EXOTIC DANCE: AN EXPLORATORY STUDY OF
DISORDERED EATING, SUBSTANCE ABUSE, AND DISEMBODIMENT

by

Kari Janz

A thesis submitted in conformity with the requirements
for degree of Master of Arts
Graduate Department of Applied Psychology and Human Development
Ontario Institute for Studies in Education
University of Toronto

© Copyright by Kari Janz (2013)
EXOTIC DANCE: AN EXPLORATORY STUDY OF
DISORDERED EATING, SUBSTANCE ABUSE, AND DISEMBODIMENT
Master of Counselling Psychology 2013
Kari Janz
Department of Applied Psychology and Human Development
University of Toronto

Abstract

The current investigation measured rates of disordered eating and substance abuse among exotic dancers, evaluated the relationship between these rates and measures of embodiment, as well as the influence of club-type on these patterns. Of the seventy-five (75) female exotic dancer participants, ages 18-39 from across Ontario, 35% (n=26) were found to endorse disordered eating behaviour, 57% (n=43) were high risk for alcohol abuse, 63% (n=47) were high risk for drug abuse, and 20% (n=15) were found to be high risk for all three. Cluster analysis revealed two separate club-types: 1). Positive Club Environment; 2). Negative Club Environment. Significant relationships were found between all measures of embodiment and disordered eating. Level of body connectedness was negatively correlated with risk for alcohol abuse. While no relationship was found between club type and substance abuse or disordered eating, significant relationships were found between club type and all measures of embodiment.
Acknowledgements

It is with grateful appreciation that I thank all who made this project possible. First, I would like to thank my research participants and club owners for both trusting and allowing me access into your worlds. Without your collaboration, this project would not have been possible.

I would like to give special thanks to my research supervisor, Dr. Niva Piran and my second committee member, Dr. Suzanne Stewart, for their encouragement and support throughout this process. Niva, I am honoured to have been given the opportunity to work with you. Thank you for believing in me.

Finally, I wish to express my heartfelt gratitude to Victor, Joseph, and the entire Lee family. Your incredible love and support have made the completion of the project possible. I would also like to gratefully thank my parents, Darlene and Grant, and sister Kirsten, for your encouragement and support throughout my academic journey. Mom, I am only on this path because your own achievements have been so incredibly inspiring. Thank you.
# Table of Contents

Abstract ......................................................................................................................... ii  
Acknowledgements ....................................................................................................... iii  
Chapter 1: Literature Review ....................................................................................... 1  
   The Strip Club ............................................................................................................. 1  
   Exotic Dance Research ............................................................................................. 2  
   Experiences Associated with Exotic Dance ............................................................. 5  
   Potential Risks Associated with Exotic Dance ......................................................... 10  
   Embodiment ............................................................................................................. 17  
   Theoretical Perspective ......................................................................................... 19  
   Purpose ................................................................................................................... 20  
Chapter 2: Methodology ............................................................................................ 21  
   Participants ............................................................................................................ 21  
   Measures .............................................................................................................. 23  
   Procedure ............................................................................................................. 28  
   Statistical Analyses ............................................................................................... 29  
Chapter 3: Results .................................................................................................... 32  
   A Psychometric Study of the CTM .......................................................................... 32  
   Club Type by Demographic Variables ................................................................... 33  
   Hypothesis 1: Rates of Disordered Eating and Substance Abuse ......................... 34  
      Disordered Eating Rates: The SCOFF Questionnaire ......................................... 34  
      Disordered Eating by Demographic Variables ................................................... 35  
      Alcohol Abuse Rates: The CAGE Questionnaire ................................................. 36  
      Alcohol Abuse by Demographic Variables ...................................................... 36  
      Drug Abuse Rates: The DAST-10 ...................................................................... 37  
      Co-occurrences: SCOFF, CAGE, DAST-10 ......................................................... 37  
   Hypothesis 2: Embodiment and Disordered Eating ................................................ 37  
   Hypothesis 3: Embodiment and Substance Abuse ................................................... 39  
   Hypothesis 4: Club Type, Disordered Eating, Substance Abuse, and Embodiment  40  
Chapter 4: Discussion ............................................................................................... 43  
   Disordered Eating Rates and Characteristics ....................................................... 43  
   Substance Abuse Rates and Characteristics ........................................................... 45  
   Embodiment and Disordered Eating ..................................................................... 47  
   Embodiment and Substance Abuse ..................................................................... 50  
   Club Type, Disordered Eating, Substance Abuse, and Embodiment .................... 51  
   Strengths, Limitations, and Suggestions for Further Research ............................... 53  
References .................................................................................................................... 54
List of Tables

Table 2-1  Means and standard deviations for height, weight, and BMI of study Participants
Table 2-2  Frequencies and percentages of race, education, relationship status, cosmetic surgery
Table 3-1  Means, Standard Deviations, Percentages and Frequencies of SCOFF, CAGE, and DAST-10 Scores
Table 3-2  BESAA, OBRS, SBC, Subscales: Means and Standard Deviations
Table 3-3  Pearson Correlations, of Levels of Embodiment and SCOFF Scores
Table 3-4  Pearson Correlations of Levels of Embodiment, CAGE, and DAST-10 Scores
Table 3-5  Pearson Correlations of Club Type, SCOFF, CAGE, and DAST-10 Scores
Table 3-6  Pearson Correlations of Club Type and Levels of Embodiment

List of Figures

Figure 3-1  Cluster Size, Quality, and Ratio for Club-Type

List of Appendices

Appendix A  Informed Consent
Appendix B  Measures
Chapter 1

Literature Review

The Strip Club

Despite widespread scrutiny and stigmatization, strip clubs are a common sight throughout North American metropolises and suburbia totaling roughly 2778 clubs in the United States and 275 in Canada (Barton, 2006). Just as in almost any other industry, the social and organizational structures of strip club establishments do not fit a uniform mold (Barton, 2006; Bradley-Engen & Ulmer, 2006; Bruckert, 2002). Clubs can range from upscale and pricey, boasting only dancers fitting an idealised standard of beauty, to moderately priced clubs emphasizing sexual gratification, to relatively inexpensive down-home county bars with a socially interactive atmosphere (Barton, 2006; Bradley-Engen & Ulmer, 2006; Bruckert, 2002). While social organization varies in complexity from one club environment to the next, there are some typical club characteristics belonging to the gentlemen’s clubs across Ontario (Bruckert, 2002). The strip club layout generally consists of one or more performance stages surrounded by “perv’s row” which consists of chairs and a ledge around the stage’s perimeter affording customers an up-close view of the show (Bruckert, 2002). Also common in each club is a bar, a disc-jockey booth, a dancer change room equipped with mirrors and lockers, and semi-private VIP rooms (Bruckert, 2002). These rooms are small cubicles, measuring roughly three feet by five feet and contain a lounge chair for patrons to sit on while a receiving a lap dance (Bruckert, 2002). Under the subdued lighting, exotic dancers spread throughout the club either half-clad or dressed in “abbreviated, sexualized attire that at times borders on the bizarre” (Bruckert,
“Cheerleaders, school girls, sophisticated ladies with long gowns and white gloves, cowgirls, and playboy fantasies in G-strings” are common personas adopted by exotic dancers (Egan, 2006). These women often carry purses or wallets that wrap around their wrists to prevent theft, and towels to sit on for disease prevention as they wander throughout the club, socializing and sending both verbal and visual signals of availability (Bruckert, 2002; Janz, Unpublished Manuscript). Most notably, in this patriarchal environment exotic dancers are confined by their gender roles (Barton, 2006; Bruckert, 2002; Egan, 2006). For patrons, the strip club atmosphere is an escape, in that any societal advances of gender equality are suppressed (Bruckert, 2002). Women in the strip club are generally viewed as commodities and in turn can be openly rendered objects of the male gaze (Bruckert, 2002).

**Exotic Dance Research**

An epistemological shift in the research methods and ethics in the study of exotic dance has unravelled in the past few decades across a wide range of academic disciplines (Wahab, Baker, Smith, Cooper, & Lerum, 2011). Wahab, et al. have contributed to this growing body of work, writing a review of the empirical research literature on exotic dance in the United States and Canada from 1970 – 2008. A breakdown of qualitative findings by decade revealed a progressive trend in researchers’ approach toward studying this population (Wahab, et al.). Early investigations of exotic dance in the 1970s and 1980s largely focused on individual dancers and revealed an overall researcher assumption of exotic dance as a problematic occupation, with the tone and methodology intending to understand, yet exoticize and pathologize dancers (Wahab et al.). While many similar “deviant” themes were studied among this population throughout the 1990s, researchers began to broaden their scope from the individual dancer toward socio-cultural analyses of clubs (Wahab et al.). A thorough literature review of studies within this timeframe has provided evidence that this
shift in researchers’ foci rendered one less likely to assume a pathologizing stance toward this population (Wahab et al.). The 1990s were also home to the debut of the “dancer-researcher”, contributions of which provided an understanding of exotic dance from an insider’s perspective and introduced a fresh outlook for a new wave of dancer-researchers (Wahab et al.). Most recently, literature trends have continued to progress from pathologizing dancers to conceptualizing exotic dance through the lens of organizational and cultural frameworks (Wahab et al.).

**Club Classifications: The Hustle Club, the Show Club, and the Social Club**

One such dancer-researcher, Bradley-Engen (Bradley-Engen & Ulmer, 2009) has revealed structural distinctions in the social organization of various strip clubs and how these differences affect individual dancer experiences. Her study focused on how the social organizations of clubs contextualize the unique experiences and commitments of the dancers belonging to them. While previous studies have recognized distinctions across types of strip-clubs (Boles & Garbin, 1974; Frank, 2002; McCaghy & Skipper, 1972; Sweet & Tewksbury, 2000), none had examined the ways in which dancers themselves experience their work within different social organizational settings, and within particular sectors of the industry. Through a perspective viewing strip clubs as communities having their own distinct organizational culture, practices, and relationships, Bradley-Engen and Ulmer compartmentalized the social organization and structure of various clubs.

Dimensions of the social orders of clubs were mapped through examination of the routine prevailing interaction strategies and the experiences of the women who dance in them (Bradley-Engen & Ulmer). The first author, Bradley-Engen, collected data through participant observation as a dancer-researcher in 49 strip clubs, formal interviews with 50 dancers and ex-dancers at various career stages, and several informal interviews (Bradley-Engen & Ulmer, 2009). She took field notes of various physical layouts of strip club establishments, organizational structures, work strategies, and
the interpersonal interaction of the dancers. As a result, three separate club classifications were defined: the “Hustle Club”; the “Social Club”; and the “Show Club” (Bradley-Engen & Ulmer). Findings of Bradley-Engen and Ulmer’s (2009) pivotal study reveal that coercion, exploitation, and negative dancer experiences are not universal in stripping, and neither is empowerment nor satisfaction. Rather, the particular type of club in which a dancer works will impact her unique experiences.

*The Show Club*

While the overall goal of the aforementioned club types are similar in that they all “sell turn-ons for money”, the way in which they achieve this goal is ultimately different (Bradley-Engen & Ulmer, 2009). Strict management practices and conduct norms are indicative of the organization of a show club, with a formalized work order and highly regulated customer-dancer conduct (Bradley-Engen & Ulmer). These dancers’ personal commitment is expressed through the highly valued show club dancer identity, as a testament to the dancer’s beauty and physical ability (Bradley-Engen & Ulmer). Personal commitment within this club type is shown through the prominence of the show dancer identity and the positivity toward dancing, while the investment of time, effort, and energy on the part of dancers encourage them to continue working (Bradley-Engen & Ulmer).

*The Hustle Club*

When considering customer-dancer conduct, hustle clubs tend to exhibit exploitative and coercive interaction processes (Bradley-Engen & Ulmer, 2009). Working as a dancer in a hustle club is described as stressful, frustrating, degrading, and dangerous (Bradley-Engen & Ulmer). Within this type of strip club, there appears to be a trend of management negligence regarding unwanted touching, theft, and drug use, producing a negative overall dancing experience (Bradley-Engen & Ulmer).
Experiences Associated with Exotic Dance

Counterfeit Intimacy and Objectification

A theme that remains consistent across all club types is that of counterfeit intimacy, which has pervaded exotic dance literature throughout the last four decades (Wahab, Baker, Smith, Cooper, & Lerum, 2011). This describes an impression given by dancers to customers that they will be afforded special privileges that are forbidden to other customers (Enck & James, 1988). Boles and Garbin (1974) describe the central feature of counterfeit intimacy as dancers’ feelings of objectification magnified by customers’ perceptions that they are prostitutes, therefore denying them courting behaviour. The internalization of the perspective of an outside observer (i.e., to view the self as an object to be looked at and be judged solely on appearance) has been described by Frederickson and Roberts (1997) as self-objectification. This perpetual self-monitoring of physical appearance is a type of self-consciousness and can contribute to the development of a distorted body concept (Frederickson & Roberts).

The emphasis placed on the physical attractiveness of dancers can put them at risk of self-objectifying. Downs, James, and Cowan (2006) compared 40 female exotic dancers and 43 female college students on body objectification and self-esteem. Body objectification was measured using the Objectified Body Consciousness Scale (OBCS; McKinley & Hyde, 1996), which is a measure designed to assess an individual’s preoccupation with having the “ideal” body (Downs et al.). The OBCS contains three subscales: The Body Shame subscale assessing feelings of shame when an individual’s body does not fit society’s expectations; the Surveillance subscale assessing the tendency to view one’s body as an outside observer; and the Control subscale assessing the perceived amount of control one has over one’s own body (Downs et al.; McKinley & Hyde). The Self Objectification Questionnaire (SOQ; Noll & Fredrickson, 1998) was employed to measure how...
important body attributes are to an individual’s physical self-concept (Downs et al.). Body attributes were further divided into two categories: appearance-based (physical attractiveness, coloring, weight, sex appeal, measurements, and muscle tone) and competence-based (muscular strength, physical coordination, stamina, health, fitness, and physical energy level; Downs et al.). Exotic dancers reported significantly higher objectified body consciousness and body surveillance than college women (Downs et al.). Dancers also ranked appearance-based, rather than competence-based attributes to be more important, whereas college women showed an opposite profile (Downs et al.). These findings seem to reflect some of the unique pressures of the strip-club environment. Dancers are regularly subjected to observers’ scrutiny of their naked bodies while they perform on-stage “strip-tease” routines, and while they “work the room” to recruit customers to purchase lap-dances. For exotic dancers, the belief is that it pays to be attractive (Downs et al.). While beauty and sexuality act as the tools for success in dancers’ work, it is obvious that the more attractive the dancer, the more business she will generate (Downs et al.).

Objectification within the Hustle Club

The findings of Downs, James, and Cowan (2006) should be considered when discerning the social organization of the hustle club. In her book Naked Lives: Inside the Worlds of Exotic Dance, Bradley-Engen (2009) defines the structure, management, language, formal policies, and informal rules of the hustle club, characteristics of which create a social world where dancers are devalued, sexually harassed, and exploited. The author described her first experience working as a dancer in a hustle club, which began with her audition with two friends for the club manager.

Frankie, a huge, portly, bald man in a dark suit with an unbuttoned shirt walked over and introduced himself. He then told us we would have to go on stage and dance immediately, although no one was there, to see our bodies…to see if we were hot enough. We went on
stage all at once and danced for one song. As we came off, Frankie told us that we had passed the test. He told Coco she was hot for a brown girl. He said I had great tits and told Toni she was fine. (Bradley-Engen, p.29)

The author continued to provide a graphic account of her experience onstage in this type of establishment.

The stage was an assembly line, filled with dancers. As each new dancer came out, she moved to the end of the stage, and the other dancers scooted down. She stripped completely naked immediately and began squatting on the stage in front of the customers. Dancers had to move quickly, as the assembly line kept adding women to the end of the stage. Women were lined up, elbow to elbow. With no room to dance, the routine went as follows: dancers stood in front of a guy, squatted and spread their legs wide open. The customer would lean over and look at the dancers’ genital areas for a while; many women touched their vaginas for the customer. Dancers then pulled their garters away from their thighs, so customers could place dollars in them. Dancers then stood up and went to the next customer. This process was repeated fifty to sixty times until dancers reached the end of the stage. (Bradley-Engen, p.31)

After a dancer’s stage “dance”, she proceeded to work the room and hustle dances; an attempt to talk men into buying a lap dance (Bradley-Engen, 2009). Dancers most commonly achieved this by convincing customers that she would love to ride them – lie on top of him and grind on his penis through his jeans (Bradley-Engen).

It is apparent that the hustle club atmosphere markets sexual gratification (Bradley-Engen, 2009). When referring to dancers, the deejays, lap-dance attendants, and management use slang terms for female sexual organs. For instance, a deejay’s announcement of a dancer on stage may
consist of “Hey guys, take a look at the tits on this gal” or the common reference to a dancer as “a hot piece of ass” (Bradley-Engen). Furthermore, customers at the hustle club shop around to select the dancer they find most attractive for a one-on-one lap dance. It is common for a customer to ask to see dancers fully nude before making his selection, which is referred to as “checking out the merchandise” (Bradley-Engen).

The characteristics of the hustle club social world seem to create an environment that is highly objectifying and depreciating toward exotic dancers. While this is produced by various formal and informal interactions within the club (ie., between management and dancers, dancers and customers, among dancers, etc.) the somewhat inhumane treatment of women within this club environment is a cause for concern.

Objectification within the Show Club

In contrast, the objectification of show club dancers appears to be more explicitly regulated, expressions of which range from social interactions, to club policy and regulations. The nature of this organization is highlighted through Bradley-Engen’s detailed account of her experiences as a dancer in a show club. She was advised of the absolute essentials by other dancers.

…baby wipes, fake tanning lotion, body spray cologne, and stage makeup. You should wipe your body with the wipes as much as possible. And I spray perfume before every set. You have to be squeaky clean if you’re going to be naked up there. You want to smell sweet and flowery as much as possible…Fake tanner and Dermablend will hide any cellulite, stretch marks…moles, tattoos. Oh, and you should probably spend everything you make the first week or so on costumes and shoes. Beautiful costumes are essential. They’re expensive, but
you want to look good. You want to look like a real dancer. It’s part of the performance. It’s just an investment you gotta make. (p. 52)

Bradley-Engen described the conversations of the women around her which focused on weight loss, diet pills, and beauty products. “Can you tell I’ve lost weight? I’ve been really hitting the gym. I was a size five, and now I’m like a three. Can you tell? I want to lose more, but I don’t want my boobs to get too small”. She writes that dancers exchanged advice on the best way to drop weight and reduce bloating covering such topics as “…special tea that helps you lose weight. If you take it with a couple Ex-Lax, you’ll just shit out everything you eat. It just goes right through…I’ve been doing it every day for a week, and I’ve lost, like, five pounds!” (p. 52).

Show club dancers’ preoccupation with achieving the ideal body is accelerated by the pressures imposed by club policies. For instance, club management has been shown to enforce strict physical appearance requirements (Bradley-Engen, 2009; Maticka-Tyndale, 2004). Dancers are required to report their height, weight, and measurements before being considered for hire, while some establishments will not book a dancer if she appears to wear larger than size four in women’s clothing (Bradley-Engen; Maticka-Tyndale). Many clubs will keep photo evidence of a dancer’s physical appearance at the time she is offered a position (Janz, 2010, Unpublished Manuscript). Further, policies in these clubs require dancers to maintain a low weight (Bradley-Engen; Maticka-Tyndale). Those who do not comply with these regulations can be prohibited from working, fined, or even banned for an infraction such as gaining a few pounds (Maticka-Tyndale). Adherence to these policies is commonly evaluated through routine “weigh-ins” or by comparing one’s original pictures to her current appearance (Janz). Not surprisingly, these requirements often push dancers into persistent dieting (Maticka-Tyndale).
Potential Risks Associated with Exotic Dancing

Disordered Eating

The aesthetic standards imposed on dancers may increase their susceptibility to resorting to unhealthful dieting strategies. In a study conducted by Putterman and Lindon (2004), it was found that in a sample of 196 women whose ages ranged between 16 and 67 years, those who dieted for aesthetic reasons reported using unhealthful dieting strategies such as skipping meals, eating only one type of food, vomiting, or using laxatives and diuretics more often than those who dieted for health reasons. These unhealthful strategies were also more prevalent among women whose dieting was motivated by other people rather than for themselves (Putterman & Lindon). Exotic dancers who engage in frequent dieting for aesthetic purposes, or as a result of stipulations enforced by their club management to remain ideally thin, may be more susceptible to resorting to unhealthful weight maintenance strategies or eating pathologies.

According to the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV), a disturbance in perception of body shape and weight is the central feature of an eating disorder, development of which may be provoked by one’s self objectification (Frederickson & Roberts, 1997). To qualify for a clinical diagnosis of Anorexia Nervosa (AN), an individual must have a maintained BMI of less than 17.5kg/m², an intense fear of gaining weight or becoming fat, and a disturbance in the way their body weight is experienced, having an undue influence on self-evaluation (American Psychiatric Association, 1994). The essential features of Bulimia Nervosa (BN) are binge eating and inappropriate compensatory behaviours to prevent weight gain, such as self-induced vomiting, misuse of laxatives, diuretics or other medications, fasting, or excessive exercise (American Psychiatric Association). To meet clinical criteria for BN, the binge eating and
the inappropriate compensatory behaviours must occur, on average, at least twice a week for 3 months (American Psychiatric Association).

The DSM-IV reports the prevalence of post-pubescent young women meeting full criteria for AN between 0.5% and 1%, and a 3% prevalence rate for BN (American Psychiatric Association, 1994). More common is the presentation of Eating Disorder Not Otherwise Specified (EDNOS), a subclinical category of ED consisting of disorders that do not meet full criteria for AN or BN (American Psychiatric Association). For instance, an individual meets all criteria for AN except that she has regular menses or her weight is in the normal range, or an individual meets full criteria for BN however, the binge eating and compensatory behaviours occur less than twice a week, in a period of less than 3 months (American Psychiatric Association).

**High Risk Groups for Disordered Eating Development**

Research has shown that rates of ED are higher for populations of women whose professional performance is related to body size and/or shape than the general population (Hamilton, Brooks-Gunn & Warren, 1985). For instance, higher rates are found among female athletes, particularly in sports requiring a lean figure, in comparison to non-athletes (Hausenblas & Symons Downs, 2001; Smolak, Murnen & Ruble, 2000). Up to 8% of female elite and collegiate athletes have been shown to have a clinical ED as defined by DSM-IV criteria (Johnson, Powers & Dick, 1999; Sundgot-Borgen & Torstveit, 2004). When collegiate female athletes are measured using the EDNOS subclinical criteria, the rates increase to an average of 16.5% (Carter & Rudd, 2005; Sanford-Martens, Davidson, Yakushko, Martens, Hinton & Beck, 2005).

Ballet dancers are among the highest-risk groups for the development of disordered eating (Ringham, Klump, Kaye, Stone, Libman, Stowe, & Marcus, 2006). Ringham et al. investigated ED
symptomatology among 29 female ballet dancers revealing that 72% reported some form of eating pathology. Of these, 6.9% presented with AN, 10.3% with BN, and 55% with EDNOS, as assessed by the Structured Clinical Interview for DSM Axis I Disorders (SCID I; Ringham et al.).

Research examining rates and symptomatology of ED among female fashion models has revealed higher symptom frequency than in non-models. Preti, Usai, Miotto, Petretto and Masala (2008) found high rates of ED among 55 professional models, with a mean age of 25 years, using the Eating Disorder Examination (EDE) interview. The models were compared to a non-model control group consisting of 110 female participants, with a similar mean age, employed in jobs that do not impose a specific ideal of beauty (Preti et al.). Results indicated that there were significantly more models (54.5%) with a BMI below 18kg/m² than non-models (12.7%); this BMI value indicating under-nutrition. In addition, Models reported significantly more symptoms of eating disorders than non-models. Eighteen percent of models reported restrictive eating in the previous 3 months compared to 7.2% of non-model controls. Bulimic episodes were also more frequent in the model group (60%) compared to the control group (34%) using the same 3-month time-frame. In addition, 21% of models reported that their body weight and shape had a significant impact on how they evaluated their self-worth, compared to 7% of non-model controls.

A comparable population to ballet dancers and fashion models, in that their success is largely dictated by their physical shape and/or appearance, are those women posing in provocative men’s magazines. Spitzer, Henderson, and Zivian (1999) found that of the reported height and weight of Playboy centerfolds between 1980 and 1996, 99% were underweight according to Canadian Weight guidelines (BMI<18.5kg/ m²). Of these, 29% had a body mass index (BMI) of less than 17.5 kg/m². Although methodologically rigorous studies into eating disorder prevalence have not been carried out
on populations of women posing nude for “erotic media”, the high incidence of abnormally low BMI scores within this population suggests a cause for concern.

While the aforementioned high-risk groups of women are not identical, they are all submersed in professional environments where success is largely dictated by physical attractiveness (i.e., models) and/or physique (i.e., athletes and ballet dancers). While exotic dancers seem to share many of these characteristics, there is no research investigating the rates of disordered eating in this population of women to date.

**Substance Abuse**

Common among populations of women with disordered eating patterns is the use of licit and illicit substances (Holderness, Brooks-Gunn, & Warren, 1994; Piran & Gadalla, 2006). Piran and Gadalla found a high rate of co-morbidity between disordered eating and substance use in a large nationally represented sample of women. Eating disorder risk was measured using the Eating Attitude Test (EAT-26), and alcohol and drug use were evaluated using the Composite International Diagnostic Interview (CIDI-SF; Piran & Gadalla). Alcohol and drug use was further divided into two categories; dependence and interference. Participants were classified as drug or alcohol dependent if they reported three or more of the following six symptoms within a 12 month period: tolerance; withdrawal; using larger amounts than was intended; spending a great deal of time in activities necessary to obtain, use or recover from the drug/alcohol effects; reduced important activities because of drug/alcohol use; and continued drug/alcohol use despite knowledge of having physical or psychological problems that are likely to have been caused or worsened by the drug/alcohol (Piran & Gadalla). Interference was defined by participants’ drug/alcohol use interfering with their normal routine, occupational/academic functioning, or social activities or relationships in the 12 months prior to interview (Piran, Gadalla). Results indicated that for the 344 participants aged 15 – 44 who
were classified as at risk for disordered eating, 6.5% were found to be alcohol dependent while 4.8% experienced alcohol interference; both values significantly higher than controls (2.75% and 1.35% respectively; Piran & Gadalla). Rates of cannabis use (excluding one-time use) for the high risk group for disordered eating was 27.85% and 17.05% for controls, while the rate of illicit drugs was 28.95%, a dependence of 4.35%, and an interference rate of 5.35% (these rates compared to 17.85%, 2%, and 1.1% respectively for the control group; Piran & Gadalla).

In addition to the findings presented by Piran and Gadalla (2006), The Canadian Alcohol and Drug Use Monitoring Survey (CADUMS; 2008), an on-going general population survey of alcohol and illicit drug use among Canadians aged 15 years and older, 2.6% of Canadian women were frequent heavy drinkers (evaluated by an individual’s consumption of 5 or more drinks of alcohol more than once a week). In the previous year, 8.6% of women had used cannabis, 0.9% used cocaine, 0.8% used speed, 1.1% used ecstasy, and 1.9% used a pharmaceutical to get high (Health Canada, 2009).

The use of substances has been shown to be associated with symptom severity of disordered eating (Weiderman & Pryor, 1996). According to Weiderman and Pryor, the malignity of fasting, calorie restriction, binge-eating, self-induced vomiting, and the use of laxatives and diuretics may be a predictor of substance use in eating disordered individuals regardless of an AN or BN diagnosis. The researchers assessed four hundred fifty-four female participants (mean age= 24.15 years) using the Diagnostic Survey for Eating Disorders-Revised (DSED-R; Johnson, 1985), which includes information on substance usage. Frequency of the consumption of eight substances was assessed; alcohol, amphetamines, barbituates, hallucinogens, marijuana, tranquilizers, and cigarettes. Findings indicated that the severity of caloric restriction was related to amphetamine use, which is known to suppress appetite and increase metabolism (Sansone & Sansone, 1994). In addition, purging was
predictive of having used alcohol, cocaine, and cigarettes, which tend to be used in social settings such as nightclubs and parties (Weiderman & Pryor).

Researchers have offered various explanations for the co-occurrence of disordered eating patterns and substance use. One such line of thought focuses on the impact of dietary restraint on substance consumption. Food restriction and weight loss may propel the use of central nervous system stimulants, such as amphetamines (Piran & Gadalla, 2006). Another possible consequence of dietary restraint is intake disinhibition for both eating and drinking binges. Furthermore, alcohol-drinking restraint as an attempt to avoid high caloric intake may also lead to drinking binges. Another explanation for high rates of this co-morbidity is centered on the role of dysregulation (Piran & Gadalla). This particular explanation may be related to an association with impulsivity as regulatory challenges may be expressed through engagement in different disordered eating and drug consumption behaviours (Piran & Gaddalla).

**Substance Abuse among Exotic Dancers**

While there is a high rate of substance abuse among the ED population compared to the general public, the use of alcohol and illicit substances also seems to be common practice within strip-clubs (Maticka-Tyndale, 2004). While the primary source of revenue for the strip-club is the sale of alcohol, it is the occupation of the dancer to attract customers to the club and encourage them to continue spending money (Maticka-Tyndale). As part of their ‘entertainment’ function, club management may also encourage their dancers to drink with customers. Additionally, some clubs are known to house the circulation of illicit drugs. The presence of drugs, the expectation that dancers will ‘socialize’ with customers, the offers of drugs to dancers can pressure them into substance use (Maticka-Tyndale).
Further, the consumption of alcohol has been shown to be a coping mechanism for some dancers to deal with the harassment they encounter in their work environment (Maticka-Tyndale, 2004). In a qualitative study using observations in 10 strip-clubs and in-depth interviews with 30 female dancers aged 18-42 years, Maticka-Tyndale, Lewis, Clark, Zubick, and Young (1999) found that the use of alcohol and drugs helped the women “deal with the harassment, the pain, their nerves, or to loosen up, get that buzz, or bring out the dancer persona.” Results of this qualitative study also indicated that while marijuana was the most prevalent drug used by the sample, there were also reports of cocaine, hallucinogens, ecstasy, amphetamines, and heroin. Interviews suggested that not only were drugs a way of coping with dancing, the availability of drugs and various pressures within the strip club made dancing itself a potential avenue to drug use (Maticka-Tyndale et al. 1999).

Substance Abuse in the Hustle Club

The social organization of a club may result in a high prevalence of substance use among its dancers. Bradley-Engen’s (2009) description of her experiences dancing in a hustle club appears to be indicative of a demeaning or even abusive environment, which can lead to a dancer’s use of substances as a method of coping. The high turnover rate in the hustle club, coupled with a lack of concern or management involvement, creates a stressful and hostile atmosphere for dancers who struggle to meet quotas, leading to a highly competitive atmosphere (Bradley-Engen). The additional management negligence in the enforcement of a no-touching policy leaves dancers on their own to fight over resources, defending their bodies and scrambling for money (Bradley-Engen). As a way of coping, the women in Bradley-Engen’s investigation frequently reported open use of cocaine, marijuana, and ecstasy. Drug and alcohol use was regarded by many dancers to be essential for managing the stress of working in this environment. Furthermore, because of the inebriation of dancers, boundaries with their customers are often violated (Bradley-Engen; Maticka-Tyndale,
2004). Increased touching and sexual favours can create an expectation among customers, making it increasingly difficult to compete with dancers who are highly intoxicated (Bradley-Engen; Maticka-Tyndale). Here, an even more hostile working environment develops (Bradley-Engen) and as a result, the search for methods to cope.

**Embodiment**

Self-harm behaviours, such as substance use and disordered eating patterns are characteristic of a disembodied state of being (Piran & Teall, 2012). Disembodiment suppresses one’s self-care abilities, silences inner dialogue, and disrupts relationships. This increases one’s tendency to manage the body from the “outside”, while allowing for a degree of control and protection (Piran, 2005). Conversely, embodiment or the “experience of engagement of the body with the world”, encompasses subjectively-perceived experiences as well as the social contexts and structures in which they originate (Piran & Teall). This construct represents the gamut of experiences related to one’s engagement of the body with the world, ranging from embodied agency, self-care, joy, attunement with the body, and functionality, to negative body image, dissociation, or alexithymia (one’s difficulty in experiencing, expressing, and describing their emotional experiences; Piran & Teall). Embodiment further describes the interconnectedness of body and culture, accounting for the influence of complex social structures, such as the patriarchy, on one’s experience of their embodied self (Piran & Teall). Many of the key concepts of embodiment fall in line with objectification theory, which notably acknowledges women’s focus on their appearance as a learned strategy. This strategy emerges as a method to cope with challenges in an objectifying culture that disproportionately values feminine beauty and comportment over any other quality (Piran & Teall).
Embodiment and Disordered Eating

There is a general consensus among researchers that pressures for thinness or the
achievement of a body ideal is a major risk factor in the development of negative body esteem and
potential disordered eating patterns (Piran, 2005). Sources of these idealistic expectations are
produced not only by mass media, but also by close social interactions (Piran), such as professional
environments requiring a lean figure (e.g., ballet schools; Ringham et al. 2006), or perhaps exotic
dance establishments. Piran (2001) described a ballet school environment contributing to young
women’s difficulties with being able to accept their body:

It seemed that, for the young women who participated in the project, body weight and shape
preoccupation worsened when their sense of ownership over their body was disrupted, when
their bodies were used as a medium to express pervasive societal prejudices, and when the
social construction of women constrained and demeaned ways of being in the body that did
not comply with perceived societal expectations. (Piran, p. 227-228)

Criteria for social or professional settings that promote weight and shape preoccupation and
therefore eating disorder development (a symptomatic expression of disembodiment) appear to
pervade the professional environment of the exotic dancer. For instance, pressures to achieve a body
ideal for female ballet dancers, perpetuated by the ongoing monitoring of dancers’ bodies as they
perform, intensifies the objectified experience of the body (Piran, 2005). While these particular
pressures are evident in the exotic dance literature, the additional expectation of performances to
sexually arouse their observers may intensify negative psychological outcomes for exotic dancers.
Frederickson and Roberts (1997) explained that: “always present in contexts of sexual gazing is the
potential for sexual objectification…when objectified, women are treated as bodies – and in
particular, as bodies that exist for the use and pleasure of others” (p. 175). A key manifestation of
self-objectification is body surveillance, which signifies chronic monitoring of one’s appearance (Moradi & Huang, 2008). Both the processes of body surveillance and objectification serve to distance women psychologically from their physical self (Frederickson & Roberts), and are indicative of the features of disembodiment (Piran & Teall, 2012). This may produce shame and anxiety about the body, accompanied by a decrease in interoceptive awareness (i.e., identification and expression of bodily states; Frederickson & Roberts).

**Theoretical Perspective**

Similar to the elaboration of the construct of ‘Embodiment’ within the domain of social critical theory by Merleau-Ponty (1962) and Foucault (1979), the current investigation is grounded in critical theory. Further, related to the focus on the experiences of women in relation to patriarchal structures, the inquiry is grounded in feminist theory (Bartky, 1997). This perspective is concerned with inquiry focused on agency, power relations, shifting positionalities, voice, individual experience, and socially constructed knowledge (Howell, Carter, & Schied, 2002). Feminist theoretical frameworks are divided, permeating various perspectives including liberal, Marxist, socialist, radical, poststructural/postmodern, existential, and psychoanalytic (Howell, et al.). Although, as was pointed out by Mojab and Gorman (2001), “the stunning diversity of feminism is superficial” because underlying all varieties of feminism is “the question of patriarchy and how to get rid of it” (p. 287).

The current investigation intends to illuminate specific experiences of exotic dancers and contextualize them within their occupational environments. Strip club establishments vary, and the experience of exotic dancing is likely shaped by different types of clubs, leading to varied meanings for the women involved (Bradley-Engen, 2009). In line with this position, the current investigation aligns with the postmodernistic paradigm of critical feminism as it conceptualizes realities of exotic dance as plural and relative, and dependent on the social interactions of those involved. Most
importantly, this study aims to contribute to the literature a greater understanding of the different outcomes of social interactions within this population, as well as to offer proportionate recognition of occupational influences to less stigmatized, high risk groups of women.

**Purpose**

Symptomatic expressions of disembodiment, such as disordered eating patterns and substance use or misuse, may be prevalent in the exotic dancer population as a way of coping with the many pressures of their occupational environments. These pressures include sexual objectification, pressures for thinness/attractiveness, and hostility, and the devaluation, sexual harassment, and exploitation of dancers by management and customers. As the literature suggests many risk factors for disembodiment in the professional environment of exotic dancers, the current study intends to explore such expressions within this population and within various club-types. In particular, first, this study intends to measure the prevalence of disordered eating among exotic dancers. Second, the rate of substance use will be evaluated, and finally, the current study intends to investigate the relationship between measures of the level of embodiment of exotic dancers (such as of body connection and self-objectification) and patterns of disordered eating and substance use. It is hypothesized that participants will have increased rates of disordered eating patterns and substance use compared with community based norms. In addition, it is hypothesized that measures of disrupted embodiment will correlate positively with severity of disordered eating and substance use, and that these patterns will be influenced by the type of club environment in which they occur.
CHAPTER TWO
METHODOLOGY

Participants

Ninety four (94) exotic dancers chose to participate in the study. However, since considerable data was missing in 19 of the surveys collected, the analyses were conducted on 75 completed questionnaires. The majority of study participants (n=66) were between the ages of 21-29, 8 were between 30-39 and 1 was between 18-20 years. Outlined in Table 2-1 are the means and standard deviations for the height, weight, BMI, and wage of study participants. The average height of the research participants was 64.8 inches (SD=2.3). The average weight of the participants was 140.6 pounds (SD=23.7). The height and weight of each participant was used to calculate their Body Mass Index (BMI), which yielded a mean BMI of (23.3 kg/m² (sd=3.2). This BMI calculation indicates that the weight of study participants falls within a healthy range (18.5-24.9 kg/m²) according to the Canadian Guidelines for Body Weight Classification in Adults (Health Canada, 2003). Wage was calculated by dividing participants’ reported weekly income by the number of hours worked per week. The average wage of the overall sample was $74.17/hr (SD=45.3). The average number of years worked as an exotic dancer was 4.58 (SD=2.2).
Table 2-1

Means and standard deviations for height, weight, and BMI of study participants

<table>
<thead>
<tr>
<th></th>
<th>Mean</th>
<th>Std. Dev.</th>
<th>Min</th>
<th>Max</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Height (inches)</strong></td>
<td>64.8</td>
<td>2.3</td>
<td>60</td>
<td>70</td>
</tr>
<tr>
<td><strong>Weight (lbs)</strong></td>
<td>140.6</td>
<td>23.7</td>
<td>98</td>
<td>200</td>
</tr>
<tr>
<td><strong>BMI (kg/m²)</strong></td>
<td>23.3</td>
<td>3.2</td>
<td>16.91</td>
<td>30.41</td>
</tr>
<tr>
<td><strong>Wage ($/hr)</strong></td>
<td>74.17</td>
<td>4.58</td>
<td>.83</td>
<td>200</td>
</tr>
</tbody>
</table>

Outlined in Table 2-2 are the frequencies and percentages of race/ethnocultural heritage, education level, relationship status, and cosmetic surgery procedures. Overall, 66.7% (n=50) of the sample described themselves as Caucasian, 13.3% (n=10) as Bi-Racial, 17.3% (n=13) as Black, and 2.7% (n=2) as First Nation.

In terms of the highest level of education, 24% (n=18) had not graduated high school, 46.7% (n=35) had graduated high school, 24% (n=18) had graduated college, 4% (n=3) graduated university, and 1.3% (n=1) completed graduate school.

Table 2-2 also shows relationship status percentages and frequencies for the total sample: 32% (n=24) single; 6.7% (n=5) married; 52% (n=39) in a relationship; 6.7% (n=5) divorced; and 1.3% (n=1) widowed. A total of 21.3% (n=16) of participants reported having a cosmetic surgery procedure. Of these, 14 participants had breast augmentation; 2 had lip filler; 2 had labiaplasty; 1 botox; 1 eyelid lift; and 1 chin implant.
Table 2-2

Frequencies and percentages of race, education, relationship status, cosmetic surgery

<table>
<thead>
<tr>
<th></th>
<th>% (n)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Race</strong></td>
<td></td>
</tr>
<tr>
<td>Caucasian</td>
<td>66.7 (50)</td>
</tr>
<tr>
<td>Bi-Racial</td>
<td>13.3 (10)</td>
</tr>
<tr>
<td>Black</td>
<td>17.3 (13)</td>
</tr>
<tr>
<td>First Nation</td>
<td>2.7 (2)</td>
</tr>
<tr>
<td><strong>Education</strong></td>
<td></td>
</tr>
<tr>
<td>Did not graduate high school</td>
<td>24 (18)</td>
</tr>
<tr>
<td>Graduated high school</td>
<td>46.7 (35)</td>
</tr>
<tr>
<td>Graduated college</td>
<td>24 (18)</td>
</tr>
<tr>
<td>Graduated university</td>
<td>4 (3)</td>
</tr>
<tr>
<td>Completed graduate school</td>
<td>1.3 (1)</td>
</tr>
<tr>
<td><strong>Relationship Status</strong></td>
<td></td>
</tr>
<tr>
<td>Single</td>
<td>32 (24)</td>
</tr>
<tr>
<td>Married</td>
<td>6.7 (5)</td>
</tr>
<tr>
<td>In a relationship</td>
<td>52 (39)</td>
</tr>
<tr>
<td>Divorced</td>
<td>6.7 (5)</td>
</tr>
<tr>
<td>Widowed</td>
<td>1.3 (1)</td>
</tr>
<tr>
<td><strong>Cosmetic Surgery</strong></td>
<td></td>
</tr>
<tr>
<td>Breast augmentation</td>
<td>21.3 (16)</td>
</tr>
<tr>
<td>Lip filler</td>
<td>14 (2)</td>
</tr>
<tr>
<td>Labiaplasty</td>
<td>2 (2)</td>
</tr>
<tr>
<td>Botox</td>
<td>1 (1)</td>
</tr>
<tr>
<td>Eyelid lift</td>
<td>1 (1)</td>
</tr>
<tr>
<td>Chin implant</td>
<td>1 (1)</td>
</tr>
</tbody>
</table>

**Measures**

Each individual measure used in this study is outlined below with a summary of its psychometric properties and related research. The measures are included in Appendix B.
Demographic Measure

The demographic measure was composed of questions about participants’ age, education, relationship status, race/ethnicity, height, weight, weekly income/hours worked per week/number of years working as a dancer, number/ type of cosmetic surgery procedure(s).

Eating disorder

The SCOFF (Morgan, Reid, & Lacey, 1999)

The SCOFF is comprised of five dichotomous (yes/no) items, and typically takes 30 seconds to complete (Mond, Myers, Crosby, Hay, Rodgers, Morgan, Lacey, & Mitchell, 2008). Disordered eating is detected at a threshold of two or more positive responses on the SCOFF. The original intention of this investigation was to use the Eating Disorder Examination Questionnaire (EDE-Q; Fairburn & Beglin, 1994) as it is a widely used and well established self-report measure of eating disorder psychopathology and has been demonstrated to have acceptable internal consistency and test-retest reliability (Mond et al.). The feedback received through a pilot study evaluating exotic dancers using the EDE-Q revealed that this measure is too lengthy for this particular population, especially in conjunction with additional measures (Janz, unpublished manuscript). In order to opt for brevity and ease of administration, this investigation employed the SCOFF due to the nature of the population being assessed. Using a threshold of two or more positive responses, the SCOFF questionnaire has been shown to have 100% sensitivity and 87.5% specificity for anorexia and bulimia nervosa both separately and combined (Morgan et al.). In line with Mond et al., to accommodate a North American population, minor adjustments to the original wording of the United Kingdom version were made. These modifications were adopted in order to accommodate Canadian Participants. SCOFF items include: 1.) Do you make yourself sick because you feel uncomfortably full? 2.) Do you worry that you have lost control over how much you eat? 3.) Have you recently lost more than 15 lbs in a 3-month period? 4.) Do you believe yourself to be fat when others say you are
too thin? 5.) Would you say that food dominates your life? Two additional items were included to evaluate participants’ use of substances with the intention of controlling their weight, and one item to assess food restriction. These include: 6.) Have you used a stimulant drug in order to control your weight or shape? 7.) Have you used any other drug/substance to control your weight or shape (ie., laxatives, diuretics, caffeine, diet pills, etc.)? 8.) Do you go long periods or skip meals in order to control your weight or shape?

Substance Abuse

The Cage Questionnaire (Ewing, 1984)

The CAGE is a short alcohol screening tool consisting of four questions. CAGE is a mnemonic for the following questions: Have you felt you needed to cut down on your drinking? Have you felt annoyed by criticism of your drinking? Have you felt guilty about drinking? Have you felt you needed a drink first thing in the morning (eye-opener)? Two or more positive responses on the CAGE is clinically significant and suggests a risk of problem drinking or alcoholism (Poulin, Webster & Single, 1997). Based on this 2-point threshold, the sensitivity and specificity of the CAGE in the general population is estimated to be 0.92 and 0.75, respectively.

The Drug Abuse Screening Test (DAST-10; Skinner, 1982)

DAST-10 is a quick index, ten item screening tool used to assess an individual’s level of drug use. A score of ≥2 positive responses indicates the presence of a drug problem or dependence (Skinner, 2010). The DAST-10 was modeled after the well-received 20 item DAST-20 yielding a high correlation between the two (r= 0.98) and a high internal consistency reliability (r=0.74) for such a short measure (Skinner).
Embodiment

**Scale of Body Connection (SBC; Price & Thompson, 2007)**

The SBC is a recently developed 20-item instrument for use in body therapy and mind-body intervention research. The scale contains two orthogonal constructs authenticated by confirmatory factor analysis in a student sample: 1.) Body awareness involves sensory awareness, the ability to identify and experience inner sensations of the body and the overall emotional/physiological state of the body; 2.) Bodily dissociation is characterized by one’s avoidance of inner experience (Mehling, Gopisetty, Daubenmier, Price, Hecht, et al., 2009). In a study of women recovering from sexual abuse, the scale's reliability, validity and sensitivity to change was supported (Price & Thompson). Use of the SBC in the current study was intended to explore the relationship between exotic dance and body disconnection/desensitization, and awareness of physical/emotional bodily states.

**Objectified Body Consciousness Scale (OBCS; McKinley & Hyde 1996)**

The OBC Scale consists of three, 8-item subscales: Body Surveillance, Body Shame, and Control Beliefs. These scales are evaluated on a 7-point likert system, ranging from 1 (strongly disagree) to 7 (strongly agree) with a midpoint of neither agree nor disagree. This investigation used the Body Surveillance subscale to measure the degree to which the sample viewed themselves as objects. Due to the 5 point structure of every other Likert rated scale used the current investigation, the Body Surveillance subscale was reduced to a 5 point rating system. This decision was intended to alleviate any chance of confusion for participants in their responses to multiple scales. As a result, it must be noted that direct comparison of Body Surveillance scores to other populations cannot be performed without statistical adjustments. The Body Surveillance subscale has been shown to be a distinct dimension with acceptable reliability and internal consistency for young women (McKinley & Hyde). Further, this subscale has been shown to have acceptable construct validity through its
strong correlation with Public Self-Consciousness, and a lack of an association with either Private Self-Consciousness or Social Anxiety subscales of Fenigstein et al.’s Self-Consciousness Scales (1975). This demonstrates the surveillance subscale’s convergence with public self-consciousness, as well as its discrimination from either attention paid to internal states or social anxiety (McKinley & Hyde).

**Body Esteem Scale for Adolescents and Adults (BESAA; Mendelson, Mendelson, & White, 2001)**

The BESAA measures body esteem (BE) representing one’s self-evaluations of body or appearance. It contains three subscales: BE-Appearance, one’s general feelings about appearance; BE-Weight, one’s satisfaction with their weight; and BE Attribution, evaluations attributed to others about one's body and appearance (Mendelson, Mendelson, & White). The BE-Appearance subscale was used to assess participants’ evaluation of their body appearance as it has been shown to have high internal consistency, test-retest reliability, and consistently predicts one’s self-esteem.

**Club Type Measure (CTM)**

The CTM was developed to distinguish the type of strip club from which data were obtained. Initially, a pool of 15 items was formulated based on characteristics of ‘show’ and ‘hustle’ clubs outlined by Bradley-Engen and Ulmer (2009) discussed in the previous chapter as well as on dancer feedback through a pilot study conducted by Janz (Unpublished Manuscript). The hustle club is described as an overall negative dancing experience characterized by exploitative, coercive, and degrading social interaction, as well as having a trend of management negligence toward unconsented touching, theft, and drug use. In contrast, the organization of the show club is characterized by strict management practices and conduct norms with a formalized work order and highly regulated customer-dancer conduct. The show club is described as an overall positive dancing
experience valuing the dancer identity as a testament to her beauty and physical ability. The 15 original items of the CTM were evaluated on a 5-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree). They include:

1. In general, club management strictly enforces its policies on its dancers; 2. Competition to make money among dancers is high; 3. Competition to look the best among dancers is high; 4. In general, the dancers all get along; 5. There is a lot of conflict between dancers; 6. In general, my club environment is a positive one; 7. Customers always treat me with respect; 8. I have a lot of control over how I perform my job; 9. I am satisfied with my work environment; 10. I am satisfied with my club management; 11. Management is strict about my appearance; 12. There is a lot of drug use among customers; 13. There is a lot of drug use among dancers; 14. My club places a lot of importance on the appearance of its dancers; 15. Compared to other clubs, it is expensive to be a customer at my club.

High scores on CTM items correspond with Show club characteristics while low scores correspond with Hustle club characteristics with the exception of two items that were reverse scored: Competition to make money among dancers is high; There is a lot of conflict between dancers. These items were expected to classify data as originating from either of two types of clubs: ‘positive’ vs. ‘negative’ club environments

**Procedure**

Study participants were recruited from advertisements on various chat rooms or message boards relating to exotic dance on the internet, social networking sites, and through e-mail communication with known exotic dancers who agreed to advertise the study among co-workers. In addition, the researcher traveled to various gentlemen’s clubs throughout Ontario to conduct one-on-
one recruitment. Within these clubs, the researcher distributed business cards to potential participants containing the link to the web survey, as well as her webpage address and contact information.

Interested exotic dancers were directed to the researcher’s web page which contained information about the study (i.e., topic of study, the anonymous nature of participation, length of time expected to complete the questionnaires, and the researcher’s contact information). Inclusion criteria for participation in the online survey included the requirement to be female, at least 18 years of age, and currently working as an exotic dancer in one or more gentlemen’s clubs within Ontario. The researcher’s web page included a link to the study which was located on Survey Monkey, a web-based survey site.

The web-based survey contained a consent form with information on participant anonymity and confidentiality and emphasized that participation was voluntary and that participants could choose not to complete the survey at any time. Upon completion of the survey, participants were directed to a page which thanked them for participation and provided contact information (Appendix A) for a local distress telephone line should the women have decided to speak to someone about any of the issues raised in the questionnaire (i.e., eating or body image issues; addiction; abuse). Participants who wished to receive a summary of the results of the study were urged to return to the researcher’s webpage containing the survey link at a later date.

**Statistical Analyses**

The purpose of this investigation was to measure the rate of disordered eating and substance abuse among exotic dancers working at various types of establishments, and to determine the relationship between these behavioural patterns and dancers’ level of embodiment (i.e., body esteem, objectified body consciousness, body connection).
The data analyses were conducted in a sequential fashion. First, a cluster analysis was performed on the items of the ‘Club Type Measure’ in order to classify club-types from which the data was obtained. Second, variables of interest were analyzed using a correlational design. Third, a regression analysis was conducted to understand whether disordered eating behavior substance abuse, and club-type could be predicted by patterns of embodiment. The statistical tests used for analysis were cluster analysis, Pearson correlations, and logistic regression.

**Descriptive Statistics**

Descriptive statistics were calculated for the scales and/or subscales as well as for demographic and club-type cluster variables. The frequencies, percentages, means and standard deviations of the following variables were obtained: the SCOFF Questionnaire; the CAGE Questionnaire; the DAST-10; the Appearance subscale of the BESAA; the Surveillance subscale of the OBCS; the 2 subscales of the SBC; the variables of the CTM; BMI; age; highest level of education; wage; number of years dancing, relationship status; exercise; race/ethnicity; and cosmetic surgery.

**Cluster Analysis**

Cluster analysis was conducted in order to classify the type of club from which data was obtained, based on the items of the CTM. This exploratory data analysis tool is used for organizing observed data into meaningful clusters. It maximizes the similarity of cases within each cluster while maximizing the dissimilarity between groups that are initially unknown (Everitt, Landau, Leese, & Stahl, 2011).

**Correlational Analysis**

The relationships among all of the variables were explored using Pearson correlational analyses. Such questions as: “Is there a relationship between participants’ level of dissociation, body
surveillance, and disordered eating symptoms”, could be answered by this type of bivariate correlation analysis.

**Logistic Regression Analysis**

Regression analyses were performed to discern the predictive contribution of club-type, levels of embodiment and demographic variables, to substance abuse and disordered eating.
A Psychometric Study of the CTM

A two-step cluster analysis was run using the full set of 15 club-type variable items of the CTM which revealed 5 items that best predicted the data: 1.) “Customers always treat me with respect”; 2.) “I am satisfied with my club management”; 3.) “In general, my club environment is a positive one”; 4.) “In general, club management strictly enforces its policies on its dancers”; 5.) “I am satisfied with my work environment”. A subsequent two–step cluster analysis was run on these five items which generated two overall clusters for club-type. The inputs of the two generated clusters suggest Positive (53.3%, n=40) vs. Negative Club Environments (46.7%, n=35; Figure 3-1). A descriptive analysis was then used to understand better the characteristics of the clusters in the final solution.

Cronbach’s Alpha for the 5 item CTM was .789, indicating an adequate internal reliability consistency for this new measure. There was no evidence that deletion of one or more items would improve the internal consistency.
Cluster Type by Demographic Variables

All of the 40 respondents who endorsed a positive club environment were between the ages of 21-29. Among those who endorsed a negative club environment 23% (n=8) were between 21-29 years of age, and the remaining 77% (n=27) were between the ages of 30-39. This means that 100% of study respondents who were over the age of 30 belonged to the negative club environment group. When club-type was examined for differences in level of education, the following was revealed for the 40 members of the positive club environment group: 32.5% (n=13) had some high school education; 47.5% (n=19) graduated from high school; and 20% (n=8) graduated from college. The following was revealed for the 35 members of the negative club environment group: 14.3% (n=5) had some high school education; 46% (n=16) graduated from high school; 28.5% (n=10) graduated from college; 8.5% (n=3) graduated university; and 2.8% (n=1) completed graduate school. When
club-type was examined for differences in respondents’ years spent working as a dancer, it was revealed that those belonging to the positive club environment group fell within the overall sample average of 4 to 5 years, while the majority of respondents belonging to the negative club environment group (74%, n=26) had been working as a dancer between 5-10 years. In addition, 12.5% (n=5) of respondents belonging to the positive club environment group reported having a cosmetic surgery procedure, compared to 31.4% of those respondents belonging to the negative club environment group.

**Hypothesis 1: Rates of Disordered Eating and Substance Abuse**

**Disordered Eating Rates: SCOFF Questionnaire**

Means, standard deviations, frequencies, and percentages of SCOFF scores are shown in Table 3-1. The mean SCOFF score was 1.2 (sd=1.2) A cut-off score of 2 on the SCOFF was used to evaluate the rate of disordered eating among respondents. This cut-off score has been shown to have 100% sensitivity and 87.5% specificity for anorexia nervosa and bulimia nervosa both separately and combined (Morgan, Reid, & Lacey, 1999). According to the SCOFF’s authors, and in view of its high sensitivity, a false-positive rate of 12.5% has been deemed acceptable. Overall, 34.7% (n=26) of the total sample scored above the cut-off point of 2 on the SCOFF, indicating that these participants are likely to have an eating disorder, compared to the community-based, lifetime eating disorder rate of 3% for women aged 15-24 years (Government of Canada, 2006). Three additional items were
Table 3-1

Means, standard deviations, percentages and frequencies of participants’ scores on the SCOFF, CAGE, and DAST-10

<table>
<thead>
<tr>
<th></th>
<th>Mean</th>
<th>Std. Dev.</th>
<th>% (n)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ED (SCOFF)</td>
<td>1.21</td>
<td>1.24</td>
<td>34.7 (26)</td>
</tr>
<tr>
<td>Alcohol (CAGE)</td>
<td>1.72</td>
<td>1.31</td>
<td>57.3 (43)</td>
</tr>
<tr>
<td>Drug (DAST-10)</td>
<td>3.71</td>
<td>2.63</td>
<td>62.7 (47)</td>
</tr>
</tbody>
</table>

answered positively by study respondents: 16% (n=12) answered yes to the item: “Do you go long periods or skip meals in order to control your weight or shape?”; 32% (n=24) to “Have you used a stimulant drug in order to control your weight or shape (i.e., speed, cocaine, ecstasy, amphetamines, etc.)?”; and 24% (n=18) to “Have you used any other drug/substance to control your weight or shape (i.e., laxatives, diuretics, caffeine, diet pills, etc.)?”.

Disordered Eating by Demographic Variables

The majority of respondents (77%; n=20) with disordered eating, characterized by scores of 2 or higher on the SCOFF, were between the ages of 21-29 while the remaining 23% (n=6) were between the ages of 30-39. Of these 6 women in their thirties, 100% (n=6) answered yes to the SCOFF item “Do you make yourself sick because you feel uncomfortably full?” which is a central feature of bulimia nervosa; 37.5% (n=3) answered yes to “Do you believe yourself to be fat when others say you are too thin?”; and 100% (n=8) of the total number of 30-39 year olds answered yes to “Do you worry that you have lost control over how much you eat?”.
Approximately 12.5% (n=2) of the 16 respondents who reported having cosmetic surgery were classified as high risk for disordered eating. In addition, it was found that disordered eating did not vary by participants’ race, BMI scores, level of education, number of years they had danced, wage, or relationship status.

**Alcohol Abuse Rates: CAGE Questionnaire**

Means, standard deviations, frequencies, and percentages of CAGE scores are shown in Table 3-1. The mean CAGE score was 1.72 (sd=1.31). The CAGE was used to assess respondents’ risk for alcoholism. A cut-off score of 2 or more on the CAGE is clinically significant and was therefore used to identify alcohol abuse (Poulin, Webster & Single, 1997). Over half the entire sample, 57.3% (n=43), scored above the threshold of 2 on the CAGE, indicating that these participants are likely to abuse alcohol, compared to 4.2% of Canadian women (as defined by ≥ 2 on the CAGE; Poulin, Webster & Single, 1997).

**Alcohol Abuse by Demographic Variables**

Of the entire sample, 84% (n=16) of respondents who made more than $100/hour were also shown to abuse alcohol, compared to the overall sample wage mean of 74.18 (sd=45.3). The majority of alcohol abusers (74%, n=32) had been dancing between 5-10 years, compared to the sample mean of 4.58 (sd=2.2) years. When groups were examined for differences in BMI, the mean BMI for respondents shown to abuse alcohol (CAGE ≥ 2) was 22.6kg/m² (sd=4.2) against a mean BMI of 24.4kg/m² for those who were shown not to abuse alcohol.
Drug Abuse Rates: DAST-10

Means, standard deviations, frequencies, and percentages of DAST-10 scores are shown in Table 3-1. The mean DAST-10 score was 3.71 (sd=2.63). A score of ≥ 2 positive responses on the DAST-10 indicates the presence of a drug problem or dependence (Skinner, 2010), however, a cut-off score of 3 was used in the current investigation. This threshold has been shown to achieve the most statistically desirable sensitivity and specificity in case detection for drug abuse (McCabe, Boyd, Cranford, Morales, & Slayden, 2006). Approximately 63% (n=47) of respondents scored above the threshold of 3 on the DAST-10 suggesting a high risk for drug abuse; compared to 7.8% of undergraduate females of a similar age (DAST-10 ≥ 3; McCabe, Boyd, Cranford, Morales, & Slayden, 2006).

Co-occurrences: SCOFF, CAGE, DAST-10

The co-occurrence of disordered eating, and high-risk alcohol and drug abuse were evaluated by SCOFF ≥ 2; CAGE ≥ 2; DAST-10 ≥ 3, respectively. Overall, 24% (n=18) of participants endorsed both disordered eating and problem drinking; 23% (n=17) of participants endorsed both disordered eating and were high risk for drug abuse; 48% (n=36) of participants endorsed a high risk for both drug and alcohol abuse; and 20% (n=15) endorsed all three – disordered eating, problem drinking, and were high drug abuse risk.

Hypothesis 2: Embodiment and Disordered Eating

The second hypothesis predicted a significant inverse relationship between levels of embodiment and disordered eating. Respondents showing disordered eating patterns were expected to exhibit lower levels of body esteem, as defined by the Appearance subscale of the BESAA; higher levels of body surveillance, as defined by the Surveillance subscale of the OBCS; higher levels of body dissociation and lower levels of body awareness, as defined by the SBC.
Table 3-2 displays means and standard deviations for the Appearance subscale of the BESAA, the Surveillance subscale of the OBCS, and both the Awareness and Dissociation subscales of the SBC. Since subscale means are not standardized and cannot be compared directly, these figures are presented for descriptive purposes only. Composite scores were used as continuous measures of each of the four subscales.

Table 3-2

BESAA, OBCS, SBC Subscales: Participants’ Means and Standard Deviations

<table>
<thead>
<tr>
<th>Subscales</th>
<th>Mean</th>
<th>Std. Dev.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appearance (BESAA)</td>
<td>1.88</td>
<td>.283</td>
</tr>
<tr>
<td>Surveillance (OBCS)</td>
<td>3.06</td>
<td>.381</td>
</tr>
<tr>
<td>Dissociation (SBC)</td>
<td>2.14</td>
<td>.454</td>
</tr>
<tr>
<td>Awareness (SBC)</td>
<td>3.45</td>
<td>.510</td>
</tr>
</tbody>
</table>

*Note: Surveillance subscale scores of the OBCS have been evaluated on a 5-point, rather than 7-point likert scale.*

Table 3-3 depicts the Pearson correlations between levels of embodiment and disordered eating. All correlations were found to be significant in the expected directions at the 0.05 level.
Table 3-3

Pearson Correlations of Levels of Embodiment and SCOFF

<table>
<thead>
<tr>
<th>Embodiment Scales</th>
<th>SCOFF</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appearance</td>
<td>-.452**</td>
</tr>
<tr>
<td>Surveillance</td>
<td>.282*</td>
</tr>
<tr>
<td>Dissociation</td>
<td>.414**</td>
</tr>
<tr>
<td>Awareness</td>
<td>-.326**</td>
</tr>
</tbody>
</table>

**. Correlation is significant at the 0.01 level
*. Correlation is significant at the 0.05 level

Pearson correlations revealed a significant negative association between appearance and disordered eating (r=-.452, p<.001) lending support to the hypothesis that exotic dancers who have negative body appearance have higher rates of disordered eating. Body surveillance was found to predict disordered eating (r=.282, p<.014), reinforcing the prediction that higher levels of body surveillance predict rates of disordered eating. The body connection measures were also found to predict disordered eating (body dissociation, r=.414, p<.001; body awareness, r=-.326, p<.004) supporting the hypothesis that high levels of dissociation and low levels of awareness are predictive of disordered eating among exotic dancers.

Hypothesis 3: Embodiment and Substance Abuse

The third hypothesis predicted an association between levels of embodiment and rates of substance abuse. Respondents who reported higher levels of substance abuse were expected to exhibit low levels of body appearance and awareness, and high levels of body surveillance and dissociation. Table 3-4 depicts the Pearson correlations between substance abuse and levels of embodiment. A significant negative association was found between body awareness and alcohol...
abuse (r=-.284, p<.014) supporting the prediction that those respondents with low levels of awareness are also likely to abuse alcohol. Although it was expected that substance abuse would be related body appearance, surveillance, and dissociation, Pearson correlations revealed no significant relationship existed.

**Table 3-4**

**Pearson Correlations of Levels of Embodiment, CAGE and DAST-10**

<table>
<thead>
<tr>
<th>Embodiment Scales</th>
<th>CAGE</th>
<th>DAST-10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appearance</td>
<td>-.090 (ns)</td>
<td>-.031 (ns)</td>
</tr>
<tr>
<td>Surveillance</td>
<td>-.083 (ns)</td>
<td>.014 (ns)</td>
</tr>
<tr>
<td>Dissociation</td>
<td>-.154 (ns)</td>
<td>.115 (ns)</td>
</tr>
<tr>
<td>Awareness</td>
<td>-.284*</td>
<td>-.197 (ns)</td>
</tr>
</tbody>
</table>

**. Correlation is significant at the 0.05 level  
**. Correlation is significant at the 0.01 level  
ns=not significant

**Hypothesis 4: Club-type, Embodiment, Disordered Eating, and Substance Abuse**

The fourth hypothesis predicted a significant relationship between club-type and levels of embodiment, and rates of disordered eating and substance abuse. Respondents reporting lower levels of embodiment and high rates of disordered eating and substance abuse were expected to belong to a different club-type than respondents reporting higher levels of embodiment and low rates of disordered eating and substance abuse. Table 3-5 displays the Pearson correlations between these variables.
Table 3-5

Pearson Correlations of Club-Type and SCOFF, CAGE and DAST-10

<table>
<thead>
<tr>
<th></th>
<th>Club-type</th>
</tr>
</thead>
<tbody>
<tr>
<td>SCOFF</td>
<td>-.007(ns)</td>
</tr>
<tr>
<td>CAGE</td>
<td>-.058(ns)</td>
</tr>
<tr>
<td>DAST-10</td>
<td>-.107(ns)</td>
</tr>
</tbody>
</table>

ns=not significant

Although it was expected that club-type would predict rates of disordered eating and substance abuse among respondents, Pearson correlations revealed no significant relationship existed however, club-type was found to significantly predict respondents’ levels of embodiment. Table 3-6 shows Pearson correlations between club-type and levels of embodiment. A significant negative correlation was found between club-type and body appearance ($r=-.356$, $p<.002$), and significant positive relationships were found between club-type and body surveillance ($r=.342$, $p<.003$) and body dissociation ($r=.291$, $p<.011$). Club-type was not found to be significantly related to respondents’ level of body awareness. These results lend support to the hypothesis that exotic dancers who have negative perceptions of their club environments are more likely to have low evaluations of their body appearance, high levels of body surveillance, and high levels of body dissociation.
Table 3-6

Pearson Correlations of Club-Type and Levels of Embodiment

<table>
<thead>
<tr>
<th>Club-type</th>
<th>Appearance</th>
<th>Surveillance</th>
<th>Dissociation</th>
<th>Awareness</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appearance</td>
<td>-.356**</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surveillance</td>
<td>.342**</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dissociation</td>
<td>.291*</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Awareness</td>
<td>.039(ns)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**. Correlation is significant at the 0.01 level
*. Correlation is significant at the 0.05 level
ns=not significant
CHAPTER FOUR

DISCUSSION AND IMPLICATIONS OF THE FINDINGS

Disordered Eating Rates and Characteristics

The first hypothesis predicted that disordered eating rates for the current study sample would be higher than community based norms. This hypothesis was anchored in past research revealing a positive correlation between self-objectification and disordered eating, as well as research revealing higher objectified body consciousness, particularly body surveillance, among exotic dancers (Downs, James & Cowan, 2006; Frederickson & Roberts, 1997).

High rates of disordered eating have been well established among ballet dancers, lean figure sport athletes, and fashion models (Hausenblas & Symons Downs 2001; Piran, 2001; Preti et al., 2008; Ringham et al., 2006; Smolak et al., 2000). Numerous studies have revealed eating disorder rates among these groups of women to range anywhere from 8% (lean figure sport athletes) to 17.2% (ballet dancers) evaluated using DSM-IV clinical criteria (Johnson, Powers & Dick, 1999; Sundgot-Borgen & Torstveit, 2004; Ringham et al.). These rates are relatively high compared to 4% of the general population reported by the DSM-IV, and 3% reported for Canadian women (American Psychiatric Association, 1994; Government of Canada, 2006). Given these figures, it is apparent that disordered eating is more prevalent where professional performance is influenced by weight or shape. Thus, high rates were expected for the present sample of exotic dancers.

As expected, the rate of disordered eating was found to be higher than the national average, with the difference between these two figures appearing to be rather alarming (34.7% vs. 3%, 43
respectively). If the false-positive rate of 12.5% suggested by SCOFF authors is factored in, the disordered eating rate of the current sample remains considerably high at 22.2%. However, these results need to be replicated with a larger sample of exotic dancers and a design which includes a clinical interview.

In addition to the overall ED rate, individual items evaluating the central features of both anorexia (AN) and bulimia nervosa (BN) were shown to be above average. Approximately 16% of study participants reported going long periods or skipping meals to control their weight, and 24% reported making themselves sick due to overeating. While these items’ psychometric qualities have not been rigorously tested, the face-validity for discerning the defining characteristics of both AN and BN eating disorder subtypes is evident. In contrast, an investigation of weight control behaviours performed by Neumark-Sztainer, Sherwood, French and Jeffery (2012) found that 0.7% of 714 adult women reported vomiting after eating, and 15.8% reported skipping meals in order to control their weight.

In terms of ED group symptomatology, the findings of this study are consistent with previous research. Of the present sample, all of the women over 30 years of age who were found to have disordered eating patterns reported making themselves sick after eating. This is consistent with the findings of numerous studies showing the tendency for BN to affect a slightly older age group than AN (Fairburn, 2001; Rand & Kuldau, 1992). In addition, many women with BN report that they developed their binge-purge behaviours immediately following a lengthy period of restrictive dieting (Fairburn; Walsh & Devlin, 1998). This is characterized by a loss of control over eating (Fairburn), which was reported by 100% of women over 30 years of age in the present sample.
Substance Abuse Rates and Characteristics

It was hypothesized that the rate of substance abuse would be higher for the current sample than the average community rate for North American women. This hypothesis was anchored in previous research finding high rates of substance abuse among women with disordered eating patterns, as well as research suggesting a high risk among women working as exotic dancers (Bradley-Engen, 2009; Holderness et al., 1994; Maticka-Tyndale, 2004; Maticka-Tyndale et al. 1999; Piran & Gadalla, 2006; Weiderman & Pryor, 1996).

Alcohol Abuse

An alarming 57% of the current sample was found to be at high risk for alcoholism compared 4.2% of Canadian women at large (as defined by ≥ 2 on the CAGE; Poulin, Webster & Single, 1997). These results are consistent with the report produced by the International Center for Alcohol Policies (ICAP; 2008a) which outlines several high risk populations that are particularly susceptible to the harmful effects of alcohol. A number of professions, such as those involved in the production and service of alcoholic beverages, notably those working in pubs and bars, appear to have higher risk for alcohol abuse than the general population (ICAP). Further, consumption of alcohol at work is related to the social norms of the occupational environment such as the degree to which co-workers approve of, or work under the influence of alcohol themselves. These social norms have been shown to predict the abuse of alcohol at work (Frone & Brown, 2010). The ICAP report also outlines socioeconomic issues, marginalization, and stress of various types – including that associated with traumatic events or situations, occupational stress, and abuse –to contribute to risk for alcohol abuse. Not surprisingly, current findings indicate that as the number of years worked as an exotic dancer increased, so did risk for alcohol abuse. Considering the findings of ICAP, the extremely high rate of alcohol abuse among exotic dancers may be attributed to multiple compounding factors that are likely associated with the occupation itself.
The characteristics of those who were shown to be high risk for alcohol abuse in the current sample appear to be similar to those found by previous studies evaluating problem drinking. For instance, dancers’ income was positively related to alcohol abuse. This means that dancers who abused alcohol earned a higher income than those who did not. According to ICAP’s *Women and Alcohol* module, those who drink heavily are more likely than others to engage in sexual risk taking (2008b). As sexual risk taking is so closely related to level of income for exotic dancers, this finding is of little surprise. The relationship between income and alcohol abuse also lends support to the theory that the high rates found among this group can be at least partially explained by dancers’ attempt to disconnect from, or ‘bring about the dancer persona’ in order to effectively perform at work.

Similar to previous research showing an inverse relationship between BMI and alcohol consumption (Kleiner, Gold, Frost-Pineda, Lenz-Brunsman, Perri, & Jacobs, 2004; Petry, Barry, Pietrazak, & Wagner, 2008) the majority of those in the current sample who were high risk for alcohol abuse were within a normal weight range (BMI = 18.5-24.9 kg/m²) while those who did not abuse alcohol were overweight (BMI ≥ 25.0 kg/m²). Hence, as BMI increased, risk of alcohol abuse decreased. One explanation for this trend may be related to competition between food and alcohol for brain reward sites (Kleiner et al.). While food pathways are seen as primary, the effects of alcohol may take over and result in reduced eating (Kleiner et al.; Volkow, Fowler, & Wang, 2003). Exotic dancers in the present sample who abstain from, or moderate their alcohol intake may instead use food as a method to cope with work stress. Alternatively, women who restrict their food intake may be more likely to consume alcohol to respond to hunger cues (Piran & Robinson, 2006).

**Drug Abuse**

In addition to the disturbingly high risk for alcohol abuse among the current sample, drug abuse rates were found to be well above the norm. Approximately 63% of the current sample was
found to be at high risk for drug abuse compared to 7.8% of undergraduate females of a similar age (as defined by ≥ 3 on the DAST-10; McCabe, Boyd, Cranford, Morales, & Slayden, 2006). As with the characteristics of those found to abuse alcohol among the current sample, those who abused drugs had a lower BMI than those who did not. This, again, may be attributed to reward pathway competition discussed above, as suggested by Volkow and others (2003).

Additional items revealed that 32% of the present sample had used a stimulant drug, such as cocaine or amphetamines, while 24% had used a different substance such as laxatives, diuretics, caffeine, or diet pills, in order to control her weight or shape. These figures are important as they provide insight into the relationship between disordered eating behaviour and drug use among exotic dancers. Not only do drug use and disordered eating each serve to alleviate various forms of dysphoria, drugs may also be abused in an attempt to maintain a lower weight (e.g., decrease appetite, weight maintenance, increase energy, etc.).

The co-occurrence of substance abuse and disordered eating is well established (Holderness et al., 1994; Piran & Gadalla, 2006; Weiderman & Pryor, 1996) however, these rates were found to be comparatively high among the current sample. Piran and Gadalla investigated the rates of co-morbidity between disordered eating and substance use in a large nationally represented sample of women and found approximately 11.3% of women to be high risk for both disordered eating and alcohol abuse, and 9.7% to be high risk for both disordered eating and drug abuse. These rates are compared to approximately 24% and 23% of women in the current investigation, respectively. In addition, 20% of participants were shown to be high risk for all three behaviours – disordered eating, alcohol, and drug abuse.

**Embodiment and Disordered Eating**

The second hypothesis predicted a significant inverse relationship existed between levels of embodiment and disordered eating. Disordered eating patterns were hypothesized to increase as a
function of disrupted embodiment. Piran and Teall (2012) have suggested that disordered eating patterns are one expression of disrupted embodiment. Embodiment, a multifaceted construct representing one’s engagement of the body with the world, has been previously evaluated by measures of some of its defining characteristics, including, but not limited to one’s level of appearance, surveillance, dissociation, and awareness as related to their experience with their body. It was hypothesized that those respondents in the present sample who were found to have disordered eating patterns would exhibit lower levels of body esteem, higher levels of body surveillance, higher levels of body dissociation, and lower levels of body awareness compared to those respondents without disordered eating patterns. As expected, a significant relationship among these variables was found. Specifically, a strong inverse relationship was found between body-appearance and disordered eating suggesting that women who think more negatively about the appearance of their body are also more likely to exhibit disordered eating behaviours. This is consistent with numerous studies over decades of eating disorder research which have shown a similar trend (Fabian & Thompson, 1989; Mendelson, McLaren, Gauvin, & Steiger, 2002; Downs et al. 2006). While poor self-evaluation of body-appearance seems to be a contributing factor in the development of disordered eating behaviours, unique standards of beauty and sexuality imposed on dancers by clubs may exacerbate this effect.

More recent research has examined the role of internalization of societal ideals of attractiveness in the development of body-appearance and eating disturbances. This internalization refers to the extent to which one subscribes to pressures of socially defined ideals of attractiveness and engages in behaviours necessary to conform to these ideals (Thompson & Stice, 2001). Dancers’ internalization of an appearance ideal and further reinforced by strip club environments, may contribute to the markedly high rates of disordered eating patterns found within this sample of women.
The continual sexual objectification of exotic dancers by the patrons within a strip club can also lead to internalization of an external gaze towards one’s own body (Frederickson & Roberts, 1997; Noll & Frederickson, 1998). This internalization can result in dancers self-objectifying, or viewing themselves as objects who will consequently evaluate their worth solely on appearance (Frederickson & Roberts). As expected, body surveillance, an OBCS subscale used as a reliable measure of self-objectification (McKinley & Hyde, 1996), was found to correlate positively with disordered eating behaviour for exotic dancers in the current sample. Perpetual surveillance may be a way in which exotic dancers comply with strip club body standards, avoid negative judgments and, subsequently, learn to associate body surveillance with self-love, health, and individual achievement (McKinley & Hyde). When these evaluations are perceived to fall short of imposed body standards it can lead to maladaptive attempts to achieve the ideal, such as disordered eating behaviours (Frederickson & Roberts; McKinley & Hyde). While surveillance and valuing physical appearance attributes seem to be an obvious and relatively innocuous component of exotic dance, the co-occurrence of high levels of body surveillance and low body esteem with disturbed eating is certainly a cause for concern.

As expected, measures of body awareness and dissociation were also found to significantly correlate with disordered eating behaviour in the present sample. These two measures, designed to evaluate one’s level of body connection, are discrete yet experientially linked concepts. Body awareness is multifaceted and is comprised of sensory awareness (the ability to recognize inner body sensations), and the overall emotional/physiologic state of the body. This includes attending to bodily information on a daily basis such as noticing changes/responses within the body to emotion or the environment (Price & Thompson, 2007). Among the current sample, body awareness was inversely related to disordered eating, suggesting the more in-tune a dancer was with her bodily experiences, the less likely she is to exhibit disordered eating patterns.
On the other hand, one’s avoidance or distraction of internal experience defines bodily dissociation and includes the experience of separation from the body and emotional disconnection (Price & Thompson, 2007). The act of bodily dissociation is thought to be a protective or coping mechanism against trauma or dysphoric states such as painful memories, thoughts, or feelings (Price & Thompson). Within the current sample, dissociation was found to positively correlate with patterns of disordered eating which indicates that participants who tended to dissociate also tended to have disturbed eating patterns. These findings of body connectedness support previous research which places psychosomatic dissociation at the very core of disordered eating, expressed as a segregation of mind from body – an irrefutable dominance of the mind and abandonment of the body (Bromberg, 2001). The dissociative trend in disordered eating among exotic dancers is not surprising as it appears to be a strategy of disengagement from the pressures of the strip club environment.

**Embodyment and Substance Abuse**

It was hypothesized that an inverse relationship would be found between substance abuse and embodiment, such that participants’ alcohol or drug abuse would be associated with disrupted levels of embodiment. While this appears to conflict with previous research showing objectification and low body esteem to contribute to the development of substance abuse among young adult women (Carr & Szymanski, 2011), the measures used for such classification in the current investigation differ from those used in past research. In particular, the Appearance subscale of the BESAA and the Surveillance subscale of the OBCS were used in the current study. While each of these two subscales are useful in examining one’s level of body appearance esteem and degree to which one monitors this appearance, they are incomplete measures of either Body-Esteem nor Objectification constructs.

In contrast, using the Scale of Body Connection, a significant relationship was found between respondents’ risk for alcohol abuse and level of body connection. This finding indicates that those who were shown to abuse alcohol tended to have less body awareness than those who did not. This
result was expected considering the findings of Maticka-Tyndale and others (2004) in which dancers reported using alcohol in order to cope at work. As alcohol serves to reduce sensory awareness and one’s overall attunement to emotional and physiologic state, which are the central features of Body Awareness, it is possible that alcohol use may help exotic dancers disengage from a challenging work environment.

**Club-Type, Embodiment, Disordered Eating, and Substance Abuse**

Lastly, this research investigation predicted the rates of disordered eating, substance abuse and levels of embodiment to be significantly related to club type. This expectation did not hold true for the influence of club-type on rates of disordered eating or substance abuse, which were found to be equally high across all clubs. Considering the high rates of these behaviours throughout the entire sample, it appears that substance abuse and disordered eating behaviour were relatively common among exotic dancers and not necessarily predicted by any particular type of club environment.

Strip club environment did, however, relate to the measured levels of embodiment, such that respondents who felt they worked in a positive club environment were found to have higher evaluations of their physical appearance, were less likely to engage in self-surveillance (ie., view themselves as objects), and less likely to disconnect from their bodily states, compared to those working in negative club environments. This is an important finding that is in line with recent findings that reflect a diversity of club organization in the industry. Notably, the separate club-types found in the current investigation support the heterogeneous perspective of strip-club environments presented by Bradley-Engen and Ulmer (2009). The authors’ elaboration included self-report data from dancers which described marked differences between the hustle and show club types. These two types of strip clubs were shown to be characteristically different, exerting unique pressures on the dancers who worked within them. More specifically, working as a dancer in the show club was described as a valued identity, one that celebrates beauty and physical ability resulting in an overall
positivity toward dancing, while the hustle club was described as highly objectifying and depreciating toward its dancers, indicating an overall negative work experience (Bradley-Engen, 2009).

While not identical, the characteristics of the two clubs outlined by Bradley-Engen are comparable to those generated by data of the current investigation. The main pillars of what typify clubs as either ‘hustle’ or ‘show’ were found to best represent whether current study participants belonged to a ‘negative’ or ‘positive’ club environment, respectively. It was therefore expected that there would be a correlation between items of the CTM and measures of embodiment. A dancer was more likely to have a higher evaluation of her appearance (body-esteem) if she indicated that: customers always treated her with respect, she was satisfied with her club management, she felt that club management strictly enforced its policies, and she was satisfied with her club environment and felt that it was a positive one. Dancers who tended to engage in self-surveillance (to perpetually self-monitor and to view themselves as an object), and/or disconnect (avoid or disconnect from their internal experiences) were shown to have the opposite CTM answer profile: customers did not always treat them with respect, they were more dissatisfied with club management, club management did not strictly enforce its policies, and they were less satisfied with their club environment and did not feel it was a positive one.

One explanation for the pattern of results generated by the two club-type clusters concerns whether the measure, in fact, evaluates separate classifications of physical club structures. The CTM is designed to delineate club-type on the basis of the perceptions of respondents and not the physical, social, or other aspects of the organization of clubs. The pattern of responses on the CTM could have reflected the different demographic composition of the dancers in the ‘positive’ and ‘negative’ club environment. Those respondents belonging to the negative club type group were significantly older than their positive club counterparts. In fact, all dancers belonging to a positive club type were
between 21-29 years of age, while all dancers who were over the age of 30 belonged to the negative club type group. Further, those in the negative club group had also been dancing for longer, were more likely to have had a cosmetic surgery procedure, and were more likely to abuse alcohol. It is possible that, as women get older, they may be less likely to hold a job in a ‘show’ club. It is also possible that the more time spent working as a dancer, the more negative the experience of dancing may become, leading to poor self-evaluations of body appearance, heightened body-surveillance, and a greater tendency to dissociate from negative inner experiences.

**Strengths and Limitations of the Study and Suggestions for Further Research**

The strengths of the study relates to the collection of data with a group of exotic dancers, a rarely studied group, and the use of eating, substance use, as well as of varied measures related to the experience of embodiment, However there are a number of limitations to this study. The study included only 75 dancers and prevalence rates need to be established based on larger, representative samples. Further, eating disorder and substance abuse diagnoses are best established using standardized diagnostic measures in clinical interviews. Further, the study utilized a new measure regarding club classification that needs to be further validated. In addition, future studies may utilize comparison groups as part of the design, including both non-dancers and groups involved in non-sexualized dance (such as ballet or modern dance).
References


http://findarticles.com/p/articles/mi_6869/is_5_99/ai_n32395237/


59


APPENDIX A

Informed Consent
Information Letter and Consent: Online Survey

My name is Kari Janz, and I am a Masters student at the Department of Applied Psychology and Human Development at the Ontario Institute for Studies in Education of the University of Toronto. My research supervisor is Dr. Niva Piran, who is a Professor in the Department of Applied Psychology and Human Development at the Ontario Institute for Studies in Education of the University of Toronto (OISE/UT). We are currently working on a project that aims to investigate the varied effects on women working as dancers in strip club establishments.

The goal of this research is to provide society with a greater understanding of some of the challenges faced by women working as exotic dancers. This study also aims to help raise awareness for women in need of community resources who are working in this field. For that purpose, we are looking for women of any age who are interested in completing a questionnaire that relates to pressures involved with exotic dance. Participants should be comfortable reading in English (approximate grade 8 level reading level). The questionnaires assess different areas, including: body image, substance use, job satisfaction, and diet. It is expected that the questionnaires will take roughly 15 minutes to complete.

Your participation in this research is completely voluntary, and you can withdraw from the study at any time up until the point at which you submit your survey. Once the data is submitted, it is anonymous and since it cannot be personally identified, it cannot be removed from the study. Additionally, if you find you do not wish to answer a particular question or questionnaire, you may omit these items. If, during completion of the survey, you decide you would like to discontinue participating, simply close the online survey window and your data will not be used in the study. There are no negative consequences to withdrawing from the study.

It is possible that you will find the questions interesting and your participation may also help other women who dance. There are likely no risks to you as a result of your participation in this study. However, completing some items may result in some discomfort. You are free to decide not to respond to particular items. If you find the discomfort to be more than minor, please contact me so that we can discuss how to provide you with further support (contact information is listed below). Also, the survey includes distress phone line numbers.

Your confidentiality and anonymity will be maintained as you cannot be personally identified by the information you provide on the web survey. Further, the information you provide will in no way subject you to any legal consequence. Only myself, or my supervisor will have access to online responses. In the event that the results of this research are published in the form of scholarly presentation and/or in academic journals/books, only group data will be presented when we publish the results of the study and we will ensure that it will be impossible for anyone to identify you. Research data will be kept securely for 5 years after completion of study, at which point it will be deleted.

Some additional steps that can be taken to ensure your privacy:

1. Completion of the survey should take place in a private location.
2. Upon completion of the survey, instructions will be provided on how to erase the cache and temporary internet files on the browser.

3. Do not complete the survey in a place of employment as the employer may have access to internet usage.

Your involvement in this research would be appreciated. If you would like to participate in this research, please indicate your consent below. You can receive information about the results of the study by accessing this website: X.

Should you have any questions about this study, you can contact me at kari.janz@utoronto.ca or Dr. Niva Piran at niva.piran@utoronto.ca, telephone: (416) 978-0712. If you have any further questions about your rights as a research participant, you can contact the Ethics Review Office at 416-946-3273 or ethics.review@utoronto.ca.

You may print this information through your web browser.

Thank you for your participation!

Kari Janz M.A (Cand.)

kari.janz@utoronto.ca

**Consent (Internet)**

I have read and understood the conditions under which I will participate in this study. I have also had the opportunity to ask questions. By checking the continue option I am indicating my consent to participate.

Continue □
APPENDIX B

Measures
### Demographic Measure

Thank you for your participation. I would like to remind you that all of your answers will be kept strictly confidential.

1.) What is your height in feet and inches? Feet?___ Inches?___

2.) What is your current weight in pounds?___

3.) Which category below includes your age?
   - 18-20
   - 21-29
   - 30-39
   - 40-49
   - 50-59
   - 60 or older

4.) What is your approximate weekly income from dancing?___

5.) On average, how many hours per week do you work as a dancer?___

6.) What is the highest level of education you have completed?
   - Some high school
   - Graduated from high school
   - Graduated from college
   - Graduated university
   - Completed graduate school

7.) How many years have you worked as a dancer?___

8.) What is your relationship status?
   - Single
   - Married
- In a relationship
- Divorced
- Widowed

9.) In a typical week, how many times do you exercise?___

10.) Please describe your race/ethnicity_________________

11.) Have you ever had a cosmetic surgery procedure?
- Yes
- No

12.) If you answered ‘yes’ to the last question, please describe the procedure(s)

________________________________________________

**Club Type Measure (CTM)**

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.) Customers always treat me with respect</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.) I am satisfied with my club management</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.) In general, my club environment is a positive one</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.) In general, club management strictly enforces its policies on its dancers</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.) I am satisfied with my work environment</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Body Esteem Scale for Adolescents and Adults, Appearance Subscale (BESAA; Mendelson, Mendelson, & White, 2001)**

Indicate how often you agree with the following statements: Ranging from *never* (1) to *always* (5), check the appropriate box beside each statement.

<p>| | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>1</strong></td>
<td><strong>2</strong></td>
<td><strong>3</strong></td>
<td><strong>4</strong></td>
</tr>
<tr>
<td>6.) I like what I look like in pictures</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.) I’m proud of my body</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.) I like what I see when I look in the mirror</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9.) There are a lot of things I’d change about my looks if I could</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.) I wish I looked better</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11.) I wish I looked like someone else</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12.) My looks upset me</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13.) I’m pretty happy about the way I look</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14.) I feel ashamed of how I look</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15.) I worry about the way I look</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16.) I think I have a good body</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17.) I’m looking as nice as I’d like to</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Body Surveillance Subscale of the
Objectified Body Consciousness Scale (OBCS; McKinley & Hyde, 1996)

For each statement please check the box that best answers the way you generally feel. Please consider the past two months as the time frame for your response.

<table>
<thead>
<tr>
<th>Statement</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I rarely think about how I look</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. I think it is more important that my clothes are comfortable than whether they look good on me</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. I think more about how my body feels than how my body looks</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. I rarely compare how I look with how other people look</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. During the day, I think about how I look many times</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. I often worry about how I look to other people</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. I rarely worry about how I look to other people</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. I am more concerned with what my body can do than how it looks</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Scale of Body Connection (SBC; Price & Thompson, 2007)

For each statement please check the box that best answers the way you generally feel. Please consider the past two months as the time frame for your response.

<table>
<thead>
<tr>
<th>Statement</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. If there is tension in my body, I am aware of the tension</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. It is difficult for me to identify my emotions</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. I notice that my breathing becomes shallow when I am nervous</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. I notice my emotional response to caring touch</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. My body feels frozen, as though numb, during uncomfortable situations</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. I notice how my body changes when I am angry</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.) I feel like I am looking at my body from outside my body</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.) I am aware of internal sensation during sexual activity</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9.) I can feel my breath travel through my body when I exhale deeply</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.) I feel separated from my body</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11.) I take cues from my body to understand how I feel</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12.) When I am physically uncomfortable, I think about what might have caused the discomfort</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13.) I listen for information from my body about my emotional state</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14.) When I am stressed, I notice the stress in my body</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15.) I distract myself from feelings of physical discomfort</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16.) When I am tense, I take note of where the tension is located in my body</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17.) I notice that my body feels different after a peaceful experience</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18.) It is hard for me to express certain emotions</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19.) I feel separated from my body when engaged in sexual activity</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20.) It is difficult for me to pay attention to my emotions</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
The SCOFF Questionnaire (Morgan, Reid, & Lacey, 1999)

In the previous 28 days:

1. Do you make yourself sick because you feel uncomfortably full?
   - Yes
   - No

2. Do you worry that you have lost control over how much you eat?
   - Yes
   - No

3. Have you recently lost more than 14lbs in a 3-month period?
   - Yes
   - No

4. Do you believe yourself to be fat when others say you are too thin?
   - Yes
   - No

5. Would you say that food dominates your life?
   - Yes
   - No

*Items added for the current investigation:*

6. Have you used a stimulant drug in order to control your weight or shape (ie., speed, cocaine, ecstasy, amphetamines, etc.)?
   - Yes
   - No
7. Have you used any other drug/substance to control your weight or shape (i.e., laxatives, diuretics, caffeine, diet pills, etc.)?
   - Yes
   - No

8. Do you go long periods or skip meals in order to control your weight or shape?
   - Yes
   - No

The CAGE Questionnaire (Ewing, 1984)

1. Have you ever felt you should cut down on your drinking?
   - Yes
   - No

2. Have people annoyed you by criticising your drinking?
   - Yes
   - No

3. Have you ever felt bad or guilty about your drinking?
   - Yes
   - No

4. Have you ever had a drink first thing in the morning to steady your nerves or get rid of a hangover (eye-opener)?
   - Yes
   - No
The Drug Abuse Screening Test (DAST-10; Skinner, 1982)

The following questions concern information about your potential involvement with drugs excluding alcohol and tobacco during the past 12 months. Carefully read each statement and decide if your answer is “YES” or “NO”. Then, check the appropriate box beside the question. When the words “drug abuse” are used, they mean the use of prescribed or over-the-counter medications used in excess of the directions and any non-medical use of any drugs. The various classes of drugs may include but are not limited to: cannabis (e.g., marijuana, hash), solvents (e.g., gas, paints etc.), tranquilizers (e.g., Valium), barbiturates, cocaine, and stimulants (e.g., speed), hallucinogens (e.g., LSD) or narcotics (e.g., Heroin). Remember that the questions do not include alcohol or tobacco.

Please answer every question. If you have difficulty with a question, then choose the response that is mostly right.

These questions refer to the past 12 months only

1. Have you used drugs other than those required for medical reasons?
   
   YES  NO

2. Do you abuse more than one drug at a time?
   
   YES  NO

3. Are you always able to stop using drugs when you want to?
   
   YES  NO

4. Have you had “blackouts” or “flashbacks” as a result of drug use?
   
   YES  NO

5. Do you ever feel bad or guilty about your drug use?
   
   YES  NO

6. Does your spouse (or parent) ever complain about your involvement with drugs?
   
   YES  NO
7. Have you neglected your family because of your use of drugs?  
   YES  NO
8. Have you engaged in illegal activities in order to obtain drugs?  
   YES  NO
9. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?  
   YES  NO
10. Have you had medical problems as a result of your drug use (e.g., memory loss, hepatitis, convulsions, bleeding etc…)?  
    YES  NO