years after curative treatment. *British Journal of Cancer*, 71, 592-597.

Breitbart W. and Holland J. (1988). Psychological aspects of head and neck cancer. *Semin Oncol*, 15, 61-69.

Bronheim H., Strain J.J., Biller H.I.P. (1991). Psychiatric aspects of head and neck surgery. Part II: Body image and psychiatric intervention. *Gen Hosp Psychiat*, 13, 225-232.

Boyd J.B., Gullane P.J., Rotstein L.E., Brown D.B., Irish X. (1993). Classification of mandibular defects. *Plast Reconstr Surg*, 92, 1266-1275.

Cancer Research UK (2002). Incidence-UK. Fact sheet.

Carver C.S., Pozo-Kaderman C., Price A.A. *et al.* (1998) Concern about aspects of body image and adjustment to early stage breast cancer. *Psychosomatic Medicine*, 60, 168–174.

Cash T.F. (1994). The Situational Inventory of Body-Image Dysphoria: Contextual assessment of a negative body image. *The Behavior Therapist*, 17, 133-134.

Cash T.F. and Labarge A.S. (1996) Development of the appearance schemas inventory: a new cognitive body image assessment. *Cognitive Therapy and Research*, 20(1), 37– 50.

Cash T.F. and Szymanski M.L. (1995). The development and validation of the Body Image Ideals Questionnaire. *Journal of Personality Assesment*, 64(3), 466–477.

Cash T.F. and Fleming E.C. (2002). The impact of body image experiences: Development of the Body Image Quality of Life Inventory. *International Journal of Eating Disorders*, 31, 455-460.

Cella D.F., Tulsky D.S., Gray G., *et al.* (1993). The Functional Assessment of Cancer Therapy Scale: development and validation of the general measure. *Journal of Clinical Oncology,* 11, 570--579.

Cella D.F. (1994). Quality of life: Concepts and definition. *Journal of Pain and Symptom Management,* 9, 186-192.

Coates A., Abraham S., Kaye S.B. *et al.* (1983). On the receiving end-patient perception of the side-effects of cancer chemotherapy. *Eur J Cancer Clin Oncol,* 19 (2), 203–208.

Cohen M.Z., Kahn D.L., Steeves R.H. (1998). Beyond body image: the experience of breast cancer. *Oncol Nurs Forum,* 5, 835-841.

Davies A.D.M., Davies C., Delpo M.C. (1986). Depression and anxiety in patients undergoing diagnostic investigations for head and neck cancers. *British Journal of Psychiatry,* 149, 491-493.

DAntonio L.L., Zimmerman G.J., Cells D.F., Long S.A. (1996). Quality of life and functional status measures in patients with head and neck cancer. *Arch Otolaryngol Head Neck Surg,* 122, 482-487.

Deleylannis M.B., Weymuller E.A., Coltrea M.D. (1997). Quality of life of disease-free survivors of advanced (Stage III or IV) oropharyngeal cancer. *Head Neck,* 19, 466-473.

Dropkin M. J., Malgady R., Scott D.W., Oberst M.L., and Strong E.W. (1983). Scaling of disfigurement and dysfunction in postoperative head and neck patients. *Head and Neck Surgery,* 6, 559-570.

Dropkin M.J. and Scott D.W. (1983). Body image reintegration and coping effectiveness after head and neck surgery. *The Journal: Official Publication of the Society of Otorhinolaryngology and Head-Neck Nurses,* 2, 7-16.

Dropkin M.J. (1989). Coping with disfigurement and dysfunction after head and neck cancer surgery: A conceptual framework. *Semin Oncol Nurs*, 5, 213-219.

Eagley A.H., Ashmore R.D., Makhijani M.G., and Longo L.C. (1991). What is beautiful is good, but...: A meta-analytic review of research on the physical attractiveness stereotype. *Psychological Bulletin*, 110, 109-128.

Espie C.A, Freedlander E., Campsie L.M., Soutar D.S., Robertson A.G. (1989). Psychological distress at follow-up after major surgery for intra-oral cancer. *Journal of Psychosomatic Research*, 33, 441-448.

Farberow N.L., Ganzler S., Cutter F., and Reynolds D. (1971). An eight-year survey of hospital suicides. *Life Threat Behav*, 1, 184-201.

Gamba A., Romano M., Grosso I.M., *et al.* (1992). Psychosocial adjustment of patients surgically treated for head and neck cancer. *Head Neck*, 14, 218-223.

Gill T.M., Feinstein A.R. (1994). A critical appraisal of the quality of quality of life measurements. *JAMA*, 272, 619-626.

Gliklich R.E., Goldsmith T.A., Funk G.F. (1997). Are head and neck specific quality of life measures necessary. *Head Neck*, 19, 474-480.

Goldfried M.R. and Robins D. (1983). Self-schema, cognitive bias and the processing of therapeutic experiences, in *Advances in Cognitive Behavioural Research and Therapy* (P.C. Kendall Ed.). Academic Press, Orlando, FL, pp. 33–79.

Hassan S.J., Weymuller E.A. (1993). Assessment of quality of life in head and neck cancer patients. *Head Neck*, 15, 485-496.

Hopwood P. (1998). *Body Image Scale: CRC Psychological Medicine Group.* University of Manchester, Manchester, UK.

Hopwood R., Fletcher L., Lee A. and Ghazal, S. (2001). A body image scale for use with cancer patients. *European Journal of Cancer, 37,* 189-197.

Jones P.W. (1991). Measurement of quality of life in chronic obstructive lung disease. *Eur Respir Rev,* 1, 445-453.

Katz M.R., Irish J.C., Devins G.M., Rodin G.M., Gullane P.J. (2000). Reliability and validity of an observer-rated disfigurement scale for head and neck cancer patients. *Head and Neck,* 22, 132-141.

Kopel S.J., Eiser C., Cool P., Grimer R.J. and Carter, S.R. (1998). Brief report: assessment of body image in survivors of childhood cancer. *J. Ped. Psychol,* 23(2), 141–147.

Koster M., Bergsina J. (1990). Problems and coping behavior of facial cancer patients. *Soc Sci Med,* 30, 569-578.

Kovacs M. and Beck A.T. (1978) Maladaptive cognitive structures in depression. *American Journal of Psychiatry,* 135, 525–533.

Kugaya A., Akechi T., Okamura H., Mikami I., Uchitomi Y. (1999). Correlates of depressed mood in ambulatory head and neck cancer patients. *Psycho-Oncology,* 8, 494-499.

Landis S.H., Murray T., Bolden S. *et al.* (1998). Cancer statistics, 1998. CA *Cancer J Clin*, 48, 6-29.

List M.A., Ritter-Sterr C., Lansky S.B. (1990). A performance scale for head and neck cancer patients. *Cancer,* 66, 564-569.

List M.A., DAntonio L.L., Cells D.F., *et al.* (1996). The Performance Status Scale for Head Neck Cancer Patients and the Functional Assessment of Cancer Therapy-Head Neck Scale: a study of utility and validity. *Cancer,* 77, 2294-2301.

Long S.A., D'Antonio L.L., Robinson E.B., Zimmerman G., Petti G., Chonkich G. (1996). Factors related to quality of life and functional status in 50 patients with head and neck cancer. *Laryngoscope*, 106, 1084-1088.

Macgregor F.C. (1990). Facial disfigurement: Problems and management of social interaction and implications for mental health. *Aesthetic Plastic Surgery*, 14, 249-257.

Markus H. (1977). Self-schemata and processing information about the self. *Journal of Personality and Social Psychology*, 35(2), 63-78.

Mast M.E. (1995). Definition and measurement of quality of life in oncology nursing research: Review and theoretical implications. *Oncol Nurs Forum*, 22, 957-964.

Maunsell E., Brisson J., and Deschenes L. (1995). Social support and survival among women with breast cancer. *Cancer*, 76, 631-637.

Monga U., Tan G., Osterinann H.J., Monga T.N. (1997). Sexuality in head and neck cancer patients. *Arch Phys Med Rehabil*, 8, 298-304.

Moyer A. (1997). Psychosocial outcomes of breast conserving surgery versus mastectomy: a meta-analytic review. *Health Psychology*, 16 (3), 285-298.

Moadel A.B., Ostroff J.S., Schantz S.P. (1998). Head and Neck Cancer. In: J. Holland (Ed.) Psycho-Oncology. New York: Oxford University Press, pp. 314-323.

Morton R.P., Davies C., Baker J., Baker G., Stell P. (1984). Quality of life in treated head and neck cancer patients: A preliminary report. *Clin Otolaryngol*, 9, 181-185.

Munstedt K., Manthey N., Sachsse S. and Vahrson H. (1997) Changes in self-concept and body image during alopecia-induced cancer chemotherapy. *Support Care Cancer*, 5, 139–143.

McGrouther D.A. (1997). Facial disfigurement: the last bastion of discrimination. *British Medical Journal*, 314, 991-996.

Olson M., Shedd D. (1978). Disability and rehabilitation in head and neck cancer patients after treatment. *Head Neck*, 1, 52-58.

Partridge J. (1998). Changing Faces: taking up Macgregor's challenge. *Journal of Burn Care and Rehabilitation*, 19,174-180.

Pruyn J.F.A., deJong P.C., Bosman L.J., *et al.* (1986). Psychosocial aspects of head and neck cancer- A review of the literature. *Clin Otolaryngol*, 11, 469-474.

Rapaport Y., Kreitler S., Chaitchik S., Algor R., Weissler K. (1993). Psychosocial problems in head and neck cancer patients and their change with time since diagnosis. *Ann Oncol*, 4, 69-73.

Rudy S.E., Wilkinson M.A., Dropkin M.H., and Stevens C. (1998). Otorhinolaryngology nursing research priorities: Results of the 1996/1997 SOHN delphi survey. *ORL-Head and Neck Nursing*, 16(1), 14-20.

Slade P.D. (1994). What is body image? *Behav Res Ther*, 32(5), 497–502.

Sprangers M.A.G., Cull A., Groenvold K., Bjordal K., Blazeby J. and Aaronson, N.K. (1998). The European Organisation for Research and Treatment of Cancer approach to developing questionnaire modules: an update and overview. *Quality of Life Research*, 7, 291–300.

Thompson J.K. (1990). *Body Image Disturbance: Assessment and Treatment.* Pergamon Press, New York.

Wagner L. and Bye M.G. (1979). Body image and patients experiencing alopecia as a result of cancer chemotherapy. *Cancer Nurs*, 2(5), 365–369.

van Doorne J., van Wass M.A.J., Bergsina J. (1994). Facial disfigurement after cancer resection: A problem with an extra dimension. *J Invest Surg*, 7, 321-326.

West D.W. (1977). Social adaptation patterns among cancer patients with facial disfigurements resulting from surgery. *Arch Phys Med Rehabil*, 58, 473-479.

Sewell H.H. and Edwards D.W. (1979). Pelvic genital cancer: body image in sexuality. *Front Radiat Ther Oncol*, 14, 35-41.

Shapiro P.A., and Kornfeld D.S. (1987). Psychiatric aspects of head and neck cancer surgery. *Psychiat Clin N Am*, 10, 87-101.

Shumaker S.A. and Naughton M.J. (1995). The international assessment of health-related quality of life. In Shumaker S.A. and Naughton M.J. (Eds) the International Assessment of Health-related Quality of Life. Rapid Communications, Oxford.

Terrell J.E., Fisher S.G., Wolf G.T. (1998). Long-term quality of life after treatment of laryngeal cancer. *Arch Otolaryngol Head Neck* Surg, 124, 964-971.

White C.A. (2000). Body image dimensions and cancer: A heuristic cognitive behavioural model. *Psycho-Oncology*, 9, 183-192.